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## Security and public health: the interface 2

# Law enforcement and public health: recognition and enhancement of joined-up solutions

Auke J van Dijk, Victoria Herrington, Nick Crofts, Robert Breunig, Scott Burris, Helen Sullivan, John Middleton, Susan Sherman, Nicholas Thomson

Public security and law enforcement have a crucial but often largely unacknowledged role in protecting and promoting public health. Although the security sector is a key partner in many specific public health programmes, its identity as an important part of the public health endeavour is rarely recognised. This absence of recognition has resulted in a generally inadequate approach to research and investigation of ways in which law enforcement, especially police at both operational and strategic levels, can be effectively engaged to actively promote and protect public health as part of a broader multisectoral public health effort. However, the challenge remains to engage police to consider their role as one that serves a public health function. The challenge consists of overcoming the continuous and competitive demand for police to do so-called policing, rather than serve a broader public health function—often derogatively referred to as social work. This Series paper explores the intersect between law enforcement and public health at the global and local levels and argues that public health is an integral aspect of public safety and security. Recognition of this role of public health is the first step towards encouraging a joined-up approach to dealing with entrenched social, security, and health issues.

### Introduction

The health of the public requires and is dependent on the safety and security of the individual; therefore, public health as a discipline promotes safety and security. The law exists to promote safety and security and the enforcement of law is part of the same endeavour. The public health and law enforcement sectors should work together with overlapping goals and collaboration to achieve safety and security for populations. The fact that they are often unable to achieve, or inadequately achieve efficient collaboration, even when dealing with the same populations or issues, is to the detriment of both sectors.

Although the past few decades have shown an unprecedented growth in collaboration between these sectors, especially in welfare states in developed countries, the collaboration has not led to a unified political agenda. Consequently, there is a permanent and real risk of returning, perhaps temporarily (but at great cost), to the specialisation perspective of the industrial era, especially considering the trends of austerity and neo-liberal ideology in many developed countries. Increased worries about state security, encompassing mass migration, terrorism, and economic insecurity, could lead to a return to a siloed approach in dealing with problems, emphasising the importance of forging structural collaborations on the basis of interdisciplinary evidence. In this Series paper we focus on high-income countries specifically. However, developing countries, with their surfeit of complex social problems magnified by the complications of democratic fragility, have even more to gain from a coherent understanding and complementarity coordination of law enforcement and public health efforts.

### At the boundaries of established fields

The global population is faced with complex social issues that have an effect on health and criminal justice, including

social and economic inequalities; vulnerability to violence, especially gender-based violence in domestic settings; mental health crises; alcohol and drug dependence and related harms such as HIV infection; dementia and expected increases in calls for assistance; and modern slavery and human trafficking. Recognition of the multi-dimensional character of such issues is increasing. The aforementioned issues, particularly violence, alcohol, and

### Key messages

- Both public health and law enforcement are based on a mandate that should ensure a deep level of collaboration across both developed and developing countries to protect the health and safety of the public; these collaborations are inadequate and require improvement
- Increased awareness of the complexity of social issues such as violence, mental health, alcohol and drug misuse, migration, and human trafficking should result in the operationalisation of collaborative approaches between law enforcement and public health, but the incentives (and politics) to remain in silos often prevents joined-up approaches
- Both sectors need to jointly agree on the best possible societal outcomes and then establish a framework for how each sector can respond and on what performance indicators they will be measured
- Evidence shows that both law enforcement and public health sectors are increasingly attempting to conceptualise complex societal issues with a shared aim, but substantial work remains to be done
- Interdisciplinary research has an important role to play: articulating indicators and datapoints that can inform both sectors and enhance outcomes for vulnerable populations at which primary efforts of both sectors should be directed

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See [Comment](#) page 207

This is the second in a [Series](#) of two papers about security and public health

Police of the Netherlands, The Hague, Amsterdam, Netherlands (A J van Dijk); Australian Institute of Police Management, Sydney, NSW, Australia (V Herrington PhD); Centre for Law Enforcement and Public Health, Amsterdam, Netherlands

(Prof N Crofts FAFPHM); Crawford School of Public Policy, Australian National University, Canberra, ACT, Australia (Prof R Breunig PhD, Prof H Sullivan PhD); Center for Public Health Law Research, Temple University, Philadelphia, PA, USA

