

Policing in Canada: A Strategic Community-Based Approach Towards Injected Illicit Drugs

Rick Parent

Abstract

Traditional approaches by police agencies in dealing with illicit drug use in North America are well documented and have achieved questionable results. Police agencies in North America require new strategies and tactics in dealing with illicit drug usage that will enhance the communities that they serve. In Canada, the justice-related costs associated with illicit drug use, including expenses for police, courts and correctional services have been estimated at \$2 billion annually. Efforts to address the crime associated with illegal drugs in Canada led to the creation of a National Anti-Drug Strategy that utilizes a “four pillars approach” in dealing with illegal drugs; enforcement, prevention, treatment and harm reduction. Illicit injection drug use has been singled out and identified as an urgent health and social issue requiring both short and long-term action. At present there is minimal training provided to police recruits and in-service police officers regarding the promotion of harm reduction strategies for injected drug users. Educating and empowering police personnel in the goals of harm reduction will not only allow the police to be more effective in addressing the issues associated with injected drug use but will also contribute to the overall safety of the community.

Keywords

Harm Reduction, Injection Drug Use, Community Policing, Canada

The Structure of Contemporary Canadian Policing

Policing is the largest component of the Canadian criminal justice system, having the biggest portion of funding, at roughly \$10 billion annually (Canadian Centre for Justice Statistics 2007). There are 222 police services in Canada, and of those 117 services have fewer than 25 staff. Five Canadian police services—the RCMP, the Toronto Police Service, the Ontario Provincial Police (OPP), the Sûreté du Québec (SQ), and the City of Montreal Police Service (Service de police de la Ville de Montréal, or SPVM)—account for just over 60 percent of all police officers in Canada (see Table 1).

Considerable variation exists among Canadian police services in terms of their size and responsibilities. Most, however, have similar divisions or sections, including:

Operational Patrol:	patrol division, canine unit, identification squad, traffic, reserve or auxiliary;
Investigative:	general investigation (detectives), major crimes, sexual offences;
Support services:	information processing, communications centre, victim services, community services, and crime prevention;
Administrative:	finance and payroll, property office;
Human resources:	staff development, recruiting, training; and
Office of the chief:	Canadian police services, like their counterparts worldwide, have a rank structure that reflects their paramilitary organization. In recent years, the move toward community policing has resulted in major changes in the organization and rank structure of many police services.

Table 1. Policing in Canada

	British Columbia	Ontario	Quebec	Canada
Total number of police officers	8,075	24,450	15,233	64,134
Females as a percentage of total officers	21.9	17.2	20.8	18.5
Number of police officers per 100,000	186	192	198	195
Total expenditure on policing (\$000)	1,073,846	3,406,279	1,879,674	9,877,071

Police Services in Canada

Municipal police forces assume responsibility for enforcing the *Criminal Code*, provincial statutes, and municipal bylaws within the city limits. Across Canada, municipal police services range in size from three members to more than 5000 officers (the Toronto Police Service has 5558 plus an additional 2765 civilian personnel, and the Montreal Police Service has 4406 and an additional 1302 civilian personnel), and have jurisdiction within a city's boundaries. Newfoundland and Labrador, the Yukon, the Northwest Territories, and Nunavut are the only areas in Canada without municipal police services. Municipal police officers enforce the *Criminal Code*, provincial statutes, municipal bylaws, and, in recent years, certain federal statutes such as the *Controlled Drugs and Substances Act*. The vast majority of police “work” is performed by services operating at this level.

In addition to independent municipal police agencies, there are three independent provincial police forces in Canada: the Ontario Provincial Police (OPP), the Sûreté du Québec (SQ), and the Royal Newfoundland Constabulary (RNC). Typically, provincial police agencies are responsible for policing rural areas and the areas outside municipalities. For example, the OPP's area of responsibility takes in 993,000 square kilometres of land and 174,000 kilometres of waterways. A unique component of the OPP is the First Nations and Contract Policing Bureau, which oversees the delivery of policing services to First Nations communities and provides assistance and training for the transition to self-policing. Aboriginal and non-Aboriginal constables who are posted to First Nations communities are required to complete specialized training to sensitize them to Native culture and communities.

