

Our Community *in* Need

THE VPD'S COMMUNITY-FOCUSED
SAFETY STRATEGIES

NOVEMBER, 2020



VANCOUVER POLICE DEPARTMENT

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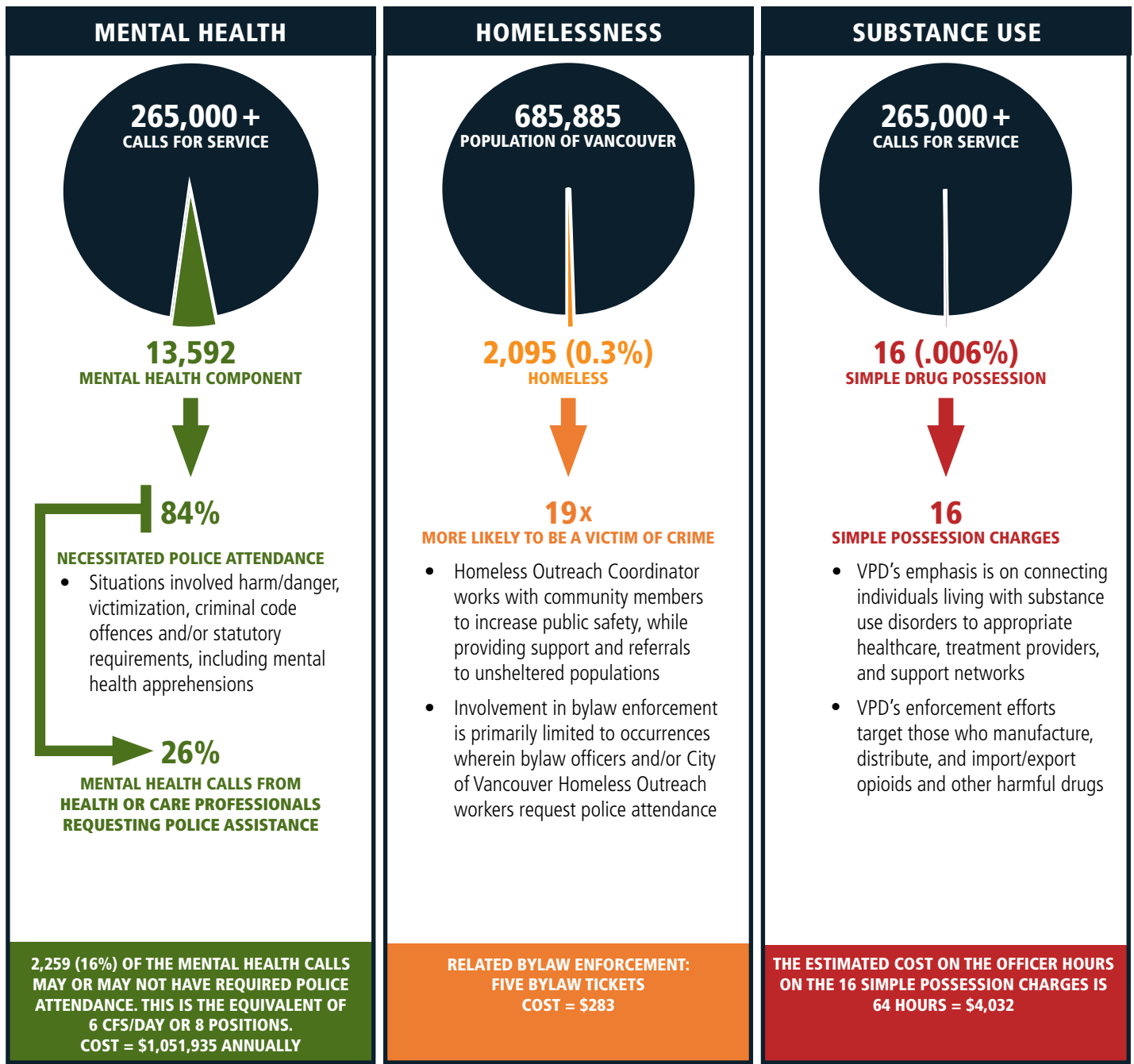
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In response to Vancouver City Council’s Motion – *Decriminalizing Poverty and Supporting Community-led Safety Initiatives*, the Vancouver Police Department (VPD) acknowledges that social issues, including mental health, homelessness, substance use and sex work, intersect with public safety issues. The VPD takes efforts to ensure inappropriate, ineffective, and unnecessary criminalization does not occur, but rather focuses on community-based, harm reduction strategies in collaboration with community service providers.



SEX WORK

- SEX INDUSTRY LIAISON OFFICER IS THE ONLY DEDICATED OFFICER WORKING DIRECTLY WITH SEX WORKERS AND PROVIDES SUPPORT, KNOWLEDGE, AND RESOURCES, WITH FURTHER ASSISTANCE TO THOSE WHO WISH TO EXIT THE SEX WORK INDUSTRY

THE VPD HAS NOT ARRESTED OR CHARGED A SEX WORKER FOR THE ACT OF PROSTITUTION SINCE SEPTEMBER 2008
 THERE IS NO COST ASSOCIATED WITH POLICING SEX WORKERS IN VANCOUVER

EXECUTIVE SUMMARY

THE VANCOUVER POLICE DEPARTMENT (VPD) is recognized as leader in Canada and North America for its progressive approach to social issues, including mental health, homelessness, addictions, policing philosophy towards sex work, and engaging marginalized communities. The VPD remains receptive to new approaches to these multi-faceted issues and regularly examines its own service delivery, as well as those of other police agencies, throughout the world, to continually improve public safety.

The VPD recognizes that crime prevention cannot occur without successful partnerships with community groups and other government organizations. By working together we can alleviate the stigmas and societal impacts surrounding untreated mental health conditions, lack of stable and affordable housing, inability to access appropriate addictions treatment and safety concerns for marginalized sex workers. In this manner, the VPD strives to be a leader in policing, through collaboration in social programming, inter-agency information sharing, advocacy, and outreach work, as well as community-informed strategies to address these social issues.

SNAPSHOT: SUMMARY OF SECTIONS



Mental Health

For many years, the VPD has been highlighting the issue to all levels of government about the increasing mental health crisis in Vancouver. This has been supported by committing resources and forging partnerships with mental health services. The VPD has developed integrated treatment plans and collaboration, aimed at reducing harm to clients and the community, as well as reducing involvement with the criminal justice system and emergency health services.

Key Highlights:

- In 2019, there were over 265,000 calls for service (CFS) for the VPD. Of these, 13,592 were occurrence reports that indicated mental health was a contributing factor in the incident. Furthermore, of these 13,592 incidents:
 - o 84% required police attendance, as situations involved harm/danger, victimization, criminal code offences and/or statutory requirements, including mental health apprehensions;
 - o Approximately 26% were calls for police assistance, made from health or care professionals;
 - o Approximately 12% of these involved weapons;
- 2,259 may or may not have required police attendance, which is the equivalent of 6 CFS/day (VPD officers attend, on average, 727 CFS a day). These 2,259 CFS resulted in officers dedicating approximately 11,800 hours, and this equates to 8 officer positions (the cost of which is, \$1,051,935). Of note, there is no current program/community resource in existence that could have attended in lieu of police;
- VPD's Car 87 is both a proactive and reactive program that provides immediate referrals to community-based and/or emergency mental health services as deemed necessary. Car 87 was initiated in 1978 and is staffed by a mental health nurse and a plainclothes police officer. The primary objective of the program is to reduce unnecessary admissions to hospitals, while connecting individuals in crisis or who may be decompensating to appropriate mental health services and supports through community referrals;
- Formed in 2014, the proactive Assertive Community Treatment (ACT) program provides long-term tertiary level care to clients in the community. Each multi-disciplinary ACT team is comprised of approximately 10 healthcare professionals including but not limited to social workers, nurses, and psychiatrists to provide wraparound care to clients and improve

EXECUTIVE SUMMARY

their quality of life (serving 350 clients in community). Police officers in plainclothes play an active role on the ACT team;

- The Assertive Outreach Team (AOT) partners a plainclothes police officer with a team of healthcare professionals including psychiatric nurses, clinical supervisors, and psychiatrists. This program works with high-risk clients and has an average caseload of 40 (most serious) clients, operating seven days a week; and
- Through proactive policing and diversion to the healthcare system when possible, the VPD has had notable success in implementing data-driven, research-based programming.

Homelessness

The VPD takes a compassionate approach to homelessness in Vancouver, recognizing that homelessness is a social condition reflective of society's failure to adequately support those most vulnerable and marginalized.

