Law enforcement and public health approaches in the Asia-Pacific region

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ABSTRACT

The Asia-Pacific region comprises a large number of countries, all with different policing systems and variations in the extent to which these agencies collaborate with multisectoral partners in response to public health–related issues, including harm reduction, gender-based violence, mental health, and COVID-19 pandemic responses. We reviewed 90 programs involving partnerships and cooperation between law enforcement and public health agencies across the region. From this review, we recommend that police agencies develop training and engage in collaborative engagement with a range of health and community stakeholders to evolve police officers' views towards a public health perspective in relation to policing activities. Furthermore, law enforcement and public health approaches should embrace technological advancement and innovation to promote both public safety and community health. As a specific example, different areas have employed different strategies to deal with the COVID-19 pandemic, mainly depending upon available resources and cultural and social factors. However, more collaboration between government agencies, the private sector, and NGOs is needed at national and local levels to effectively respond to the pandemic worldwide.

Key Words   Policing system, harm reduction, public safety.

POLICING SYSTEMS IN THE ASIA-PACIFIC

The Asia-Pacific region is large and populous, comprising many different countries in which policing systems vary considerably. Our review found two major interwoven categories of influence on policing systems in the region: religious and colonial. The influence of religions and social philosophies on society has shaped policing cultures as patriarchal, hierarchical, and authoritarian, while police agencies affected by colonialism are often central para-military units solely focusing on crime control and social order (Brodeur, 2010; Cao & Cullen, 2001). Such policing approaches in many countries in Asia and the Pacific, then, have origins in the pursuit of centralization and public order rather than in cooperation with other agencies in terms of health promotion or disease control. In some jurisdictions, police are perceived to be distant from the people but willing to serve the government to help it exercise its political power. As a consequence, there is a lack of public trust in the police, which leads to difficulties in addressing public health issues (Punch & James, 2017).

Nevertheless, policing systems have been developed in many countries in the current century in which community policing approaches have been adopted to provide more modern police services. For example, the decentralization of police forces and the development of the Koban and Chuzaisho systems in Japan put focus on community policing and responding to the needs and concerns of people in terms of public safety and security (National Police Academy of Japan, 2005). Consequently, police agencies can be effective first responders in a range of situations relating to public health, such as accidents, epidemics, and disasters in the community when they have close relationships with the community. Access to information about risks or concerns can contribute to police taking preventive measures or increasing awareness of their role in reducing harms created by some policing practices. Nowadays, law enforcement agencies in many countries are more willing to cooperate with the community and other organisations to enhance public safety and well-being.

POLICING AND PUBLIC HEALTH

According to principles of new public management, partnerships between government, non-governmental agencies, and civil society organisations are required to enhance the efficiency of public services in the form of inter-agency cooperation (Punch, 2019). The partnership between law enforcement

and public health agencies is particularly crucial in terms of crime and disease prevention and support for victims and patients. For example, victim support services after the tsunami in 2004 which affected India, Indonesia, Malaysia, Myanmar, Sri Lanka, Thailand, Bangladesh, and Japan were provided jointly by law enforcement and public health agencies from both domestic and international institutions, assisting with first aid, body search and recovery, victim identification, biohazard prevention, and infrastructure reconstruction (Punch, 2019). In addition to catastrophic responses, cooperation between police and public health practitioners can take various forms, such as traffic accident prevention, referrals to treatment for substance misuse and psychological disorders, behavioural rehabilitation, and so on.

This article presents the review of nearly 90 law enforcement and public health–related programs in the Asia-Pacific region, covering countries in East and Northeast Asia, South and Southwest Asia, Southeast Asia, and Oceania. We focus on four major issues which countries in the region are currently experiencing: harm reduction approaches to substance misuse, gender-based violence, mental ill-health, and the COVID-19 pandemic. Our main purpose is to examine the extent of police involvement in such programs and their approaches to addressing public health issues. A key finding is that localised law enforcement units in some countries have adapted well to the needs of their local communities. As a result, these police have become more willing to cooperate with other agencies and increasingly use alternative non-police responses to deal with social and public health issues. A further crucial finding, however, is the challenge of scaling up and sustaining good practices in relation to law enforcement and public health partnerships across entire agencies.