In Canada, the Royal Canadian Mounted (RCMP) operates as a federal (national) police force in all provinces and territories, enforcing or administering more than 250 federal statutes and agreements including the *Controlled Drugs and Substances Act*, as well as lesser-known statutes such as the *Canada Shipping Act* and the *Canada Student Loans Act*. Nationwide, approximately 60 percent of RCMP personnel are involved in contract policing—serving in the role of provincial and municipal police officers under agreements that are signed between the RCMP and the provinces/territories.

A unique feature of the policing landscape in Canada is “autonomous” Aboriginal police forces, which have developed across the country over the past three decades. In 2008 there were 405 Aboriginal communities in Canada with dedicated police services employing 1217 police officers, most of whom are of Aboriginal descent. Officers in Aboriginal police forces generally have full powers to enforce the *Criminal Code* and federal and provincial statutes, as well as band (tribal) bylaws on reserve lands. The activities of Aboriginal police forces are overseen by reserve-based police commissions or by the local band council, providing a community based approach to policing Aboriginal people.

Illicit Drug Use in Canada

The link between illicit drugs and crime in general is well established in academic literature. Research has shown that not only are many crimes committed by those who are under the influence of drugs and/or alcohol, but crime, particularly property-related crime, is often committed to obtain money to purchase drugs. Drug offences in Canada are also typically linked to organized crime and street gang activity as well as prostitution (Statistics Canada 2009). It is within this setting that the justice-related costs associated with illicit drug use in Canada, including

expenses for police, courts and correctional services have been estimated by the Canadian Centre on Substance Abuse at about \$2 billion annually. This figure climbs even higher when other social and health-related costs, such as medical expenses, loss of productivity and work absenteeism, are taken into account (Statistics Canada 2009).

Efforts to address the crime associated with illegal drugs in Canada led to the creation of a National Anti-Drug Strategy in 1987. Over the past 20 years, this strategy has evolved to include a collaborative approach among multiple government departments and community stakeholder groups that encompasses law enforcement, prevention and treatment. In 2003, a renewed strategy was undertaken that introduced a “four pillars approach” in dealing with illegal drugs. In addition to enforcement, prevention and treatment the concept of harm reduction was added in response to the real and persistent nature of illegal drug use.

The first of these pillars, enforcement, notes that drug prevention efforts can range from creating an environment that is absent of drug use to one where efforts are made to reduce drug abuse. One of the methods utilized towards this approach is supply reduction; reducing the production and availability of illicit drugs. Typically, supply reduction methods include law enforcement initiatives, interdiction teams, legislation and laws or penalties for use and possession of illegal substances. For the most part, this method of drug prevention has been effective as the majority of individuals comply with government legislation and have no desire to risk the possibility of arrest, charges and possible criminal conviction. Unfortunately, supply reduction techniques are limited in achieving full compliance through legislation and enforcement efforts alone.

In recent years, the increase in the supply of drugs combined with the increase of new trafficking routes has created the potential to increase demand and new market bases for illicit drugs. This change and fluctuation in markets requires that law enforcement efforts also adapt to current trends. Limited police budgets and the worldwide scope of drug supply as well as demand issues have posed new challenges for law enforcement personnel and placed limitations upon their effectiveness.

Prevention is the second pillar in the National Anti-Drug Strategy. This strategy involves reducing the demand for illicit drugs and, delaying the onset of first use of drugs. This method is typically accomplished by a variety of practices that include drug education or abstinence programs. The initial level of prevention attempts to avert the first use of drugs by gearing programs toward younger children with minimal prior exposure to drugs. Advanced prevention strategies focus upon keeping recreational and experimental users from becoming habitual or addicted

users. Education programs geared towards health and legal consequences are fundamental in this teaching process while incorporating counseling and intervention strategies (Knox 2009).

Treatment and Harm Reduction

Treatment and harm reduction make up the third and fourth pillars of the approach to dealing with illegal drugs. While supply and demand reduction strategies have had an impact upon the use of illicit drugs, it is important to note that some individuals will continue to use illicit drugs despite the various risks and despite the various preventative programs that are in place. It becomes necessary to acknowledge that illicit drug use will occur in society and the impact of drug prevention initiatives are limited. Communities must therefore find acceptable ways of dealing with illicit drug users utilizing methods that include traditional medical treatment and recovery programs that facilitate rehabilitation.

