



LEPH2018

TORONTO
CANADA
21-24 OCT

The Fourth International Conference on Law Enforcement & Public Health

CONFERENCE PROGRAM



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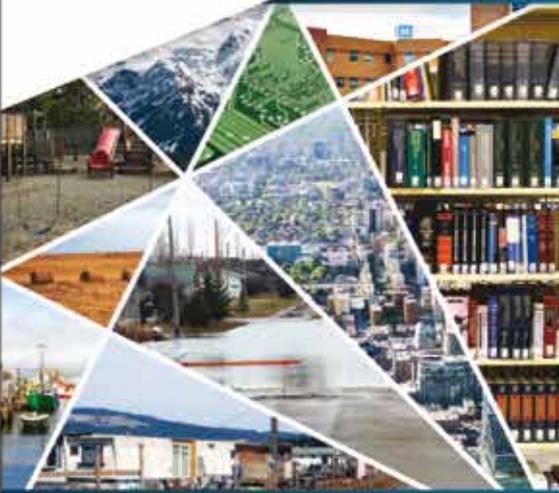
Watch for our upcoming themed issue
featuring select papers and features from **LEPH 2018 Toronto**

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LEPH2018

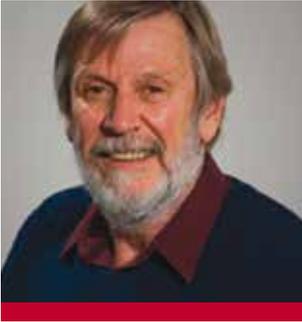
The Fourth International Conference on Law Enforcement & Public Health

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CLEPH

CENTRE FOR LAW ENFORCEMENT
& PUBLIC HEALTH

LEPH2018 CONFERENCE DIRECTOR'S WELCOME



It is a great pleasure to welcome you to Toronto for the 4th International Conference on Law Enforcement and Public Health – **LEPH2018**. The LEPH conferences are rapidly becoming a fixture on the calendar and a focus for exciting work going on around the globe and across and between many sectors. **LEPH2018** in Toronto promises to be the best yet.

I would like to thank the Government of Ontario, especially the Department of Community Safety, for their support for the Conference, and our major partners, the Canadian Association of Chiefs of Police (CACCP), the Canadian Public Health Association (CPHA) and the Community Safety Knowledge Alliance (CSKA) for all their help and support. The Conference has many other partners and supporters, in Canada and globally, as the field continues to grow, with increasing numbers of organisations working in the intersectional fields of law enforcement, public health and welfare. This growth is simply reflecting the real need – the range of complex issues we face is growing, as is their complexity, and the realization that unisectoral approaches do not work and can cause harm.

At this conference, there are two milestone meetings: the first Annual General Meeting of the Global Law Enforcement and Public Health Association (GLEPHA), which has been set up to promote the LEPH field, hopefully eventually owning and running the LEPH conferences. GLEPHA is forming Special Interest Groups (SIG) which are focused on specific topics within the broad LEPH field: a Law Enforcement and Mental Health SIG which is running a meeting at this conference, and a LEPH Education SIG which will form during this conference. GLEPHA is looking to foster connections and build networks in specific areas through these SIGs, and see them involved increasingly in determining the program for the LEPH conferences in their particular area (as the Mental Health SIG has done for this conference).

To this end too, GLEPHA has convened a networking and information-sharing meeting of many of the organisations working in the same spaces – exemplified by the Criminal Justice and Public Health Alliance and the Law Enforcement Action Partnership from the U.S., the Community Safety Knowledge Alliance from Canada, and the processes involved in devising and implementing the Policing, Health and Social Care Consensus Statement (England) and the Welsh Partnership Agreement for a public health approach to policing and criminal justice.

We have joined forces with the CSKA's *Journal of Community Safety and Wellbeing* for this Conference, with production of at least one special issue with papers from the Conference, perhaps more. This is an association with the LEPH Conferences that we hope will go on into the future – 'community safety and wellbeing' encapsulates the goals and 'law enforcement and public health' are the tools to achieve those goals'.

The LEPH Conferences are proving so relevant and so popular that as an experiment we are taking the conference annual. At this **LEPH2018** Conference we are announcing that the next LEPH conference, in 2019, will be in Edinburgh. We believe this is justified by the huge amount of interest and work going on in the LEPH field; we also hope that an annual Conference will make it more accessible to front line practitioners.

I hope you find the **LEPH2018** Conference enjoyable and useful, that you establish links and partnerships that enrich your work and will grow over time, and that you consider deepening your involvement in this dynamic field by joining GLEPHA and becoming active in the SIG affairs.

A handwritten signature in black ink, appearing to read 'Nick Crofts', written in a cursive style.

Professor Nick Crofts
LEPH2018 Conference Director

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Auke van Dijk

Agora Police & Security, Dutch Police Service, Amsterdam, Netherlands

Jennifer Wood

Associate Professor, Criminal Justice Department, Temple University, USA

PROGRAM SUMMARY

DAY 1: MONDAY 22 OCTOBER

8.30-10.00 **PLENARY SESSION P1**

10.00-10.30 **MORNING TEA**

10.30-11.55 **MAJOR SESSIONS**

M1 The Crisis Intervention Team Model: what we have learned after 30 years

M2 Public health and policing in England: an opportunity to improve health through partnership

M3 When policing is the public health crisis 'Hidden in Plain Sight': medical and behavioural conditions affecting communication with police

10.30-6.00 **POSTERS**

12.05-1.30 **MAJOR SESSIONS**

M4 The evolution of pre-arrest pathways for vulnerable populations

M5 Epidemiological Criminology as an emerging paradigm

M6 Rethinking the role of technology in law enforcement and public health

1.30-2.30 **LUNCH**

1.45-2.25 **LUNCHTIME SESSIONS**

L1 Critical perspectives on cannabis reform: health, policy and policing

L2 Promoting women's needs as employees and clients in criminal justice

2.30-4.00 **CONCURRENT SESSIONS**

C1 Violence

C2 Moving forward: police mental health & well-being

C3 Criminalization of reproductive health and partnering with police to reduce legal risk

C4 Harm reduction services for young people who use drugs and the role of law enforcement

C5 Law enforcement and mental health

2.30-4.00 **MARKETPLACE OF IDEAS**

1.1. Culturally-competent response to perpetrators of intimate partner violence

1.2. Preventing and reducing violence : How we developed a routine surveillance and analysis system for early intervention and prevention of violence from a multi- agency perspective

2.1. We cannot afford to make the same mistakes: reflecting on LEPH incidents for all the right reasons

2.2. Respectful Relationships Education

4.00-4.30 **AFTERNOON TEA**

4.30-6.00 **CONCURRENT SESSIONS**

C6 An intersectoral and integrated approach to addressing public safety, health and quality of life issues for vulnerable residents of Surrey, BC

C7 Structures, successes of, and lessons learned in the HIDTA/CDC Heroin Response Strategy

C8 Incarceration and health

C9 Marginalised populations and police

C10 The Dutch approach: towards a sustainable solution for people with disturbed behaviour

4.30-6.00 **MARKETPLACE OF IDEAS**

3.1. Police-Mental Health Partnership: working together to support wellness and respond to mental health concerns of officers and staff

3.2. Law Enforcement and Youth

4.1. The John Howard Society of Toronto's Reintegration Centre: a collaborative approach to re-entry and improved health outcomes for men leaving jail

4.2. The Advocates Co-Responder Pre-Arrest Jail Diversion Program Model: pathways to replication and evidence based practice

PROGRAM SUMMARY

DAY 2: TUESDAY 23 OCTOBER

8.30-10.00	PLENARY SESSION P2
8.30-3.00	POSTERS - See Monday at 10.30 for a list of poster presentations
10.00-10.45	LEPH ORATION
10.45-11.15	MORNING TEA
11.15-12.30	MAJOR SESSIONS
	M7 Why a Public Health approach to policing is vital in the 21st Century:
	M8 Indigenous enhancements to Canada's Hub Model: the journey of Muskoday and Ochapowace Intervention Circles
	M9 Models of law enforcement/mental health collaboration to improve responses to persons with mental illnesses: the evidence to date
12.30-1.30	LUNCH
12.45-1.25	LUNCHTIME SESSIONS
	L3 Community safety and well-being: a new paradigm for human service delivery
	L4 The disproportional impacts of exponential technology on policing and public safety
1.30-3.00	CONCURRENT SESSIONS
	C11 Law Enforcement and mental health
	C12 First responder stress and resilience 1
	C13 Health post-incarceration
	C14 Opioid overdoses 1
	C15 Road and railroad policing
1.30-3.00	MARKETPLACE OF IDEAS
	5.1. The Amsterdam joined-up 'chain' approach to public nuisance and misdemeanors
	5.2. Checkpoint: a multi-agency approach to early intervention in offender management in reducing reoffending, addressing critical pathways and improving wellness and resilience.
	6.1. Police as partners in improving abortion access
	6.2. Community Wellness and Public Safety Alliance in Winnipeg
3.00-3.30	AFTERNOON TEA
3.30-5.00	CONCURRENT SESSIONS (Note: Sessions C17 & C18 are scheduled to finish at 5.15 p.m.)
	C16 Alternatives to incarceration
	C17 Policing and LEPH: collaborations, identity and education (Note: This session is scheduled for 3.30 – 5.15 p.m.)
	C18 Harm reduction and drug policing 1 (Note: This session is scheduled for 3.30-5.15 pm)
	C19 Marginalised communities and criminal justice
	C20 Details of this session will be posted on the notice board near the Reception and Information desk
3.30-5.00	MARKETPLACE OF IDEAS
	7.1. Confused suspects: a pilot study of data exchange between police, public prosecutor and mental health care in crisis situations in Amsterdam, the Netherlands.
	7.2. Building relationships with indigenous peoples: critical considerations
	8. Developing a police-hospital partnership model to serve people experiencing a mental health crisis in the community (an extended session)

PROGRAM SUMMARY

DAY 3: WEDNESDAY 24 OCTOBER

8.30-10.00	PLENARY SESSION P3
10.00-10.30	MORNING TEA
10.30-11.55	MAJOR SESSIONS
	M10 Crossing the divide: searching for innovations in learning between criminal justice and public health
	M11 Community policing & vulnerable populations
	M12 Scientific strategies for resiliency and mental health: current evidence behind officer resilience, coping models, police performance, and the prevention of post-traumatic stress disorder
12.05 - 1.30	MAJOR SESSIONS
	M13 Racial disparities in access to health and involvement with criminal justice
	M14 Working across sectors to develop an evidence-based approach to policing mental health and distress in Scotland
	M15 Harm reduction and policing - working together to serve and protect people who use drugs
1.30-2.30	LUNCH
1.45-2.25	LUNCHTIME SESSIONS
	L5 The World Health Emergencies Program: public health at the security interface
	L6 Emergency Response Services: a focus on health promotion and illness and injury prevention
2.30-4.00	CONCURRENT SESSIONS
	C21 Sexuality, violence and criminal justice
	C22 First responder stress and resilience 2
	C23 Opioid overdoses 2
	C24 Harm reduction and drug policing 2
	C25 Vulnerability
2.30-4.00	MARKETPLACE OF IDEAS
	9.1. Deeper dive into local initiatives on community policing and vulnerable populations in Ukraine
	9.2. Details of this session will be posted on the notice board near the Reception and Information desk
	10.1. Adopting a Digital Mental Health Strategy
	10.2. Details of this session will be posted on the notice board near the Reception and Information desk
4:05-4.30	CLOSING PLENARY SESSION



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INVITED SPEAKERS



Oscar Alleyne

PRESENTATION: Healthy equals: practice lessons in partnership, policy and community engagement

Oscar Alleyne is Senior Advisor for Public Health Programs at the National Association of County and City Health Officials providing leadership and senior level management of a portfolio of \$14 million covering the

programmatic divisions of Infectious Disease and Informatics, Public Health Preparedness, Pandemic and Catastrophic Preparedness, and

Environmental Health. Dr. Alleyne began his career in governmental public health and for 15 years served as the Director of Epidemiology and Public Health in Rockland County. He holds a Doctorate in Public Health from the New York Medical College, School of Health Sciences and Practice and is a graduate of the University at Albany, School of Public Health.



