WFPHA World Federation of Public Health Associations

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POLICY STATEMENT

Engaging police and the public health sector to collaborate for the public good

Submitted by the Global Law Enforcement and Public Health Association (GLEPHA)

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Introduction

Improved multisectoral collaboration between the police, health and social care systems is urgently needed to improve health and justice outcomes, ensure people in vulnerable circumstances have access to appropriate support services, and reduce society's costly and ineffective over-reliance on arrest and incarceration. This policy statement highlights the critical importance of bringing police and public health actors together, calling on government departments to re-allocate public sector resources and invest in integrated approaches that are humane, equitable, prevention-focussed and evidence-based. It also implores the public health community to take greater responsibility for responding to the broad range of health issues that police currently deal with, and for police leaders to actively embrace this change.

Background

The interrelationship between policing and public health

Over 11 million people are imprisoned worldwide today, the highest number ever recorded (Fair & Walmsley, 2021). Among those in prison, the proportion of people with health conditions is disproportionately high, with substance use and mental illness major factors contributing to this rise (Penal Reform International, 2022). According to recent statistics, people who use drugs make up about one-third to one-half of the world's prison population, and 90% of people who inject drugs will be incarcerated at some point in their lives (Harm Reduction International, 2021). One-third of people in European prisons suffer from mental health disorders (WHO, 2023) and similarly high rates have been documented in Africa (Lovett et al., 2019), Asia, South America, and other parts of the world (Baranyi et al., 2019). Prevalence of acquired brain injury in prison populations is very high at around 45% (Durand at al., 2017). Alarmingly, there has been a significant rise in women's imprisonment in recent years (Fair & Walmsley, 2021); imprisoned women have different health issues compared with male prisoners, often related to histories of physical and sexual abuse (WHO, 2009).

Police are typically the first contact-point in identifying who will be funnelled into the criminal justice system and will eventually end up in prison (Bucerius et al., 2021). In many countries, the police find themselves as the default responders for incidents that would be better addressed by Public Health approaches, often due to misclassification and the bypassing of health and social services (Crofts et al., 2022; Krupanski et al., 2020; Neusteter et al., 2019). In the UK, for instance, over 80% of all calls to the police are not about crime, with many calls instead relating

to issues of vulnerability and complex health needs, including dementia, psychosis, and alcohol and drug use (Christmas & Srivastava, 2019).

It has been well-documented that policing practices can exacerbate health risks for populations already experiencing vulnerable circumstances, often as a result of structural discrimination. For example, people from low-income and ethnic minority groups often suffered harm from excessive use of police force during the Covid-19 pandemic (Amnesty International, 2020; Fang & Zao, 2023). Racial disparities in policing responses were brought into sharp focus by the murder of George Floyd and the Black Lives Matter movement. Punitive policing causes drug users to hide or share needles (Crofts & Patterson, 2016). Sex workers who are exposed to repressive policing suffer higher rates of HIV and other sexually transmitted infections (Platt et al., 2018). People with mental health conditions risk police intervention and confinement without access to specialised support (Wood & Watson, 2017). In short, people experiencing a wide variety of issues that should be dealt with by the health and social service sectors are very often being pushed into the criminal justice system, worsening health outcomes and increasing incarceration rates (Van Dijk & Crofts, 2017).

Yet today, effective partnerships between police and public health actors remain infrequent and limited. In most countries around the world, the two sectors have discrete mandates and continue to operate in silos when they are in fact addressing shared problems with the same root causes (Krupanski & Crofts, 2022) – the social determinants of health and incarceration are inextricably intertwined and overlapping (Caruso, 2017; McCausland & Baldry, 2023). For instance, childhood trauma, abuse, neglect and exposure to domestic violence, collectively known as adverse childhood experiences (ACEs), can leave people with health, social and economic problems and an increased risk of ending up in prison later in life (Bellis et al., 2023). Despite this common ground, the police and public health sectors often only sporadically cooperate and with reluctance.

