



**Decriminalization  
Data Report to Health Canada  
February 2023 – April 2024**

**Submitted: August 2024**



Ministry of  
Mental Health  
and Addictions

## **Table of Contents**

<b>1. Introduction</b>	<b>2</b>
<b>2. Health Pathways</b>	<b>7</b>
<b>3. Wellbeing of People who Use Drugs</b>	<b>14</b>
<b>4. Public Awareness and Understanding</b>	<b>14</b>
<b>5. Law Enforcement</b>	<b>26</b>
<b>4. Next Steps</b>	<b>41</b>
<b>Appendix A: Synthesis of Key Evidence on Police Drug Seizure Harms</b>	<b>42</b>
<b>Appendix B: Additional Tables and Figures</b>	<b>44</b>
<b>Appendix C: Additional Contextual Indicators</b>	<b>58</b>
<b>Appendix D: References</b>	<b>59</b>

## 1. Introduction

As part of the subsection 56(1) exemption granted under the *Controlled Drugs and Substances Act (CDSA)* by Health Canada (“decriminalization”), BC is required to produce quarterly reporting on implementation and early outcomes. This data report provides insight into the early outcomes of decriminalization from four key dimensions: health service utilization, wellbeing of people who use drugs (PWUD), law enforcement, and public awareness and understanding of decriminalization.

The original s.56 exemption came into effect on January 31, 2023. On May 7, 2024, it was replaced by a new s.56 exemption, which limits the possession of certain amounts of illegal drugs to specific locations, including:

- Private residences
- Places unhoused individuals are legally sheltering (indoor and outdoor locations)
- Overdose prevention, drug checking, and supervised consumption sites
- Places that provide out-patient addiction services like rapid access addiction clinics

**This report presents data relevant to the original s.56 exemption.**

- Police data in this report has been refreshed to April 2024, which is within the original s.56 exemption period.
- Data collection for the Harm Reduction Client Survey, qualitative interviews, and public opinion research occurred during the original s.56 exemption period as well.
- Health service utilization indicators include data up to April 2024.

**Future reports will present data following the new exemption that came in effect on May 7, 2024.**

## Background

### *Harms of Criminalization*

Substance use is criminalized in various ways that negatively impact PWUD. Forms of criminalization include formal police interactions (offences), police seizure of drugs, arrests, criminal charges, and convictions. A significant and growing body of research shows that these forms of criminalization do little to deter drug use and instead perpetuate harms to PWUD.<sup>i,ii,iii,iv,v</sup> Interactions with police may deter PWUD from seeking emergency services or calling for help during overdose situations. Being arrested, charged, or convicted of simple possession negatively impacts an individual's ability to seek and hold employment and housing. Drug seizures are well documented to have negative impacts on PWUD.

Research demonstrates that drug seizures<sup>1</sup>:

- Are associated with increased overdose risk. A 2024 literature review concluded that most research found an association between police seizure and elevated overdose risk. Studies from the US and Vancouver found an increase in overdose events following drug seizure.<sup>vi,vii,viii,ix</sup>
- Prevent people from accessing life-saving services, from calling police in unsafe situations, and from calling emergency services during overdoses.<sup>ii,x</sup>
- Increase harms experienced by PWUD by putting them in unsafe situations to replace their supply (e.g., drug debts, property theft, or sex work).<sup>i,ii,xi</sup>
- Disproportionately impact equity seeking groups (i.e., Indigenous and other racialized groups, unhoused individuals, people engaged in sex work).<sup>i,ii,vi</sup>

### *National Policy Landscape*

In recognition of this emerging evidence, governments and organizations across Canada and globally have pursued measures to reduce the harms of criminalization and recognize substance use as a health issue. Key examples of this include:

- In 2006, Vancouver Police Department adopted a policy that provides officers with a broad range of discretion when dealing with possession of illegal drugs. The policy directs police officers to consider an individual's behaviour and risks to public safety when deciding to recommend a criminal charge.

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<sup>1</sup> See Appendix A: Synthesis of Key Evidence on Police Drug Seizure Harms.

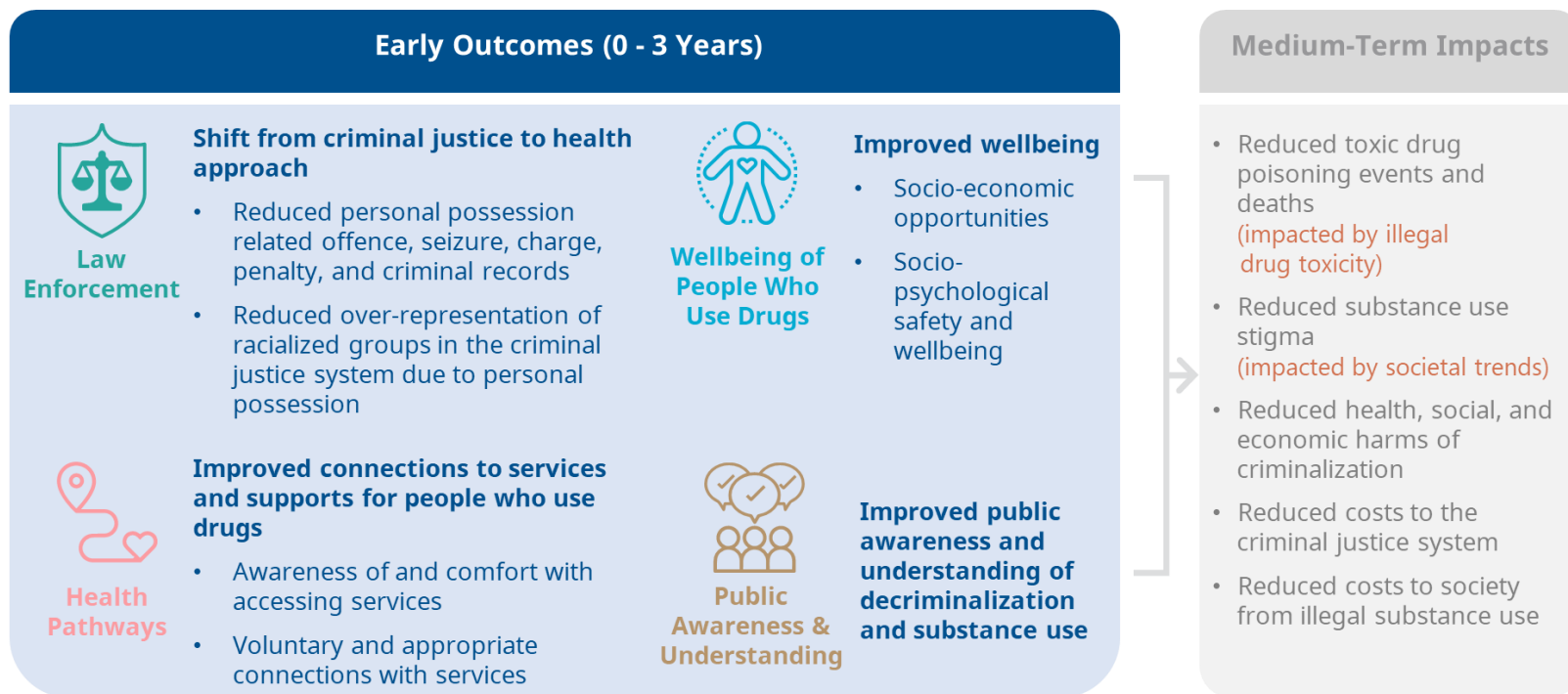
- In 2020, the Public Prosecution Service of Canada (PPSC) established Guideline 5.13 that recognizes drug possession as a health-related issue and requires prosecutors to consider alternatives to charges unless there are serious manifestations of harm (e.g., risk to the safety or wellbeing of children or young persons).
- In 2022, the Government of Canada introduced amendments to the CDSA. Under the new section 10.2, police officers must consider pre-diversion measures, including whether it would be preferable to take no further action, to warn the individual, or with consent of the individual, refer them to a program/service provider that could assist the individual when attending to an alleged simple possession offence.
- In 2023, PPSC amended guideline 2.3 ("Decision to Prosecute") to increase consideration of the background and personal circumstances of the Accused in the determination of whether it is in the public interest to prosecute. These factors include Indigenous identity, membership in a racialized or marginalized community, homelessness, poverty and substance-use disorder.

Decriminalization in BC aligns with these broader national trends. It aims to shift PWUD away from the criminal justice system and towards health and social supports.

### *Intended Early Outcomes*

Within the initial three-year exemption period, BC is monitoring four key dimensions of early outcomes:

• Law enforcement	Decriminalization aims to shift how substance use harms are addressed from a criminal justice to a health approach. It aims to further depanelize PWUD. Key metrics for monitoring and evaluation include personal possession related offences, drug seizures, and charges.
• Wellbeing of people who use drugs	Decriminalization intends to enhance socio-economic opportunities and socio-psychological safety of PWUD.
• Health pathways	Decriminalization intends to improve connections to services and supports for PWUD. Health outcomes are medium- and long-term impacts.
• Public awareness and understanding	Decriminalization aims to improve public awareness and understanding of the policy itself and substance use more broadly.



Evidence from other jurisdictions suggests that it takes years for many health and other outcomes to fully emerge. In Portugal, for example, following decriminalization, drug related deaths and newly diagnosed HIV infections decreased significantly over five years.<sup>2</sup>

The evolving toxicity in the illegal drug supply, primarily with fentanyl and its analogues, is the key driver of drug toxicity deaths. Between 2017 and 2024, fentanyl was detected in 79% to 87% of unregulated drug deaths in BC.<sup>3</sup> In recent years, illegal drug toxicity has been driving drug related deaths across Canada. From 2022 to 2023, BC experienced a 5% increase and Alberta experienced a 17% increase.<sup>4</sup>

<sup>2</sup> [Drug Decriminalization In Portugal: Setting the Record Straight](#). Drug Policy Foundation, 2021.

<sup>3</sup> [BC Coroners Service Dashboard](#)

<sup>4</sup> [BCCDC Unregulated Drug Poisoning Dashboard](#) and [Alberta substance use surveillance system](#), Government of Alberta.

## Current Trends in Toxic Drug Crisis in BC

MMHA, the 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 drug toxicity), they provide additional context for understanding the early outcomes of decriminalization.

Health outcomes and drug toxicity indicators remain stable overall since decriminalization. As of April 2024, data shows unregulated drug deaths and paramedic-attended opioid overdose events are decreasing slightly.

- 2023 marked a tragic record year in unregulated drug deaths. Toxicity of illicit drugs was the driver of these deaths. There have been 792 deaths in the first four months of 2024, a 10% decrease from the first four months of 2023. Despite this slight overall decrease, deaths are increasing in some areas and among some demographic groups.<sup>5</sup>
- The rate of unregulated drug deaths has been stable with some fluctuations since 2021. A statistical analysis conducted by the BCCDC found that the unregulated drug death rate in the first 12 months of decriminalization (February 1<sup>st</sup>, 2023, to January 31<sup>st</sup>, 2024) was not statistically different from the unregulated drug death rate before decriminalization (April 1<sup>st</sup>, 2020 to January 31<sup>st</sup>, 2023). This analysis will be repeated when more data is available.
- The number and rates of paramedic-attended opioid overdose events remains high, with geographical variations and fluctuations year over year.<sup>6</sup> In April 2024 there were 1,745 paramedic-attended opioid overdose events, a 7% decrease from 1,881 in April 2023.
- The number and rates of paramedic-attended events and unregulated drug deaths for people under 19 remain stable. There were 28 unregulated drug toxicity deaths in BC of persons younger than 19 years of age in 2023, a 22% decline from 2022 (36 deaths). In the first four months of 2024, 6 people under the age of 19 have died from unregulated drugs.
- Average fentanyl concentration in street-level samples remains unchanged.<sup>7</sup>

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<sup>5</sup> [BC Coroners Service Dashboard](#)

<sup>6</sup> [BCCDC Unregulated Drug Poisoning Dashboard](#)

<sup>7</sup> [BCCSU Drug Checking Project Dashboard](#) and [SUBSTANCE](#)

## 2. Health Pathways

### *Key Findings*

- Since the implementation of decriminalization, new proactive outreach positions across RHAs and the FNHA have been hired and are facilitating connections to services.
- Majority of service utilization indicators are stable or continue to increase since decriminalization.

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 (MHSU) services, BC has funded the creation of new decriminalization proactive outreach positions in each regional health authority (RHA) and the First Nations Health Authority (FNHA). The objective of these new positions is to facilitate connections to care.

Intended early outcomes of decriminalization include increased awareness of and comfort with accessing health and social services for PWUD, and increased connections to health and social services. The health pathways metrics presented in this report relate to the utilization of low-barrier services. These services tend to be the entry point for PWUD into the broader system of MHSU services, including treatment and recovery, and so are indicative of PWUD comfort and connection with services and supports. Health outcomes are medium- to long-term impacts and are more appropriate for long-term studies.

Data in the following section suggests that core service utilization indicators are stable or increasing since decriminalization.<sup>8</sup> BC will continue to monitor these indicators throughout the implementation of decriminalization.

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<sup>8</sup> 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.



## Health System Implementation Activities – New Proactive Outreach Positions

As part of its decriminalization implementation activities, BC funded new proactive outreach positions in each RHA, as well as the FNHA, for a total of 24 full-time positions. The purpose of these positions is to support new connections to care for PWUD and liaison activities with law enforcement in communities.

RHAs have taken a range of approaches to ensure that these new positions best meet community needs.

First Nations Health Authority 5 FTEs	Vancouver Coastal Health 4 FTEs	Fraser Health 4 FTEs	Interior Health 4 FTEs	Island Health 4 FTEs	Northern Health 3 FTEs
<ul style="list-style-type: none"> <li>• 1 per FNHA Region</li> <li>• Virtual peer coordinators and substance use navigators</li> </ul>	<ul style="list-style-type: none"> <li>• Community outreach workers in local overdose outreach teams</li> </ul>	<ul style="list-style-type: none"> <li>• 3 Regional outreach workers in interdisciplinary teams</li> <li>• 1 Coordinator to support law enforcement liaison</li> </ul>	<ul style="list-style-type: none"> <li>• RCMP liaison positions embedded in existing crisis teams</li> </ul>	<ul style="list-style-type: none"> <li>• 4 part-time and 1 full-time (3 FTEs) virtual addiction and recovery workers</li> <li>• 1 full-time proactive outreach nurse</li> </ul>	<ul style="list-style-type: none"> <li>• Social work/peer outreach workers, embedded in existing harm reduction or specialized service teams</li> </ul>

RHAs are required to provide quantitative reporting on new connections to services facilitated by proactive outreach positions as part of their funding agreements. These metrics include:

- # of client interactions and # of unique clients served
- % of clients connected to another service
- Qualitative reporting on successes/challenges with reaching new clients and connecting them to care.

First Nations Health Authority is also reporting engagement connections with community members and system partners, to reflect their unique role and the community engagement mandate of their funded positions.

## Health System Implementation Activities – Proactive Outreach: Activity Highlights

Proactive outreach activities vary across each RHA and the FNHA. These new positions have taken a range of approaches to best meet their community needs.