Annette Bailey

PRESENTATION: Trauma, racialized youth, and gun violence: creating a culture of peace

Dr. Annette Bailey is Associate Professor with the Daphne Cockwell School of Nursing, Ryerson University. She holds a PhD in Public Health Science. Her research explores gun violence survivorship. Much of her research

work is focused on understanding the grief and trauma experiences of adults and youth survivors of gun homicide. Dr. Bailey has explored the experiences of Black mothers who lost children to gun violence; as well as youth who lost friends and siblings to gun homicide in Toronto. She has conducted a comprehensive key informant assessment

with stakeholders across Canada to establish Canadian-specific evidence for policy development for gun violence survivors. She has established key collaboration with academics, community stakeholders, and policy makers in several countries, who are working to address gun violence. Her work has been disseminated widely through peer-reviewed journals, book chapters, international conferences, and within local community organizations, provincial government agencies, and in the Canadian House of Commons. Her research work was recommended by a Member of Parliament for informing Bill C-32, the Victims Bill of Rights.



Kofi N. Barnes

PRESENTATION: Where Justice and Treatment meet

Justice Kofi N. Barnes is a judge of the Ontario Superior Court of Justice. He is a former judge of the Ontario Court of Justice. Justice Barnes was admitted to the Ontario Bar in 1993. Prior to his judicial career, he was a Deputy Director of

the Federal Prosecution Service (Public Prosecution Service of Canada).

Justice Barnes is known as a pioneer and innovator in therapeutic jurisprudence and a champion of social justice. Justice Barnes came to Canada from Ghana and attended Trent University and then Osgoode Hall Law School at York University.

Justice Barnes is the founder of the Metro West Youth Community Restoration Court; the Durham Mental Health and Drug Treatment Court and co-founder of Canada's first Drug Treatment Court. For more information go to this link: <https://youtu.be/tuGP6gU9CvM>.

Justice Barnes is the founding president of the not-for-profit organization Canadian Association of Drug Treatment Court Professionals and president of the International Association of Drug Treatment Courts. In addition, to his regular judicial duties, Justice Barnes has provided training sessions on solution focused strategies and innovative approaches to justice. He is a co-author of *People Places and Things – Inspirational Stories from Canada's Drug Treatment Courts* – published by Friesen Press.

Barnes is the recipient of many awards including the Queen Elizabeth Silver Jubilee Commemorative medal, Trent University Distinguished Alumni Award, the Bryden Awards and the African-Canadian Achievement Awards for Excellence in Law.



Shannon Cosgrove

PRESENTATION: **Health at the center of violence prevention**

Shannon Cosgrove serves as Director of Health Policy at Cure Violence where she is responsible for staffing the Movement towards Violence as a Health Issue that is chaired by Dr. Satcher, former US Surgeon General; Dr. Sommer,

former Dean of the Johns Hopkins Bloomberg School of Public Health and Dr. Slutkin, Founder/CEO of Cure Violence. In this role, she oversees public education; developing and implementing a health approach framework and identifies policies to promote and sustain the work with an equity lens.

Shannon is a member of the Place Matters for Health Equity Community, an expert in the Allies for Reaching Community Health Equity Network of Global Policy Solutions and is undergoing certification to deliver the Equity, Diversity and Inclusion training with CommonHealth ACTION.

Previously, Shannon served as the Deputy Director for the Mayor's Office on Criminal Justice in Baltimore City. Her past roles include: Health Equity Manager on the Healthier Communities Team at YMCA of the USA, Project Officer at the Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health team and Health Disparities Coordinator at the Baltimore City Health Department through the Centers for Disease Control and Prevention's Public Health Prevention Fellowship Program where she also served as the Chair of the Health Equity and Social Justice Committee.

While receiving her MHA and BSc in Health Policy and Administration from the Pennsylvania State University, Shannon served as a peer behavioral interventionist and as the grant coordinator at the Centre for Volunteers in Medicine. Ms. Cosgrove recently relocated with her family to Oakland, CA.



Grant Edwards

PRESENTATION: **The cost of being a cop: police wellbeing and resilience**

Commander Edwards (Australian Federal Police) possesses over 33 years of policing experience at the local, national and international level. He has worked in the transnational crime areas of counter terrorism, international organised

crime, drug trafficking, people smuggling, human trafficking, Child Exploitation and Cyber Crime.

Commander Edwards has previously been posted internationally as Liaison Officer Los Angeles, to Timor-Leste as the Commander Timor-Leste Police Development Program and Security Advisor to the Timor-Leste Secretary of State for Security. He also served in Afghanistan as the AFP Commander Afghanistan Mission and Deputy Head of the International Police Coordination Board.

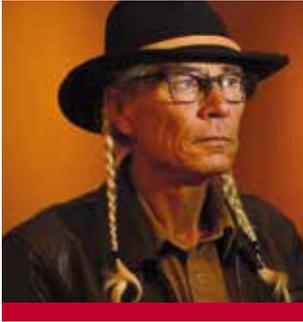
Grant is presently the Manager Americas based in Washington DC and responsible for liaison within Canada, USA, Mexico, the Caribbean, Central America and South America.

Prior to taking up his current assignment, Grant was the AFP's Aviation Commander for Queensland, encompassing Gold Coast, Brisbane and Cairns International Airports.

Grant holds a number of academic qualifications including a Master of Policy and Governance from Charles Sturt University and a Bachelor of Arts, majoring in Anthropology and Indigenous studies from the Australian National University.

Following a number of suicides by AFP members in 2017, Grant went public with his own struggles with PTSD in attempt to highlight the impact mental trauma injuries have on those in the policing profession. This was chronicled in August 2017 on the ABC television Australian Story Series at - <http://www.abc.net.au/austory/the-strong-man-opener/8825290>.

Grant has also been very proactive in devising and hosting a global policing symposium on mental health in Washington DC bringing together world experts in the policing profession, policy and medical support experts to devise best practices for supporting police.



Harold Johnson

PRESENTATION: The role of law enforcement and public health collaborations in addressing alcohol-related issues in Indigenous communities

Born and raised in northern Saskatchewan, Harold Johnson has a Master of Law degree from Harvard University, 30 years' experience in the practice of law including 8 years most recently as a

Crown Prosecutor. Based in La Ronge, Saskatchewan, he is now leading the Northern Alcohol Strategy, developing a comprehensive alcohol strategy for Northern Saskatchewan that spans prevention, treatment and harm reduction including broad public policy issues: "it is about breaking down government Silos and working across jurisdictions".

He has served in the Canadian Navy, and worked in mining and logging. Johnson is the author of five works of fiction, several of which are set in northern Saskatchewan against a background of traditional Cree mythology. He is also the author of two non-fiction titles. His most

recent work, *Firewater*, is a "passionate call to action, [examining] alcohol—its history, the myths surrounding it, and its devastating impact on Indigenous people. Drawing on his years of experience as a Crown Prosecutor in Treaty 6 territory, Johnson challenges readers to change the story we tell ourselves about the drink that goes by many names—booze, hooch, spirits, sauce, and the evocative "firewater." Confronting the harmful stereotype of the "lazy, drunken Indian," and rejecting medical, social, and psychological explanations of the roots of alcoholism, Johnson cries out for solutions, not diagnoses, and shows how alcohol continues to kill so many. Provocative, irreverent, and keenly aware of the power of stories, *Firewater* calls for people to make decisions about their communities and their lives on their own terms.



Sir Michael Marmot

PRESENTATION: 'Social justice and health inequalities'

Sir Michael Marmot is Professor of Epidemiology at University College London, and Immediate Past President of the World Medical Association. He is the author of *The Health Gap: the challenge of an unequal world* (Bloomsbury: 2015)

and *Status Syndrome: how your place on the social gradient directly affects your health* (Bloomsbury: 2004).

Professor Marmot holds the Harvard Lown Professorship for 2014-2017 and is the recipient of the Prince Mahidol Award for Public Health 2015. He has been awarded honorary doctorates from 18 universities. Marmot has led research groups on health inequalities for over 40 years. He chairs the Commission on Equity and Health Inequalities in the Americas, set up in 2015 by the World Health Organization's Pan-American Health Organization (PAHO/WHO). He was Chair of the Commission on Social Determinants of Health (CSDH), which was set up by the World Health Organization in 2005, and produced the report entitled: 'Closing the Gap in a Generation' in August 2008.

At the request of the British Government, he conducted the Strategic Review of Health Inequalities in England post 2010, which published its report 'Fair Society, Healthy Lives' in February 2010. This was followed by the European Review of Social Determinants of Health and the Health Divide, for WHO Euro in 2014.

He chaired the Breast Screening Review for the NHS National Cancer Action Team and was a member of The Lancet-University of Oslo Commission on Global Governance for Health. He set up and led a number of longitudinal cohort studies on the social gradient in health in the UCL Department of Epidemiology & Public Health (where he was head of department for 25 years): the Whitehall II Studies of British Civil Servants, investigating explanations for the striking inverse social gradient in morbidity and mortality; the English Longitudinal Study of Ageing (ELSA), and several international research efforts on the social determinants of health.

He served as President of the British Medical Association (BMA) in 2010-2011, and is President of the British Lung Foundation. He is an Honorary Fellow of the American College of Epidemiology; a Fellow of the Academy of Medical Sciences; an Honorary Fellow of the British Academy, and an Honorary Fellow of the Faculty of Public Health of the Royal College of Physicians. He was a member of the Royal Commission on Environmental Pollution for six years and in 2000 he was knighted by Her Majesty The Queen, for services to epidemiology and the understanding of health inequalities. Professor Marmot is a Member of the National Academy of Medicine.



Charles H. Ramsey

PRESENTATION: **Police, crisis intervention and officer well being**

Charles H. Ramsey was appointed Police Commissioner of the Philadelphia Police Department on January 7, 2008, by Mayor Michael A. Nutter. He retired in January 2016 after serving 8 years as Commissioner and leading the

fourth largest police department in the nation with over 6,600 sworn members and 830 civilian members. Commissioner Ramsey brings over forty-six years of knowledge, experience and service in advancing the law enforcement profession in three different major city police departments, beginning with Chicago, then Washington, DC, and now Philadelphia.

During his eight years as Police Commissioner in Philadelphia, the Philadelphia Police Department made significant progress in driving down violent crime in the city. With a renewed focus on evidence-based policing initiatives, organizational accountability and a neighborhood-based policing strategy, Philadelphia has seen nearly a 20% reduction in violent crime and a 37% reduction in homicides. In 2014, Philadelphia experienced its lowest violent crime rate since 1985. The end of 2015 marked the first time since 1969 the City of Philadelphia had fewer than 300 homicides for three consecutive years.

Commissioner Ramsey has been at the forefront of developing innovative policing strategies and leading organizational change for the past 24 years. He is an internationally-recognized practitioner and educator in his field, and is the Immediate Past President of both the Police Executive Research Forum and the Major Cities Chiefs Association. He is the only law enforcement professional to have served as President of both prominent organizations at the same time and is the only police professional to receive the Leadership Award from 3 major law enforcement organizations; the FBI National Executive Institute, Police Executive Research Forum and the Major Cities Chiefs Association. In December 2014, following several high profile incidents involving police use of force, President Barack Obama chose Commissioner Ramsey to serve as co-chair of the President's Task Force on 21st Century Policing. In recognition for his contributions to the field of policing and public safety, he has been awarded Honorary Doctorate Degrees from four universities.



Howard Sapers

PRESENTATION: **Prison health IS public health**

On January 1, 2017 Howard Sapers was appointed Independent Advisor on Corrections Reform for the province of Ontario. Between 2004 and 2016 Howard Sapers was the Correctional Investigator of Canada. Previously, Mr. Sapers

has been the Executive Director of the John Howard Society of Alberta, an elected member of the Legislative Assembly of Alberta representing Edmonton Glenora, Director of the National Crime Prevention Centre Investment Fund and Vice Chairperson (Prairie Region) of the Parole Board Canada. Currently, Mr. Sapers serves as a member of the Board

of Directors of the Forum of Canadian Ombudsman and between 2012 and 2016 served as a North American Regional representative to the International Ombudsman Institute. Mr. Sapers represented the community of small federal departments and agencies on the Government of Canada Small Department Audit Committee and was Chairman of the Department of National Defence/Canadian Forces Ombudsman Advisory Committee. Mr. Sapers is an Adjunct Professor at Simon Fraser University's School of Criminology, and has been awarded an Honorary Doctorate of Laws from the University of Ottawa.



