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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

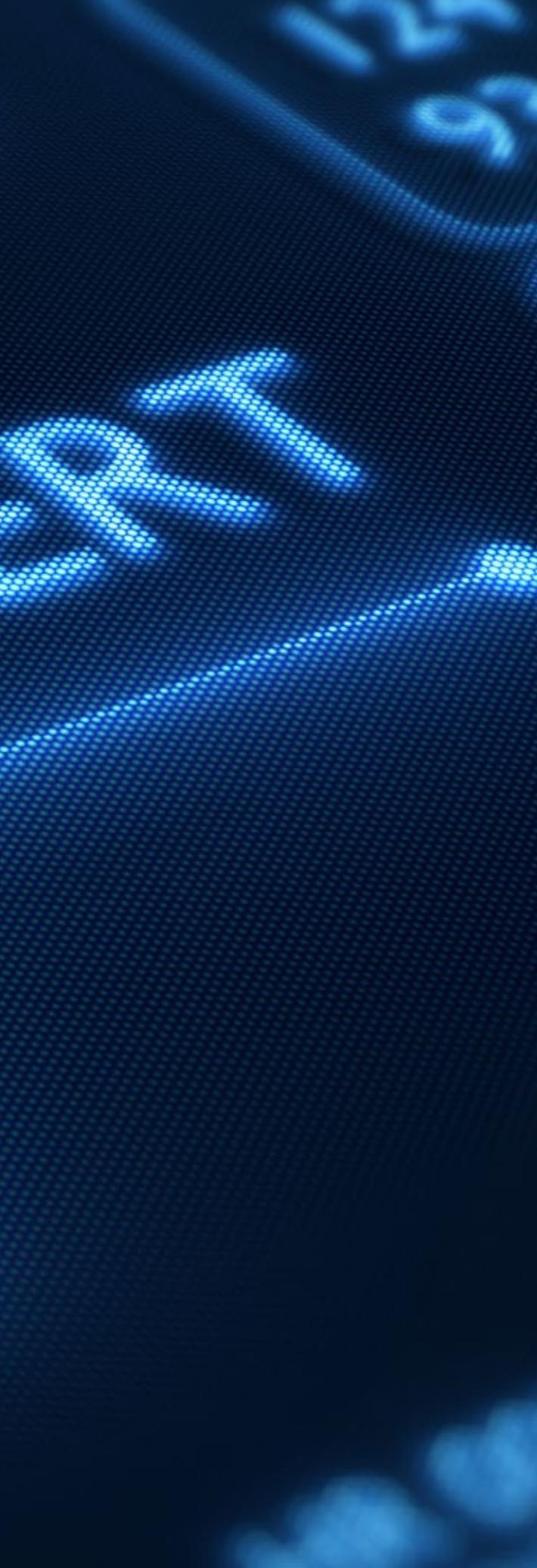
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HEALTH & (IN)JUSTICE

THE SPIRIT LEVEL (Wilkinson. R, and Pickett. K, 2009) argued that the less equal a society, the more pernicious are the outcomes. The authors claim that outcomes for each of eleven health and social problems (including physical and mental health, drug abuse, education, imprisonment, obesity, social mobility, trust, and community, violence, teenage pregnancy and child wellbeing) are significantly worse in more unequal rich countries. The recent report *Wealth and Assets in Scotland 2006-2010*, shows how that plays out in Scotland, where 30% of children live in households that possess only 2% of national wealth. The wealthiest 30% of households have 76% of the national wealth and the wealthiest 10 % have 900 times the wealth of the least wealthy (Scottish Government, 2014). Thomas Piketty, in his recent book, argues that 250 years of social and economic progress, where the wealthy accumulate capital faster than economies grow, threatens the democratic order (Piketty, 2014).

Greater inequality increases the need for big government: for more police, more prisons, more health and social services of every kind

Greater inequality increases the need for big government: for more police, more prisons, more health and social services of every kind. These are expensive and only partially effective in mitigating the impact of structural inequalities. There is increasing evidence to support the case for tackling structural inequality in order to really tackle Scotland's poor health and high mortality, and our high rates of imprisonment, drug deaths, domestic and other violence and victimisation.