Key Highlights:

- The VPD works collaboratively with stakeholders to provide support and referrals to vulnerable unsheltered populations;
- The VPD's Homeless Outreach Coordinator works closely with members of the community to increase public safety and prevent crime;
- The VPD recognizes that individuals may rely upon vehicles for shelter due to lack of access to housing, and as such, VPD officers avoid issuing tickets to individuals using vehicles for the purposes of shelter;
- VPD involvement in parking enforcement and other similar bylaw complaints are limited only to occurrences wherein bylaw officers and/or City of Vancouver (CoV) Homeless Outreach workers request police attendance to keep the peace and/or situation where other public safety considerations exist;

- o In 2019, there were five bylaws issued to individuals experiencing homelessness (specifically pertaining to street vending [one ticket] or erecting structures that are not allowed on the street [four tickets]). In comparison, in examining the same bylaw infractions in 2019, 2,230 municipal bylaw enforcement tickets were issued to individuals not experiencing homelessness. This difference demonstrates the comparably concerted measures taken by VPD officers to prevent unnecessary penalization and criminalization of the homeless population;
- o The cost of police time involved in issuing the five tickets described above is \$283.00;

- The VPD works to prevent victimization of individuals who are homeless recognizing they are at higher risk;
 - o Vancouver homeless population made up just 0.3% of the population in 2020 yet their victimization rate for violent offences accounted for almost 6% of all violent crimes in the city (approximately 19 times more likely to be a victim of violent crime); and
- It is important to recognize that CFS to the VPD are often precipitated by the public or community/health service providers who assist the homeless and who the VPD to keep the peace and maintain public safety.

EXECUTIVE SUMMARY

Substance Use Issues

The VPD recognizes that substance use disorders may cause immense harm to individuals, with implications to both personal and public safety. The VPD has adopted a progressive position on substance use issues, with the goal of enhancing individual and community safety, preventing harm, and protecting the vulnerable to build healthy and safe communities.

Key Highlights:

- The VPD advocates for evidence-based medical treatment, harm reduction, safe-supply and decriminalization of small quantities of personal-use street drugs;
- Ensuring safety for all individuals in Vancouver neighborhoods, the VPD encourages drug users to utilize supervised consumption sites, overdose prevention sites, and peer witnessing rooms/ facilities, instead of vulnerable community spaces such as schools, playgrounds, and parks;
- The VPD connects individuals in the community and in police custody, who are living with substance use disorders, to appropriate healthcare, treatment providers, and support networks;
- Given the severity of the present opioid crisis, the VPD's drug enforcement strategy targets those who manufacture, distribute, import or export opioids and other harmful drugs, which have caused countless tragic overdose deaths;
- The VPD was the first police department in Canada to train and deploy every frontline officer with Naloxone, to address the opioid crisis. Since first deploying naloxone, VPD officers have saved over 100 lives; and
- In 2019, the VPD handled over 265,000 CFS, only 16 of those resulted in a charge for simple drug possession. The time officers spent for those 16 simple possession charges was 64 hours, which equates to \$4,032.

Sex Work

The VPD's philosophy regarding the enforcement of sex work-related laws is, first and foremost, to ensure the safety and well-being of those engaged in the provision of sexual services for compensation. The [VPD's Sex Work Enforcement Guidelines](#) were developed in 2013, and the *Red Women Rising* report concluded "All police forces should implement Sex Work Enforcement Guidelines similar to those in Vancouver that support the safety of sex workers in police interactions."

Key Highlights:

- A trauma-informed, evidence-based, and unbiased approach to policing guides VPD investigations and interactions with sex workers;
- The VPD's enforcement priorities are guided by the duty to protect those who are marginalized and vulnerable, to prevent and investigate violence and exploitation, and to apprehend those who exploit and perpetrate violence;
- The VPD has not arrested or charged a sex worker for a sex-trade related offence since September 2008. As a result, there is no cost associated with the enforcement of sex work; and
- The VPD Sex Industry Liaison Officer (SILO) provides further support, knowledge, and resources, with further assistance to those who wish to cease working in the sex work industry. The SILO also connects individuals with community programs that include housing, mental health, and treatment/detox.

Through ongoing community partnerships and collaboration, significant strides have been made in the areas of mental health, homelessness, substance use issues, and sex work over the past decade. Despite improved measures, programs, and approaches, the VPD acknowledges that there is an ongoing need for improvement and recognizes that, in order to achieve this, continual efforts must be made to address these societal issues.

IMPROVING SOCIAL CONDITIONS THROUGH COMMUNITY COLLABORATION

THE VANCOUVER POLICE DEPARTMENT (VPD)

recognizes that social inequities surrounding access to resources result in varying social determinants of health, with lifelong, adverse health outcomes, and decreased life expectancy for those less fortunate. While great strides have been made in healthcare, numerous social factors including unstable housing, disproportionate exposure to violence, neighborhood crime, persistent poverty all contribute to an individual's overall health and well-being.

Similarly, social determinants of health are often contributing factors towards criminality, recidivism, and victimization, with marginalized individuals facing additional barriers to community functioning and prosocial living. Discrepancies in social determinants of health are especially prevalent amongst racial and ethnic minority groups. As such, through partnership with community stakeholders, levels of government, and advocacy groups, the VPD is dedicated to the ongoing progress of these social conditions, to improve public safety for all community members.

ELEMENTS OF COMMUNITY POLICING

The use of community policing strategies are integral to the VPD, with emphasis on proactive policing, community relationship building, and partnerships, representing the cornerstone of the VPD's approach to public safety. Much of the work conducted by the VPD is focused on mitigating the occurrence of crime wherever possible, rather than relying on response to crime. Through the use of community policing the VPD aims to address the social conditions which may contribute to criminal behaviour, towards reducing crime in Vancouver.

Recognizing that community agencies external to policing may best understand how to work with specialized populations to address specific needs through outreach and advocacy, the VPD works in partnership with many community members, groups and organizations. Through this approach, the VPD is better able to address significant, contributing factors to crime, as well as diminish prevalent, underlying social conditions, towards safeguarding community well-being.

Efforts made in community policing are not intended to replace the work of community organizations. Instead, through collaboration, information sharing, and coordinated referral programming, individuals in need are able to access services in a timely manner. The VPD strives to be a policing leader, through integrated collaboration in social programming, inter-agency information sharing, advocacy and outreach, and through community-informed strategies to address these social issues.

I. THE VPD'S MENTAL HEALTH STRATEGY

THE IMPACTS OF UNTREATED or poorly treated mental health issues have lasting and damaging effects upon both individuals and communities. The VPD has maintained its long-standing commitment in prioritizing the timely management of mental health conditions through established partnerships with community stakeholders and healthcare service providers.

Through proactive policing and diversion to the healthcare system wherever possible, the VPD has seen marked success in the implementation of data-driven, research-based programming and best practices from around the world. From initial assessments to assertive outreach and wraparound services, the VPD has been involved in the planning, development, and ongoing implementation of a multitude of client-centric programs and practices, aimed at minimizing the level of unnecessary involvement with the criminal justice system as a result of existing gaps within the mental health system.

AN ESTABLISHED COMMITMENT: HELPING INDIVIDUALS WITH MENTAL HEALTH ISSUES

Since the late 90s, the VPD has advocated for mental health support, due to government's lack of investment in providing support services for individuals with mental health issues, who are being treated in the community. First highlighted in 2008, in the VPD's [Lost in Transition](#) report, examined the lack of capacity in the mental health system. This report listed seven recommendations, including the need to have a dedicated mental healthcare facility to accommodate moderate to long-term stays, as well as the necessity to expedite hospital admission processes for officers who have detained an individual under Section 28 of the Mental Health Act.

Subsequent reports, including VPD's [Beyond Lost in Transition](#) (2010), and the joint VPD and Vancouver Coastal Health (VCH) report, [Vancouver's Mental Health Crisis: An Update Report](#) (2013), recognized

further legislative changes to the Mental Health Act, as well as the need for increased collaboration between the VPD, VCH, and Providence Health Care (PHC). Throughout each of these reports, findings consistently pointed to the need for integrated services in order to better address the health and safety of individuals living with mental health conditions. Further, the VPD recognizes that persons living with mental health issues are often targeted by offenders – resulting in them being 15 times more likely to be the victim of a crime, and 23 times more likely to be the victim of a violent crime.

