



Board of Police Commissioners

Agenda

Tuesday, September 12, 2017

10:00 a.m.

2nd Floor Council Chambers

**City Hall
320 Esplanade
Sydney, N S.**

Commission Members:

**Commissioner Earlene MacMullin, Chair
Commissioner Steve Gillespie
Commissioner Ivan Doncaster
Citizen Appointee - Commissioner Nadine Bernard
Citizen Appointee – Commissioner Dale Deering-Bert
Citizen Appointee - Commissioner Joseph Meaney
Provincial Appointee – Commissioner Joseph Gillis, Vice Chair**

Cape Breton Regional Municipality

Board of Police Commissioners

Agenda

Tuesday, September 12, 2017

10:00 a.m.

2nd Floor Council Chambers, City Hall

Roll Call

1. **Approval of Minutes:** (previously distributed)

➤ **June 13 , 2017**

2. **Harm Reduction Session: Promoting Health & Saving Lives:** Ms. Laura Chapman, MPH, Health Promotion & Prevention, MH&A, NSHA (See page 3)

BREAK

3. **Recognition of Assistance from Community Members and Partners:** Chief Peter McIsaac (See page 35)
4. **2016 Crime Stats:** Chief Peter McIsaac (See page 36)
5. **Divisional Reports:** Staff Sergeant Reg Hutchings (See page 39)

Adjournment

Education Session Re: Harm Reduction

Title: *Harm Reduction: Promoting Health & Saving Lives*

Length: 1.5 hours

This session provides an in depth look at what harm reduction truly is, in both everyday life, as well as in the context of offering care to a person who uses drugs. The benefits felt by both the individual and the larger community will be highlighted. This session will share evidence-based information, research and facts about a variety of harm reduction interventions and attendees will be invited to consider how much they support each approach, before and after the research is discussed. This provides an opportunity of self-exploration for the audience to evaluate personal and professional tolerance levels for each intervention, begging the question: Why is there such a wide variance of support, depending on the type of harm reduction service/program/being offered?

The session being offered to the Police Commission, Council, CBRM Corporate Staff & invited guests **will focus on harm reduction interventions currently being employed within the CBRM – some of which have had both positive and negative media attention: Opioid Overdose Prevention Training (a.k.a. Naloxone Training), Needle Kiosks and Methadone/Suboxone Treatment.** An update of the current state of each will be discussed and again, the level of support within the larger community for each will be examined.

Language choices and how they perpetuate stigma – around both harm reduction and substance use in general - will be highlighted. This conversation challenges attendees with a future commitment to consider their own language and challenge other's in terms of how people speak about and treat people who use drugs within our community.

Finally, if time allows, a facilitated conversation will close the session that will focus on one central question: How can all stakeholders work together to maintain and improve support for each intervention, as well as other interventions that could be employed to promote health, keep communities safe and ultimately, save people's lives?

HARM REDUCTION: PROMOTING HEALTH & SAVING LIVES

Introductions

Chera Clements, RN, Team Lead, Opioid Recovery Program, MH&A, NSHA

Christine Porter, ED, Ally Centre of Cape Breton

Janet Bickerton, RN, Chair of ACCB Board of Directors

Judy Kelly, RN, Public Health, NSHA

Laura Chapman, MPH, Health Promotion & Prevention, MH&A, NSHA

Mary Musgrave, Manager, Public Health, NSHA

Sharon MacKenzie, Manager, MH&A, NSHA



**THIS PRESENTATION IS CONTROVERSIAL
and MAY BE OFFENSIVE TO SOME AUDIENCES**

VIEWER DISCRETION IS ADVISED

Goals:

1. Broaden understanding of harm reduction and strengthen community support
2. Lessen stigma surrounding drug use

Objectives:

- Explore what substance use truly is
- Share evidence behind harm reduction practices & normalize our work
- Discuss support for harm reduction, despite the evidence
- Discuss how language perpetuates stigma

Explaining Harm Reduction



Seat belts, emission controls, speed limits, and helmet laws are pragmatic interventions to reduce mortality and morbidity associated with using vehicles and bikes, *without necessarily requiring people to stop driving.*

These can all be understood as **harm reduction** strategies to reduce the risks and harms of motoring.

Harm Reduction, Every Day



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Harm Reduction, Every Day



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So...

- ▶ Why is there resistance when we apply harm reduction to risky behaviours associated with drug use? Why does tolerance for harm reduction decrease?
- ▶ Do **values and beliefs** get in the way?
- ▶ Do your **personal experiences, interactions or relationships** with people who use(d) drugs get in the way?

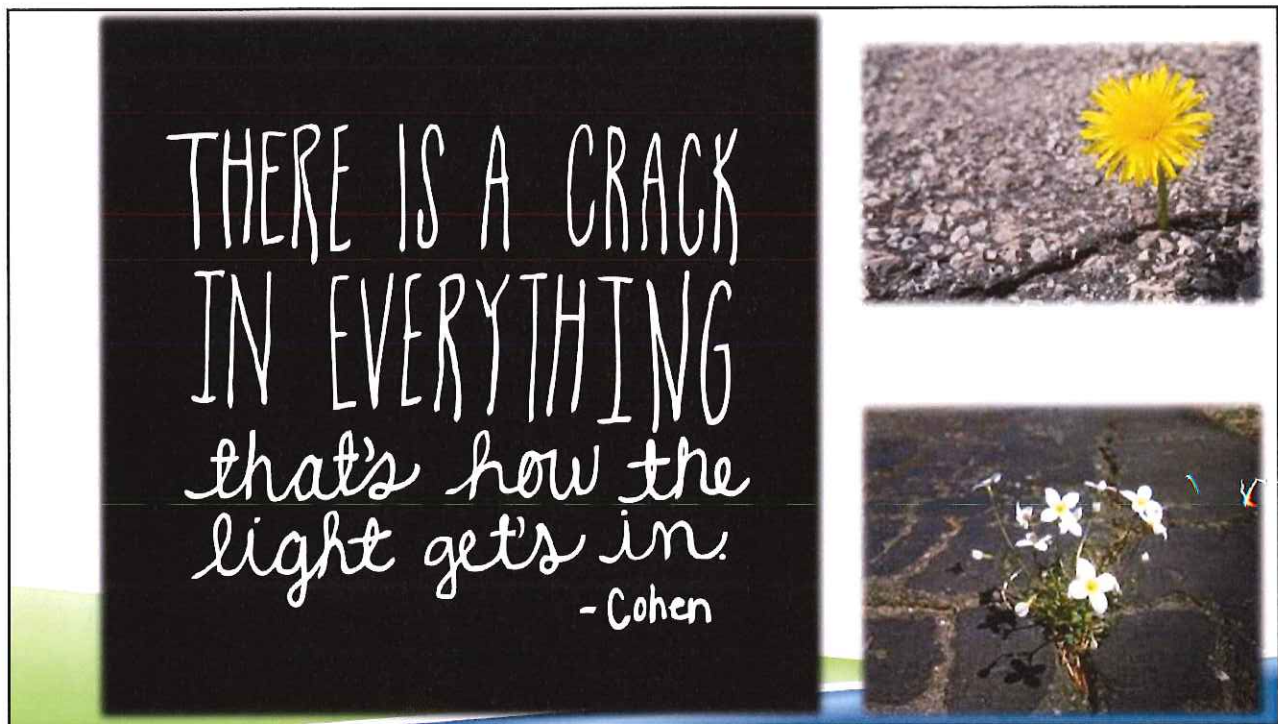


Principles of Harm Reduction

- ✓ **Being practical**
- ✓ **Keeping the focus on harms**
- ✓ **Prioritizing the *person's* immediate goals**
- ✓ **Embracing opportunities**
- ✓ **Recognizing human rights apply to everyone**
- ✓ **Involving & empowering people who use drugs**