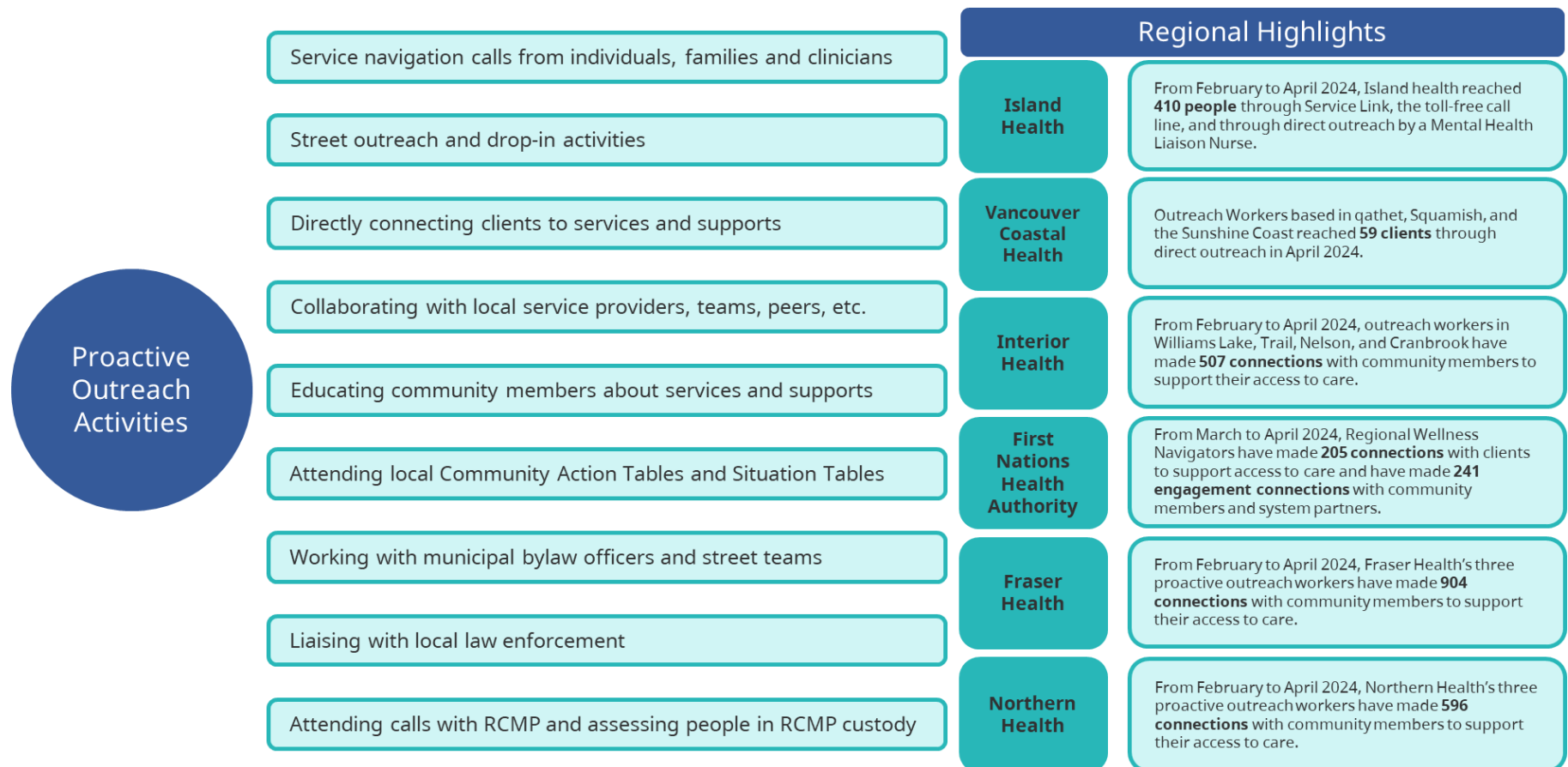


Figure 1. Proactive Outreach Activities and Regional Highlights, February 2024 – April 2024

## Health Service Utilization: Visits to Overdose Prevention Sites and Supervised Consumption Sites

Overdose prevention service (OPS) and supervised consumption site (SCS) service utilization continues to trend upward since the implementation of decriminalization. BC experienced a new high in number of visits in January 2024 with 77,927 visits.

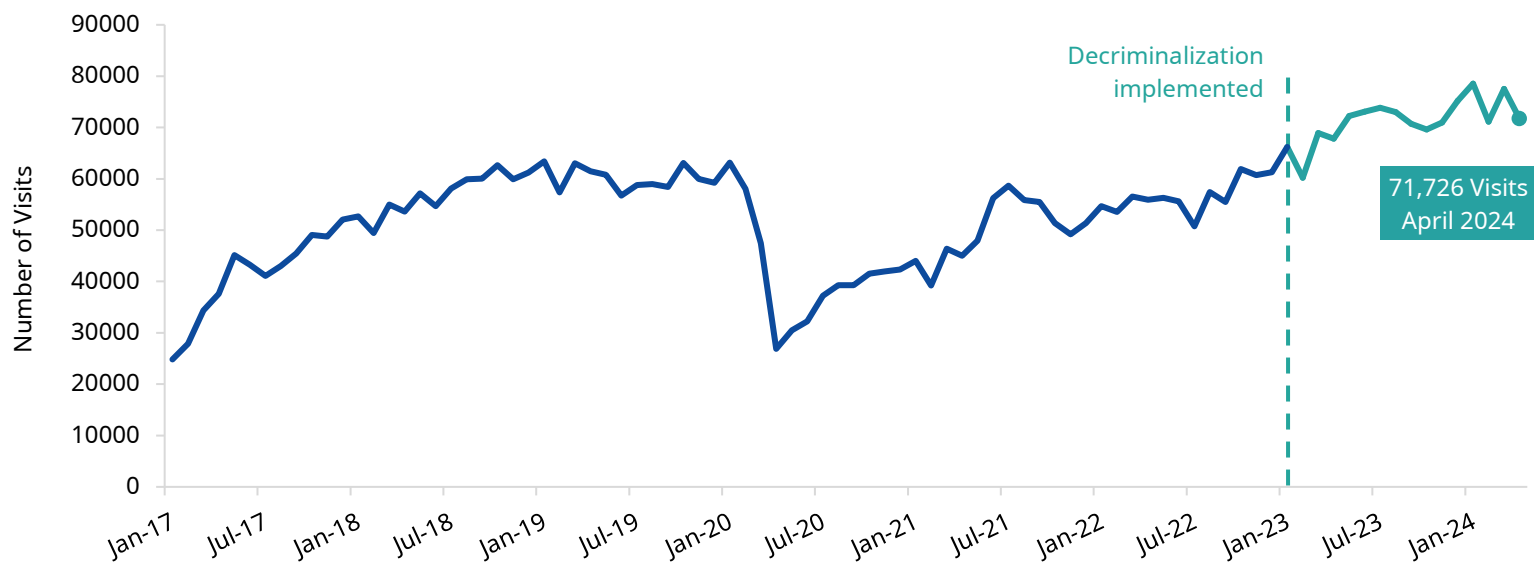


Figure 2. Visits to Overdose Prevention Sites (OPS) and Supervised Consumption Services (SCS) in BC (January 2017 - April 2024)<sup>9</sup>

- OPS and SCS provide life-saving services by preventing and responding to illegal drug poisonings.
- In April 2024, there were 71,726 visits to OPS and SCS in BC.

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

<sup>9</sup> 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: <http://www.BCCDC.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>

## Health Service Utilization: Demand for Take Home Naloxone (THN)

The number of THN kits shipped to sites has increased since January 2019. In 2023, a total of 479,896 naloxone kits were shipped, a 22% increase from 2022. There are now more than 2,320 active distribution locations for THN kits in BC.

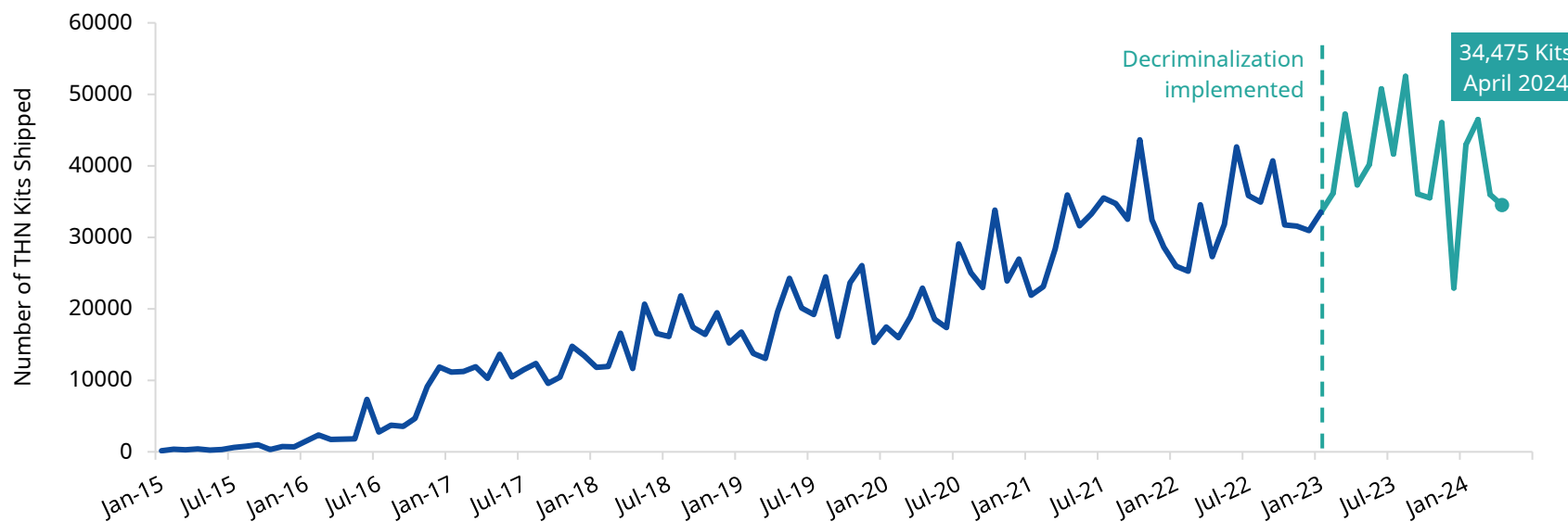


Figure 3. Number of THN kits shipped to sites (January 2015 – April 2024)<sup>10</sup>

- BC Centre for Disease Control (BCCDC) started the THN program in 2012 to provide training and kits to people at risk of an opioid overdose.
- In April 2024, 34,475 kits were shipped and there were 2,288 take home naloxone sites across BC.

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

<sup>10</sup> 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: <http://www.BCCDC.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>

## Health Service Utilization: Opioid Agonist Treatment (OAT) Uptake

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

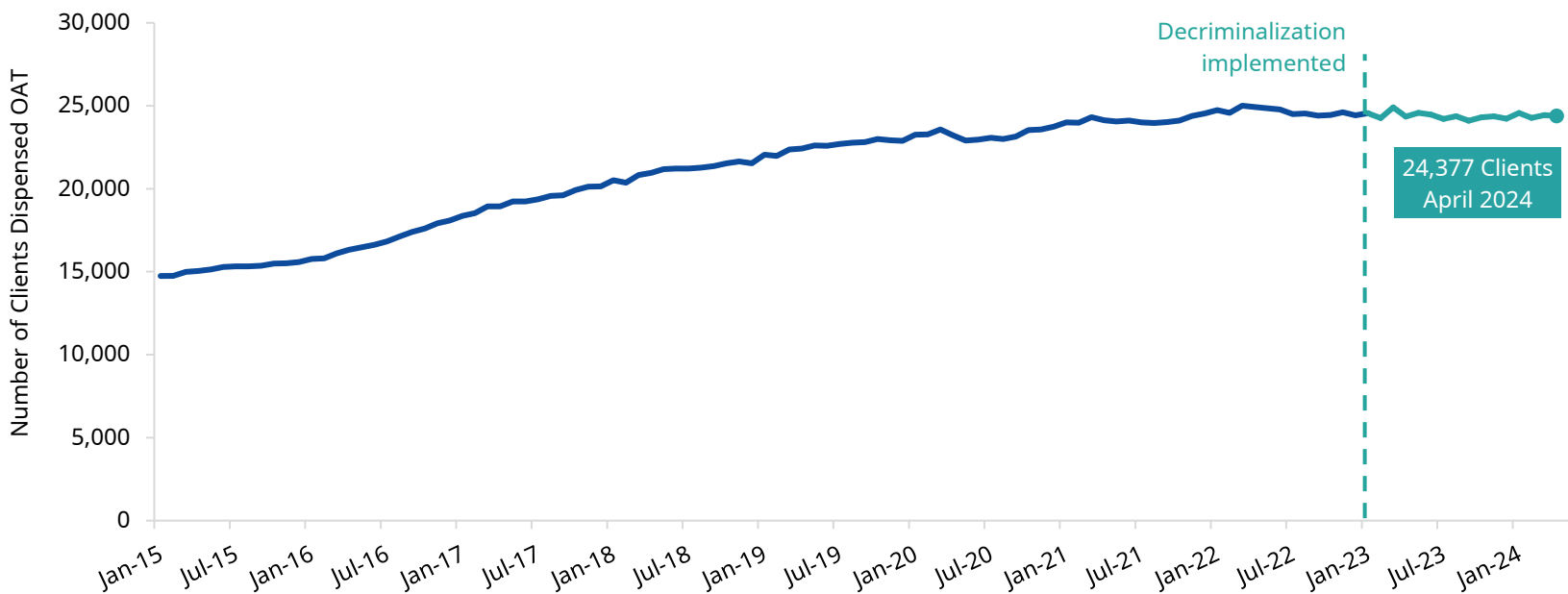


Figure 4. Number of people receiving OAT by month (January 2015 – April 2024)<sup>11</sup>

- Opioid Agonist Treatment (OAT) is a medication-based treatment for people with opioid use disorder.
- In April 2024, there were 24,377 OAT clients in BC.

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

<sup>11</sup> BC PharmaNet data are provided by Health Sector Information, Analysis, and Reporting Division, BC Ministry of Health. Data represent clients who filled prescriptions at community pharmacies within BC, not all clients who received prescriptions. Recent data may change slightly due to prescription reversals/data quality improvements. Source: <http://www.BCCDC.ca/health-professionals/data-reports/substance-use-harm-reduction-dashboard>

## Health Service Utilization: Drug Checking Utilization

The number of drug samples tested in BC has increased since 2019. In April 2024, BC tested 3,575 samples.