(Prof S Burris JD); Faculty of Public Health, London, UK (Prof J Middleton FFPH);

Department of Health, Behavior and Society (Prof S Sherman PhD), and Centre for Public Health and Human Rights

(N Thomson PhD), John Hopkins Bloomberg School of Public Health, Baltimore, MD, USA; and Nossal Institute for Global Health (N Thomson), Melbourne School of Population and Global Health (Prof N Crofts), University of Melbourne, Melbourne, VIC, Australia

Correspondence to: Dr Victoria Herrington, Australian Institute of Police Management, Sydney, NSW 2095, Australia [vherrington@aipm.gov.au](mailto:vherrington@aipm.gov.au)

mental illness, can intersect and interact, increasing their complexity.

The importance of the intersection of law enforcement and public health is reflected in the growing number of academic publications on this topic.<sup>12</sup> A discourse is emerging in which public health and law enforcement are seen as alternative perspectives on social issues that overlap, driven by the growing understanding of what produces both crime and ill health, among other things. An impressive body of knowledge exists in the health sector with regard to social inequalities, drug and alcohol abuse, mental health, and domestic violence.

The relatively new field of brain science is providing a physiological basis for how positive behaviours might be hard wired into the human brain from very early on in development, within the first 1001 days. The findings also show how adverse childhood experiences set up contrary neurophysiological feedback loops that make it more difficult for positive self-image and constructive behaviours and relationships to be formed in a developing child's mind. The neurophysiological understanding of adverse childhood experiences will become increasingly important in law enforcement and public health.<sup>3,4</sup>

This wealth of knowledge does not necessarily translate directly into alternative approaches to urgent societal problems. Considering that the overlap of public health and law enforcement is an emerging field,<sup>5</sup> it is sensible to concentrate on mapping and analysis of practices central to academic progress. From a practical perspective, the importance of the intersection between law enforcement and public health is strongly supported by concrete observations from professionals of both sectors, often dealing with the same people and related issues. It is important to understand what is happening on the frontline (ie, situations in which health and law professionals interact directly with the general public) because it is here that professionals have to act, developments at the boundaries of traditional domains are most visible and have real consequences, and, as a result, collaborations develop. Hence, this Series paper focuses on the frontline of both law enforcement and public health.

Both law enforcement and public health can be characterised, in part, by the professionals and organisations involved in these respective sectors, and both aim to contribute to the safety and security of the population. We define law enforcement as the organised and legitimate effort to produce or reproduce social order—evident in rules and norms—to enhance the safety and security of society. The principal actor is the (public) police, with criminal justice and offender management elements. Although the so-called pluralisation of policing and the emerging public–private partnerships in policing and law enforcement are relevant developments, we concentrate here on the public police as the most important (symbolic) actor in law enforcement and as the starting point of exploration of the intersection between

law enforcement and public health. Contrary to popular belief, policing is not limited to catching thieves and maintaining order, but involves protection of vulnerable individuals, groups, communities, and those at risk of crime by way of activities such as safeguarding, surveillance, community or public safety, and public protection. Similar to public health, evidence-based policy making has become increasingly recognised and valued in law enforcement.<sup>6</sup>

Public health is even harder to demarcate than is law enforcement. Consideration of public health as the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life among populations through the organised and informed efforts of society, as adopted by the Faculty of Public Health,<sup>7</sup> reflects its breadth and diffuseness. The public health system is geared towards outcomes at the population level, as opposed to the individual's health, with the definition of population depending on the problem and the desired health outcome. Addressing inequalities in health and underlying structural issues are key public health concerns.<sup>8,9</sup> Effective maintenance of good public health requires a wide range of societal policies, interventions, and services, but also requires specialist intervention—eg, against infectious diseases and environmental hazards—to generate evidence-based health improvement policies and services, and to evaluate effectiveness of services. Because public health coalitions are broad and vary depending on the issue and desired health outcome, there is no single public health authority managing all aspects of public health.