Peter Sloly, MBA, OOM

PRESENTATION: The disproportional impacts of exponential technology on policing and public safety

Peter Sloly, Partner, leads Deloitte's "Security & Justice" practice to modernize and optimize Canada's police, courts, corrections and national security agencies. Peter developed Deloitte's unique "Security Convergence"

methodology for organizations to deploy in an enterprise-wide strategy to identify, assess and address dynamic security risks across physical and cyber domains. Peter is a trusted c-suite advisor as well as a thought leader on security and justice issues given his experience in public safety campaigns, criminal investigations, incident command systems, security assessments, counter terrorism operations and "Smart Safe City" strategies. Peter was a Deputy Chief with the Toronto Police Service, a graduate of the FBI National Academy and a United Nations Peacekeeper.

Security & Justice Career Contributions:

- Built the TPS Social Media Strategy, the Operations Centre and the Mobile App which won international awards and established the TPS at the forefront of digital policing and cyber security
- Designed the TPS Summer Safety Plan, the Neighborhood Policing Program, the integrated service delivery Focus Hub and led some of the most successful public safety operation in TPS history

- Led the TPS Police & Community Engagement Review which is recognized as one of the best and most comprehensive strategies to address public trust and police legitimacy issues
- Established the Incident Command System as the command and control system for the TPS and the Ontario Association of Chiefs of Police to improve interoperability for emergency services providers
- Designed an HR strategy to hire a cadre of 1000 officers with 60% post-secondary education, 50% women/visible minorities and established the TPS as one of Canada's Top Diversity Employers

Awards Received:

- Officer of the Order of Merit "Police Forces" Medal & Queen's Diamond Jubilee Medal
- United Nations Peacekeeping Medal & Canadian Peacekeeping Medal
- Police Exemplary Service Medal & Ontario Volunteer Sector Service Medal



Geraldine Strathee

PRESENTATION: Population health and mental health in England: using policy, intelligence and partnerships to improve prevention, lives, outcomes and optimise the public spend

Dr. Geraldine Strathee C.B.E. O.B.E. Hon. FRCPsych is a triple trained physical, mental and behavioural clinician, who has had a portfolio career as a frontline NHS

clinician, academic and medical manager, and, working at national and London wide levels as a policy maker, regulator and innovator.

Her commitment is to equip individuals & community populations with the information and intelligence they need to build their mental health & resilience, maximize all opportunities for the prevention of mental illhealth, increase access to timely, equitable, high quality crisis and recovery services. She has worked in mutli disciplinary teams, with community partners including police, housing, schools, employers, faith communities and others. She is passionate about empowering patients and staff to develop their potential and to work as community population leaders.

Her teams have always had close working relationships with police colleagues; joint training, crisis response, multi agency safety hubs for people with complex needs including offending, better response

to the use of mental health legislation, and digital and population infomatics to reduce suicide and the targeting of vulnerable people in transit. Her leadership as National Clinical Director had impacts on the reduction of the use of police cells for people in crisis, safer police response in Transport systems, raised awareness of the preventable impacts of alcohol.

She is currently involved in a range of global leadership, quality improvement, Intelligence & digital innovation programmes, including as the National Professional Adviser in population information and intelligence at the Care Quality Commission, England's quality regulator and national Policy Research Unit, as a Non Executive Director on the South London and Maudsley Board, London and as Clinical adviser to the Sim programme at the London Health Innovation Network.

She is also a Trustee of the Poppy Factory, which promotes employment of disabled veterans and the Patron, of the user led Positive Practice Collaborative for Mental health.



Commander (Ret) Richard F. Southby

PRESENTATION: Law enforcement and public health: challenges and opportunities in educating law enforcement officers

Commander (Ret) Richard F. Southby, Ph.D. (Med), F.F.P.H., F.C.L.M. (Hon), Distinguished Professor of Global Health and Executive Dean Emeritus, Milken Institute School of Public Health,

The George Washington University, and, Honorary Professor, Melbourne School of Population and Global Health, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne.

Dr. Richard Southby has been a faculty member at The George Washington University since 1979. Throughout his career at GWU he served as Chairman and Friesen Professor of International Health, Department of Health Services Management and Policy; Associate Dean for Health Services; Dean and Ross Professor of Global Health, School of Public Health and Health Services; and Executive Dean and Distinguished Professor of Global Health, GWU Medical Center. He was also the Founding Director of the Police Science Program, College of Professional Studies, and has served as Chair of the Dean's Council for the College.

Since 1989 he has been a member of the Metropolitan Police Department Reserve Corps, Washington, DC. In 2008 he was promoted to Commander and appointed Commanding Officer of the Reserve Corps Division. He is also Senior Educational Adviser to the Department. Dr. Southby is Adjunct Professor of Military and Emergency Medicine at

the Uniformed Services University of the Health Sciences, Bethesda, MD. Since 1984 he has been Director of the Interagency Institute for Federal Health Care Executives, which is the major professional development program for senior health professionals, across all disciplines, in the US Army, US Navy, US Air Force, US Public Health Service and the Department of Veterans Affairs.

He is a Board member of ASCEND, the Asian Collaboration for Excellence in Non-Communicable Diseases, and recently participated in, and co-authored the final report, the 2015 South Asian Regional Forum From Evidence to Effective Implementation: Improving the Prevention and Control of Diabetes and Other NCD's in South Asia, held in Kalutara, Sri Lanka from 28-30 May, 2015. Currently, Dr. Southby is Co-Director of the Security and Health Executive Leadership Institute (SAHELI): Building Multi-Sectoral Partnerships for Enhanced Public Health and Security Across the Australia-Asia-Pacific Region. This Institute is being developed as a collaborative activity by the School of Population and Global Health in The University of Melbourne, Australia. Dr. Southby is President Emeritus of the Royal Society of Medicine Foundation, a Past President of the Australian Public Health Association and a Past President of the Asia Pacific Academic Consortium for Public Health.



Leslie Young

PRESENTATION: Crime Seen?

A particular interest of Leslie's is the inadvertent entry of people with epilepsy into the criminal justice system. Certain seizure activity can result in behaviour of which the individual has neither conscious control nor memory, but which can

be perceived to be criminal in nature. The repercussions of this can and often do have a hugely detrimental impact on their life and their seizure management. Leslie has developed a close working relationship with the Judicial Studies Institute, COPFS and Police Scotland. Her interest and passion for improving the life of people with epilepsy comes from personal experience. She has a daughter who has epilepsy and learning disabilities so she has felt the impact of how a diagnosis of epilepsy impacts the person, their family and their community. Leslie joined Epilepsy Scotland's training department in 2006 and was appointed Chief Executive in January 2009. During her tenure Leslie has introduced a new business model affording the opportunity for the private, public and third sectors to work together to provide a service for people with epilepsy in an area where none existed. This model can

be replicated geographically and in respect of other long term conditions. The introduction of this model resulted in her nomination for Third Sector Director of the Year by the Institute of Directors. Leslie is a long-standing member of the Institute of Directors and was invited to join the first West of Scotland Vistage Group for Chief Executives in 2014. She also sits on the Criminal Justice Disability Advisory Group and for the last three years has presented regularly to Procurators Fiscal. Leslie also sits as a Non-Executive Director on the Executive Board of the Crown Office and Procurator Fiscal Service. Leslie qualified as a general nurse in 1976 and a midwife in 1978 and worked for ten years as Charge Nurse in gynaecology. Subsequently she led the introduction of quality assurance systems and performance indicators to hospitals in the public sector in Scotland and then in the private sector in England. On returning to Scotland Leslie set up a charity providing a home-based teaching system to children with learning disabilities and their families whilst also working as a partner in a home care business and an occupational health consultancy.



GLOBAL LAW ENFORCEMENT & PUBLIC HEALTH ASSOCIATION INC.

BE A LEADER IN AN EMERGING FIELD

Background to GLEPHA

The Global Law Enforcement and Public Health Association is a unique organisation founded to further the policy and practice that underpins growing and significant developments which recognise the inter-related nature of law enforcement and public health – both in their widest senses.

Join other researchers, policy makers and practitioners across a range of diverse sectors in leading the global thinking and practice in this emerging field. GLEPHA members are a diverse community whose learnings will improve community safety and well being; will enhance the health and welfare of key stakeholders; and will provide practical, evidence based and cost effective solutions to some of the most significant social, health and law enforcement challenges facing our communities.

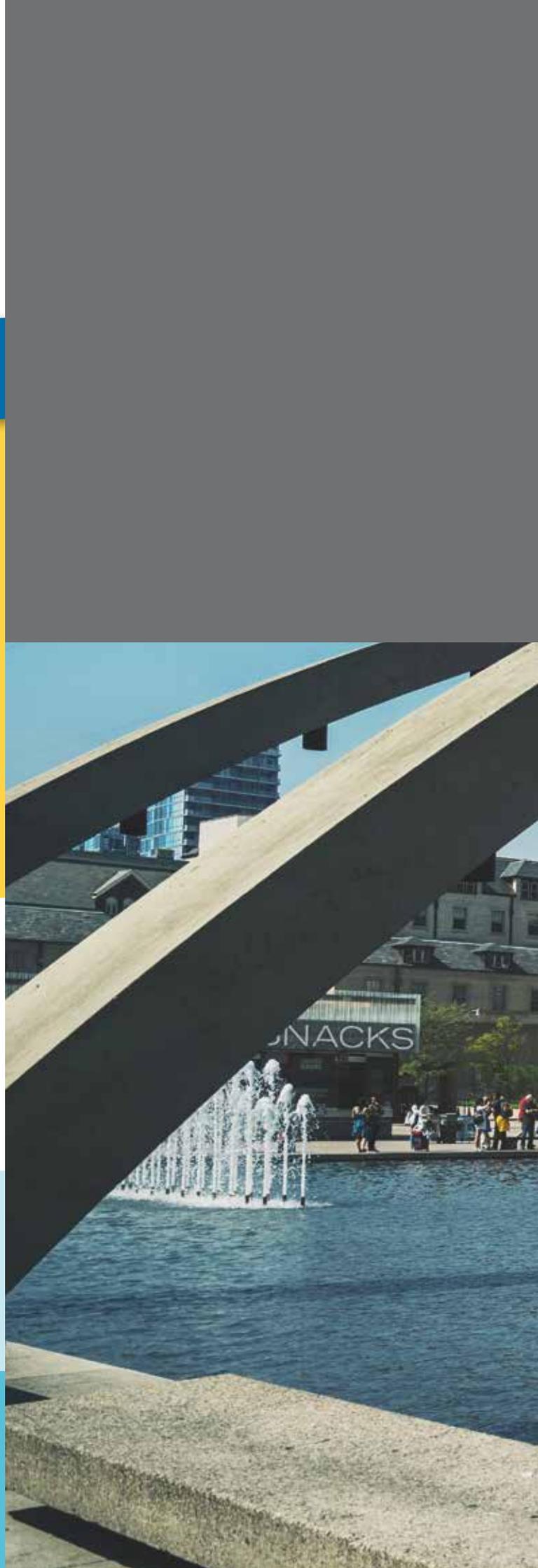
GLEPHA aims

- ▶ To build a network of research institutions and individuals
- ▶ To devise, support and engage in research and collaborations in the LEPH field
- ▶ To promote and support development of new researchers in the LEPH field
- ▶ To foster information exchange and support among members



A key **GLEPHA strategy** is the development of **Special Interest Groups (SIGs)**. These SIGs will become information exchange mechanisms and will play an integral role in the programming at future LEPH conferences.

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CONFERENCE PROGRAM

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This program is correct at the time of printing and any late changes or additions will be posted on notice boards at the conference venue. The LEPH2018 conference organisers retain the right to make changes to this program if circumstances require this to be done.