*"Meeting the person where **they** are, **AS** they are"*





Harm Reduction as it Relates to Drug Use

*"Harm Reduction refers to policies, programs and practices that aim to reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal psychoactive drugs, without necessarily reducing drug use. **Its cornerstones are public health, human rights and social justice.** It benefits people who use drugs, families and communities"*

(Canadian Harm Reduction Network)

Harm Reduction as it Relates to Drug Use

*"Harm reduction is a set of practical strategies that reduce negative consequences of drug use, **incorporating a spectrum of strategies from safer use, to managed use to abstinence.** Harm reduction strategies meet drug users "where they're at," **addressing conditions of use along with the use itself**"*

(Stigma Toolkit, Harm Reduction Coalition)



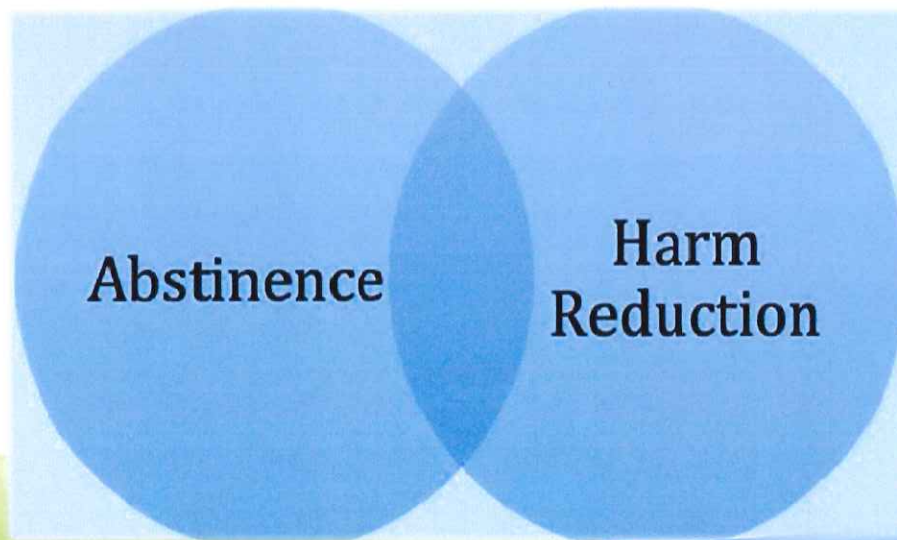
Overall...

"Harm reduction is an approach to caring for people who use drugs"

(CNA, CANAC, 2014)



It's not Either, Or...



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Substance Use Continuum

— Substance use and behaviors occur along a continuum from no use to chaotic use



Adapted from the National Institute on Drug Abuse (NIDA) website.

Explaining Substance Use

“Why don’t they just stop?”

Substance Use Disorder

- ▶ Terms “Drug Abuse” / “Addiction” - imply willful misconduct & increase stigma
- ▶ Mild, moderate or severe ‘Substance Use Disorder’ = health condition

“Addiction is a primary, chronic, neuro-biologic disease, with genetic, psychosocial, and environmental factors” (Adopted by CAMH)

“A chronic, relapsing brain disease” (NIDA, AMA)



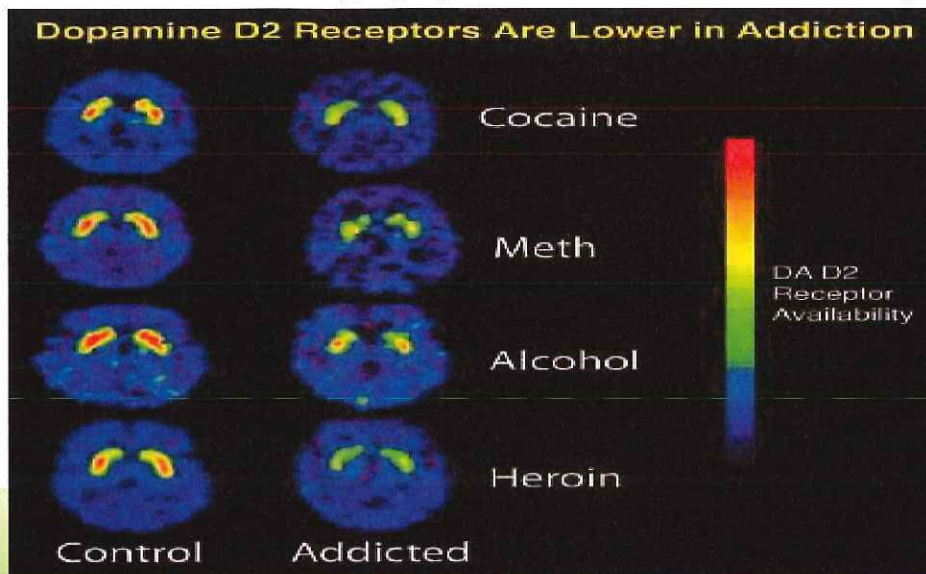
Neurobiological Medical Disorder

“A primary, chronic disease of brain reward, motivation, memory, and related circuitry, with a dysfunction in these circuits being reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviours”

(American Society of Addiction Medicine)



Positron Emission Tomography demonstrates brain change



Importance of Dopamine

- ▶ **Dopamine signals reward** (which motivates behaviour). **Brains are hardwired to respond to reward.** (food, sex = pleasure, which sustains survival/procreation).
- ▶ **Drugs have a greater effect on dopamine** than do natural rewards.
- ▶ **Prolonged substance use = lower D2 Dopamine receptors** (to compensate for overstimulation).
- ▶ **Leads to reduction in response to natural rewards & needing more of the drug.**

Importance of Dopamine

- ▶ Changes takes place in the frontal cortex, **which regulates self-control & executive functioning** (thinking, judgment, decision-making, etc.)

“to be able to exert self-control requires proper function in the areas of the brain that regulate behaviours”

- ▶ Self control can be conceptualized as **“Will Power”**
- ▶ Explains Continuation. What about Initiation?



“Why did they choose drugs in the first place?”