PARTNERSHIPS FOR HEALTHY OUTCOMES

The VPD is committed to long-term partnerships with community stakeholders and healthcare service providers, such as Car 87, Project Link, the ACT Team, and the AOT. This approach is evidence-based and has a proven track record/has been demonstrably successful. However, the success of these partnership programs are predicated on the participation of the VPD and could not be replicated without VPD involvement. For example, police officers are essential to protect the safety of health professionals and welfare services workers facing rapidly evolving and volatile situations involving high-risk individuals, many of whom are in a mental health crisis.

Car 87

Established in 1978 in response to the exponential growth in mental health related calls, the Car 87 program was born from improved assessment and referral protocols. Car 87 is comprised of a VPD police officer (plainclothes) partnered with a nurse clinician/mental health professional to provide on-site assessment, management, and intervention services for individuals experiencing a mental health crisis. Referred through patrol files and other community service providers, Car 87 provides immediate referrals to community-based and/or emergency mental health services as deemed necessary. The Car 87 model has been replicated by other police agencies, recognizing the success and value it brings.

I. THE VPD'S MENTAL HEALTH STRATEGY

Utilizing the least intrusive resolution response for each situation, the program objective is to reduce the need for patrol response, reduce unnecessary admissions to hospitals, while connecting individuals in crisis to appropriate mental health services through community referrals. Car 87 staff members frequently provide phone and outreach assessments, support to clients and families, administration of medications, as well as bridging and referrals to health supports/services, including expedited screening and assessment at VCH's Access and Assessment Centre (AAC).

The role of the police officer within the Car 87 program is essential for the safety of the health service provider in emergent, rapidly-evolving, and potentially volatile situations, whereby an individual is in the midst of a mental health crisis without access to care. The VPD officer provides indispensable services during mental health crises in the case of Section 28 Mental Health Act apprehensions (and Form 21^a apprehensions). While emergency health services have the authority to complete Form 21 apprehensions without police involvement, in practice, the majority of these apprehensions are through police calls to Car 87 (furthermore, only law enforcement officers have legal authority to involuntarily apprehend individuals under Section 28). In other words, the success of the Car 87 program is predicated on the participation of the VPD and could not be successfully replicated without this support.

Project Link

The VPD, in collaboration with health partners, provides a spectrum of innovative mental health outreach, care, and support to the community. Furthermore, the [Vancouver Police Board](#) (VPB) meets annually with health partner boards to provide governance and strategic direction to VPD and health working groups. More specifically, Project LINK, created in 2011, is a collaboration among the VPB, the VCH Board, and the PHC Board. Focusing on an overarching shift from a crisis response model to a community-based case management model that aims to prevent individual

crises from occurring in the first place, Project Link strives to further address the existing issues and circumstances related to persons living with mental health conditions, while improving both health services and criminal justice system outcomes. The success of this collaborative approach has been contingent on the close, established partnership with the VPB, VCH, and PHC, and is informed by mutual information sharing, combined knowledge, and coordinated efforts in achieving common objectives. Through evidence-based decision making at a strategic level, Project Link helps clients receive the best care possible from healthcare and public safety supports where necessary.

Serving as an example of how inter-agency collaboration between health and police services can lead to improved treatment outcomes for individuals living with mental health conditions, Car 87 paved the way for the ongoing success of Project Link and other joint initiatives.

Assertive Community Treatment

Following the continuum of care, many Car 87 clients continue to access community mental health services following a mental health crisis, either through the AAC and/or other community clinics, provided compliance with treatment plans. However, individuals with mental health issues can often be resistant to treatment and it was determined that this traditional model of service provision was insufficient to address the existing gaps, with many individuals overlooked, without access to longer-term care and support. For a small group of the most marginalized individuals, frequent use of the emergency medical system was the norm, and with extensive police contacts, repeated cycling through the criminal justice system, as well as prevalent and pervasive barriers to housing and employment, this population experienced challenges with community living.

^a Form 21 – Director's Warrant issued to peace officers and to apprehend the named patient and transport him/her to a named facility

I. THE VPD'S MENTAL HEALTH STRATEGY

In 2011, the first Assertive Community Treatment (ACT) teams were established by VCH, with two full time VPD officers working with the program by 2012. In addition to the policing support, the 5 ACT teams are comprised of 10 – 12 dedicated professionals, including nurses, social workers, psychiatrists, and vocational counsellors. The objective of this support is to provide essential wraparound services for clients demonstrating a history of complex and/or concurrent disorders, to prepare clients for successful transition to traditional community-based care.

With a caseload of over 280 clients across 5 ACT teams, the 2 assigned VPD officers provide critical support to keep the peace during visits with clients, many of whom have a history of violent offences and unstable treatment history (often with complex and/or concurrent disorders). VPD participation in ACT is integral to the program's success, as it allows VCH healthcare providers to safely administer medications in the community, while also providing further context and collateral information about clients during ongoing assessments. The role of the police within ACT further assists clients to navigate the criminal justice system, as VPD ACT members often accompany clients to court dates and hearings, while providing knowledge and understanding for existing criminal charges. In doing so, VPD ACT members contribute to the decrease in the number of police contacts following ACT participation and encourage positive, prosocial behaviours.

Through an evidence-based, recovery-focused approach, significant reductions have occurred in both involvement with the healthcare and criminal justice systems. More specifically, data analysis of current ACT clients show that, amongst 289 active clients in the past year,^b there was a:

- 53% decrease in the number of negative police contacts among the client population;
- 49% decrease in clients committing violent crime;
- 62% decrease in mental health apprehensions;

- 57% decrease in street disorder, categorized as nuisances and/or disturbances;
- 26% decrease in incidents of victimization;
- 49% decrease in criminal justice system involvement, whereby a criminal charge was recommended and/or there was sufficient data to lay a charge;
- 61% decrease in emergency department visits; and
- 74% decrease in mental health bed days.

As of June 2020, 31 quarterly evaluations have been conducted and not a single evaluation has seen an increase in any of the healthcare and criminal justice system categories examined.

Assertive Outreach Team

Despite the success of the ACT program in treating the most high-risk, high-needs populations through long-term, wraparound services, gaps in service were still prevalent within both the health and criminal justice systems, as not all clients in need qualified as ACT clients. Statistics examined on a yearly basis, indicated a concerning upward trend of violent and unprovoked assaults committed by individuals living with untreated moderate to severe mental health conditions. As a result, the Assertive Outreach Team (AOT) was created in 2014 through the Project Link initiative, to provide short-term bridging services to assist clients in transitioning from emergency healthcare and/or criminal justice systems to longer-term, community-based services, such as ACT.

Four dedicated, full-time VPD police officers were reallocated to work with VCH psychiatrists, nurses, and clinical supervisors, to reduce incidents of violence, self-harm, victimization, treatment avoidance, and engagement with the criminal justice system. Similar to ACT, AOT's intent is to prevent further deterioration in the quality of life for individuals living with mental health and/or substance use issues during their

^b Percentage differences are calculated based on a comparison between ACT clients one year pre-intervention. Up until August 31, 2020

I. THE VPD'S MENTAL HEALTH STRATEGY

transition to long-term services. Many AOT clients are not mandated to receive mental health treatment, despite their need, and as such, the AOT program is centred on the increased well-being of the client through pre-crisis interventions and connections to mental health treatment.

Given that AOT provides a bridging service with a duration of one to two months, many clients initially accessing AOT services have not yet been stabilized and/or connected to a primary health service provider. As a result, the role of the VPD within this collaborative program is more extensive than with ACT, as police officers provide community safety support and crisis de-escalation in this interim, transitional period. The presence of a VPD officer helps to ensure the safety and security of both the client and healthcare providers attempting to administer medications in treatment-averse patients. As many of the AOT client population are individuals experiencing homelessness, VPD AOT members are also better equipped to locate clients for treatment services. VPD AOT members are also vital in their provision of contextual social histories for case management strategies, as well as in their knowledge in providing general criminal justice navigation support for outstanding warrants and charges.

With over 2,700 clients referred since inception in 2014, the AOT program currently has 39 clients in the program and in the past year, there has been a:

- 69% decrease in the number of negative police contacts among the client population;
- 92% decrease in clients committing violent crime;
- 75% decrease in the number of mental health apprehensions;
- 76% in street disorder, categorized as nuisance and/or disturbances;

- 100% decrease in incidents of victimization;^d
- 66% decrease in criminal justice system involvement, whereby a criminal charge was recommended and/or there was sufficient data to lay a charge;
- 86% decrease in emergency department visits; and
- 85% decrease in mental health bed days.

Much of this success has been contingent on the creative and collaborative problem-solving approach taken, with referrals to ongoing mental health treatment being the key to prevention of future mental health crises.

