Decriminalization 2nd Quarterly Report (Feb to July 2023) to Health Canada Submitted: November 2023



Ministry of Mental Health and Addictions

Confidential for Health Canada

Table of Contents

Table of Contents	1
1. Introduction	2
2. Health Pathways	3
Visits to Overdose Prevention Sites and Supervised Consumption Sites	4
Demand for Take Home Naloxone (THN)	5
Opioid Agonist Treatment (OAT) Uptake	6
Drug Checking Utilization	7
3. Law Enforcement	8
Number of Possession Offences of Exempted Substances over time	10
Drug Seizures below the Threshold (2.5g) due to Possession Offences of Exempted Substances	11
Drug Seizures, regardless of amount, due to Possession Offences of Exempted Substances	12
4. Special Analysis: Amount in Possession Seizure	13
5. Next Steps	14
Appendix: Additional Tables and Figures	15
Interactions with Police due to Possession and Trafficking Offences	15
Possession and Trafficking Seizures of Exempted Substances, regardless of amount	16
Distribution of Possession Drug Seizures by Cumulative Weight Seized, Exempted Substances Only	17

1. Introduction

As part of the subsection 56(1) exemption granted under the *Controlled Drugs and Substances Act (CDSA*) by Health Canada ("decriminalization"), B.C. is required to produce quarterly reporting on implementation and early outcomes. This report provides insight into select health service utilization and law enforcement indicators from the first six months of decriminalization (February 2023 to July 2023). It concludes with an early review of data relating to a key feature of B.C.'s decriminalization policy model: the 2.5g cumulative threshold.

Current Trends in Toxic Drug Crisis in B.C.

The Ministry of Mental Health and Addictions (MMHA), B.C. Centre for Disease Control (BCCDC) and other partners continue to regularly monitor health outcomes and drug toxicology indicators as part of B.C.'s overall surveillance of the toxic drug crisis. While these indicators are highly dependent on external factors (e.g., the increase in illegal/street drug toxicity), they provide additional context for understanding the early outcomes of decriminalization.

As of July 2023, health outcome and drug toxicity indicators remain stable since decriminalization:

- The rate of illegal drug toxicity deaths has been stable with some fluctuations since 2021, and has not changed substantially since January 31st, 2023, when decriminalization was implemented.¹
- The number of paramedic-attended opioid overdose events, including child drug poisoning, remains stable.²
- Average fentanyl concentration in street-level samples remains unchanged (from B.C.CSU Drug Checking Project & SUBSTANCE).³

¹ B.C. Coroners Service Dashboard

² BCCDC Unregulated Drug Poisoning Dashboard

³ B.C.CSU Drug Checking Project Dashboard and SUBSTANCE

2. Health Pathways

Key Findings

- Service utilization indicators suggest that use of harm reduction services among PWUD have remained stable or continued to increase since decriminalization.
- The number of visits to overdose prevention sites (OPS) and supervised consumption sites (SCS) have continued to increase since decriminalization.
- The number of drug samples tested in B.C. has increased since 2019. B.C. In July 2023, B.C. tested 3,968 samples.

Decriminalization aims to encourage connections to health and social supports by reducing stigma and fear associated with criminalization. In addition to broader investments in mental health and substance use services, B.C. has invested in the creation of decriminalization health system navigators and proactive outreach positions in each regional Health Authority and the First Nations Health Authority. The objective of these new positions is to facilitate connections to care. Health Authorities are currently finalizing hiring of the proactive outreach positions; data on the connections to care supported by these positions will be included in future reporting.

Intended early outcomes of decriminalization include increased awareness of and comfort with accessing health and social services for people who use drugs, and increased connections to health and social services. Data in the following section suggests that core service utilization indicators are stable or continuing to increase since decriminalization.⁴ B.C. will continue to monitor these indicators throughout the implementation of decriminalization.

⁴ Service utilization is impacted by factors outside decriminalization and takes time to change after an intervention. Data needs to be interpreted carefully alongside other factors, including service availability. Evaluations of decriminalization will consider all lines of evidence and analyze decriminalization's contribution to the changes.

Visits to Overdose Prevention Sites and Supervised Consumption Sites

Utilization of OPS and SCS have rebounded from COVID-related service disruption, surpassing the previous maximum in January 2023. Service utilization continues to increase since the implementation of decriminalization. B.C. experienced a new high in number of visits in July 2023 with 74,070 visits.