To some degree this separation is understandable as the primary focus of each sector is overlapping but not identical. Police are at very least partially focused on protecting property from actions of people, yet the public health professional is focused primarily on protecting people and their right to a healthy life. This often creates operational disparities which may affect joint actions and the command structure itself when faced by a crises.

The extent of the sectoral separation is exemplified by the almost complete failure of public health training institutions worldwide to teach about the role of police and the value of cross-sectoral collaboration in achieving public health goals (Van Dijk and Crofts, 2017). Unfortunately, this is reflected as well in police academies globally with little to no training time assigned with respect to public health. Further, complicating this interaction is the cultural stimulus of a competitive climate between police and firefighters who are often the health professional unit working closest with the police.

This necessitates a shift in thinking among the public health community toward envisaging the role of police as an ally in health and harm reduction strategies. The health system needs to become positioned as a direct responder to a wider range of problems that have traditionally

been criminalised, over-policed or neglected. Instead of viewing these issues as the responsibility of police agencies alone, it is imperative that the public health sector comes to recognise its own responsibility to develop a better integrated response to problems treated as 'crimes' but which have social and health determinants.

Bridging the gap through cross-sectoral collaboration

There is an urgent need to find new ways for the public health community and police to work together effectively. Collaborative approaches that seek to minimise or improve people's contact with the criminal justice system at the earliest opportunity are essential and more cost effective. Around the world, a growing number of innovative approaches and practices are being explored and tested, often with impressive results across a range of health and justice indicators. Significant reductions in rates of unilateral interventions by police, health-related behaviour being recorded as criminal violations, and number of days spent in custody are some of the successes that have been documented (Global Law Enforcement and Public Health Association, 2023).

These collaborations take many shapes: of co-responder models in which police and health workers work together in pairs to ensure a safe and appropriate response, of diversion whereby people are voluntarily redirected by police to health and social services in lieu of arrest, of justice reinvestment strategies where money is redirected from the justice system to fund initiatives that address the underlying determinants of social and health inequity, and a range of other effective interventions. Areas where collaborations between police and public health have shown to be essential include domestic violence responses, emergency responses, and safeguarding (Middleton, 2022). There are also examples of national police and public health strategic policy collaborations that are driving country-wide improvements in health and well-being (Public Health Scotland, 2021).

In essence, these models seek to redefine the role of the police – in some cases viewing the police as core members of a public health team or removing police as the first-responders – and create more space for health services to step in. Building integrated multisectoral systems is central to these efforts, and in particular, developing collaborations between the police and public health sectors to connect marginalised members of the community to appropriate support (Goulka et al., 2021). A good example of a collaborative approach is England's Policing, Health and Social Care Consensus (Box 1).

Box 1. Example of a collaborative policing and Public Health approach:

The Policing, Health and Social Care Consensus (2018) was launched in England with Home Office support. The agreement describes an ambition for 'the police service, health and social care, voluntary and community sector to work together to improve people's health and well-being, prevent crime and protect the most vulnerable people in England' and sets out a joint commitment to 'move beyond single service-based practice to whole place approaches to commissioning and delivering preventative services'.

The consensus was led and signed by the National Police Chiefs' Council, Public Health England, Faculty of Public Health, National Health Service (NHS) England, Association of Directors of Public Health, Association of Police and Crime Commissioners, College of Policing, Royal Society for Public Health, and Local Government Association.

The agreement lays out a series of high-level objectives through a shared set of actions that further align the country's policing and public health priorities. It highlights the common ground between policing and health, and recognises the overlap between the social determinants of health and crime such as housing, education, work and income. Central tenets underpinning the consensus include supporting vulnerable people, a focus on prevention and early intervention, working together through an integrated approach, multisectoral resource and information sharing, and skills training for staff.

In tandem, the Public Health and Policing Consensus Taskforce, a national multi-agency working group, was convened to lead the delivery of the consensus work plan. In 2021, the Taskforce commissioned a landscape review of policing and public health collaboration in England, with a particular focus on assessing progress by identifying gaps and opportunities for further development.