Early Warning System

The VPD Mental Health Unit (MHU), formally established in 2012, aims to reduce the number of individuals cycling through the criminal justice system as a result of untreated mental health disorders. In addition to the inter-agency collaborations established through Project Link, the VPD's MHU has been strategic and constructive in their pioneering approach to preventive policing through a social health lens. One significant innovation established by the VPD's MHU is the Early Warning System (EWS) in 2014, which supports the AOT's objective for pre-crisis intervention rather than post-crisis intervention.

The EWS proactively identifies potential mental health referrals based on an individual's existing police history and a set of pre-defined weighted factors (e.g., prior mental health apprehensions, prior police incidents with a mental health component, and history of violence within the past two years). Weighted factors occurring within the past 15 days are considered to be recent and are of greater significance in the EWS, which is used to monitor and forecast signs of early mental health intervention needs for all individuals with a recorded mental health related police incident.

^c The most recent sample consists of all AOT clients from the past year (up until August 31, 2020), with percentage differences calculated based on a comparison between AOT clients one month pre-intervention.

^d Prior to AOT program participation, there were 4 reported incidents of victimization among the AOT clients, which decreased to 0 in the 28 days following program intervention, thereby leading to 100% decrease in victimization in the most recent data sample.

I. THE VPD'S MENTAL HEALTH STRATEGY

Information for the EWS is pulled by the VPD MHU's data analyst on a biweekly basis from daily police briefing reports, as well as files flagged with a mental health component in the Police Records Information Management Environment (PRIME) database. The top 150 individual names are compiled by the EWS on a biweekly basis and sent to AOT to determine the need for bridging supports and mental health interventions, thereby providing a catalyst for action and an interruption to the criminal justice system cycle for the identified individual. In the first six months of 2020, the EWS identified 1,082 individuals in need of mental health intervention; and within a month of being identified by the EWS as needing intervention supports, 43 individuals committed a criminal offence, as a result of untreated mental health issues

This ability of the EWS to predict an imminent mental health crisis makes it an invaluable crime prevention and social health technology. As a referral tool for AOT pre-crisis intervention, not only will clients access necessary mental health treatment, but innumerable criminal offences will also be effectively prevented, given the timely intervention of joint VPD, VCH, and PHC services.

A FOCUS ON DIVERSION

With the formal development of the VPD's [Mental Health Strategy](#) in 2016, the approach of the VPD with the mental health crisis is clear – diversion from the criminal justice system through assertive treatment, inter-agency partnerships, and collaborative, preventive community-based policing. The VPD's 2018 [Pathway to Wellness](#) video highlights the many partnerships and initiatives the VPD is involved in to lessen the impact that untreated mental illness has on the community, on policing, on health services, and, most importantly, on those living with mental health issues. This solution-based, person-centric attitude towards diminishing crime is further demonstrated in the development of the St. Paul's HUB, and of note is the contributing role that the VPD played in its formation.

Built in 2018, the HUB serves as a compliment to existing emergency and transitional mental health and addictions facilities in the city, such as the AAC, as well as the newly built Rapid Access Addiction Centre at St. Paul's Hospital. Consisting of both a clinical unit and transition centre, the objective of the HUB is to divert 6,000 emergency department visits to a centralized space, where specialized, trauma-informed practices may be more effective in treating patients with emergencies relating to mental health and/or substance use issues. Recognizing the importance of relationship building for the purpose of connecting individuals to ongoing treatment, the VPD was instrumental in the development of the [Vancouver Police Foundation](#) (VPF) Transitional Care Centre (TCC), as part of the St. Paul's HUB. This space, funded by the VPF, provides mental health clients with transitional accommodation following discharge from St. Paul's Hospital, thereby offering further opportunity to connect HUB emergency department patients with appropriate ongoing care and mental health treatment. The role of the VPD in the development of this space cannot be overlooked and it is with the ongoing advocacy and support of the VPD that the St. Paul's HUB came to fruition.

Further to the mental health specific programs and initiatives outlined in this report, the VPD receives calls for service (CFS) every day which involve a mental health component. The ongoing efforts of the VPD in combating the mental health crisis with targeted, empirical solutions has led to a diversion away from unnecessary reliance on emergency first responder resources and has alleviated some of the burden on an overtaxed emergency system, conserving emergency resources and personnel, while improving mental health outcomes and decreasing recidivism in program participants. As the first agency in British Columbia (B.C.) to implement mandatory reporting of whether mental health is a contributing factor/component of a police call, every VPD file entered into the PRIME database since 2013 includes a mental health template. This has been instrumental in data tracking and the accurate identification of criminal trends and treatment needs with regards to the population living with untreated or inadequately treated mental health concerns.

I. THE VPD'S MENTAL HEALTH STRATEGY

Crime prevention notwithstanding, the role of the police officer within each of these collaborative initiatives is key to its function and success, as healthcare workers are unable to fulfill their course of duty if subjected to unsafe and volatile working conditions. It is important to note that individuals with untreated mental health and/or concurrent disorders may escalate to aggression and violence, both against themselves or others; in either instance, police officers are required to safely de-escalate the situation.

...the direction and approach of the VPD with the mental health crisis is clear – diversion from the criminal justice system through assertive treatment, inter-agency partnerships, and collaborative, preventive community-based policing.

A CLOSER LOOK: WHAT DOES THE MENTAL HEALTH DATA SHOW?

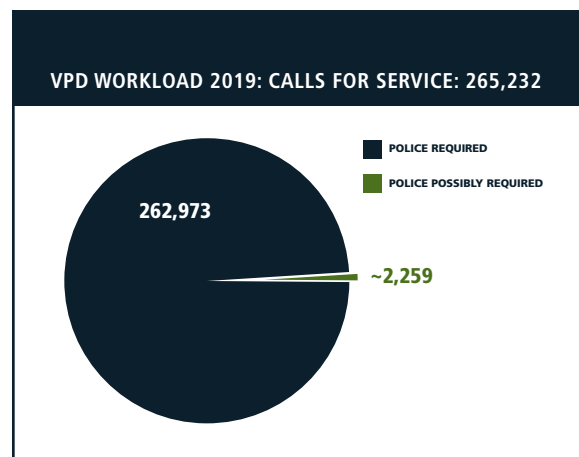
In 2019, there were over 265,000 total CFS for the VPD:

- Of these, 13,592 were occurrence reports that indicated mental health was a contributing factor in the incident^e (these include assaults, sex offences, weapons offences, robberies, threat/harassment offences);
 - 84% required police attendance, as situations involved harm/danger, victimization, criminal code offences and/or statutory requirements, including mental health apprehensions;
 - Approximately 26% were calls for police assistance, made from health or care professionals;
 - Approximately 12% of these involved weapons; and

- 2,259 may or may not have required police attendance, which is the equivalent of 6 CFS/day (VPD officers attend, on average, 727 CFS a day). These 2,259 CFS resulted in officers dedicating approximately 11,800 hours on these CFS, and this equates to 8 officer positions (the cost of which is, \$1,051,935).

For many years, the VPD has advocated for mental health support, due to government's lack of investment in providing adequate support services for individuals with mental health issues, who are being treated in the community. As a result, it should be noted that there are no other agencies that currently exist to deal with mental health related calls, given a number of considerations, including but not limited to, statutory authority, case law, crisis intervention/de-escalation training, and the availability of people to respond 24 hours a day.

VPD officers have unique skillsets and de-escalation capabilities needed for the safe apprehension of persons experiencing mental health crises (e.g., Section 28 apprehensions). Furthermore, as stated in the Mental Health Act, only law enforcement officers have legal authority to involuntarily apprehend individuals under Section 28 for immediate assessment and examination by a physician.



^e Refers to total CFS where the police officer indicated "mental health" issues on the PRIME template

II. HELPING INDIVIDUALS EXPERIENCING HOMELESSNESS

THE FINDINGS FROM THE 2020 HOMELESS

count show a slight decrease in homelessness in Vancouver, there were 2,095 individuals who were facing homelessness at the time of the count, including 547 unsheltered individuals. The pervasive social issue of homelessness in Vancouver is far-reaching, and over the past decade, the VPD has viewed the issue of homelessness through a compassionate, person-centric lens, recognizing that homelessness is a social condition reflective of society's failure to support those most vulnerable and marginalized. Often, individuals experiencing homelessness due to a lack of access to affordable and stable housing, are further besieged with a myriad of intra- and inter-personal concerns, including: addiction, trauma, criminal victimization, physical health concerns, and complex mental health conditions. Given the complex, concurrent, and nuanced needs of many individuals experiencing homelessness, the VPD is dedicated to efforts to minimize criminalization and penalization, in favour of housing supports wherever possible.

