



# Envisaging the future of policing and public health: A commentary on the findings

Marc Krupanski\* and Nick Crofts†

There is a growing recognition globally that we are in urgent need of new approaches to address long-standing societal problems—behavioural health issues, such as drug use and mental health; poverty-related issues, such as homelessness, loitering, and vagrancy; and serious personal crime, namely, gun violence, sexual violence, and gang activity. There is increasing acknowledgment that our usual ways of addressing these problems have not worked or, worse still, have systematically made things worse. This “standard” approach has involved an over-reliance on punishment, coercion, and incarceration, a broad-reaching and one-size-fits-all response to problems which can be highly individualized, contextual, and specific to certain people and places.

In jurisdictions around the world, practitioners, policy-makers, researchers, and community members have noticed an emphasis on punitive, enforcement-based approaches that centre on the coercive powers of law enforcement, a steady underinvestment in health and social services, or a public health apparatus that can take its own punitive approach. And, in country after country, we far too frequently see the sectors that are intended to uphold life, safety, and well-being—namely, law enforcement and public health—operate in silos or even in competition, when they are clearly addressing the same problems with the same root causes.

The recognition has been building for some time that we cannot solve enduring problems with the usual strategies and approaches that have been tried year after year with little success. Actors across the public safety and health spectrum are voicing this concern. Many in law enforcement express frustration with what seems like an endless list of societal problems that they are ordered to resolve, while being held to a limited and inadequate enforcement toolbox with which to do so. The result is the “revolving door” phenomenon whereby people are arrested and detained on a range of low-level and nonviolent offenses only to be released and re-arrested, with each arrest and incarceration increasing the likelihood of further arrest and incarceration.

Likewise, community members, especially those from marginalized communities—such as racial and ethnic minorities, poor people, people experiencing homelessness, people who use drugs, sex workers, LGBTQ people, people living with mental illness—have also expressed frustration and

outrage at feeling discriminated against, having their rights violated, or being targeted for abuse or extortion.

More recently, public health practitioners and researchers have begun to voice concerns about problems for which they feel they can offer solutions but find themselves excluded from the table for political, funding, or structural reasons. This initially focused on issues related to behavioural health, such as blood-borne infections among people at risk for HIV or Hepatitis C, for example, but these concerns are now beginning to include matters such as gun violence. However, despite the shared frustration, for the most part, law enforcement and public health practitioners and researchers have remained suspicious or dismissive of one another and have failed to find common cause despite facing shared problems that do indeed have common causes. Problems continue to occur and recur, frustrations continue to rise, but effective alliances and partnerships remain infrequent and limited.

Two years ago, the clear need for a new response to public safety and health was brought into sharp focus by the murder of George Floyd, an unarmed Black man, by an American police officer in Minneapolis, Minnesota. For nine minutes and 29 seconds, Officer Derek Chauvin placed his knee on Mr. Floyd’s neck despite his pleas that he could not breathe and the admonishment from bystanders, one of whom captured the graphic incident on video. People across the world reacted to the murder—the latest and best documented in a continuing series of such highly publicized killings, made more so by technology: mobile phone cameras and police body-worn cameras—with a mix of pain and anger. The incident struck a nerve sensitized by persistent problems in policing—excessive use of force, racial and ethnic disparities in policing responses, and an over-reliance on police—from Rio de Janeiro to London to Nairobi. One outcome has been a burgeoning hope for a better path forward for public safety and policing and mounting enthusiasm for exploration of alternatives.

The fact that George Floyd’s murder occurred in the early months of the global COVID-19 pandemic gave greater resonance to the demand and need for new approaches and partnerships to community safety and health. The COVID-19 pandemic upended normal life in communities around the

**Correspondence to:** Nick Crofts, 22/352 Canterbury Road, St Kilda, Victoria 3182, Australia. **E-mail:** nick.crofts@unimelb.edu.au

**To cite:** Krupanski, M., & Crofts, N. (2022). Envisaging the future of policing and public health: A commentary on the findings. *Journal of Community Safety and Well-Being*, 7(Suppl 1), S2–S5. <https://doi.org/10.35502/jcswb.273>

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world, shifting understandings of what it means to feel and be safe and healthy and raising questions about the appropriate role of law enforcement and public health actors in providing and ensuring safety and health. This was nowhere more exemplified than in the heavy-handed policing of public health measures such as lockdowns and curfews, which, in a number of countries, resulted in police killings of citizens unable—often for reasons of economic survival—to adhere to the regulations.

The emerging invigorated interest in alternative responses to the wide range of long-standing societal problems has brought into focus some fundamental questions. What sort of partnerships between relevant sectors can be developed that better address social problems while minimizing harm? What kind of investments can government and international donors make to ensure safe and healthy communities while upholding people's rights and liberties? How can government, academic, and nongovernmental organizations work together to advance both community safety and public health? And most importantly, rather than go through another cycle of outrage to inaction, or simply make the same criticisms repeatedly without meaningful action, what kind of pragmatic and solutions-focused measures can be taken? What has already been tried, where, how, and what impact did it have? This special edition of the *Journal of Community Safety and Well-Being* represents a contribution to this dialogue on a new path forward.

