Resolutions adopted at the 109th Annual Conference

August, 2014
Victoria, BC

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RESOLUTION #01 - 2014

ROADSIDE DRUG SCREENING TOOL

Submitted by the Law Amendments Committee

WHEREAS   drivers under the influence of drugs pose a danger to themselves and other users of the highway, and;

WHEREAS   section 253 of the *Criminal Code* has made it an offense to operate a vehicle while impaired by a drug for several years, and;

WHEREAS   through advances in technology drug screening tools are readily available for roadside detection, and;

WHEREAS   Canada does not currently have an approved roadside drug screening tool to detect drugs in impaired drivers, although roadside screening tools have been used effectively in other countries, including Australia, and;

WHEREAS   without a roadside drug screening tool, police officers have a difficult time detecting drug impaired driving and Crown prosecutors face challenges prosecuting drug impaired drivers.

THEREFORE BE IT RESOLVED   that the Canadian Association of Chiefs of Police urges the Government of Canada to improve the safety of Canada's roadways by approving a drug screening tool to enhance investigation and prosecution of drug impaired driving.

RESOLUTION #01 - 2014

ROADSIDE DRUG SCREENING TOOL

Background

A simplified roadside drug screening tool for drug impaired drivers would greatly improve the ability of police officers to detect drug impaired driving. Such a capability would provide an objective and efficient means of improved drug impaired driving enforcement across Canada. [1]

Under the *Charter*, a roadside drug testing regime would arguably be similar to roadside breath testing for alcohol. This capability would simplify the current investigative process for drug impaired driving, including potentially reducing the time a motorist is detained and simplifying the investigative process.

Canadian Statistics

The national *Canadian Addiction Survey* reports, 39.8% of those aged 15-24 reported driving within two hours of using cannabis during the past 12 months, compared to 20.9% who reported driving under the influence of alcohol.

A recent study comparing alcohol and drug use among fatally-injured drivers in Canada indicated that one-third of such drivers had been using drugs. Of the drivers who were tested for both alcohol and drugs, 14.2% were positive for both. This is particularly troubling because the combined effects of drugs and alcohol on driving performance may be multiplicative. [2]

> **Roadside toxicological screening … is the best way to increase the perceived and actual rates of apprehension, and thereby deter drug-impaired driving in Canada.** (*Drug-Impaired Driving in Canada: Review and Recommendations*, October 2012, MADD Canada, Chamberlain & Solomon, Faculty of Law, Western University, p 25)

[1] (*Drug-Impaired Driving in Canada: Review and Recommendations*, October 2012, MADD Canada, Chamberlain & Solomon, Faculty of Law, Western University, p 14)
[2] *A Comparison of Drug- and Alcohol-involved Motor Vehicle Driver Fatalities,* Ottawa: Canadian Centre on Substance Abuse, 2011 EE Beasley, DJ Beirness & AJ Porath-Waller)

RESOLUTION #01 - 2014

ROADSIDE DRUG SCREENING TOOL

ACTION PLAN

That the Executive Director of the Canadian Association of Chiefs of Police forward correspondence to the Public Safety Minister of Canada; the Minister of Justice and Attorney General of Canada; and the Minister of Transportation of Canada, petitioning for legislation authorizing the approval of a Drug Screening Tool.

That the members of the Canadian Association of Chiefs of Police speak of the dangers of operating vehicles while impaired by a Drug and the need for a roadside Drug detection tool, when addressing the issue of impaired driving, in their communities.

RESOLUTION #02 - 2014

CHANGE TERMINOLOGY FROM "ECONOMICS OF POLICING" TO "ECONOMICS OF COMMUNITY SAFETY AND WELL-BEING"

Submitted by the Crime Prevention Committee

WHEREAS "policing" is a term that encompasses not only 1) the specific mandated functions carried out by the formal institution of the police service and the broader legislation and regulations put in place by governments but also 2) the informal regulation and self-regulation of social life that governs everyday interactions of individuals and groups, and;

WHEREAS "economics of policing" is the term used by the federal and provincial/territorial governments and police stakeholders in the context of current national discussions on the costs, efficiency and effectiveness of police services and the justice system, and;