Both law enforcement and public health use concrete interventions, with an emphasis on changing unhealthy or criminal behaviour. The two sectors are involved with people or populations in need, and both have an obligation to protect those susceptible to crime, ill health, or both. In their attempts to change behaviour and in their response to incidents, they can directly influence each other and societal outcomes. Importantly, the right intervention is always context specific, regardless of general valid guidelines or rules in public health or in law enforcement. Professionals are required to make judgments on the basis of shared values and positive societal outcomes, an activity that requires professionals from both sectors to work together.

Synergistic approaches, such as those described above, require reciprocal understanding of the potential for action by the respective agencies, and a high degree of respect, dialogue, and partnership. However, there are many practical and conceptual barriers, including the fact that public health and law enforcement systems originate from very different cultures and have strong incentives to stay in their silos; incentives to use an intersectoral approach are often scarce. Another conceptual barrier is that neither law enforcement nor public health are self-evident concepts, and the intersection of both even less so. These barriers can harm the collaborative vision and

strategy development, as well as diminish structural multidisciplinary research. The practical and conceptual challenges are related, as are the social practices and the related institutions.<sup>10</sup>

### An emerging agenda

Public health and law enforcement are products of the process of modernisation, intimately related to the state and to urbanisation. In (hypothetical) small communities in which all individuals know about the condition and behaviour of others, separate institutionalised and professional law enforcement and public health would be absent. Therefore, modern public health and law enforcement replicate the support provided by kin in small communities that has been lost in the rise of modern life and the anonymity of city life. Both public health and law enforcement developed as specific organisations with a similar mandate to protect the public, bodies of practice and knowledge, technologies, mentalities, and ethics.<sup>11</sup>

This crafting process was especially prominent in the advent of what is now considered the modern institution of the welfare state. Police reform in Great Britain throughout the 18th and 19th centuries was multifaceted and originated in many locations. The emphasis on policing as a crime prevention measure was well established in England through a system of parish government that was described by Reynolds as “a pivotal arena not only for the implementation of national policies but for initiatives that strengthened government as a whole”.<sup>12</sup> In addition to detecting crimes and preserving the peace, the duties of the early police included enforcing liquor laws, regulating traffic, assisting Poor Law officers, fire prevention, improving the paving, lighting, and cleanliness of streets, and the general detection and removal of so called nuisances and annoyances. The modern police institution then emerged from this amorphous situation.

As a consequence of fundamental societal changes in the 20th and 21st centuries—eg, from industrial to networked, from modernity to postmodern or reflexive modernity—modern institutions are under pressure, not because of their lack of success but as a consequence of it. Societal problems are at the centre of both law enforcement and public health; however, the complexity of these issues has led to the recognition that the problems cannot be adequately addressed by either party alone. Traditional organisations are no longer defined by strict boundaries,<sup>13</sup> which has led to the need for constant negotiation by professionals (frontline officials and agencies) regarding future progression. Health and risk perspectives are central to both domains, and multiagency approaches and cross-discipline developments are gradually—at least in liberal democracies—becoming the norm.

Historically, the development and recognition of an overlapping clientele of law enforcement and public health has been observed in the aftermath of deinstitutionalisation and substantial disinvestment in social services: people

who have mental health problems, a poor education, substance dependence, or housing problems are more vulnerable, more stressed, and more likely to present at hospitals, social service agencies, and police stations than the general population.<sup>14,15</sup> The discussion on ineffective and unacceptable mass incarceration—especially in the USA—has contributed to an emphasis on the intersection of law enforcement and public health.<sup>16</sup> The emancipation of vulnerable populations (increase of basic human rights for marginalised populations) has been accompanied by a decrease in acceptance of institutional failure. Modern cities and their inhabitants have needs or demands for government action that are no longer manageable within the service silos built in earlier times.

The conception of ideas—visions, strategies, research, and practices—that can inform the progression of public institutions and services is important. Public health systems and policing have to some extent been reinvented, as is evident in the prevalence of police reform.<sup>17</sup> Without exception, the policy documents that guide these reforms emphasise the importance of holistic approaches (rather than organisational logic) that put citizens and communities first. All organisations struggle with the concept of how to implement change, and if not similar mandates of public protection, then what other options are available that could guide priority setting?

