

EDITORIALS

Riots on the streets

A public health perspective could help, if politicians would listen

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Last week the United Kingdom experienced rioting on a scale not seen for more than a century. For a time, the police ceded control of the streets of London and other major cities, with shops being pillaged and fires burning out of control.

In the aftermath, politicians have competed for airtime to set forth their views about the nature of the underlying problem and how society should respond. Virtually all agree that many of the answers lie within the criminal justice system, with questions about whether the initial police response was adequate and whether the punishments of those convicted fit their crimes. Others, in comments laced with clarifications that they are not excusing those involved (lest they be characterised by the tabloid press as soft on crime) tentatively suggest that some answers may lie in social policy, and ask whether government policies may be creating a disenfranchised underclass.

There is, however, another perspective that has so far been neglected but may have something to offer. The riots and their aftermath are undoubtedly a concern for public health. Five lives were lost as a direct consequence of the violence, and more people have been injured. Yet more people will be mentally scarred by their experiences, such as leaping from burning buildings or struggling to recover the businesses they have spent years to build up. Successive governments have stressed the importance of tackling the wider determinants of health.^{1 2} Crime and its causes should not be an exception.³

But what can a public health perspective offer? As with any factor that influences health, it can use techniques to understand the “causes of the causes.” In this respect, understanding rioting as a contributor to ill health is no different, methodologically, from understanding other threats to health. Indeed, mathematical models of epidemics have been shown to explain the characteristics of riots.⁴

As with an epidemic, it is not enough simply to ask why a riot happens. We need to know why it has happened now, in some places and not in others, and involving some people and not others. A starting point would be an ecological analysis. What are the differences between those areas that were affected and those that were not? Some, such as Brixton, Toxteth, and

Tottenham, had also experienced rioting in the 1980s, but for others it was a new phenomenon. Clearly deprivation is a factor, but what elements are most important and what factors are protective? American research undertaken in the 1970s was largely inconclusive, but data and analytical methods have advanced considerably since then.⁵

A second step is to conduct a case-control study in which the characteristics of those involved in rioting are compared with those who were not. This is no more challenging than similar studies that have examined—for example, drug use and sexual behaviour,^{6 7} and such studies have already been carried out in connection with prison riots.⁸ Of course, care is needed when identifying cases—there may be a high proportion of opportunistic offenders among those convicted because ringleaders have long experience of concealing their identity from closed circuit television cameras. People who posted pictures of themselves on Facebook surrounded by their takings are unlikely to have had long criminal careers. Such studies would take us well beyond our current understanding, which is based on selective headline grabbing anecdotes.

Public health also develops evidence based responses. Many of the responses proposed by politicians fail at the first hurdle because they are implausible, such as the calls for water cannon and plastic bullets despite explanations from senior police officers that they are inappropriate against small groups engaged in highly mobile smash and grab operations and that they may even exacerbate the situation.

A first step is therefore to identify plausible interventions, based on theory. Here, the analogy with epidemics offers valuable insights, such as rapid action to block the spread of violence.⁹ A second step is to find any existing evaluative research, especially systematic reviews. The Campbell Collaboration offers considerable potential, with many relevant reviews in progress.¹⁰ Despite this, criminal justice has a long way to go to accept the need for an evidence base. Take sentencing; although it is widely accepted that the existing system is not working, with prisons widely viewed as “an expensive way to make bad people worse,”¹¹ we are handicapped by the paucity

of good evidence about what works and what does not help prevent offending in the first place or prevent it recurring.¹² Given this uncertainty, illustrated by the widely varying sentences already being given for similar offences, it is not only justified to undertake randomised controlled trials of sentencing but an ethical obligation.

Widespread civil disorder has important implications for health. Public health professionals cannot ignore it and may even have something to contribute to tackling it, if only politicians will listen.

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