HOMELESS OUTREACH COORDINATOR

In January 2009, a Homeless Outreach Coordinator (HOC) position was created, within the Community Services Section (CSS). The role of the HOC is to support individuals who are experiencing homelessness by developing trust and relationships with this population, and offer referrals where appropriate. The HOC also addresses broader community concerns, both on the street and shelters, and help address any conflicts, criminal matters or public safety concerns that may arise. The HOC also provides assistance, assurance, and advocacy for the homeless population where necessary.

At present, the position of the HOC is a citywide role that is supervised within VPD's Community Policing Team, whose principal mandate is to work closely with members of the community in order to achieve the overall goals of increasing public safety and preventing crime, and improve community well-being.

IMPORTANCE OF COMMUNITY PARTNERSHIPS & COLLABORATION

In order to build and maintain safe and inclusive neighbourhoods, strong established partnerships between all levels of government, non-profit organizations, co-operative housing providers, and community support services are required. Within the Downtown Eastside (DTES), the VPD works closely with organizations such as BC Housing, Ministry of Social Development and Poverty Reduction (MSDPR), faith-based organizations, and non-profit housing operators, collaborating to provide support to vulnerable unsheltered populations, as well as under-housed individuals in single room occupancy hotels (SROs) and shelter systems. The HOC also sits on a Community Advisory Committee for temporary modular and supportive housing and heat shelters, and provides support and policing insight. As a key component of this network of partnerships, the HOC conducts outreach work with the homeless population and coordinates with mental health, addiction, and housing service providers, while liaising with municipal and provincial governments.

Engaging with BC Housing, City of Vancouver (CoV), Raincity Housing, Carnegie Outreach, and other partners, the HOC attends monthly meetings to participate in dialogue regarding shelters and discuss any concerns and/or issues that may arise. This collaboration between the VPD and shelter management is important in providing supported interventions and proactive problem solving to address issues that may arise in shelters and/or SROs prior to formal police involvement. Having created a community working group, the VPD's HOC works with community stakeholders to find cohesive, inter-agency solutions for individuals experiencing homelessness, recognizing that more resources and options are available to those in need if community agencies work together. Working in tandem with BC Housing staff, the HOC seeks to provide enhanced outreach services to individuals who are regarded as "hard to house", given the persistent, multiple barriers experienced, and in consultation with the individual, options for suitable housing are established.

II. HELPING INDIVIDUALS EXPERIENCING HOMELESSNESS

The HOC also works with the VCH and MSDPR, conducting twice weekly outreach services with either a nurse or a welfare services worker. This partnership was established to ensure that individuals experiencing homelessness were provided with requisite financial assistance through MSDPR and that all their medical needs were being addressed through VCH. Furthermore, in addition to the established partnerships and programs that the HOC is a part of, the VPD is further involved in approximately 40 SRO inspections per year, in collaboration with CoV Building Inspectors and Vancouver Fire and Rescue Services.

Within the scope of each of these partnerships, the HOC assists in supporting the health and well-being of the individual experiencing homelessness, while also helping to ensure that outreach staff and community members are safe and supported. Given that many individuals experiencing homelessness are simultaneously living with complex substance use disorders and/or mental health conditions, outreach work conducted by community groups present a unique challenge, whereby an element of aggression and/or risk of violence may be the result of severe and untreated mental health concerns, with behaviours exacerbated by substance use. As such, VPD presence through the HOC position helps to protect individuals involved in community outreach work by de-escalating during collaborative outreach endeavours.

SEPARATING SUPPORT FROM ENFORCEMENT

Encampments

The VPD plays an important role in managing and supporting the public safety in encampments and is relied upon to carry out court ordered injunctions when the locations become too dangerous. The HOC, as well as VPD Neighborhood Police Officers, and frontline officers, have all been heavily involved in the safe, secure, and

timely evacuation of the Oppenheimer Park encampment. Having first emerged in October 2018, the Oppenheimer Park encampment resulted in 593 CFS in 2018, which increased to 899 CFS in 2019. The VPD's focus is on the public safety impact of encampments including the violence and victimization that occurs in the encampments.

Bylaw Enforcement and Calls for Service

Not all under-housed individuals reside in SROs and shelters, as was evidenced by the number of people living in vehicles at the Oppenheimer Park encampment. The VPD recognizes that individuals may rely upon their vehicles for shelter due to lack of access to affordable housing in the city, and as such, it is common practice for both city bylaw officers and VPD officers to avoid issuing tickets to individuals using vehicles for the purposes of shelter. Furthermore, VPD involvement in parking enforcement and other similar bylaw complaints are limited only to occurrences wherein bylaw officers and/or CoV Homeless Outreach workers request police attendance to keep the peace.

In these scenarios, collaborative and respectful outcomes are sought by VPD officers to resolve complaints from residents and/or businesses while respecting the integrity, rights, and freedoms of the individual facing homelessness and/or under-housing. In 2019, there were five bylaw tickets issued to individuals experiencing homelessness (specifically pertaining to street vending [one ticket] or erecting structures not allowed on the street [four tickets]). In comparison, in examining the same bylaw infractions in 2019, 2,230 municipal bylaw enforcement tickets were issued to individuals not experiencing homelessness.^f This illustrates the concerted effort taken by the VPD to avoid the penalization and criminalization of an already vulnerable population, and it is only in extenuating and necessary circumstances that bylaw contravention tickets are issued by VPD officers to individuals facing homelessness.

^f See Appendix A for list of bylaws examined.

II. HELPING INDIVIDUALS EXPERIENCING HOMELESSNESS

Instead, the approach taken by the VPD is to resolve complaints peacefully and provide outreach and housing connective services.

ONGOING CHALLENGES

The findings from the recent Homeless Count further demonstrate that there remains a vast overrepresentation of Indigenous and Black populations experiencing homelessness. More specifically, 415 respondents identified as Indigenous in the city of Vancouver alone, as well as 98 respondents across Metro Vancouver identified as Black. In other words, while Indigenous Peoples represent just 2.5% of the general population in Vancouver, 19.8% of the homeless population in the city of Vancouver identify as Indigenous. Similarly overrepresented, Black respondents represented 6% of those experiencing homelessness in Metro Vancouver, while within the general population, only 1.2% identify as Black.

These findings reflect a requirement to address the specific needs of racialized groups experiencing homelessness. Ongoing outreach supports ought to be cognizant of this overrepresentation towards reconciling these issues, and the VPD is committed to continued collaboration with community groups in hopes of eradicating the issue of homelessness through inclusive, accessible, and affordable housing.

Higher Rates of Victimization

Individuals experiencing homelessness are often encumbered with a multitude of challenges on a daily basis, from an overwhelming lack of stability, shelter, and resources, to the complications that may arise from poor nutrition and health, often further compounded by substance use issues and mental health conditions. In addition, individuals experiencing homelessness are also at increased risk of victimization, particularly of violent crime, and the trend of violent crime against individuals experiencing homelessness is steadily increasing.

In 2019, 6% of violent victimization in Vancouver occurred within the homeless population, while the number of individuals experiencing homelessness represented just 0.3% of the city's population; individuals experiencing homelessness, are almost 19 times more likely to be victimized in Vancouver. This exorbitant overrepresentation speaks to the vulnerability of individuals experiencing homelessness, with precarious social situations exposing this population to violent offenders. This also speaks to the need for continued engagement of the police with our homeless population.

The scope of social services required to adequately assist individuals experiencing homelessness is broad, and in addition to the calls for police service as a result of violent victimization, frontline officers and the HOC are in consistent daily contact with others, providing outreach supports, connecting individuals to community services, and resolving conflicts between community groups. In this manner, VPD presence is often requested by the public and community service providers in order to keep the peace and maintain public safety.

III. SUBSTANCE USE ISSUES

THE VPD RECOGNIZES that substance use disorders and addiction issues^g cause immense harm to individuals and society as a whole, with implications on both personal and public safety. Individuals with substance use issues form a compulsive physiological and/or psychological need for a substance and/or behaviour, in spite of severe, ongoing, detrimental consequences. The complexity of this social issue has driven the attitudes and direction of the VPD, having adopted a progressive position on policing those living with substance use issues, with the goal of enhancing individual and community safety, preventing harm, and protecting the vulnerable to build healthy and safe communities.