Public health and law enforcement both present an ideal world image, although the respective images are not self-evident and are essentially contested. For public health, the ideal image could be a society free of disease, in which people are healthy and have a long life expectancy with the highest quality of life possible. Clearly there is no definitive solution attached to this ideal world image, because the demand for health is logically infinite; however, increased research initiatives or inclusion of extra dimensions in the definition of health could be implemented. For example, WHO defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.<sup>18</sup> This open-ended definition immediately shifts attention to a discussion on values and principles in the drive for a health utopia, with fundamental questions: who defines what the principal health issues are and on which grounds? Should access to health care be distributed evenly among the population? What is the weight of individual liberties in the collective health endeavour? How do governments or communities prioritise different public health goals? When should decisions be made to invest in other social goods such as the arts or infrastructure, rather than in directly furthering the public health agenda?

In turn, law enforcement presupposes the law and much can be said about qualities of the law-making process and of laws themselves. The theme of integration of law enforcement and public health presupposes a human rights framework, without which there would be no place for law enforcement to engage in public health

issues. The human rights framework also applies for public health: without human rights as a foundation, one could strive for a healthy nation at the expense of susceptible communities. For example, the campaign against drugs by the president of the Philippines serves as a warning against the integration of law enforcement into public health without a human rights framework.

This ideal world image of law enforcement is a social construct, and hence an important and permanent subject of political debate. A society in which all members obsessively obey the law would come at the cost of fairness and freedom. Consequently, the same fundamental questions arise as with public health, including who defines law enforcement and how are the resources distributed?

The actual and desired relationship between law enforcement and public health depends on the political, economic, and cultural context and is also affected by the characteristics of the targeted issue. However, this intersectoral field must be put on the agenda for both law enforcement and public health actors. Many urgent issues will be influenced by whether investments in law enforcement and public health are implemented separately or together.

### Areas of common ground for law enforcement and public health

Substantive themes for the International Conference on Law Enforcement and Public Health (LEPH) 2016—reflecting the priorities assigned by the burgeoning law enforcement and public health community—were mental health (many aspects), violence (especially gender-based), trauma (especially road and occupational), crises and catastrophes, infectious diseases, and alcohol and other drugs. However, the range of topics that was covered 2 years later at LEPH 2018 was even wider than in 2016, and illustrative of the breadth of the relationship between law enforcement and public health. Topics can explicitly be related to political issues, such as radicalisation of youth and its links with terrorism, or ethnic profiling by police services. Susceptible populations or leadership in an intersectoral field were themes that spanned both sectors. Here we exemplify common areas between both sectors to give a general impression of the intersectoral landscape.

#### Community safety and security

Concepts of security are common topics of discussion for policy makers and practitioners in law enforcement and public health. The 1994 Human Development Report saw security as “freedom from fear and freedom from want” and described issues relating to food security, social and welfare security, political, economic, and environmental security, as well as civil and military security.<sup>19</sup> Likewise, a concept of public protection is common to law enforcement and public health to identify at-risk individuals, communities, and situations, through child and adult

safeguarding committees,<sup>20</sup> community safety partnerships and licensing committees that facilitate information flows (eg, the community safety and alcohol licensing in Cardiff, UK<sup>21</sup>), and in emergency planning forums.<sup>22</sup> Such wider notions of community safety have required full partnership activity, developed to varying degrees in different political administrations and cultures.

A community development approach can support better community safety and health by use of local community assets to minimise tensions and prejudice, promote good relationships, and mobilise positive energy towards common life-enhancing goals and facilities.<sup>23</sup>

#### Violence

The conceptualisation of violence as a public health problem is only relatively recent.<sup>24</sup> In 1983, the US Centers for Disease Control and Prevention established a specific branch on violence epidemiology to focus public health efforts into violence prevention, which showed the usefulness of the application of epidemiological methods in resolving problems associated with violence.<sup>24,25</sup> Violence was placed on the international public health agenda in 1996 when the World Health Assembly adopted Resolution WHA49.25 that declared violence as a leading worldwide public health problem.