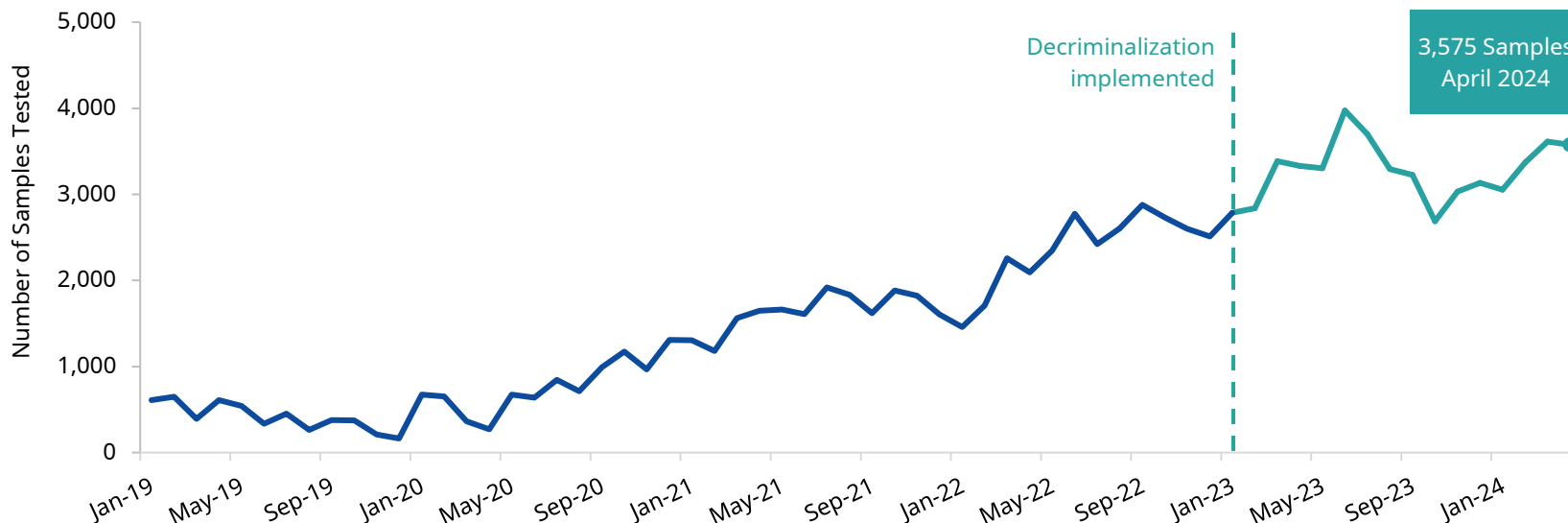


Figure 5. Number of samples tested using FTIR spectroscopy at drug checking locations in BC (January 2019 – April 2024)

- 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 23 FTIRs available in BC.
- There are 119 locations around the province where one can drop off a drug sample for analysis, 57 of which offer immediate point-of care testing.
- The number of drug samples tested in BC vary according to service capacity (e.g., number of access points, staffing and hours).<sup>12</sup>

<sup>12</sup> In October 2023, technician shortage in certain high-volume sites disrupted service availability. Service capacity has since returned. Source: [BC Centre on Substance Use \(BCCSU\) drug checking reports](#) and [Vancouver Island Drug Checking project reports \(SUBSTANCE\)](#). Vancouver Island Drug Checking Project reporting does not start until September 2020.

### 3. Wellbeing of People who Use Drugs

MMHA is working with BCCDC and researchers from SFU to conduct annual surveys and interviews with people who use drugs (PWUD) throughout the duration of decriminalization. The purpose of this research is to better understand how decriminalization impacts the socio-emotional safety and wellbeing of PWUD.

As presented in the [July 2023 report](#), research conducted **before decriminalization** (survey and interviews) suggested that many participants were hopeful that decriminalization would 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 PWUD.

As part of BCCDC's Harm Reduction Client Survey (HRCS), the 2023 questionnaire included questions on PWUD's experiences and wellbeing in the first year of decriminalization. BCCDC received 433 valid responses from harm reduction service clients between December 2023 and March 2024. Since 2012, the BCCDC Harm Reduction Services program has surveyed clients of harm reduction supply distribution sites across BC. BC has an established network of more than 700 harm reduction supply distribution sites. The HRCS provides province-wide information about drug use, related harms, stigma, and access to harm reduction services from clients of participating sites.

Qualitative interviews conducted by researchers from SFU complement the findings from the HRCS. The researchers completed 78 interviews with PWUD between August 2023 and January 2024. Interview participants were sampled from both 'socially integrated' (SI) backgrounds ( $n = 40$ ), defined as individuals with stable housing and employment, and from 'socially marginalized' (SM) backgrounds ( $n = 38$ ), defined as individuals with less stable housing and employment. The inclusion of SI perspectives, which are not often captured in other research with PWUD, is an important strength of the research.

For more information about the HRCS results and qualitative study, please visit BCCDC's [harm reduction reports page](#), [decriminalization in BC section](#).

## Notes on Interpretation

Results from the HRCS and qualitative interviews are not generalizable to the entire population of PWUD in BC. They provide insights into the experiences of particular groups of PWUD.

- The 2023 HRCS is a convenience sample of clients who visited harm reduction supply distribution sites across BC. As such, the sample does not represent all drug users in BC and their diverse experiences.
- The qualitative interviews are meant to provide nuanced insights on PWUDs' experiences and perceptions related to decriminalization. The study findings are not generalizable to or representative of all PWUD in BC.

Cross-year comparisons of HRCS results should be completed with caution and on a question-by-question basis.

- Some HRCS respondents may be one-time respondents while others may be repeat respondents. This limits the ability to conduct statistical tests and cross-year comparisons.
- The sample characteristics between each iteration of the HRCS vary from year-to-year. For example, the 2023 sample had significantly different proportions of respondents compared to the 2022 sample: there were more respondents from large (100,000 or more) urban population centers (44% versus 33%) and fewer respondents from medium (30,000 to 99,999) population centers (13% versus 33%) in 2023 compared to 2022. The age distribution of respondents and the proportion of respondents from sites in each of the regional health authorities were also significantly different between 2022 and 2023.
- Modifications to certain questions made in the 2023 HRCS to improve clarity could change how these questions were answered between years.

The HRCS and the qualitative study provide valuable information to the evaluation of decriminalization. This data, however, cannot be used alone to describe the impact of this initiative. Multiple qualitative and quantitative data sources should be cross referenced to assess impact.

- Both sources of information were collected less than a year after decriminalization was implemented. Impacts on complex, long-standing issues like stigma and access to health services may take longer to emerge. The [intended early outcomes section](#) explains the causal pathway to the intended early outcomes within three years.
- Given that the HRCS and the qualitative study are not designed to achieve generalizability, triangulation with other data sources is recommended to assess the impacts of decriminalization.



## Interactions with Police in the First Year of Decriminalization

Interview participants from both SI and SM groups expressed a sense of relief from knowing that they would not be criminalized for personal possession.

*"Having **less stress** in my world is definitely a bonus. I'm grateful for it. I'm grateful for it."*  
Participant 69, SM, ISLH

*"If I was being searched by police or something like that, it would probably give me some **peace of mind**."*  
Participant 27, SI, VCH

*"It is good to have the pressure come off. Just like, you know, being in possession. There is **less hiding**."*  
Participant 53, SM, VCH

*"A lot more feeling of freedom and empowerment and **lack of fear**, I've noticed [...] lack of fear of being woken up with just a small amount in your pocket lack of fear of being woken up with just a small amount in your pocket."*  
Participant 41, SM, IH

For some, a long history of past negative interactions contributed to continued fear towards police.

*"Especially people who are living in poverty on the street. I don't think that they trust decriminalize-- the decrim model to save them if they want to be persecuted. I think **they know that law enforcement will figure out a way to do it** or just do it anyways."*  
Participant 54, SM, VHA

*"The presence of police in the context of substance use still **strikes fear** into people, even if they are well informed and are within the guidelines. There's still this inherent they're going to fuck with me because they do."*  
Participant 2, SI, NH

**However, interaction with police is still a common occurrence for some groups of PWUD, while those with stable employment and housing felt safeguarded by their social positioning.** 59% of respondents to the 2023 HRCS reported at least one police interaction in the last three months for any reason, including reasons not specific to drugs. (*n*=393)<sup>13</sup>

**Socially marginalized** interview participants **continued to report police interactions** after decriminalization. Larger proportions of HRCS respondents without stable housing reported interactions with police (64% of those living in shelters and 71% with no usual residence, vs. 50% of other respondents).

**Socially integrated** interview participants **reported nearly no police interactions** after decriminalization. They saw their social positioning and housing status as privileges that reduced the chances of police interaction.

Context: The HRCS asks respondents about police interaction *for any reason*, not specific to drug possession related interaction. Other reasons for police interaction could include regular street patrols, response to calls for service, bylaw enforcement, property crimes, drug trafficking, and others.

### **Other data suggests that remaining police interactions are mostly related to reasons other than drug possession.**

According to provincial police data, in the first year of decriminalization, there has been a 76% decrease in possession offences. Possession offences are recorded formal police interactions or investigations based on a concern for simple possession. In the meantime, trafficking offences remain at the same 2022 level. Police data, however, do not capture unrecorded informal drug possession interactions. Some interview participants reported off-the-record drug seizure or disposal by the police during interactions.

According to an internal survey of police officers in BC, conducted between September 2023 and April 2024, the top substantive concerns that initiate police interaction with PWUD are violent, threatening or disorderly behaviours (54%), subsistence crime (e.g., theft under \$5000) (48%), trespassing or loitering complains (46%), public use of illegal substances (45%), overdose event (40%), and criminal investigation needs (29%).

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<sup>13</sup> The three-month timeframe of the question changed from being in the question itself in 2022 to being in the section title in 2023. This might have impacted how some respondents understood the question and so cross-year comparison is cautioned.

## After decriminalization, small changes in punitive and health-oriented actions were reported by HRCS survey respondents.<sup>14</sup>

Survey respondents reported **slightly fewer punitive enforcement actions**  
(compared to 2022)

- ↓ **26%** (31%) had their syringes or pipes taken away
- ↓ **25%** (28%) had drugs not prescribed to you, including illegal drugs taken away
- ↓ **32%** (40%) reported being arrested
- ↓ **3%** (12%) reported being arrested for drug possession<sup>15</sup>

Survey respondents reported **slightly more connections to health and social supports**  
(compared to 2022)

- ↑ **30%** (25%) reported police did a health check or asked if they were okay
- ↑ **14%** (8%) received information about health or harm reduction services

Many interview participants were not receptive to police adopting a health-related role due to the long history of distrust. Some participants, however, noted changing experiences with police.

*"I don't see there being a lot of trust just because they [police] have a business card in their back pocket. There is nothing to say or give anybody any sort of trust. Trust is earned."*

Participant 1, SI, VCH

*"They've [police have] come around, make sure that people are safe without harassing people. They'll-- I've seen them give out cigarettes. I've seen them give out water. Asking people if anybody needs somebody to talk to, I've seen that before. Is everything okay here? Do you need to talk to someone? Lots of positive experiences with police."*

Participant 48, SM, VCH

<sup>14</sup> Statistical testing of the differences between the 2022 and 2023 HRCS has not been conducted.

<sup>15</sup> The question about being arrested for drug possession changed from a check box in 2022 to a free text item in 2023. Triangulation with other data sources is recommended.

## Criminalization and Stigma as Barriers to Accessing Health Supports

Although decriminalization generated optimism of improved access over the long run and increased willingness to discuss substance use for some interview participants, **stigma and criminalization continue to be barriers that make PWUD hesitant to access services.**

Stigma in healthcare settings was reported by interview participants as a persisting barrier to accessing services. Some reported being reluctant to disclose their drug use due to fear of being treated differently or potential repercussions (i.e., social, employment, healthcare).

For HRCS respondents, the top reasons contributing to their hesitancy to access services were:

Functional Service Barriers	Social Perceptions and Stigma <sup>16</sup>	Criminalization
<p><b>19%</b> Site/service operating issues (limited opening hours, long wait times, no ramps for wheelchairs)</p> <p><b>14%</b> Services not available in their community or too far away</p>	<p>Worried about being treated differently because of substance use (<b>56%</b>) or housing situation (<b>43%</b>)</p> <p>Worried the following would find out about their substance use:</p> <ul style="list-style-type: none"><li><b>26%</b> Friends or family</li><li><b>14%</b> Family services</li><li><b>13%</b> Police/parole/probation officer</li><li><b>11%</b> Employer</li><li><b>10%</b> Health care provider</li></ul>	<p><b>14%</b> Worried about police taking their drugs away</p> <p><b>3%</b> Site is in their red zone / an area that violates conditions of release</p>

**Significantly more HRCS respondents who had recent contact with police reported hesitance** in accessing services or concern about disclosing their substance use than respondents that reported no recent police contact (76% vs. 66%, respectively).

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<sup>16</sup> In 2022, there was one question about reasons for being hesitant to access services. In 2023, this was split into three questions, including “do you worry about these people finding out that you use substances” - respondents might have answered the question more broadly and not only in relation to accessing services.

**A larger proportion of HRCS respondents in 2023 used substances at an overdose prevention site (OPS)/supervised consumption site (SCS) (49% in 2022 and 64% in 2023)<sup>17</sup>. The top reported barriers for using substances at an OPS/SCS were lack of inhalation services and site or service operating issues such as limited opening hours, long wait times, and no wheelchair ramps.**

**Some interview participants, especially 'socially integrated' participants, expressed optimism about decriminalization potentially improving healthcare access over the long run,** including facilitating discussion of drug use with healthcare providers and easing fears of criminalization to allow them to focus on seeking help.

*"It [decriminalization] made it easier for me to be able to deal with my addictions and not have additional concerns of being punished for those addictions. And made it easier to go seek help and get help knowing that I wouldn't be arrested and put in jail and my life ruined because of an addiction that I can't control."*

Participant 29, SI, FH

*"It [decriminalization] probably makes me be more honest, which is good. If you go see your healthcare professional it's good to be honest so that they know how to treat you."*

Participant 4, SI, ISLH

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<sup>17</sup> The proportion of HRCS sites co-located or within walking distance of an OPS/SCS was 60% in 2023 and 50% in 2022, and none of the nearby OPS/SCS sites in 2022 offered inhalation services.

## Experiences of People Who Use Drugs and Societal Attitudes

**Interview participants discussed a willingness to talk about substance use with family and friends. Some described a change in the level of stigma in terms of understanding and compassion.**

*Such conversations produced a sense of connectedness and social inclusion, rather than isolation and exclusion.*

*"It [decriminalization] will make people more willing to actually talk about their use without fear of repercussions. At least, you know, coming forward and saying like, yeah, I use and I would like to feel less alone."*

Participant 53, SM, VCH

*"People are aware of substance abuse in the community and people that are really struggling with it. The stigma around it is changing with people learning to be more understanding and that it is a disease process, and it is really difficult and people are really, truly, suffering. So, there has been a lot of change in the way people perceive it and the stigma is not as bad."*

Participant 51, SM, VCH

*"So, I guess, socially, decriminalization has opened those conversations up a little bit. And with MDMA I'll talk about that a little more openly with people and there's less judgement."*

Participant 25, SI, VCH

**Distinctly for 'socially integrated' participants, social benefits of decriminalization also included greater job security, social inclusion, and social connections.**

Some explained that decriminalization eased their worries about being labelled as a PWUD through the 'mark' of a criminal record, given the negative impacts it could have. There was a sense of optimism that they would eventually feel more comfortable being open about their drug use, and transparency was thought to help strengthen interpersonal relationships.