It is important however, to recognize that treatment and recovery methods will not always be available or a desirable option for the drug user. It is within this setting that harm reduction efforts focus upon providing a safe environment for both the drug user and the community. Harm reduction has been defined as policies, programs, services and actions that work to reduce the health, social and economic harms to the individuals, community and society, that are associated with the use of drugs (Newcombe 1992).

Abstinence of drug usage or medical treatment is not the primary aim of this concept. Reducing the levels of use and dependence through safe consumption and, lessening the impact of harm upon the individual and the community become the key focus (CHLN 2007; Levinson 2002). The concept of harm reduction has been successfully used in response to other social and medical concerns such as drinking and driving and in reducing the spread of AIDS.

For example, designated driver programs focus upon taking intoxicated drivers off the road while allowing individuals to consume alcohol. Communities have realized that it is unrealistic to expect that all individuals will not consume alcohol when they attend social functions. As a result, designated driver programs focus upon managing the consumption of alcohol and reducing the harm that can result by impaired driving. Further examples of harm reduction occur with the distribution of condoms to young adults in educational institutions. Communities have realized that it is unrealistic to expect that all young adults will refrain from sexual activities. Safe sex education and the distribution of free condoms serve as contentious examples of harm reduction steps that reduce sexually transmitted diseases such as AIDS and HIV.

In regards to illicit drugs, neighborhoods where injection drug use is widespread require the safe disposal of contaminated needles. Needle exchange programs and needle disposal boxes serve as examples of harm reduction practices; protecting the local community and the injected drug user. However, one of the most controversial harm reduction strategies is the establishment of safe injection sites for illicit drug users. In these instances, individuals are permitted to inject illicit drugs under the supervision of health care professionals, without fear of law enforcement intervention. The concept of this program is to provide a safe and clean atmosphere for users of injected illicit drugs while reducing or eliminating needle sharing as well as the spread of infectious diseases.

The city of Vancouver in British Columbia, Canada was the first area in North America to embrace this concept in 2003 by providing a supervised injection site for illicit drug users. Known as “Insite”, the location was established as a safe, health-focused center where individuals are permitted to inject drugs and connect to health care services as well as addiction counseling. In addition to being a supervised injection site, the location offers 12 detox beds for treatment as well as opportunities to obtain housing and reintegrate into the community (Insite 2011).

In the 1970's, several safe injection sites had previously been established in the Netherlands to provide treatment to heroin users for the purpose of improving the physical and psychological health of addicted individuals. The Dutch had noted that traditional drug prevention programs and their focus upon abstinence had demonstrated little success in dealing with illicit injected drug users (Knox 2009). The Swiss and Germans soon followed the Dutch example by creating safe injection sites in key locations within their countries. These safe sites typically include medical care, counseling, food and the exchange of needles in an organized and clean setting. Individuals are permitted to safely inject their illicit drugs, under the supervision of a nurse or doctor. This is in stark contrast to the traditional approach of injecting illicit drugs in back alleys and hidden rooms, often resulting in the sharing needles, the use of non-hygienic supplies and complications that include drug overdose.

Critics of the harm reduction approach argue that supervised injection sites simply allow the problem associated with drug usage to exist and may even encourage the use of injected illicit drug use. There are also significant costs associated with the establishment and maintenance of a safe injection site. Government funding, that could be utilized elsewhere, is directed to the maintenance of facilities and the paying of staff. Furthermore, there is the perception that harm reduction methods can be interpreted as an endorsement for decriminalization or the legalization of drugs.

