



Decriminalization Early Outcomes Dashboard

Report to Health Canada
July 28, 2023



Ministry of
Mental Health
and Addictions

Confidential for Health Canada

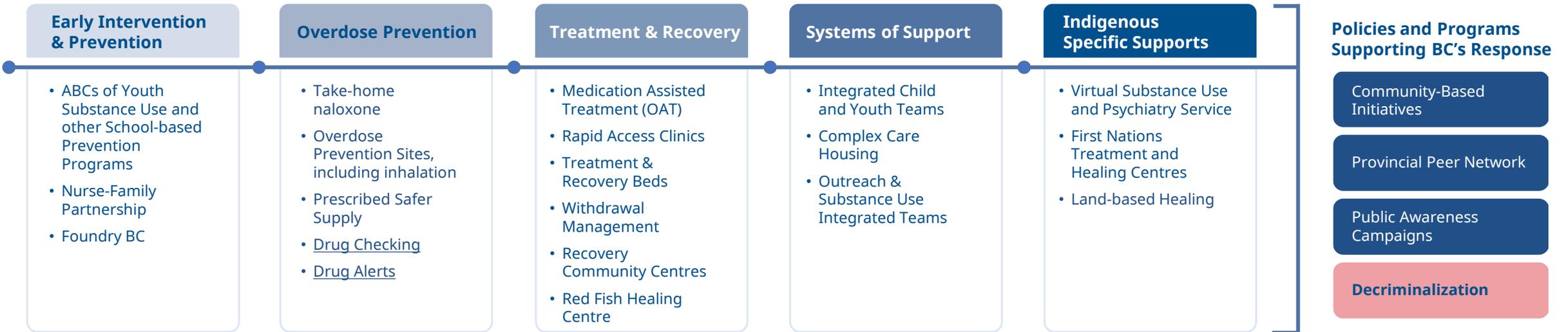
What is Decriminalization?



As of January 31, 2023, adults 18+ in BC are not arrested or charged for possessing small amounts of certain illegal drugs for personal use. **Decriminalization** is a key part of BC’s comprehensive approach to addressing the toxic drug crisis and drug use related harms.

Decriminalization is not legalization. The drugs remain illegal and unregulated and will not be sold in stores. Police continue to prioritize efforts to address trafficking and related offences.

BC’s Toxic Drug Crisis Health Response



Why Decriminalization?

Stigma and criminalization prevent people who use drugs from accessing life-saving health and social services and lead people to use alone. Given how toxic the drug supply is, using alone can be fatal. Decriminalization helps to address the toxic drug crisis by reducing societal stigma, shame, and other harms of criminalization.



Shift approach to substance use as a health matter – not a criminal justice one



Address health and criminal justice inequities and promote pathways to care



Reduce societal stigma and shame around substance use so people feel more comfortable reaching out for help

How We Are Monitoring Decriminalization

Evidence from other jurisdictions suggests that it will take time for certain outcomes of decriminalization to emerge. Progress is influenced by external factors and other initiatives underway to improve the substance use system of care. Within the initial three-year exemption period, BC will report on four key dimensions of early outcomes. These dimensions are a part of a broader evaluation framework that will generate data on the effectiveness of decriminalization.

What We Are Reporting On: Early Outcomes of Decriminalization

Early Outcomes (0 - 3 Years)

- Shift from criminal justice to health approach
- Improved wellbeing for people who use drugs
- Improved connections to services and supports for people who use drugs
- Improved public awareness and understanding of decriminalization and substance use harms



Health Pathways



Law Enforcement



Public Awareness
& Understanding



Wellbeing of People
Who Use Drugs

Medium-Term Impacts

- Reduced toxic drug poisoning events and deaths
(impacted by illegal/street drug supply toxicity)
- Reduced substance use stigma
(impacted by societal trends)
- Reduced health, social, and economic harms of criminalization
- Reduced costs to the criminal justice system
- Reduced costs to society from illegal drug use



Overview

What is Decriminalization expected to do?

Decriminalization aims to encourage voluntary connections to health and social supports by reducing stigma and fear associated with criminalization. In addition to record investments in mental health and substance use services, BC 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.

As such, 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 **service utilization indicators are stable or continuing to increase since decriminalization**.* BC will continue to monitor these indicators throughout the implementation of decriminalization.

*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.

What are the trends in the toxic drug emergency since Decriminalization?

The Ministry of Mental Health and Addictions (MMHA), BC Centre for Disease Control (BCCDC) and other partners continue to regularly monitor health outcomes and drug toxicology indicators as part of BC'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 June 2023, **health outcome and drug toxicity indicators remain stable since decriminalization**:

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

For more information, please refer to the BCCDC's [Unregulated Drug Poisoning Emergency Dashboard](#).



What We Are Monitoring: Visits to Overdose Prevention Sites and Supervised Consumption Sites

The number of visits to overdose prevention sites (OPS) and supervised consumption sites (SCS) have remained stable since decriminalization.



Figure: Visits to OPS and SCS in BC (January 2019 – April 2023)

Note: OPS/SCS visits may be limited by service availability (e.g., number of sites and hours).

Why is this important?

By reducing stigma and fear associated with criminalization, decriminalization aims to encourage voluntary connections to health and social supports.

Overdose Prevention Sites and Supervised Consumption Sites provide services save lives by preventing and responding to illegal drug poisonings.

How do we know?

[BCCDC Unregulated Drug Poisoning Emergency Dashboard](#)

Health Pathways



What We Are Monitoring: Demand for Take Home Naloxone (THN)

The number of THN kits shipped to sites have steadily increased since January 2019. BC experienced its highest-ever demand for THN kits in March 2023 with 47321 kits shipped.