Extensive research has since documented health costs resulting from violence; one influential 2012 English report by Bellis and colleagues<sup>2</sup> estimated that of the nearly £30 billion cost of violence to society, more than a tenth was a direct cost to the health system. The authors found that violence has many characteristics that allow it to be considered a public health issue, including the cost to the health service, its so-called contagious or hereditary character, and a very strong inequality gradient.<sup>2</sup> Over the past three decades, a wide range of interventions have become available to the public health practitioner that are effective and efficient, predicated on multi-agency (especially police, health, and welfare authorities) plans for violence prevention in specific localities.

#### Mental health

A public mental health approach builds positive personal psychological assets in the community to help people build their confidence and self-esteem, and to negotiate and express their needs without frustration or resorting to violence. Police have historically been part of the management of people with behavioural disorders, especially those with mental health problems.<sup>26</sup> Almost 50 years ago, Bard<sup>27</sup> led the call to examine the use of police officers as mental health resources “within the context of [their] law enforcement function”, with the formation of “family intervention police teams”. Major social structural changes have occurred since then—most notably deinstitutionalisation and the impact of neoliberal political agendas—which have increased the frequency of contact between people with mental illness and the police, and resulted in complications in the ability of the

For more on the International Conference on Law Enforcement and Public Health 2018 see <https://leph2018toronto.com/>

police to respond.<sup>28</sup> Different methods of linking psychiatric or social work with law enforcement responses in crises involving mental health issues have been examined. One approach involves enhancing police capacity in handling of mental health issues through training (eg, crisis intervention training<sup>29,30</sup>). Other programmes consist of various forms of partnership between police and mental health agencies, such as using a team composed of a police officer and a mental health professional to respond to individuals having acute and severe mental illness crises thus avoiding criminalisation of patients with mental illnesses (a joint response approach),<sup>31</sup> or using a mobile mental health response team that the police can call upon.<sup>32</sup> A comparative evaluation of these methods found substantial benefits for both police and for patients with mental health illness, but a greater benefit was observed from the joint-response approach than the mobile mental health response team.<sup>32</sup> A study comparing three different approaches involving specially trained police officers, a joint-response model comprising police and mental health professionals, and a mobile mental health team in three different localities in the USA found that all three programmes had relatively low arrest rates with the specialised response, concluding that “collaborations between the criminal justice system, the mental health system, and the advocacy community plus essential services reduce the inappropriate use of US jails to house persons with acute symptoms of mental illness”.<sup>33</sup> Similar findings were shown in reviews of the effectiveness of crisis intervention training.<sup>34,35</sup> Lamb and colleagues,<sup>36</sup> in their review on police and mental health, concluded that “collaboration between the law enforcement and mental health systems is crucial, and the very different areas of expertise of each should be recognized and should not be confused”.

### Sex work

Police policies and practices can directly and indirectly increase HIV risk among female sex workers, who have little power to navigate, let alone control, these environmental factors.<sup>37</sup> In locations where sex work is criminalised, female sex workers face the negative health consequences of a punitive legal environment and are afforded few legal protections. Police behaviour towards female sex workers extends well beyond implementing policies that criminalise sex work. For example, police harassment of this group has been documented worldwide, with police leveraging their power and threatening arrest to extort bribes or sex. Police perpetrate sexual violence against female sex workers in many settings, compromising the sexual and mental health of those violated. This behaviour from the police also directly affects the risk of HIV and sexually transmitted infections in female sex workers—eg, when police confiscate or destroy condoms, a practice documented extensively in the USA and worldwide. Despite some research

documenting the effect of police behaviour on female sex workers and drug users, only a small amount of this research actually included police as participants, a fact that exacerbates the perceived gap between public health and public safety.

The involvement of the police in partnerships to reduce violence against female sex workers and decrease their HIV risk is more than feasible. Analysis of a pioneer project in Karnataka, India, concluded that “context-specific structural interventions can reduce police arrests, create a safer work environment for female sex workers and protect fundamental human rights”.<sup>38</sup> This finding exemplifies the value of structural interventions directed at police in the context of HIV prevention programmes for female sex workers, even when sex work is criminalised.<sup>39</sup> In a 2015 review of such programmes, Tenni and colleagues<sup>39</sup> found they “create a better understanding of the sex trade among police officers, improve access to health and social services for female sex workers and have shown a clear reduction in police violence toward female sex workers”. Even in regions where sex work is criminalised, structural approaches involving partnerships with police to address violence can be effectively delivered to reduce harassment, arrests, and violence against female sex workers.<sup>40-43</sup>