WHEREAS this narrow definition restricts policy discussion to the formal institutions of police within the criminal justice framework of police, courts and corrections, and;

WHEREAS budgetary envelopes within every jurisdiction are finite and under pressure, and;

WHEREAS police are increasingly called upon to deal with a high volume of non-criminal public order incidents, including a growing number of mental health and addiction issues, that fall directly within the mandates of specialized agencies and community-based organizations also experiencing financial strains, and;

WHEREAS police agencies are using a variety of mechanisms to offset the costs that result from responding, including developing hand-off protocols and invoicing other agencies, and;

WHEREAS discussions on the "economics of policing" risk ignoring the costs and benefits of the roles performed by non-police sectors in encouraging pro-social behaviour, preventing crime and social disorder and addressing the needs of those who come into contact with the criminal justice system, and;

WHEREAS economic evaluations show that money invested at the front end through comprehensive prevention policies and practices saves expenditures in the criminal justice system in the long term, and;

WHEREAS   the Canadian Association of Chiefs of Police is committed to collaboration with community and professional partners and the responsible management of public resources.

THEREFORE BE IT RESOLVED   that the Canadian Association of Chiefs of Police encourage governments, police governance bodies, academics and researchers, police agencies and all stakeholders to use the term "economics of community safety and well-being" in place of "economics of policing" in its ongoing work on the costs, efficiency and effectiveness of measures that ensure public safety.

RESOLUTION #02 – 2014

CHANGE TERMINOLOGY FROM "ECONOMICS OF POLICING" TO "ECONOMICS OF COMMUNITY SAFETY AND WELL-BEING"

<u>ACTION PLAN</u>

The Crime Prevention Committee took the decision to develop this resolution at its strategic planning session of January 2014, where it worked to ensure alignment of the Committee's objectives with the renewed mission of the Canadian Association of Chiefs of Police.

The Committee will assist the CACP Executive and National Office in promoting the terminology "economics of community safety and well-being" to governments, police associations, researchers and academics, the news media, police agencies and stakeholders, however this assistance is requested.

It will do so by:

- preparing a media release for the CACP to post on its website and social media sites
- distributing this electronically to other national policing associations; federal, provincial/territorial government officials responsible for policing and public safety; the Federation of Canadian Municipalities; and all current members of the Coalition on Community Safety, Health and Well-being.

RESOLUTION #03 - 2014

REDUCING UNINTENTIONAL 9-1-1 CALLS RE: POCKET DIALS

Submitted by the British Columbia Chiefs of Police (BCACP)

WHEREAS a significant number of misdialed or accidental 9-1-1 calls continue to occur through the use of cell phone devices, creating a significant drain on police operations and 9-1-1 call center resources, when trying to determine the legitimacy of abandoned 9-1-1 calls, and;

WHEREAS unintentional 9-1-1 calls from wireless devices are mainly due to how the handset is designed, and;

WHEREAS in 2012, a resolution from the Alberta Association of Chiefs of Police, in support of the Alberta Association of Municipal District and Counties, called upon the Canadian Radio-television and Telecommunications Commission (CRTC) and Industry Canada to request future sales of mobile handsets to have a minimum two button call programming with a call confirmation to access 9-1-1 services, and;

WHEREAS in 2012**,** a resolution from the Union of British Columbia Municipalities (UBCM) requested that the Canadian Wireless Telecommunications Association to impose better safeguards against inadvertent or unintended 9-1-1 calls, and;

WHEREAS in 2010, the Ontario Association of Chiefs of Police, with an endorsement from the Canadian Association of Chiefs of Police, put forward a resolution to the Canadian Radio- television and Telecommunications Commission and Industry Canada requesting enhanced accuracy and reliability in locating 9-1-1 callers from wireless devices, and;

WHEREAS the wireless service providers, the Canadian Wireless Telecommunications Association and the Canadian Radio-television Telecommunications Commission continue to request the handset manufacturers to change the design of their devices to reduce the likelihood of misdialed and accidental 9-1-1 calls ("pocket dials"), and;

WHEREAS despite these various efforts, unintentional pocket dials remain a significant problem for police agencies and 9-1-1 centres, and;

WHEREAS on June 19, 2014, the British Columbia Association of Chiefs of Police passed a resolution to request the Canadian Association of Chiefs of Police to approach Industry Canada and the CRTC to address this issue.