CASE STUDIES

Our first focus is the role of law enforcement and public health agencies in harm reduction. From our review of 30 programs in the regions, it appears that most countries use non-police responses led by non-governmental and civil society organizations to minimize the risk of harm from substance misuse and injection-associated HIV transmission. Key approaches to harm reduction include methadone treatment, needle and syringe exchange, and community healthcare services. For instance, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centre for Supporting Community Development Initiatives (SCDI) in Hanoi, Vietnam, have launched a harm reduction program for people who use drugs (PWUD) and people living with HIV (PLWH). This is a community-based program focusing on coordination between former drug users, law enforcement agencies, and other agencies, namely the Ministry of Health, Ministry of Labour, Invalids, and Social Affairs, and medical, legal, and social services in the community. Luong et al. (2015) indicated that inter-agency collaboration is achieved through informal community-based organizations that help reduce harmful impacts of drug use through counselling, treatment, and detoxification. This reduces the risk of HIV transmission in the community because injection-drug use is the main population affected by HIV infection in Vietnam (Lee & Docrat, 2021). In addition, this program potentially mitigates the rate of relapse and crime associated with drug

use and dependency. Similar harm reduction programs exist in most Asian countries; however, we found problems impeding the success of such programs, including legal issues and dilemmas for law enforcement. For example, the provision of methadone for drug users is illegal in many countries in the region; therefore, law enforcement agencies are reluctant to either strictly enforce the law or help drug users in the program (Luong et al., 2019).

Secondly, 15 programs addressing gender-based violence were reviewed, including in Bangladesh, India, the Maldives, Pakistan, Nepal, and Sri Lanka. The majority of them (13) employed alternative non-police response approaches led by non-governmental organizations to deal with the issue, which can be divided into two categories: 1) prevention-oriented, focusing on men/offenders; and 2) victim assistance–oriented, focusing on victim support. Police and other law enforcement agencies have little participation in such programs. For example, the Men's Action to Stop Violence Against Women (MASVAW) in Uttar Pradesh, India, is an alliance of men and organizations working on gender issues committed to reacting to and reducing incidences of violence against women. Through cultural and advocacy campaigns, MASVAW raises awareness and recruits new network members who will work for institutional changes in gender relations to promote gender-equitable attitudes and confront conventional beliefs about masculinity and power over women (MenEngage Alliance, 2014). Even though the program is mainly conducted by civil society and youth in local communities, it was found that MASVAW activists could indirectly put pressure on police to engage in addressing gender-based violence via the media (Edström et al., 2015). On the other hand, a police-led program called Rabta ('Connection') in Pakistan focuses on police training to cultivate an attitudinal change in responding to issues of gender-based violence and vulnerable groups. The Rabta police training and reform program has been awarded best practice in the UN Women's Virtual Knowledge Centre. Its focus is on building the capacity of police officers regarding gender, human rights, communication skills, and how to address criminal cases associated with victims of gender-based violence via a police training curriculum designed in collaboration with the National Police Academy and other sectors, such as NGOs, media, academia, and civil society (Sadiq, 2020). Nevertheless, the scope of such programs was quite limited to specific areas and the culture and traditions may have overshadowed gender-based violence issues. To illustrate, it was reported that despite MASVAW, some parents were resistant to their sons treating women as equals because it is unacceptable in society. According to Edström et al. (2015), some Indian male activists are criticized or even mocked by their parents and relatives and told that they would not receive shared ownership of family property.

The third example of partnerships and cooperation focuses on mental health programs, with our review of 19 programs in Australia, Cambodia, China, Hong Kong, India, Indonesia, Singapore, South Korea, Taiwan, Thailand, and Vietnam. All were related to suicide prevention, with three programs addressing police suicide prevention in particular. Most of them were led by governmental health agencies, except for three programs carried out by police. An example of a police suicide prevention program is the BlueHub project in Australia, in which a centre of excellence for police

mental health treatment and support was established to enhance evidence-based interventions by specifically trained physicians for police and other emergency service workers who suffer from mental illness after critical incidents, such as post-traumatic stress disorder (PTSD) (Roberts, 2021). Another interesting program is a police-led psychological autopsy project for suicide prevention in South Korea. It was established in 2015 in collaboration with the Ministry of Health and Welfare to analyze victim demographics, suicide methods, and main causes of suicide by an investigation tool, K-PAC (Korea Psychological Autopsy Checklist) through police investigation records, and to identify better suicide prevention measures. The project sought to examine factors involved in suicides to help reduce the suicide mortality rate in South Korea (Na et al., 2019). However, there remains a lack of programs led by law enforcement agencies, and more mental health training for police is required to mitigate the effect of crisis situations.