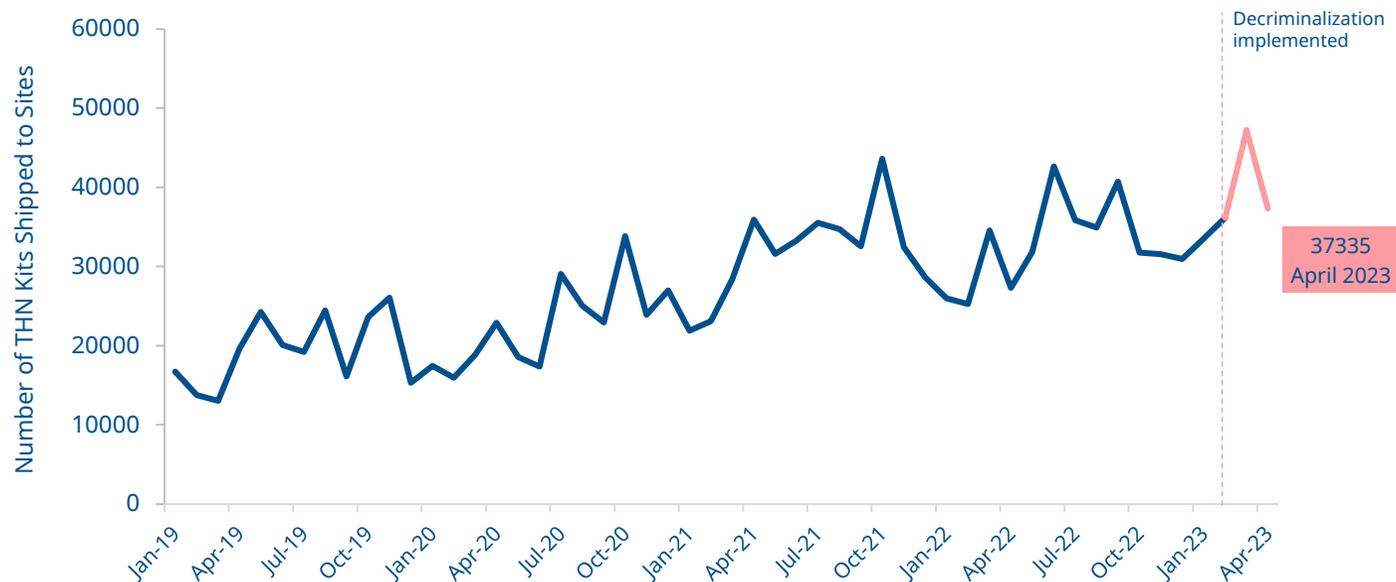


Figure: Number of THN Kits shipped to sites (January 2019 – April 2023)

Note: 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.

Why is this important?

By reducing stigma and fear associated with criminalization, decriminalization aims to encourage voluntary connections to health and social supports.

BC has a [take home naloxone \(THN\) program](#) in place to save lives.

How do we know?

[BCCDC Unregulated Drug Poisoning Emergency Dashboard](#)



What We Are Monitoring: Opioid Agonist Treatment (OAT) Uptake

The number of people receiving OAT for opioid use disorder has remained stable since decriminalization.

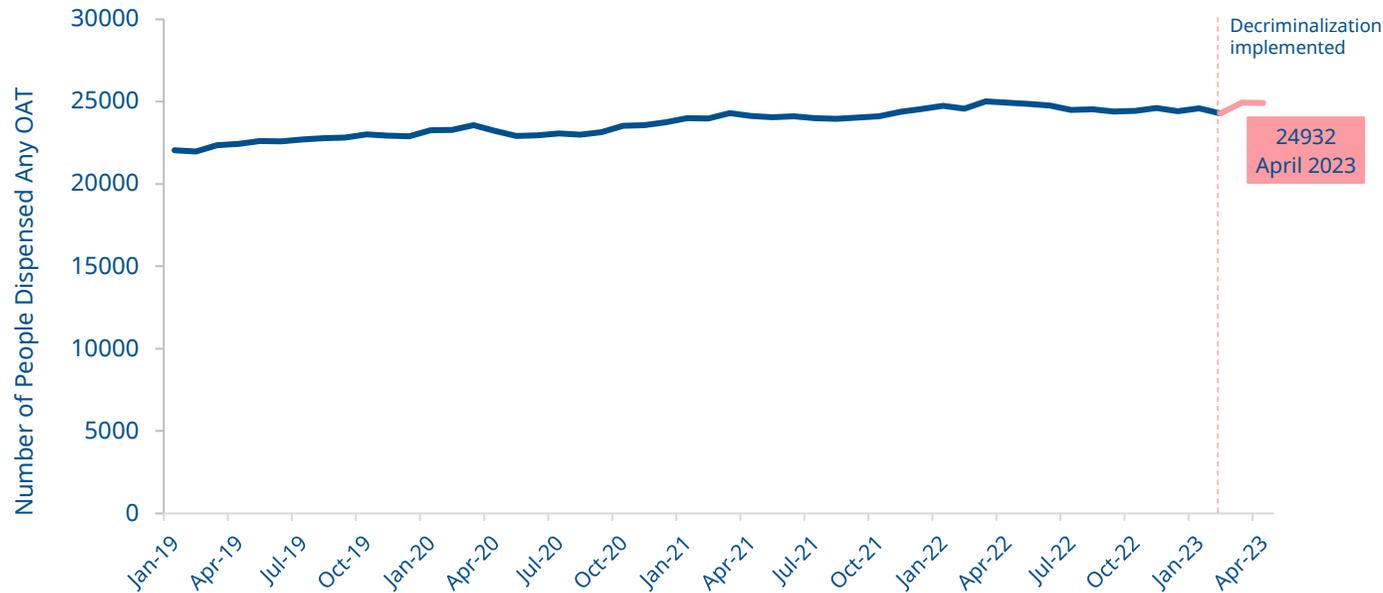


Figure: Number of clients dispensed OAT (all types) by month and year in BC (January 2019 - April 2023)

Why is this important?

By reducing stigma and fear associated with criminalization, decriminalization aims to encourage voluntary connections to health and social supports.

Opioid Agonist Treatment (OAT) is a medication-based treatment for people with opioid use disorder.

How do we know?

[BCCDC Unregulated Drug Poisoning Emergency Dashboard](#)



What We Are Monitoring: Drug Checking Utilization

The number of samples tested has been increasing steadily since 2021 and has continued to increase following decriminalization.

