



Hon Stuart Nash  
Minister of Police  
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Cc:  
Right Hon Jacinda Ardern  
Prime Minister

Mike Bush  
Police Commissioner

Hon Dr David Clark  
Minister of Health

6 December 2019

Dear Minister,

**Stop the Police Armed Response Teams (ART) trial**

Tuia te rangi e tū nei  
Tuia te papa e takoto nei  
Tuia i te here tangata  
Tihei mauri ora

He hōnore, he korōria ki te atua ki te runga rawa  
He whakaaro maha ki a rātou kua haere ki te wāhi ngaro  
Rau rangatira mā, ānei ngā whakaaro me ngā kōrero nā Te Tūāpapa Hauora Hinengaro

We write to ask the New Zealand Police to put a stop to the recently announced and implemented trial of Armed Response Teams (ARTs) in Counties Manukau, Waikato and Canterbury police districts.

This letter represents collective opposition to the trial from a range of individuals and organisations. Together, we urge the Government and the New Zealand Police to stop the ART trial immediately while it considers and responds to the questions and concerns we outline below. These concerns are so grave we believe these trials must be halted indefinitely.

It is our view that the trial poses an unjustifiable level of risk of serious harm and death to the most vulnerable people in our communities, which will in turn have a devastating impact on their whānau. Our primary concern is that guns will be disproportionately used against individuals experiencing mental health crises and suicidal distress, and Māori and Pasifika communities.

We feel there has been a lack of transparency from the New Zealand Police to justify the implementation of the trial and the decision-making process that led to its introduction. New Zealand Police had a fast and effective response to the March 15 attack in Christchurch using police with ready access to firearms – and we commend the Police for their efforts but fail to see how the operational changes being tested by the ART trial would have significantly benefited the Police in their response. The arming of police also appears, in principle, to be at odds with Government efforts to impose tighter controls on the use and possession of arms by private citizens.

### **People experiencing serious distress will be victims of gun violence by armed police**

1. *What evidence do you have that ARTs can be implemented and sustained without increased risk to people experiencing mental distress?*

We are concerned people experiencing mental distress are very likely to be shot by armed police just as they are more likely to be tasered. The Mental Health Foundation and Te Ao Māramatanga New Zealand College of Mental Health Nurses strongly opposed the introduction of Tasers in 2007 based on international evidence suggesting that Tasers would be disproportionality used against people experiencing mental illness.<sup>i</sup> Unfortunately, our concerns were well founded. In 2018 in New Zealand, Tasers were used in just under a third of all cases involving those with mental illness (with Tasers used by police in 66% of cases where the person was suicidal or in mental distress).<sup>ii</sup> This is of no surprise given the year-long pilot found people with mental illness were more likely to be subjected to Taser discharge than those whose involvement with police was a result of criminal activity.<sup>iii</sup> We remain concerned that Tasers are not being used as an absolute last resort but are becoming the norm.

Most people who come to the attention of police when they are suicidal or in distress do not present a risk to others. Nevertheless, in 2017 and 2018 almost one in 10 people who had force used on them by police were suicidal or in mental distress.<sup>iv</sup> Myths about people who live with mental illness as violent, dangerous and unpredictable continue to thrive and, despite the work undertaken by Police to train staff about mental health prejudice and discrimination, Police are not immune to these attitudes. Official data reports that New Zealand Police were more likely to perceive subjects to be impaired by mental distress if they exhibited aggression, spat at police or were in possession of a weapon, and police were more likely to discharge a Taser on subjects with perceived mental distress regardless of whether they were armed or not.<sup>v</sup> Ingrained prejudices help to drive these types of disproportionate use of force against people in mental health crises by law enforcement.

International evidence demonstrates that people who are mentally unwell have a far greater risk of being killed by armed law enforcement officers than others. In the US, the risk of being killed while being approached or stopped by law enforcement is 16 times higher for individuals with ‘untreated serious mental illness’ than for other members of the community. One in four fatal law enforcement encounters involves an individual with serious mental illness – some studies have found as many as half of all law enforcement homicides involved the death of someone who lives with serious mental illness.<sup>vi</sup> Australian police across all jurisdictions fatally shot 105 people between 1989 and 2011, with 42 percent experiencing a mental illness at the time of the shooting. The situation is much worse in the state of Victoria where out of 48 fatalities between November 1982 and February 2007, all but six of those killed had recorded histories of mental health problems.<sup>vii</sup> This evidence suggests this trial cannot be implemented without increased risk to people experiencing mental distress.

