



SASKATOON _____
POLICE SERVICE

TO: Jo Custead, Chairperson
Board of Police Commissioners

FROM: Troy Cooper
Office of the Chief

DATE: 2023 November 01

SUBJECT: SPS Involvement with Complex Needs Individuals

FILE #: 9,015

ISSUE:

On a daily basis, the Saskatoon Police Service (SPS) comes into contact with a number of individuals having complex needs, and ends up temporarily incarcerating a number of them. The Saskatoon Board of Police Commissioners (BOPC) has requested that the SPS furnish a report outlining the circumstances that give rise to these individuals coming into custody, the dynamics of their needs, and the frequency with which this given population is arrested. The BOPC has further requested that the SPS outline the process in place at time of release of these individuals, and include suggestions which may improve coordination of care with external service providers.

RECOMMENDATION:

That the report be received as information.

BACKGROUND:

Between January 1, 2022 – August 31, 2023, 17,802 arrests were brought into SPS Detention. Of these, 31% (5,558) were booked in *only* for being intoxicated by drugs¹ or alcohol in a public place. They had not committed any criminal offence but had to be there because they were in a vulnerable state, unable to care for themselves, and there were no alternate community supports available. Except for the Saskatchewan Health Authority’s (SHA) Brief Detox Unit (BDU), the SPS has nowhere to take intoxicated individuals who are unable to care for themselves; Detention remains the lone alternative to the BDU. The BDU only has 15 beds available, with 6 of them earmarked for their social program. Between February – August of 2023, the BDU was at 120% occupancy, resulting in an average of four people refused admittance nightly. The

¹ During this report, a “drug” is deemed to be any chemical substance which introduces a physiological effect on the body, other than alcohol.

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closure of the Lighthouse Stabilization Units resulted in 30-33 beds being no longer available to the SPS, nor is the Saskatoon Tribal Council (STC) Emergency Wellness Centre (EWC) in a position to support the SPS by taking intoxicated complex needs individuals.

The SPS also has no resources available for complex needs individuals when the time comes for release from Detention. Individuals who arrive at Detention self-identifying as homeless still leave homeless. Those who are arrested with mental health and addictions challenges are still leaving with mental health and addictions challenges.

The demographics of the 31% of individuals brought to Detention for intoxication (alcohol and drugs) were as follows:

- ✓ Gender
 - 69% male
 - 30% female
 - 1% gender neutral

- ✓ Housing
 - 52% self-identified as homeless, having no fixed address
 - 48% gave a local address

- ✓ Ethnicity (self-disclosed)
 - 85% Indigenous
 - 10% Caucasian
 - 5% Other ethnicity

- ✓ Age
 - 64% between the ages of 20-39
 - 25% between 40-59
 - 2% 60 plus
 - 7% youth

Determination of substance use at time of arrest is based upon the observations of the officer interacting with the individual and self-disclosure of substance consumption by the arrested person. In 89% of the cases, arrested persons were observed under the influence of alcohol, with a further 11% under the influence of some other drug. However, it is common that intoxicated individuals engage in polydrug use, and of the 89% who exhibited alcohol intoxication, 40% of that number had also used a drug at the same time they consumed alcohol.

Risk factors for alcohol use are different than those risk factors for other drugs. When drugs are used the individual often experiences drug induced psychosis, which can accelerate a deterioration of the individual's mental health. Drug use also is often seen to escalate incidences of criminal involvement, beginning with participation in non-violent offences which over time trend towards violent events.

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This distinction between alcohol and drug consumption can be seen below in the behaviour of the ten-most arrested individuals for each major intoxicant type:

Top 10 individuals arrested for Intoxication by **DRUG**

Gender	Age	Housing	Ethnicity	Drugs	Alcohol	Intox arrest	Criminal Charges	Mental Health Apprehensions	Drug Induced Psychosis
F	52	NFA	Indigenous	Yes	Yes	37	1	5	Yes
F	22	NFA	Indigenous	Yes	no	17	5	7	Yes
M	30	NFA	Indigenous	yes	No	17	4	2	Yes
M	22	NFA	Indigenous	Yes	No	16	5	6	Yes
F	29	NFA	Indigenous	Yes	No	16	6	0	Yes
F	33	NFA	Indigenous	Yes	No	11	15	5	Yes
M	29	NFA	Indigenous	Yes	No	11	10	2	Yes
M	25	NFA	Indigenous	Yes	No	10	4	3	Yes
F	28	NFA	Indigenous	Yes	No	9	5	3	Yes
F	23	NFA	Indigenous	Yes	No	6	1	5	Yes