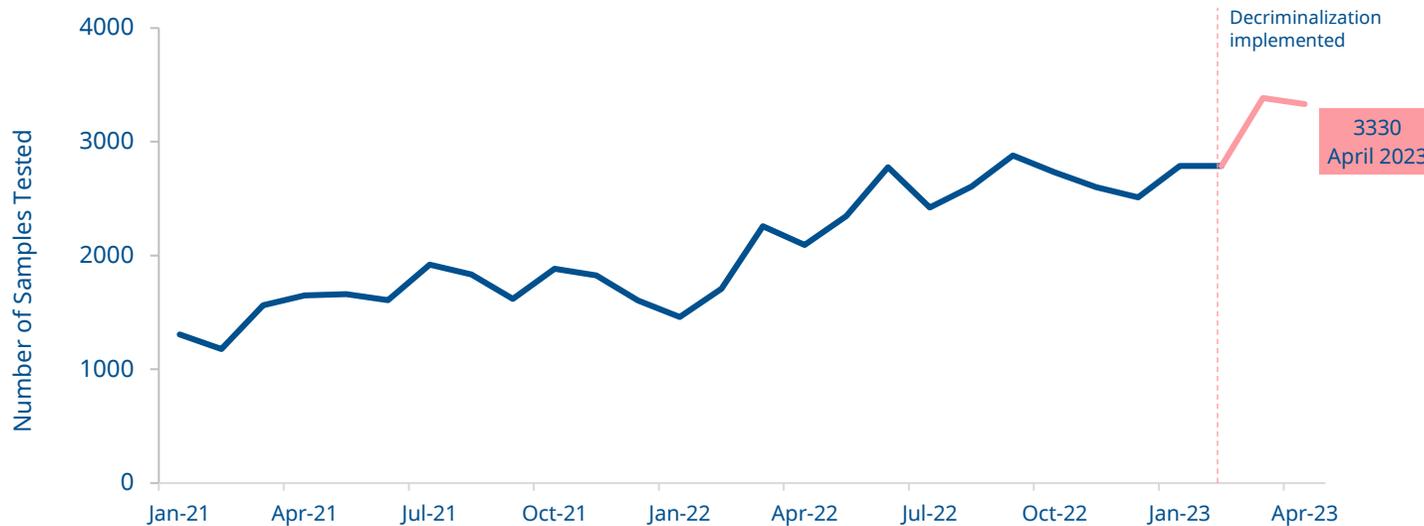


Figure: Number of samples tested using FTIR spectroscopy at drug checking locations in BC (January 2021 – April 2023)

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

Why is this important?

By reducing stigma and fear associated with criminalization, decriminalization aims to encourage voluntary connections to health and social supports.

Drug checking using Fourier-transform infrared (FTIR) spectroscopy is a harm reduction service that allows people to check what is in their drugs. It enables people to make informed decisions about the drugs they use.

How do we know?

- [BC Centre on Substance Use \(BCCSU\) drug checking reports](#)
- [Vancouver Island Drug Checking project reports](#)



Overview

What is Decriminalization expected to do?

Decriminalization recognizes substance use as a health issue. MMHA is working to improve public awareness and understanding of decriminalization and substance use with the goal of reducing the societal stigma and shame that prevents people from accessing services and supports.

As part of decriminalization, MMHA has implemented several activities to reach these goals. Activities include public education through the [Stop Overdose](#) campaign, the development of [online resources](#), and engagement with municipalities, business improvement associations, First Nations communities, and other stakeholder groups.

What are the main findings?

MMHA is monitoring public awareness and understanding of decriminalization through public opinion research and ongoing engagement activities. MMHA has been using these findings to support its ongoing public communication and education activities.

Research completed before decriminalization (December 2022) found that most BC residents viewed substance use related issues as a health matter. It also found that most **BC residents were aware of decriminalization** and some specifics of the exemption, including the fact that drug trafficking remains illegal. **However, over a quarter of BC residents incorrectly believed that decriminalization and legalization were the same thing.**

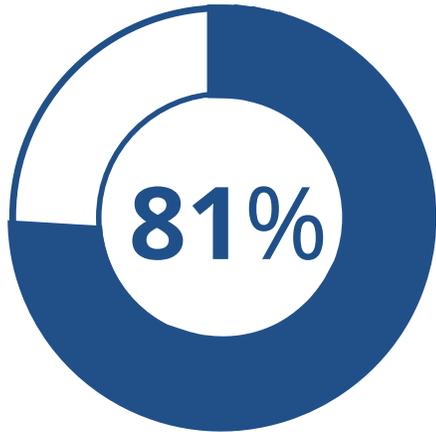
Future public opinion research will be conducted to inform ongoing public communication and education efforts.

Public Awareness & Understanding

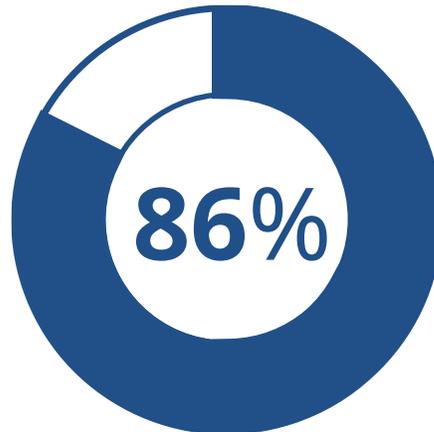


What We Are Monitoring: Public Understanding of Substance Use as Health Issue

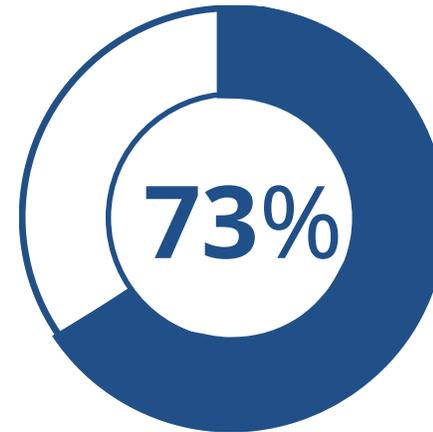
From public opinion research conducted before decriminalization, we learned that:



81% of BC residents believed **people with substance use related issues are facing a health issue**



86% of BC residents believed **people who use drugs could be a neighbour, a co-worker, or a family member**



73% of BC residents believed that **people who use drugs should have the same access to health care services**

Why is this important?

Decriminalization recognizes substance use as a health issue. MMHA is working to improve public awareness and understanding of decriminalization and substance use, with the goal of reducing societal stigma and shame that prevents people from accessing services and supports.

How do we know?