BACKGROUND

In 2001, the CoV adopted the [Four Pillars Drug Strategy](#) to address substance use issues and went on to endorse a drug policy prevention plan, Preventing Harm from Psychoactive Substance Use in 2005. The VPD has been a key stakeholder and leader in these strategies from the start, which seeks to provide an integrated, multi-pronged approach to prevent the harmful use of alcohol, prescription drugs, and illicit drugs. The VPD has formally endorsed the Four Pillars approach, and is a key partner in the multi-agency strategy to address substance use issues, playing an important role in substance abuse prevention, access to treatment, enforcement, and harm reduction.

As a leader in advocating for legislation, treatment, harm reduction, and preventing crime and disorder related to illicit drug use, the VPD's work in this capacity includes, but is not limited to:

- Working with all levels of government to develop policy, legislation, and guidelines to address substance use issues, and illegal production of illicit substances;
- Providing education to youth, the Vancouver community, and marginalized and vulnerable populations to prevent psychoactive substance use and addiction issues;
- Advocating for evidence-based medical treatment, harm reduction, safe-supply and decriminalization of small quantities of personal-use street drugs on several national, provincial and local substance abuse committees and boards;
- Connecting individuals in the community and in police custody, who are living with substance use issues, to health and treatment providers and support networks;
- Training frontline police officers and civilian employees in the use of Naloxone^h nasal spray, cardiopulmonary resuscitation, and automated external defibrillator use to provide lifesaving emergency medical intervention in overdoses prior to the arrival of paramedics;
- Focused enforcement on mid and high-level drug traffickers, producers, importers/exporters, interdiction of organized crime groups and gangs, seizing weapons, drug production equipment (such as pill presses), and illegal substances such as fentanyl and other illicit drugs causing record fatalities in the overdose crisis;
- Ensuring safety for all individuals in Vancouver by encouraging drug users to utilize supervised consumption sites, overdose prevention sites, and peer witnessing rooms/facilities, instead of community spaces such as schools, playgrounds, and parks, where children may be present; and
- Caring for drug or alcohol intoxicated individuals who have been denied service at Vancouver Detox and local hospitals due to violent and/or uncontrollable behaviour in police custody, and providing medical care, withdrawal/overdose prevention medication, and referrals to community services upon release.

^g Given that problematic substance misuse and abuse may not always be formally diagnosed as a substance use disorder, as well as the understanding that problematic patterns surrounding other addictive behaviours can interfere with an individual's capacity to function, the broader, colloquial term of "substance use issues" will be utilized in reference to all substance misuse, abuse, and dependence issues, as well as other addictive behaviours and addiction disorders.

^h Naloxone (also known as Narcan®) is a medication called an "opioid antagonist" used to counter the effects of opioid overdose. Specifically, naloxone is used in opioid overdoses to counteract life threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally.

III. SUBSTANCE USE ISSUES

THE VPD'S DRUG POLICY

Adopted in 2006, the VPD's [Drug Policy](#),²⁰ aligns with the VPD's [Strategic Plan](#) to support public safety, reduce crime, diminish the fear of crime, and create safe communities for all.²¹ The enforcement pillar in Vancouver's Four Pillars strategy encompasses the need for safety, peace, and public order in the DTES and other Vancouver neighbourhoods.

The VPD recognizes the careful balance that must be struck between enforcing the laws, maintaining public safety, and destigmatizing substance use issues. As such, the VPD's drug policy provides officers with a broad range of discretion when dealing with psychoactive substance use and possession of illicit drugs, and directs police officers to consider a broad view that includes an individual's behaviour rather than the act of unlawful possession of illicit drugs when deciding to recommend a criminal charge. Police officers consider if the person was behaving in an aggressive or threatening manner, threatening public safety, or disrupting the well-being of the community at large. The VPD's policy outlines consideration of other factors, including aggravating circumstances, such as an individual's location at the time of consumption. For example, someone who opts to consume substances at or near a school or playground may be causing undue harm to children and the community through exposure to illicit open drug use in vulnerable community spaces.

This position towards simple possession has been in place for close to 15 years, as the VPD seeks to decriminalize and divert individuals with substance use issues away from the criminal justice system using alternative measures. Instead, the VPD's drug enforcement strategy targets individuals who pose the greatest risk to public safety, such as those involved in organized crime, illicit drug production and trafficking.

VPD'S DRUG ENFORCEMENT STRATEGY

A significant contributor to the opioid epidemic is the poisoned supply of illegal street drugs. The VPD has made the toxic illicit drug supply reduction an enforcement priority, with the hope that treatment, diversion to healthcare and safe supply will contribute to demand reduction and save lives. VPD's enforcement efforts target those who manufacture, distribute, and import/export opioids and other harmful drugs. The VPD is dedicated to enforcement strategies against the predatory element who contribute to crime, violence, and disorder, as well as the victimization of our most vulnerable citizens in Vancouver.

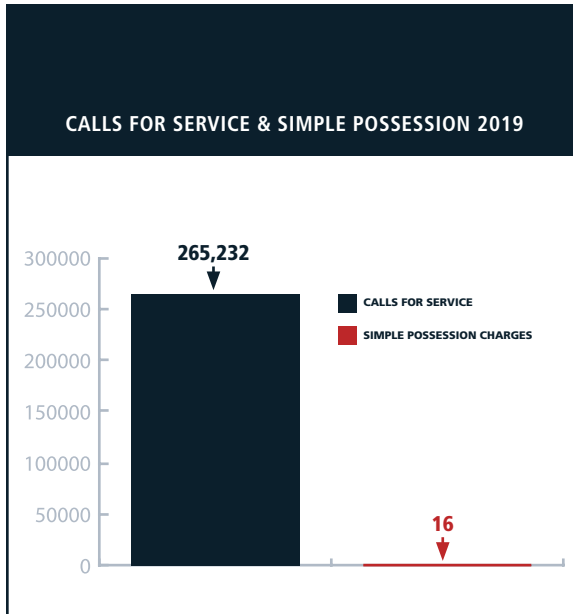
However, the number of simple drug possession charges approved by Crown Counsel has decreased 88% in the last decade – from 143 in 2009 to 16 in 2019. This decrease speaks to the efforts the VPD has undertaken to divert substance users from the criminal justice system to healthcare supports wherever possible, while focusing investigative efforts on the organized crime groups responsible for the opioid crisis. In 2019, the VPD handled over 265,000 CFS, only 16 of those resulted in a charge for simple drug possession. The time officers spent for those 16 simple possession charges was 64 hours, which equates to \$4,032.



... THERE HAS BEEN A SHIFT IN FOCUS FOR POLICE TO SUPPORT A HARM REDUCTION APPROACH...FOR EXAMPLE, THE VANCOUVER POLICE DEPARTMENT POLICY ON DRUGS PRIORITIZES THE CONTEXT OF DRUG USE RATHER THAN THE POSSESSION OF DRUGS, AND SUPPORTS CHARGES ONLY IF THE BEHAVIOUR AND CIRCUMSTANCES OF THE PERSON USING DRUGS IS HARMFUL TO THAT PERSON, TO OTHERS, OR TO PROPERTY.

DR. B. HENRY (2019)
PROVINCIAL HEALTH OFFICER, PROVINCE OF BRITISH COLUMBIA

III. SUBSTANCE USE ISSUES



In July 2020, as the President of the Canadian Association of Chiefs of Police (CACP), Chief Palmer recommended that all police agencies in Canada recognize substance abuse and addiction as a public health issue to help reduce drug overdoses. The CACP endorsed the decriminalization of personal possession of illicit drugs. In response to this position, in August 2020, the Public Prosecution Service of Canada issued a directive for prosecutors to avoid pursuing simple drug possession charges under the *Controlled Drugs and Substances Act*, except in the event of major public safety concerns. This shift in approach is similar to the drug policy already implemented by the VPD and recognizes that criminal sanctions against substance users have limited effectiveness in deterrence unless other elements of criminality are also present. These changes could not come at a more opportune time, as the issue of addictions as a primary public health concern has become increasingly evident in recent years. The Chief Coroner of BC announced that June 2020 was the deadliest month on record for drug overdoses (breaking the record set just one month earlier) and in the past decade alone, 7,934 British Columbians have died from illicit drug overdoses.²²



“WE SUPPORT AN INTEGRATED HEALTH-FOCUSED APPROACH THAT LEVERAGES INNOVATIVE PARTNERSHIPS BETWEEN POLICE, HEALTHCARE AND ALL LEVELS OF GOVERNMENT. OUR ENFORCEMENT EFFORTS SHOULD FOCUS ON TRAFFICKING, MANUFACTURING AND THE IMPORT/EXPORT OF DANGEROUS DRUGS IN OUR COMMUNITIES.”