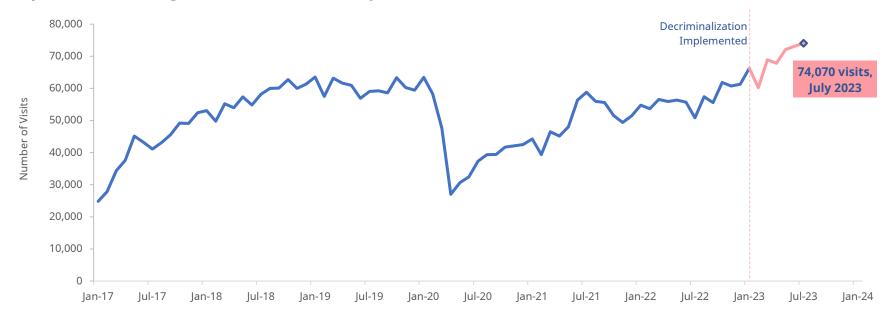


Figure 1. Visits to Overdose Prevention Sites (OPS) and Supervised Consumption Services (SCS) in B.C. (January 2017 – July 2023)⁵

• OPS and SCS provide life-saving services by preventing and responding to illegal drug poisonings.

Policy Implication: Utilization of OPS and SCS continue to grow since the implementation of decriminalization, following the trend starting in 2020.

⁵ OPS/SCS visits may be limited by service availability (e.g., number of sites and hours. Numbers include both injection and inhalation OPS/SCS. Source: <u>http://www.BCCDC.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard</u>

Demand for Take Home Naloxone (THN)

The number of THN kits shipped to sites has steadily increased since January 2019. B.C. shipped 41,651 kits in July 2023.

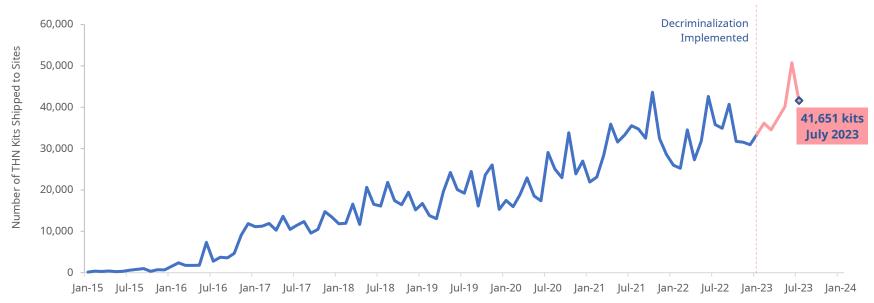


Figure 2. Number of THN kits shipped to sites (January 2015 – July 2023)⁶

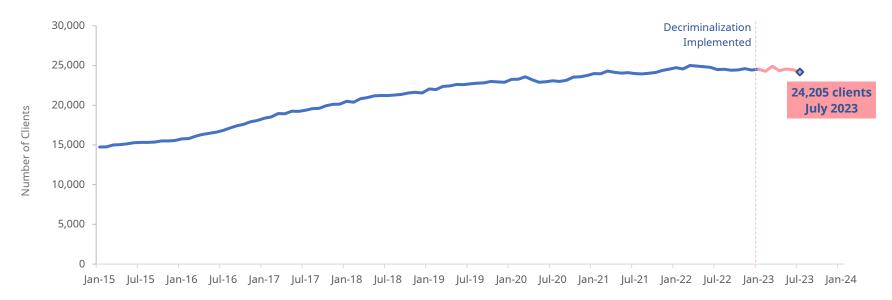
- B.C. Centre for Disease Control (BCCDC) started the THN program in 2012 to provide training and kits to people at risk of an opioid overdose.
- There are over 1300 sites participating in the program across B.C.

Policy Implication: The number of THN kits shipped has continued to increase after the implementation of decriminalization.

⁶ Month-to-month variation of demand is expected due to the different number of processing dates, certain sites ordering for more than one month's supply each time, drug alerts, and other factors. Source: <u>http://www.BCCDC.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard</u>

Opioid Agonist Treatment (OAT) Uptake

The number of people receiving OAT has remained steady since the implementation of decriminalization.



*Figure 3. Number of people receiving OAT by month (January 2015 – July 2023)*⁷

- Opioid Agonist Treatment (OAT) is a medication-based treatment for people with opioid use disorder.
- In July 2023, there were 24,205 OAT clients in B.C.

Policy Implication: The number of OAT clients remain stable since the implementation of decriminalization.