Aside from the obvious risk of death and injury from armed police, responding with force can cause psychological trauma and distress, and is associated with poorer mental health outcomes.<sup>viii</sup> We note the trial's evaluation seeks to identify the impact ARTs have on police staff and public safety but this narrow focus on 'safety' suggests little consideration was given to the wider impacts of the trial on communities, including people with experience of mental illness. We would expect decision-makers to have taken into consideration a range of factors beyond physical safety and crime reduction when deciding if ARTs are a safe and appropriate pilot to implement, for example, risk of trauma and distress; negative impacts on mental health and wellbeing including on whānau; perceptions of community cohesiveness, safety and trust; cooperation between communities and police; and impact on civic participation.

Lastly, *Every Life Matters*, the Government's suicide prevention strategy and action plan, notes that police, as first responders to many people experiencing suicidal distress, should be supported to continue to enhance responses for vulnerable people. *Every Life Matters* sets an expectation that those who are most vulnerable are cared for safely and with compassion because this leads to more positive outcomes; and challenges us to continuously consider innovative responses to people at risk of suicide, including through initial contacts by the Police. We fail to see how the ART trial is in anyway innovative or compassionate. The Government is already making inroads investing in early intervention and primary care responses to mental health and addiction following *He Ara Oranga*, and we fully support further investment to help Police when they are called to assist a person in crisis, particularly for Māori and whānau, to reduce any risk of unnecessary harm.

### **Māori and Pasifika communities will be disproportionately victimised by the trial**

1. *What evidence do you have that the introduction of ARTs can be implemented and sustained without increased risk to Māori, Pasifika communities and other minority groups?*

Māori are already disproportionately targeted by police and the criminal justice sector, with Māori almost eight times more likely than Pākehā to be subjected to police violence.<sup>ix</sup> As many have already argued, Māori will be disproportionately targeted under this trial just as they are with Tasers – Māori are almost nine times more likely to be tasered than Pākehā, with Pacific people at three times the risk. Māori will be at higher risk still of being victims of police shootings, given that they are significantly overrepresented amongst people experiencing mental distress. This intersectionality poses a significant risk and is supported by US research that found African Americans were more likely to be victims of fatal officer-involved shootings, and this likelihood increased for those who displayed signs of mental illness.<sup>x</sup>

The trial sites have been selected because they have the highest number of firearms and the largest Armed Offenders Squad to support the trial. However, the trial is also targeting regions with high Māori and Pacific populations. Auckland is home to the largest Pacific population in New Zealand (37%), with the majority concentrated in South Auckland, and the Waikato has the second largest Māori population in New Zealand,<sup>xi</sup> and it is these communities that have expressed their strong opposition and protest to the trial's introduction.<sup>xii</sup> For many Pacific communities the ART trial is reminiscent of the infamous 'Dawn Raids' period, a government initiative to limit and control immigration, which left entire families affected and through which a long-lasting social mistrust emerged between Pacific New Zealanders and the government.<sup>xiii</sup>

It is concerning that the Police decision to go ahead with the trial in these locations was taken in isolation from the concerns and input of the communities it directly affects. This goes against good policy practice when it comes to identifying and responding to bias in the criminal justice system, which emphasises affording tangata whenua and ethnic minority groups a central role in the design, implementation and governance of initiatives.<sup>xiv</sup>

Furthermore, the aggressive approach of the armed police trial directly contradicts police efforts to combat repeat offending and victimisation among Māori such as through the *Turning the Tide* prevention strategy. It goes against the core principles of this strategy of working together to prevent crime; of building whānau ora; fostering kōrero about crime prevention in homes, schools and marae; and collectively addressing social problems that lead to crime. Although it is early days, New Zealand Police report its work alongside iwi leaders has led to a 35 percent reduction in apprehensions of Māori youth resolved by prosecutions, stabilising the upward trends for first time offenders, and a decrease in the proportion of youth victims who are Māori.<sup>xv</sup>

### **Lack of clear evidence and rationale for the trial**

We are concerned the rationale to establish the trial is not robust. It is not clear from information released by the New Zealand Police how or to what extent the context within which police operate has dramatically changed following the March 15 attack.

2. *What evidence do you have that there is an increasing risk to public and police safety due to firearms?*

Official statistics show:

- the proportion of New Zealand's crime involving firearms has stayed steady over the years at less than one percent
- firearm assaults on police remain very low (a total of 11 assaults on police in 2018).<sup>xvi</sup>
- Fatalities resulting from assaults involving firearms between 1988 to 2009 were between 0.1 – 0.7 per 100,000 people.<sup>xvii</sup>
- In 2011, crime statistics showed New Zealand's murder rate was the lowest in twenty-five years.<sup>xviii</sup>

3. *What evidence do you have that such an increased risk would be resolved by the introduction of ARTs patrolling communities?*

The well referenced US 'Princeton study' found increasing the number of militarised police units and their deployment did not reduce violent crime or protect police or the public's safety in the state of Maryland.<sup>xix</sup>

4. *What measures will be put in place to prevent ARTs from conducting ordinary community policing?*

We join others in expressing concern about the role of ARTs in preventive patrolling and execution of pre-planned and high-risk search warrants. We see no justification for armed police to be used for community policing duties when there is no evidence that civilians they interact with are armed and pose a risk to police officers. In particular, we strongly oppose any use of ARTs in response to unarmed mental health call outs, to which Police attended around 43,000 last year.<sup>xv</sup> Over-stretched services continue to rely on Police to respond to people in the community in crisis and the potential introduction of guns to these interactions can only decrease the safety and likelihood of a good outcome for both those who are mentally unwell and for Police themselves.