Social Determinants of Health

1. Aboriginal status
2. Gender
3. Disability
4. Housing
5. Early life
6. Education
7. Race
8. Income & income distribution
9. Employment and working conditions
10. Social exclusion
11. Food insecurity
12. Social safety net
13. Health services
14. Unemployment & job security

Social structures and economic systems are responsible for the most health inequities

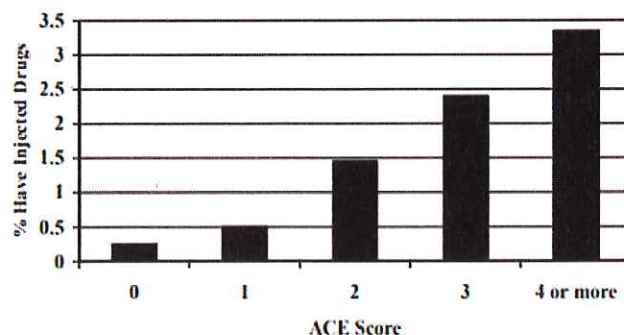


Trauma, Mental Health & Substance Use

- Well established link between trauma & substance use (e.g. ACE study)
- Well established link between substance use and mental health

**Enter: Substance use =
Ability to avoid feeling bad
and/ or ability to feel better
and/ or self-medicate**

ACE Score vs. Injected Drug Use



YouTube Clip: Everything We Think We Know About Addiction Is Wrong



Substance Use Disorder & Relapse

► From a chronic health lens:

- Substance use disorder health should receive high standard healthcare.
- Relapses are expected. They are not an exception. Should not be viewed as reason to “kick” people out of treatment or any other healthcare service.
- Each relapse = opportunity to re-new intervention.
- Detox ≠ Treatment. Medical management of immediate, physical withdrawal
- OAT = Long term. Provides opportunity for “re-wiring” in addition to the opportunity to address what led to substance use

Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses

Percentage of Patients Who Relapse

TYPE I DIABETES

30 to 50%

DRUG ADDICTION

40 to 60%

HYPERTENSION

50 to 70%

ASTHMA

50 to 70%

Individual and Societal Harms that are Reduced

- ☐ Sexually transmitted and blood borne infections
- ☐ Needle use in public places & related litter
- ☐ Impaired driving & related harms
- ☐ Acute & chronic physical health issues (abscesses, cellulitis, endocarditis, cirrhosis, cancers, etc.)
- ☐ Unemployment
- ☐ Time incarcerated & engagement in criminal activities
- ☐ Overdose, injuries and/or death of loved ones
- ☐ Suffering, trauma and grief
- ☐ Stigma & Shame (individual & community)
- ☐ Costs to the health care system



Cost to Treat Associated Harms vs. Prevention

HARM	COST TO PREVENT
Hepatitis C over a lifetime: \$1 million (without a liver transplant)	Box of 100 syringes: \$9.90 (less than a dime each)
Liver transplant: \$120,000 - 250,000 - 690,000	Box of 10 cookers: \$3.90 (39 cents each)
Each prisoner in Canadian Provincial correctional facilities: \$50 - 74,000 Federal penitentiaries: \$117,788 (2014)	Operating Cost at Talbot House: \$960/month

Cost to Treat Associated Harms vs. Prevention

People with opioid use disorder, not involved in treatment: (i.e. visits to the ER, walk-in, etc.)
\$45,000/yr.

Wholesale cost of Methadone:
5 cents/mg (80mg = 40 cents + packaging = **\$1.40/day or \$510/yr.**)
Opioid treatment: **\$5,000/yr.**

Cost per opioid overdose event:
\$37,274 (USD)

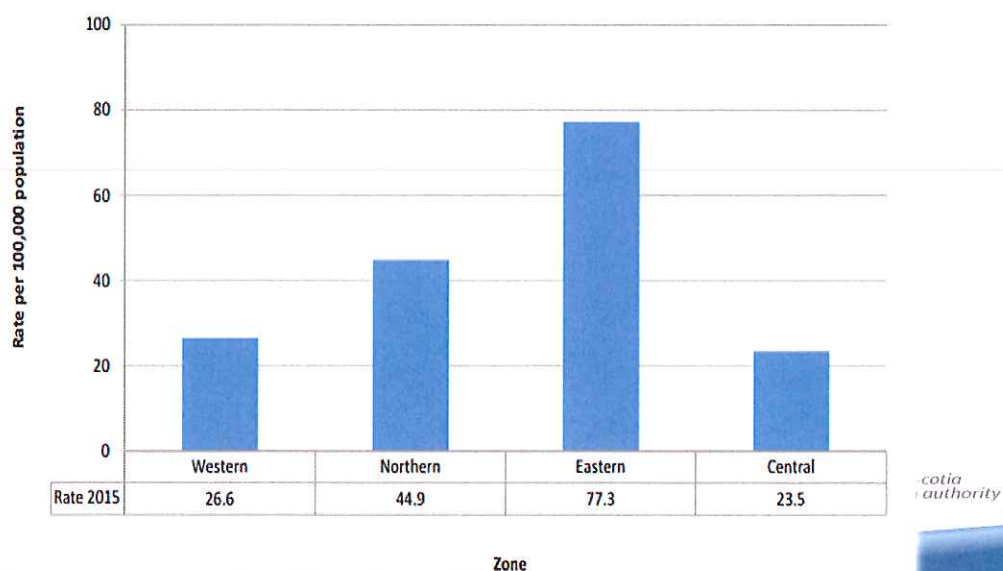
Cost of naloxone Kit:
\$7.66

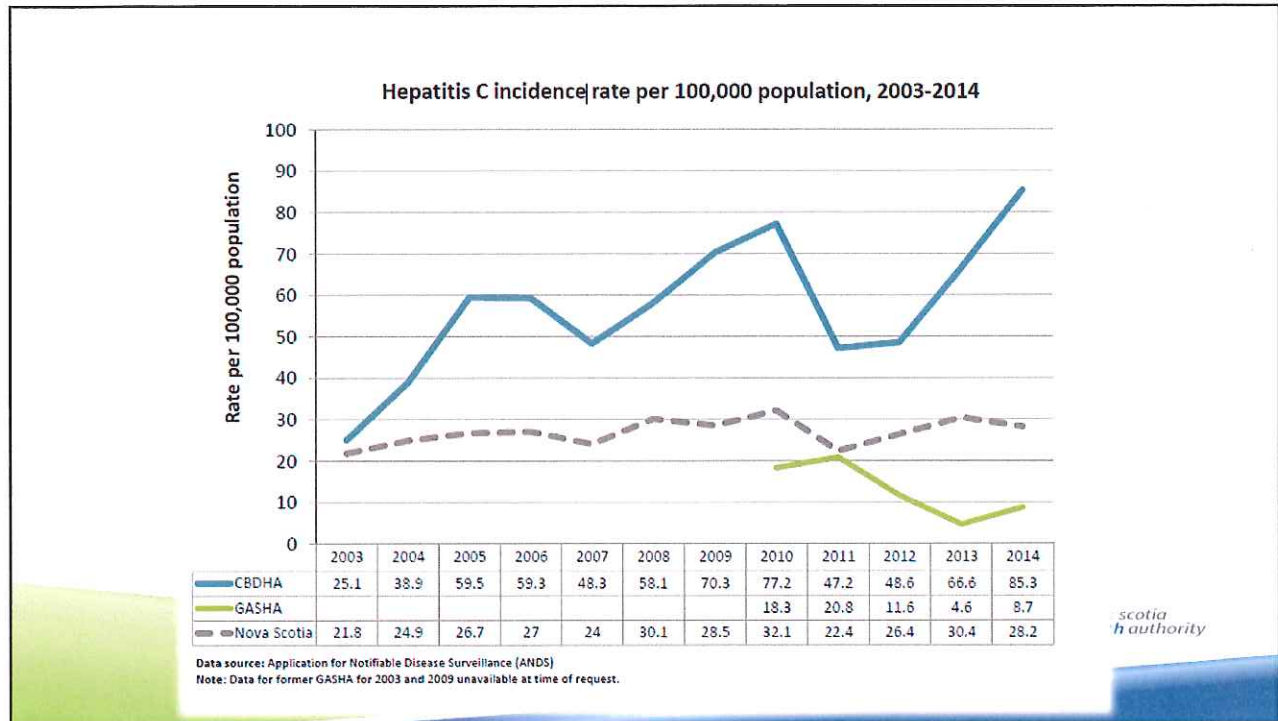
Cost to treat each newly diagnosed HIV infection:
\$1.3 Million

Safer Inhalation Kit:
\$1.66

In fact....\$4 is saved in healthcare costs for every \$1 invested in Needle Syringe Programs & Substitution Therapy

Figure 5: Reported rates of hepatitis C in Nova Scotia by Zone, 2015





Overdose Fatalities by County (Eastern Zone)

Eastern Zone by Counties	Population	Total Overdose Fatalities 2007-2014 (NSME,2015)
Antigonish	19,589	3
Cape Breton	101,619	119
Guysborough	8,143	2
Inverness	17,947	4
Richmond	9,293	7
Victoria	7,115	13
Total	163,706	148

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Considering the principles of harm reduction, how its defined and the harms that are reduced, and what substance use disorder truly is, let's explore the following **evidence-based** harm reduction initiatives...



