



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

**Submitted: May 2024**



Ministry of  
Mental Health  
and Addictions

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# 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 select health service utilization and law enforcement indicators. Health service utilization indicators include data up to March 2024. Law enforcement indicators are from data from the first year of decriminalization (February 2023 to January 2024).

**This report presents data relevant to the original s.56 exemption, which was in effect between January 31, 2023 and May 6, 2024. As with any significant monitoring and evaluation effort and given the large volume of data collected and analyzed, there is a natural lag in reporting. Future reports will present data on outcomes following the updated exemption that came in effect on May 7, 2024.**

## *Harms of Criminalization*

Substance use is criminalized in various ways that negatively impact people who use drugs (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 paper found that the vast majority of 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>

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

- 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.
- 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 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, including 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 people who use drugs 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:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Law enforcement</li> </ul> | <p>Decriminalization aims to shift how substance use harms are addressed from a criminal justice to a health approach. It aims to further depanelize people who use drugs in the context of policing. Key metrics for monitoring and evaluation include personal possession related offences, drug seizures, and charges.</p> |
|---|---|

- Wellbeing of people who use drugs      Decriminalization intends to enhance socio-economic opportunities and socio-psychological safety of people who use drugs.
- Health pathways      Decriminalization intends to improve connections to services and supports for people who use drugs. 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 will take time 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 drug toxicity in the illegal drug supply, including fentanyl, is the key driver of drug related 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>

### *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.

As of March 2024, health outcomes and drug toxicity indicators remain stable since decriminalization:

- 2023 marked a tragic record year in unregulated drug deaths. Toxicity of illicit drugs was the driver of these deaths. However, the recent data reports that in March 2024, there were 192 deaths, an 11% decrease from March 2023.<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> However, the recent data reports that in March 2024, there were 1,782 paramedic-attended opioid overdose events, a 10% decrease from March 2023.

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<sup>2</sup> [Drug Decriminalisation 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. The Alberta change reflects January to November only, due to data availability, while the BC change reflects full year.

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

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

- The number and rates of paramedic-attended events and unregulated drug deaths for people under 19 remain low and 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).
- Average fentanyl concentration in street-level samples remains unchanged.<sup>7</sup>

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<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 has funded new proactive outreach positions in each RHA as well as the FNHA for a total of 24 full-time positions.<sup>9</sup> The purpose of these positions is to support new connections to care for PWUD and liaison activities with law enforcement in communities across BC.

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 the proactive outreach positions as part of their funding agreements. These metrics include:

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

With these positions in place and onboarding in health authorities, reporting and quantitative data on client interactions is scaling up and will be presented in future data reports.

<sup>9</sup> In the February 2024 Report [to Health Canada](#), Island Health was reported to have 3 FTE proactive outreach positions. The actual FTE count for Island Health is 4 FTEs. This has been corrected in this report.

