

## **Removing Police from Health Care: Submission Letter to the Special Committee on Reforming the Police Act**

We are writing as a group of healthcare workers across British Columbia in response to the Special Committee on Reforming the Police Act. The committee was formed in July 2020 to examine, inquire into, and make recommendations on policing reform in domains including mental health, addictions and harm reduction, the scope of systemic racism within policing institutions, rights of Indigenous peoples with respect to the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and mechanisms of accountability and transparency. For more information, please see the Legislative Assembly's Terms of Reference<sup>1</sup>.

Our group includes healthcare and care-based providers that believe that police cause harm and that inviting police into care-based encounters is profoundly problematic for both those accessing and providing care services.

### **As healthcare workers, we recommend the following changes to move away from embedded policing in health care in BC:**

1. Prioritize the expansion of community-led health and safety initiatives over future collaboration with police forces throughout BC, including municipal police and the RCMP. This includes the expansion and autonomy of mental health programming led by peers and by staff competent in managing mental health crises, such as peer led crisis intervention teams, and community-based crisis beds (non-institutional).
2. Decriminalize all substances and provide immediate access to appropriate support services: peer-led safe space for folks to detox, access to safe supply, and community-based pharmacies<sup>2</sup>.
3. Provide immediate access to stable, long-term, barrier free, supported, dynamic, affordable housing to shelter every houseless person.
4. Provide funding, support, and autonomy for Indigenous-led programming and support services for culturally safe care, wellness services, and healing centres such as the healing lodge at CRAB Park.

<sup>1</sup> For more information on the Terms of Reference, see <https://www.leg.bc.ca/parliamentary/business/committees/42ndparliament-1stsession-rpa/termsreference>

<sup>2</sup> From Act Now! Decriminalizing Drugs in Vancouver: Technical Report and Recommendations by PIVOT Legal Society, 2020  
(<https://d3n8a8pro7vhmx.cloudfront.net/pivotlegal/pages/3494/attachments/original/1600280708/Decriminaliza>)

[tion\\_Report\\_Final.pdf?1600280708](#)). In the public domain.

5. Create a working group of peers and survivors of certification and incarceration under the Mental Health Act to inform and direct review, revision, and transformation of the Mental Health Act in BC.

6. Support the implementation of the demands of the Defund 604 Network including decriminalizing illegal drugs, providing access to safe supply, decriminalizing poverty, and investing in care, not cops<sup>3</sup>.

7. End all partnerships between all forms of policing and healthcare teams including Assertive Community Treatment Teams<sup>4</sup>, Assertive Outreach Teams, Vancouver Police Department Car 87/88, Surrey RCMP Car 67 and all other police and care provider partnership programs including health authorities and community health centres<sup>5</sup>.

## **Police and Healthcare: A Dangerous and Uninformed Partnership**

There is no data or evidence that supports the partnership of carceral institutions (police) with health systems as interventions that provide and promote holistic and safe care environments<sup>6</sup>. The creation of these partnerships derives from harmful and life-threatening stereotypes that mischaracterize people with mental health challenges and people who use substances as dangerous, when in reality they are far more likely to experience violence than those living without these realities. There is no data that supports any benefits of partnering healthcare workers with police to improve safety for patients, staff, or communities. Moreover, these programs were created without the input of those most marginalized and vulnerable to systems of oppression and without any attention to important care principles such as dignity and autonomy, harm reduction, trauma-informed care, and violence-informed care.

A study from the CBC<sup>7</sup> on fatal encounters with police across Canada found that people with mental health challenges and people who use substances are far more likely to die at the hands

<sup>3</sup> From Defund 604 Network Demands, by Defund 604 Network, 2021

([https://docs.google.com/document/d/e/2PACX-1vR7OVJc6-Lo8AfkKor7gNfVOU5zW\\_LyKnKYzSdoxJcTRu4i33pPR2vzChep\\_PVVIdST1osbDemPLOHi/pub](https://docs.google.com/document/d/e/2PACX-1vR7OVJc6-Lo8AfkKor7gNfVOU5zW_LyKnKYzSdoxJcTRu4i33pPR2vzChep_PVVIdST1osbDemPLOHi/pub)) In the public domain.