DAY 1: MONDAY 22 OCTOBER

8.30-10.00

PLENARY SESSION P1

ROOM: Ballroom East and Center

CHAIR: **Nick Crofts**, LEPH2018 Conference Director & Director, Centre for Law Enforcement and Public Health

SPEAKERS:

- **Nick Crofts**, see above
Welcome to the LEPH2018 Conference
- **Howard Sapers**, Independent Advisor on Corrections Reform, Ontario, Canada
Prison health IS public health
- **Charles H Ramsey**, Philadelphia Police Commissioner, USA (ret)
Police, crisis intervention and officer well being
- **Shannon Cosgrove**, Director of Health Policy at Cure Violence, USA
Health at the center of violence prevention

10.00-10.30

MORNING TEA

10.30-11.55

MAJOR SESSIONS

M1	M2	M3
<p>The Crisis Intervention Team Model: what we have learned after 30 years</p>	<p>Public health and policing in England: an opportunity to improve health through partnership</p>	<p>When policing is the public health crisis 'Hidden in Plain Sight': medical and behavioural conditions affecting communication with police</p>
<p>The Crisis Intervention Team (CIT) model was developed 30 years ago in Memphis, Tennessee. There is now a growing body of research evidence on it's effectiveness. However, there remains some confusion about the model. This session will discuss the core elements of the CIT model and what is meant by "more than just training." Community collaboration, a responsive mental health system and the specialized CIT officer role will be covered.</p>	<p>Is health a policing issue? Reviewing the landscape and developing a consensus statement in England.</p>	<p>Health and criminal justice systems frequently encounter people experiencing communication difficulties. Understanding the health/police intersect in support of people experiencing communication problems has become critical in the provision of timely and appropriately risk assessment and safeguarding interventions.</p>
<p>ROOM: Ballroom East</p>	<p>ROOM: Ballroom Center</p>	<p>ROOM: Giovanni</p>
<p>CHAIR: Tom VonHemert, CIT International, USA</p>	<p>CHAIR: Eamonn O'Moore, WHO UK Collaborating Centre for Health in Prisons</p>	<p>CHAIR & DISCUSSANT: Joanne MacIsaac, Affected Families and Police Homicide, Canada</p>
<p>SPEAKERS: Amy Watson, University of Illinois Chicago, USA <i>CIT - The evidence to date</i> Don Kamin, Institute for Police, Mental Health & Community Collaboration, USA & Pat Strode, Georgia Public Safety Training Center, USA <i>Perspectives on developing and implementing CIT programs - collaboration is key</i> Ron Bruno, CIT Utah, USA <i>The core elements of the CIT model - the "More" explained and why it matters</i> Thomas Vonhemert, CIT International, USA <i>The CIT Model: what have we learned after 30 years</i></p>	<p>SPEAKERS: Justin Srivastava, Lancashire Police, UK Helen Christmas, Public Health England (Both speakers will address this topic)</p>	<p>SPEAKERS: Leslie Young, Epilepsy Scotland <i>Crime Seen?</i> Nathan Hughes, University of Sheffield, UK <i>The discrimination and criminalisation of childhood neurodevelopmental impairment</i></p>

10.30-6.00pm **POSTERS****Reza Novalino**, Karitas Sani Madani, Indonesia*Prevention and treatment of HIV/AIDS and drugs against people with substance abuse disorders***Christopher Baguma**, Ugandan Harm Reduction Network*A documentary changing the attitude and perception of law enforcement officers, policy makers and community leaders on issues of drug users in Uganda***Christopher Baguma**, Ugandan Harm Reduction Network*Case management of drug users in police custody as a harm reduction approach***Stella Nalukwago Settumba**, University of New South Wales, Australia*What type of treatment program for impulsive violent offenders will encourage societal support and increase offender uptake?***Thomas Ndeogo**, Ghana Police Service*Enhancing harm reduction among key populations: the police as agents***Leah Dunbar**, Michael Garron Hospital, Canada*Investment in MCIT yields enhanced support for persons in crisis*12.05-1.30 **MAJOR SESSIONS****M4****The evolution of pre-arrest pathways for vulnerable populations**

Global initiatives across the fields of policing and public health are forging new pathways to treatment and social support for people following police encounters with vulnerable populations. An increased focus on police encounters when neither arrest nor hospital transportation, nor taking no action serve as appropriate pathways to enhanced public health and public safety. The panel will examine theoretical, empirical and policy foundations of such initiatives, with a focus on the US.

ROOM: Ballroom East

CHAIR: **Jac Charlier**, Center for Health and Justice at TASC, USA

SPEAKERS:

Jennifer Wood, Temple University, USA*Why 'deflection' matters: frontline experiences of Chicago police in managing the family and community contexts of mental health encounters***Amy Watson**, University of Illinois at Chicago, USA*Why 'deflection' matters-Part II: places, encounter characteristics and outcomes of police encounters with persons with mental illnesses in Chicago***Jac Charlier**, Center for Health and Justice at TASC, USA*Police and treatment: fighting crime and saving lives together in the U.S.***M5****Epidemiological Criminology as an emerging paradigm**

Epidemiological Criminology is an emerging paradigm, model, theory, and discipline for a new type of interdisciplinary scientist, practitioner, and student. Epidemiological Criminology can serve as an emerging theory for the study of gangs, substance abuse and law enforcement, among other issues.

ROOM: Ballroom Center

CHAIR: **Timothy Akers**, Morgan State University, USA

SPEAKERS:

Dr. Paul Archibald, Morgan State University, USA
*Development of the Behavioral-Biomedical Law Enforcement Stress Discordance Model (B2LESD): an epidemiological criminology framework***Dr. Jennifer Reingle Gonzalez**, University of Texas Southwestern, USA*Does military veteran status and deployment history impact officer involved shootings: a case-control study***Roberto Hugh Potter**, University of Central Florida, USA
*Epidemiological Criminology and Behavioral Health: an examination of the intersections of Behavioral Health Burden and Criminogenic Risk in a Florida county***Shelby Scott**, University of Tennessee, USA
*Handguns and Hotspots: spatio-temporal modeling of gun crime in Chicago***Stacy Smith**, Morgan State University, USA
*Hybrid-gang family structure: a secondary data analysis of the National Survey of Children's Exposure to Violence II, 1993-2012, using an Epidemiological Criminology Framework***Guy Lamb**, University of Cape Town, South Africa
*The policing of firearm controls and the reduction of firearm homicides in South Africa***M6****Rethinking the role of technology in law enforcement and public health**

The history of humankind is replete with technological innovations that were supposed to solve all of our problems. The session will focus on understanding the limits, benefits and risks that technology can bring to those at the frontlines of law enforcement and public health, conscious of the human propensity to hope for and seek easy answers to complex human and organizational challenges with complicated but seemingly easy to use technology.

ROOM: Giovanni

MODERATOR: **Danielle Dowdy**, Senior Strategic Initiatives Lead, Ontario Street Checks Review, Canada

PANELLISTS:

Robert Ridge, Medicalert, Canada**Ron Anderson**, Saskatchewan Ministry of Justice, Canada**Ritesh Kotak**, University of Edinburgh, Scotland**Dan Law**, Chief Data Scientist, Motorola Solutions, Canada

1.30-2.30 LUNCH	
1.45-2.25 LUNCHTIME SESSIONS	
L1	L2
Critical perspectives on cannabis reform: health, policy and policing	Promoting women's needs as employees and clients in criminal justice
The 21st century has ushered in an era of rapid transformation in the landscape of cannabis regulation throughout the world. This transformation has proceeded with limited input of diverse perspectives and considerations, largely without addressing cascades of individual and structural harms resulting from decades of cannabis prohibition policies and their enforcement. This session will identify the gaps in existing reform efforts, highlight promising initiatives that have engaged cannabis reform to pursue racial and social objectives, and outline an agenda to re-envision drug policy reform from a public health perspective.	Many services and occupations are designed with a default to suit conditions for men. The needs of women as service clientele in criminal justice and as employees of law enforcement organisations have become an important focus to achieve gender equality. This session will explore ways that access to justice must be advanced with consideration to gender and how the inclusion of women in law enforcement institutions contributes to the United Nations Sustainable Development Goal No. 5 regarding gender equality.
ROOM: St. David	ROOM: Giovanni
CHAIR: Leo Beletsky , Northeastern University, USA	CHAIR: Zhannat Kosmukhamedova , United Nations Office of Drugs and Crime
SPEAKERS: Leo Beletsky , Northeastern University, USA Akwasi Owusu-Bempah , University of Toronto, Canada	SPEAKERS: Myra James , International Association of Women Police, Canada Dorin Purice , State Secretary, Ministry of Interior, Moldova Shahala Pervin , Dhaka Police, Bangladesh <i>Women in policing: a Bangladesh perspective</i>
2.30-4.00 CONCURRENT SESSIONS	
C1	C2
Violence	Moving forward: police mental health & well-being
Violence has many faces and multiple impacts: its root causes and effects demand joint responses from multiple sectors. This session illustrates a range of these complex issues and some possible responses.	The session will focus on mental health promotion and prevention; national research and findings from the Canadian Institute for Public Safety Research and Treatment (CIPSRT) and the National Plan of Action to improve the lives of the front line; identifying and overcoming barriers to care; intervention and employer best practice guidelines and the Canadian Police Association's Current and Future Vision.
ROOM: Giovanni	ROOM: Ballroom East
CHAIR: Anil Anand , IDR Management Consulting, Canada	CHAIR: Katy Kamkar , Centre for Addiction and Mental Health, Canada
SPEAKERS: Shahala Pervin , Bangladesh Police <i>Vicious cycle of violence against women: prosecution, prevention and protection in Bangladesh</i> Tony Butler , University of New South Wales, Australia <i>Use of text mining of the police event narratives in identifying mentions of mental illness among those involved in family and domestic violence</i> Lyndel Bates , Griffith University, Australia <i>Assault-related traumatic brain injuries: factors related to stress, depression and anxiety</i> Matty de Wit , Public Health Amsterdam <i>Childhood adversity and self-sufficiency problems in early adulthood among violent repeat offenders</i> Joachim Kersten , IMPRODOVA <i>Horizon2020 EU research on first responder cooperation re high impact domestic violence</i> Stephanie Waddell , Early Intervention Foundation, UK <i>The role of early intervention in preventing violence</i>	SPEAKERS: Katy Kamkar , Centre for Addiction and Mental Health, Canada <i>Employer best practice guidelines and disability management</i> Nicholas Carleton , University of Regina, Canada <i>Mental health among Canadian public safety personnel: a brief overview of contemporary research</i> Steve Palmer , University of Regina, Canada <i>Building a network of academics and police organizations to address front line mental health</i> Greg Anderson , Justice Institute of British Columbia, Canada <i>Police officer stress and mental health</i> Tom Stamatakis , Canadian Police Association <i>The mental health of police personnel should be recognized as a 'mission critical' priority</i>

CONCURRENT SESSIONS CONTINUE

C3	C4	C5
Criminalization of reproductive health and partnering with police to reduce legal risk	Harm reduction services for young people who use drugs and the role of law enforcement	Law enforcement and mental health
<p>Abortion is a common but stigmatized health service: nearly every country has laws restricting abortion and those with liberal laws have challenges with implementation due to stigma. Laws on abortion carry criminal penalties, creating legal risks both for people who provide abortions and those who seek them. These presentations examine legal risk faced by people who end their pregnancies in Africa and the United States. We will also present research on the results of partnership with law enforcement, which include a decrease in instances of adverse police interactions between the police and abortion providers.</p>	<p>What is the role of police in young people's use of drugs? Exploration, escape, desperation, vulnerability – these factors all call for different responses, and these responses can determine the young person's life course</p>	<p>The difficulties policing experiences with people with mental health issues illustrate the inadequacy of communities' understandings of mental health issues, and create dangers for all involved. We need a better understanding on which to build humane and effective practice.</p>
ROOM: Armoury	ROOM: St. David	ROOM: St. Patrick
CHAIR: Patty Skuster , Ipas, USA	CHAIR: Morgana Daniele , Youth RISE, Lithuania	CHAIR: Michael Brown , College of Policing, UK
<p>SPEAKERS: Farah Diaz-Tello, SIA Legal Team, USA <i>Putting the myth of protecting pregnant people to rest: understanding the public health threat of criminalizing abortion</i></p> <p>Samuel Otu-Nyarko, Ghana Police Service <i>Partnering with police to improve abortion care in Ghana</i></p> <p>Emmanuel Chijioke Sonny Ojukwu, Chief of Police (Ret), Nigeria <i>Ipas intervention with the police force in Nigeria</i></p> <p>Msipu Phiri T, Police Health Services, Zambia <i>An evaluation of reproductive rights training for police officers in Zambia</i></p>	<p>SPEAKERS: Morgana Daniele, Youth RISE, Lithuania <i>Human rights, young people who use drugs and policing across the world: what can we learn?</i></p> <p>Florian Scheibein, Youth RISE, Ireland <i>Policing young people's engagement in high risk drug use</i></p> <p>Peter Muyshondt, Anyone's Child/Local Police, Belgium <i>The impact of policing on vulnerable groups</i></p> <p>Alissa Greer, Canadian Institute for Substance Use Research <i>Youth who use drugs and perceptions of police across three communities in British Columbia, Canada</i></p> <p>Monique Marks, Urban Futures Centre, Durban University of Technology, South Africa <i>"We cannot allow children to take drugs freely": contemporary moral panics about drug treatment in Durban, South Africa</i></p>	<p>SPEAKERS: John McDaniel, University of Wolverhampton, UK <i>Deconstructing the mental health dimensions of community-oriented policing</i></p> <p>Maria Liegghio, York University, Canada <i>Preliminary findings of a qualitative study exploring police encounters in child and adolescent mental health</i></p> <p>Nabila Zohora Chowdhury, University of New South Wales, Australia <i>The relationship between psychoses and offending in New South Wales – a data-linkage study</i></p> <p>Nadine Dougall, Edinburgh Napier University, Scotland <i>Care pathways related to Scottish Ambulance Service contacts for people with psychiatric or self-harm emergencies</i></p> <p>Adam Vaughan, Simon Fraser University, Canada <i>Psychiatric presentations to the emergency department via police custody, 2008-2016</i></p> <p>Sara Jacoby, University of Pennsylvania, USA <i>An evaluation of costs and benefits of pre-hospital transport by police for urban trauma patients</i></p>

