

The Right Honourable Stephen Harper, PC, MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, K1A 0A2

This is a letter of support for continuing the health study at the Supervised Injection Site in Vancouver.

Dear Prime Minister,

As a retired police officer in Vancouver I have had the honour of serving this city for twenty nine years including twelve years immersed in the challenges of the Downtown East Side. My last ten years were spent working with many diverse community partners and government agencies on initiatives to improve the health and safety of this community. I served as a Police Inspector in the DTES, both before and after the implementation of the Supervised Injection Site, and I believe that my experience provides a unique perspective.

In 1998, I had an interesting discussion with a colleague here at work. I was searching for ways in which we could evaluate the deployment of more officers in the DTES to deal with crime and disorder issues and the public use of cocaine and heroin. My colleague suggested that maybe the best measure of success would be to base it on the overdose death rate. That year our death rate stood at 191. Though we argued over the applicability of this method I was eventually won over by his argument. His point was that it is not just what police do but what we all do as a collective community that should be measured. That perspective helped me approach problem solving in a wider and much more collaborative way. Between 1998 and 2003 the drug overdose death rate in this city dropped steadily to just 45. This was accomplished through many efforts.

On May 25th I had the opportunity to accompany the Honourable Justice Minister Toews on a walking tour through the DTES. On the tour I summarized many of the enforcement initiatives and strategies that the Vancouver Police have initiated over the past ten years to reduce crime and disorder and to improve the health of the community. We have seen very significant improvements in the reduction of liquor related violence and homicide in the DTES. Responding to liquor abuse has been relatively easy compared to addiction to harmful drugs, mental illness, and persons with multi barriers.

Before the SIS was opened the level of public drug use of crack cocaine and IV drug use was intolerable. As enforcement officers we tried to manage the situation even to the point of advocating for the redesign of public space at Main and Hastings. At the same time we were concerned that enforcement efforts might serve to force drug users into the alley ways and single room occupancy hotels to die alone. We were strong advocates for low threshold initiatives which would facilitate entry into treatment. Before the SIS was opened and the corner of Main and Hastings was redesigned there were as many as two hundred and fifty drug users densely congregated on the corner impervious to enforcement. The complimentary actions of the redesign of the public space, the provision of the SIS, the actions of Peers and User Groups, of Street Nurses and Enforcement all combined to channel the spectre of the public use of dangerous drug use into a more manageable situation. Closure of the SIS will result in increased public drug consumption, increased overdose deaths and increased harm to the entire city.

Prior to the opening of the site Vancouver Police and Health worked out protocols to better manage this environment around the SIS. I was pleased to see the support that many of our officers gave by either

directing or escorting drug users to the site. The SIS fits into a Four Pillars Approach but it is just one small piece. What this community also needs is serious commitment to Prevention and Education.

When we look to the history of Supervised Injection Sites it is interesting to look at the German approach to illicit drugs in Frankfurt. Using a Four Pillars approach the German Government provided treatment options, and supported housing for the treatment of addiction. In their experience the vast majority of drug users were willing to move into treatment and sought medical help for their addictions. For the ten percent who would not willingly go into treatment four Supervised Injection Sites were opened at the epicentre of their drug problem. At the same time six hundred additional police officers were hired to force non compliant public consumers into the Supervised Injection Sites. For those who did not comply there were strict legal penalties to force compliance. It is easy to see how the SIS concept fits into this kind of approach.

In many ways we have the cart before the horse. The DTES lacks supported drug and alcohol free housing, it lacks the treatment beds. Police enforcement levels have not increased and education and prevention are so modest as to be non existent. Rather than close the SIS we should be developing supports, housing, strategies, prevention and education programs that continue to build a multifaceted response.

I was very disappointed to see that the Health Minister is considering a Drug Policy submission by the RCMP on the Supervised Injection Site in Vancouver. While it may seem natural for the Federal Government to turn to our Federal Police Force, I would submit that police officers in Vancouver have more front line experience with the critical issues that affect this community where the Supervised Injection Site has been operating. If we truly believe in community policing we need to listen to the officers that are networked into this community rather than an external police agency that does not have the same relationship or role. While the RCMP are a professional police service they have limited experience in urban areas, and in particular inner city issues in major Canadian cities. Edmonton, Calgary, Winnipeg, Toronto, Ottawa, Victoria, are all served by municipal police forces. The RCMP does not provide provincial police services to Ontario or Quebec. The largest municipality that the RCMP serves is Surrey, BC. While a detached policy paper may help provide background I would urge you to assign higher value to the police department that knows this community the best and is working with citizens and advocates on a daily basis to improve the situation.

I often find it helpful to give these contentious issues a human face. For example, if my daughter was on the street in Vancouver with a drug abuse problem what would I want to happen? I would want a facility like the SIS to be available to help her through her addiction, to explain to her safe drug usage, to watch her when she she had to shoot up, to teach her how to avoid fatal infections, to treat her with dignity, to offer her options to get into treatment, to understand that that would not occur until she was ready, and to hopefully lead her into treatment and recovery. I would want to see that her life was held so precious that we took the collective steps to ensure she lived and did not become a statistic. I am pleased to report that my daughter has just begun her career with the Vancouver Police and this is just her third day "on the road". I know that every day that she works as a police officer in this city that she will be dealing with victims of substance abuse. I strongly urge your support of the SIS so that she has some options when she deals with persons struggling with substance abuse. I urge you to help her salvage lives and build a comprehensive Canadian Drug Strategy.



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