When we began looking to respond to these questions, it quickly became apparent that there was little collected information—let alone evidence or rigorous evaluations—publicly available as to what initiatives or strategies already exist and work at the community safety and public health nexus. This is especially the case for community-based initiatives. This is not to say that such projects and initiatives do not exist, but rather that they had not yet received sufficient attention, study, or investment.

In response to this historic moment and need, the Global Law Enforcement and Public Health Association (GLEPHA) launched an ambitious project to help document efforts from countries around the world that have taken alternative approaches to community safety and health needs, by operationalizing a public health-based response and working in partnerships with law enforcement. The project focused on regions around the world—North America, Latin America, Western Europe, Eastern Europe and Central Asia, Africa, and East Asia—and was carried out by researcher collaborators based in those regions. The hope was to remedy the dearth of information on existing public health and law enforcement projects and to offer a comparative perspective on challenges, opportunities, and strategies for success from countries across the world. The articles in this special issue represent a sample of these findings.

Through the course of this project, it has become abundantly clear that greater research and investment in alternative responses to community safety and public health are necessary, including responses that involve police partnerships with public health. While the regional researchers were able to identify a host of projects and initiatives, their research is limited to those that have some written documentation or were identified through their regional networks. Certainly, many projects and initiatives exist that were not captured. For those where information does exist, the depth

and rigour of that information varies greatly, often with little or no evaluation and with inconsistent details regarding processes, funding structures, operations, and impact, among other areas.

Importantly, it is worth noting that when looking for international comparisons and models to learn and build from, not everywhere has the same definition of “alternative,” as different countries have widely varying criminal, legal, and public health systems. Gun control laws, for instance, vary greatly from country to country. Supervised drug consumption sites are banal normality in one jurisdiction, felonious in another. Non-police responses to mental health emergencies are not new or radical in some countries, and public investment in preventive and long-term health care is an established norm. In such settings, police agencies are decentralized, and officers have substantial discretion to innovate and to divert from the criminal justice system to alternative responders; in other settings, a centralized and national police agency means individual officer discretion is greatly reduced.

Likewise, one of the benefits of an international comparative experience is to identify emerging and existing best practices, to find the common principles underlying their success, and to promote them for adaptation and uptake in various jurisdictions. In practice, this often takes the form of technical assistance provision and peer exchange. Indeed, this is a core mission of GLEPHA; previous international Law Enforcement and Public Health Conferences have issued declarations, such as the 2013 “Amsterdam Declaration on Police Partnerships for Harm Reduction.” At the same time, it is important to consider local and national contexts to adjust for what is possible and to gain useful self-reflection. For instance, one of the guest editors was involved in an international technical assistance and peer exchange on pre-arrest diversion for drug-related offenses in Kyrgyzstan. While the goal of the pre-arrest diversion program was to move up the point of diversion within the sequential intercept model (i.e. to have the person have less interaction further within the criminal legal system), this was limited in Kyrgyzstan due to the criminal legal system, which only introduced a probation and parole system. Thus, rather than a pre-arrest diversion, the local adaptation was limited to post-conviction as an alternative to incarceration. While this may appear routine or even disappointing from one international perspective, such a change to probation and parole represents a significant change in Kyrgyzstan. On the other hand, while conducting a similar peer exchange in municipalities in Ukraine, local police officers in Sumy, for instance, were already diverting people who use drugs to harm reduction services instead of arresting them. Thus, the idea of formalizing and establishing a pre-arrest diversion program was both less transformative and less necessary—and gave the helpful reminder that what may be considered innovative best practices in North America or Western Europe may already be regular practice in other countries. Indeed, this last reflection raises the critical and under-resourced point that international best practices and technical assistance can and should also emanate from the Global South. South–South exchanges can often provide more appropriate and impactful international exchange and assistance; and countries in the Global North can also learn a great deal from those in the Global South. This same les-

son applies in the case of Indigenous communities, where much can be learned from traditional conflict resolution and restorative justice approaches.

Indeed, notwithstanding regional, national, and local variation and context, there are important lessons, challenges, and opportunities that the authors in this special issue identified that can be informative for other jurisdictions. Best practices from various countries have been documented and shared elsewhere, whether in Mexico or Vietnam, and have helped make important progress and implement change in the effectiveness and efficiency of addressing long-standing societal issues.