### Common agenda

For all the aforementioned themes, a shared agenda and coordinated practices are important for the quality of the outcome. An example of an attempt to come up with such an agenda was a summit organised by Public Health England in 2016 to create a shared purpose for policing and health, and the publication of an associated report on police and public health innovations.<sup>44</sup>

### The challenge of meaningful collaboration

An analysis of health and welfare service provision to individuals with complex needs found that combining medical and social models was very difficult, because they have different financial and regulatory systems, roles and responsibilities, and organisational and professional cultures.<sup>45</sup> The analysis did not include collaborations with law enforcement. Although societal problems are at the centre of the endeavours of both law enforcement and public health, the organisation principles and cultures differ and are often contradictory.

The objectives driving the behaviour in each sector can also differ. For example, public health programmes aimed at prevention of transmission of HIV try to reduce transmission among people who inject drugs by provision of sterile injection equipment. This approach is considered good public health practice. However, police can be suspicious of programmes that remove disincentives for injection of illicit drugs, thereby potentially increasing crime.

The adherence to each sector’s organisational objectives and the world view is reinforced through

competing performance indicators. A modern public sector that is not preoccupied with the pursuit of results and the measurement of performance,<sup>46</sup> heavily influenced by the so-called new public management approach and the agendas of managerialism, evidence-based policy, measurement, and audit,<sup>47</sup> is difficult to imagine. Effective collaboration requires movement past siloed performance frameworks towards more sophisticated means of measuring collaborative action both formally (through key performance measures) and informally (through cultural norms).

A movement towards collaborative action is difficult and complex. Although objectives might be identical, the ways in which success is measured will differ, and can inadvertently drive organisational intervention in counteracting ways. For example, law enforcement might focus on reducing the number of call outs for domestic violence, whereas this outcome would be seen as a negative from a public health perspective because fewer violent encounters would be reported. Arrest quotas applied as performance measures for police in dealing with illicit drug users or sex workers are further examples of objectives that conflict with public health aims.<sup>48</sup>

Often the most important outcomes are the hardest to measure, but rather than this being an argument against trying to evaluate or quantify complex action, it should be a call to improve evaluation of the interventions that are currently difficult to measure. The temptation to value only what can be quantified needs to be avoided; the social sciences have made great strides in quantifying factors that are usually difficult to measure, such as environmental amenities and value of time with family, using contingent valuation and other methods. The first step is to identify the desired shared outcomes. With a commitment to serious evaluation, even when difficult, law enforcement and public health sectors must consider how to measure these outcomes with improved tools, data, and methods.

### What could the relationship look like?

The fact that law enforcement and public health address the same or related problems in the same communities does not automatically lead to cooperation; they are distinct in culture and methods. Two levels of linkage are needed to support effective cooperation. One consists of a conceptual interface between the fields, at which they can achieve a shared understanding of their respective contributions to each other's mission; a simple model of health and policing that shows how police activities influence health and how health can be a guide to police practice and a measure of police impact on social wellbeing. The second is the practical integration of police agencies within the health system, so that care and treatment are networked, complementary, and consistent. This integration entails development and implementation of interlocking programmes and clinical standards, referral systems and practices, and diffusion of data and records across systems, which is particularly important in

systems in which high-risk and repeat customer strategies are being deployed. Links such as this are being constructed in processes of local experimentation and practical problem solving. Evaluation and implementation of beneficial models and practices is the long-term aim for police and health engagement.

Programmatic collaboration between law enforcement and education, and law enforcement and employment, can be very informative.<sup>49</sup> The crime laboratory at the University of Chicago, Chicago, IL, USA, is an interesting example of collaboration between law enforcement, education professionals, employment programmes, and public health professionals. Rigorous academic evaluation is provided by locating the laboratory in a university environment, and effective public policy is achieved by collaboration with agencies that implement programmes. This model is interesting because rather than create an overarching bureaucratic structure to bring different interests under one agency, university researchers provide an intermediary and hopefully neutral platform. For example, if law enforcement and public health were to jointly fund and manage a university-based research centre, university-based researchers could provide the rigour for research evaluation and the so-called outsider perspective to assist law enforcement and public health agencies to rise above bureaucratic constraints.