## 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.

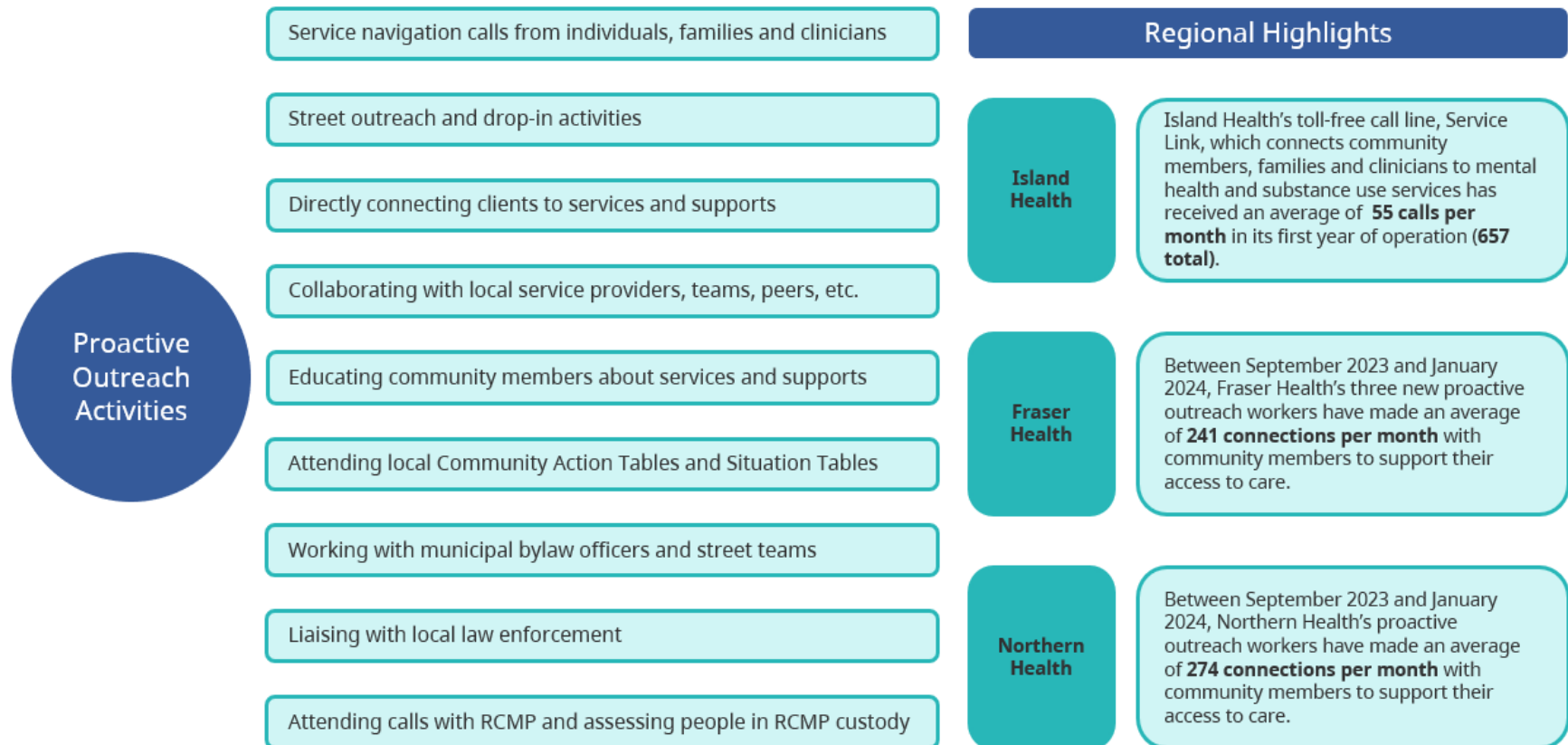


Figure 1. Proactive Outreach Activities and Regional Highlights, August 2023 – January 2024

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

Overdose Prevention Service and Supervised Consumption Site 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. The number of OPS sites has increased from 1 site in 2016 to 50 as of February 2024, including 23 sites offering inhalation services.