*"That's where it's [decriminalization is] helpful because otherwise you have to tell them [employer]: "I was arrested." It's on your record. If you go for your job and people look into it, it's there. So, it's, like, you know what I mean? It comes out. Something like that can come out and it's fucked."*

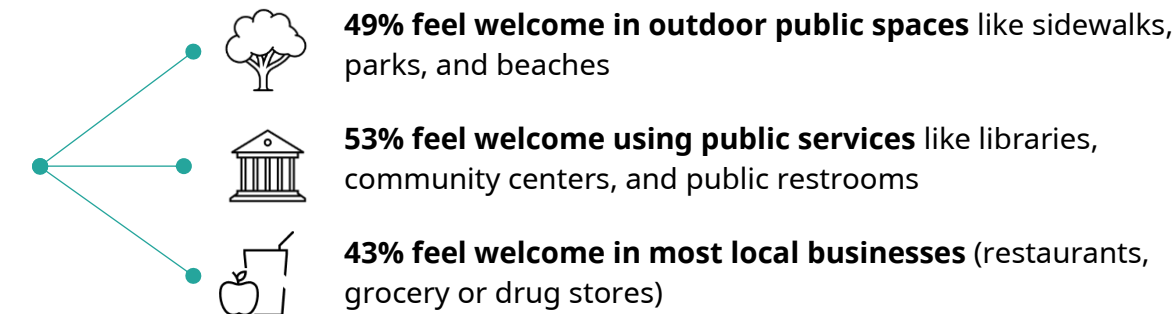
Participant 6, SI, VCH

**However, PWUD still experience substance use stigma in society.** Interview participants reported being acutely aware of negative public attitudes towards drugs and people who use them, which has real impacts on PWUD.

*“The war on drugs said so much misinformation as absolute truth for so many years, people hold it as part of their moral code: “Drugs are bad and drug users are violent, mentally ill criminals that belong behind bars. They do not deserve compassion. And God forbid if you have one in your family, you better outcast them under the guise of tough love or else you’re enabling their addiction.”*

Participant 52, SM, VCH

**Less than or only half of HRCS respondents feel welcome in public spaces or using public services.**



**Interview participants believed that businesses and the general public play a central and active role in policing PWUD.**

Interview participants reported people calling the police based on their actions (e.g., loitering, tent setup) or their presence (e.g., “just standing”) in public. These types of interactions increased feelings of being unwelcome in or excluded from public spaces, as well as not “*feel[ing] like part of society*” (Participant 24, SM).

*“The only time they [police] come and bother people is when someone doesn’t like something a person is doing in public, and they’ll call and the cops will come and they’ll, you know, usher them off.”*

Participant 57, SM, NH

## 4. Public Awareness and Understanding

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 [HelpStartsHere campaign](#), the development of online resources, and engagement with municipalities, business improvement associations, First Nations communities, and other stakeholder groups.

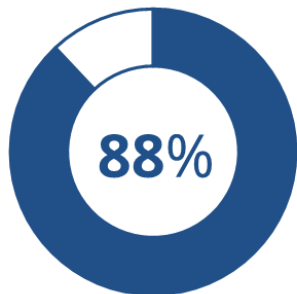
MMHA is monitoring public awareness and understanding of decriminalization through public opinion research and ongoing engagement activities. MMHA has been using these findings to support its ongoing public communication and education activities.

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.

In January 2024, one year after decriminalization was implemented, MMHA contracted another public opinion research to assess public awareness and understanding of decriminalization and substance use as a health issue. The following highlights results from the 2024 research.

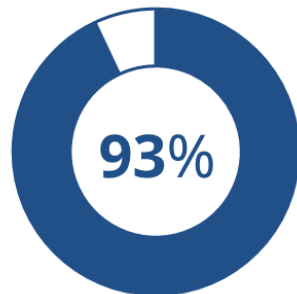


## Awareness and Understanding of Decriminalization



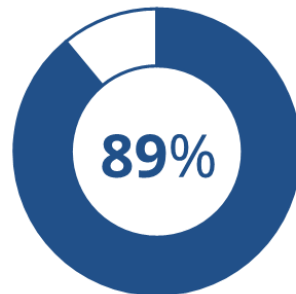
88% of BC residents reported being **aware of decriminalization being implemented**

An increase from 66% in 2022



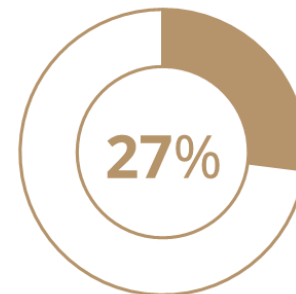
93% of BC residents understood that **drug trafficking is still illegal**

Equal to 2022



89% of BC residents understood that **illegal drugs are prohibited on school/childcare properties**

A decrease from 92% in 2022



27% of BC residents believed that **decriminalization and legalization are the same thing.**

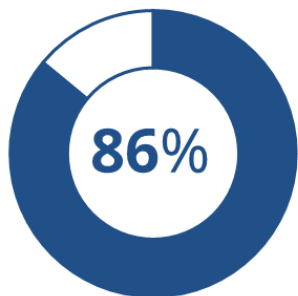
About equal to 28% in 2022

■ Correct Understanding

■ Incorrect Understanding

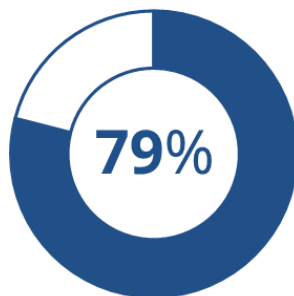
- 88% of BC residents reported being aware of decriminalization being implemented. There was a 22% increase in awareness of decriminalization since 2022.
- The majority of residents demonstrated knowledge of the essential elements of BC's decriminalization model.

## Understanding Substance Use as a Health Issue



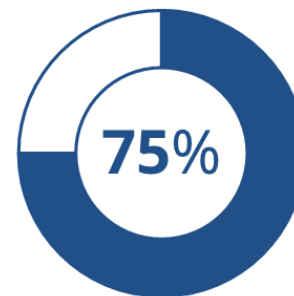
86% of BC residents believed that **people who use drugs could be someone who lives next door, a person they work with, or a family member**

Equal to 2022



79% of BC residents believed that **people with substance use-related issues are facing a health issue**

A decrease from 81% in 2022



75% of BC residents believed that **people who use drugs should have access to the same health care services as they do**

An increase from 73% in 2022

- 79% of BC residents believed that people with substance use related issues are facing a health issue.
- 86% of BC residents believed that people who use drugs could be someone who lives next door, a person they work with, or a family member.

## 5. Law Enforcement

### *Key Findings*

- Data from the first 15 months of decriminalization (February 2023 – April 2024) suggest decriminalization has reduced personal use possession related offence and seizure as intended.
- Possession offences in February-April 2024 decreased 82% compared to the baseline average of the same February-April time frame (2019 – 2022).
- Possession seizures under 2.5g of exempted drugs in February-April 2024 decreased 98% compared to the baseline average of the same February-April time frame (2019 – 2022).
- The decriminalization model has been effective at significantly reducing personal use possession related seizures.

Decriminalization aims to shift PWUD away from the criminal justice system and towards health and social supports. From 2019 to 2022, the number of simple possession charges recommended by police in BC declined by 87% (Table 8). According to BC Corrections data (Table 11 and Table 12), in 2023, less than 1% of community corrections clients and 0% in provincial custody were for drug possession as a most serious offence. Therefore, selected core metrics in this report focus on the remaining forms of criminalization in policing: personal possession related offences and drug seizures.

The following section provides an overview of key law enforcement metrics that capture progress towards decriminalization's objectives. Data from this section is derived from the provincial police record management system (PRIME-BC).

Regional analysis is based on health authority regions to align with public health reporting. Please note that it is not comparable to the previous reporting by RCMP policing districts. Other forms of regional analyses (including urban versus remote) are under consideration as new data are made available to MMHA.

## Law Enforcement Data – Analysis Methodology

BC is monitoring key law enforcement metrics that indicate progress towards decriminalization's objectives:

- **Offences**

Offences are police recorded suspected violations of the CDSA. They represent formal police interactions and/or investigations that occur when police suspect there is a crime being committed. An offence may or may not involve an arrest and does not mean that there is a charge or a conviction. In BC, police decide after their investigation if there is sufficient evidence to recommend Crown counsel to charge a suspect. Their recommendation informs a report to Crown counsel (RCC).

Offences are recorded in BC's Police Records Information Management Environment (PRIME-BC). When police respond to, or initiate, a call for service, a file is generated in PRIME-BC and assigned a code from the Uniform Crime Reporting Survey (UCR) to describe the crimes associated with the call for service.<sup>18</sup>

There are two groups of UCR codes relating to the CDSA relevant to the monitoring and evaluation of decriminalization:



- Possession
  - CDSA incidents involving personal possession (section 4(1))



- Trafficking
  - CDSA incidents involving possession for the purpose of trafficking (section 5(2))
  - CDSA incidents involving trafficking of illegal drugs (section 5(1))

BC is monitoring relevant files in PRIME-BC to determine the number of CDSA offences. For incidents associated with possession, BC monitors both incidents where possession is the most serious offence (MSO) and incidents where

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<sup>18</sup> The Uniform Crime Reporting Survey (UCR) was designed by Statistics Canada to measure the incidence of crime and its characteristics. An offence is used as a unit of count for the purposes of the statistical reporting.

possession is not the MSO but a secondary offence.<sup>19</sup> This report focuses on incidents where possession is the MSO as it most accurately captures interactions/investigations initiated by a simple possession offence.

This report refers to incidents where possession is the MSO as “possession offences” and incidents where trafficking is the MSO as “trafficking offences.” Information on whether drugs are seized during a call for service are also recorded in PRIME-BC. Other recorded details include (if available) drug type and amount for each type of drug seized.

- **Drug Seizures**

Some offences may involve the confiscation of drugs (“drug seizures”) from an individual. Drug seizures can cause harm to PWUD.<sup>20</sup> Under certain circumstances, possession of certain illegal drugs under a cumulative weight of 2.5g is now exempted from the CDSA. In the original exemption, exceptions included but were not limited to, possession of any amount of illegal drugs on school grounds or airports. Possession over the 2.5g threshold, as well as trafficking, regardless of the amount of drugs involved, remains illegal.

To effectively monitor the implementation of decriminalization, it is essential to calculate the *cumulative total amount* of exempted substances in each seizure incident due to the cumulative nature of the threshold policy. In a CDSA offence, multiple seizure records can be associated with the same offence file because each type of drugs seized and each packaged item seized are recorded as separate records (e.g., as property items). MMHA collaborated with its policing partners to develop a methodology of offence-based drug seizure analysis where all seizure records related to an offence are aggregated to calculate the cumulative weight of exempted substances seized in each offence. This methodology better represents the total amount of exempted drugs held by individual(s) in each offence and enables quality monitoring on the implementation and outcomes of decriminalization.<sup>21</sup>

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<sup>19</sup> When there are two or more violations of the law in a single incident, the Uniform Crime Reporting Survey specifies that “the most serious offence” is published for the purposes of statistical reporting. For example, violent offences (e.g. assault) are more serious than non-violent offense (e.g. CDSA violations).

<sup>20</sup> See Appendix A: Synthesis of Key Evidence for a synthesis of key evidence on the harms associated with the criminalization of substance use.

<sup>21</sup> Previous seizure datasets relied on seizure records as a unit of analysis and therefore, did not provide detailed information on the cumulative total quantity held by the individual(s) involved.

BC is monitoring this cumulative seizure dataset to determine the number of drug seizure incidents initiated by a CDSA offence. For this report, drug seizure incidents where possession is the MSO are called “possession seizures” while drug seizure incidents where trafficking is the MSO are called “trafficking seizures.”

- **Recommended Charges**

After an investigation and review of available evidence, police in BC may recommend to the Crown Counsel to charge an individual for a specific crime. Crown counsel may choose to accept or decline police recommendations based upon their review of evidence and prosecution guidelines.

Policing partners have recommended assessing charge data on an annual basis. Monitoring recommended charges on a quarterly basis is unreliable as investigations take time to result in charges.<sup>22</sup>

PRIME-BC is a live case management environment that updates as investigations are being completed. As such, coding for some offences could change between possession and trafficking as investigations progress. Further, some privatized files may become available or vice versa.

Police-reported crime statistics are released by Statistics Canada on a routine and scheduled basis. Metrics in this report are only intended to satisfy the requirement under BC’s section 56(1) CDSA exemption. The offence data presented in this report is not considered completed and may be subject to changes in UCR classification. Changes to numbers are expected, especially for recent reporting periods.

#### *Limitations*

In practice, formal police interactions/investigations 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.

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<sup>22</sup> See Table 8. Number of Offences, Seizure incidents involving exempted drugs (regardless of amount), and Recommended Charges, where possession is the most serious offence, by all police in BC (2019 – 2023) for data on recommended charges.

## Possession Offences Over Time

Possession offences have been gradually decreasing from 2019 to 2022, and to a much greater extent since the implementation of decriminalization.

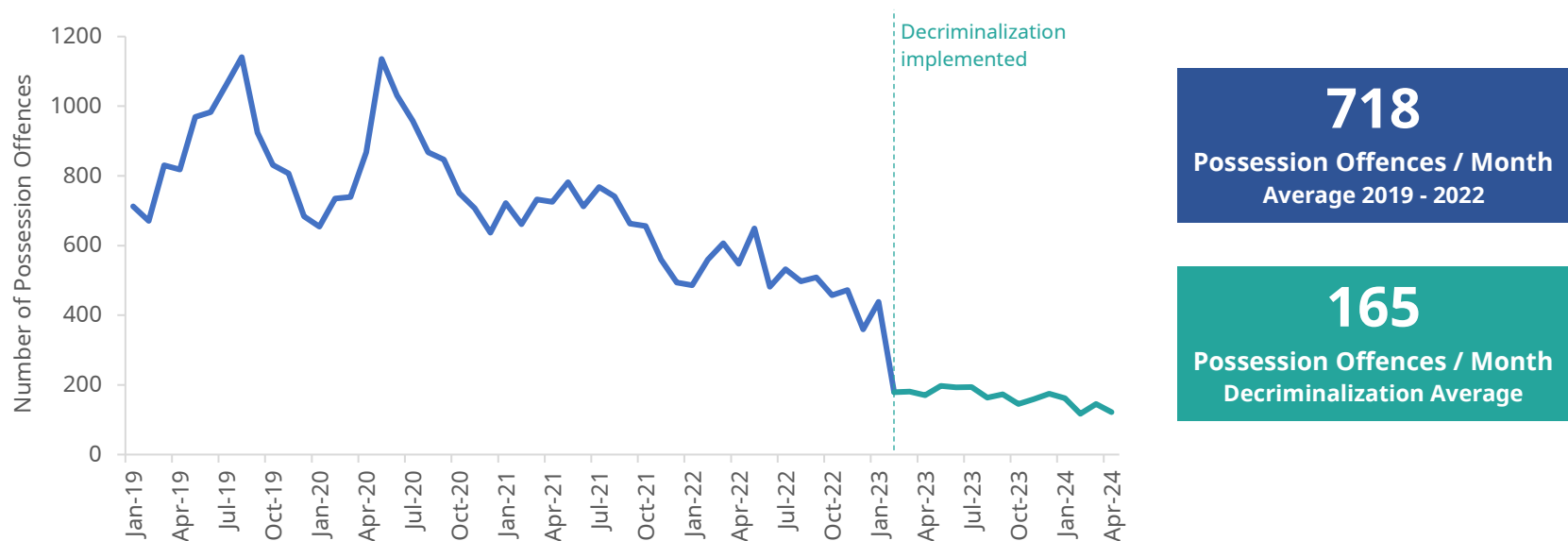


Figure 6. Number of offences, where possession is the most serious offence, by all police in BC (January 2019 – April 2024)<sup>23</sup>

- There have been an average of 165 possession offences/month in BC since the implementation of decriminalization, compared to 718 possession offences/month in BC in baseline years (2019-2022).
- Remaining offences could be due to possession above 2.5g, possession of non-exempted substances, offences where the (original) exemption does not apply, and operational complexities (e.g. trafficking offences coded as possession until investigations are complete).

