Let me tell you a secret about Harm reduction

Vancouver police are practising it daily on the street, whether they know it or not, or just don’t want to admit it.

I have been a police officer for some 26 years. I was a police liaison with the Vancouver Agreement — a city, provincial, and federal government partnership dedicated to solving the longstanding problems of Vancouver’s Downtown Eastside.

I was the police lead for Vancouver’s supervised injection site project team as well as the North American Opiate Medical Initiative and a member of the Citywide Enforcement Team.

I am the Vancouver Police Department’s drug policy coordinator.

But I am also a police officer who came to the VPD from the RCMP in 1967 and walked a beat on Granville Street. At the time, arresting people for using drugs was just simply part of what I did as a police officer.

However, I was lucky; I had a senior partner, Roy Fleming, who told me this: “Always remember that the only difference between you and them is that they stuck a spike in their arm and you did not, otherwise they could be your neighbour.”

So perhaps that’s why nearly 39 years later I am here today to talk to you about policing and harm reduction.

The police in Vancouver have a secret we don’t want to tell you, but I will share it with you today.

We are harm reduction practitioners; we just don’t know it ourselves or we don’t want to admit it.

I suggest harm reduction can simply be defined as the practice of reducing harm. Therefore, anyone can be a practitioner, whether a police officer, a street outreach worker, a drug user peer or a health care worker, to name a few.

The public perception that needle exchange and injection sites are the sole definition of “harm reduction” may undermine support for harm reduction.

Police have an important role to play. In the mid-90s a study revealed that nearly half of the homicides in Vancouver occurred within a 1.5-block radius of Main and Hastings Street, and involved intoxication by alcohol and a knife.

Enforcement at licensed premises was increased dramatically and enacted within three months of the video’s release. This almost sounds a bit like activism to achieve social and political change.

In 2003, Vancouver police supported and worked with the supervised injection site project team. The policing plan recommended our officers encourage and direct intravenous drug users to the site. In many cases our officers used discretion and actually escorted users to the site with their drugs in hand.

I suggest this support was, and is, a reduction of harm or harm reduction.

In 2004 the VPD, with the support of the Vancouver Agreement, engaged in enforcement projects Lucille and Raven. These projects were directed at the infrastructure of hotels, pawnshops, bars and so on that support and perpetuate the cycle of crime, violence and exploitation of the most vulnerable.

This was a harm reduction initiative and another example of “community activism” to kick-start changes in government policy and practice.

The eventual outcome we hope will be decent housing for this vulnerable population.

There may be times when enforcement and policing appear to be a barrier to harm reduction practices such as needle exchange and access to services.

The police have to balance this with the need to serve all members of the community and maintain a level of safety and security for all, including drug users.

As with the supervised injection site, we had to strike a balance between ensuring ready and open access and also ensuring violence and criminal activity on the street were kept to a minimum.

We may take a different path from our community and health care partners to get there, and at times we may disagree about what the best path should be. But we are all, in our own way, harm reduction practitioners.

I’m Scott Thompson and I’m with the Vancouver Police Department. This column is a synopsis of a talk that I delivered at the Harm Reduction Conference in Vancouver last week.