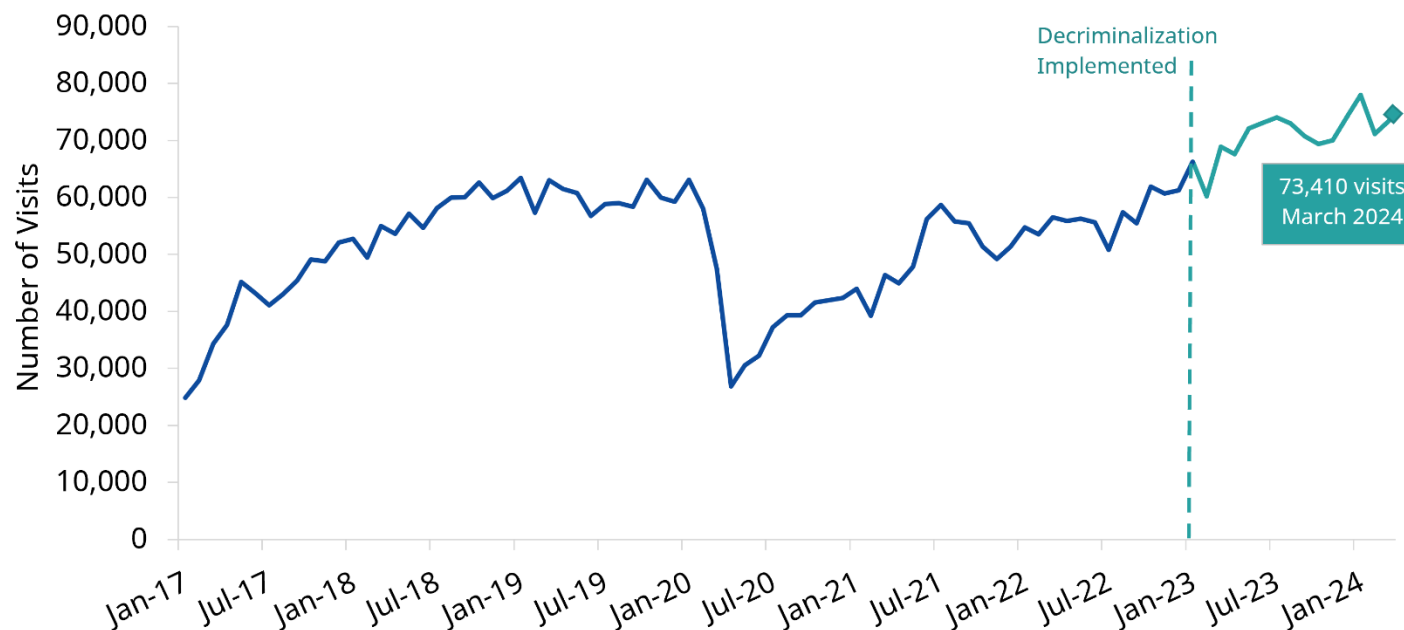


Figure 2. Visits to Overdose Prevention Sites (OPS) and Supervised Consumption Services (SCS) in BC (January 2017 –March 2024)<sup>10</sup>

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

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

<sup>10</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. BC shipped 35,987 kits in March 2024. In 2023, a total of 479,896 naloxone kits were shipped, a 22% increase from 2022. There are now more than 2,282 active distribution locations for THN kits in BC.