Examples of harm reduction interventions

1. No-Smoking Polices & Bylaws

2. Substitution Treatment for Smoking Cessation:

prescribing NRTs for nicotine cravings including Rx's, patch, gum, inhaler, etc.

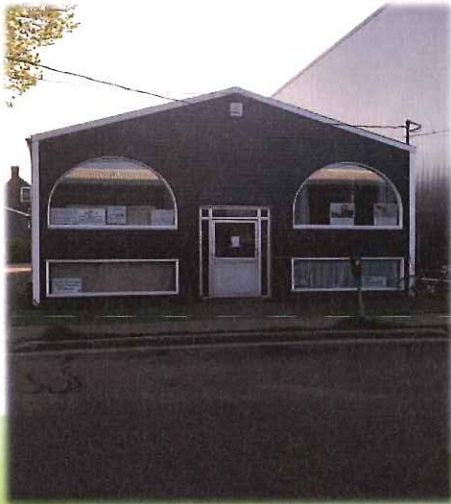
3. Electronic Cigarettes



4. Alcohol Abstinence Aids: Rx's that block effects of alcohol or curb alcohol cravings (Antabuse, naltrexone, etc.)



5. Needle Distribution (traditionally called Needle
*Exchange Programs)



Ally Centre (formerly AIDS Coalition of Cape Breton) & **SHARP Advice Needle Exchange** distributed 608,630 syringes last year



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6. Opioid Recovery Treatment Programs (Opioid Agonist Treatment can be methadone, suboxone, naltrexone/Vivitrol®, etc.)



7. Other Substitution Treatment for Opioids: Heroin-Assisted Treatment (HAT), Injectable Hydromorphone

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A little more about Opiate Agonist Treatment

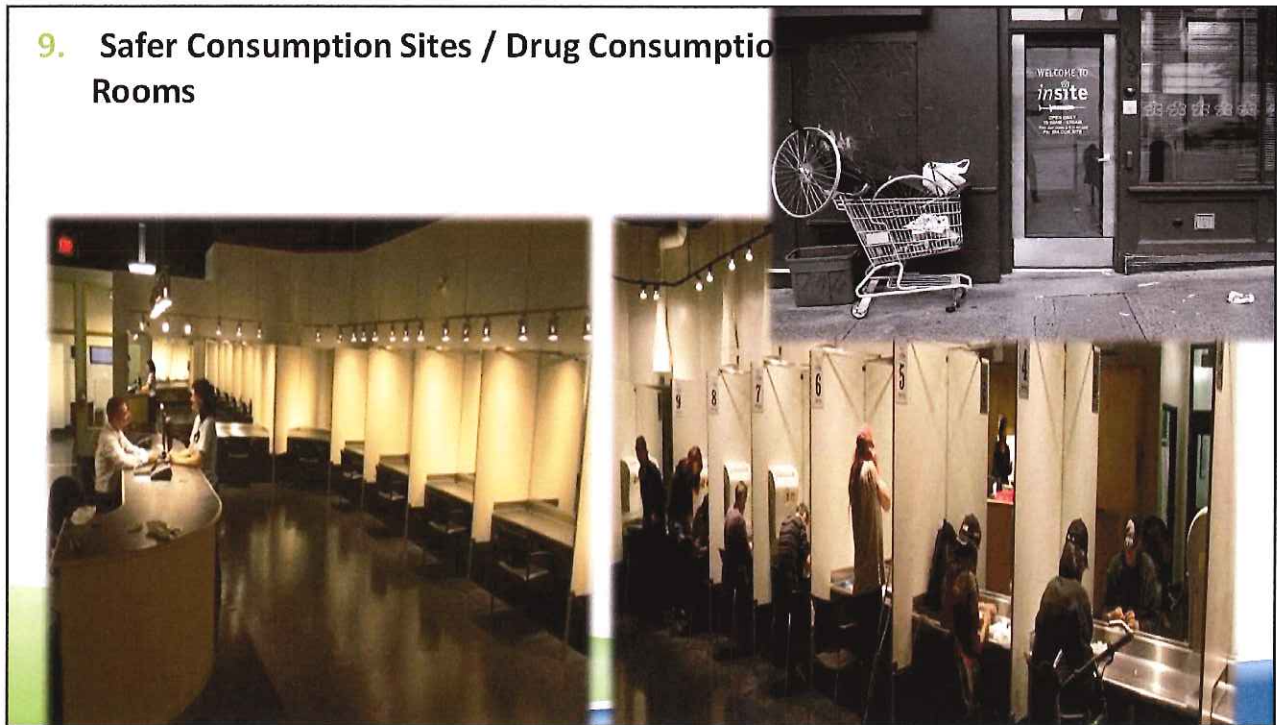
- ▶ Despite the effectiveness of various agonist treatments only **10%** of people who need such treatment are receiving it.
- ▶ It has been called *“One of the most widely researched, yet most highly stigmatized medication”*.
- ▶ Treatment of opioid use disorder with opioid agonist treatment reduces opioid overdose risk by almost **90%**.
- ▶ Many patients cease opioid agonist treatment prematurely due to social pressures/stigma.



8. Opioid Overdose Prevention Programs (community-based, take home naloxone programs)



9. Safer Consumption Sites / Drug Consumption Rooms



10. Crack Kits/Safer Inhalation Programs



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Crack Pipe Vending Machines, Vancouver, BC



11. Sharps Kiosks/Safe Disposal Bins (strategically placed)



78,000 pieces of drug using equipment retrieved by ACCB last year



Used needles found on Victoria Road sidewalk

By Nikki Sullivan - Cape Breton Post

Published online: 10/2/2017



The yellow sharps disposal bin is placed on the sidewalk in front of the house. The bin is yellow and has a biohazard symbol on it.

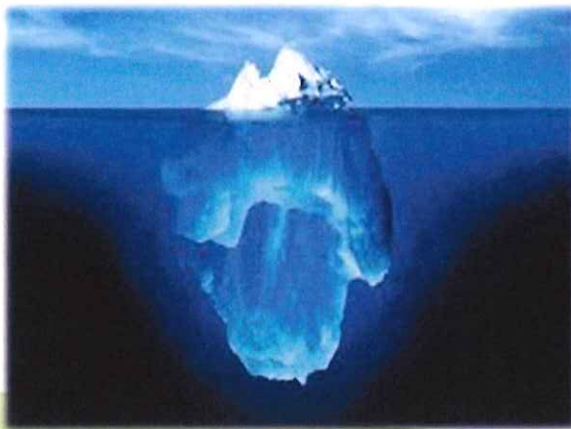
The Impact of Language on
Stigma & Harm Reduction

Stigma ...