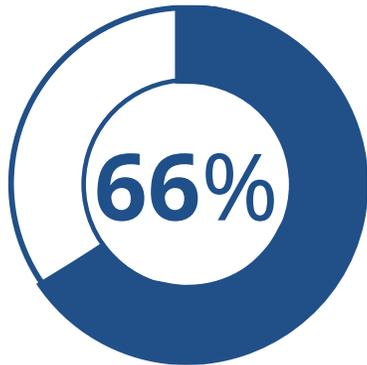
- Baseline public opinion research conducted by Leger (December 2022)
- Public awareness and education data

Public Awareness & Understanding

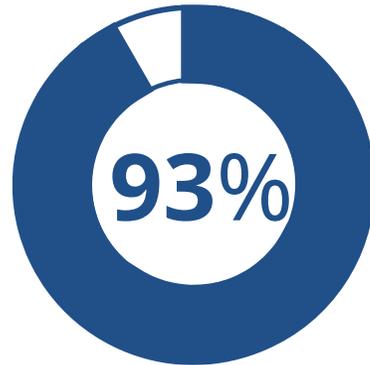


What We Are Monitoring: Public Understanding of Decriminalization

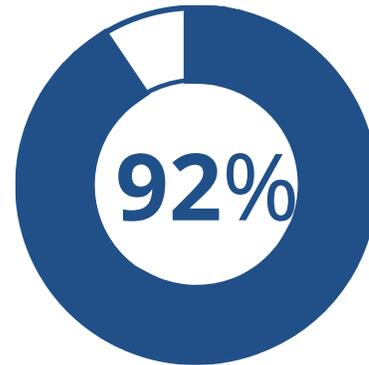
From public opinion research conducted before decriminalization, we learned that:



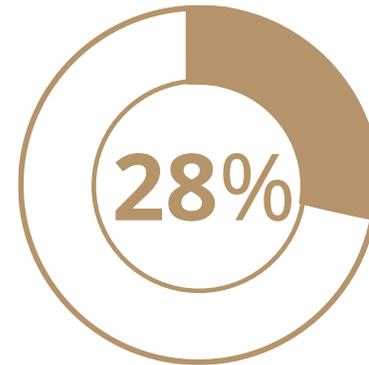
66% of BC residents were **aware of upcoming changes to decriminalize certain illegal drugs for person use**



93% of BC residents **understood that drug trafficking is still illegal**



92% of BC residents understood that **illegal drugs are still prohibited on school/childcare properties**



28% of BC residents **believed that decriminalization and legalization are the same thing**

■ Correct Understanding ■ Incorrect Understanding

Why is this important?

Decriminalization recognizes substance use as a health issue. MMHA is working to improve public awareness and understanding of decriminalization and substance use, with the goal of reducing societal stigma and shame that prevents people from accessing services and supports.

How do we know?

- Baseline public opinion research conducted by Leger (December 2022)
- Public awareness and education data



Overview

What is Decriminalization expected to do?

Treating drug use as a criminal justice issue has meant that 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 wellbeing of people who use drugs and have decreased trust in law enforcement for this group.

Drug seizures are one form of interaction 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 to pay for replacements.

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

Given this objective, decriminalization intends to reduce:

- Police interactions with people who use drugs based on simple possession of certain illegal drugs
- Drug seizures based on simple possession of certain illegal drugs

What are the main findings?

Police training data indicated that police members found the first phase training useful and that it covered what they needed to know about decriminalization. Findings from these data have been used to inform a second phase of additional training to ensure that police are supported in their understanding of decriminalization and its objectives.

Decriminalization intends to reduce police interactions and drug seizures based on simple possession. Early data suggests that **possession-related offences* and drug seizures (of exempted drugs under the 2.5g threshold) are decreasing** as intended since decriminalization.

Police agencies continue to prioritize efforts to address drug trafficking and related offences. Early data suggests that **trafficking-related offences* are in line with 2022 level** since decriminalization.

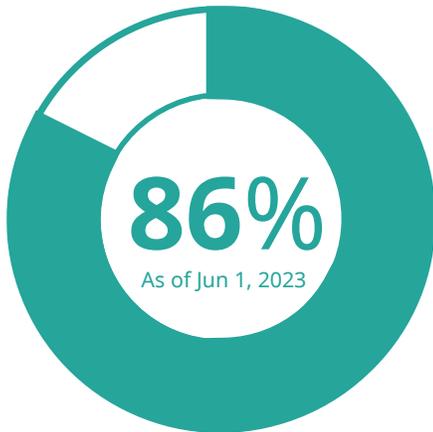
*An offence represents an interaction and investigation based on a particular type of suspected crime. An offence is not a charge nor a conviction. Additional explanation is available in later pages.



What We Are Monitoring: Police Training Data

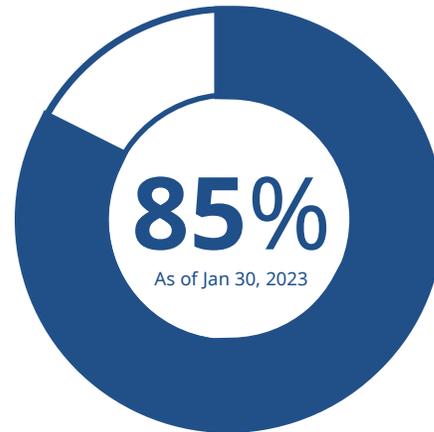
From public opinion research conducted before decriminalization, we learned that:

Training Completion Rates



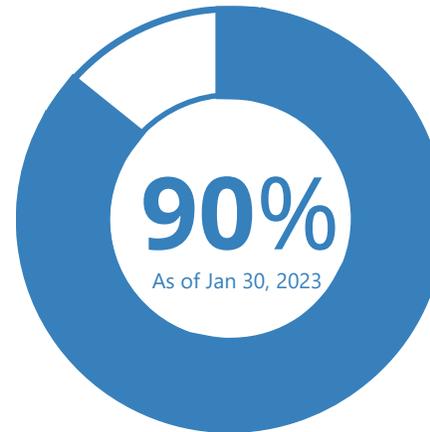
86% of police officers in BC completed the first phase of training

Training Usefulness



85% of respondents agreed the training was **useful**

Training Topics



90% of respondents agreed the training **covered what they needed to know** about decriminalization

Why is this important?

Police are trained to implement decriminalization and offer information on voluntary health and social supports when requested. The first phase of training launched in December 2022 and focused on key features of decriminalization and the role of police in implementation. Informed by survey findings, phase two training is currently under development.