Injected Illicit Drug Use in Vancouver

A key feature of Canada's Drug Strategy is reducing the harm associated with alcohol and other drugs to individuals, families and communities. A recent document prepared by the Advisory Committee on Population Health and committees on substance abuse, AIDS and corrections and justice (Health Canada 2007) notes that:

The misuse of injection drugs is a health and social issue that has and will continue to have significant consequences for individuals, families and communities in Canada. Failure to act now will result in escalating health, social and economic impacts. It is time for all jurisdictions and stakeholders to work together to renew their commitment to reducing the harms associated with injection drug use. In taking the next steps to address injection drug use, governments and other stakeholders should recognize the importance of injection drug use as an urgent health and social issue requiring both short and long-term action.

In this regard, the Public Health Agency of Canada estimates between 75,000 and 125,000 injection drug users are addicted to drugs that include heroin, cocaine or amphetamines. Three of the five metropolitan areas in Canada with the highest reported rates of drug offences are found in the province of British Columbia (Health Canada 2007).

In 2009, the population of British Columbia was approximately 4.4 million. Vancouver is the largest city in British Columbia with a metropolitan population of approximately 2 million people. Vancouver lies due north of Seattle, Washington. These two large urban centers are 140 miles apart and separated by an international border. Washington's interstate "5" freeway links the two cities with less than a three hour drive to the international border where the metropolitan area of Vancouver both begins and ends (Metro Vancouver 2010). In regards to illicit drug usage, Vancouver reported the highest rates of drug offences in Canada. Over fifteen thousand drug users are estimated to reside in the Greater Vancouver area; 69% have reported sharing needles.

Within the Greater Vancouver region is the Downtown Vancouver Eastside (DVE), Canada's poorest neighbourhood and the epicentre for injection drug use (IDU). There is also a large Aboriginal population within the DVE. Noteworthy is that this area has a high rate of not only illicit drug use but also illicit drug possession and trafficking. It is estimated that nearly half of Vancouver's IDUs (4,700 IDUs and 1,000 street youth) reside in this area covering approximately ten city blocks (Statistics Canada 2009). Injection drug users are also at risk of overdose; the annual

BC Coroners Service for 2005 and 2004 reports 211 and 171 deaths attributed to illicit drugs for the province of BC. Thirty seven percent of the deaths from 2005 were from the Vancouver area.

Table 2 illustrates statistics for the City of Vancouver in regards to drug related incidents from 2004 – 2007 (Statistics Canada 2009).

Table 2. Total drug related offenses in Vancouver 2004 – 2007

Year	Total drug related incidents	Total Drugs - Rate Per 100,000 population
2004	12,282	575.8
2005	12,178	563.9
2006	12,063	553.0
2007	14,407	630.1

In addition to the commission of criminal offences, injection drug use is considered the main route of transmission of HIV in Canada. Rates of HIV and hepatitis C infection among habitual local injection drug users in the downtown eastside of Vancouver are significantly high (BC Centre 2008). Studies have also indicated a higher incidence of HIV infection among Aboriginal IDUs. This is likely due to a lack of culturally appropriate interventions that address the needs of this unique population.

In sum, the major harmful consequences of illicit injected drug use include:

- Sharing of injection equipment which can lead to the transmission of blood-borne diseases such as HIV and hepatitis
- Social costs of widespread drug use
- Psychological and emotional costs that may result in suicide
- Economic costs of treating people infected with HIV/AIDS
- Legal costs of prosecuting and sentencing drug users
- Criminalization of drug use leading to the denial of basic health care and other social services

Rethinking the Police Response to Injected Illicit Drugs

There are significant differences between the philosophies focused upon harm reduction and injected illicit drug use and those associated with the enforcement of laws pertaining to injected illicit drug use. Within the realm of harm reduction, individuals with a dependency on illicit drugs are seen as suffering from complex health problems. In many instances, social issues that include unemployment and the lack of affordable housing exacerbate the situation for the drug dependent individual. In other instances, mental illness and social alienation add to the complexities and challenges of providing care (Insite 2011).

Conversely, within the realm of law enforcement, illicit injected drug users are typically viewed as criminals engaging in a variety of crimes to support a habit of choice or dependency. The standard approach of contemporary policing in dealing with illicit drug use in the community is by way of law enforcement strategies that serve to reduce the supply of drugs and/or demand for users. These strategies have a limited impact on habitual IDUs who, while continuing to use and/or sell drugs, pose a danger to themselves, front-line police officers and the community at large.