**Policy Implication:** Possession offences have decreased as intended since decriminalization.

<sup>23</sup> An offence represents a formal police interaction or investigation based on a particular type of suspected crime. An offence may or may not involve an arrest. It is not a charge nor a conviction.

**Possession offences in February-April 2024 decreased 82% compared to the baseline average of the same February-April time frame (2019 – 2022).**

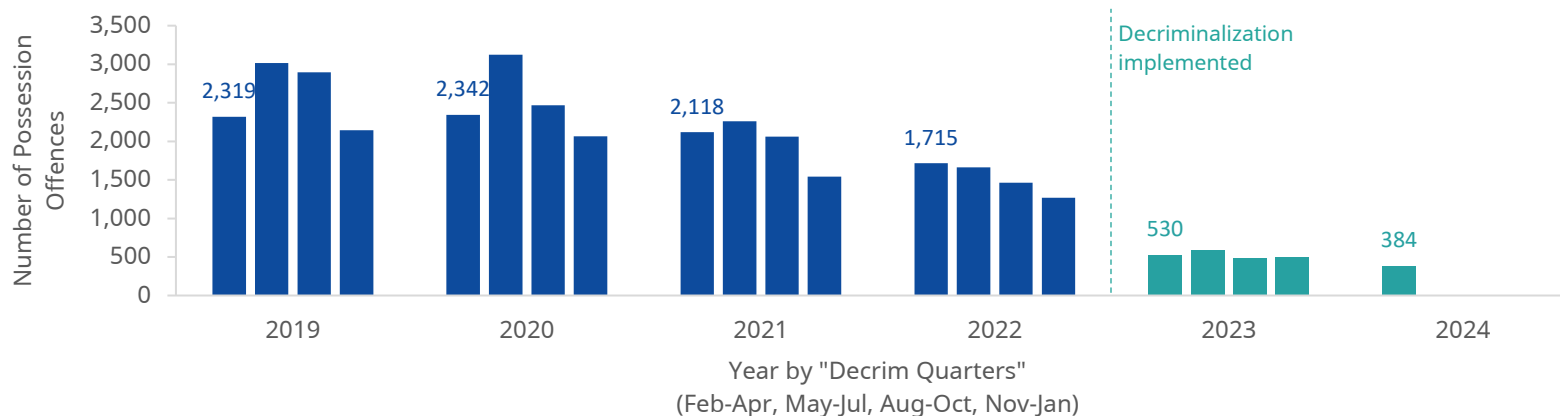


Figure 7. Offences per “Decrim Quarter”, where possession is the most serious offence, by all police in BC (February 2019 – April 2024)<sup>24,25</sup>

- Between February to April 2024, there were 384 possession offences in BC, 28% less than the first three months of decriminalization (Feb – Apr, 2023).
- Remaining offences could be due to possession above 2.5g, possession of non-exempted substances, offences where the (original) exemption does not apply, and operational complexities (e.g. trafficking offences coded as possession until investigations are complete).

**Policy Implication:** Possession offences have decreased as intended since decriminalization.

<sup>24</sup> An offence represents a formal police interaction or investigation based on a particular type of suspected crime. An offence may or may not involve an arrest. It is not a charge nor a conviction.

<sup>25</sup> “Decrim Quarters” refer to Feb-Apr, May-Jul, Aug-Oct, Nov-Jan. These quarters enable ease of analysis and align with when decriminalization came into effect on January 31, 2023.



## Possession Offence per 100,000 Residents Over Time, by Health Authority Region

Since decriminalization, rates of possession offence have decreased significantly in all health authority regions of BC.

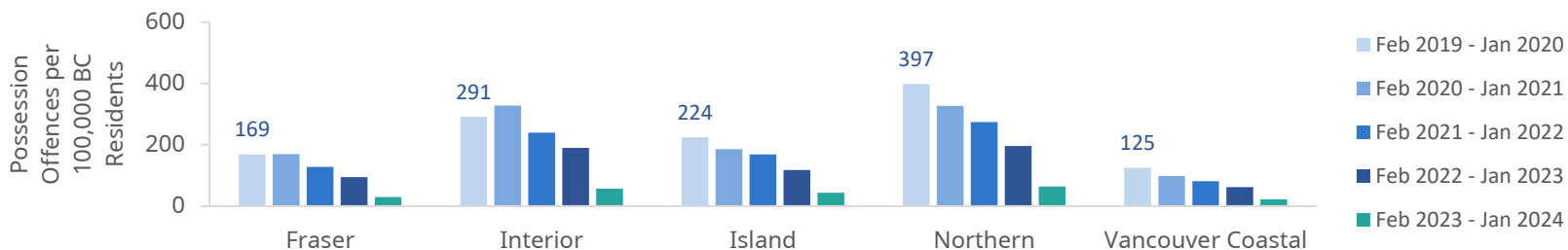


Figure 8. Offences per 100,000 BC residents, where possession is the most serious offence, by health authority region (February 2019 – January 2024)<sup>26,27,28</sup>



- Northern and Interior health authority regions have had the highest rates of possession offence per 100,000 residents before and after decriminalization.
- February April 2024 counts are not in rate calculations. Analysis will be updated when more data is available.
- In the first year of decriminalization, the provincial rate of possession offence was 36.6 per 100,000 residents, 67% less than in 2022.

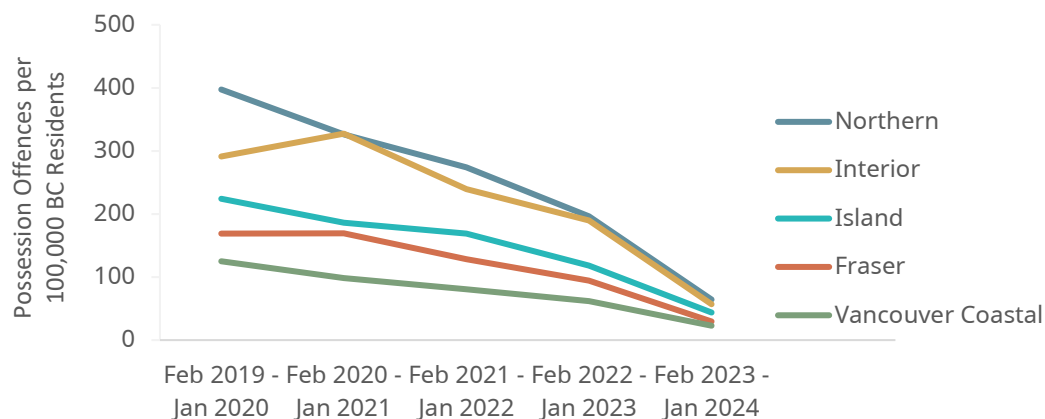
**Policy Implication:** Rates of possession offences have decreased in all BC health authority regions, as intended, since decriminalization.

<sup>26</sup> Rates for Island and Vancouver Coastal have changed from previous reporting. Previous reporting misclassified a police detachment belonging to Island health authority region as being a part of Vancouver Coastal.

<sup>27</sup> Rates were calculated using population estimates from BC Stats: <https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates>.

<sup>28</sup> Rates do not include St’at’imx Tribal Police, RCMP Highway Patrol, RCMP District and E-Division Units, RCMP Combined Forces Special Enforcement Units, RCMP West Coast Marine Detachment, and RCMP Integrated Homicide Investigation Team.

The difference in population adjusted possession offence rates between regions has been gradually reducing and to a greater extent since decriminalization.



	High-Low Line/Range	Ratio
Feb 2019 - Jan 2020	272	3.18
Feb 2020 - Jan 2021	229	3.34
Feb 2021 - Jan 2022	193	3.39
Feb 2022 - Jan 2023	135	3.18
<b>Feb 2023 - Jan 2024</b>	<b>42</b>	<b>2.82</b>

Figure 9. Offences per 100,000 BC residents, where possession is the most serious offence, by health authority region (February 2019 – January 2024)<sup>29,30,31</sup>



- The range reflects the difference in possession offence rates between the regions with the highest and the lowest rates per year. This shows the greatest discrepancy across health authority regions.
- The difference between Vancouver Coastal and the Northern health authority regions decreased 85% between 2019 and 2023.

**Policy Implication:** The difference in possession offence rates between regions has been gradually reducing and to a greater extent since decriminalization.

<sup>29</sup> High-low range and ratio calculations changed from previous reporting. Previous reporting misclassified a police detachment belonging to Island health authority region as being a part of Vancouver Coastal.

<sup>30</sup> Rates were calculated using population estimates from BC Stats: <https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates>.

<sup>31</sup> Rates do not include St’at’imx Tribal Police, RCMP Highway Patrol, RCMP District and E-Division Units, RCMP Combined Forces Special Enforcement Units, RCMP West Coast Marine Detachment, and RCMP Integrated Homicide Investigation Team.

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

Possession seizure under 2.5g of exempted drugs have been gradually decreasing from 2019 to 2022 and to much greater extent since the implementation of decriminalization.<sup>32</sup>

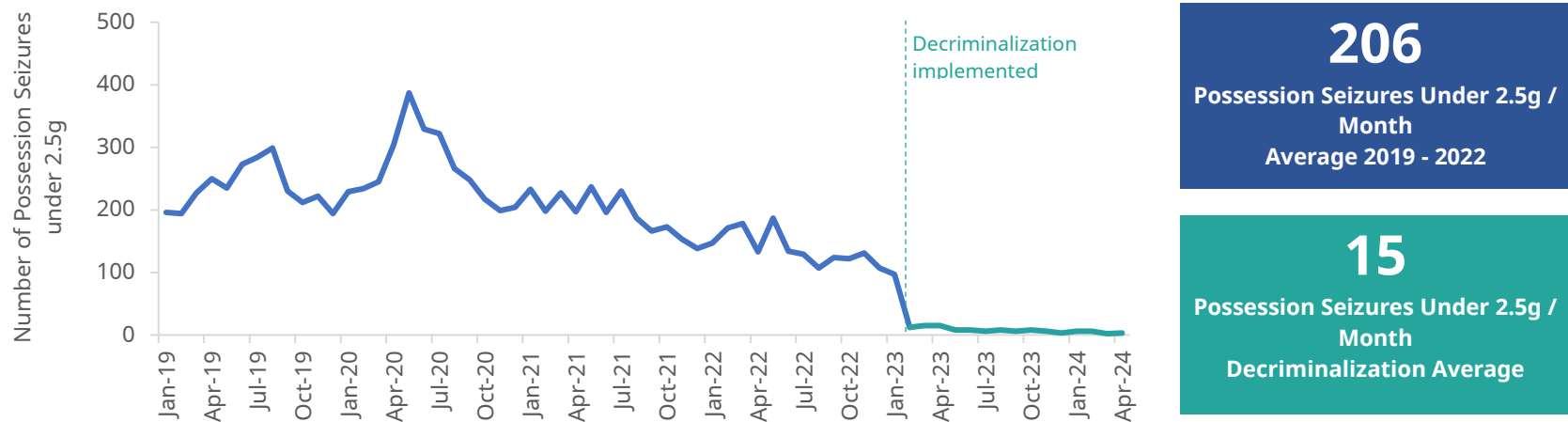


Figure 10. Seizure incidents involving exempted drugs, under 2.5g, where possession is the most serious offence, by all police in BC (January 2019 – April 2024)<sup>33</sup>



- There has been an average of 15 possession seizure incidents per month involving 2.5g or less of exempted substances since decriminalization, compared to 206 seizure incidents per month in baseline years (2019-2022).
- Remaining seizures could be due to seizures in instances when the (original) exemption does not apply. According to policing partners, most remaining incidents are related to access to substances by operators of motor vehicles (which is outside the scope and criteria of the exemption).

**Policy Implication:** Possession seizures below 2.5g have decreased as intended since decriminalization.

<sup>32</sup> Possession drug seizures are drug seizures made by police where the most serious offence on record is simple possession. Number of drug seizures do not include amounts that were unquantifiable (i.e., no weight on record).

<sup>33</sup> The seizure amount in this dataset represents the cumulative total amount of exempted drugs seized.

**Possession seizures under 2.5g of exempted drugs in February-April 2024 decreased 98% compared to the baseline average of the same February-April time frame (2019 – 2022).<sup>34</sup>**

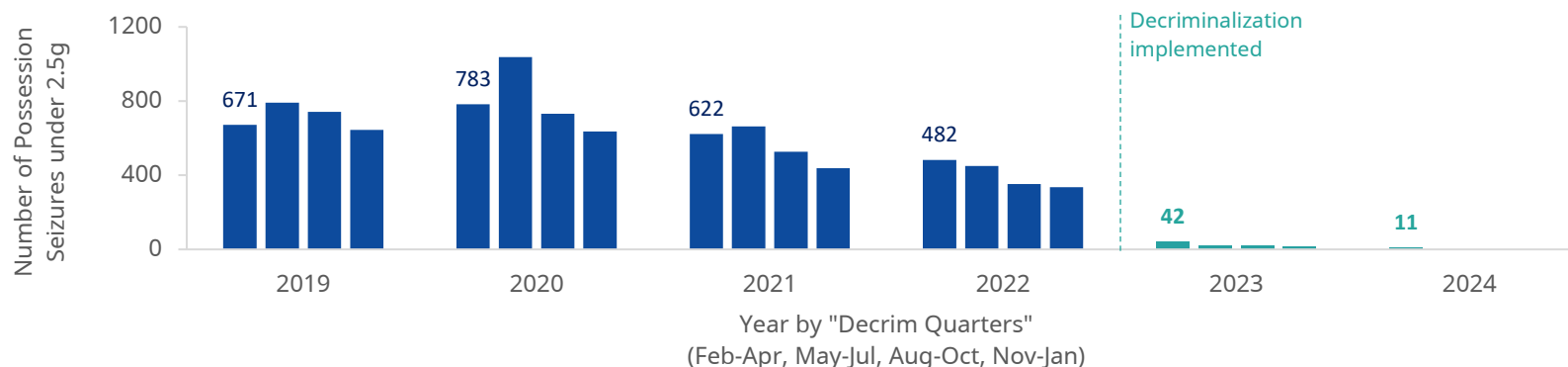


Figure 11. Seizure incidents involving exempted drugs per “Decrim Quarter”, under 2.5g, where possession is the most serious offence, by all police in BC (February 2019 – April 2024)<sup>35,36</sup>



- There were 11 possession seizure incidents involving 2.5g or less of exempted drugs between February and April 2024, 74% less compared to the first three months of decriminalization (Feb – Apr, 2023).
- Remaining seizures could be due to seizures in instances when the (original) exemption does not apply. According to policing partners, most remaining incidents are related to access to substances by operators of motor vehicles (which is outside the scope and criteria of the exemption).