⁷ B.C. PharmaNet data are provided by Health Sector Information, Analysis, and Reporting Division, B.C. Ministry of Health. Data represent clients who filled prescriptions at community pharmacies within B.C., not all clients who received prescriptions. Recent data may change slightly due to prescription reversals/data quality improvements. Source: <u>http://www.BCCDC.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard</u>

Drug Checking Utilization

The number of drug samples tested in B.C. has increased since 2019. In July 2023, B.C. tested 3,968 samples.

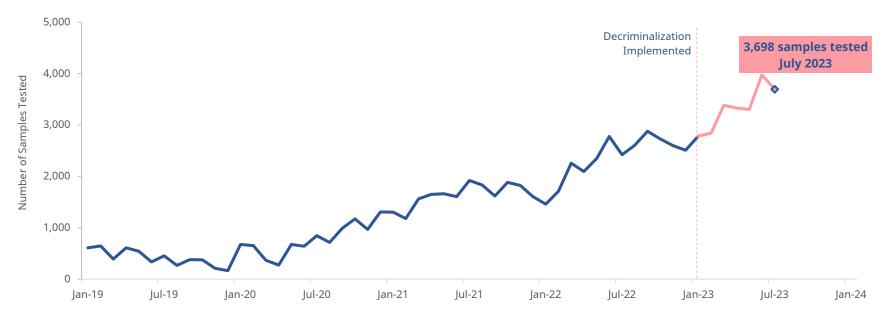


Figure 4. Number of samples tested using FTIR spectroscopy at drug checking locations in B.C. (January 2019 – July 2023) ⁸

• Drug checking using Fourier-transform infrared (FTIR) spectroscopy is a harm reduction service that allows people to check what is in their drugs; there are currently 25 FTIRs available for drug checking in B.C.

Policy Implication: The number of drug samples tested in B.C. has continued to increase since decriminalization.

⁸ Drug checking may be limited by service availability (e.g., number of access points and hours).

Source: <u>B.C. Centre on Substance Use (B.C.CSU) drug checking reports</u> and <u>Vancouver Island Drug Checking project reports (SUBSTANCE)</u>. Vancouver Island Drug Checking Project reporting does not start until September 2020.

3. Law Enforcement

Key Findings

- In the first six months of decriminalization, there has been a 76% decrease in possession offences compared with the previous four-year average of the same February to July period.
- In the first six months of decriminalization, there has been a 97% decrease of drug seizures under the 2.5g threshold compared with the previous four-year average of the same February to July period.
- Policy Implication: Data from the first six months of decriminalization suggest that police implementation of decriminalization has been occurring as intended.

People who use drugs often interact with law enforcement and the criminal justice system. Historically, the nature of these interactions have had negative impacts on the health and wellbeing of people who use drugs and have decreased trust in law enforcement for this group.⁹

Drug seizures are one form of interaction with law enforcement that have had negative impacts for people who use drugs. Drug seizures can put people who use drugs in unsafe situations by potentially forcing them to turn to riskier sources to replace seized drugs or to engage in survival crime and/or incur drug debts to pay for replacements.¹⁰

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports. Given this goal, decriminalization intends to reduce:

- Police interactions with people who use drugs related to simple possession of illegal drugs included in the exemption
- Drug seizures for simple possession of certain illegal drugs

The following section provides an overview of key law enforcement metrics that capture progress towards decriminalization's objectives. Data from this section are derived from provincial police records.

⁹ Greer, A., Xavier, J., Wood, B., McDermid, J., Zakimi, N. (2023). British Columbia's decriminalization policy: A pre-implementation qualitative study with people who use drugs. [Research report]. Simon Fraser University.

¹⁰ Werb, D., Wood, E., Small, W., Strathdee, S., Li, K., Montaner, J., and Kerr, T. (2008). "Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver. *International Journal of Drug Policy*, 19(4), p. 332-338.

Methodology

When police respond to, or initiate, a call for service, a general occurrence (GO) file is generated in a provincial police records database and assigned a code from the Uniform Crime Reporting Survey (UCR) to the describe the specific crimes associated with the call for service.¹¹

There are two groups of UCR codes used to identify offences relating to the CDSA:



- Possession
 - Encounters involving personal possession



- Trafficking
 - o Encounters involving possession for the purpose of trafficking
 - o Encounters involving trafficking of illegal drugs

Information on whether drugs are seized during a call for service are also recorded. Other recorded details include (if available) drug type and amount. MMHA collaborated with analysts from the RCMP to develop a novel aggregate dataset of drug seizures where a CDSA offence is the most serious crime on record. This dataset includes the cumulative weight of all seized drugs for each recorded offence. The cumulative weight methodology was previously unavailable during discussions developing the threshold . Previous datasets recorded seizures by substance type rather than by incident and, as such, underrepresented the amount an individual carried as part of a seizure. This represents new data and analysis to inform policy discussions on decriminalization in B.C. and beyond.