2.30-4.00 MARKETPLACE OF IDEAS Marketplace of Ideas sessions will be longer, in smaller groups and should be highly interactive.	
Marketplace of Ideas: 1 (2 x 45 minute presentations)	Marketplace of Ideas: 2 (2 x 45 minute presentations)
ROOM: Terrace East	ROOM: Terrace West
<p>1.1. Culturally-competent response to perpetrators of intimate partner violence</p> <p>FACILITATOR: Amber Christensen Fullmer, University of Alaska, USA</p> <p>This session targets stakeholders who are working to address intimate partner violence, sexual assault and violence against women from a cross-cultural, interdisciplinary evidence-based platform. Discussion will occur surrounding the unique difficulties in providing services in developing and/or remote locations, cultural competency in professionals and treatment modalities as well as resource development.</p> <p>1.2. Preventing and reducing violence : How we developed a routine surveillance and analysis system for early intervention and prevention of violence from a multi- agency perspective</p> <p>FACILITATOR: Emma R Barton & Michelle McManus, Public Health Wales</p> <p>In 2012 South Wales police set reducing violent crime as a top priority. The effects of violence on individuals are widespread causing poor health and well-being while under-reporting violent crime. This session will demonstrate the project that is an example of effective multi agency working that has successfully helped to develop a better understanding of violence across South Wales and demonstrating the value of sharing data and resources across agencies. The residence of victims and perpetrators of assault were mapped, helping agencies target resources at communities most at risk, tackling the root causes of violence.</p>	<p>2.1. We cannot afford to make the same mistakes: reflecting on LEPH incidents for all the right reasons</p> <p>FACILITATOR: Isabelle Bartkowiak-Théron, University of Tasmania, Australia & Michael Brown, College of Policing, UK</p> <p>DISCUSSANT: Commander Stuart Bateson, Victoria Police, Australia</p> <p>How quickly do we look at LEPH incidents worldwide and answer (or hear) "police need more training" on those issues? This session challenges several ideas as to the role of police and other agencies in the management of those incidents. An incident of police brutality towards a disabled pensioner in Australia is highlighted. We cannot 'make the same mistakes again, except better', or 'doing the wrong thing, righter'. From a recent article by Michael Brown and opinion piece by Isabelle Bartkowiak-Théron the facilitators will lead a discussion of the prevention of, and management of the aftermath of such incidents.</p> <p>2.2. Respectful Relationships Education</p> <p>FACILITATORS: Shelby Steel, Harmony Martin-Binks, Jessica Kile & Katherine King, Maryborough Education Centre, Australia</p> <p>Resilience, Rights and Respectful Relationships Education is the holistic approach to school based, primary prevention of gender based violence. The 2015 Australian Royal Commission into Family Violence identified the importance of the education system as a catalyst for generational and cultural change. Two year 11 students from Maryborough Education Centre will explain how a culture of respect and equality has been created across their entire Maryborough community, from their classroom to staffroom, sporting field, public transport, workplace and social events.</p>
4.00-4.30 AFTERNOON TEA	
4.30-6.00 CONCURRENT SESSIONS	
C6	C7
An intersectoral and integrated approach to addressing public safety, health and quality of life issues for vulnerable residents of Surrey, BC	Structures, successes of, and lessons learned in the HIDTA/CDC Heroin Response Strategy
<p>Surrey, like many other Canadian cities, is grappling with a deadly overdose epidemic, homelessness and many individuals living with mental ill-health. In 2017, the Surrey Outreach Team (SOT) was initiated by the Surrey Royal Canadian Mounted Police (RCMP) to support approximately 130 vulnerable individuals living in 90 tents in the city core to respond to the health, social and public safety needs of vulnerable individuals. Through this initiative, intersectoral partners collaborated in a strategic and integrated fashion.</p>	<p>This session will familiarize participants with the structures, successes of, and lessons learned in the HIDTA/CDC Heroin Response Strategy, the largest federally funded law enforcement/public health collaboration in the U.S., which is dedicated to combating the current opioid crisis. In particular, this session will highlight findings from new research and intervention efforts that allow law enforcement officers and correctional entities to incorporate public health approaches in their work as it touches the opioid epidemic.</p>
ROOM: Ballroom East	ROOM: St. Patrick
CHAIR: Shovita Padhi , Fraser Health Authority, Canada	CHAIR: Jennifer Carroll , Centers for Disease Controls and Prevention, USA.
<p>SPEAKERS: (Each speaker will address the session title from their perspective)</p> <p>Shovita Padhi, Fraser Health Authority, Canada <i>The Public Health/Health Authority's perspective</i></p> <p>Mark Griffioen, City of Surrey, Canada <i>The Surrey Fire perspective</i></p> <p>Keir Macdonald, Lookout Housing and Health Society, Canada <i>The Lookout Society's perspective</i></p> <p>Wendy Mehat, Royal Canadian Mounted Police <i>The RCMP perspective</i></p> <p>Terry Waterhouse, City of Surrey, Canada <i>The City of Surrey perspective</i></p>	<p>SPEAKERS:</p> <p>Rita Noonan, Centers for Disease Controls and Prevention, USA <i>The heroin response strategy: a new approach for collaboration between federal law enforcement and public health entities in the U.S</i></p> <p>Jennifer Carroll, Centers for Disease Controls and Prevention, USA <i>A comprehensive assessment of 911 Good Samaritan Laws in 20 states: attitudes, implementation, and effect</i></p> <p>Joan Papp, MetroHealth System, Ohio, USA <i>Increasing access to medication assisted treatment in the Cuyahoga County Corrections Centre</i></p> <p>Traci Green, Boston University and Brown University Schools of Medicine, USA <i>Public health and public safety in action: detecting Fentanyl in street drugs using Fentanyl testing strips and portable machines</i></p>

CONCURRENT SESSIONS CONTINUE

C8	C9	C10
<p>Incarceration and health</p> <p>Incarceration is unhealthy in itself and creates unhealthy conditions; insofar as it is necessary, how can these conditions be ameliorated?</p>	<p>Marginalised populations and police</p> <p>Members of marginalised communities are at increased risk of multiple health threats; law enforcement actions can ameliorate or exacerbate these risks.</p>	<p>The Dutch approach: towards a sustainable solution for people with disturbed behaviour</p> <p>Incidents involving people with disturbed behaviour have risen substantially in the Netherlands and police spend 20% of their time on this problem. There is a shared sense of urgency among partners and politics. It is unanimously believed that the current approach is not always in the interest of the patient.</p> <p>The current approach is characterized by great attention to crises, less attention to the preventive side. A sturdy chain approach is essential for a sustainable solution. The police can play a facilitating – rather than leading – role in getting parties around the table.</p>
ROOM: Giovanni	ROOM: Armoury	ROOM: St. David
CHAIR: Eamonn O'Moore , WHO UK Collaborating Centre for Health in Prisons	CHAIR: James Clover , Edmonton Police, Canada	CHAIR: Auke van Dijk , Dutch Police Service
<p>SPEAKERS:</p> <p>Nasrul Ismail, University of the West of England <i>Impact of macroeconomic austerity on prisoner health in England: a qualitative study involving international policymakers</i></p> <p>Sheila Lindner, Federal University of Santa Catarina, Brazil <i>Health care for persons deprived of liberty: experience of distance education in Brazil</i></p> <p>Stuart Kinner, RMIT University, Australia <i>The role of prisons, jails and youth detention centres in addressing health inequalities in the Americas</i></p> <p>Kate McLeod, University of British Columbia, Canada <i>Transforming governance of healthcare in British Columbia's correctional facilities</i></p> <p>Rai Reece, Humber College, Canada <i>The need for dialogue: correctional officers and prison based needle and syringe programs</i></p>	<p>SPEAKERS:</p> <p>Thomas Ndeogo, Ghana Police Service <i>Enforcing the laws on public morality against key populations: the dilemma of the Ghana police service</i></p> <p>Bronwen Lichtenstein, University of Alabama, USA <i>Big Stakes, High Payoff? HIV and Hepatitis C education, testing, and referrals at the Parole Office</i></p> <p>Melanie Simpson, University of New South Wales, Australia <i>Knowledge and awareness of new treatments for hepatitis C among Australian prison entrants</i></p> <p>Katie Hail-Jares, Griffith Criminology Institute, Australia <i>Pace of neighbourhood change and residents' willingness to call police in response to street-based sex work</i></p>	<p>SPEAKERS:</p> <p>Pieter-Jaap Aalbersberg, Chief Police Officer, Amsterdam <i>The Dutch approach: towards a sustainable solution for people with disturbed behaviour</i></p> <p>Brenda van Middelkoop, Senior Community Policing Officer, The Netherlands, Sarah Voss & Esther Pullen, Neighbourhood Public Health Professionals, The Netherlands <i>Cooperation between the Public Health Service (PHS), police and other partners in Vught, Netherlands</i></p> <p>Jurriën Zondervan, Police Liaison Officer Mental Health, The Netherlands & Claire Morssink, Cluster Manager Public Health, The Netherlands <i>The SQT approach</i></p> <p>Joris van 't Hof, Police Liaison Officer Mental Health, The Netherlands & Bauke Koekkoek, University of Applied Sciences, The Netherlands <i>Solid and steady support by both mental health and police staff works for 'difficult' people</i></p> <p>Jeroen Zoeteman, Spoedeisende Psychiatrie Amsterdam & Henk van Dijk, Dutch Police Service <i>Confused suspects: a pilot study of data exchange between police, public prosecutor and mental health care in crisis situations in Amsterdam, the Netherlands</i></p>

DAY 2: TUESDAY 23 OCTOBER

8.30-10.00 PLENARY SESSION P2

ROOM: Ballroom East and Center

CHAIR: **Geraldine Strathdee**, National Health Service, UK

SPEAKERS:

- **Oscar Alleyne**, Senior Advisor, Public Health Programs, National Association of County and City Health Officials, USA
Healthy equals: practice lessons in partnership, policy and community engagement
- **Grant Edwards**, Commander, Australian Federal Police
The cost of being a cop: police wellbeing and resilience
- **Harold Johnson**, Crown Prosecutor, Treaty 6 Territory, Canada
The role of law enforcement and public health collaborations in addressing alcohol-related issues in Indigenous communities

8.30-3.00 POSTERS - See Monday at 10.30 for a list of poster presentations

10.00-10.45 **LEPH ORATION** | ROOM: Ballroom East and Center
Professor Sir Michael Marmot, Professor of Epidemiology, University College London, UK
'Social justice and health inequalities'

