



Resolution 2011-01

Mental Health and Addictions

Approved at the 60th Annual General Meeting June 2011

WHEREAS law enforcement personnel are often the first responders to situations involving interaction with people who have mental health and/or addiction issues, while facing patchwork social services and limited legal options that adequately and appropriately deal with these individuals from the start; and

WHEREAS an increasing number of Ontarians frustrated with barriers to community mental health and addiction services experience their first contact with the mental health system through the justice system; and

WHEREAS a lack of community mental health/addiction services and resources for persons with mental illness and addictions has been cited as a significant contributor to the growth in the number of persons with mental health issues entering the criminal justice system; and

WHEREAS the criminal justice system is often the entry point and only way for people with mental health and addiction issues to begin receiving treatment, but only upon arrest for a criminal offence; and

WHEREAS 36 percent of individuals in custody in Ontario suffer from some form of mental illness, 50 percent of Canadian offenders report substance abuse as a cause of their offence, and about two-thirds of the people admitted to Ontario correctional facilities have had alcohol or drug problems, many of whom continue to experience these difficulties; and

WHEREAS government ministries in Ontario other than Health and Long-Term Care also fund services that support people with mental illnesses and addictions, including \$2.3 billion in law enforcement services; and

WHEREAS an integrated, coordinated approach to mental health and addiction services from prevention to ongoing supports would significantly improve services AND reduce costs not only in the justice sector, but also government-wide; and

WHEREAS a study of six years of data from the London Police Service revealed that:

- Individuals with serious mental illness were more likely than those without mental illness to be in contact with police as suspected offenders, to have a greater number of offences, to reoffend more quickly, and to be formally charged for a suspected offence.

- More resources should be allocated to support persons with mental illness in the community because they tend to have high rates of repeated police contacts for a variety of offences; and

WHEREAS the provincial government has already taken major steps to address mental health and addictions issues that negatively impact police resources and the justice system, including:

- Striking a non-partisan, all-Party Select Committee on Mental Health and Addictions, which in August 2010 submitted a final report with 23 recommendations, seven of which relate to the justice sector.
- In November 2010 in response to the Select Committee's final report, passing Bill 101, the Narcotics Safety and Awareness Act which permits the monitoring, analyzing and reporting of information related to the prescribing and dispensing of monitored drugs, including OxyContin.
- Creating a Minister's Advisory Group, which in December 2010 submitted a 10-Year Mental Health and Addictions Strategy for Ontario; and

WHEREAS the OACP does not support safe injection sites, which are identified as "needle exchange programs" and recommended as a harm reduction strategy for those with drug addictions in the proposed 10-Year Mental Health and Addictions Strategy.

THEREFORE BE IT RESOLVED THAT:

The Ontario Association of Chiefs of Police (OACP) supports de-emphasizing the role of police in mental health and addiction cases, as individuals are best served by health care professionals in the community and by a robust mental health and addiction system, and

The OACP calls on the Government of Ontario to continue the meaningful progress already achieved on mental health and addictions by moving forward without delay on a 10-Year Mental Health and Addictions Strategy, based on the framework and general principles outlined in the proposed strategy of the Minister's Advisory Group and the final report of the Select Committee on Mental Health and Addictions.