



peers

VICTORIA RESOURCES SOCIETY

January 23, 2018

Dear Mayor and Council,

Peers Victoria (Peers) is a multi-service grassroots agency that was established by, with, and for sex workers in 1995. Peers provides an array of outreach and drop-in harm reduction and support services alongside education and employment training for current and former sex workers in the Greater Victoria region.

We are writing to express our concerns about the Victoria Police Department's (VicPD) budget proposal, which includes funding for six additional officers and two additional police liaisons for Island Health's Assertive Community Treatment (ACT) teams. We understand that council has already met and voted on the proposal, but we are hoping our letter is nevertheless relevant to future decisions.

Before outlining our concerns we feel it is important to acknowledge that we, and those we serve, benefit from a liaison relationship with two members of the Victoria Police Department who are assigned to work with us on matters concerning violence prevention and response in the sex industry/trade. We are not opposed in principle to partnerships between police and organizations serving marginalized populations, nor are we necessarily opposed to budget increases for municipal police departments. However, after reviewing various sources of information, it is our concern that there is presently insufficient information available to enable an understanding of the need for such a significant increase in public expenditure on police services, and there are compelling reasons to question the logic of the proposed increase.

We outline some of our main concerns below:

1. ***Insufficient Evidence Demonstrating Need to Increase Police Presence on ACT***

Teams: There is a lack of information available to the general public justifying the need to increase funding for police involvement in ACT. On the face of it, police involvement in the delivery of community based health care is incongruent with the guiding principles of health care generally, and community based mental health care specifically. There is a large body of historical evidence documenting infringements on human rights and other forms of unethical care in Canada in the context of mental health service delivery.

In light of this historical pattern, which has disproportionately affected Indigenous populations, how is increased police involvement in ACT justified as an improvement in mental health care delivery? At present the stated objectives associated with police involvement in ACT range between “risk” and “offender” management to diversion to “referrals” and “increasing access” to services, underscoring the vastly different principles which govern police work and health care delivery. It is unclear how these differences are reconciled in the partnership in a manner that supports the human rights of people experiencing mental illness.

We are aware that there is a partnership with researchers at the University of Victoria in place to evaluate the effectiveness of the VicPD-Island Health ACT partnership. This research must forefront the voices of those served by ACT models and be compared with research from other jurisdictions undertaking similar initiatives. It is our understanding that this research is incomplete and therefore this pilot and associated budget increases continue to be based on minimal statistics, anecdotal examples, and no third party evaluation. A limited evidence base is not uncommon in pilot service models, but is especially troubling in this case due to the magnitude of the associated expense and the ethical and legal questions surrounding the practice of merging police enforcement practices with health care service models.

2. ***Impact of Stigma:*** As an organization supporting a highly stigmatized community, we are familiar with the life-threatening impacts of stigma. Increased police involvement in ACT teams perpetuates the stigma that people with mental illness are dangerous and in need of control, a myth which is implicated in underfunded mental health services as well as police and public violence towards those experiencing mental illness. Any police partnerships with health or social services to address the needs of those with mental illness must be based on destigmatizing approaches which aim to empower and improve support for those with mental illness and their families.

Our own partnership with the Victoria Police prioritizes the consent and comfort of those in the sex industry. While many positive gains have been made over the years, the success of Peers' work with Victoria Police is incremental and fragile because the criminalization of people in the sex industry has fostered a deep distrust of police, and it requires persistent and thoughtful work to shift this perspective. It is imperative that the aims of any partnership between police and organizations serving marginalized populations be clearly and explicitly linked to destigmatization and improved access to public services. While we recognize that there are benefits from multi-sectoral partnerships, at present there is little to suggest that destigmatization is a guiding principle, or outcome, of the VicPD-Island Health ACT partnership; in fact, the partnership may be further entrenching stigmatizing ideas, while also potentially encroaching on the constitutional rights of those affected by mental illness.

3. **Lower Rate of Crime:** The proposed budget will enable VicPD to hire six new officers and two new support staff, however there is no publicly available information justifying a increased need for police presence in the community. Crime rates in Victoria and Canada, including violent crime, have dropped significantly over the last twenty years.

Although crime rates have dropped, we recognize that calls to police may not have similarly declined. Information should be made available regarding the nature of these calls and alternatives to police response should be explored, both to rationalize allocation of limited public resources, and also because there are some community concerns (overdose, homelessness, health etc.) which are better addressed through other kinds of service investments, including innovative crisis response models. We recognize that police may be involved in other kinds of community based prevention or investigative work leading to increased demands on time, but if this is the case, sufficient information must be made available to link this work to budget justifications.

Returning to the case of ACT specifically, the VicPD/ACT annual report indicates that in 2016 there were 1427 calls related to ACT clients. This represents an average of just over four calls per day. It is nevertheless unclear, based on available information why more officers are needed to address this volume of calls, and if there are alternative measures or practices which might reduce the need for police response. One of the potential benefits of the ACT model is that it results in reduced police service calls related primarily to mental health concerns. In the case of Victoria, a reported decline in service calls related to ACT service recipients has been matched with a proposal to increase police resources dedicated to ACT, a situation which is seemingly contradictory in terms of any net benefit in lowering police resource expenditure. Further information is needed to understand this.

We are very supportive of innovative community partnerships to enhance services for marginalized populations and support the need for improved accountability regarding police responses to citizens experiencing mental illness. We hope that patient/service recipient voices', health care research and best practices from other jurisdictions which prioritize human rights and improved health care access for marginalized populations will guide any further investments in partnerships between VicPD and Island Health. We also hope that research data will be duly considered to justify local policing priorities and associated expenses.

Sincerely,



Rachel Phillips, Executive Director of Peers Victoria Resources Society