10.45-11.15 MORNING TEA

11.15-12.30 MAJOR SESSIONS

M7	M8	M9
<p>Why a Public Health approach to policing is vital in the 21st Century:</p> <p>Improved understanding of police vulnerability demand has led to a collaborative public health approach to policing in Wales, where a multi-agency Adverse Childhood Experience (ACE) informed approach is the basis for "early intervention and prompt positive action" and root cause prevention.</p> <p>The session will present an overview incorporating evidence from the Welsh ACE study used as background for this project and various research findings that supported its development into a national Welsh programme by using a public health upstream trauma-informed approach to understanding vulnerability, reducing harm and crime.</p>	<p>Indigenous enhancements to Canada's Hub Model: the journey of Muskoday and Ochapowace Intervention Circles</p> <p>Two Indigenous communities seeking opportunities for improved safety, health and well-being have gone down the path of multi-sector collaboration. Through a disciplined and systematic process, Muskoday and Ochapowace service providers from the health, justice, police, education, housing, and social sectors routinely collaborate to not only detect and mitigate risk before harm occurs, but maintain collaborative case planning around the needs of individuals and families until stability is reached.</p>	<p>Models of law enforcement/mental health collaboration to improve responses to persons with mental illnesses: the evidence to date</p> <p>There is significant attention worldwide to providing better responses to persons with mental illnesses or experiencing mental health crises that come to the attention of law enforcement. Several models of law enforcement/mental health collaboration have been developed, with the Crisis Intervention Team and Co-Responder models being the most well-known. This panel session will include a discussion of research evidence related to the CIT and co-responder models, as well as other collaboration strategies.</p>
ROOM: Ballroom East	ROOM: Ballroom Center	ROOM: Giovanni
CHAIR: Rt Hon Alun Michael JP , South Wales Police and Crime Commissioner, UK	CHAIR: Chad Nilson , Initiative Strategist, Living Skies Centre for Social Inquiry, Canada	CHAIR: Amy Watson , University of Illinois at Chicago, USA
<p>SPEAKERS:</p> <p>Janine Roderick, Public Health Wales <i>Why understanding vulnerability and a public health approach is vital to policing</i></p> <p>Emma Barton, Public Health Wales <i>Operationalising the vision: turning understanding in to action</i></p> <p>Dr Michelle McManus, Public Health Wales/ Detective Superintendent Jo Ramessur-Williams, Public Health Wales <i>Moving forward: National roll-out</i></p>	<p>CO-PRESENTERS:</p> <p>Chad Nilson, Initiative Strategist, Living Skies Centre for Social Inquiry, Canada</p> <p>Ava Bear, Health Director, Muskoday First Nation, Canada</p> <p>Betty Watson, Justice Coordinator, Ochapowace Nation, Canada</p> <p>Herman Crain, Band Councillor, Muskoday First Nation, Canada</p>	<p>SPEAKERS:</p> <p>Amy Watson, University of Illinois at Chicago, USA/ Michael Compton, Columbia University, USA <i>The CIT Model: can we call it evidence-based?</i></p> <p>Melissa Morabito, University of Massachusetts Lowell, USA <i>Reviewing the co-responder approach to serving people with mental illnesses: The Boston Model</i></p> <p>Michael Compton, Columbia University, USA <i>A potential new form of jail diversion and re-connection to mental health services: the Police-Mental Health Linkage System</i></p> <p>Stuart Thomas, RMIT University, Australia / Michael Brown, College of Policing, UK <i>Developing a practice guideline for police for management and resolution of mental health related incidents (a report from an Expert Meeting)</i></p>

12.30-1.30 LUNCH	
12.45-1.25 LUNCHTIME SESSIONS	
L3	L4
Community safety and well-being: a new paradigm for human service delivery	The disproportional impacts of exponential technology on policing and public safety
Innovation in human service delivery is changing driven by a desire for evidence-based funding models, clear limitations of siloed approaches to human services, and both ethical and political aspirations to simply "do better". Across Canada, there are emerging social innovations in collaborative risk-driven intervention (e.g. Hub/Situation Tables), multi-sector coordinated support (e.g. Wraparound), and bi-sector response teams (e.g. Police-Mental Health Crisis Units), among others. But what is really happening within this movement toward community safety and well-being? To conceptualize these efforts, developmental evaluator and multi-sector collaboration specialist, Dr. Chad Nilson, will address the interconnectivity of risk, vulnerability, and harm across human service sectors, and discuss the concepts, practice, and alignment of community safety and well-being.	Peter Sloly is the former Deputy Chief in the Toronto Police Service, a graduate of the FBI National Academy and he also participated in two tours of duty in the United Nations Peacekeeping Mission in Kosovo. Peter is currently a partner at Deloitte leading the "Security & Justice" practice with the goal to help modernize and optimize Canada's police, courts, corrections and national security agencies. Peter also built Deloitte Canada's Security Convergence practice which employs a multi-disciplinary, enterprise-wide methodology that enables organizations to identify, assess and address dynamic security risks across physical and cyber domains. Peter will explore how the application of exponential technology in the justice system may result in disproportional impacts – some beneficial, some harmful and some that simply can't be fully understood."
ROOM: Giovanni	ROOM: St. David
CHAIR: Dale McPhee , Deputy Minister, Corrections and Policing, Saskatchewan, Canada	CHAIR: Ritesh Kotak , University of Edinburgh, Scotland
SPEAKERS: Chad Nilson & Cal Corley , Community Safety Knowledge Alliance, Canada	SPEAKERS: Peter Sloly , Deloitte's Security and Justice Practice & past Deputy Chief, Toronto Police Service
1.30-3.00 CONCURRENT SESSIONS	
C11	C12
Law Enforcement and mental health	First responder stress and resilience 1
Of all the complex issues law enforcement must deal with, none is more complicated or complexifying than issues of mental health – and none is more demanding of collaborations.	Without healthy law enforcement, there is no healthy outcome. Given extraordinary demands, how do we measure, how do we cope, and how do we move beyond coping?
ROOM: Ballroom East	ROOM: St. Patrick
CHAIR: Adam Vaughan , Simon Fraser University	CHAIR: Grant Edwards , Australian Federal Police
SPEAKERS: Matty de Wit , Public Health Amsterdam <i>'Dr, your client did not pick up his prescription': a system for pharmacists and psychiatrists to report any uncollected prescription to prevent mental health crisis and police intervention</i> Elizabeth Sinclair , Treatment Advocacy Center, USA <i>Law enforcement road runners: costs of transportation for mental illness crisis response</i> Peter Silverstone , University of Alberta, Canada / Joris van't Hof , Dutch National Police, Netherlands / Yasmeen Krameddine , University of Alberta, Canada. <i>Crossing Borders: a mental health and de-escalation training collaboration between ProTraining.com and the Dutch National Police</i> Serina Fuller , London South Bank University, UK <i>A threatening enquiry: the identification of crime victims' mental health problems by police officers</i> Jennifer Chambers , Empowerment Council & Toronto Police Services Board Mental Health Panel, Canada <i>A voice for the people on policing in Toronto</i>	SPEAKERS: Jennifer Reingle Gonzalez , University of Texas, USA. <i>Real-time, objective measurements of physiological stress among law enforcement officers in Dallas, Texas</i> Ian Hesketh , College of Policing, UK <i>Co-producing an emergency services wellbeing strategy in the UK</i> Jonas Hansson , Umea University, Sweden <i>Mind the Blues: Swedish police officers' mental health and forced deportation of unaccompanied refugee children</i> Katrina Sanders , Australian Federal Police <i>Health in the Warm Zone: an Australian perspective</i>

CONCURRENT SESSIONS CONTINUE

C13	C14	C15
<p>Health post-incarceration</p> <p>In an ideal world, people should leave contact with the justice system, including incarceration, better positioned to deal with life: why then are they at greater risk? What can be done?</p>	<p>Opioid overdoses 1</p> <p>Death associated with opioids has emerged – unpredictably – as one of the major current public health threats facing numerous populations, to the extent of lowering national life expectancy in the U.S. How can law enforcement partnerships contribute to prevention and reduction of opioid harms?</p>	<p>Road and railroad policing</p> <p>Improving safety and reducing harm has been an ongoing major contribution to community safety and wellbeing from law enforcement. These are common public health triumphs led by police initiatives.</p>
<p>ROOM: St. David</p>	<p>ROOM: Giovanni</p>	<p>ROOM: Armoury</p>
<p>CHAIR: Nasrul Ismail, University of West England</p>	<p>CHAIR: Greg Denham, Yarra Drug and Alcohol Forum, Australia</p>	<p>CHAIR: Auke van Dijk, Dutch Police Service</p>
<p>SPEAKERS:</p> <p>Stuart Kinner, RMIT University, Australia. (to be presented by Katie Hail-Jares, Griffith University, Australia) <i>High risk of death in young people exposed to the youth justice system: a retrospective data linkage study</i></p> <p>Amanda Butler, Simon Fraser University, Canada <i>Patterns of emergency department utilization among people released from prison: a prospective cohort study</i></p> <p>Jesse Young, University of Melbourne, Australia <i>Medically verified self-harm and subsequent mental health service contact in adults recently released from prison: a prospective cohort study</i></p> <p>Albert Kopak, Western Carolina University, USA <i>Predicting risk of jail readmission with a 10-item Behavioral Health Index</i></p> <p>Ruth Martin, University of British Columbia, Canada <i>Unlocking the gates to health: peer health mentoring for women transitioning from a Canadian provincial correctional facility</i></p> <p>Nemesia Kelly, Touro University, USA <i>California Exonerees Health and Well-Being Project: assessing the mental, physical, and emotional health of the wrongfully convicted</i></p>	<p>SPEAKERS:</p> <p>Terry Bunn, University of Kentucky, USA <i>Overlay of public safety and public health drug burden data to inform prevention and safety interventions</i></p> <p>Peter Kim, Pivot Legal Society, Canada <i>Policing the crisis: the impacts of local policing practices on harm reduction and overdose prevention efforts in British Columbia</i></p> <p>Chris Carriere, Metis Nation of Alberta, Canada <i>Culturally-Appropriate Harm Reduction: The Métis Nation of Alberta's (MNA) Opioid Crisis Management and Action Plan (O-CMAP)</i></p> <p>Kim Lan St-Pierre, Université de Sherbrooke, Canada <i>Opioid overdose: increasing 911 calls through Good Samaritan Law to save lives</i></p> <p>Jane Buxton, BC Centre for Disease Control, Canada <i>Drug Overdose and Alert Partnership (DOAP): interpreting and sharing timely illicit drug information to reduce harms</i></p> <p>Katie Hail-Jares, Griffith University, Australia <i>"I Thought He Was Sleeping:" Bystanders' reasons for not calling emergency services following fatal overdoses</i></p>	<p>SPEAKERS:</p> <p>Nick Jones, University of Regina, Canada <i>Understanding the effects of impaired driving in Saskatchewan: perspectives of victim's family members</i></p> <p>Lyndel Bates, Griffith University, Australia <i>Improving road policing through the use of partnership policing</i></p> <p>Levi Anderson, Griffith University, Australia <i>Educating Intentions: the impact of police-led driver education on young drivers</i></p> <p>James Nunn, Loughborough University, UK <i>Linking police collision data and hospital trauma patient data. Enabling comparison of culpable drivers from serious injury non-fatal collisions with those who cause fatal injuries</i></p> <p>Hayley McDonald, Monash University, Australia <i>Infringements and crash risk: do sanctions for traffic offences have a deterrent effect?</i></p> <p>Milan Tucek, Charles University, Czech Republic. <i>Medical fitness and drug use: railroad safety standards</i></p>

