

PART 5—HOMELESS CHRONIC ALCOHOLICS

B. This Inquiry's Terms of Reference

Paragraph (g) of the Terms of Reference instructs me:

To identify the health care and social services programs and facilities available in the City of Vancouver that the police may access if a municipal constable determines that a person should not be detained but the person requires immediate health care or social services because the person is incapacitated by alcohol or drug use.

I have been asked to prepare an inventory of current services that an officer responding to a “man down” call can draw on. As I noted earlier in this report, that list is very short—the emergency ward of a hospital, the short-term sobering unit attached to the Detox Centre, or the Jail. Police officers are already aware of these limited options, and merely reciting them in this report would neither assist them nor offer guidance to our political leaders and policy makers.

It has become clear during this inquiry that how our society deals with homeless chronic alcoholics is inadequate. While I commend the compassion with which many individual police officers, ambulance attendants and emergency ward staff treat such people, the reality is that these current services amount to little more than revolving doors.

Intoxicated people are taken into custody until they sober up, and are then put back on the street with little or no attention given to their homelessness, their addiction or, in many cases, their mental illness. As Frank Paul's experience shows, the vicious cycle repeats itself with alarming regularity (and at enormous cost to the public), and the health and safety of homeless chronic alcoholics are needlessly put at risk.

It seems that despite the fact that those who respond to “man down” calls discharge their roles competently and professionally, no one steps back from the immediate encounter to look at the broader picture and draws the obvious conclusion: “This is not working.”

Now that this inquiry has shone a spotlight on the problem, a choice must be made. We either perpetuate the current revolving door response to public intoxication, or we break the cycle and develop a new approach. I cannot, in good conscience, do the former. It seems that everyone working in this system knows that our current approach is not

working, and is harmful and expensive, and that there are other approaches that have had much better outcomes. We can and should do more.

I turn now to a brief discussion of my understanding of this issue, of innovative programs in other jurisdictions, and my suggestions for how the crisis facing homeless chronic alcoholics in Vancouver might be addressed.