How do we know?

- Police training data
- Baseline province-wide survey with police officers (3,557 respondents)



What We Are Monitoring: Police Data on Controlled Drugs and Substance Act Offences

What remains illegal in BC?

Decriminalization allows adults in BC to possess up to a cumulative total of 2.5g of exempted drugs for personal use. Decriminalization is not legalization. These drugs remain illegal and unregulated and will not be sold in stores. Police continue to prioritize efforts to address drug trafficking and related offences.

Any amount of illegal drugs, including the those listed in the exemption, cannot be possessed:

- On properties of elementary and secondary schools and childcare facilities
- In airports or other ports of entry
- Within reach of a person operating a motor vehicle or watercraft

And cannot be:

- Imported or exported
- Produced
- Trafficked/Sold
- Taken across a domestic or international border



What is a CDSA Offence?

A violation of the Controlled Drugs and Substances Act (CDSA) is called a CDSA offence. There are three types CDSA offences of interest for monitoring decriminalization: personal possession, trafficking, and possession for the purpose of trafficking.

How are CDSA Offences recorded?

When police respond to, or initiate, a call for service, a general occurrence (GO) file is generated and assigned a code. There are two groups of codes used to cover the CDSA offences we are monitoring:

- **Possession**
 - ✓ Encounters involving personal possession
- **Trafficking**
 - ✓ Encounters involving possession for the purpose of trafficking
 - ✓ Encounters involving trafficking of illegal drugs

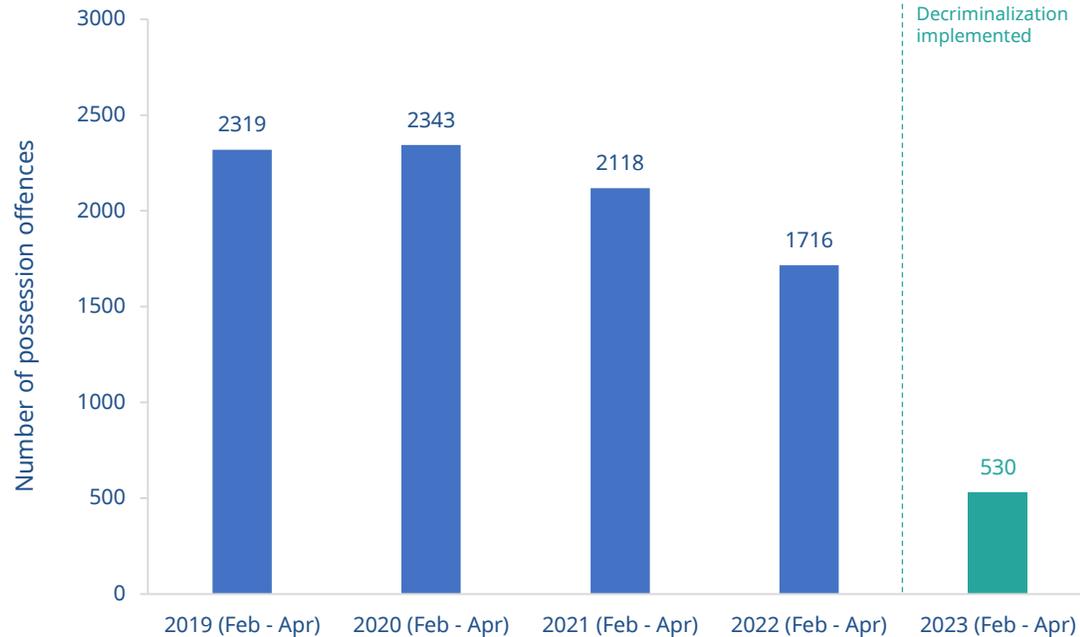
In practice, encounters involving possession for trafficking are sometimes coded as possession until further investigations are completed. This means that the number of possession offences could slightly overestimate the number of actual possession incidents.

The next section presents files where possession is the most serious offence in the incident. Recorded offences are not charges or convictions. Files where offences are unfounded are excluded.



What We Are Monitoring: Possession Offences

The number of possession offences decreased by 75% compared to the previous four years' average



In the first three months of decriminalization, there has been a:



75% decrease from the past 4-year average during the same February - April period

Remaining possession offences include:

- Possession above 2.5g
- Encounters where exemption does not apply
- Data entry/coding error

Why is this important?

Decriminalization aims to shift people who use drugs away from the criminal justice system and towards health and social supports.

In most cases, possession offence represents police interaction based on simple possession. An intended outcome of decriminalization is a decrease in possession offences.

How do we know?

Province-wide data on possession offences

Figure: Number of possession offences, where possession is the most serious offence, by all police in BC* (February - April; 2019 - 2023)

Note: *Numbers not including Stl' Atl' Imx' Tribal Police



What We Are Monitoring: Data on Seizures of Exempted Drugs

When can drug seizures occur under decriminalization?

Decriminalization allows individuals to possess a cumulative total of up to 2.5g of exempted drugs for personal use. Police are instructed to not seize these drugs from individuals carrying a cumulative total of up to 2.5g. Some exceptions apply.

Police may seize exempted drugs where:

- Possession amount is over 2.5g.
- Police have evidence that the drugs, at any amount, are being trafficked or possessed for the purpose of trafficking.
- Drugs are seized in a location (e.g., schools, airports) or from an individual (e.g., military personnel, people under the age of 18) not included in the exemption .
- It is a violation of court conditions.

What is decriminalization expected to do?

Under decriminalization, it is expected that the number of incidents involving seizures of exempted drugs will decrease.

Fear of drug seizures cause people who use drugs to use alone and to avoid life-saving services. Drug seizures can also put people who use drugs in unsafe situations by forcing them to turn to riskier or unknown sources to replace seized drugs or to engage in survival crime to pay for replacements.