1.30-3.00	MARKETPLACE OF IDEAS	Marketplace of Ideas sessions will be longer, in smaller groups and should be highly interactive.
Marketplace of Ideas: 5 (2 x 45 minute presentations)		Marketplace of Ideas: 6 (2 x 45 minute presentations)
ROOM: Terrace East		ROOM: Terrace West
<p>5.1. The Amsterdam joined-up 'chain' approach to public nuisance and misdemeanors</p> <p>FACILITATOR: Michael Willemsen, Public Health Service, The Netherlands</p> <p>A significant proportion of nuisance and misdemeanors involves vulnerable citizens with complex health and social problems. Amsterdam developed the joined-up 'chain' approach in response to this situation based on collaboration between the police, the municipality (e.g. the public health service, public order and safety, and social services), mental health care welfare/shelter organisations and others. The underlying principle is that law enforcement and (social) care services have common goals, which can only be achieved by an integrated approach.</p> <p>5.2. Checkpoint: a multi-agency approach to early intervention in offender management in reducing reoffending, addressing critical pathways and improving wellness and resilience</p> <p>FACILITATOR: Kevin Weir, Durham Constabulary, UK</p> <p>Checkpoint is a voluntary multi-agency adult offender intervention programme offered in the Durham Constabulary (UK) judicial area. It was agreed by the statutory criminal justice partners and driven by both police and public health to change our approach to dealing with offenders. It is designed to reduce offending and also improve the wellbeing and life chances of the vulnerable population. Checkpoint offers eligible offenders a 4 month contract as an alternative to usual prosecution and supports them with a specialist navigator.</p>		<p>6.1. Police as partners in improving abortion access</p> <p>FACILITATOR: Patty Skuster, Ipas, USA</p> <p>Police officers can be important allies in efforts to improve woman's access to safe abortion care. Ipas has worked with police since 2009, and in a published manual, <i>A Practical Guide for Partnering Police to Improve Abortion Access</i>, shares lessons and guidance based in that experience. Even in countries where abortion is legal, a woman's ability to get an abortion may depend on the response of the police. Preliminary results of a study in Nigeria show that through sustained partnerships police can be an important partner in creating an enabling environment for improved services.</p> <p>6.2. Community Wellness and Public Safety Alliance in Winnipeg</p> <p>FACILITATOR: David Thorne, MNP, Canada & Ryan Sneath, Winnipeg Fire Paramedic Service, Canada</p> <p>The future success of policing agencies will be based upon how effectively they can work collaboratively with multi-sectoral teams to provide individuals access to the right combination of services, treatments, and supports, when and where people need them. The genesis for the development of the Community Wellness and Public Safety Alliance in Winnipeg was to figure out how the police service and health and other social care services can work together to improve people's health and well-being, reduce crime and protect the most vulnerable people in Winnipeg. By utilizing a collective impact approach the Alliance has created a solution to address public intoxication that focuses on how together, public safety and health partners can drive innovation through collaboration through system thinking and transformative leadership.</p>
3.00-3.30	AFTERNOON TEA	
3.30-5.00	CONCURRENT SESSIONS (Note: Sessions C17 & C18 are scheduled to finish at 5.15 p.m.)	
C16	C17 (Note: This session is scheduled for 3.30 – 5.15 p.m.)	
Alternatives to incarceration	Policing and LEPH: collaborations, identity and education	
For vulnerable populations, for behavioural issues with underlying health and social welfare causes, for non-violent victimless offences, incarceration is increasingly recognised as exacerbating the antecedent conditions. But what can be put in its place?	Increasingly complex issues and increasing recognition of the complexity of issues facing the law enforcement and the public health sectors require examination of identity and increased self-awareness among police and other sectors, intersectoral collaboration, planning and education.	
ROOM: Ballroom East	ROOM: St. Patrick	
CHAIR: Neil Woods , Law Enforcement Action Partnership, USA	CHAIR: Jennifer Wood , Temple University, Canada	
<p>SPEAKERS:</p> <p>Paul Simpson, University of New South Wales, Australia <i>Views of senior and influential Australian policy stakeholders on justice system reform towards incarceration alternatives that address the health and social determinants of crime</i></p> <p>Barry Goetz, Western Michigan University, USA <i>A new era of pre-arrest/booking interventions for drug users?</i></p> <p>Dan Jones, Huddersfield University, UK <i>The Victimization and Predation Cycle as an opportunity to work towards desistance from crime</i></p> <p>Sarah Abbott, Advocates, USA <i>The Advocates Co-responder Pre-arrest Jail Diversion Program Model: pathways to replication and evidence based practice</i></p> <p>Michael Gropman, Brookline Police Department, USA <i>Structured decision making for objective detention decisions of juveniles</i></p>	<p>SPEAKERS:</p> <p>Jamie Clover, Edmonton Police Service & MacEwan University, Canada <i>The future brand of policing in Canada: considering the impact on institutional identity, public expectations and genuine collaboration.</i></p> <p>Richard Bent, Simon Fraser University, Canada <i>Exploring the reality of contemporary policing responsibilities and whether context matters.</i></p> <p>Denise Martin, Scottish Institute of Police Research / University of the West of Scotland <i>Changing the rules of the game from crime focused to prevention focused: an essential new model for policing</i></p> <p>Isabelle Bartkowiak-Théron, Tasmanian Institute of Law Enforcement Studies, University of Tasmania, Australia <i>Law Enforcement and Public Health in Tasmania: is Collective Impact a viable pathway for collaboration? Results from a state-wide consultation</i></p> <p>Isabelle Bartkowiak-Théron, (see above) <i>Should we teach police officers about public health ? Sorry, that's the wrong question to ask</i></p> <p>Dawn Rault, University of Calgary, Canada <i>Towards recognizing officers who enforce animal laws as professionals in public health. Risks and rewards of working in a medico-legal borderland</i></p>	

CONCURRENT SESSIONS CONTINUE

C18 (Note: This session is scheduled for 3.30-5.15 pm)	C19	C20
Harm reduction and drug policing 1	Marginalised communities and criminal justice	Details of this session will be posted on the notice board near the Reception and Information desk
No field is as conflicted as that of illicit drugs, with ideology pitted against evidence. Policing has been shown to be able to both ameliorate and exacerbate associated harms.	Nowhere is the confluence of impaired access to health care and increased involvement with the criminal justice system more marked than among marginalised communities – especially indigenous communities.	
ROOM: Giovanni	ROOM: St. David	
CHAIR: Tony Duffin , Anna Liffey Project, Ireland	CHAIR: Sharon Paten , Victoria Police, Australia	
<p>SPEAKERS:</p> <p>Wamala Twaibu Lotic <i>Effectiveness of Support Don't Punish Campaigns in engaging Law Enforcement Officers and other stakeholders to embrace harm reduction in Uganda</i></p> <p>Christopher Baguma, Ugandan Harm Reduction Network <i>Law enforcement officers embracing and taking lead during the Support Don't Punish Campaign</i></p> <p>Wamala Twaibu Lotic <i>Soft Skills Advocacy: A tale of how law enforcement officers champion issues of drug users In Uganda</i></p> <p>Yan Win Soe, Alliance Myanmar <i>Legal Environment for the HIV affected Key Populations in Myanmar</i></p> <p>Carol Strike, University of Toronto, Canada <i>What's going on in the supervised injection services? Police need for more harm reduction training</i></p> <p>Greg Denham, Yarra Drug and Health Forum, Australia <i>Collaborative action toward establishing a Supervised Injecting Facility in Melbourne, Australia: a case study</i></p> <p>Marie Peoples, Coconino County, USA <i>Medical marijuana edible voluntary recall in Arizona</i></p>	<p>SPEAKERS:</p> <p>Jonas Hansson, Umea University, Sweden <i>Community police interventions to strengthen social capital in socially deprived areas: a scientific clarification of Mareld investigation</i></p> <p>Adam Vaughan, Simon Fraser University, Canada <i>Location quotients and social disorganization: a spatial analysis of mental health calls to police services in Canada</i></p> <p>Sharon Paten, Victoria Police, Australia <i>Intervening early to ensure first contact is the last: innovative approaches to reduce Aboriginal over-representation in the criminal justice system</i></p> <p>Jason Fenno, Trent University, Canada <i>Could Indigenous Criminology improve current Public Health model of policing programs for Indigenous Peoples?</i></p> <p>Paul Simpson, University of New South Wales, Australia <i>Examining primary health care access for Indigenous people in the Australian justice system using geospatial and qualitative analyses</i></p>	

3.30-5.00 **MARKETPLACE OF IDEAS** Marketplace of Ideas sessions will be longer, in smaller groups and should be highly interactive.

Marketplace of Ideas: 7 (2 x 45 minute presentations)	Marketplace of Ideas: 8 (1 x 90 minute presentation)
ROOM: Terrace East	ROOM: Terrace West
<p>7.1. Confused suspects: a pilot study of data exchange between police, public prosecutor and mental health care in crisis situations in Amsterdam, the Netherlands.</p> <p>FACILITATOR: Jeroen Zoeteman, Spoedeisende Psychiatrie Amsterdam, The Netherlands</p> <p>It is relatively arbitrary for confused people who have offended which pillar – justice or care – the person ends up in. A dangerous person who needs care can end up on the street without assistance. Following the murder of an ex-public health minister in The Netherlands this problem was examined by a special committee that highlighted that the Public Prosecution and emergency psychiatry did not consult each other. In a pilot project 120 confused people were investigated by justice and health care within hours of arrest and safety and care needs were assessed. Relatively few people were compulsorily admitted.</p> <p>7.2. Building relationships with indigenous peoples: critical considerations</p> <p>CHAIR & MODERATOR: Prof. Erica Di Ruggiero, Dalla Lana School of Public Health, Canada</p> <p>SPEAKERS: Prof. Suzanne Stewart, Dalla Lana School of Public Health, Canada Clayton Shirt, Indigenous knowledge keeper, Canada</p> <p>The legacy of colonisation has created conditions of discrimination and fuelled mistrust between Indigenous peoples and Canada's social, legal and health institutions. In the wake of the Truth and Reconciliation Commission calling for healing, allyship and nation-building, opportunities for building productive relationships and constructive dialogue led by and with Indigenous peoples are essential. This session will critically reflect on these challenges, lessons learned and evoke some of the necessarily principles that must guide new ways of collaborating with Indigenous peoples.</p>	<p>8. Developing a police-hospital partnership model to serve people experiencing a mental health crisis in the community</p> <p>FACILITATOR: Leah Dunbar, Michael Garron Hospital, Canada Mike Federico, Toronto Police Service (Ret), Canada Linda Young, Michael Garron Hospital, Canada Maryann O'Hearne, North York General Hospital, Canada</p> <p>Mobile Crisis Intervention Teams (MCIT) are a partnership between six hospitals and 17 Police Services in Toronto. Each team comprises police and nurse co-responders. Together they assess a situation with an individual experiencing a mental health crisis, de-escalate it and intervene to support a client's safety. Three evaluations will be examined as well as challenges including police and public health system cultural differences, variation in awareness and commitment to the program, role clarity and training needs.</p>

DAY 3: WEDNESDAY 24 OCTOBER

8.30-10.00

PLENARY SESSION P3

ROOM: Ballroom East and Center

CHAIR: **Cal Corley**, Community Safety Knowledge Alliance, Canada

SPEAKERS:

- **Geraldine Strathdee**, National Health Service, UK
Population health and mental health in England: using policy, intelligence and partnerships to improve prevention, lives, outcomes and optimise the public spend
- **Kofi N Barnes, Judge**, Ontario Superior Court of Justice, Canada
Where justice and treatment meet
- **Richard Southby**, Professor of Global Health at George Washington University, USA & University of Melbourne, Australia
Law enforcement and public health: challenges and opportunities in educating law enforcement officers

10.00-10.30

MORNING TEA

10.30-11.55

MAJOR SESSIONS

M10

Crossing the divide: searching for innovations in learning between criminal justice and public health

Core barriers identified in criminal justice, law enforcement and public health literatures is the divide between occupations, such as working in silos, professional misperceptions and demands for resources. These all serve to impede effective practice and innovation. One way to achieve this is to effectively develop ways of learning and working together. Panel members will draw on their own experience of training and education in the field of criminal justice and public health and discuss how to overcome barriers and improve training and education for practitioners in both fields.

Note: This session is intended to provide opportunities to establish a network of interested parties in developing a Special Interest Group of the Global Law Enforcement and Public Health Association focusing on education and training.

ROOM: Ballroom East

CHAIR: **Denise Martin**, Scottish Institute of Police Research /University of the West of Scotland

SPEAKERS:

- Denise Martin**, SIPR & UWS, Scotland (see above)
'Looking outwards' to 'Look inwards': what can we achieve when we recognise the experience of others?
- Inga Heyman**, Edinburgh Napier University, Scotland
Lessons from the classroom: the trials and triumphs
- Richard Southby**, George Washington University, USA
The University and the Police Academy: a new relationship'
- Nicholas Thomson**, University of Melbourne, Australia
Shared learning for shared outcomes: cross sector teaching at the intersection
- Flora I. Matheson**, St. Michael's Hospital & Dalla Lana School of Public Health, Canada &
Catherine Wiseman-Hakes, University of Toronto, Canada
Correcting miscommunication: head injury among criminal justice populations
- James Clover**, Edmonton Police, Canada
'What did I just hear?' Reflections on learning and education: a practitioner's perspective

M11

Community policing & vulnerable populations

Community policing is promoted as an alternative policing strategy to more effectively identify and address safety needs of community members, include community members as co-producers of public safety, and to enhance police and community relationships. It has often been at the expense of, or exclusion of marginalized populations, especially people who use drugs, who may not be deemed as rightful members of the community or seen as the source of threat to community safety. This session will address these issues based on an innovative effort underway in three localities in Ukraine supported by the Open Society Foundations.