The rapid spread of HIV and hepatitis C among IDUs suggests that other strategic initiatives in the form of harm reduction should also be implemented. Harm reduction strategies that co-exist with supply and demand reduction strategies could be complementary, reducing drug related harm and, containing the spread of communicable diseases. Debeck et al. (2008) state that a supervised injection facility provides an opportunity to coordinate the public order objectives of policing with the efforts of public health. The authors noted that traditional street-level policing practices in urban settings can interrupt health service use by injected drug users thereby minimizing the effectiveness of health dollars spent on IDU interventions and increasing the risk of disease to the general population. In addition, an enforcement stance by police tends to increase high-risk practices among street injectors. In response to the heightened police presence, IDU's may inject with used syringes and use contaminated street water for rigs.

Adopting a Strategic Community-Based Approach to Illicit Drug Use

On a day-to-day basis, street-level police officers in North American urban settings routinely interact with individuals that are under the influence of illicit drugs placing themselves at risk, not only of a potential violent confrontation but also of inadvertently exposing themselves to communicable diseases. History has shown that this societal problem cannot be controlled by simply arresting individuals who traffic or, that are in possession of injection drugs such as cocaine or heroin. The situation surrounding the dependency of users of injected illicit

drugs is complex with no quick fix to the issue. Comprehensive and multi-faceted strategies are necessary if the police and the community are to effectively respond to the issues surrounding illicit drug use.

The community context plays a significant role in determining the demands that are placed upon police officers, the role that the police assume in the community, and the specific patterns of relationships that exist between the community and the police (which, in turn, will determine the potential for police–community partnerships in preventing crime and maintaining public order). Communities also vary on a number of critical dimensions, including their size; their socioeconomic, ethnic, cultural, and spiritual makeup; the types and levels of crime and disorder; attitudes toward the police; expectations of the police; and the levels of citizen interest in becoming involved in police–community partnership (Whitelaw & Parent 2010).

A key requirement for effective policing is that police officers have a thorough understanding of the community they are policing. At present there is typically minimal training provided to police recruits and in-service police officers in North America regarding the area of advocating harm reduction for the community and in regards to interacting with the IDU population. In particular, police training should focus upon culturally sensitive issues when interacting with IDU's from minority groups that may be marginalized and vulnerable. Educating police personnel in the benefits associated with a coordinated approach to harm reduction programs and enforcement will assist in dealing with the problems associated to injected illicit drug use as well as contribute to individual police officer safety.

In addition to education, police agencies need to share the responsibility of addressing drug abuse with other government agencies. By working collaboratively with health agencies and social workers, police can re-direct some of their resources to other priorities in the community. Public health and police agencies require a partnership that ensures the effective delivery of services, providing treatment to addiction and enforcement to criminal behaviour, thereby enhancing the overall safety of the community.

Finally, police leaders and managers need to operationalize the concept of harm reduction in the policies and procedures of the police agency. The creation of an enabling environment that supports harm reduction initiatives will further serve to enhance the lives of IDU's and allow street level policing to be more effective in addressing the criminal issues associated with illicit drug use.

As policing continues to evolve, new strategies and tactics need to be evaluated which serve to enhance the community. In Vancouver, the full-service model of

policing is focused not just on law enforcement and crime control but more broadly on social disorder and quality-of-life concerns. In general, police agencies across Canada are looking for better ways to deliver their service and to respond to unique community needs.

In sum, harm reduction is an evidence-based approach to dealing with drug addiction. Supply reduction, demand reduction and harm reduction efforts all have the potential to reduce the negative consequences of drug use by incorporating a spectrum of strategies that include the safe use of drugs, the managed use of drugs and abstinence. The police are key stakeholders in this process and their support is necessary if any community based harm reduction initiative is to succeed.

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The author Dr. Rick Parent recently completed 30 years of service as a police officer in the Vancouver area. He is also a former police recruit instructor and a police crisis negotiator. His area of research at Simon Fraser University includes police accountability, crisis negotiations, recruiting, training, international peace keeping and the police use of deadly force. Further information can be obtained at: www.rickparent.com & www.theppsc.org