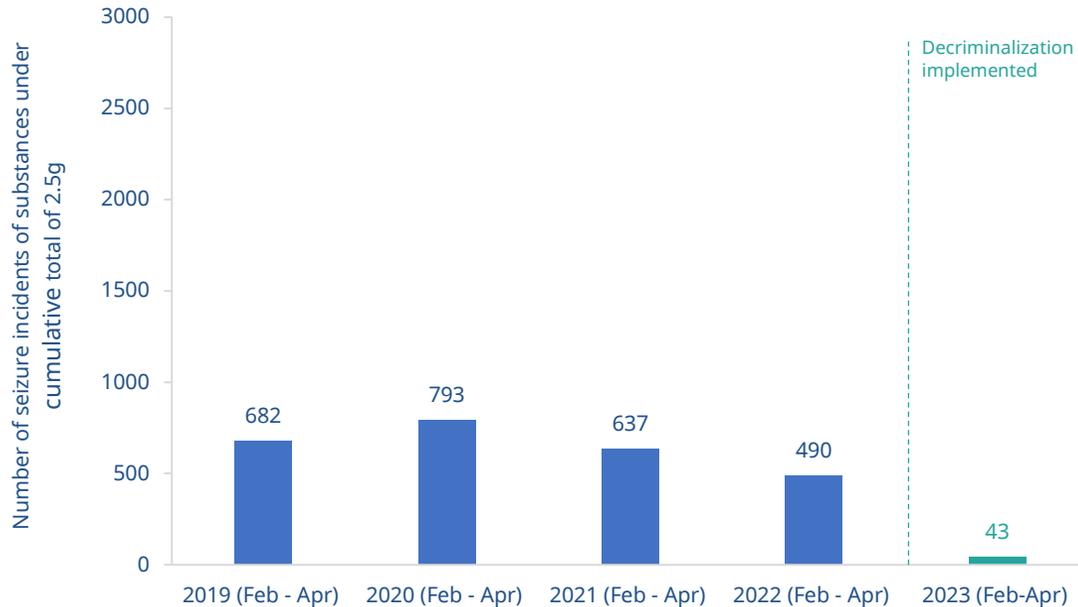
How are drug seizures recorded?

Drug seizures are recorded within general occurrence (GO) files, which include details on the drug type and amount.



What We Are Monitoring: Possession Seizures Below 2.5g

The number of possession seizures below 2.5g decreased by **93%** compared to the previous four years' average.



In the first three months of decriminalization, there has been a:



93% decrease from the past 4-year average during the same February - April period

Remaining possession seizure offences could be due to:

- Data entry/coding error
- Seizures in instances when exemption does not apply

Why is this important?

Drug seizures can put people who use drugs in unsafe situations by forcing them to turn to riskier or unknown sources to replace seized drugs or to engage in survival crime to replacement drugs.

An intended outcome of decriminalization is a decrease in the number of seizures based on possession offence (“possession seizure”) that are below 2.5g.

How do we know?

Province-wide data on seizures of exempted drugs

Figure: Number of seizures of exempted drugs under the exemption threshold (2.5g), where possession is the most serious offence, and the amount is quantifiable (February – April; 2019 - 2023)

Note: The seizure amount in this dataset represents the cumulative total amount of drugs seized. Numbers not including Stl' Atl' Imx' Tribal Police

Wellbeing of People Who Use Drugs



Overview

What is Decriminalization expected to do?

The criminalization of drug use negatively impacts social factors like employment, income, and housing that support the wellbeing of people who use drugs. These negative impacts can also prevent people from accessing life saving services and supports due to societal stigma and shame.

Decriminalization aims to mitigate these harms by shifting people who use drugs away from the criminal justice system and towards health and social supports. It also aims to improve the interactions people who use drugs have with police and increase their trust in law enforcement.

As part of decriminalization's broader aim to shift drug use from a criminal justice issue to a public health matter, police are trained to offer regionally-specific health resource cards to people who use drugs when an interaction takes place.

What are the main findings?

MMHA is working with BCCDC and other research partners to conduct annual surveys and interviews with people who use drugs throughout the duration of decriminalization. The purpose of this research is to better understand the barriers to accessing care and social supports, and to identify factors that support connections to care.

Research conducted **before decriminalization** with people who use drugs suggests that participants are **hopeful that decriminalization will help reduce stress and societal stigma and improve access to services and social integration**. The research also identified interactions with police, including drug seizures, as a barrier to health and social supports for people who use drugs.

Future research will be repeated on an annual basis to monitor progress on specific outcomes that impact the wellbeing of people who use drugs.

Wellbeing of People Who Use Drugs



What We Are Monitoring: Interactions With Police

Before decriminalization, 40% of survey respondents agreed that they were treated with respect in their last interaction with police, while 40% disagreed



40% - (186 of 464)
Agree



20% - (91)
Neutral



40% - (187)
Disagree

Before decriminalization, interview participants described interactions with police as an 'everyday' occurrence for some people who use drugs and often involving drug seizures.

"All the time. I get stopped everyday by the cops. Everyday."

Experiences of the interaction varied and depended on the officer and the situation, with regional differences.

PWUD reported feeling insecure and distrustful of police based on histories of negative interactions

Impacts of drug seizure included emotional distress, financial impacts, housing precarity, violence, and survival crime.

Why is this important?

Criminalization and stigma of drug use impact social factors like employment, income, and housing, and can prevent people from accessing lifesaving services and supports.

Decriminalization aims to improve interactions between law enforcement and people who use drugs and increase trust in law enforcement and the criminal justice system.

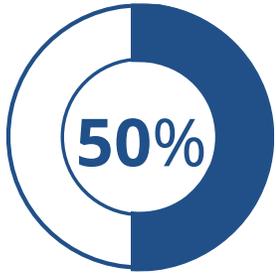
How do we know?

- [Baseline interviews](#) with people who use drugs and who are marginalized (conducted by Simon Fraser University (SFU)/BCCDC between September and December 2022)
- [Baseline Harm Reduction Client Survey](#) (HRCS) (by BCCDC)

Wellbeing of People Who Use Drugs



What We Are Monitoring: Interactions With Police



Before decriminalization, about half of survey respondents (235 of 466) reported having at least one police interaction in the previous three months.

Survey respondents indicated that before decriminalization their interactions were centred more around enforcement than health. Decriminalization intends to shift people who use drugs away from the criminal justice system and towards health supports by having police offer information on voluntary health and social services when requested.

Of the 235 respondents who reported an interaction, many indicated that they had their drugs or harm reduction supplies seized, specifically:

- 31% (72/235) had their syringes or pipes taken away
- 28% (65/235) had non-prescription drugs, including illegal drugs taken away
- 12% (27/235) reported being arrested for having drugs

Fewer respondents indicated that their interaction involved police offering connections to health and social supports, including:

- 25% (59/235) reported that police did a health check or asked if they were okay
- 8% (18/235) reported receiving information about health or harm reduction services
- 3% (6/235) reported being voluntarily taken to health services

Why is this important?