In response to the COVID-19 pandemic, our review of 20 programs from Australia, Bangladesh, China, Hong Kong, India, New Zealand, Pakistan, Singapore, the Philippines, South Korea, Taiwan, Thailand, and Vietnam found that all were government-based responses mostly led by law enforcement agencies. Since the COVID-19 pandemic affected public health across the globe, it was vital that governments take immediate action, including through law enforcement, to combat the health crisis and keep their citizens safe. Law enforcement agencies in each country used various innovative means for pandemic management and control, from community-based responses and media interventions to technology-based responses. In some community-based responses, local police worked closely with public health professionals and people in the community. For example, a home visit program in Thailand demonstrated close coordination between police, public health officials, social workers, and village health volunteers to knock on the doors of all households to give advice on COVID-19 prevention, symptoms, and self-observation and to distribute face masks and alcohol-based gel to people in each local community, while warning them about the legal consequences of breaking the lockdown law or public health orders (Kanchanakit & Taveegate, 2020). Similar community policing approaches were instituted in other countries in the region, such as the Philippines and India. In India, police distributed face masks in Ujjain (Mangla & Kapoor, 2020) and community education on COVID-19 prevention and law enforcement regulations along with support from neighbourhood watch groups in Delhi (Mishra, 2020); police even dressed up as Yamraj, the God of Death, to remind people of the perils of lockdown violation in Uttar Pradesh (Kmaneck, 2020).

In addition to community-based responses, media coverage played a crucial role in COVID-19 news and information dissemination. Social media platforms are especially important for public health and law enforcement agencies to spread awareness and provide reliable and trustworthy information about COVID-19 prevention and vaccinations. All of the countries in the region employed both mainstream media and online social media to broadcast infographics, videos, animations, and various types of digital media about COVID-19 prevention practices and the legal consequences of violations of the law during the pandemic. Interestingly, the New

Zealand police broadcast a creative series of "self-isolation for beginners" videos to encourage people to stay at home. Most importantly, a wide range of innovative technologies were harnessed by law enforcement and public health agencies to fight the COVID-19 pandemic. Most of the countries used mobile tracking technologies to monitor their citizens, especially when lockdown or home quarantine measures are strictly executed. For instance, Delhi police tracked the location of people under quarantine via mobile phones. Similarly, the Singaporean government sent text messages to contact people under quarantine to click on a link to prove they were at home. Thailand also required inbound foreign travellers to download and register with the ThailandPlus application to monitor self-quarantine. Similar mobile applications were also used in many countries, such as China, Hong Kong, Pakistan, South Korea, Taiwan, Vietnam, and so forth, and some are continuing. Interestingly, Taiwan implemented an effective action against COVID-19 that enforces quarantine and self-isolation using a system called "electronic fence" to track individuals' mobile phones and determine their current location. The system would alert police and local authorities if those under home quarantine moved away from their address or turned off their phones for more than 15 minutes (Gupta et al., 2021). Hong Kong also traced its people under quarantine using wristbands (Liu & Bennett, 2020). Another interesting strategy was found in Seoul, South Korea, where mobile phone and financial transaction data were used to trace nightclub visitors and to identify and tackle COVID-19 cluster transmissions (Kim et al., 2020).

Robotics and artificial intelligence (AI)-based technologies were also employed for surveillance and monitoring activities during the pandemic. For example, drone-based systems were used in many cities in India and China to monitor COVID-19 hotspots and gather data for health-care analysis via thermal imaging and wearable sensors (Kumar et al., 2021). Singapore deployed "Robodogs" named SPOT (remote-controlled, four-legged robots) in a central park to warn people. SPOT also broadcast messages reminding visitors of social distancing measures. It was also fitted with cameras and analytics tools to estimate the number of people in the park and predict superspreading hotspots for COVID-19 (Bouffanais & Lim, 2020). Nevertheless, the virus continues to be readily transmitted and its emerging variants are massively increasing. Therefore, coordination between law enforcement and public health agencies should be strengthened with the use of innovative technologies to curb the spread of the COVID-19 pandemic as soon as possible.

RECOMMENDATIONS

According to the findings, it was found that law enforcement could play a better role in the prevention or control of substance misuse, gender-based violence, mental illness, and the COVID-19 pandemic. Our thematic analysis of the reviewed programs derived from the four issues demonstrated that there are two types of responses that law enforcement and public health agencies in the Asia-Pacific region could improve to enhance the efficiency of disease and crime prevention and control, including police responses and alternative approaches.