**Policy Implication:** Possession seizures below 2.5g have decreased as intended since decriminalization.

<sup>34</sup> Possession drug seizures are drug seizures made by police where the most serious offence on record is simple possession. Number of drug seizures do not include amounts that were unquantifiable (i.e., no weight on record).

<sup>35</sup> The seizure amount in this dataset represents the cumulative total amount of exempted drugs seized.

<sup>36</sup> On May 7, 2024, a new exemption replaced the original one. The next decrim quarter May-July 2024 will provide information about the new exemption, which restricted the scope of places where possession is permitted.

## Drug Seizure, Regardless of Weight, Due to Possession of Exempted Substances

Possession seizure incidents of exempted drugs, regardless of weight, have been gradually decreasing from 2019 to 2022 and to much greater extent since the implementation of decriminalization.<sup>37</sup>

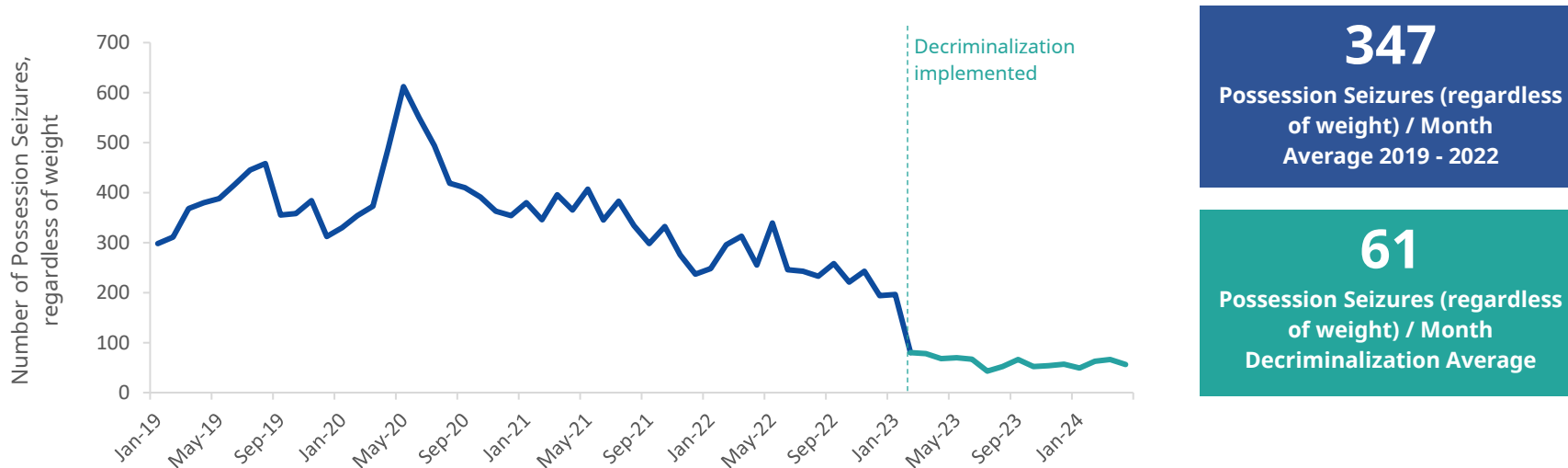


Figure 12. Seizure incidents involving exempted drugs, where possession is the most serious offence, by all police in BC (January 2019 – April 2024)



- There has been an average of 61 possession seizure incidents per month of exempted substances (regardless of weight) since decriminalization, compared to 347 seizure incidents per month in baseline years (2019-2022).
- Remaining seizures could be due to seizures in instances when the (original) exemption does not apply. According to policing partners, most remaining incidents are related to access to substances by operators of motor vehicles (which is outside the scope and criteria of the exemption).

**Policy Implication:** The decriminalization model is reducing personal use possession-related seizures as intended.

<sup>37</sup> Possession drug seizures are drug seizures made by police where the most serious offence on record is simple possession. Number of drug seizures do not include amounts that were unquantifiable (i.e., no weight on record).

**Possession seizures of exempted drugs, regardless of weight, in February-April 2024 decreased 83% compared to the baseline average of the same February-April time frame (2019 – 2022).<sup>38</sup>**

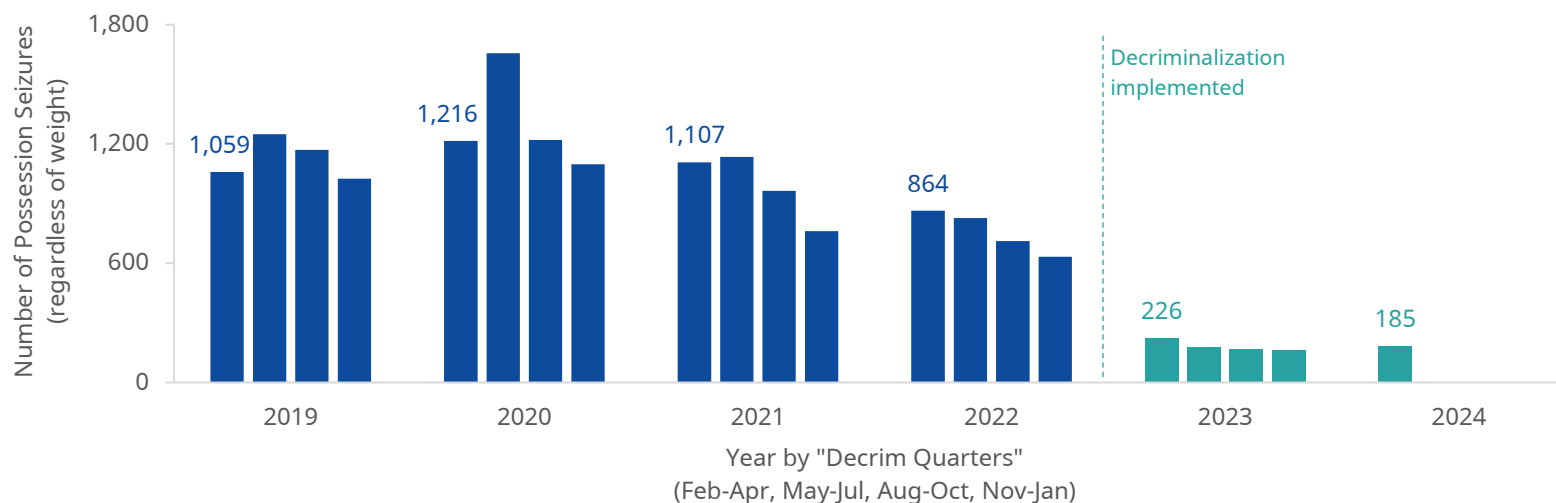


Figure 13. Seizure incidents involving exempted drugs per “Decrim Quarter”, where possession is the most serious offence, by all police in BC (February 2019 – April 2024)<sup>39</sup>



- Prior to decriminalization, one BC study suggested that a 75% reduction in possession seizures could be used as a benchmark for policy success. The actual decrease compared to baseline years surpassed this suggested benchmark.
- Overall possession drug seizures have decreased by 18% in February – April 2024 compared to the first three months of decriminalization (February – April, 2023).

**Policy Implication:** The decriminalization model is reducing personal use possession-related seizures as intended.

<sup>38</sup> Possession drug seizures are drug seizures made by police where the most serious offence on record is simple possession. Number of drug seizures do not include amounts that were unquantifiable (i.e., no weight on record).

<sup>39</sup> Decrim quarters refer to Feb-Apr, May-Jul, Aug-Oct, Nov-Jan. These quarters enable ease of analysis and align with when decriminalization came into effect on January 31, 2023.

## Possession Seizures by Weight Range

The dominant weight range for possession seizures shifted from 0.01-2.5g before decriminalization to >10.0g after decriminalization.<sup>40</sup>

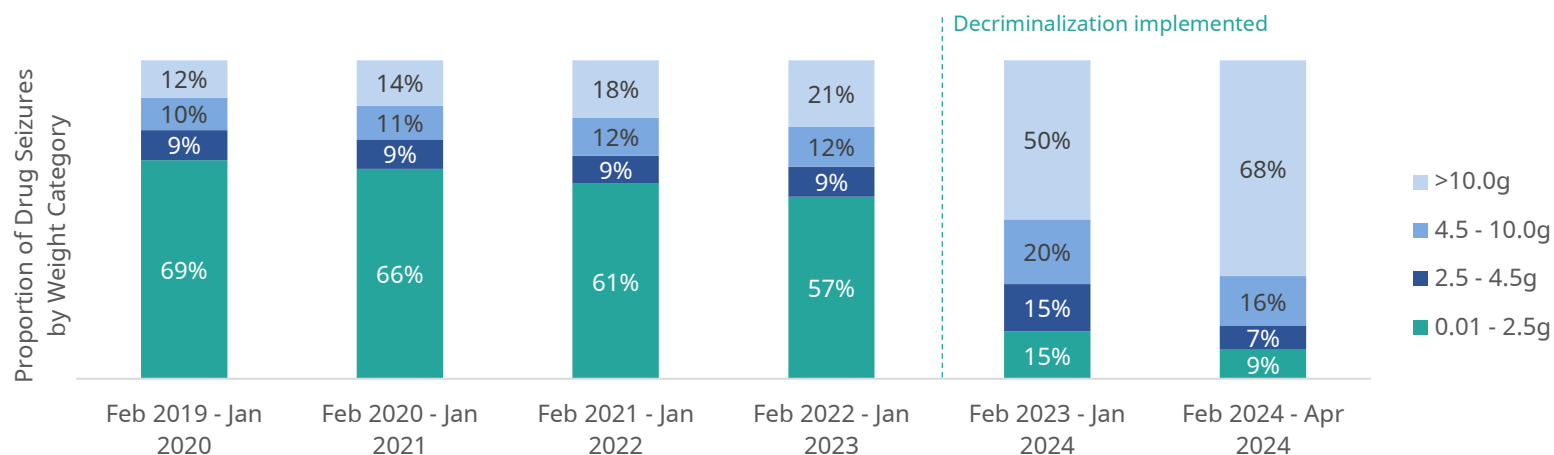


Figure 14. Proportion of seizure incidents involving exempted drugs, in various cumulative weight ranges, where possession is the most serious offence, by all police in BC (January 2019 – April 2024)<sup>41</sup>



- Before decriminalization, the majority of possession seizure incidents (63%) were under 2.5g. Since decriminalization, the majority of possession seizure incidents (53%) involve over 10.0g of exempted substances.
- Of the seizure incidents involving 10.0g or more of exempted substances since the implementation of decriminalization: 12% were between 10.0 – 15.0g, 15% were between 15 – 28.0g, and 26% involved 28.0g or more. (See Table 6 for more details)

**Policy Implication:** The decriminalization model is reducing smaller amount personal use possession-related seizures as intended.

<sup>40</sup> Possession drug seizures are drug seizures made by police where the most serious offence on record is simple possession.

<sup>41</sup> The seizure amount in this dataset represents the cumulative total amount of exempted drugs seized. Incidents with no recorded weights are not included in this figure.

## Possession Seizures per 100,000 residents, Regardless of Amount, Over Time, by Health Authority Region

Since decriminalization, the rates of possession seizures have decreased in all regions of BC.<sup>42</sup>

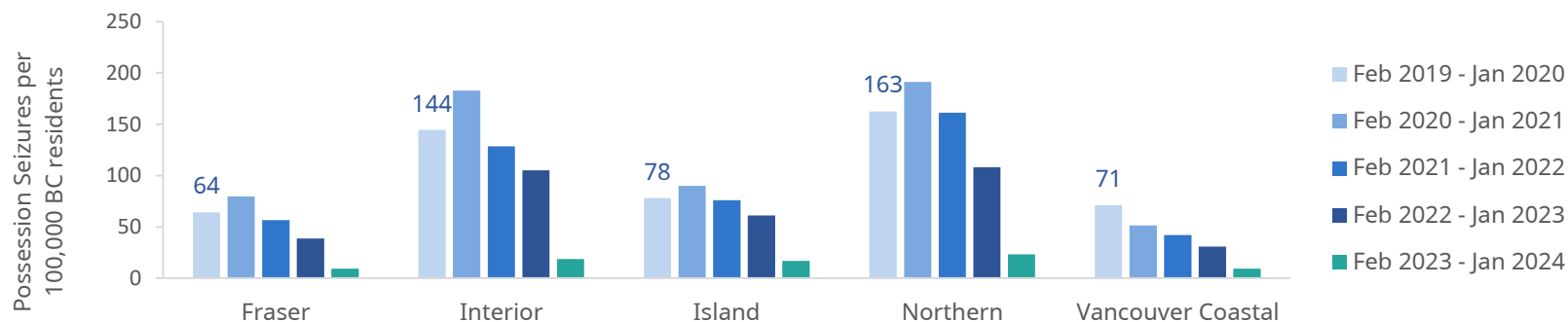


Figure 15. Seizure incidents involving exempted drugs, regardless of amount, per 100,000 BC residents, where possession is the most serious offence, by health authority region (February 2019 – January 2024)<sup>43,44</sup>



- Northern and Interior health authority regions have had the highest rates of possession seizures per 100,000 residents before and after decriminalization.
- February – April 2024 counts are not included in rate calculations. Analysis will be updated when more data is available.
- Table 7 presents rates of possession seizures for all regions.

**Policy Implication:** Rates of possession seizures have decreased as intended since decriminalization in all health authority regions of BC.

<sup>42</sup> Rates for Island and Vancouver Coastal have changed from previous reporting. Previous reporting misclassified a police detachment belonging to Island health authority region as being a part of Vancouver Coastal.

<sup>43</sup> Rates were calculated using population estimates from BC Stats: <https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates>.

<sup>44</sup> Rates do not include St'at'imx Tribal Police, RCMP Highway Patrol, RCMP District and E-Division Units, RCMP Combined Forces Special Enforcement Units, RCMP West Coast Marine Detachment, and RCMP Integrated Homicide Investigation Team.



The difference in population adjusted possession seizure rates between regions has been gradually reducing and to a greater extent since decriminalization.