The following section presents statistics where a possession is the most serious offence in a recorded incident. It is important to note that recorded offences are not charges or convictions.

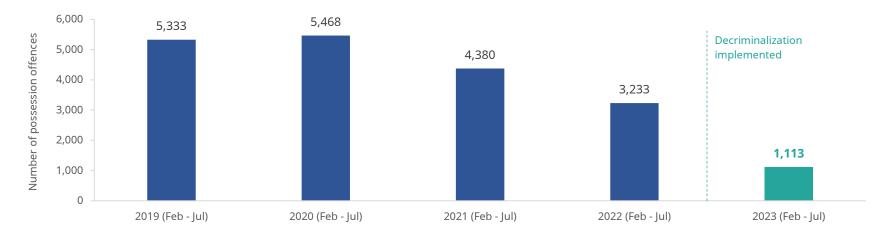
Limitations

In practice, encounters involving possession for trafficking are sometimes coded as possession until further investigations are completed. This means that the number of possession offences could overestimate the number of actual possession incidents. As investigations are completed, minor updates to the data will be reflected in future reporting.

¹¹ The Uniform Crime Reporting Survey was designed by Statistics Canada to measure the incidence of crime and its characteristics.

Number of Possession Offences of Exempted Substances over time

The number of possession offences* decreased by 76% compared to the previous four-year average.



*Figure 5. Number of possession offences, where possession is the most serious offence, by all police in B.C. (February – July; 2019 – 2023)*¹²

- *An offence represents an interaction and investigation based on a particular type of suspected crime. An offence is not a charge nor a conviction.
- In the first six months of decriminalization, there has been a 76% decrease in possession offences from the past four-year average during the same period from February to July.
- Remaining possession offences could be due to: possession above 2.5g, encounters where the exemption does not apply, and operational complexities (e.g. trafficking offences coded as possession until investigations are complete).

Policy Implication: Possession offences*/interactions with police have decreased as intended since decriminalization. PWUD reported that interactions with police often have negative impacts on their health and wellbeing.

Decriminalization – October 2023 Report to Health Canada | 10

Drug Seizures below the Threshold (2.5g) due to Possession Offences of Exempted Substances

The number of possession drug seizures below the threshold of 2.5g decreased by 97% compared to the previous four years' average.¹³



*Figure 6. Number of seizures of exempted drugs under the exemption threshold (2.5g), where possession is the most serious offence (February – July; 2019 - 2023)*¹⁴

- In the first six months of decriminalization, there has been a 97% decrease of drug seizures under 2.5g due to possession compared with the previous four-year average of the same February to July period.
- Remaining possession seizures could be due to seizures in instances when the exemption does not apply (e.g., possession while operating a motor vehicle).

Policy Implication: Possession seizures below 2.5g have decreased as intended since decriminalization. Drug seizures can put people who use drugs in unsafe situations by forcing them to turn to riskier or unknown sources or to engage in survival crime to replace seized drugs.

¹³ Possession drug seizures are drug seizures made by police where the most significant offence on record is simple possession. Number of drug seizures do not include amounts that were unquantifiable (i.e., no weight on record).

¹⁴ The seizure amount in this dataset represents the cumulative total amount of drugs seized.

Drug Seizures, regardless of amount, due to Possession Offences of Exempted Substances



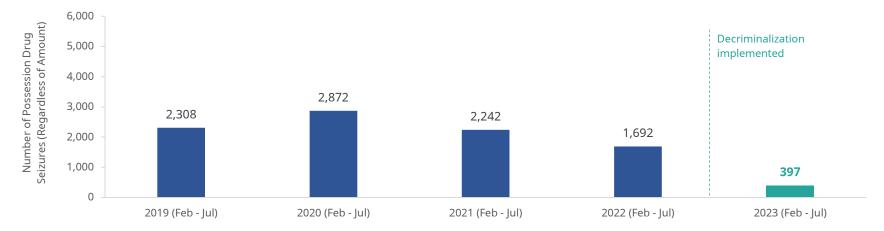


Figure 7. Number of seizures of exempted drugs (regardless of weight), where possession is the most serious offence (February – July; 2019 - 2023)

• In the first six months of decriminalization, there has been an 83% decrease of drug seizures due to possession compared with the previous four-year average of the same February to July period.