- ▶ The negative “mark” attached to people who possess any attribute, trait or disorder that marks a person as different.
- ▶ This “difference” is viewed as undesirable and shameful, and can result in people treating others negatively who have this “mark”.
- ▶ Involves attitudes, feelings *and* behaviour.



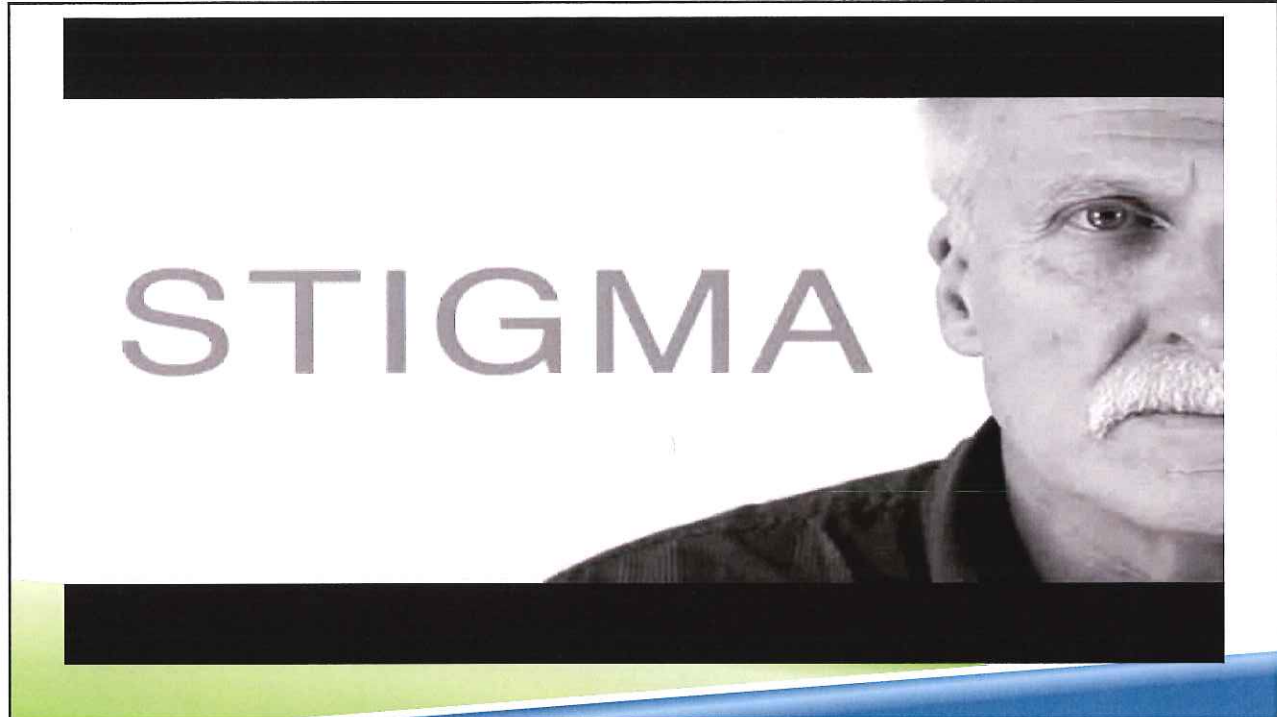
Why Does Stigma Matter?



*“Only **10%** of patients in need of treatment actually receive it.... although several complex factors may explain this treatment gap, one key factor is pervasive **stigma**”*

(JAMA, 2014; The American Journal of Medicine, 2015)





Language: The Words We Choose Matter

Addict/Abuser-

- Imposes immorality, implies the person *is* the behaviour . Try separating the two (person with diabetes, not simply “a diabetic”, or, person with a substance use disorder, not “addict”

Enablers-

- Implies people are part of the problem and stand in the way

Program language

- “dismissed”, “failed treatment attempts”, “violated”, etc.

Habit / Drug Habit-

- Try substance use disorder. Incorporating disorders or disease reinforce the medical nature of the condition.



Language: The Words We Choose Matter

War on Drugs-

- Demonizes people who use drugs, implies criminalization, immorality, etc.

Opioid Replacement/Substitution-

- Downplays the fact that it's a treatment, medically assisted

Clean/ Dirty (Urine Drug Test)-

- Negative/positive...would you say clean or dirty blood test?



EDITORIAL



Stop Talking 'Dirty': Clinicians, Language, and Quality of Care for the Leading Cause of Preventable Death in the United States

A patient with diabetes has "an elevated glucose" level. A patient with cardiovascular disease has "a positive exercise tolerance test" result. A clinician *within* the health care setting addresses the results. An "addict" is not "clean"—he has been "abusing" drugs and has a "dirty" urine sample. Someone *outside* the system that cares for all other health conditions addresses the results. In the worst case, the drug use is addressed by incarceration.

On December 9, 2013, the first ever national drug policy reform summit was held at the White House. A major thrust of this summit was to mark a philosophical shift away from the "war on drugs" and toward a broader public health approach. Much of the summit was devoted to addressing the stigma surrounding addiction and the under-recognized importance of language.

Stigma is defined as an attribute, behavior, or condition that is socially discrediting. It is important because of the 23 million Americans who meet criteria for a substance use disorder each year, only 10% access treatment, and stigma is a major barrier to seeking help.¹ A World Health Organization study of the 18 most stigmatized social problems (including criminal behavior) in 14 countries found that drug addiction was ranked number 1, and alcohol addiction was ranked number 4.²

There are 2 main factors that influence stigma: cause and controllability. Stigma decreases when people perceive that the individual is not responsible for causing his/her problem (ie, "It's not his fault") and when he or she is unable to control it (ie, "She can't help it"). Research has taught us

despite harmful consequences. Yet, despite evidence of a strong causal role for genetics and impairment in inhibitory control, stigma is alive and well. Research is now revealing that one contributory factor to the perpetuation of stigma may be the type of language we use.

Use of the more medically and scientifically accurate "substance use disorder" terminology is linked to a public health approach that captures the medical malfunction inherent in addiction. Use of this term may decrease stigma and increase help-seeking. In contrast, tough, punitive, language, including the word "war," in "war on drugs," is intended to send an uncompromising message, "You use, you lose," in the hopes of deterring drug involvement. Accompanying this aggressive rhetoric are terms such as drug "abuse" and drug "abusers," implying willful misconduct (ie, "they run help it and it is their fault"). This language increases stigma and reduces help-seeking.

Since the 1970s, such language has become the norm. Even our federal health institutions that address addictions have the term "abuse" in their names (eg, National Institute on Drug Abuse), and their materials often refer to affected individuals as substance "abusers." But, does it really matter what we call it? Rhetorical opposition has persisted regarding the use of stigmatizing language, but there was little science on the issue to inform this debate. In a study presented at the White House Summit, a paragraph vignette (Figure 1) was randomly assigned to more than 500 doctoral-level mental health and addiction clinicians describing an individual in legal trouble because of alcohol

"The merchants are saying it's high time that the police declare war on these people...these undesirable people..."



Language: The Words We Choose Matter

So many more...

Junkie, meth head, meth baby, crack baby, crack head, scum, low-life, POS, pill head, train wreck, strung out, wasted, liquid hand-cuffs, what a mess...