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THEREFORE BE IT RESOLVED that the Canadian Association of Chiefs of Police call upon Industry Canada and the Canadian Radio-television Telecommunications Commission to:

a. Immediately address the sale of any mobile handsets that support single button access to 9-1-1 emergency services, and further

b. Require that the future sale of handsets sold in Canada not have the ability to dial 911 through a single button push.

RESOLUTION #03 - 2014

REDUCING UNINTENTIONAL 9-1-1 CALLS RE: POCKET DIALS

<u>BACKGROUND INFORMATION</u>

Industry Canada has reported that in response to the findings and recommendations of the 9-1-1 Inquiry, the Canadian Wireless Telecommunications Association (CWTA), made a submission to the Canadian Radio-television Telecommunications Commission (CRTC) on November 22, 2013, noting the CWTA and its members recognize the strain that accidental wireless 9-1-1 calls place on the scarce resources of Public Safety Answering Points, and remain committed to taking all available action to further the effectiveness of emergency 9-1-1 services.

The CWTA noted that wireless carriers are addressing this issue, by adopting measures through device manufacturers to reduce these calls. Newer devices generally do not have the capability to automatically dial 9-1-1.   A number of handsets that previously used to require one input before a 9-1-1 call was made, now require two to four inputs, depending on if the device is locked or unlocked prior to dialing 9-1-1, or whether 9-1-1 was the last number called.

The CWTA has met with public safety officials in Prince Edward Island to help facilitate specific research into quantifying which features of cellphones most often result in unintentionally-dialed 9-1-1 calls, and how those calls can be mitigated in the future.

The CRTC has required wireless carriers to inform their subscribers of the availability, characteristics and limitations of the 9-1-1 service that they offer. As part of this notification, the CRTC has required wireless service providers to inform their customers not to program their mobile devices to dial 9-1-1 on the press of a single button, in order to prevent accidental calls. The CRTC's website also advises consumers on how to prevent accidental 9-1-1 calls by locking the keypad of their mobile devices when they are not in use.[1]

Despite the efforts being made to reduce the number of abandoned 9-1-1 calls; existing police resources continue to be impacted. In January 2013, a background paper was commissioned by the Union of British Columbia Municipalities in how 9-1-1 services are delivered in British Columbia. The PSAPs in British Columbia completed a survey which indicated that Abandoned Calls represent between 10 – 20% of all   9-1-1 calls received.

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[1] E-mail J. Stanhope, Industry Canada, dated May 15, 2014

http://www.ubcm.ca/assets/Resolutions~and~Policy/Policy/Community~Safety/911%20Services%20in%20BC.pdf

The 2013 Telus Provincial 9-1-1 Service Call Answer Statistics report provides information on the total number of 9-1-1 calls received for each 9-1-1 Centre, and the number of Abandoned 9-1-1 calls which is defined as calls that are disconnected prior to a 9-1-1 Operator answering the call.

Department	Total 911 calls Received	Total Abandoned 911 calls (Disconnected prior to answer)	Abandoned 911 (Disconnected prior to answer) from Wireless Devices
Abbotsford	47,072	6,849	5,026 (73.4%)
Chilliwack	53,185	5,228	3,557 (68%)
Courtney	62,244	5,603	3,738 (66.7%)
E-Comm	845,703	134,658	100,083 (74.3%)
Nanaimo	59,073	6,151	4,039 (65.7%)
Nelson	3,229	438	265 (60.5%)
Northern BC	89,963	11,030	7,569 (68.6%)
Saanich	26,382	3,112	1,872 (60.2%)
Southeast BC (Kelowna)	214,518	22,977	15,587 (67.8%)
Victoria Police	46,540	5,321	3,568 (67.1%)
Victoria RCMP	33,604	3,308	2,333 (70.5%)

E-Comm 9-1-1 the consolidated dispatch centre for southwest B.C. reported that its abandon call rate is approximately 15% of its overall call volume and estimate that a minimum of 200 calls out of 2400 calls received daily are accidental calls, most of them pocket dials.[2]

E-Comm 9-1-1 dispatched a police officer to 9,354 abandoned calls in 2013.