Firstly, police responses consist of three categories: education and training, increasing public participation, and

leveraging new technologies for use by police and communities. Improvements in police education and training are vital since they can enhance knowledge, attitudes, and the professional judgement of newly recruited police officers so they can be more focused on coordination and cooperation with other institutions, especially public health agencies (Poothakool, 2016). In terms of harm reduction approaches to substance misuse, the police curriculum should shape trainees' attitudes to work with harm reduction interventions according to public health strategies rather than merely supporting criminalization and charging PWUD (Luong et al., 2019). In other words, people who use drugs problematically should be perceived as patients who need treatment, care, and support rather than as criminals who need to be incarcerated. For gender-based violence, a greater focus on policies and structural changes that promote gender equality and localized engagement of police involvement in responses to gender-based violence in different communities is needed. Police training on attitudes, codes of conduct and protocols, and the recruitment of female police officers can also be more systematically implemented and promoted to increase understanding of gender-based issues and develop better skills to deal with these criminal cases more appropriately and professionally (McMullin-Messier & McMullin, 2020). Similarly, training in the areas of crisis intervention and communication and healthcare and safety measures for police could enhance the police's ability to address mental illness and COVID-19 prevention. Such training would also equip them with knowledge and skills about how to work with public health practitioners to cope with people with health issues in the community and prevent them from exacerbating any existing illnesses.

Secondly, more public engagement is required for police responses at all levels. Law enforcement and policing systems across the region need to be more decentralized. The principles of community-based policing should be implemented to develop an understanding of the nature of community and evidence-based responses to public health situations (Punch, 2019). Public engagement requires all sectors, including government and non-governmental agencies and civil society, to work together as a team to address the issues and respond to the needs of people in the community.

Lastly, innovative technologies should be devised and used to enhance the effectiveness of public health-related programs to make them sustainable and promote better quality of life and well-being for the public. For instance, Australia developed and adopted a telemedicine strategy to provide health-care services to drug users for harm reduction during the COVID-19 pandemic (Perri et al., 2021), but police play no role in the program because the data is not to be shared with law enforcement. There are important reasons not to involve law enforcement agencies in aspects of public health responses, such as privacy implications and data being misused and negatively affecting user uptake of, or engagement with, such technologies. However, some cooperation between public health and law enforcement agencies in the development and assessment of technologies can contribute to re-shaping "what success looks like" to law enforcement agencies and provide feedback loops regarding strategies to reduce harm that avoid criminalization in order to maintain public safety and enhance preventive measures for both crime and disease.

LIMITATIONS IN PRACTICE

While research results demonstrate that law enforcement and public health agencies should develop community-oriented approaches to respond to public health issues, there may be certain limitations due to the current situation in the Asia Pacific region. First, it is clear that policing systems in some countries are still significantly dependent on politics, making it less possible to practically decentralize police forces to communities. Second, partnerships between police, public health, and community sectors in some parts of the region are difficult due to the lack of trust in law enforcement. Third, the availability of resources for cooperation may be insufficient, particularly in developing and underdeveloped countries. The institution of diversion programs, for instance, will be difficult where there are inadequate services to divert people from the criminal justice system. Lack of resources, especially on the public health side, makes it difficult to explore technology-based approaches to address the issues. Finally, resources and education for practitioners are currently scant. Therefore, further research is required to explore more effective approaches for each country and develop guidelines for law enforcement and public health practitioners to assist them in health-care promotion and crime prevention in the region.

CONCLUSION

Although it might be impossible to describe the overall majority of law enforcement and public health approaches in the world's largest and most diverse region, Asia-Pacific, this article has presented four public health–related dimensions in which both sectors are playing a role together: harm reduction, gender-based violence, mental health, and the COVID-19 pandemic response. Since most of the reviewed programs are led by non-police agencies, it is essential that police be more active to take the lead on crime and disease prevention as well as improvements in the quality of life. We propose that police focus more on training to adapt their attitude towards the relationship between crime and public health. In addition, the community policing approach should be adopted to improve participation in the community. Meanwhile, modern technologies should be used in law enforcement and public health activities to effectively help solve the problems.

We found that there are some challenges to the implementation of our recommendations with respect to the collaboration between law enforcement and public health at national and local levels. Further research—especially at national and local levels, given the diversity of contexts—is therefore required to specifically tailor the best and most suitable law enforcement and public health collaborative approaches for each country in the region to foster partnerships and achieve the goals of public safety and public health.

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