Yet **everyone** is someone's brother, sister, parent, spouse, child, relative, friend....



Language: ever hear or use these statements?

"Let 'em hit rock bottom", then they might learn something "

"Those people need to be in jail, or in an institution"

"If their lips are moving they're lying"

"You can do nothing for them until they admit they are an 'addict'"

"They cant want recovery enough if they cant sober up for their kids"

"They have to want this, they don't care" "They did this to themselves"



Language: ever hear or use these statements?

"He's already been here before, we cant do anything more for him here"

"She's not trying hard enough"

"Why should my tax payer dollars pay for their habit/drugs"

"Yea, but they're still addicted"

"You're just substituting one drug for another, so what's the point?"

*"Why do you want to work with **those people**?"*

"I don't have time for this because I have sick people to treat"



Language

Often times, the person with a substance use disorder does not receive respect on par with those with other mental health conditions

- Having a moral deficit
- Lacking character
- Emphasis on choice for substance use, vs. not a choice for mental health
- The result of bad behavior
- Simply lacks will power

Did you Know?

A hierarchy exists even among people who use drugs





 Flag

We should not waste tax dollars on this. Drug addicts know the risk . This is Mother Nature's way of weeding out .

5 days ago 8 Likes

Like Share





Almost every criminal that's released reoffends so why help them stay alive? It just costs more to put them back into jail after they steal, rape or kill someone.
 You know the world is crap that we live in when the criminals have a better life

5 days ago

 Flag



New crime reduction strategy in Canada: criminals dying from overdosing on opioids.

5 days ago

▲ 12 ▼ 4 Share

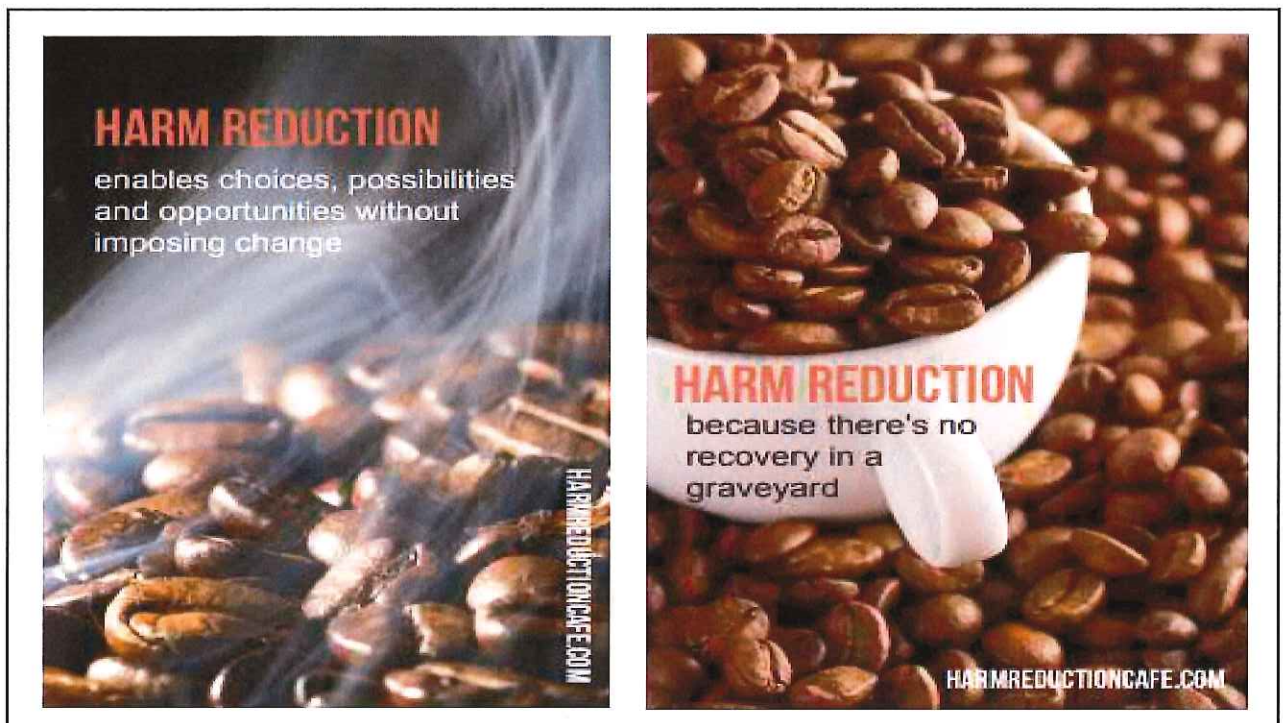


First Voice Video



Thank you!
Questions





CAPE BRETON REGIONAL
POLICE
"SERVING WITH YOU - FOR YOU"

Peter J. McIsaac
Chief of Police
865 Grand Lake Road
Sydney, Nova Scotia
B1P 6W2



MEMO

To: CBRM Board of Police Commissioners
From: Chief Peter McIsaac
Date: September 6, 2017
Topic: Recognition of Community Support and Assistance

Commissioners:

For their demonstrated acts of outstanding support and assistance to the efforts of our police service, we want to take the opportunity to publicly recognize two individual community members and one long-standing partner organization.

We look forward to detailing the specifics of their contributions and presenting each with a commemorative plaque and certificate at the September 12th Board of Police Commissioners Meeting.

Thank you,

ORIGINAL SIGNED BY

Chief Peter J. McIsaac, M.O.M., BTech (EM Mgmt)

2016 Crime Stats

The Canadian Centre for Justice Statistics released its annual “Police-Reported Crime Statistics in Canada, 2016” on July 24, 2017.

The report presents findings from the 2016 UCR Survey, an annual survey of all criminal incidents known to, and substantiated by, Canadian police services.

- The police-reported crime rate in the CBRM decreased by 14.59% since 2015.
 - Violent crime dropped 17% and property crime decreased 14%.
 - Other Criminal Code offences decreased 13%.
 - The crime rate represents the sum of all criminal incidents (excluding traffic offences and drug offences) reported to police, divided by the population. The crime rate is expressed as a rate per 100,000 population.
- Crime severity decreased 22% and sits significantly lower than both the provincial and national averages.
 - The Crime Severity Index measures the seriousness of police-reported crime.
 - Each offence is assigned a weight, derived from sentences handed down by criminal courts. The more serious the offence (i.e. homicide), the higher the weight.
 - Introduced to address the issue of the overall crime rate being driven by high-volume, less-serious offences.
- The weighted clearance rate of all crimes solved by the CBRPS increased 4.8%.
 - The Weighted Clearance Rate measures the proportion – amount and severity – of crime solved by police.
 - Offences are weighted according to their severity.
 - More serious offences are assigned a higher “weight” than less serious offences; solving more serious crimes counts for more.
 - For example, clearing homicides, robberies or break and enters would represent a greater contribution to the overall weighted clearance rate value than clearing minor theft, mischief or disturbing the peace.