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[2] E-mail from Doug Watson, VP Operations, E-Comm 9-1-1, dated May 14, 2014

Only 7% (approximate) of E-Comm 9-1-1's abandoned calls resulted in an officer being dispatched.[3]

In 2013, 18 to 23% of all RCMP jurisdictional calls in British Columbia were abandoned 9-1-1 calls.[4]

The Emergency Management Office for Nova Scotia indicated that in 2013 the Province of Nova Scotia answered 240,000 9-1-1 calls, and identified 11.5% or 27,600 as being pocket dials.[5]

In January 2014, the Victoria Police Department publically released that they had received 129 abandoned 9-1-1 calls from one singular wireless device. Police officers were dispatched to search for someone in distress while the 9-1-1 Operators tried to determine the location of the caller to ensure the person did not need help. The prefix indicated it was a pay-as-you-go cellphone, and it is expected that the calls stopped as the account ran out of credit or the battery ran down. The 9-1-1 Operators had to place other 9-1-1 calls on hold as these 9-1-1 calls continued to come in.
https://www.vicpd.ca/media/media-releases/2014/vicpd-911-centre-receives-129-calls-one-dayfrom-same-phone

On June 2, 2014, the Victoria Police Department encountered another situation where they received 53 abandoned 9-1-1 calls from one singular wireless device from a pay-as-you-go cellphone.

In 2013 the Canadian Wireless Telecommunication Association (CWTA) reported a total of 27,581,688 wireless subscribers. The number of wireless subscribers grew by 2.59% over 2012.
http://cwta.ca/wordpress/wp-content/uploads/2011/08/SubscribersStats_en_2013_Q4b.pdf

Public awareness campaigns continue to highlight the number of unintentional 9-1-1 calls being received. E-Comm 9-1-1 has taken a leadership role in educating the public on the impact of accidental calls and other important issues that impact police and 9-1-1 centre resources (e.g. "know your location", "non-emergency vs emergency"). Outreach activities have included advertising campaigns specifically focused on pocket dials, earned media (news releases, radio and television appearances), social media outreach and educational materials made available free of charge.

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[3] E-mail from Doug Watson, VP Operations, E-Comm 9-1-1, dated June 3, 2014

[4] Telephone call, June 2, 2014 – Sally Boxall, OCC Island District Commander, RCMP

[5] Emergency Management Office Nova Scotia power point presentation

E-Comm's most recent public education campaign centred around a 60-second animated video and companion print posters depicting the "culprits" out to cause pocket dials and advised the public what they can do to help prevent the approximately 200 accidental calls to 9-1-1 that E-Comm receives every day, most of them "pocket dials" from cellphones ("lock and store your phone carefully"). http://www.ecomm911.ca/911-education/overview.php

RESOLUTION #03 - 2014

REDUCING UNINTENTIONAL 9-1-1 CALLS RE: POCKET DIALS

ACTION PLAN

The Victoria Police Department as represented by Ms. Darlene Perry, Director of Information Management will work with the Information and Communications Technology Committee to develop background information that may be required to further the resolution as endorsed by the British Columbia Association of Chiefs of Police.

RESOLUTION #04 – 2014

IMPROVING OUTCOMES: POLICE INTERACTIONS WITH PERSONS EXPERIENCING MENTAL HEALTH ISSUES

CACP TO SUPPORT THE CONTINUING ADVANCEMENT OF THE CANADIAN MENTAL HEALTH STRATEGY

Submitted by the Members of ISIS 2014 – Norman E. Taylor, Program Director

WHEREAS at its 2013 Annual General Meeting the CACP identified that the growing frequency, severity, human risks, business risks, and resource levels associated with police responses and interactions with persons with mental health issues collectively represent the number one emerging issue facing police services in Canada, and;