<sup>4</sup> For an extensive review of police-embedded ACT teams, see “Embedded Police Officers in Assertive Community Treatment: Impacts on Service Delivery and Health Related Outcomes,” by W. Norris, 2020 (<http://summit.sfu.ca/item/20589>).

<sup>5</sup> Police and care provider partnership programs have been presented to the Special Committee by representatives of Island Health Authority, Fraser Health Authority and Interior Health Authority on March 29, 2021 <https://www.leg.bc.ca/documents-data/committees-transcripts/20210407am-PoliceActReform-Victoria-Blues>; and Vancouver Coastal Health on March 19, 2021 <https://www.leg.bc.ca/documents-data/committees-transcripts/20210319am-PoliceActReform-Victoria-Blues>

<sup>6</sup> From Dangerous Discourses: Masculinity, Coercion and Psychiatry by C. Van Veen, M. Ibrahim, & Morrow, 2018 ([https://link.springer.com/chapter/10.1007/978-3-319-89749-3\\_11](https://link.springer.com/chapter/10.1007/978-3-319-89749-3_11)).

<sup>7</sup>From Most Canadians Killed in Police Encounters since 2000 had Mental Health or Substance Abuse Issues, by CBC News, 2018 (<https://www.cbc.ca/news/investigates/most-canadians-killed-in-police-encounters-since-2000-had-mental-health-or-substance-abuse-issues-1.4602916>). In the public domain.

of police<sup>8</sup>. The same study found that even with poor data collection on race, Indigenous people and Black people were over-represented in those killed by the police. Even this limited data should propel us towards an overhaul of the way care systems work with, integrate, and mobilize police and policing. Care that involves police and policing places patients and clients at risk of harm and death.

In January 2021, the Nurses and Nurse Practitioners of British Columbia (NNPBC) issued their position statement, “Involuntary and Coercive Psychiatric Treatment: A Nursing Response to British Columbia’s Mental Health Act”<sup>9</sup>. In this statement, NNPBC, the professional body representing all nursing professions in British Columbia asserts that BC’s Mental Health Act should promote the values and human rights guaranteed by the Canadian Charter and international human rights instruments. Embedding police in the Mental Health Act specifically impacts communities that continue to be disproportionately harmed and targeted by police violence, including Black and Indigenous people, people of colour, youth, people with disabilities as well people who live in poverty and use substances.

There are no accountability mechanisms in place for police and healthcare partnership programs; the existing systems of the Office of the Police Complaints Commission, the RCMP Civilian Review and Complaints Commission, and Patient Care Quality programs have failed to address the fundamental flaws of programs created and maintained without any support in evidence-based practice.

In addition to the detrimental role of police in healthcare for clients, we also know from our lived experiences that it can increase danger to health care staff. As healthcare workers from a variety of disciplines and working in various acute care, supported housing, mental health, and community/primary care settings, we know that police presence does not create “safety” in the workplace. Rather, police presence negates our ability to build trust, affirm patient autonomy and dignity, and often escalates conflict. When onsite, police are not required to follow the direction of health care staff, even when called to the scene for health care-based concerns. We believe that more skilled clinicians and the presence of peers will result in improved safety for workers, not the presence of lethally armed police officers.

We do not support any expansion of the Police Act that broadens the scope of police to respond to people with mental health challenges or people who use drugs. Instead, we demand the reallocation of funds to community-based support services in order to ensure appropriate clinical interventions are implemented to address the care needs of those experiencing a health crisis, whether related to their mental health or substance use.

<sup>8</sup> From Deadly Force by CBC News, 2020 (<https://newsinteractives.cbc.ca/fatalpoliceencounters/>). In the public domain.

<sup>9</sup> From “Involuntary and Coercive Psychiatric Treatment: A Nursing Response to British Columbia’s Mental Health Act,” by Nurses and Nurse Practitioners of British Columbia, 2021 (<https://nnpbc.com/pdfs/policy-and-advocacy/position-statements/PS-Involuntary-&-Coercive-Psychiatric-Treatment.pdf>). In the public domain.

**Signed, Care Not Cops 604**