Key principles of a Public Health approach to policing

There are countless variations that a public health approach to policing can take – many have been identified across North America, Latin America, Western Europe, Eastern Europe, Africa, Asia, and the Pacific (Global Law Enforcement and Public Health Association, 2023). In each place, the specificities of the local setting shape the type of policing and public health approach that gets adopted (Jardine & Van Dijk, 2022). Given the forms of police and public health collaborations can vary widely, it is important to find the right balance between respecting local contextual differences while simultaneously ensuring that any approach adheres to an overarching ethical and human rights-based framework.

Accordingly, positioning a local policing response within a Public Health approach entails aligning the response to the following key principles:

1) Prioritise the health and well-being of groups or individuals experiencing vulnerable circumstances in society who are likely to come into contact with police;
2) Focus on preventive activities that address the social determinants of health and incarceration rather than reacting to issues once they have occurred;
3) Enlist the participation of the public health sector in situations where health and social care professionals are considered more appropriate as direct responders than the police;
4) Work in partnership to address the root causes of issues by taking a multi-agency, whole-of-system approach;
5) Coordinate leadership across public services and communities by aligning strategies, goals and resources;

6) Meaningfully engage with local communities, especially marginalised communities, in the development of strategies and activities to advance substantive equality;
7) Define the problems to be addressed through systematic data collection, conduct research to assess what works, design and implement interventions, then evaluate their impact;
8) Provide collaborative training for police on Public Health and trauma-informed approaches, and training for the public health workforce on how to effectively collaborate with police.

9) Provide training in public health schools as to the unique occupational health problems of law enforcement officers and prison guards.

https://www.cdc.gov/niosh/topics/corrections/corrections.html

Purpose and scope

The purpose of this WFPHA policy is to encourage government departments to increase their efforts to bring police, the public health sector and other relevant actors into closer alignment through collaborative partnerships. This is in consonance with work published in The Lancet (Van Dijk et al., 2019) that advocates for police to be effectively engaged at both operational and strategic levels to actively promote and protect public health as part of a broader multisectoral public health effort.

The WFPHA calls for the commitment of government departments to invest in integrated multisectoral approaches that are humane, equitable and evidence-based. This is in recognition that effective policies and service provision are essential cornerstones to progressing this policing and public health agenda and must be sufficiently resourced and supported to function properly.

The WFPHA affirms the key principles of a Public Health approach to policing (outlined on Page 4 of this policy statement), and urges the public health and police sectors to adopt and act on these principles.

The WFPHA supports implementation of these policy changes as a critical step toward achievement of the Sustainable Development Goals, in particular Goal 3 to ensure healthy lives and promote well-being for all ages, and Goal 16 on promoting peaceful and inclusive societies, providing access to justice for all and building effective, accountable and inclusive institutions at all levels.

Audiences affected

- UN agencies (World Health Organization – WHO, United Nations Office on Drugs and Crime – UNODC, United Nations Development Programme – UNDP, UN Women)
- Governments and policymakers (Departments of Health and Justice)
- Public health associations and services

- Police associations and agencies
- Public health and police workforce training institutions
- Civil society groups and non-governmental organisations

Recommendations

Public health approaches to policing are currently deprioritised and under-resourced globally. To respond to this pressing need, the World Federation of Public Health Associations recommends:

1) Increased political commitment by all governments to better integrate policing and public health, in line with the key principles of a public health approach to policing;

2) That the public health community proactively take responsibility for addressing the wide range of health issues that police currently deal with, positioning health and social care professionals as direct responders in collaboration with or in place of police where appropriate;

3) Increased targeted funding for research, development, implementation, data collection, documentation, and dissemination through knowledge exchange and education of effective strategies for improving the integration of policing and public health systems;

4) Multilateral agencies, including WHO, UNODC, UNDP and UN Women, should develop clear guidance and support government departments to implement effective policing and Public Health strategies;

5) Public health associations, police associations and other relevant actors should advocate for the adoption of laws, policies and procedures that facilitate a Public Health approach to policing;

6) Jointly developing and delivering skills training and education for both public health and police workforces to increase their knowledge of effective policing and public health cooperation.

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