Public sector leadership has a crucial role in the attempt to ensure efficient collaboration between the two sectors. When problems span the domains of and rely on input from multiple stakeholders, boundary spanning and shared leadership inside and outside of the organisation, at all levels, is vital.<sup>50</sup> Nowhere is the importance of shared leadership more evident than at the frontline, which is the practical interface between practitioners. Frontline professionals in both sectors must regularly make decisions about how best to interact and partner with each other. To effectively achieve this collaboration they must draw on their shared loyalty to positive health and the safety and security outcomes for the community. Empowering frontline staff to collaborate effectively is a role for formal bureaucratic leaders who must identify and encourage these shared outcomes and create a climate of innovation and problem solving, while examining unintended consequences and deleterious effects of their own organisational motivations. The two sectors must adapt to a new learning culture, accepting that when dealing with complex social problems, some initiatives will work and some will not.

### Conclusion

The emerging agenda regarding the intersectoral field of law enforcement and public health is that a holistic approach will generate the best results, but it seems very hard to achieve this approach in practice. The gap is increasing between knowledge of actions necessary to deal with complex social problems—both in law enforcement and public health—and what can be achieved, which is

related to the mismatch between classic institutions and the increased demands for security and health. The police are not delivering what is expected of them, including protecting vulnerable and at-risk populations. From the public health perspective, it is unsatisfactory that the great advances in this field are offset by, for example, an increase in mental health problems in the population or the failure to prevent domestic violence. An approach that takes both law enforcement and public health into consideration might prevent complications occurring in this intersectoral field, but such an approach might not necessarily lead to a change in practice; there is always the risk of each sector retreating to their original ideas and related protocols.

We emphasise here the importance of practices, and hence of the practitioners, in this intersectoral field in bringing about changes, and further training and professionalisation are required. Health is an already established sector encompassing many professions, and policing is quickly moving in that direction, with the UK as leaders in this transition. This intersectoral field must remain on the societal and political agenda, and a change in discourse and institutions is necessary to reinvent the government; however, instead of new public management, new public value must be incorporated to achieve efficient, effective, and legitimate outcomes. Calculations change fundamentally if efficiency and effectiveness are related to outcomes (eg, a reduction in violence) instead of being applied to the working of separate silos. As stated, measurement of the outcome of complex interventions is important, and might require different types of research. Such measurements are crucial to the sustainability of the intersectoral field of law enforcement and public health.

In this Series paper we have focused on affluent societies; however, we are aware that the most pressing needs, and highest potential gains, are to be found in less well resourced and post-conflict societies. The line between public health and law enforcement needs to be redrawn in a way that is conducive to both security and health. We believe this collaboration to be a worthy cause that requires dedication from policy makers, academics, and practitioners alike, both in high-income and low-income countries.

#### Contributors

VH, AJvD, NC, and NT contributed the initial outline for manuscript then convened all other authors in discussions on the final structure. SS, JM, and SB provided specific insights into practical and theoretical applications of partnerships between police and public health. HS examined the complexity of cross-sector collaborative frameworks. RB contributed insights on the measurement of outcomes. VH, NC, and AJvD edited author contributions into an initial draft that was then worked on and edited by all authors. VH, NC, AJvD, and NT responded to reviewers and VH and NT made final revisions before all authors approved the final draft.

#### Declaration of interests

JM reports that he was Director of Public Health for Sandwell in the West Midlands for 26 years, until 2014. He has worked with minority ethnic communities and with white communities to promote community cohesion, and has been responsible for community safety programmes and emergency preparedness including terrorist threats. He is president of the Faculty of Public Health (FPH), an unpaid elected representative

role. The FPH is the standard setting body for specialist public health in the UK and advocates for health public policy and for the protection and improvement of health. The FPH develops training standards for health protection and emergency preparedness. He is a patron of MEDACT, a non-governmental organisation that campaigns for social justice, climate change, and international conflict and health-related issues. All other authors have declared no competing interests.

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