• Remaining possession seizures could be due to operational complexities (e.g. trafficking offences coded as possession until investigations are complete), seizures above the allowable threshold, or seizures made in instances where the exemption does not apply (e.g. possession while operating a motor vehicle).

Policy Implication: Given that 64% of possession seizures are at or below 2.5g in pre-implementation years (see <u>section</u> <u>4</u>), the 83% decrease in all possession seizures, regardless of amount, may suggest that police are exercising discretion in instances where possession amounts are over the threshold.

4. Special Analysis: Amount in Possession Seizure

Removed – Pending additional data and analysis.

5. Next Steps

MMHA will continue to monitor the implementation and early outcomes of decriminalization through the metrics identified in this report. Starting in November, a third-party evaluation firm will be collecting primary qualitative data to provide further findings relating to health pathways and law enforcement outcomes.

Appendix: Additional Tables and Figures

Interactions with Police due to Possession and Trafficking Offences

*Table 1. Number of possession and trafficking offences by all police in B.C., where the most serious offence is possession or trafficking (2019 – 2023)*¹⁵

		2019	2022	2021	2022	2023
Possession Offences	Full Year	10434	9934	8217	6159	
	Feb – Jul:	5333	5468	4380	3233	1113
Trafficking Offences	Full Year:	4628	4300	3071	2411	-
	Feb – Jul:	2500	2377	1726	1321	1295

- In the first six months of decriminalization, possession offences decreased by 76% compared to the previous fouryear average over the same period.
- Trafficking offences have been decreasing before decriminalization from 2019 to 2022; in the first six months of decriminalization, trafficking offences are consistent with 2022 levels and the trend over the past 4 years.

¹⁵ An offence represents an interaction and investigation based on a particular type of suspected crime. An offence is not a charge nor a conviction.

Possession and Trafficking Seizures of Exempted Substances, regardless of amount

*Table 2. Number of drug seizures (regardless of amount) involving exempted drugs by all police in B.C., where the most serious offence is possession or trafficking (2019 – 2023)*¹⁶

		2019	2022	2021	2022	2023
Possession Seizures	Full Year	4473	5139	4101	3089	-
	Feb – Jul:	2308	2872	2242	1692	397
Trafficking Seizures	Full Year:	1590	1692	1452	1190	-
	Feb – Jul:	849	893	785	649	492

- In the first six months of decriminalization, possession seizures decreased by 83% compared to the previous fouryear average over the same time period.
- Trafficking seizures have been decreasing before decriminalization from 2019 to 2022; in the first six months of decriminalization, the number of trafficking seizures is consistent with the trend over the past 4 years.

Policy Consideration: Trends in trafficking seizures are consistent with baseline years. These early data suggest there might be limited impact on polices' ability to conduct trafficking investigations. Further qualitative studies with front-line officers (which will be conducted through the implementation evaluation) will be necessary to provide further context.

¹⁶ Number of seizures, regardless of amount, include both incidents with quantifiable amount and incidents with unquantifiable (e.g., "bag") amount.

Distribution of Possession Drug Seizures by Cumulative Weight Seized, Exempted Substances Only

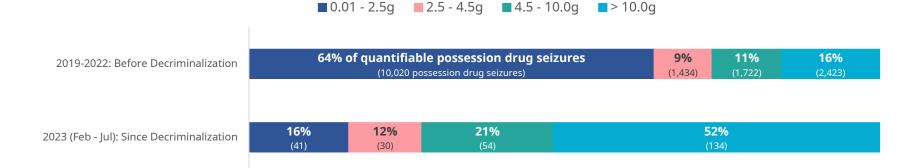


Figure 8. Distribution of drug seizures of exempted drugs by all polices in B.C., where the amount is quantifiable, and the most serious offence is possession (2019 - 2023)

- Before decriminalization, possession seizures below 2.5g represented, on average, 64% of all seizures; in the first six months of decriminalization, they only represent 16% of possession seizures.
- The decrease in possession drug seizures of small amounts (less than 2.5g) of drugs means that most possession drug seizures are now seizures of larger amounts (more than 10.0g).