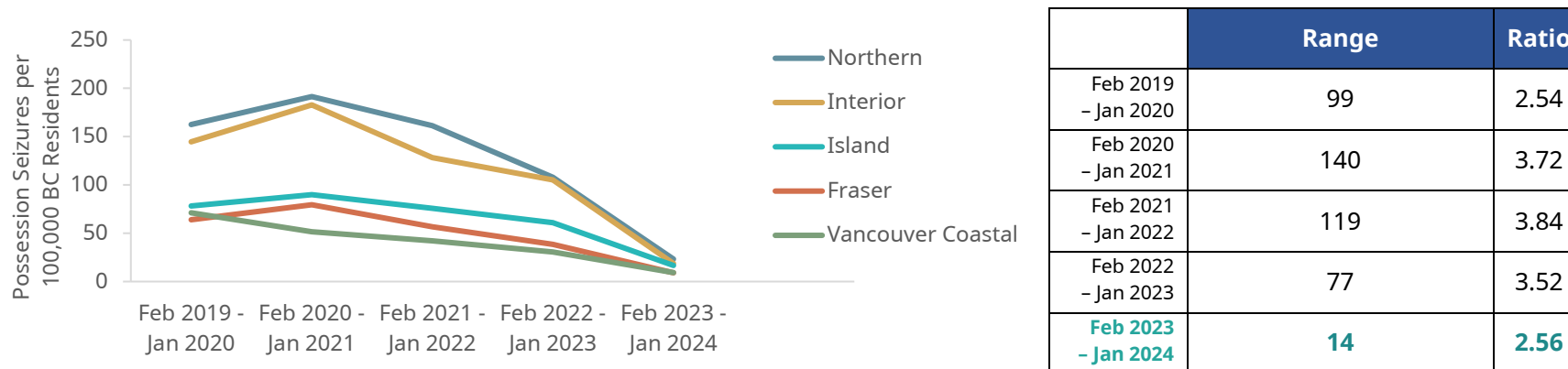


Figure 16. Seizure incidents involving exempted drugs, per 100,000 BC residents, where possession is the most serious offence, by health authority region (February 2019 – January 2024)<sup>45,46,47</sup>



- The range reflects the difference in possession seizure rates between the regions with the highest and the lowest rates per year. This shows the greatest discrepancy across health authority regions.
- The difference between the Northern and Vancouver Coastal health authority regions decreased 86% between 2019 and 2023.

**Policy Implication:** The difference in possession seizure rates between regions has been gradually reducing and to a greater extent since decriminalization.

<sup>45</sup>High-low range and ratio calculations changed from previous reporting. Previous reporting misclassified a police detachment belonging to Island health authority region as being a part of Vancouver Coastal.

<sup>46</sup> Rates were calculated using population estimates from BC Stats: <https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates>.

<sup>47</sup> Rates do not include St’at’imx Tribal Police, RCMP Highway Patrol, RCMP District and E-Division Units, RCMP Combined Forces Special Enforcement Units, RCMP West Coast Marine Detachment, and RCMP Integrated Homicide Investigation Team.

## 4. Next Steps

This report presented data relevant to the original s.56 exemption. Future reports will reflect updates to the evaluation framework and present data corresponding with the new exemption that came into effect on May 7, 2024.

MMHA will continue to monitor the implementation and early outcomes of decriminalization, as required in Health Canada's Letter of Requirements, through the approach outlined in this report. BC is committed to continuing to work with Health Canada to understand the impacts of decriminalization to improve ongoing policy and programs and inform the future of drug policy in Canada.

## Appendix A: Synthesis of Key Evidence on Police Drug Seizure Harms

### Police seizures are associated with increased overdose risk.<sup>vi,vii,viii,ix</sup>

- A 2024 literature review paper found that the vast majority of research found an association between police seizure and fatal overdose.<sup>ix</sup>
- In the United States, a 2023 study found an increase in both fatal and non-fatal overdose events in the immediate geographic area of a police seizure of opioids or stimulants.<sup>viii</sup>
- In Vancouver, researchers found that PWUD who experienced a police seizure were more likely to report a non-fatal overdose.<sup>ii</sup>
- With the prevalence of strong synthetic opioids in the illegal drug supply, turning to unfamiliar sources or suppliers to replace the seized drugs increases the risk of overdose.
- Stimulant or psychedelic users who are opioid naïve might obtain replacement drugs that are contaminated with opioids like fentanyl, increasing their overdose risk.
- Opioids users' tolerance could be reduced by the unexpected disruption from police seizures. Therefore, their overdose risk is elevated when they consume their normal amount of drugs.

### Police seizures increase harms experienced by PWUD by putting them in unsafe situations to replace their supply (e.g., drug debts, property theft, or sex work).<sup>i,ii,vi</sup>

- Withdrawal symptoms including vomiting, depression, tremors, hallucinations, and seizures are debilitating and can be life-threatening.<sup>xii</sup> Therefore, people with physical dependencies often must quickly replace the drugs that were seized.
- People struggling with addictions and poverty are likely to turn to risky behaviours to obtain replacement drugs. In a Vancouver-based study, 12% of participants engaged in illegal or dangerous activities such as theft, selling drugs, and sex work following police interaction.<sup>i</sup>
- Police drug seizures created additional need for PWUD to interact with the illicit drug market where violence and predatory behaviour is common.<sup>ii</sup>

**Fear of drug seizure prevents people from accessing life-saving services, from calling police in unsafe situations, and from calling emergency services during overdoses.<sup>ii,x</sup>**

- In Vancouver, research found that drug seizure was associated with having administered naloxone to reverse an overdose.<sup>ii</sup>
- PWUD in BC perceived drug seizure as commonly occurring at overdoses, preventing some participants from calling 9-1-1 during an overdose event.<sup>x</sup>
- 12% of respondents to the 2022 Harm Reduction Clinic Survey reported fear of their drugs being taken away as a barrier to seeking healthcare and treatment services.<sup>xiii</sup>

## Appendix B: Additional Tables and Figures

### Proactive Outreach – Full Reporting by Health Authority

FRASER HEALTH AUTHORITY (4/4 positions hired)			
	Feb 24	Mar 24	Apr 24
# clients served	241	402	261
# unique clients	38	73	51
% connected to other service	100%	100%	100%

INTERIOR HEALTH AUTHORITY (4/4 positions hired)			
	Feb 24	Mar 24	Apr 24
# clients served	159	197	151
# unique clients	91	77	105
% connected to other service	87%	68%	60%

INTERIOR HEALTH AUTHORITY (4/4 positions hired)			
	Feb 24	Mar 24	Apr 24
# clients served	138	93	179
# unique clients	-	-	63
% connected to other service	95%	97%	93%
% Caller- Individual	64%	47%	56%
% Caller- Family	28%	37%	29%
% Caller- Clinician	4%	15%	14%

NOTE: Only one ISLH FTE (outreach nurse) reports unique client data. This data is not available for Service Link call line.

### NORTHERN HEALTH AUTHORITY (3/3 positions hired)

	Feb 24	Mar 24	Apr 24
# clients served	156	195	245
# unique clients	56	54	60
% connected to other service	74%	55%	55%

### FIRST NATIONS HEALTH AUTHORITY (4/5 positions hired)

	Feb 24	Mar 24	Apr 24
# clients served	-	55	150
# unique clients	-	16	106
% connected to other service	-	100%	32%

NOTE: MMHA has been working with FNHA to ensure data collection reflects their work and mandate. FNHA is reporting an additional metric on engagement, to reflect the unique role of FNHA and these positions, which includes significant community engagement. This data is not complete and there is one outstanding FTE to be hired.

### VANCOUVER COASTAL HEALTH AUTHORITY (3/4 positions hired)

	Feb 24	Mar 24	Apr 24
# unique clients served	-	-	59
% connected to another service	-	-	78%
# unique clients via law enforcement	8	6	2

NOTE: To date, VCH has been reporting only clients referred through law enforcement. As of April 2024, VCH is reporting more complete client data. VCH is only reporting unique clients served, as their case management system does not record discrete interactions.

## Possession Offences

Table 1. Offences, where the most serious offence is possession, by all police in BC (January 2019 – April 2024)<sup>48,49</sup>

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>2019</b>	712	671	830	818	969	983	1,062	1,141	924	831	807	684
<b>2020</b>	654	735	739	868	1,136	1,031	958	868	847	751	707	637
<b>2021</b>	722	661	732	725	782	712	768	741	663	656	560	494
<b>2022</b>	486	560	607	548	649	482	532	497	509	457	472	359
<b>2023</b>	438	179	181	170	197	193	194	163	173	145	159	175
<b>2024</b>	162	117	145	122	-	-	-	-	-	-	-	-

<sup>48</sup> An offence represents a formal police interaction and investigation based on a particular type of suspected crime. An offence is not a charge nor a conviction.

<sup>49</sup> Remaining offences could be due to possession above 2.5g, possession of non-exempted substances, offences where the exemption does not apply, and operational complexities (e.g. trafficking offences coded as possession until investigations are complete).

## Possession Seizures (Regardless of Weight)

Table 2. Seizure incidents involving exempted drugs (regardless of amount), where the most serious offence is possession, by all police in BC (January 2019 – April 2024)<sup>50</sup>

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>2019</b>	298	311	368	380	388	416	445	458	355	358	384	312
<b>2020</b>	330	354	373	489	612	550	494	419	410	391	363	354
<b>2021</b>	380	346	396	365	407	345	383	334	298	332	276	237
<b>2022</b>	248	296	313	255	339	246	243	233	258	221	243	194
<b>2023</b>	196	80	78	68	70	67	43	52	66	52	54	57
<b>2024</b>	49	63	66	56	-	-	-	-	-	-	-	-

<sup>50</sup> Number of seizures, regardless of amount, include both incidents with quantifiable amount and incidents with unquantifiable (e.g., “bag”) amount.



## Possession Offences Over Time, by Health Authority Region

Table 3. Count and rate of possession offences, where possession is the most serious offence, by health authority region (February 2019 – January 2024)<sup>51,52,53</sup>

	2019 (Feb 2019 – Jan 2020)		2020 (Feb 2020 – Jan 2021)		2021 (Feb 2021 – Jan 2022)		2022 (Feb 2022 – Jan 2023)		2023 (Feb 2023 – Jan 2024)	
	Count	Rate (per 100,000 residents)	Count	Rate (per 100,000 residents)	Count	Rate (per 100,000 residents)	Count	Rate (per 100,000 residents)	Count	Rate (per 100,000 residents)
<b>Fraser</b>	3,238	169.0	3,297	169.3	2,532	128.2	1,928	94.5	624	29.5
<b>Interior</b>	2,359	291.1	2,688	327.4	1,994	239.6	1,610	189.7	498	56.9
<b>Island</b>	1,905	224.2	1,602	186.1	1,469	168.7	1,051	118.3	401	43.7
<b>Northern</b>	1,190	397.4	982	326.3	827	274.1	596	196.3	199	64.3
<b>Vancouver Coastal</b>	1,544	125.0	1,223	98.1	1,008	80.9	787	61.8	298	22.8

<sup>51</sup> Rates for Island and Vancouver Coastal have changed from previous reporting. Previous reporting misclassified a police detachment belonging to Island health authority region as being a part of Vancouver Coastal.

<sup>52</sup> An offence represents a formal police interaction and investigation based on a particular type of suspected crime. An offence is not a charge nor a conviction.

<sup>53</sup> Rates do not include St'at'l'imx Tribal Police, RCMP Highway Patrol, RCMP District and E-Division Units, RCMP Combined Forces Special Enforcement Units, RCMP West Coast Marine Detachment, and RCMP Integrated Homicide Investigation Team.

## Trafficking Offences and Seizures of Exempted Substances, Regardless of Amount

Table 4. Offences, where trafficking is the most serious offence, by all police in BC (January 2019 – April 2024)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	401	325	392	438	456	444	443	449	394	337	283	264
2020	287	334	336	381	494	419	413	360	336	345	328	266
2021	323	309	299	289	333	270	226	249	208	213	178	174
2022	189	211	246	211	220	208	224	199	175	193	172	192
2023	241	217	211	199	217	244	207	237	192	192	183	164
2024	202	160	190	161	-	-	-	-	-	-	-	-

Table 5. Seizure incidents (regardless of amount), where trafficking is the most serious offence, by all police in BC (January 2019 – April 2024)<sup>54</sup>

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	124	96	148	113	179	159	154	154	141	103	109	110
2020	99	112	106	133	192	183	167	144	130	153	145	128
2021	163	141	135	138	142	126	103	111	106	115	81	91
2022	100	107	125	88	117	97	114	100	86	90	78	87
2023	117	96	100	88	50	70	61	90	64	66	69	62
2024	59	80	93	71	-	-	-	-	-	-	-	-

- Trafficking offences have been decreasing before decriminalization from 2019 to 2022; in the first year of decriminalization, trafficking offences have been consistent with 2022 levels and the trend over the past 4 years.
- Trafficking seizures have been decreasing before decriminalization from 2019 to 2022; in the first year of decriminalization, the number of trafficking seizures is consistent with the trend over the past 4 years.
- According to police, the downward trend of seizure counts reflects a shift of focus from low-level subsistence trafficking to a small number of high-level large trafficking investigations. The scale and significance of the large trafficking investigations and seizures are not properly reflected in seizure counts.

<sup>54</sup> Number of seizures, regardless of amount, include both incidents with quantifiable amount and incidents with unquantifiable (e.g., “bag”) amount.

## Distribution of Quantifiable Possession Drug Seizures by Cumulative Weight Seized, Exempted Substances Only, Over Time

Table 6. Distribution of seizure incidents involving exempted drugs, where possession is the most serious offence, where the amount is quantifiable, by all police in BC (January 2019 – April 2024)<sup>55</sup>

0.01 – 2.5g												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	196	194	227	250	235	273	284	299	230	212	222	194
2020	229	234	245	304	387	329	322	266	248	217	199	204
2021	233	198	227	197	237	196	230	187	166	173	153	138
2022	147	171	178	133	187	134	129	107	124	122	131	107
2023	97	12	15	15	8	8	6	8	6	8	6	3
2024	6	6	2	3	-	-	-	-	-	-	-	-

2.5 – 4.5g												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	21	29	41	45	46	32	39	30	26	22	30	31
2020	20	37	26	49	54	53	40	26	39	39	35	31
2021	19	22	40	29	25	30	26	28	25	34	25	19
2022	21	28	26	18	29	23	24	17	19	19	26	20
2023	19	12	16	7	6	9	4	4	9	12	7	8
2024	8	2	5	2	-	-	-	-	-	-	-	-

<sup>55</sup> Table 6 includes only possession seizure incidents with quantifiable amount. As such, totals are different from Table 2. The upper range is inclusive.

