COMMENTARY

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The intimate relationship between public health and law enforcement: the common ground of CSWB

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I am a public health practitioner—for much of my professional career, an infectious diseases epidemiologist. It was while working in the field of harm reduction, specifically on prevention of HIV transmission among and from people who inject drugs, that I became aware of the need to collaborate with police. This was especially the case in countries in Asia where everything to do with illicit drugs is in the hands of police and public security, and everything to do with infectious diseases is the concern of public health—and the two did not talk with each other.

That was my first learning in this area. My second was the realization that as a well-qualified public health practitioner I had never been taught of the role and importance of law enforcement as a sector in the public health mission. From this came a review of the content of Masters of Public Health courses from schools of public health globally, and the discovery that none of them teaches this subject. This is an extraordinary oversight, given the manifest importance of the law enforcement collaboration and the multi-disciplinary approach on which public health prides itself.

The next learning has now, for me, been going on for twenty years, and that is the breadth of public health issues in which collaboration of some kind with the law enforcement sector—most often police—is at the very least important, if not critical.

Law enforcement and public health practice are commonly envisaged as radically different approaches to different sets of human problems; but they can also be seen as on a spectrum of efforts to address the same general set of problems, centered around public safety and security as a basis for health and well-being. In this view, at one extreme is the pure law enforcement sector's responsibility for the exercise of governing power in the control of crime; at the other end of the spectrum is the health system's mandate for curing disease and caring for the sick. The middle ground, between these extremes, is vastly larger than either, and is the territory of both—in varying degrees and with differing emphasis, from crime prevention to health promotion.

This 'middle ground' covers the widest range of public health issues, from mental health crises to epidemic disease, from trauma and violence and catastrophe to alcohol and other drugs. Its location is in all parts of the community, from the home to the workplace to institutions; its population focus is the vulnerable, the marginalized, the at-risk. I can no better illustrate the breadth of the field than by describing the themes for the 4th International Conference on Law Enforcement and Public Health (LEPH2018) (see separate information piece about the conference in this issue).

Often, it is the same populations which are at risk of over-representation in the health care and the criminal justice systems, and involvement with the one often increases the risk of involvement with the other. For instance, people with mental health issues, acquired brain injury or dependence on alcohol and/or other drugs are more likely to be involved with the criminal justice system, and involvement with the CJS is deleterious to the health of many who are subject to it. Socio-economic class and ethnicity are major determinants of both health states and access to health care, and involvement with and outcomes of involvement with the criminal justice system. Much of this confluence can be explained by underlying or preceding events or conditions—adverse childhood events, mental health issues, poverty, and income inequality, for example.

The challenges and opportunities in this middle ground are therefore to re-think our services, across the system, to bring greater alignment between sectors and a stronger focus on upstream solutions. In practice, much of these devolve to and demand partnerships and collaborations.

I am very pleased to take on the role of Section Editor on Services for the *Journal of Community Safety and Well-being* as a second step in bringing together the emerging fields of Law Enforcement and Public Health (LEPH) and of Community Safety and Well-being. The first step was the partnership of The Centre for Law Enforcement & Public Health with the Community Safety Knowledge Alliance to convene the upcoming LEPH2018 conference. The *JCSWB* is becoming de facto the journal of the LEPH conferences and movement. The *JCSWB* will publish at least one special issue containing papers presented at the LEPH2018 conference (an example is in this issue, the paper by Jardine on gender and the law enforcement and public health agenda). Perhaps this will become a de jure relationship as the LEPH conferences become annual; the LEPH2019 will be in Edinburgh.

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The *JCSWB* Services Section will look to mobilize, align, improve, and validate through evidence the services, programs, policies, and capacities of the broader human services, criminal justice and public health systems, and we will be seeking submission of articles addressing any aspect of these relationships.

CONFLICT OF INTEREST DISCLOSURES
The author declares there are no conflicts of interest.

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