Criminalization and stigma can prevent people from accessing lifesaving services and supports. Drug seizure can lead to financial impacts, elevated overdose risk, loss of housing, violence, and survival crime.

Decriminalization aims to encourage voluntary connections to health and social supports.

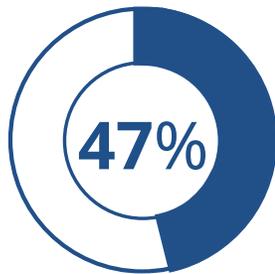
How do we know?

- [Baseline interviews](#) with people who use drugs and who are marginalized (by SFU/BCCDC)
- [Baseline Harm Reduction Client Survey](#) (by BCCDC)

Wellbeing of People Who Use Drugs



What We Are Monitoring: Criminalization and Stigma as Barriers to Accessing Health Supports



Before decriminalization, almost half of survey respondents (238 of 503) reported at least one thing that made them hesitant to access services they needed to be healthy.

Top reported reasons people were hesitant to access services in the last 6 months*



Worried police, parole, probation would find out I use drugs



Worried I'd be stopped by police and have my drugs taken away



Worried friends/family would learn I use drugs



Worried about being treated badly based on my race/ethnicity



Worried family services notified



Worried employer find out



Worried health care provider find out

Before decriminalization, interview participants talked about **stigma and criminalization being a barrier** to health and harm reduction services.

Some participants believe that the quality of care they receive has been negatively impacted by their identity as a person who used illegal drugs.

"If it's decriminalized to a certain point, you'd get better treatment in the hospital."

Why is this important?

By reducing stigma and fear associated with criminalization, decriminalization aims to encourage voluntary connections to health and social supports.

Understanding the barriers to services is important to encouraging these connections.

How do we know?

- Baseline interviews with people who use drugs and who are marginalized (by SFU/BCCDC)
- Baseline Harm Reduction Client Survey (by BCCDC)

*Survey question included response options where respondents could answer yes/no

Wellbeing of People Who Use Drugs



What We Are Monitoring: Experiences of People Who Use Drugs

Before decriminalization, interview participants saw decriminalization as a step in the right direction, and expressed:



Hope there will be **less stigma** associated with substance use and **better socio-economic opportunities** (e.g., employment) in the future



Hope that they will feel **decreased stress** resulting from reduced criminalization of drug use



Hope that decriminalization will **improve access** to health and harm reduction **services**

“I was always raised to believe that drugs are evil and they’re bad that you’re a criminal if you do them. And then I ended up on this road and so then you’re always thinking you’re bad...a bad person. So, it [decriminalization] might take that stigma that we have on ourselves...where we think we’re bad because we use.”

Why is this important?

By reducing stigma and fear associated with criminalization, decriminalization aims to encourage voluntary connections to health and social supports.

Understanding the barriers to services is important to encouraging these connections.

How do we know?

- Baseline interviews with people who use drugs and who are marginalized (by SFU/BCCDC)
- Baseline Harm Reduction Client Survey (by BCCDC)

Appendix: Tables



Table 1: Possession and Trafficking Offences (2019 - 2023)

In the first three months of decriminalization, the number of possession offences decreased by 75% compared to the previous four-year average over the same time period. Trafficking offences have been decreasing before decriminalization from 2019 to 2022; in the first three months of decriminalization, trafficking offences are consistent with 2022 levels and the trend over the past 4 years.

Most Serious Offence (by Uniform Crime Reporting Code)		2019	2020	2021	2022	2023
Possession	Full Year:	10432	9931	8216	6157	-
	Feb – Apr:	2319	2343	2118	1716	530
Trafficking	Full Year:	4626	4299	3071	2440	-
	Feb – Apr:	1155	1051	898	667	627

Table 1: Number of possession and trafficking offences by all police in BC, where the most serious offence is possession or trafficking* (2019 - 2023)

Note: - *Not including Stl' At' Imx' Tribal Police
- Data on offences do not represent number of formal charges or convictions

Appendix: Tables



Table 2: Possession and Trafficking Seizures, regardless of amount (2019 - 2023)

In the first three months of decriminalization, the number of possession seizures decreased by 79% compared to the previous four-year average over the same time period. Trafficking seizures have been decreasing before decriminalization from 2019 to 2022; in the first three months of decriminalization, the number of trafficking seizures is consistent with the trend over the past 4 years.

Most Serious Offence (by Uniform Crime Reporting Code)		2019	2020	2021	2022	2023
Possession	Full Year:	4473	5139	4100	3088	-
	Feb – Apr:	1059	1216	1107	864	223
Trafficking	Full Year:	1590	1692	1452	1189	-
	Feb – Apr:	357	351	414	320	284

Table 2: Number of drug seizures (regardless of amount) involving exempted drugs by all police in BC*, where the most serious offence is possession or trafficking (2019 - 2023)

Note: - *Not including Stl' At' Imx' Tribal Police
 - Number of seizures include both incidents with quantifiable amount and incidents with unquantifiable (e.g., "bag") amount

Appendix: Tables



Table 3: Possession Seizures Distribution (2019 – 2023)

In baseline years before decriminalization (2019 to 2022), 65% of possession seizures were below 2.5g. In the first three months of decriminalization, possession seizures below 2.5g decreased by 93% compared to the previous four-year average over the same time period (see page 17) and now represent 20% of all possession seizures.

Possession is Most Serious Offence (by Uniform Crime Reporting Code)	Exempted Drugs CDSA Seizure Incidents				
	Traces	0.01 - 2.5g	2.5g - 4.5g	4.5 - 10g	> 10.0g
2019	106	2816	392	422	489
2020	86	3188	450	493	659
2021	45	2339	322	448	687
2022	22	1679	270	359	586
2023 (Feb to Apr)	1	42	34	34	102

Table 3: Distribution of drug seizures of exempted drugs by all polices in BC*, where the amount is quantifiable, and the most serious offence is possession (2019 - 2023)

- Note:
- *Not including Stl' Atl' Imx' Tribal Police
 - Seizure amounts represent cumulative total amount of drugs seized in each incident involving a drug seizure
 - Number of seizures include only incidents with quantifiable amount

Appendix: Logic Model



Causal Pathways: Stigma and criminalization prevent people from accessing critical health and social services and lead people to use alone, where the risk of overdose is elevated. **Decriminalization enables BC's public health response** to the overdose crisis by reducing stigma and harms of criminalization and addressing anti-Indigenous racism.