2016 Crime Rate, Crime Severity Index and Clearance Rate Comparisons
(Local, Provincial, National and Similar Policing Boundaries)

Prepared July 25, 2017

Crime Rate /100,000	CBRPS	Nova Scotia	Canada	St. John's*	Halifax*	Moncton*	Fredericton	St. John*	Thunder Bay*
Total, all Criminal Code violations (excluding traffic)	4283.26	4878.88	5223.84	5720.89	4662.71	6196	6105.99	4305	6259
Total violent Criminal Code violations	772.31	1153.45	1051.62	1355.83	1015.76	1410	1240.15	1207	1464
Total property crime violations	2779.46	2843.18	3206.84	3413.66	2825.04	3584	3943.21	2386	3413
Total other Criminal Code violations	731.49	882.25	965.39	951.4	821.91	1201	922.63	713	1382

Highlights of Crime Rates

The overall criminal code violations rate of CBRPS is **significantly lower** than that of Nova Scotia and Canada as a whole
The violent criminal code violations rate of CBRPS is **significantly lower** than that of Nova Scotia and Canada as a whole
The property criminal code violations rate of CBRPS is **slightly lower** than that of Nova Scotia and **significantly lower** than Canada as a whole
The other criminal code violations rate of CBRPS is **slightly lower** than that of Nova Scotia and **significantly lower** than Canada as a whole

Crime Severity Index	CBRPS	Nova Scotia	Canada	St. John's	Halifax	Moncton	Fredericton	St. John	Thunder Bay
Overall Crime severity index	47.48	61.2	70.96	79.23	61.03	75.7	73	52.7	85.9
Violent crime severity index	44.3	68.27	75.25	88.93	77.25	79.9	61.21	63.8	125.6
Non-violent crime severity index	48.54	58.49	69.25	75.53	55.01	74.2	77.14	48.5	71.2

Highlights of Crime Severity Index

The overall crime severity index of CBRPS is **significantly lower** than that of Nova Scotia and Canada as a whole
The violent crime severity index of CBRPS is **significantly lower** than that of Nova Scotia and Canada as a whole
The non-violent crime severity index of CBRPS is **significantly lower** than that of Nova Scotia and Canada as a whole

Weighted Clearance Rate	CBRPS	NS	Canada	St. John's	Halifax	Moncton	Fredericton	St. John	Thunder Bay
Weighted clearance rate Total	47.71	41.6	38.48	30.44	35.94	36.7	32.36	54.37	47.09
Violent weighted clearance rate	77.63	64.09	61.79	45.32	50.35	61.9	49.81	72.89	68.83
Non-violent weighted clearance rate	37.78	32.05	29.27	24.07	28.57	26.9	27.32	45.49	34.14

Highlights of Weighted Clearance Rates

The overall weighted clearance rate of CBRPS is **slightly higher** than that of Nova Scotia and Canada as a whole
The violent weighted clearance rate of CBRPS is **significantly higher** than Nova Scotia and Canada as a whole
The non-violent weighted clearance rate of CBRPS is **slightly higher** than that of Nova Scotia and Canada as a whole

**2016 Crime Rate, Crime Severity Index and Clearance Rate Comparisons
(Local, Provincial, National and Similar Policing Boundaries)**

*Saint John's, Halifax, Moncton, Saint John, Thunder Bay are considered Census Metropolitan Area's (CMA's) and stats are based on this definition of populations
Sources:

- Statistics Canada. Table 252-0075 - Incident-based crime statistics, by detailed violations and police services, Atlantic provinces, annual (number unless otherwise noted)
- Statistics Canada. Table 252-0052 - Crime severity index and weighted clearance rates, annual (index unless otherwise noted)
- Statistics Canada. Table 252-0083 - Crime severity index and weighted clearance rates, by police service, Atlantic provinces, annual (index unless otherwise noted)
- Statistics Canada. Table 252-0085 - Crime severity index and weighted clearance rates, by police service, Ontario, annual (index unless otherwise noted)



**Divisional Report
June 1 – August 31, 2017**

Calls responded to by the CBRPS:

	Calls	Reportable
North Division	2844	1133
Central Division	6229	2595
East Division	4139	1656
CBRPS Total	13, 212	5, 384

HIGHLIGHTS AND INITIATIVES

- Through a Memorandum of Agreement with Parks Canada, the CBRPS provided an officer to patrol Parks Canada properties, ensure visitor safety, enforce applicable laws and liaise with the community, beginning in June and continuing through to October.
- Hosted Cadet Constables from the Atlantic Police Academy for On-the-Job-Training, each assigned to a CBRPS Coach Officer for mentoring. The APA Cadets provide service to the CBRM community at zero cost, conducting foot patrols in our Parks, summer concerts and other larger gathers, as well as general duties.
- Dedicated an increased police presence – including foot patrol – in the downtown Sydney core for the summer months, in response to the large numbers of visitors and tourists, including cruise ships as well as increased presence and resources for a number of large-scale community festivals and events including: Canada 150 Celebrations, the Tall Ships Regatta, Sydney Downtown Waterfront Festival, Crabfest, and the Cape Breton Bike Rally.
- Successfully and peacefully negotiated the safe surrender and arrest of two individuals who barricaded themselves inside North Sydney and Glace Bay residences with threat of a weapon.

TRAINING

- Taser Recertification (Instructors) (12)
- Phased Interview Course (25)
- Chemical Treatment & Fluorescent Technique Course, Ontario Police College (1)
- Annual Range Training – Pistol 9mm and Carbine Rifle, C-8 – completed for this year
- Canadian Police Knowledge Network online training (ongoing)

PATROLS

- Attended calls relating to incidents of Assault, Suspicious Fires, Theft, Vandalism, Deceased Persons, Missing Persons, Break and Enter, Impaired Driving, Motor Vehicle Accidents, Domestic Violence and Weapons Complaints.
- Increased patrols in downtown areas
- Attended Town that Cares group meetings in New Waterford and Glace Bay
- Attended “the Kind Campaign” event to raise awareness and healing to the negative and lasting effects of girl-against-girl crime.
- Worked with Safer Communities and By-Laws to address several abandoned buildings, resulting in several demolitions.

Lockup:

June	July	August	Total
177 (8)	187 (6)	203 (9)	567 (23)

*(RCMP Eskasoni)

Membertou:

- Responded to 304 calls for service and laid 41 charges.
- Attended / participated in/at: senior safety sessions, distracted driving awareness, car seat safety checkpoint, Talking Circle at Heritage Park, Neighbourhood Watch meetings, flag ceremonies, community funerals, Interagency and Band Council meetings.

K-9 Unit:

- Responded to 90 calls for K-9 service including Robbery, Suicidal, Domestic Assault/Threat, Break & Enter, Home Invasion, MVA, and assistance to Major Crime Street Crime, ERT and CSEU.
 - Arrested / located 7 persons, laid 10 charges, issued 8 Summary Offence Tickets.
- Assisted patrols with 144 calls for service, alarms and vehicle stops.
- Regularly participated in foot patrol in downtown communities.

School Liaison Officers:

- Participated in coaching and mentoring students.
- Worked closely with school administration to address potential issues and ensure school safety.
- Investigated criminal matters that occurred during school hours.
- Dealt with incidents including: property damage, bullying, theft, working with school administration and parents to address issues internally through suspensions and restitution or through further police investigation and the Court system where warranted.
- Assisted patrol officers with files connected to students at schools.
- Worked with Addictions Services to refer youth with addiction issues.
- Helped students who were experiencing personal problems by referring to Mental Health Services.
- Attended various after school activities and events, which include sporting events, meetings, Parent/Teacher meetings, and school dances.
- Helped organized and attended Safe Grad celebrations.
- Conducted foot and bike patrol throughout the CBRM during non-school summer months.