ROOM: Ballroom Center

CHAIR: **Marc Krupanski**, Open Society Foundations, USA

SPEAKERS:

- Marc Krupanski**, Open Society Foundations, USA
Community policing & vulnerable populations - lessons from Ukraine
- Vikotriya Loza**, representative of community policing initiative in Poltava, Ukraine
The community policing initiative in Poltava, Ukraine: partnership between local police department and the NGO Light of Hope
- Evgeniya Kuvshinova**, representative of community policing initiative in Kiev, Ukraine
The community policing and harm reduction initiative launched in Kiev, Ukraine in partnership with NGO Convictus
- Andrii Bukin**, representative of community policing initiative in Sumy, Ukraine
The community policing and harm reduction initiative launched in Sumy, Ukraine in partnership with NGO Legal and Social Studies Studio
- Yurii Belousov**, Expert Center on Human Rights, Ukraine
Efforts of Expert Center on Human Rights to provide technical assistance support to various local community policing and harm reduction initiatives

M12

Scientific strategies for resiliency and mental health: current evidence behind officer resiliency, coping models, police performance, and the prevention of post-traumatic stress disorder

Discover little known scientific strategies for resiliency and mental health. Experts from Canada, the United States, the Netherlands, and New Zealand discuss the current evidence behind officer resiliency, coping models, police performance, and the prevention of post-traumatic stress disorder.

ROOM: Giovanni

CHAIR: **Dr. Yasmeen Krameddine**, University of Alberta, Canada

SPEAKERS:

- Dr. Yasmeen Krameddine**, University of Alberta, Canada /
Dr. Peter Silverstone, University of Alberta, Canada
Increasing officer mental health for the long haul: introducing an innovative and customizable online mental health and PTSD prevention training tool
- Teun-Pieter de Snoo**, Politie Academie, The Netherlands
What are the underlying mechanisms of resiliency? New approaches for an old challenge
- Ian de Terte**, Massey University, New Zealand
Psychological resiliency: a model and treatment manual based on scientific evidence
- Dr. Eamonn Arble**, Eastern Michigan University, USA
Models of First Responder coping: police as a unique population
- Commander Wendy Dorrestijn**, Politie Academie, The Netherlands
Beyond the split second

12.05-1.30

MAJOR SESSIONS

M13	M14	M15
Racial disparities in access to health and involvement with criminal justice	Working across sectors to develop an evidence-based approach to policing mental health and distress in Scotland	Harm reduction and policing working together to serve and protect people who use drugs
<p>Health states are intimately related to socioeconomic status, which itself relates to the major direct and indirect determinants of health (e.g. inequality in access to and quality of education, income inequality and occupational environment). Access to justice, and outcomes of involvement with the criminal justice system, are also intimately related to socioeconomic status and class – but overwhelmingly, it is racial disparities that are the most unequal and create the most unequal outcomes.</p>	<p>Police coming into contact with those in mental health distress has attracted extensive interest and a range of strategies in Scotland recently. This session will discuss how partners across policy, practice and academia have been working together to ensure that this area of activity is strongly grounded in evidence. This panel will provide an overview of the changing landscape, barriers and facilitators to delivering policing and mental health responses in Scotland. This is supported by insights of the historical context of partnership working and developments of collaboration for Police Scotland and Health Services.</p>	<p>When it comes to drug use, harm reduction services and police have different responsibilities and yet they can and should work closely together. In this session we will reflect on two examples of good practise from Dublin and Vancouver. The panel will also discuss barriers to harm reduction services and police working together and offer practical strategies to overcome these barriers.</p>
ROOM: Ballroom East	ROOM: Ballroom Center	ROOM: Giovanni
CHAIR: Anil Anand , IDR Management Consulting, Canada	CHAIR: Inga Heyman , Scottish Institute of Police Research/Edinburgh Napier University, Scotland	CHAIR: Dr. John Collins , London School of Economics, UK
<p>SPEAKERS:</p> <p>Annette Bailey, Ryerson University, Canada <i>Trauma, racialized youth, and gun violence: creating a culture of peace</i></p> <p>Nick Glynn, Open Society Foundations, USA <i>We have the data on police stops. What now?</i></p> <p>Jim Parsons, Vera Institute of Justice, USA <i>Race and mass incarceration as a social determinant of health</i></p> <p>Jennifer Reingle Gonzalez, University of Texas, USA <i>Race/ethnicity composition of law enforcement officers and civilians in officer-related shootings: 20 years of evidence from a large urban metropolitan law enforcement agency</i></p>	<p>SPEAKERS:</p> <p>John Hawkins, Police Scotland <i>Delivering policing and mental health responses in Scotland: the changes and the challenges within local policing</i></p> <p>Orlando Heijmer-Mason, Scottish Government Health and Justice Collaboration <i>Health and justice: the central Government response</i></p> <p>Richard Whetton, Police Scotland <i>Police and health: the challenges and opportunities of partnership working in Scotland</i></p> <p>Nadine Dougall, Edinburgh Napier University, Scotland <i>Understanding the assessment of vulnerability: a scoping review</i></p> <p>Prof Brian Williams, Edinburgh Napier University, Scotland <i>Constructing sustainable and effective multi-agency research collaborations: reflections, lessons and suggestions</i></p> <p>Inga Heyman, Scottish Institute of Police Research/Edinburgh Napier University, Scotland <i>Identifying LEPH research priorities in Scotland</i></p>	<p>SPEAKERS:</p> <p>Tony Duffin, Ana Liffey Drug Project, Ireland & Jack Nolan, Garda Assistant Commissioner (Ret) Ireland <i>Dublin's Assertive Case Management Team – an example of harm reduction and policing services working together</i></p> <p>Trevor Herrmann, Vancouver Police Department, Canada <i>People who use a Supervised Injecting Facility – a policing perspective</i></p>

1.30-2.30 LUNCH	
1.45-2.25 LUNCHTIME SESSIONS	
L5	L6
The World Health Emergencies Program: public health at the security interface	Emergency Response Services: a focus on health promotion and illness and injury prevention
In recent years, the world has seen an ever-increasing rise in the risks posed by the potential of an epidemic event that could cause large scale devastation, death, economic, and political instability on an international level. The amplification of the risks posed by a natural outbreak have been paralleled by the amplification of risks posed by a potential biological agent. To address these risks, an increasingly multi-disciplinary, multi-level and multi-sectoral work plan is needed. The WHO World Health Emergencies Program, begun in 2017 with funding from Global Affairs Canada, initiated the Health and Security Interface (HSI) project, "(applying) to those public health activities whose performance involve to some extent the security sector broadly understood (law enforcement, police, national armies, ministries of defence, military doctors, international and non-governmental organizations with a security relevant mandate)". This project and its place within the wider work of WHO will be explored by Dr Barbeschi.	Emergency response services can no longer afford to respond in an episodic fashion to calls for service; this is neither economically sustainable nor feasible given the current resource capacity and demand for service delivery. First response agencies should be focusing on early assessment and identification of symptoms that may lead to further deterioration, and addressing those identified concerns in a proactive way. The success of this approach has been demonstrated by the Emergency Paramedics In the Community (EPIC) program. This program has focused on early identification of concerns, and utilizing the unique role of paramedics in the community to work collaboratively with other health and social service agencies to promote health and prevent illness/injury before emergency crisis occurs. This program has been able to demonstrated significant reduction on the reliance of emergency services in Winnipeg.
ROOM: Giovanni	ROOM: St. David
CHAIR: Auke van Dijk , Dutch Police Service	CHAIR: Melissa Jardine , Centre for Law Enforcement and Public Health, Australia
SPEAKERS: Maurizio Barbeschi , Manager, Health Security Interface Function, World Health Organization	SPEAKERS: Ryan Sneath , Winnipeg Fire Paramedic Service, Canada
2.30-4.00 CONCURRENT SESSIONS	
C21	C22
Sexuality, violence and criminal justice	First responder stress and resilience 2
Both legal/law enforcement and public health/health care systems often struggle with issues of sexuality and sexual diversity, reflecting societies which themselves have difficulty accommodating difference. Police and the law have major roles to play in changing this.	This session provides a further examination of the impact of occupational demands and pressures on police and other first responders and ways to address them, reactively and proactively.
ROOM: Ballroom East	ROOM: St. Patrick
CHAIR: Melissa Jardine , Centre for Law Enforcement and Public Health, Australia	CHAIR: Katy Kamkar , Centre for Addiction and Mental Health, Canada
SPEAKERS: Maurice Tomlinson , Canadian HIV/AIDS Legal Network <i>Policing LGBTQI communities and public health: the case for LGBTQI sensitivity training</i> Alex Workman , Western Sydney University, Australia <i>Are Australian perspectives on Intimate Partner Violence LGBTQI inclusive?</i> Nazirah Hassan , National University of Malaysia <i>For the sake of survival: sexuality among incarcerated young people</i>	SPEAKERS: Amrit Purba , Public Health England <i>Organisational stressors and police officer mental wellbeing: a systematic review</i> Evangelia Demou , University of Glasgow, Scotland <i>Mental health and wellbeing needs of the Scottish Police workforce</i> Patricia Griffin , Holy Family University, USA <i>Rapid assessment of alcohol and substance use in the Kenyan National Police Force</i> Lynda Crowley-Cyr , University of Southern Queensland, Australia <i>What effect is Australia's worsening state of public sector corruption having on the mental health of law enforcement and first responders in Australia?</i>

CONCURRENT SESSIONS CONTINUE

C23	C24	C25
Opioid overdoses 2	Harm reduction and drug policing 2	Vulnerability
<p>This session continues to address the legal and law enforcement contributions to preventing opioid overdose, ameliorating impact and saving lives: so much to do, so much can be done.</p>	<p>No field is as conflicted as that of illicit drugs, with ideology pitted against evidence. Policing has been shown to be able to both ameliorate and exacerbate associated harm.</p>	<p>Gender, age, poverty, social class, culture – all interact to create vulnerabilities which provoke contact with and need for health and legal responses. How do we get it right?</p>
ROOM: Giovanni	ROOM: St. David	ROOM: Armoury
CHAIR: Richard Bent , Simon Fraser University, Canada	CHAIR: Marcus Keane , Anna Liffey Project, Ireland	CHAIR: Isabelle Bartkowiak-Theron , University of Tasmania, Australia
<p>SPEAKERS:</p> <p>Evan Anderson, University of Pennsylvania, USA <i>Criminal justice contact prior to fatal overdose: identifying opportunities for intervention</i></p> <p>Jane Buxton, BC Centre for Disease Control, Canada <i>Assessing policies and legislation to reduce client concerns of police attendance and encourage calling 9-1-1 during an overdose event</i></p> <p>Mina Park, BC Centre for Disease Control, Canada <i>A scoping review to identify the potential impact of different legal approaches on the opioid crisis</i></p> <p>Richard Elliott, Canadian HIV/AIDS Legal Network <i>Saving Lives through Law: popularizing legislation that removes a barrier to emergency response services in the event of an overdose</i></p> <p>Jane Buxton, BC Centre for Disease Control, Canada <i>Evaluating the implementation of take home naloxone for persons being released from prison</i></p> <p>Marcus Lem, BC Centre for Disease Control, Canada <i>Serving and protecting in the Fentanyl crisis: assessing and communicating evidence-based occupational exposure risks to law enforcement and health care workers</i></p>	<p>SPEAKERS:</p> <p>David Grandy, Oregon Health and Science University, USA <i>The Epidemiological Criminology of methamphetamine</i></p> <p>Sharlene Kaye, Justice Health and Forensic Mental Health Network, Australia <i>Crystal methamphetamine use among juvenile detainees: findings from the 2015 Young People in Custody Health Survey</i></p> <p>Neil Woods, Law Enforcement Action Partnership, USA <i>Innovation in drugs investigations lead to an increased vulnerability in marginalised people</i></p> <p>Lorenzo Jones, Katal Center for Health, Equity and Justice, USA <i>Harm Reduction Community Organizing: building power and public will for criminal justice reform</i></p> <p>Ernest Drucker <i>The role of police in gaining political acceptance of local harm reduction programs</i></p>	<p>SPEAKERS:</p> <p>Matty de Witt, Public Health Amsterdam <i>The Self Sufficiency Matrix – Dutch version (SSM-D): a tool for screening, monitoring and evaluation in the domain of public health and law enforcement</i></p> <p>Simon St. Emmanuel, Adekunle Ajasin University, Nigeria <i>An examination of the issues and challenges of the rights of female internally displaced persons in Nigeria</i></p> <p>Hamed Elneel Maryoud, Dubai Health Authority <i>Role of law in enhancing the abandonment of female genital mutilation/circumcision in Sudan</i></p>

