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# scottish justice matters



## HEALTH AND (IN)JUSTICE

Edited by Andrew Fraser and Maggie Mellon

Featuring: Health Inequalities • Older Prisoners  
Mental Health • Drug Misuse • Neuroscience

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# HEALTH INEQUALITIES AND CRIME: Common Causes and Solutions?



**Gerry McCartney, consultant with NHS Health Scotland and head of the Scottish Public Health Observatory, and Fergus McNeill, professor of criminology and social work, University of Glasgow, discuss the relationship between health inequalities, crime, and desistance with guest editor, Maggie Mellon.**



**M** Gerry, you recently led on a major report on health inequalities in Scotland (Beeston C, 2014). What did that tell us?

**G** Health inequalities are the systematic differences in health outcomes between social groups. In Scotland this means 17 years less life expectancy between the poorest areas in Glasgow compared with the most affluent areas just outside the city. It's not inevitable. Previously the focus of health improvement work was on health behaviour, diet, smoking, etc. These approaches are insufficient. We need to tackle inequality, not the symptoms. So we need to engage beyond the health service, to engage across boundaries.

**Growing up at the sharp end of social inequality may bring a higher likelihood of participating in certain behaviours. But also you are much more likely to be policed for problem behaviour and to be prosecuted**

**M** Do class and economic inequalities figure in this way in discussions on criminal justice?

**F** The same set of inequalities figure in debates about crime and punishment. Growing up at the sharp end of social inequality may bring a higher likelihood of participating in certain behaviours. But also you are much more likely to be policed for problem behaviour and to be prosecuted. I suspect that if we took a map of health inequalities and one showing the density of prisoners in a given local government ward, there would be an almost perfect overlap.

**G** I agree, and so would the pattern of victimhood too.

**M** Policy development in health has moved away from personal life style choice. What can be said about the balance between structural change and personal agency in health, and in desistance?

**F** Theories about desistance, why people stop offending, range from rational choice right through to those that stress more structural problems in unjust and unequal societies. Desistance from crime often occurs when new opportunities arise that have been denied or not available. I would be surprised if there was not a similar debate in health?

**G** To the GP, the individual's choice to smoke or not is important, but from the public health perspective, the people most likely to take up these messages are the most affluent. Structural change, such as smoking bans, alcohol cost, or even bigger change, such as reducing income inequalities is what is more effective. Health inequalities were wide in the 1920s. Then they reduced. With the introduction of the welfare state, unions were relatively stronger, and wages higher. 1976 was a historic low in health inequalities, and simultaneously recorded the highest happiness ratings. Since then the welfare state has been eroded, there is less universalism, more stigma, and we have focused more on individual choice. But inequalities flow largely from political choices.

**F** As a discipline, criminology began with a focus on the individual and the reasons for their criminality. With the advent of more sociological perspectives, broadly structural explanations came into play. With respect to desistance, I have been forced by the evidence to push out from the individual to the structural in seeking to understand the process of change and what supports it. There is a case that far too much attention is paid to the individual choices and not enough on the structural issues. We have neglected the social dimensions.

**M You suggested mapping health inequalities alongside high rates of prosecution or imprisonment. What advice would you give to Community Planning Partnerships about better approaches, better use of resources?**

**F** There is growing interest in 'justice reinvestment'. JR developed in part from a group of offenders in an upstate New York prison who had all been born and raised within the same poor neighbourhood in New York; all now incarcerated, at a cost of a million dollars for just one block. They asked: what if the million dollars had been or could be spent in the block instead of the prison? But while there is a lot of interest in this idea of shifting resources upstream where the investment can be more productive, we have not got far with moving money out of penal institutions. Some argue for moving more money into policing to deter crime; on the other side, more radical criminologists argue for investment in community development rather than in deterrence. I am sure that there are parallels with health spend?

**G** Most of our spend is on treating the problem, on 'failure demand': mopping up afterward basically. Preventive spend is something that John Swinney (the Finance Secretary) has been supporting. But is it just about taking the money from one place and spending it somewhere else? Prevention has to go further. Preventive spend won't tackle income inequality, which is one sure way of remedying the problems.

**F** The way we direct or misdirect the spend can also be part of a pathologising narrative about 'failing' people, that we can 'fix'. But for me, ultimately the issues are often economic; about the extent to which we are prepared to take difficult and politically unpopular decisions about pooling and using resources and regulating markets.

**G** Is there not a fundamental problem about this need for punishment: why punish people with prisons? Surely prisons should only be used for minority of cases for public safety rather than just as a punishment? We spend millions every year on locking people up in prison, but it does not reduce offending.

**F** I would not use prison as routine measure. It stores up problems, but I think society does need to redress wrongs and there is a case for accountability. We can't let wrongs go: we can't ignore harm and suffering. I would prefer responses based on restitution, conflict resolution, peacemaking and reconciliation. But I accept there is a place for prisons for a small number of people who need to be contained.

**M What connections can be made between support for desistance from crime and support for health living?**

**G** A change in health behaviours has taken place across classes. The gap in behaviours has narrowed, but mortality has not. Tackling social determinants of crime and of poor health is essential. Crime and punishments are symptoms of inequalities just as are health inequalities.

**F** Hope is powerful. In Barlinnie recently, I was struck by comments about poverty of opportunity, hopelessness and meaningless. Sometimes desistance from crime can mean a kind of self-incarceration, for people with broken family ties,

no jobs, not connected to any good thing. So desistance itself can't be the goal; there has to be more.

**M What can be said about assets and coproduction approaches. Are they a welcome move away from the big state?**

**G** If you say people should build on their own assets and solve their own problems, where does that take us? Who has the most assets? The most affluent, those with the money, the social networks, who will get that job, that opportunity. If we rely on that route predominantly, we could exacerbate inequalities.

**F** I agree that the state's rejection of its responsibilities can be oppressive. But if you flip that on its head, would we want to have a state with the power to force the community to accept someone? Solidarity and citizenship need to be nurtured not imposed. I am for the big state in the sense of market regulation, and taxation, but I don't think we can look to the state to dictate solutions.

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**M If the state is to be seen as a facilitator of change at a macro level, what do you say about the case for a citizen's income now being discussed in mainstream policy discussions?**

**F** In some desistance theories, the question of generativity (making a positive contribution) or stagnation is important. For many of us generativity comes from family, work, civic participation; these are all important. The Arts was a recent feature for Scottish Justice Matters. At the same recent event in Barlinnie I was struck by the dignity that people get from creating things, from making art, and by the individual and collective benefits there are. So what does that mean on the question of minimum income? The connection between work and income has always been a tenuous one for me. I'm not sure we need to think of wages as the only or even the main incentive for production.

**G** A minimum income would allow people to care for family members, to volunteer, to engage in life long learning. It would just be part of the wage for those with jobs. But the most interesting jobs get paid the most. These great political, economic and social issues underlie the choices we will make in the next few years to tackle inequalities, whether it affects health or crime. It is incumbent on all of us to participate in that debate.

**F** I'll vote for that!

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Beeston C, et al (2014) *Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities* NHS Health Scotland <http://www.healthscotland.com/uploads/documents/23047-1.%20HealthInequalitiesPolicyReview.pdf>

*Scottish Public Health Observatory* <http://www.scotpho.org.uk/>

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The full discussion can be heard on <https://soundcloud.com/sjmjournal>