4.5 - 10.0g												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	28	33	35	28	33	38	51	41	30	35	45	25
2020	26	24	36	35	57	57	45	50	48	44	36	35
2021	41	42	42	40	35	43	45	40	34	37	31	18
2022	29	29	30	35	33	33	37	36	37	17	25	18
2023	23	13	10	13	14	14	11	10	16	5	13	12
2024	7	6	6	7	-	-	-	-	-	-	-	-

10.0 - 15.0g												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	7	14	7	12	16	17	10	19	20	6	16	12
2020	9	12	15	23	25	26	23	8	15	13	27	13
2021	16	18	11	14	19	18	17	10	15	11	11	9
2022	6	10	18	11	19	12	11	11	11	9	10	7
2023	14	11	9	5	6	6	6	5	12	6	5	9
2024	8	1	4	1	-	-	-	-	-	-	-	-

15.0 - 28.0g												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	10	10	11	8	18	14	20	20	16	16	17	17
2020	10	9	13	18	19	27	20	18	13	16	20	20
2021	21	20	24	25	24	15	19	23	10	20	18	13
2022	15	16	14	11	20	13	11	22	23	16	12	12
2023	9	14	10	7	14	11	5	5	9	8	2	8
2024	5	6	10	7	-	-	-	-	-	-	-	-

>28.0g												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	11	9	11	8	12	16	12	21	8	19	17	12
2020	10	17	19	29	24	22	14	19	19	30	20	24
2021	25	23	26	22	37	17	22	23	21	30	19	20
2022	19	21	23	25	24	15	16	23	30	20	25	25
2023	26	13	14	19	15	15	10	14	8	8	15	14
2024	10	20	18	15	-	-	-	-	-	-	-	-

## Possession Drug Seizures, Regardless of Amount, Over Time, by Health Authority Region

Table 7. Count and rate of seizures incidents involving exempted drugs, where possession is the most serious offence, by health authority region (February 2019 – January 2024)<sup>56,57,58</sup>

	2019 (Feb 2019 – Jan 2020)		2020 (Feb 2020 – Jan 2021)		2021 (Feb 2021 – Jan 2022)		2022 (Feb 2022 – Jan 2023)		2023 (Feb 2023 – Jan 2024)	
	Count	Rate (per 100,000 residents)	Count	Rate (per 100,000 residents)	Count	Rate (per 100,000 residents)	Count	Rate (per 100,000 residents)	Count	Rate (per 100,000 residents)
<b>Fraser</b>	1,229	64.1	1,548	79.5	1,120	56.7	788	38.6	192	9.1
<b>Interior</b>	1,171	144.5	1,501	182.8	1,068	128.4	893	105.2	164	18.7
<b>Island</b>	664	78.1	774	89.9	661	75.9	542	61.0	153	16.7
<b>Northern</b>	487	162.6	576	191.4	487	161.4	328	108.0	72	23.3
<b>Vancouver Coastal</b>	879	71.2	641	51.4	524	42.0	391	30.7	121	9.3

<sup>56</sup> Previous regional reporting was based on RCMP district boundaries as disaggregation by health authority regions was not available. Disaggregation by health authority regions enables alignment with health service utilization statistics. Current reporting by health authority regions is not comparable to previous region reporting due to this change.

<sup>57</sup> Number of seizures, regardless of amount, include both incidents with quantifiable amount and incidents with unquantifiable (e.g., “bag”) amount.

<sup>58</sup> Rates do not include St’at’imx Tribal Police, RCMP Highway Patrol, RCMP District and E-Division Units, RCMP Combined Forces Special Enforcement Units, RCMP West Coast Marine Detachment, and RCMP Integrated Homicide Investigation Team.

## Simple Possession Offences, Seizures, and Charges Recommended by Police Over Time

Table 8. Number of Offences, Seizure incidents involving exempted drugs (regardless of amount), and Recommended Charges, where possession is the most serious offence, by all police in BC (2019 – 2023)

	Offences		Seizures (Regardless of Amount)		Recommended Charges <sup>59</sup>	
	Count	% Change (From previous year)	Count	% Change (From previous year)	Count	% Change (From previous year)
<b>2019</b> (Full Year)	10,432	-	4,473	-	1,693	-
<b>2020</b> (Full Year)	9,931	-5%	5,139	15%	1,292	-24%
<b>2021</b> (Full Year)	8,216	-17%	4,099	-20%	485	-62%
<b>2022</b> (Full Year)	6,158	-25%	3,089	-25%	222	-54%
<b>2023</b> (Full Year)	2,367	-62%	883	-71%	-	-

- Before decriminalization, recommended charges for simple possession decreased substantially by 87%, from 2019 to 2022. Possession related offences and seizures also decreased, but not at the same rate as recommended charges. Possession offences decreased by 41% while possession seizures decreased by 31%.
- In 2022, there were 222 recommended charges compared to 6,157 possession offences and 3,087 possession seizures.

<sup>59</sup> Counts do not include recommended charges from Stl'at'imx Tribal Police.

## BC Population (2019 – 2023)

Regional analyses completed in this report are based on health authority boundaries. Previous reporting used RCMP policing districts for regional disaggregation. Disaggregation by health authority regions, which was not previously available, enables improved alignment with health service utilization statistics.

Populations for each health authority region are derived from BCStats.<sup>60</sup> Numbers reflect BC’s total population and are used in calculating regional crime rates.

Table 9. BC Population by Health Authority Regions (2019 - 2023)

	Fraser	Interior	Island	Northern	Vancouver Coastal
<b>2019</b>	1,916,426	810,461	849,840	299,439	1,234,856
<b>2020</b>	1,947,183	820,997	860,748	300,909	1,246,264
<b>2021</b>	1,975,309	832,084	870,804	301,763	1,246,705
<b>2022</b>	2,041,055	848,572	888,705	303,610	1,274,342
<b>2023</b>	2,113,460	875,266	916,750	309,251	1,304,286

<sup>60</sup> <https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates>



## Police Agencies and Health Authority Regions

Table 10. Police Agencies and Health Authority Alignment

Fraser	Interior	Island	Northern	Vancouver Coastal
<ul style="list-style-type: none"> <li>Abbotsford Police Department</li> <li>Burnaby RCMP</li> <li>Coquitlam RCMP</li> <li>Delta Police Department</li> <li>Integrated Road Safety Unit - Fraser Valley</li> <li>Langley RCMP</li> <li>Mission RCMP</li> <li>New Westminster Police Service</li> <li>Port Moody Police Department</li> <li>Ridge Meadows RCMP</li> <li>Surrey RCMP</li> <li>Upper Fraser Valley Reg RCMP</li> <li>White Rock RCMP</li> </ul>	<ul style="list-style-type: none"> <li>100 Mile House RCMP</li> <li>Alexis Creek RCMP</li> <li>Ashcroft RCMP</li> <li>Barriere RCMP</li> <li>Boundary RCMP</li> <li>Castlegar RCMP</li> <li>Central Kootenay RCMP</li> <li>Chase RCMP</li> <li>Clearwater RCMP</li> <li>Clinton RCMP</li> <li>Columbia Valley RCMP</li> <li>Cranbrook / Kimberley RCMP</li> <li>Creston RCMP</li> <li>Elk Valley RCMP</li> <li>Golden RCMP</li> <li>Kamloops RCMP</li> <li>Kelowna RCMP</li> <li>Keremeos RCMP</li> <li>Lillooet RCMP</li> <li>Logan Lake RCMP</li> <li>Lytton RCMP</li> <li>Merritt RCMP</li> <li>Nelson Police Department</li> <li>North Okanagan RCMP</li> <li>North Okanagan Rural RCMP</li> <li>Penticton RCMP</li> <li>Princeton RCMP</li> <li>Revelstoke RCMP</li> <li>Salmon Arm RCMP</li> <li>Sicamous RCMP</li> <li>South Okanagan RCMP</li> <li>Summerland RCMP</li> <li>Trail &amp; Greater District RCMP</li> <li>Williams Lake RCMP</li> </ul>	<ul style="list-style-type: none"> <li>Alert Bay RCMP</li> <li>BC Highway Patrol - Vancouver Island</li> <li>Campbell River RCMP</li> <li>Central Island Traffic Services</li> <li>Central Saanich Police Service</li> <li>Combined Forces Special Enforcement Unit (Island Region)</li> <li>Comox Valley RCMP</li> <li>E Division (Vir) RCMP</li> <li>Gabriola Island RCMP</li> <li>Integrated Road Safety Unit - Capital Regional District</li> <li>Integrated Road Safety Unit - North Island</li> <li>Island District</li> <li>Ladysmith RCMP</li> <li>Lake Cowichan RCMP</li> <li>Nanaimo RCMP</li> <li>Nootka Sound RCMP</li> <li>North Cowichan/Duncan Det</li> <li>North Island Traffic Services</li> <li>Oak Bay Police Department</li> <li>Oceanside RCMP</li> <li>Outer Gulf Islands RCMP</li> <li>Port Alberni RCMP</li> <li>Port Hardy RCMP</li> <li>Quadra Island RCMP</li> <li>Saanich Police Department</li> <li>Salt Spring Island RCMP</li> <li>Sayward RCMP</li> <li>Shawnigan Lake RCMP</li> <li>Sidney - North Saanich RCMP</li> <li>Sooke RCMP</li> <li>South Island Traffic Services</li> <li>Tofino RCMP (Ahousaht)</li> <li>Ucluelet RCMP</li> <li>Victoria Police Department</li> <li>West Shore RCMP</li> </ul>	<ul style="list-style-type: none"> <li>Atlin RCMP</li> <li>Burns Lake RCMP</li> <li>Chetwynd RCMP</li> <li>Daajing Giids (Queen Charlotte) RCMP</li> <li>Dawson Creek RCMP</li> <li>Dease Lake RCMP</li> <li>Fort St James RCMP</li> <li>Fort St. John</li> <li>Fraser Lake RCMP</li> <li>Houston RCMP</li> <li>Hudson's Hope RCMP</li> <li>Kitimat RCMP</li> <li>Lisims/Nass Valley RCMP</li> <li>Mackenzie RCMP</li> <li>Masset RCMP</li> <li>McBride RCMP</li> <li>New Hazelton RCMP</li> <li>Northern Rockies RCMP</li> <li>Prince George RCMP</li> <li>Prince Rupert RCMP</li> <li>Quesnel RCMP</li> <li>Smithers RCMP</li> <li>Stewart RCMP</li> <li>Takla Landing RCMP</li> <li>Terrace RCMP</li> <li>Tsay Keh Dene RCMP</li> <li>Tumbler Ridge RCMP</li> <li>Valemount RCMP</li> <li>Vanderhoof RCMP</li> </ul>	<ul style="list-style-type: none"> <li>Anahim Lake RCMP</li> <li>Bella Bella RCMP</li> <li>Bella Coola RCMP</li> <li>Bowen Island RCMP</li> <li>North Vancouver RCMP</li> <li>Port McNeil RCMP</li> <li>Powell River RCMP</li> <li>Richmond RCMP</li> <li>Squamish RCMP</li> <li>Sunshine Coast RCMP</li> <li>University RCMP</li> <li>Vancouver Police Department</li> <li>West Vancouver Police Department</li> <li>Whistler/Pemberton RCMP</li> </ul>

## BC Corrections Drug Related Offence Clients

Table 11. Average daily count (ADC) of **community corrections clients** whose most serious offence (MSO) was a charge and/or conviction for a drug related offence. (2019 - 2023)<sup>61</sup>

	2019	2020	2021	2022	2023
<b>ADC of individuals with drug related MSO</b>	<b>1,220.6 (6%)</b>	<b>1,013.2 (5%)</b>	<b>879.5 (5%)</b>	<b>804.9 (5%)</b>	<b>695.8 (4%)</b>
Drug Trafficking	510.1 (2%)	433.5 (2%)	377.4 (2%)	327.1 (2%)	252.6 (1%)
Drug Possession	157.8 (1%)	100.6 (1%)	64.6 (0%)	48.7 (0%)	32.1 (0%)
Possession for the Purpose of Trafficking	552.7 (3%)	479.1 (2%)	437.4 (2%)	429.1 (3%)	411.1 (2%)
<b>Overall ADC- Community Corrections</b>	<b>20,835.3</b>	<b>19,575.2</b>	<b>17,670.4</b>	<b>17,124.4</b>	<b>17,051.6</b>

Table 12. Average daily count (ADC) of individuals in **provincial custody** whose most serious offence (MSO) was a charge and/or conviction for a drug related offence. (2019 - 2023)<sup>62</sup>

	2019	2020	2021	2022	2023
<b>ADC of individuals with drug related MSO</b>	<b>135.6 (6%)</b>	<b>73.1 (4%)</b>	<b>76.7 (5%)</b>	<b>64.1 (4%)</b>	<b>57.7 (3%)</b>
Drug Trafficking	68.4 (3%)	43.0 (3%)	40.0 (3%)	29.5 (2%)	22.2 (1%)
Drug Possession	0.2 (0%)	0.0 (0%)	0.2 (0%)	0.0 (0%)	0.0 (0%)
Possession for the Purpose of Trafficking	67.1 (3%)	30.1 (2%)	36.6 (2%)	34.6 (2%)	35.5 (2%)
<b>Overall ADC- Custody</b>	<b>2,286.5</b>	<b>1,656.0</b>	<b>1,525.9</b>	<b>1,659.6</b>	<b>1,828.9</b>

<sup>61</sup> Data extracted from Cognos BI on February 28, 2024. Data represents individuals whose most serious offence for which they were charged and/or convicted was drug related. Therefore, individuals with both drug related charges and charges more serious in nature are not included. Due to rounding, percentages may not total as expected.

<sup>62</sup> Same as above.

## Appendix C: Additional Contextual Indicators

Information related to the contextual indicators will be provided as appendix when they become available and appropriate for reporting.

Indicator	Source
<ul style="list-style-type: none"> <li>Number of clients accessing prescribed safer supply</li> </ul>	<a href="#">Escalated Drug-Poisoning Response Actions Factsheet (January 2024)</a>
<ul style="list-style-type: none"> <li>Number of paramedic-attended overdose events</li> </ul>	<a href="#">BCCDC Unregulated Drug Poisoning Emergency Dashboard</a>
<ul style="list-style-type: none"> <li>Number of paramedic-attended overdose events: First Nations people</li> </ul>	<a href="#">FNHA – Toxic Drug Crisis Data</a>
<ul style="list-style-type: none"> <li>Number of illicit drug toxicity deaths</li> </ul>	<a href="#">BC Coroners Service – Unregulated Drug Deaths Dashboard (Updated December 2023)</a>
<ul style="list-style-type: none"> <li>Number of illicit drug toxicity deaths: First Nations people</li> </ul>	<a href="#">FNHA – Toxic Drug Crisis Data</a>
<ul style="list-style-type: none"> <li>Changes in drugs implicated in fatal overdoses</li> </ul>	<a href="#">BC Coroners Service – Unregulated Drug Deaths Dashboard (Updated December 2023)</a>
<ul style="list-style-type: none"> <li><b>Youth substance use trends</b></li> </ul>	<a href="#">BC Adolescent Health Survey</a>
<ul style="list-style-type: none"> <li><b>Population level substance use trends</b></li> </ul>	<a href="#">Canadian Alcohol and Drugs Survey</a>
<ul style="list-style-type: none"> <li><b>Adjacent crime statistics</b></li> </ul>	<a href="#">Statistics Canada Incident-based Crime Statistics</a>

## Appendix D: References

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