Among the lessons identified is that moments of shared crisis can be used as an opportunity for partnership and adjustment. In Kyrgyzstan, for instance, the onset of the COVID-19 pandemic led to a new and ground-breaking partnership between law enforcement and public health officials and practitioners to prevent and respond to increased instances of domestic violence. The partnership incorporated public health guidance and analyses and hopefully will remain a feature of Kyrgyzstan's domestic violence policy and response in the years to come. Meanwhile, in the United States, the murder of George Floyd sharpened long-standing critiques on the limits and harms of policing as currently designed and brought attention to the equal need for reform and reinvestment in public health. Both are driving demands for a range of alternative and public health-based responses to community safety, ranging from community responder (non-police) models to police and mental health co-responder models to models of "public health policing." This interest in alternative responses, coupled with an increase in violent crime, has also, for instance, spawned greater investment in public health-based responses to gun violence, using community violence interventions and hospital-based violence intervention programs.

Institutionalizing public health approaches to violence has become standard in the UK, where there are Violence Reduction Units in most major police jurisdictions. The public health inspiration for such approaches promotes a preventive, whole-system approach to violence reduction, including multi-agency and multisectoral involvements, data sharing and analysis, and an evidence-based approach. Aligned with and underlying this has been an emphasis on understanding trauma as the cause and effect of much criminal or criminalized behaviour; trauma-informed policing has become the new norm.

Across all of the regions, a common finding is the importance of trust in and legitimacy of police; the research has exemplified the ways in which partnerships with public health and a public health-based response to community safety can help build and advance this trust and legitimacy. Too frequently, communities experiencing high levels of police activity see police as an external and abusive force. Complex patterns of violence and high crime rates coupled with low accountability mechanisms and increasing police militarization and powers have driven reports of human rights violations. At the same time, these factors have also driven an opportunity for alternative approaches. Community-oriented policing practices that incorporate public health responses and make partnerships have generated significant progress in localities across Latin America, for instance.

Significant transformation is under way across multiple regions regarding drug policy. While challenges and road-

blocks—whether from prohibitionist drug laws or abstinence-based health services—continue to exist, there is significant opportunity for greater transformation in drug policy. Vietnam, for instance, initiated a pilot program in two districts in Hanoi between 2018 and 2020 to improve collaboration between law enforcement, public health, and labour sectors to strengthen the capacity of community services to divert people who use drugs from compulsory residential treatment and to support them across medical, social, and legal services in their communities. This represents a significant transformation from Vietnam's official view of illicit drugs as a "social evil" that must be eradicated, with drug addiction being named in its 1992 Constitution as a "dangerous social disease." Likewise, new housing-first and harm-reduction models for drug use, in partnership with (and occasionally led by) law enforcement, have emerged in cities across the Americas, from Canada to the United States to Brazil, as well as across the UK and some European countries. These programs, such as Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity (LEAD) in the US or Programa Atitude and the now-ended Braços Abertos program in Brazil, have shown positive results in terms of a reduction in crime and recidivism, lower costs and a reduced burden on the criminal legal system, and better health and well-being outcomes for participating individuals and their communities.

At the same time, and regarding challenges, the politicization of innovation and alternatives threatens their sustainability regardless of what the evidence says. In Latin America, for instance, innovative partnerships between law enforcement and public health to address issues related to homelessness, drug use, gang activity, or homicides can often be precarious due to the threat of its politicization. A program may become political fodder in an electoral campaign or dismissed with a change in administration due to political optics and ideology rather than to evidence and impact. This occurred to promising programs in Brazil, Colombia, and Mexico. It has also been the case across much of Africa, especially in relation to sexual identity, with homosexuality criminalized in a majority of African countries. Police partnerships with health interventions for prevention of HIV transmission are therefore fraught with conflicting goals and pressures. Such partnerships have proven difficult to initiate or to sustain, but training of police and sustained advocacy and policy guidance has been shown to bolster support for harm reduction.

Many of the programs and initiatives are in pilot stages. They have been initiated with seed funding and require further investments to bring them to scale and to sustain them beyond the pilot period. Too frequently, regardless of promise, pilot projects have been left simply as a pilot and often with little documentation or publicity outside of their immediate geographical impact.

A global view makes it clear that much is known about alternative and effective approaches to the wide range of societal problems currently criminalized or over-policed. But, as noted, the need for documentation, evaluation, and communication of these programs is something observed across all the regions. While this project marks one effort, it is not nearly enough, but rather offers an opening glance. Researchers and program managers should take up the charge to document and evaluate this emergent and transformative field;

government and donors need to invest in bringing pilots to scale. This latter is the urgent challenge facing us now: how to reinvent the currently siloed institutions so as to integrate law enforcement and public health at the societal scale.

#### CONFLICT OF INTEREST DISCLOSURES

The authors declare that there are no conflicts of interest.

#### AUTHOR AFFILIATIONS

\*Director of Criminal Justice—Policing, Arnold Ventures, New York, NY, USA. Marc Krupanski has written this article in his personal capacity and the viewpoints do not necessarily reflect those of Arnold Ventures.

†Executive Director, Global Law Enforcement and Public Health Association, Melbourne, Australia.