Life & Times

BLM, population health, and policing

We have witnessed several recent anti-racist demonstrations, in the main organised by BLM (Black Lives Matter), a US non-profit organisation with the aims of ending 'statesanctioned violence', 'black liberation', and ending 'white supremacy' forever.

The anti-racist demonstrations arose in the US from the death of George Floyd, an unarmed black man in police custody following a police stop and search. Similar cases, in which unarmed black people have died as part of police stop and searches, in police custody, or as part of police raids, are currently being re-evaluated in response to the protests. This has already resulted in change in police legislation across different states in the US, with bans on no-knock search warrants in Kentucky¹ and state police chokeholds in New York state 2

MY PATIENTS ARE AFFECTED BY THIS

I wondered why people were protesting about race issues in the UK when there seemed to be a much more serious issue in the US. Then I thought about my patients. A lot of patients I look after are black and I wondered about how negative interactions with police could affect their psychological health and wellbeing. There is a lack of police accountability with regard to their stop and searches. The report by StopWatch details the use of this police power and its impact.3 Over the past 10 years police have increasingly used exceptional stop and search powers with an associated weakening of accountability mechanism.

Overall, UK data has shown that black and Asian people are more likely to be stopped and searched by the police; 4 however, not all types of searches are recorded. Specific to where I work, in London (using metropolitan police data), black people are 11 times more likely to be searched under Section 60 searches,3 in which one doesn't require individual reasonable suspicion to search. This is an increase of 424%⁵ from the previous year (preceding April 2018 - March 2019), leading to an arrest in 5% of cases.6 Black people are four times more likely to be searched under

the Police and Criminal Evidence Act 1984 (PACE) Section.⁷ This is an increase in 30% from the previous year, leading to an arrest in 15% of cases.6 Most searches are targeted at drugs (59%) or offensive weapons (21%).8 These searches show questionable efficacy at best and are only partly recorded.

The effect of being stopped and searched by the police can be psychologically traumatic and leave one feeling scared, powerless, and humiliated. The most devastating effect can be on 'children's sense of belonging, on their identity, on how they feel about society, how they feel about the police, and how it stops their chances, or can stop their chances, in education or in employment'.9

I suspect the selected population who have experienced police stop and searches, many of whom are young people, have associated psychological harm and poorer health outcomes, akin to adverse childhood experiences in paediatric populations. Unnecessary police stop and searches can be seen as a population health issue.

WHAT CAN WE DO AS HEALTH PROFESSIONALS?

As GPs we can do our best to prepare and protect our patients from negative psychological effects. One way is to increase awareness of resources by putting up posters in surgeries, which young people can utilise to prepare themselves for encounters with the police. We can also signpost them to useful charities like stop-watch.org. Another way is to find out if young people in our practices have been the recipient of police stop and searches and proactively offer psychological therapies if they have associated psychological trauma.

We should lobby Public Health England (PHE) to record demographic data, indication, and outcome of the stop and account searches. This might not be too far-fetched an idea. In 2019, PHE, the College of Policing, the National Police Chief's Council, and others signed up to the Policing, Health and Social Care Consensus with the view to taking a public health approach to policing. 10 Methods to enable this included an intelligent use of data and evidence base, and seeking to understand and address the 'causes of the causes' as well as 'remembering that police and public health professionals work with and for communities. I hope to see increased population health initiatives brought about by primary care as well as police dialogue, with improved understanding and awareness of social and health inequalities.

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