5. *How do you account for research suggesting that armed police contribute to the risk of harm resulting from shootings?*

A comparative analysis between the US, Australia and Britain found a higher rate of firearm accessibility was correlated with an increased risk of shooting fatalities for people experiencing mental illness. These countries all have similar rates of mental illness and significant exposure to popular culture that perpetuates the stigma of the mentally ill as dangerous but vary on the number of firearms in the community and whether the police are armed. The authors conclude the fewer people (including police officers) who have access to firearms, the safer that community is.<sup>xxi</sup> Another US study found that both civilians and officers are at risk for injury during officer-involved shooting incidents, though to different degrees and with unique risk factors.<sup>xxii</sup>

6. *What other measures have you taken to increase the safety of Police? Why have ARTs been prioritised for a trial over lower-risk approaches to minimising and preventing harm from firearms?*

Public health researchers and practitioners consistently argue that effective measures include tighter regulation regarding the sale and distribution of firearms, including a national register for all firearms, and on the environment in which the gun user operates, such as secure storage.<sup>xxiii</sup> The Government and New Zealand Police need to be transparent about the range of policy options it has considered and the justification for prioritising different options for community trials.

## Summary

We acknowledge the important role that Police have in keeping communities safe, and that this can be a difficult and at times a dangerous job for officers. The Mental Health Foundation has wholeheartedly endorsed the intentions of the Government to increase community protection in the wake of the March 15 attack and the broad aims of the Arms legislation Bill (although we raised concerns about some sections of the Bill).<sup>xxiv</sup> But, approaches to managing firearm risk must be proportionate, evidence-based and avoid targeting the most vulnerable people of our communities in ways that could lead to the death, injury, and trauma. We are deeply concerned the ART trial is doing just that, and we are calling for the trial to be stopped and for more open dialogue and transparency about the policies the Government is developing to curb gun violence.

Mauri ora,

## Co-signed by:

### **Auckland University of Technology (AUT)**

Dr Katey Thom, Senior Lecturer, AUT Law

Associate Professor Jacquie Kidd, Taupua Waiora Research Centre

Professor Warren Brookbanks, AUT Law

Dr Daniel Sutton, Senior Lecturer, School of Clinical Sciences

Dr John Buttle, Senior Lecturer and Programme Leader for Criminology and Criminal Justice, School of Social Sciences and Public Policy

Dr Kristen Hanna, Senior Lecturer, School of Social Sciences and Public Policy

Dr Kate Nicholls, Senior Lecturer, School of Social Sciences and Public Policy

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Dr Lida Ayoubi, Senior Lecturer, AUT Law

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Professor Kris Gledhill, AUT Law

Professor Brian McKenna, School of Clinical Sciences

Professor Keith Tudor, Head of the School of Public Health & Psychosocial Studies

### **Balance Aotearoa**

**Gender Minorities Aotearoa** (National Transgender Health Organisation)

### **Hāpai Te Hauora, Māori Public Health**

Tabby Besley, Managing Director, **InsideOUT**

Irene Walker, **Kia Piki te Ora** and **Te Ao Hou Trust**

Shaun Robinson, Chief Executive, **Mental Health Foundation of New Zealand**

Professor Rob Kydd, Chair, **Suicide Mortality Review Committee**

**Te Ao Māramatanga New Zealand College of Mental Health Nurses**

Sandré Kruger, Chief Executive Officer, **Te Pū Wānanga o Anamata**

Tio Sewell, Programme Lead on behalf of **Te Rau Ora**

**University of Otago Wellington**

Dr Keri Lawson-Te Aho, Lecturer, Department of Public Health,

Dr Hera Cook, Senior Lecturer, Department of Public Health,

Dr Sarah Gordon, Senior Research Fellow/Clinical Lecturer - Service User Academic, Department of Psychological Medicine

**Individuals:**

Dr Moana Jackson, Māori lawyer specialising in Treaty of Waitangi and constitutional issues

Rob Mocaraka

Jelly O'Shea, Activist & Advocate from the Rainbow Communities

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