Knife crime: What might a public health approach mean?

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Public health approach:

Emphasis on collective responsibility for health & major role of the state

Focus on whole populations, not just high risk individuals

Emphasis on prevention, "upstream"

Concern for tackling underlying inequalities

System wide, multidisciplinary approach – including business

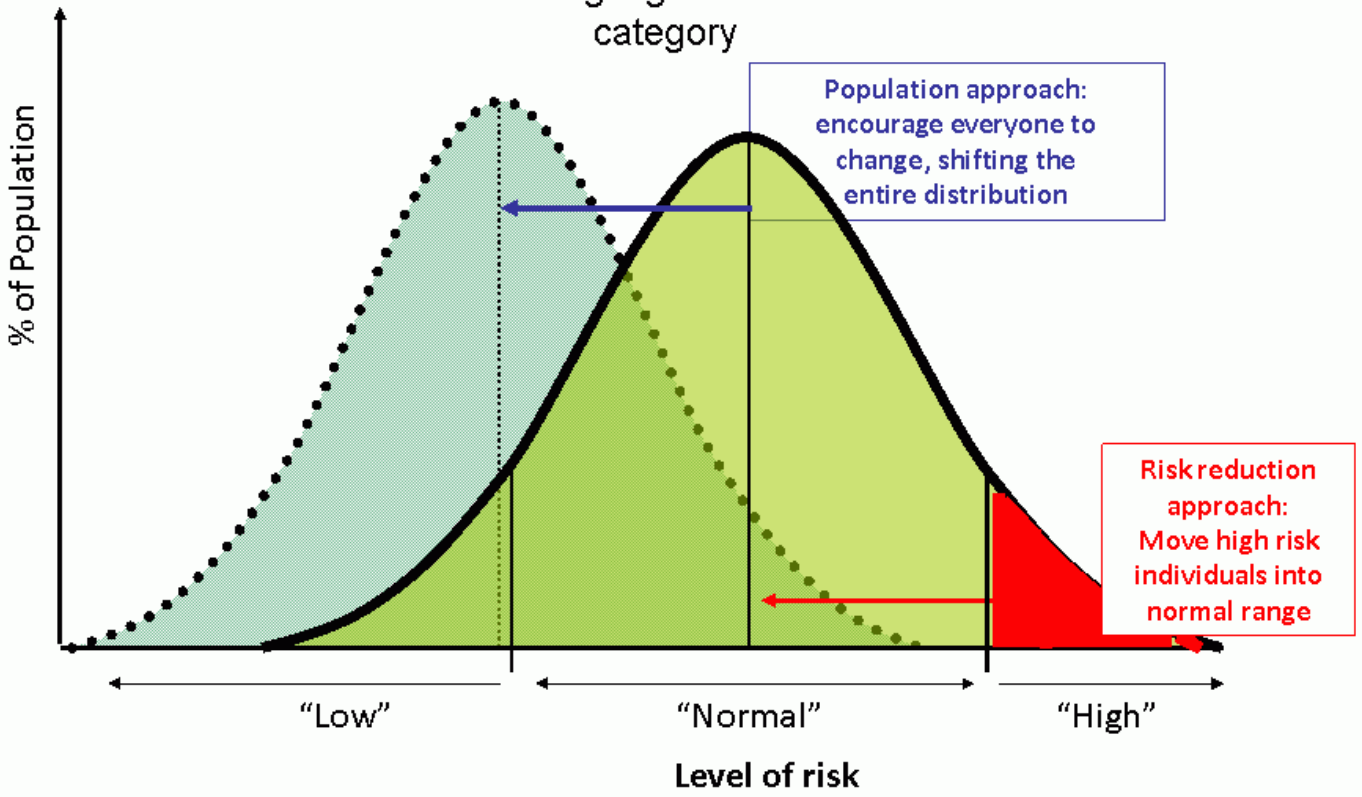
Commissioning looks beyond the service or sector