WHEREAS the CACP Board of Directors assigned this priority topic as the 2014 research theme for the Institute for Strategic International Studies, leading to a global study built upon two key questions:

1. What interactions between Persons with Mental Illness (PMI) and human services or other agencies may support a reduction in contact with the justice system, and
2. What inter-agency interaction may support a reduction in re-contact by PMI with the justice system, and;

WHEREAS ISIS 2014 has identified the four critical elements of leadership, collaboration, education, and policy reform as those most vital to advancing the aims of the Canadian Mental Health Strategy – a comprehensive strategy with the full potential to be consistent with the best global practices, but only if it achieves its intended scope and sustainability, and;

WHEREAS there exists a growing body of evidence that the policing system has much to contribute to those other sectors that must continue to be in leading roles on these issues, and can play important roles together with those others in deploying collaborative crisis response models, mobilizing multi-sector risk-driven intervention models, collaborating on counter-recidivism strategies for offenders with mental health issues, and advancing efforts to reduce stigmatization and improve general awareness, and;

WHEREAS the Canadian Association of Chiefs of Police has no dedicated standing committee with specific and ongoing responsibility for carriage of this priority issue and advocacy for these promising practices.

THEREFORE BE IT RESOLVED that the Canadian Association of Chiefs of Police commits its support to the Canadian Mental Health Strategy ("the Strategy") and urges its members across Canada to actively engage with their local partners in health, mental health, education and social services to accelerate the advancement and adoption of proven and promising practices in collaborative, multi-sector, risk-driven strategies designed to improve outcomes for persons experiencing mental health issues while also enhancing community safety, member safety and well-being, and the operational efficiency of the policing, corrections and criminal justice systems.

IMPROVING OUTCOMES: POLICE INTERACTIONS WITH PERSONS EXPERIENCING MENTAL HEALTH ISSUES

CACP TO SUPPORT THE CONTINUING ADVANCEMENT OF THE CANADIAN MENTAL HEALTH STRATEGY

COMMENTARY

Throughout their domestic research and global studies, the members of ISIS 2014 recognized that persons experiencing mental health issues are not solely a policing matter. We in policing know that in a perfect world, such individuals would receive the care and supports they need and continue to live stable lives as they head back to recovery, and never come upon our radar. However, we also know that a great many seem to travel a too-frequent journey into compounding risk factors, and many ultimately end up in some form of crisis that requires our involvement, far too often resulting in tragedy for the individual, trauma for our members, and discredit for our profession.

ISIS 2014 conducted field studies in six countries, and included two visits to the World Health Organization in their efforts to 'deconstruct' that journey, guided by their principal research questions and a consistent set of research dimensions designed to examine multiple social, legislative and structural factors that could better inform a Canadian context.

Upon their return from the field, the ISIS sub-teams quickly identified four vital elements: collaboration, education, policy reform and leadership. It is these elements (explained in greater detail in the ISIS 2014 research report) that defined the more successful societies when it comes to meeting the needs of their citizens with mental health issues. They are also the elements that are clearly deficient in the most ineffective national systems.

ISIS 2014 also uncovered ample evidence in Canada that these four elements are not only available but are already being applied to great effect in many places and many promising programs. There is much we can build upon, but we must build upon these still selective applications, with a view to achieving a more consistent and generalized commitment to meeting the needs of persons and families who experience mental health issues, thus lessening the likelihood, frequency and severity of unnecessary contacts and re-contacts with the police and the criminal justice system.

The Canadian Mental Health Strategy (2012) – *Changing Directions, Changing Lives* (http://strategy.mentalhealthcommission.ca) – was developed by the Mental Health Commission of Canada after extensive research and national consultations involving

multiple service sectors and persons and families with lived experience. The strategy represents a comprehensive blueprint, worthy of the best performing nations identified in the ISIS 2014 research, for improving the overall care and support to persons experiencing mental health issues, their families, workplaces and communities.   But, the ISIS research also identified that as it stands, attention to this strategy will likely remain highly fragmented and subject to considerable systemic resistance as it challenges the compartmentalized practices and policies established over many years across multiple human service sectors and differing jurisdictional responsibilities.

