



The answer may be in front of us: Do we have the courage to listen?

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Most police officers make significant contributions in their home communities. They dedicate their passion to community safety, and sometimes, their reach extends provincially. On rare occasions, the actions of a single police officer can touch us all—and such is the case with Superintendent Bill Spearn. Bill's work has helped change the conversation about decriminalization of illicit drugs and introduced a new term to Canada—diversion. I want to share with you today why Bill's work is so important, and something we should all continue. We have to do this for Bill—because his fight ended in March, following a terminal cancer diagnosis. We have to do this because the fight to save lives from toxic drug supply is ongoing, and Bill would want us to continue to advocate for change.

Superintendent Bill Spearn was a serving member of the Vancouver Police Department when he was diagnosed with a progressive cancerous brain tumour. He fought valiantly, trying treatment, but ultimately lost his fight a mere 7 months after his diagnosis. He leaves behind his loving wife Vanessa, and two adult-aged daughters.

The reason Bill's passing is worthy of an editorial in an esteemed publication, such as the *Journal of Community Safety and Well-Being*, is because the work Bill was engaged in for most of his 26-year career consisted of fighting for those who could not fight for themselves. He sought to reduce harm to people addicted to illicit drugs, whose lives have been changed forever by addiction and who are at risk of dying with each use. The illicit drug supply is toxic and in need of drastic policy change to interrupt the upward trajectory in the number of people who use street drugs becoming victims of drug poisoning. There is an alternative. Bill advocated for a prescribed dose of safe supply, with a treatment plan and support to address the underlying reasons for the addiction. While Bill came to these realizations in the latter part of his career, he certainly did not start there.

Bill started his career with the Vancouver Police Department (VPD) in 1996, when the HIV rates were at epidemic levels and injection-drug use was rampant in the Downtown Eastside (Campbell et al., 2009). He worked in patrol for several years, arresting people using drugs and enthusiastically pursuing those who trafficked drugs, which led to many criminal convictions. His passion for drug work saw him assigned next to the Combined Forces Special Enforcement Unit – BC,

where he was the lead investigator on a multi-national drug conspiracy investigation that resulted in charges in multiple countries against a number of offenders. He pursued those responsible for bringing drugs in large quantities into Canada, who turned significant profits by selling to marginalized users in the Lower Mainland of British Columbia.

Bill was subsequently promoted and assigned to the VPD's Organized Crime Section, both as a Staff Sergeant and an Inspector. It was here that Bill's perspective on the drug crisis shifted. He listened to the stories about how people became addicted and how it so adversely affected their lives. He spoke to non-profit organizations, such as InSite, North America's first legalized, supervised injection facility. Bill began to understand that this was not a criminal justice issue that the police could fix by arresting people using drugs. He shifted his thinking and recognized that drug use was a health issue, and therefore a change was needed in the way the police were dealing with drug use in Vancouver.

This was also the time when the opioid crisis took root deeply in the streets of Vancouver and quickly spread across Canada. In 2016, the opioid crisis was declared a public health emergency in British Columbia (Ahmad et al., 2016), with politicians and medical experts promising dollars and resources to address this crisis. However, the overdose counts continued to rise, as did the deaths. Public safety warnings became commonplace, with high levels of fentanyl poisoning the heroin drug market and taking over the majority of street drugs. Bill met with experts at the Providence Crosstown Clinic in downtown Vancouver (<https://www.providencehealthcare.org/salome/research.html>) and learned of the Naomi and Salome projects. These projects consisted of clinical trials that offered medical-grade heroin and hydromorphone within a supervised clinical setting to chronic substance use patients in Vancouver—the start of the dialogue on safe supply.

Bill became an expert on the topic of harm reduction and safe supply. He travelled across the world speaking publicly about his experiences in Vancouver, and his understanding of the clear path forward—the path to safe supply. He developed a Naloxone program for the VPD, which saw all front-line members carry life-saving Naloxone on their person to have at the ready in the event they came across someone experiencing an overdose. To date, VPD officers have used Naloxone in the community—and in some cases

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on each other after an exposure in the field—countless times since the inception of this program.

In 2019, Bill was selected to attend the Canadian Association of Chiefs of Police (CACP) Executive Global Studies program. The topic for the course was navigating seismic shifts in public safety in the Canadian context. Bill volunteered to travel to Portugal to study that country's experience with decriminalization, and he and his teammates met with police, health representatives, and academics to study the transition from an illegal to a legal drug framework. Bill was invited to join the Pompidou Group (<https://www.coe.int/en/web/pompidou/home?>), which uses an evidence-based approach to establish drug policies. This furthered his work on the CACP Drug Advisory Committee (DAC), of which he was also a member.

Bill and his colleagues' work in Portugal helped inform recommendations made to the CACP by the DAC to examine the feasibility of adopting a diversion program in Canada. Diversion would see a person addicted to drugs diverted into treatment, with accompanying support to address the underlying causes of their addiction. Bill firmly believed that addiction is a health issue that requires a treatment-based approach rather than a criminal justice approach in which police officers arrest those suffering from addiction. In the summer of 2020, the CACP issued its first official position on non-criminal diversion strategies.

Bill would have been among the first to point out that there are many others who are leading us towards better, safer, and more equitable solutions to community safety and well-being outcomes. He spoke with pride and humility about his own journey beyond a singular, crime-based interpretation of the policing mission to one that expanded his own learning, and his and others' impacts upon public health, community, and society. There may be a powerful message in Bill's ability

to blend his ongoing dedication to crime-fighting at the highest levels with the compassion that drove his innovative contributions to collaborative, community-led solutions.

Bill was very upset, shortly before his death, that he would not be able to continue his advocacy for safe supply and further harm reduction. He was not done. There was so much more to do. His wife Vanessa's words, to those in attendance at his funeral, called on the police and health community present to "continue to work together to find a solution to end the opioid crisis and save lives." We have it within our profession to keep this conversation alive; to continue Bill's work. That is the legacy he would have wanted. That is my call to action for you today. Please honour Bill, by continuing his work, his advocacy, and his determination to end the opioid crisis. Thank you.

CONFLICT OF INTEREST DISCLOSURES

The author declares that there are no conflicts of interest.

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