Partnership with the population served

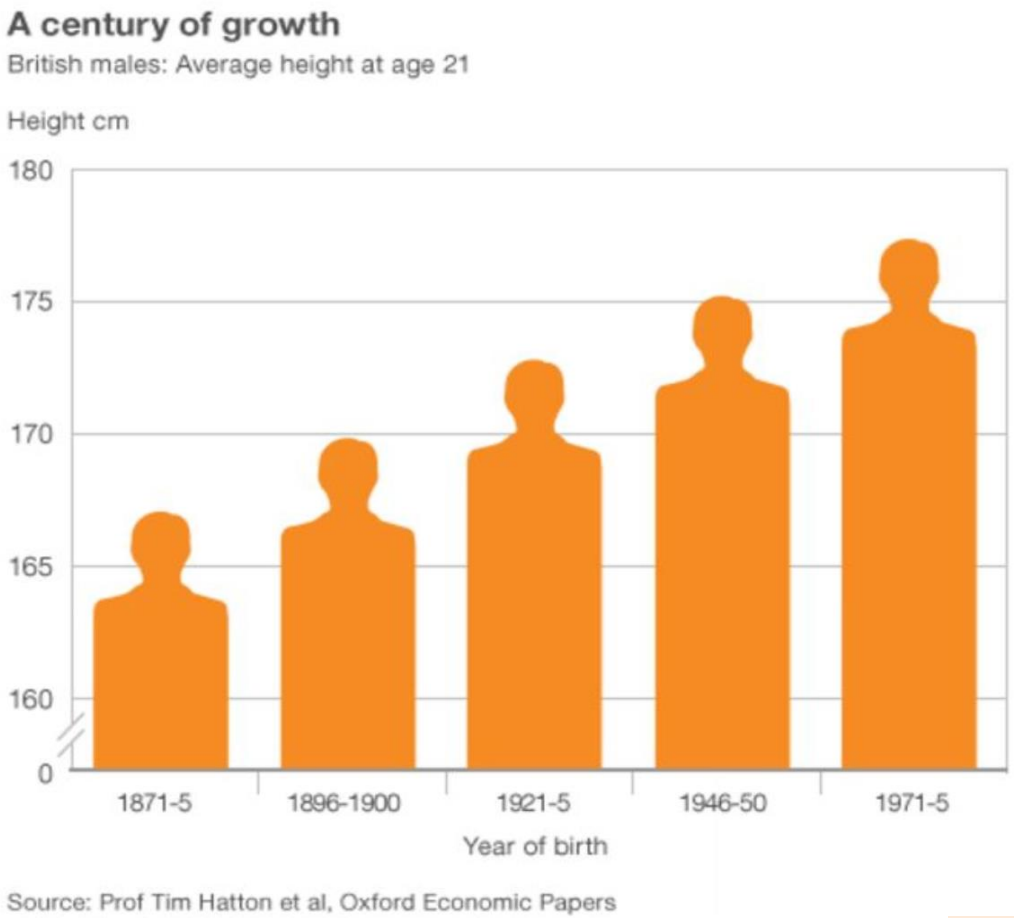
Brave decisions, requiring long-term commitment

The Bell-Curve Shift in Populations

Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category



Source: Rose G. Sick Individuals and sick populations. *Int J Epidemiol.* 1985; 12:32-38.



A picture of a population shift

And yet …..

80%

inheritable…

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Have we clearly articulated the problem we want to solve?

- The amount of knife crime in England and Wales is rising again (use)
- Too many young people carry knives (possession)
- All deaths from knife crime are rising (outcome)
- Knife deaths among those aged 10-24 are rising (outcome -specific age group)
- There's a rise in the number of children *under 18* receiving treatment for knife wounds (outcome - younger age group)
- There's a rise in the number of young people being *affected* by knife crime (broader impact - victims, perpetrators, witnesses)
- As documented in national statistics, self-reported crime, or hospital admissions?

And once we've got the question(s), are we *really* prepared to take a public health approach?

If so, how?

- **Primary prevention (control the causes of incidence, shift the distribution to the left):**
  - Reduce ubiquity/access to weapons (laws, policing, screening)
  - Intervene with alcohol and drug misuse (Talk About Alcohol)
  - Raise awareness (No Knives Better Lives; Police Scotland Youth Volunteers; Medics against Violence)
  - Reduce vulnerability to getting involved, offer purposeful alternatives (sustainable training options; focused youth work)
  - Control/shape (social) media reporting
  - Tackle material deprivation/income inequality affecting youth
  - Reduce trauma, victimisation, felt humiliation among young people
- **Secondary prevention (truncate the distribution):**
  - Intervene with those already involved in risky lifestyles (Catch 22 gang exit programme; focussed deterrence)
  - Reduce school exclusions (IPPR's The Difference)
  - Focus some CAMHS work on hard-to-reach young men
- **Tertiary:**
  - Recovery, rehabilitation (Redthread, Navigator…).