Top 10 individuals arrested for Intoxication by **ALCOHOL**

Gender	Age	Housing	Ethnicity	Drugs	Alcohol	Intox arrest	Criminal Charges	Mental Health Apprehensions	Drug Induced Psychosis
M	48	Shelter	Indigenous	No	Yes	252	7	0	No
M	31	Shelter	Indigenous	No	Yes	103	3	0	No
M	53	NFA	Indigenous	No	Yes	97	0	0	No
F	56	NFA	Indigenous	No	Yes	75	1	0	No
M	24	NFA	Indigenous	No	Yes	66	5	0	No
M	34	NFA	Indigenous	No	Yes	62	1	0	No
M	37	Shelter	Indigenous	No	Yes	51	2	0	No
M	47	NFA	Indigenous	No	Yes	44	6	0	No
M	53	Shelter	Indigenous	No	Yes	40	2	0	No
F	52	NFA	Indigenous	Yes	Yes	37	1	5	Yes

- Average age of individuals arrested for being intoxicated by alcohol is **44**, where the average age for individuals arrested for being intoxicated by drugs is **29**.
- The amount of criminal charges committed by individuals using drugs is **2 times more** than those using alcohol.
- The criminal charges committed by individuals using alcohol typically result in **non-violent offences** (theft, stolen property, mischief), however those individuals intoxicated

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by drug are committing **violent offences** (assaulting random people, assaulting police officers, weapon offences and attempts on harming themselves.)

- Drug Induced Psychosis, affecting their mental health, is prevalent with **all individuals** using drugs, where only **10%** of those using alcohol had visible mental health concerns.
- **40%** of those using alcohol stayed at a local shelter when they were sober, whereas, those individuals using drugs were all homeless as their behavior is so erratic that shelters refuse to take them.
- Individuals using drugs spend a longer time in Detention as they are not deemed as sober and safe for release.

Detention Process

Appendix A: Detention Flow Chart.

Release from Detention occurs when the individual is no longer committing the act they were originally detained for. For intoxicated individuals, depending upon level of sobriety, this could occur any time after being held for 6 hours or up to a maximum of 24 hours. The longer an individual is in Detention, the higher the risk for a medical issue to occur and the higher the cost to Police. When individuals are released, any property they brought in with them is returned. Often, individuals are not dressed appropriately when they were originally arrested and will not have socks, shoes, jackets, etc. SPS Detention staff attempt to provide them with clothing items they are lacking and appropriate to the weather. However, the inventory of clothing items for distribution at time of release are donated (primarily by SPS employees) and selection is limited in quantity and size. At time of release, if the individual has someone to call or a shelter space is needed/available, Detention personnel will facilitate those calls. However, if the individual does not request assistance, they are released to their own devices.

DISCUSSION:

The following case studies illustrate actual individuals the SPS has had contact with, who have experienced alcohol addiction, drug addiction and drug induced psychosis, which has impacted their mental health and had bearing on their housing situation:

- See *Appendix B: Case Study “Sara”*
- See *Appendix C: Case Study “Jeff”*
- See *Appendix D: Case Study “Kirk”*
- See *Appendix E: Case Study “Leah”*
- See *Appendix F: Case Study “Rick”*
- See *Appendix G: Case Study “Todd”*
- See *Appendix H: Case Study “Chad”*

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With 31% of individuals booked into SPS Detention only arrested because of either alcohol or drug intoxication, and 52% of those people have no home to return to, continued collaboration with our partners in the healthcare and social services realms are critical. At present, people are largely left to their own devices upon release, with the SPS providing what system navigational help it can. Based upon the level of service that could be agreed to with our human service partners, improvement to the continuity of care of persons released from SPS Detention could be realized through:

- Partner agency transportation from Detention to a home, Social Services, a shelter, Friendship Centre, etc.;
- Priority admittance to community support locations, now that the individual is sober; and
- Priority (same-day) appointments with the Ministry of Social Services for assistance.

The use of a partner agency to meet sober individuals upon release is not currently available; however the recently announced complex needs facility (15 bed) may be at least a partial response. It will be staffed with Health resources and they may be able to provide a more thorough assessment of needs prior to release. There may also be some synergies in moving a client from provincial Health care detention to provincial Social Service supports.

CONCLUSION:

At present, SPS Detention is still one of the only two locations where complex needs individuals can be taken who are intoxicated in public and are unable to care for themselves. Over the past year and a half, 31% of arrests made by the SPS were for intoxication events, translating to 15 persons in custody per day. Increasingly, the characteristics of those arrested include higher numbers of people using drugs, and being arrested at a younger age. This increase in drug use has seen a corresponding increase in violent offences by those individuals.

Supported housing options for persons suffering from psychosis and drug addiction will have to be resourced appropriately given the disruptive nature of these individuals.

There remains a pressing need for the issue of continuity, and abundance, of care to remain at the forefront of community discussions. As a corollary to that discussion, the appropriateness, or inappropriateness, of the SPS Detention facility as location for these complex needs individuals must be included in the conversation.

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ATTACHMENTS:

1. Appendix A: Detention Flow Chart
2. Appendix B: Case Study “Sara”
3. Appendix C: Case Study “Jeff”
4. Appendix D: Case Study “Kirk”
5. Appendix E: Case Study “Leah”
6. Appendix F: Case Study “Rick”
7. Appendix G: Case Study “Todd”
8. Appendix H: Case Study “Chad”

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