Community Officers:

- Conducted Internet Safety and Cyber Bullying presentations in various schools.
- Presented workplace safety presentations, including theft prevention education and awareness for downtown merchants.
- Liaison between the Executive Director of the RELAYS Project and the CBRPS.
- Liaison between CBRPS and Child Welfare Group Home in Sydney.
- Attended various community events throughout the CBRM.
- Worked with various Not for Profit Agencies in the CBRM.
- Oversaw the day-to-day operations of the Association for Safer Cape Breton Communities Centers for Underprivileged Youth.
- Worked with CBRM By-Laws Inspectors and the Nova Scotia Department of Justice Safer Communities Unit.
- Worked in partnership with the Cape Breton Regional Housing Authority and Child Welfare, dealing with vandalism and harassment problems in the Westmount area.
- Worked with St. Mary's University on a proposed mentorship program to assist at-risk youth.

OPERATIONAL SUPPORT

Traffic Safety Unit:

- Enforced 160 *Motor Vehicle Act* charges.
 - Participated in a safety campaign in partnership with the Nova Scotia Department of Labor on the Kings Road paving project, issuing 2000 awareness brochures on safe travel through construction zones and 20 charges (10 for cell phone usage, 10 for speeding).
- Attended to and investigated multiple serious injury and fatal collisions.
 - August 31st – Sydney – Manslaughter charges, SUI
 - August 12th – Leitches Creek – Impaired Driving, Dangerous Driving Bodily Harm
 - July 14th – Sydney Mines – 2nd Degree Murder
- Provided safety planning and escorts for 75 events, parades, festivals and races throughout the CBRM.
- Managed the Crossing Guard program with 39 full-time and 17 part-time guards. One position was removed at Florence Elementary and a new position created at TL Sullivan School.
- Worked with CBRM and Transportation Consultants to address areas of concern for roadway safety, including:
 - Traffic lights or 4 way stop at the intersection of Alexandra Street and Churchill Drive
 - Overhead warning lighted crosswalk at the intersection of Welton & Reeves Streets.
 - Evaluation for Traffic Lights at the intersection of Prince and Inglis Streets
 - Overhead lighted crosswalk at the intersection of Reserve Street & Phalen Road
 - Recommendation for an additional stop sign at the intersection of Plummer Ave and Mahon Street New Waterford
- Participated in a meeting with CBRM Engineering, NS TIR and Kameron Coal regarding the trucking route for the opening of the Donkin Mine.

Street Crime/Drug Unit:

- Laid 75 charges and seized \$219,024 worth of drugs and \$18, 206 cash.
- Assisted other agencies and sections of the CBRPS in executing search warrants, conducting surveillance and making arrests.
- Shared intelligence on persons involved in criminal activity with police agencies across Nova Scotia.

Community Safety Enforcement Unit:

- Worked on 345 assignments and laid 80 charges.
- Conducted numerous curfew checks, property checks, address checks, vehicle stops and attempts to execute outstanding warrants, arresting individuals breaching conditions.
- Continued monitoring known sex trade workers to ensure the safety of citizens in the area and reassure workers that police are available.
- Assisted patrols and investigative sections with surveillance and information gathering in response to complaints, concerns, areas of increased criminal activity (vandalism, vehicle entries, break and enters, drug activity), high risk offenders and ongoing investigations, including the execution of search warrants, successfully resulting in arrests and charges.
 - Provided continued extra presence, surveillance and property checks in Victoria Road and Westmount areas, including the use of marked and unmarked vehicles, street and trail bikes and foot patrol.
 - Addressed underage drinking and mischief in wooded area behind Brookdale Drive and Manse Street, with the assistance of CBRM Public Works to cover the fire pit.
 - Proactively visited areas for potential youth gatherings, advising of an increased presence throughout summer months to monitor and enforce unruly behaviour and underage drinking.
 - Targeted distracted driving use, issuing several summary offence tickets.
- Assisted with crowd control and event safety at large summer gatherings including Crabfest, Tall Ships, Bike Rally and Exhibiton.

Major Crime/Domestic Violence Unit:

- Assigned 30 new investigations and laid 44 criminal code charge in relation to complaints including Murder, Forcible Entry, Robbery, major Assaults, Sexual Assaults, Domestic Violence, Criminal Harassment, Uttering Threats, Break and Enters, Fraud, Weapon Violations, Parole Violations, Breach Violations and executing Arrest Warrants.
- Executed 30+ search warrants and production orders along with sealing orders.
- Continued preparing Court documentation for upcoming trials, including a homicide.
- Reviewed 345 domestic-related files and received 195 domestic violence referrals, resulting in 349 Criminal charges.
- Signed a memorandum for designating the Domestic Violence Case Worker under the management of the CBRPS.

General Investigation Section

- Investigated cases of sexual assault, theft, assault, fraud and Breaches of Court orders.
 - Assigned 30 new files for investigation.
- Prepared and executed several Warrants and Production Orders.
- Registered persons on the National Sex Offender Registry.
- Assisted Major Crime investigators with homicide files.

Arson Investigator:

- Investigated numerous suspicious fires in the CBRM, including 16 new files for investigation.
- Executed search warrants and production orders for ongoing investigations.
- Worked closely with the Fire Marshall's office, polygraph examiner and Forensic Identification Unit, Insurance Bureau of Canada and CBRM Inspection and Bylaws, as well as RCMP Technology Lab in Halifax.

Internet Child Exploitation Unit (ICE) / Computer Forensic Unit:

- Worked on 30 investigations (including 2 production orders), including incidents of sexual exploitation, child pornography, Internet Luring and the forensic analysis of computers and mobile devices such as tablets and cell phones.

Forensic Identification Unit:

- Responded to 113 calls for service including: Arson, Deceased Persons, Fires, Motor Vehicle Accidents, Break & Enters, Sexual Assaults, Robberies, Missing Persons, Property Damage, Search Warrants, Photo Arrays and lab requests.
- Prepared files for court including exhibit preparation.
- Maintained exhibit control for all evidence seized by the police service, and managed all photographic evidence.
- Conducted lab work associated with file exhibits submitted by Major Crime, General Investigation Unit, Arson Investigation Unit and Patrols for processing.
 - Identified 7 footwear impressions, 1 palm impression and 3 fingerprint identifications.

Polygraph Unit:

- Assisted members of Major Crime, General Investigative Section, Arson Investigator and Patrols with several investigations, conducting Polygraph tests, taking statements and conducting interviews, and advising on interview strategy and technique.

Criminal Analyst:

- Assisted with investigations, analyzing data, producing reports and crime mapping to identify potential suspects and target areas.
- Fulfilled internal and external requests for statistical information.
- Facilitated information sharing with Criminal Intelligence Service of Nova Scotia and maintained all information entries to the Automated Criminal Intelligence Information System (ACIIS).
- Created documentation for Prolific Offender's going to Court, liaising with Crown's Office to promote a zero tolerance approach to remand.

Mental Health Liaison Officer:

- Acted as a liaison between the NSHA and the CBRPS to help address systemic issues and resolve particular situations involving individuals with mental health disorders.
- Assisted with training in Mental Health, providing law enforcement personnel with strategies for dealing with emotionally disturbed persons to increase confidence, comfort and awareness for officers dealing with and successfully resolving such situations.
- Participated in daily outreach activities providing support to support individuals exhibiting symptoms of mental illness and accompanied mental health nurse to meet with unpredictable/concerning clients.
- Participated in community education committees and focus groups, and performed formal presentations, consultation and advocacy to various services.