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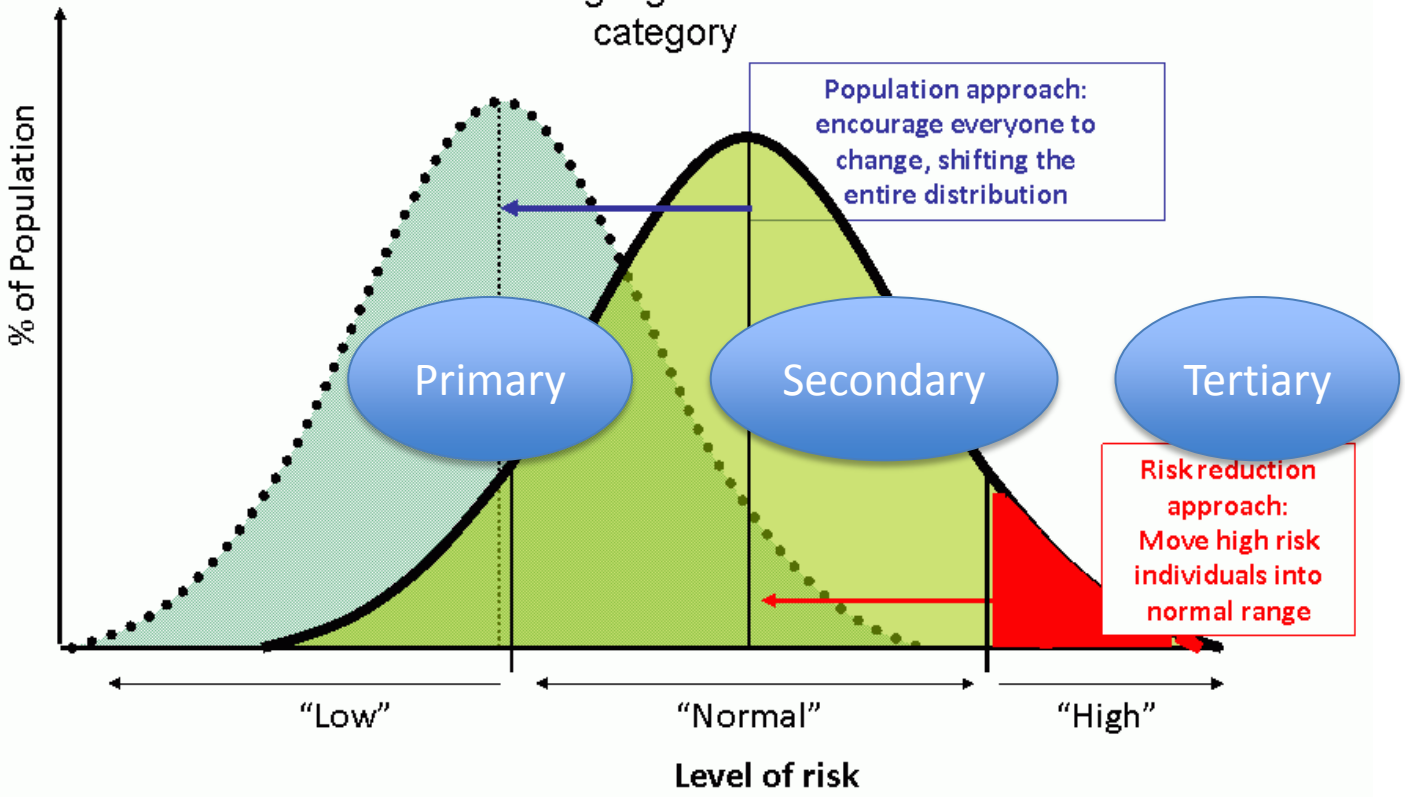

