RESOLUTION 2024-05

Improving Police Hospital Transitions: Equitable care for those apprehended under the *Mental Health Act* who experience substance use disorder or intoxication

Preamble:

Ontario police have identified ongoing and increasing challenges related to persons in crisis being refused examination and care or treatment when apprehended under the *Mental Health Act* and taken to a psychiatric facility or other health facility.

The intersections of mental health and substance use issues, including but not limited to intoxication and substance use disorders, are complex for any system to address. The OACP recognizes that mental health is health, and the most effective way to address co-occurring mental health and substance use is investment in upstream preventative approaches, harm reduction, and community support programs. (*Canadian Centre on Substance Abuse: When Mental Health and Substance Abuse Problems Collide*, 2013)

Over the past decade, police in Ontario have strived to better understand mental health, which includes the awareness that mental health occurs on a continuum. Increased recognition that substance use also happens on a spectrum, as a diagnosable mental disorder, continues to help to decrease stigma of what are essentially health issues. Since 2020, to reduce the criminalization of substance use, the Public Prosecution Service of Canada (PPSC) have implemented a risk-based approach to personal (simple) drug possession charges. Only those cases that pose a risk to public health and safety are prosecuted, and suitable diversion and alternative measures are applied to those cases that do not meet the risk threshold. The government further supported with Bill C-5, enacted in November 2022, which amended the *Controlled Dugs and Substances Act* to require police and prosecutors to consider alternative measures instead of criminal charges for simple drug possession offences.

While police maintain to connect individuals to these alternate measures and support pathways to care, substance use has increased in Canada, and COVID-19 amplified the strong link between mental health and substance use disorder. Further, a national opioid overdose and toxicity crisis continues to disproportionately impact vulnerable populations (Mental Health Commission of Canada, 2023). At home, the prevalence of initiating necessary state of emergency actions in Ontario communities, particularly Indigenous communities, is on the rise.

It is at this level of acuity that police are often called upon to intervene. Whenever possible, police are utilizing creative approaches such as community mobilization programs, crisis call diversion and integrated mobile crisis response teams to support a person in crisis. Despite these approaches, there are times when co-occurring mental health and substance use disorder or intoxication escalate to such extent as to cause serious bodily harm or the threat of serious bodily harm to the person or others. In such acute instances, police may determine that a person in crisis requires apprehension under the *Mental Health Act* to be taken to a psychiatric facility or other health facility for examination.

People with substance use disorders may present with challenging behaviours when intoxicated or in withdrawal (Volkow, 2020). This may be more acute when there is a co-occurring disorder, and the person has experienced a crisis to the extent of severely harmful behaviour. Unfortunately, there are times when health professionals, who may have had previously challenging interactions with persons in crisis who are intoxicated,

may anticipate similar experiences with future patients (Hoover, Lockhart, Callister, Holtrop, & Calcaterra, 2022). These encounters create situations where health professionals have become resistant to the extent of refusing to provide an examination or treatment to persons apprehended by police and brought to hospital.

In addition, anecdotal and observed pressures on hospitals include insufficient resources allocated to addictions, training, lack of medical restraint policies as least intrusive options, and inadequate or non-existent security services in acute health care facilities. As a result, there has been an increase in situations where some health facilities refuse to see persons in crisis due to intoxication.

This trend puts the most vulnerable population in Ontario at increased risk when evidence shows that substance use and withdrawal from such substances can significantly endanger a person. According to the Mentoring, education, and clinical tools for addiction through Partners in Health Integration in Ontario (META:PHI), funded by the Ministry of Health, people who visit the emergency department for alcohol-related reasons are at higher risk for death than the general populations.

Persons that are under the influence of any substance, particularly those with alcohol intoxication are at high risk of missed associated diagnoses including trauma and medical conditions with presentations of altered mental status such as hypoglycemia, diabetic ketoacidosis, and other concurrent conditions. The latter is especially important to consider where there is a higher overall disproportionate prevalence of Type 2 diabetes and substance use in Indigenous communities. Further, META:PHI reports that suicide is a major cause of death among patients with severe alcohol use disorder. Alcohol dependence, acute intoxication, major depressive disorder, and social factors such as interpersonal conflict are significant risk factors for suicide attempts. People in crisis who present with both an alcohol-related concern and suicidal ideation or attempts should receive comprehensive treatment for both their alcohol use and concurrent mental disorders.

It is also important to acknowledge that there are significant, acute health problems that can look like intoxication (I.e., as stroke or sepsis) that could be co-occurring with a mental health crisis, and health professionals turning any person away without an examination or assessment risks misdiagnosis which can be fatal.

There should be no wrong door.

WHEREAS individuals who us substances are being diverted out of the criminal justice system for personal (simple) possession of illicit drugs. Police are still called upon to deal with persons who use drugs and exhibit chaotic, disruptive, and unsafe behaviour which can compromise community safety and well-being, along with their own personal safety, and

WHEREAS frontline police officers are often the first point of contact with persons who are in crisis that may be co-occurring with drug use, or chaotic, disruptive, or unsafe behaviour. While police can assist and support persons in crisis by making referrals to connect individuals to alternate pathways of care, there are times when an apprehension under the *Mental Health Act* is necessary, and

WHEREAS the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5) serves as the standardized tool in Ontario for the classification and diagnosis of mental health conditions internationally, and

WHEREAS Substance Use Disorder is recognized as a mental disorder within the DSM-5, and therefore should be given equal consideration at a place for examination, per Section 18 of the *Mental Health Act,* by a physician (forthwith) to determine disposition and planning by healthcare professionals, and

WHEREAS a person experiencing a mental health crisis that is co-occurring with intoxication due to substance use is particularly vulnerable and in need of urgent medical attention and should not be turned away from medical care, including assessment, diagnosis, and treatment, and

WHEREAS police have a duty to apprehend a person in crisis that meets the threshold in Section 17 of the *Mental Health Act,* and to take them to a place for examination by a physician, and the refusal of care at the psychiatric facility or other health facility due to intoxication perpetuates stigma and discrimination against those with co-occurring mental health and substance use disorders, and

WHEREAS the stigmatization of individuals with substance use disorder, as a diagnosed mental health disorder, obstructs access to appropriate and equitable treatment and support when a person is taken to a place for examination under Section 18 of the *Mental Health Act, and*

WHEREAS such obstruction puts the person in crisis at an unreasonable risk of harm and impacts community safety where police have no authority to continue detention of the person in crisis under the *Mental Health Act.*

THEREFORE, BE IT RESOLVED THAT the OACP calls on the Government of Ontario to ensure that public hospitals, including psychiatric facilities and other health facilities as defined by the *Mental Health Act,* be prohibited from refusing persons suffering from a mental health issue on the grounds that they are intoxicated, as the risk of misdiagnosis could have fatal outcomes, and

BE IT FURTHER RESOLVED THAT the OACP calls upon the Government of Ontario to work with public hospitals, including psychiatric facilities and other health facilities as defined by the *Mental Health Act,* to establish policies and procedures that ensure persons in crisis who may also be intoxicated receive the same consideration for examination, assessment, and treatment by a physician forthwith, and

BE IT FURTHER RESOLVED THAT the OACP calls upon the Government of Ontario to provide these places for examination the necessary funding to have in place adequate security and withdrawal management protocols to provide stabilization and appropriate treatment to persons in crisis that may have a co-occurring substance use disorder, and/or are perceived to be intoxicated.