VPD CHIEF CONSTABLE ADAM PALMER
PAST PRESIDENT OF CACP (2018-2020)

TREATMENT AND HARM REDUCTION

Care at the Vancouver Police Jail

The Vancouver Jail is a short-term transition facility where most detainees remain for less than 24 hours. All detainees at the Vancouver Jail are assessed by a registered nurse upon arrival, who screens them for substance use and addiction/dependence disorders. This initial assessment is followed by a secondary assessment for treatment, including withdrawal management and opioid agonist therapy (OAT), such as the administration of Suboxone. While in custody, detainees are provided with a high level of care and are continually monitored to provide support for all needs relevant to substances use issues. The VPD Jail, the only short-term transition facility in Canada to provide a complete addiction response, offers overdose emergency response, harm reduction initiatives, such as the provision of take-home Naloxone kits upon release from custody, as well as referrals to community-based addiction treatment including the VCH Overdose Outreach Team. These strategies to mitigate risk of overdose and minimize harm to the individual detained are practical applications of the VPD drug policy in action, as the VPD approach to substance use issues remains firmly rooted in harm reduction and decriminalization.

III. SUBSTANCE USE ISSUES

In 2020, the Mayor's Task Force approved a pilot project in the VPD Jail, whereby all detainees with substance use issues would be referred directly to outreach and treatment services in the community. There were 232 referrals made in the 4-week study period,ⁱ at which time the data analysis was unfortunately ceased as a result of the COVID-19 pandemic. A two-week study sample of the pilot project found that:

- 87% of detainees reported current substance use issues, and 46% reported current alcohol use;
- Of those reporting current substance use, 63% reported opiate use;
- Of the opiate users, 59% received OAT while in custody (those who did not receive treatment were generally either too intoxicated or refused);
- 79% of alcohol users received Alcohol Withdrawal Treatment while in custody; and
- For detainees who self-reported that they receive OAT (Methadone, Suboxone, or Kadian), 27% received their dose while in custody, with safety precautions to ensure there is no double-dosing.

In addition to serving as a short-term detention facility for those awaiting judicial process, the VPD Jail also houses individuals who are intoxicated from substances for sobering, when no other criminal charges are being considered. The first choice for sobering is always to send the detainee to Vancouver Detox, or even the hospital in some cases, but many times the detainee is rejected due to violent behaviour, past violent behaviour, or Vancouver Detox being closed at the time of admission. The VPD Jail has a duty to provide a safe sobering facility for these individuals, for their own safety, as well as for the safety of the community. In 2019, 347 individuals were held for their safety, where no criminal charges were involved.

The HUB at St Paul's Hospital

The VPD has remained a vocal advocate for improved treatment and care for those with mental health and substance abuse issues. In 2017, through a donation to VPF, the VPD was able to advance this care by establishing a partnership with PHC and create the St. Paul's Hospital Emergency Department HUB. This innovative treatment model is dedicated to timely assessment, treatment, and care for people living with substance use disorders and/or mental health issues. At the HUB, patients are connected to the TCC and the Overdose Prevention Site, with the VPD continuing to work in an advisory capacity to support both the HUB and TCC. Not only does the HUB provide rapid, specialized care for individuals with substance use issues, it reduces the amount of time VPD officers are required to spend with patients in hospital emergency departments, thereby allowing them to return to other policing priorities to keep Vancouver safe.

CANADA'S LEADER IN POLICING AND IMPROVING PUBLIC SAFETY

The opioid crisis and prevailing substance use issues in Vancouver remain departmental priorities. The VPD will continue to work with the CoV and other partners to focus on issues that have an impact on public safety, including helping individuals who suffer from harm from using illicit substances. With a focus on targeting predatory individuals or organized crime groups that traffic drugs and pose a risk to public safety, and in advocating for treatment and harm reduction initiatives for those living with substance use issues, the VPD will continue to work towards ending the crisis and reducing illicit drug use in the community.

ⁱ February 16 – March 18, 2020

IV. SAFETY FIRST: ENSURING THE WELL-BEING OF SEX WORKERS

VPD PHILOSOPHY WITH RELATION TO SEX WORK

The VPD's philosophy regarding violence against sex workers and the enforcement of sex work-related laws is, first and foremost, to ensure the safety and well-being of those engaged in sexual services for compensation. The VPD is focused on directing enforcement initiatives towards those who prey on, manipulate, violate, exploit, and abuse individuals offering sexual services.

To improve the safety, dignity, and well-being of individuals in the sex industry, the VPD's [Sex Work Enforcement Guidelines](#) were developed in 2013, in consultation with community advocacy and outreach groups including Women's Information and Save Haven (WISH) Drop-In Centre Society, Pivot Legal Society, BC Coalition of Experiential Communities, PEERS Vancouver Resource Society and PACE Society. The B.C. Provincial Sex Enforcement Guidelines and Principles were established in January 2018. The VPD was an active member of a provincial Police Services working group that helped establish these guidelines for the province, in fact, the provincial guidelines were modeled from the VPD's guidelines. Further, the Red Women Rising report concluded "All police forces should implement Sex Work Enforcement Guidelines similar to those in Vancouver that support the safety of sex workers in police interactions."

The VPD's philosophy towards sex work has evolved over the years through community consultation, the Missing Women Commission of Inquiry, the National Inquiry into Missing and Murdered Indigenous Women and Girls, the VPD Sex Work Enforcement Guidelines (2013), the BC Association of Chiefs of Police Sex Work Enforcement Guidelines (2018), case law and amendments to the Criminal Code of Canada through the Protection of Exploited Persons and Community Act. A trauma-informed, evidence-based, and unbiased approach to policing guides VPD investigations and interactions with sex workers, whereby VPD officers place emphasis on building relationships and establishing

trust, so as not to undermine and decrease the likelihood of an individual reaching out to police for assistance in the future. As a result of varying public attitudes, community complaints, and messaging from the courts on sex-industry related cases, enforcement action may sometimes appear to be at odds with relationship building, and as such, the VPD seeks to prevent indiscriminate enforcement by focusing on principles which are founded upon a respect for the health and safety of adults engaged in consensual sex work.

In Vancouver, the majority of sex work takes place indoors, out of public view, and communication for services takes place over the internet or via text. As a result, indoor sex workers are the most likely to have been victims of human trafficking and are at increased risk of exploitation by those profiting from their work, exercising control over them. The VPD recognizes that many sex workers, especially in the DTES, are involved in sex work as a survival mechanism (e.g., substance use issues and/or mental health concerns) and the VPD recognizes that these individuals are particularly vulnerable and marginalized, with a disproportionate number being Indigenous women. The environment that sex workers are sometimes obliged to provide services in inherently places them at risk for violence and exploitation, as it is noted that the majority of sex workers in Vancouver do not

A TRAUMA-INFORMED, EVIDENCE-BASED, AND UNBIASED APPROACH TO POLICING GUIDES VPD INVESTIGATIONS AND INTERACTIONS WITH SEX WORKERS, WHEREBY VPD OFFICERS PLACE EMPHASIS ON BUILDING RELATIONSHIPS AND ESTABLISHING TRUST

IV. SAFETY FIRST: ENSURING THE WELL-BEING OF SEX WORKERS

work on the streets or in the DTES. As such, the primary objective of VPD enforcement is to reduce victimization and violence through outreach and enforcement strategies, and when requested, to assist sex workers with exit strategies.

VPD COUNTER EXPLOITATION UNIT

The VPD Counter Exploitation Unit (CEU) is a specialized unit comprised of eight dedicated officers who respond to community issues and needs relating to criminal exploitation and services related to sex. VPD's CEU members assist sex workers, investigate crimes related to sexual services, including situations involving violence, exploitation, youth involvement, organized crime affiliations, and human trafficking. These situations are considered to be high-risk to personal and public safety, making them top priorities for intervention and investigation.

The CEU recognizes that the majority of sex work in Vancouver is conducted in a consensual manner. The approach of the CEU is not to disrupt or hinder these sexual practices, but rather, to mitigate and prevent incidents whereby consent has not or cannot be provided (e.g., with exploitation, abuse, violence, or youth-related incidents). Officers in the CEU adhere to trauma informed practices and have received specialized training which includes advanced trauma-based interview training with human trafficking victims/survivors. By implementing this specialized skillset, VPD officers are better able to understand and recognize the physical, emotional, and behavioural impacts of trauma, thereby minimizing any potential for unintended further harm against victims.

The VPD's CEU's enforcement priorities are guided by the duty to protect those who are marginalized and vulnerable, to prevent and investigate violence and exploitation, and to apprehend those who exploit and perpetrate violence. Based on a balance of risk assessment, enforcement priorities involve investigating incidents of violence and exploitation, whether investigating organized crime groups, reviewing intelligence and

trends, utilizing community resources, as well as considering any pertinent community concerns.