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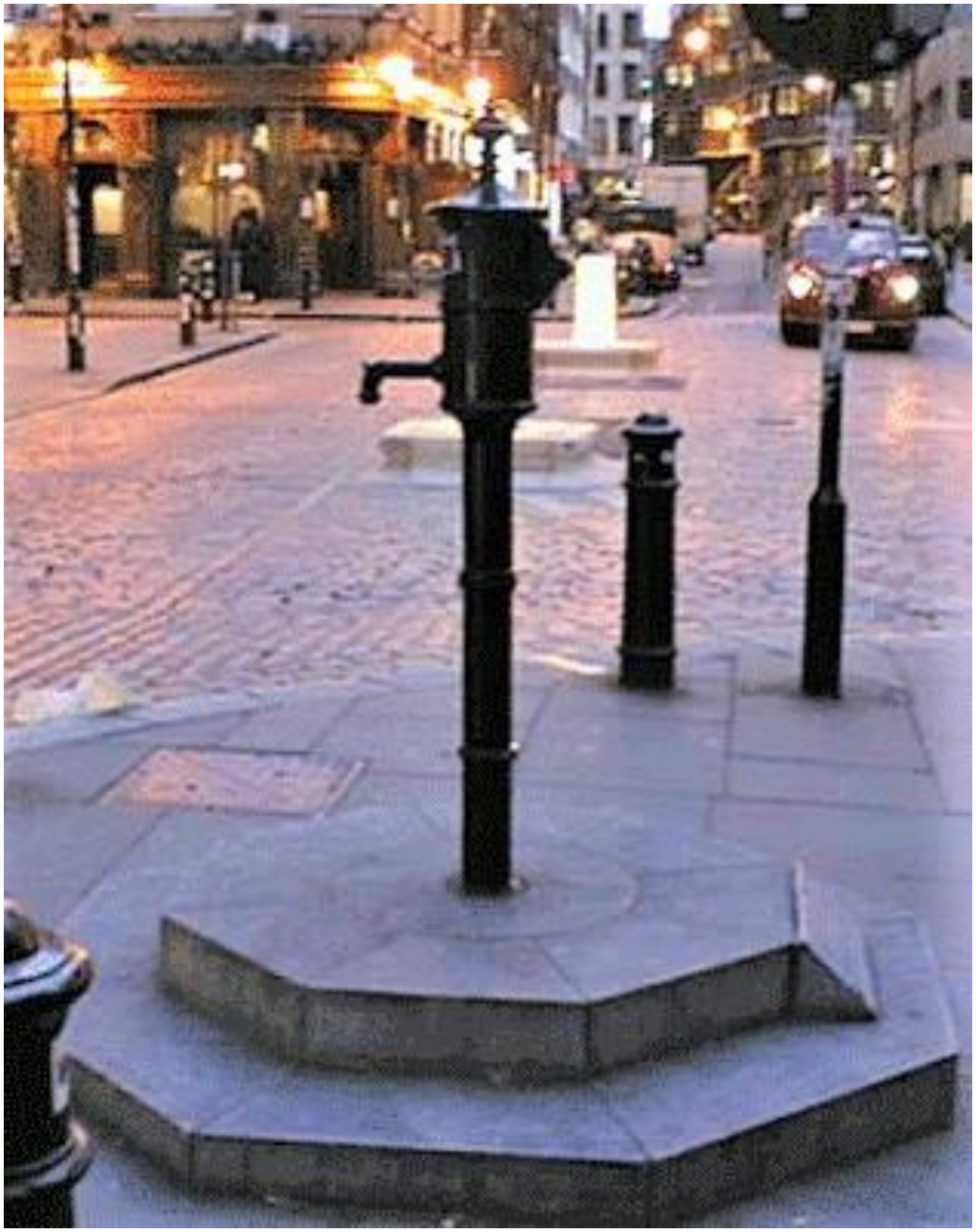
Challenges of public health approach

- It won't work if it is not funded (noting recent cuts)
- Giving too much responsibility for the cure (and failure) to certain practitioner groups, without following this with funding
- Attribution to gangs as an underlying cause, can take over the story
- Can seem deterministic – not just this young person, but this whole area is to blame – potentially vilifies particular communities
- Reinventing the wheel when there's a lot of understanding & good work out there already



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There is no pump

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Thank you!

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