Through the high profile and the combined local, federal-provincial-territorial, and collective national influence afforded to police leaders, the CACP and its members have the opportunity to contribute significantly to the acceleration of the Canadian Mental Health Strategy. Evidence shows that police leaders, within their legitimate role as champions of community safety and well-being, can be among the most highly effective influencers at every level for mobilizing their human services partners and related policy makers into collaborative working models whose reach extends well beyond the traditional scope of policing responsibility and resources.

The ISIS 2014 research reaffirms that policing must always recognize that there are other parts of the system with more central roles to play in meeting the needs of persons experiencing mental health issues. However, if we in policing and criminal justice fail to align our influence, our talents and our energies in direct support of those efforts by others, we will inevitably inherit an increasingly greater and inappropriate share of this responsibility, along with its associated unsustainable resource demands, and its potentially tragic human costs for citizens and our members alike.

Through the formation of a Standing Committee for Collaboration on Mental Health Issues (CCMHI), the CACP will signal the level of urgency its membership attaches to the impact of mental illness on policing and justice operations and serve notice of its strong commitment to supporting the aims and outcomes of the Canadian Mental Health Strategy.

Moreover, through the collaborative nature of the proposed CCMHI, the CACP can continue to work toward improved clarity about the most appropriate roles for policing resources and other parts of the human services system within the continuum of prevention, care, response and recovery for persons experiencing mental health issues.

To bring the necessary perspectives and abilities to bear on the development of solutions, the proposed CCMHI will include membership from the CACP, from other agencies and sector associations representing the health, mental health, social services, education, and justice systems, and persons with lived experience and their advocates.

RESOLUTION #04 – 2014

IMPROVING OUTCOMES: POLICE INTERACTIONS WITH PERSONS EXPERIENCING MENTAL HEALTH ISSUES

CACP TO SUPPORT THE CONTINUING ADVANCEMENT OF THE CANADIAN MENTAL HEALTH STRATEGY

ACTION PLAN

The Board of Directors of the Canadian Association of Chiefs of Police to consider:

1. Establishing a CACP Standing Committee or Sub-Committee - the Committee for Collaboration on Mental Health Issues (CCMHI) - with active membership to extend outside of the policing community to include professionals and policy-makers from mental health and other human service sectors, and persons with lived experience and their advocates.

2. Directing the CCMHI and the CACP Executive towards the engagement of senior stakeholders and policy makers at all levels of government, and practitioners across all relevant human service sectors, toward resolving barriers and crafting new solutions in support of the Strategy, with due regard to the appropriate roles and investments of all relevant sectors.

3. Directing the CCMHI (in partnership with other CACP Committees such as the Law Amendments Committee) towards working with policy-makers to identify and propose changes to legislative and policy frameworks that might impede responsible collaboration (including information sharing) for the purposes of meeting the needs of persons experiencing mental health issues and other compounding risks.

4. The identification and appointment of a senior CACP member to serve as Chair (or as the Policing Co-Chair) to lead the formation of the CCMHI and the selection of appropriately qualified and geographically representative members from the multiple sectors and stakeholders to be involved.

5. Development and dissemination of a public statement by the President of the CACP, announcing the formation and leadership of the CCMHI, the general commitment of the association to the issues, and other matters in line with the recommendations put forward in this resolution, by October 31, 2014.

6. Convening of the first meeting of the CCMHI before year-end 2014.

7. The development of a Committee / Sub-Committee charter and strategic plan for consideration by the CACP Board of Directors and other stakeholder groups, commensurate with the recommendations put forward in this resolution, in time for the Spring 2015 meeting of the CACP Board.

8. All selected members to form the committee to be requested to arrive at the first meeting with a preliminary inventory of steps being taken in support of the Canadian Mental Health Strategy and promising practices being deployed within their sector and/or in collaboration with others (e.g. Crisis response models, Hub Models, TEMPO and other training, Housing and other solutions to composite risk factors).

9. The completion of a first-year report on the status and early achievements of the CCMHI to be presented at the CACP Annual General Meeting in August 2015.