Any enforcement action conducted by the VPD is consistent and proportional to the risk presented to the community or the sex worker(s), with the least intrusive strategy implemented in order to keep the sex worker(s) safe, while mitigating the issue. In "high risk" situations, including those involving sexually exploited children or youth, gangs/organized crime, exploitive practices, sexual abuse, violence, and human trafficking, the enforcement action is always focused on targeting the offender rather than the sex worker and prioritizing investigations involving violence committed against sex workers, children and youth involved in sexual services, human trafficking, and targeting those who seek to purchase sex from children and youth.

The CEU and Sex Crimes Unit are currently working on a prioritized human trafficking project, focusing on organized crime groups that are targeting girls from in the DTES area. Girls as young as 10 years old have been identified as high-risk youth involved in this project, and thus far in 2020, the CEU has identified more than 20 underage girls associated to this organized crime group, with Indigenous girls being the highest risk for exploitation within this group (37% of the 20 high-risk youth identified were Indigenous).

Helping Victims of Human Trafficking

Victims of human trafficking and sex exploitation have suffered extensively and require specialized, trauma-informed approaches to support their recovery. For the past four years a Family Services of Greater Vancouver Victim Support worker has been embedded into the VPD's CEU, which has greatly assisted the VPD in securing appropriate and timely supports for survivors during their most vulnerable period in recovery. This collaboration and support with community partners is important to the healing process for the survivor and the CEU continues to work cohesively with other social service providers to support individuals

IV. SAFETY FIRST: ENSURING THE WELL-BEING OF SEX WORKERS

both during and after court processes. Community programs offered by agencies such as The Salvation Army, have proven to be of significant value in aiding survivors of human trafficking, and this inter-agency collaboration has been successful in providing support to the survivor, which further supports the work of the criminal justice system in prosecuting offenders and perpetrators.

CRIME REDUCTION WITH RELATION TO SEX WORK

The VPD's CEU has been successful in conducting on-line "decoy stings" wherein police posted electronic ads posing as an underage sex worker in order to arrest individuals seeking to exploit youth for the purpose of sex. In two 2018 operations (Projects Serrated and Steadfast), 46 men were charged with Obtaining Sexual Services for Consideration – from a person under the age of 18, demonstrating the effectiveness of targeted interventions for public safety purposes. This serves as just one example of the VPD's success in reducing the number of sex work related incidents, which is defined as any police incident involving a sex worker, including sexual assault and exploitation/assault/robbery/break and enter/unlawful confinement/extortion/and drug and gang related offences.

The VPD's CEU has been successful in their crime prevention strategies in relation to individuals and/or groups that exploit sex workers. Of note, the VPD has not arrested or charged a sex-worker for a sex-trade related offence since September 2008), as a result there is no cost associated with the enforcement of sex work.

SEX INDUSTRY LIAISON OFFICER

In addition to the CEU's work, the VPD has also created, within the VPD's Community Services Section, a specialized community outreach Sex Industry Liaison Officer (SILO), who works with sex workers in the DTES to provide support, knowledge, and resources, and assistance to those who wish to explore exiting strategies.

The SILO has direct access to specialized funding allocated for sex workers to obtain essential items such as government identification, status cards, transportation, medical assistance and/or prescriptions. The funds are further utilized for the purchase of personal items for sex workers including clothes, shoes, and toiletries. Sex workers are supported and encouraged to report incidents of violence, with access to social programs and community-based support services also provided to help individuals wherever possible, including programs such as detox and recovery facilities, housing complexes, as well as community supports in both the DTES and the Kingsway corridor. Through ongoing outreach, the SILO has solidified credibility among sex workers in Vancouver, creating a safe environment for sex workers to turn to in times of need.

WISH RED LIGHT ALERT

The VPD also utilizes the WISH Red Light Alert as a tool for knowledge and communication. This weekly community bulletin for sex workers began as a means to warn sex workers of potentially violent customers through peer reporting and community contributions. Since 2014, a VPD officer regularly reviews the bulletins to gather intelligence on predatory and/or violent behaviours, as well as identifying potential sex offenders. The VPD regularly shares information about sex offenders that pose significant risk to sex workers in the Red Light Alert bulletin, employing this community bulletin as an enforcement tool for improving community safety.

CONTINUING TO CARE FOR OUR COMMUNITY

CONCERTED EFFORTS HAVE BEEN TAKEN by the VPD to ensure that unnecessary criminalization does not occur. Rather, using a community-based, proactive policing approach, the VPD works in partnership with community stakeholders towards effective harm reduction strategies and programming, wherever possible. As also outlined in VPD's Community Matters (2020) report, given the VPD's progressive efforts, policing in Vancouver emphasizes engagement, prevention, and social responsibility.

It is important to the VPD that the considerable steps taken in the past decade continue towards appropriate continuums of care. The VPD recognizes that, while strides have been made, the significance of these societal issues necessitates that ongoing efforts be maintained. As such, the VPD remains dedicated to the pursuit of improved conditions, services, and programs in the areas of mental health, homelessness, substance use issues and sex work, in close collaboration with community partners and service providers.



GLOSSARY

AAC	ACCESS AND ASSESSMENT CENTRE
ACT	ASSERTIVE COMMUNITY TREATMENT
AOT	ASSERTIVE OUTREACH TEAMS
B.C.	BRITISH COLUMBIA
CACP	CANADIAN ASSOCIATION OF CHIEFS OF POLICE
CEU	COUNTER EXPLOITATION UNIT
CFS	CALLS FOR SERVICE
COV	CITY OF VANCOUVER
DTES	VANCOUVER DOWNTOWN EASTSIDE
EWS	EARLY WARNING SYSTEM
HOC	HOMELESS OUTREACH COORDINATOR
MHU	MENTAL HEALTH UNIT
MSDPR	MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION
OAT	OPIOID AGONIST THERAPY
PHC	PROVIDENCE HEALTH CARE
PRIME	POLICE RECORDS INFORMATION MANAGEMENT ENVIRONMENT
SILO	SEX INDUSTRY LIASION OFFICER
SRO	SINGLE ROOM OCCUPANCY
TCC	TRANSITIONAL CARE CENTRE
VCH	VANCOUVER COASTAL HEALTH
VPB	VANCOUVER POLICE BOARD
VPD	VANCOUVER POLICE DEPARTMENT
VPF	VANCOUVER POLICE FOUNDATION
WISH	WOMEN'S INFORMATION AND SAFE HAVEN

APPENDIX A: BYLAWS EXAMINED IN RELATION TO HOMELESS POPULATION

<p>Bylaw 2849 Section 71</p>	<p>A person must not build, construct, place, maintain, occupy, or cause to be built, constructed, placed, maintained or occupied in any street, any structure, object, or substance which is an obstruction to the free use of such street, or which may encroach thereon, without having first obtained a permit issued by the City Engineer, in accordance with this bylaw</p>
<p>Bylaw 2849 Section 63(8)</p>	<p>No person shall: Park any vehicle on any roadway in any public park for a longer period that 15 minutes after 6:00 p.m. during the months of November, December and January; after the hour of 8:00 p.m. during the months of February, March, April and October and after the hour of 10:00 p.m. during the months of May, June, July, August and September</p>
<p>Bylaw 2849 Sections 17.1, 17.6(a), 17.6(b), 17.6(f), 20.1(a), 20.1(b), 20.2, and 20.3</p>	<p>Various stopping and/or extended parking related bylaws to both vehicles and larger vehicles/trailers</p>
<p>Board of Parks and Recreation ByLaw Section 11</p>	<p>No person shall erect, construct or build or cause to be erected, constructed or built in or on any park any tent, building, shelter, pavilion or other construction whatsoever without the permission of the General Manager</p>
<p>Board of Parks and Recreation ByLaw Section 14(k)(i) and 14(k)(ii)</p>	<p>Extended parking related offences</p>
<p>Bylaw 2849 Section 66</p>	<p>No person shall place or cause or suffer to be placed by any person in the employ of or under the control of such person, any merchandise, vehicle, chattel, or wares of any nature on any street, sidewalk or boulevard for the purpose of sale or display, or for any other purpose whatsoever except in the actual course of receipt or delivery, or to use any portion of any sidewalk for the purpose of selling any packaging goods, wares, or merchandise of any nature or for measuring, packing, or unpacking goods, wares or merchandise. Provided, however, that the provisions of this section shall not apply to any person duly authorized to conduct street vending pursuant to the Street Vending By-law.</p>

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