Complementary Initiatives and External Factors: Measurable progress towards the outcomes is unlikely to be achieved through decriminalization alone. Progress also relies on other complementary system change initiatives and is dependent on external factors.

Inputs	Decrim Activities Complementary Initiatives	Outcomes (0-3 years) Causal Pathways	Impacts External Factors
<p>Health Canada Sec.56 Exemption</p> <ul style="list-style-type: none"> Threshold amount of 2.5g cumulative for personal use No seizures or arrests at or below 2.5g for personal use Police exercises discretion for above 2.5g Provision of info on health and social services; Voluntary referrals <p>Further Investments into Services, Navigation and Outreach</p> <p>Governance Structure</p> <ul style="list-style-type: none"> Health Canada-Province of BC Working Group (WG) Core Planning Table (incl. PWUD Organizations, Indigenous Partners, Law Enforcement, and Municipalities) Law Enforcement Implementation WG Research and Evaluation WG Local Governments WG Cross-Government Project Team 	<p>Law Enforcement Implementation</p> <ul style="list-style-type: none"> Ongoing education activities for police, including Decrim facts, new protocols, anti-stigma and knowledge of services Pilot programs (take-home naloxone, drug checking strips) Monitoring and analytics on drug related police data Police modernization Promotion of unbiased policing via policing standards <p>Health System Pathways</p> <ul style="list-style-type: none"> Enhancement of services, navigations and outreach Development, production, and delivery of resource cards Liaise with local law enforcement partners, local governments, and system partners Coordinate voluntary referral pathways and service navigation Support public awareness and communications activities Prescribed safer supply Harm reduction services Recovery services and treatment support <p>Communications and Public Education</p> <ul style="list-style-type: none"> Comprehensive public education and communications to inform specific audiences on decriminalization and substance use as a public health issue Targeted outreach (incl. PWUD, priority populations) Public opinions polling Wellbeing.gov.bc.ca as a service navigation tool Stop the Stigma Campaign 	<ol style="list-style-type: none"> Increased law enforcement understanding of decriminalization Reduced seizures, arrests, charges, penalties, and criminal records for simple possession Reduced over-representation of racialized groups in the criminal justice system due to substance use-related crimes. <p>Law Enforcement: Decrim aims to shift PWUDs away from the criminal justice system and towards health and social services</p> <ol style="list-style-type: none"> Increased PWUD awareness of and comfort with accessing health and social services Increased voluntary and appropriate connections between PWUD and health and social services <p>Health Pathways: By removing fear associated with criminalization of drug use, decrim aims to encourage voluntary connections to life-saving services and supports.</p> <ol style="list-style-type: none"> Increased public awareness of decriminalization and its role in reducing harms Increased public understanding of substance use as a health issue <p>Public Awareness and Understanding: Decrim recognizes substance use as a health and social issue. Decrim activities aims to raise awareness on decrim and substance use, with the goal of reducing stigma that prevents PWUD from accessing services and supports.</p>	<p>1. Reduced illicit drug poisoning events and deaths</p> <p>Dependent on illegal/street drug supply toxicity</p> <p>2. Reduced structural and societal stigma of substance use</p> <p>Dependent on societal trends</p> <p>3. Reduced health, social and economic harms associated with criminalization of substance use</p>
<p>Substance use is a complex health and social issue. Progress requires other system changes beyond the influence of decriminalization framework, including:</p> <ul style="list-style-type: none"> Housing Investments Police Modernization Poverty Reduction 	<p>Indigenous, PWUD, Stakeholders and Partners Engagement</p> <ul style="list-style-type: none"> Engage with Indigenous communities through town hall discussions and one-on-one meetings as needed Ongoing engagement at Core Planning Table and working groups Municipalities engagement Engagement of other partners and stakeholders 	<ol style="list-style-type: none"> Improved socio-economic opportunities for PWUD Improved socio-emotional safety and wellbeing for PWUD <p>Improved socio-emotional wellbeing of PWUD: Decrim aims to improve the socio-emotional wellbeing of PWUD by mitigating harms of criminalization (e.g. loss of employment and housing)</p>	<p>4. Reduced costs to criminal justice system and society from illegal drug use</p>

Figure: Logic Model for Decriminalization in BC (June 2023)

Appendix: Data Sources



Source	Indicator Domain	Frequency
Police Data on Drug Offences, Seizures, and Charges	<ul style="list-style-type: none"> # of offences, seizures, and charges & disaggregated info # of drug seizures and cumulative seizure amount & disaggregated info 	Quarterly
BCCDC Harm Reduction Client Survey with people who use drugs	<ul style="list-style-type: none"> Awareness and understanding of decriminalization among people who use drugs Interactions with law enforcement Comfort level/hesitance to access services Possession amount, purchase amount 	Annually
Qualitative Interviews with people who use drugs (SFU/BCCDC)	<ul style="list-style-type: none"> Experiences/perspectives of people who use drugs 	Annually
Police Officer Survey / Training Statistics	<ul style="list-style-type: none"> Police officer training uptake and implementation needs Police officer experiences/perspectives 	As needed
Public Opinion Research	<ul style="list-style-type: none"> Public understanding/awareness of decriminalization. Public understanding/awareness of substance use 	As needed
BCCDC Unregulated Drug Poisoning Emergency Dashboard	<ul style="list-style-type: none"> Paramedic-attended opioid overdose events and drug toxicity deaths Harm reduction and treatment services (i.e., Naloxone, OPS/SCS, OAT) 	Monthly
Drug Checking Services Reports (by BCCSU and SUBSTANCE)	<ul style="list-style-type: none"> Drug checking service utilization Street-level drug sample concentration and trends 	Monthly

In addition to the data sources above:

- A third-party team is conducting an Implementation Evaluation that brings together multiple data and evidence streams. This will include annual reporting.
- Decriminalization implementation partners (e.g., Health Authorities and Law Enforcement) report monthly on implementation status.