



Submission to
The Toronto Police Services Board on
Zero Deaths – Expanded Deployment of Conducted Energy Weapons
February 22, 2018

The Centre for Addiction and Mental Health (CAMH) submits the following deputation to the Toronto Police Services Board on *Zero Deaths – Expanded Deployment of Conducted Energy Weapons*. CAMH is Canada’s largest mental health and addictions health science centre. We combine clinical care, research, education and system building to transform the lives of people affected by mental illness. Mental health and criminal justice is a public policy priority for CAMH and we have participated in numerous consultations on policing, including: Justice Iacobucci’s Independent Review of the Use of Lethal Force by the Toronto Police Service; MCSCS’s Strategy for a Safer Ontario; and Justice Tulloch’s Independent Police Oversight Review.

Toronto Police Service’s (TPS) proposal to expand the deployment of Conducted Energy Weapons (CEWs) to frontline police constables raises concerns for CAMH. While CEWs theoretically give police a less lethal option when they are in an aggressive situation, their use is not without risk. We are particularly concerned about the potential for overuse of CEWs against people experiencing a mental health or emotional crisis and the negative health impacts of this use. We are also concerned that expanding CEWs will take the focus off of de-escalation and crisis intervention. And we believe that the threshold for CEW use is too low. Therefore, prior to making a decision to expand CEWs to TPS constables, CAMH makes the following recommendations:

Recommendation #1: TPS make de-escalation their default response

There is the potential that increasing access to CEWs will enable police to by-pass non-violent techniques to calm or subdue a person who is experiencing a mental health or emotional crisis. For example, research indicates that police are two times more likely to use CEWs at mental health emergencies than at criminal arrests (O’Brien et al, 2011) and that CEWs are used 28% more frequently on people with mental illness than those without (Bailey et al, 2016). While the details of these situations are not available, the disproportionate use of CEWS against people in crisis demonstrates that use of force is likely being used in situations that would actually warrant de-escalation.

TPS has a robust curriculum for training officers on de-escalation techniques. However, these communication and negotiation techniques are taught as the *preferred* response when police interact with people experiencing a mental health or emotional crisis. In a joint submission to the *Strategy for a Safer Ontario*, CAMH and the Empowerment Council recommended that de-escalation be taught as the *primary* or *default* response in all conflict situations between police and community. We also

recommended that in situations where it is clear that a person is experiencing a mental health or emotional crisis, de-escalation be used *instead of* use of force options (where safety considerations permit). Expanding the deployment of CEWs before recognizing the primacy of de-escalation could lead to police overreliance on CEWs in situations with people in crisis. Therefore, CAMH recommends that TPS change their policies and procedures to make de-escalation their default response in all interactions with the public.

Recommendation #2: TPS expand access to crisis intervention

In *Zero Deaths* Chief Mark Saunders highlights the success of Mobile Crisis Intervention Teams (MCITs) in providing back-up to officers who are having difficulty de-escalating people in crisis. These specially trained teams of police officers and mental health professionals now operate across all TPS divisions, providing people in crisis with connections to mental health services and support. Unfortunately, as the Chief points out, MCITs are only available during limited hours and may have to cover more than one division at once. Limited access to MCITs is one reason that TPS is calling for the expanded use of CEWs for front-line officers.

Given the success of MCITs in meeting the needs of people in crisis, CAMH would like to see investments used to expand this service prior to any decision to expand CEWs. TPS may also want to consider investing in different crisis intervention models. Hamilton's COAST program is a successful model where MCITs are the first responders to people in crisis due to their skill at diffusing potentially volatile situations. In addition, Justice Iacobucci recommended that TPS pilot the Crisis Intervention Team (CIT) model to support MCITs. The CIT model would ensure that specialized, trained officers would be available to respond to people in crisis 24/7.

Recommendation #3: TPS advocate for research on the health effects of CEW use on vulnerable populations

Research on the health effects of CEWs on vulnerable populations is limited (CCA, 2013). Some research indicates that people with mental illness and/or those using illegal substances may be at greater risk of death after exposure to a shock by CEW (as cited in Bailey et al, 2016). It has also been proposed that medications used by people with mental illness may increase their risk of death by CEW (White & Ready, 2010). CEWs can also contribute to the psychological trauma experienced by people with mental illness. Therefore, the physical and mental health effects of CEWs on people experiencing a mental health or emotional crisis need to be better understood before their use is expanded. CAMH recommends that TPS follow the advice of Justice Iacobucci and advocate for an interprovincial study of the medical effects of CEWs on vulnerable groups, including people in crisis.

Recommendation #4: TPS increase their threshold for CEW use

In Ontario, the threshold for CEW use is low compared to elsewhere in Canada and the 'imminent need for control of a subject' may lead to overuse when police encounter someone who is experiencing a mental health or emotional crisis. CAMH and the Empowerment Council have recommended that MCSCS increase the threshold for CEW use province-wide, but to no avail.

While the provincial threshold for CEW use remains unchanged, it does not prevent TPS from making amendments to their threshold. Justice Iacobucci recommended that TPS consider limiting the use of CEWs to situations where a “...subject is causing bodily harm or poses an immediate risk of bodily harm to the officer or another person, and no lesser force option, de-escalation or other crisis intervention technique is available or is effective.” CAMH recommends that TPS increase their threshold for CEW use to meet the bodily harm/risk of bodily harm criteria.

Recommendation 5: TPS conduct a pilot project on CEW expansion

Given the many variables involved in expanding CEWs to front-line officers, and particularly the potential for negative impact on vulnerable members of the community, CAMH recommends that TPS begin with a pilot project. As recommended by Justice Iacobucci, a pilot project would involve deploying CEWs to a limited number of front-line officers in a limited number of divisions for a limited amount of time. Close monitoring and analysis of CEW use by these officers would allow TPS to better understand the circumstances under which CEWs are deployed and the impact of CEW availability on de-escalation and use of force. Such information could help determine if CEW expansion is warranted.

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