Simplistic messages, adopted during the Thatcher years, urged victims of this inequality to just say 'No' to drugs, smoking, junk food, crime and violence, and 'Yes' to hard work, exercise, healthy eating, self-improvement, still exert a strong influence on policy, and reflect the distance travelled from the philosophy of collective responsibility that underpinned the post-war welfare state.

However there is in Scotland today a growing recognition that, whatever the outcome of the referendum, tackling inequality has to be a top priority.

The articles commissioned for this issue are concerned with both the structural issues underlying crime and ill health in Scotland, but also with the health care needs of those who come into contact with the justice system, and particularly those in the prison population, which has been growing alongside inequality.

Areas with high incidence of crime also suffer from poor health and higher mortality. Imprisonment further multiplies the risk of death from all causes but particularly those associated with alcohol, drugs, violence and self-harm. Lesley Graham and Andrew Fraser consider the evidence on the state of health of people in prison and in police custody: new research exposes high mortality rates on release from prison especially following short sentences.

We brought together Gerry McCartney, an expert on health inequalities in NHS Health Scotland, and Fergus McNeill of Glasgow University, an expert on crime and desistance from crime, to discuss the evidence of overlap between health and justice inequality, and the limits of individual choice in tackling Scotland's poor health and crime. This discussion demonstrates the benefits of sharing research evidence and insights across current silos of work and policy, and the potential of preventive spend in one area to benefit another. The original recording can be heard on <https://soundcloud.com/sjmjournal>.

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Paul Hayton and colleagues look at international standards and conventions for the wellbeing of detainees, and the new challenge set out by the World Health Organisation for Health Ministries to take on responsibility for prisoners' health; work that influenced the transfer of health care in Scottish prisons from the SPS to local Health Board management. The population of older and frail prisoners is increasing steadily due to continued high rates of imprisonment, coupled with longer sentences. Options for the future of care for those who struggle with physical ailments within the prison estate are explored by Sarah Coupar, reporting on studies within the Scottish prison system.

Drug use and abuse is a major social and health problem and crime problem. Prohibition has not prevented crime or harm and the harms of illegal drug use are mostly experienced by the poorest communities. Mike McCarron, former chair of Apex Scotland, and board member of Transform Drug Policy Scotland, makes the case for decriminalisation and with it an integrated, evidence based understanding of alcohol, tobacco and other drugs and their comparative benefits and risks, to inform individual choices and government policy that could provide the basis for a new integrated framework of law for all psychoactive substances.

Former police officer, Bridget Mackinnon, uses evidence from her research to argue that mental health first aid should be an essential part of the training for police who are daily faced with the challenge of detaining and caring for people in acute mental distress.

The development of neuroscience, although its application outwith the clinical sphere is still in its infancy, has opened many previous assumptions about behaviour and choice to question: Elizabeth Shaw looks at the implications for justice.

As a former prison governor, Dan Gunn argues passionately for health inequalities to be taken seriously as an aspect of justice policy.

Finally, the need to integrate understanding and responses to trauma, inequalities, and addictions themes are also stressed in the interview with addictions consultant, Oliver Aldridge.

Health and justice systems rely on social inclusion and support to prevent crime and disease. They struggle to afford the escalating burden of dealing with the consequences of inequality and lost opportunity for all but the most fortunate. In Scotland, the gradient of inequality is as steep as any wealthy western society; the spirit level is furthest from achieving a state of greatest fairness in health, and efficient justice. Justice decision-makers and social policy-makers cannot be indifferent to the effects of their actions on health. Carrying on in the direction we have been heading will mean continuing to deal with consequences of inequality and engaging predominantly in downstream activity. Rebalancing the distribution of wealth and power would benefit justice and health, reducing reliably the risk and fear of crime and disease and worse.

Picketty, T. (2014) *Capital in the Twenty-First Century*. Cambridge, MA: Belknap Press

Scottish Government (2014) *Wealth and Assets in Scotland 2006-2010* <http://bit.ly/1jFgVC>

Wilkinson, R. and Pickett, K. (2009) *The Spirit Level: Why More Equal Societies Almost Always Do Better*. Penguin. London.

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