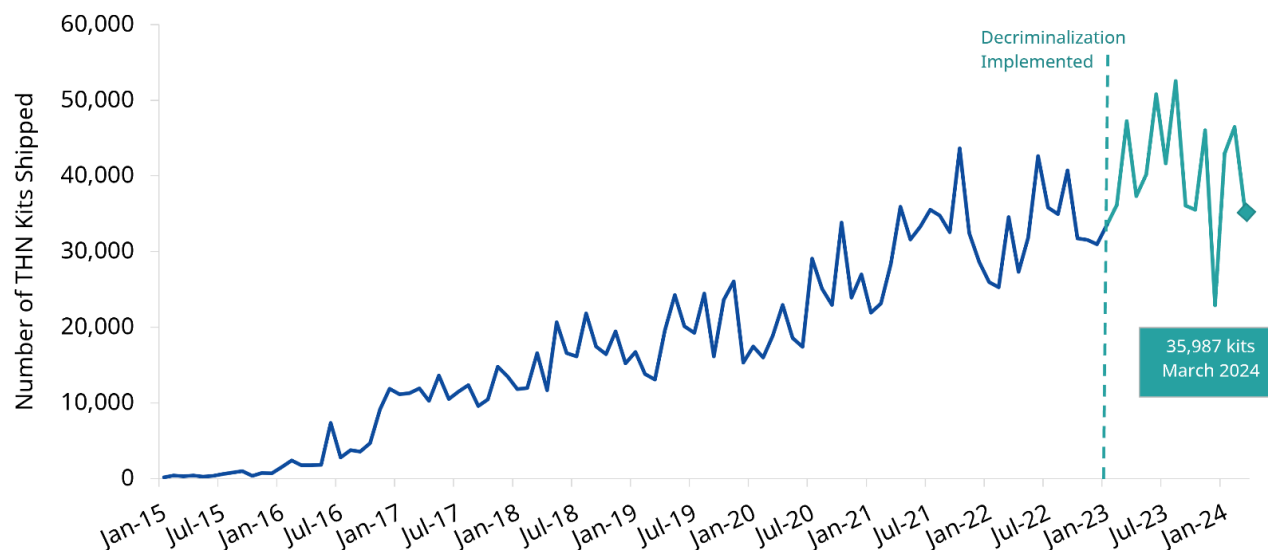


Figure 3. Number of THN kits shipped to sites (January 2015 – March 2024)<sup>11</sup>

- 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 February 2024, there were 2,282 take home naloxone sites across BC.

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

<sup>11</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<sup>12</sup>

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

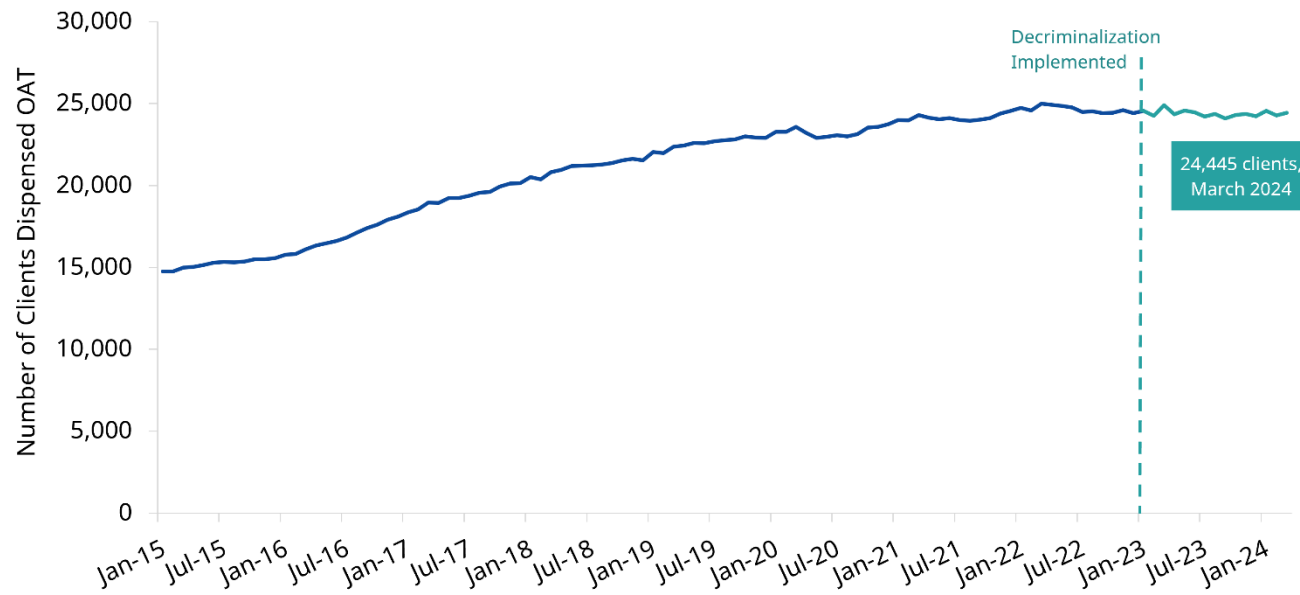


Figure 4. Number of people receiving OAT by month (January 2015 – March 2024)<sup>13</sup>

- Opioid Agonist Treatment (OAT) is a medication-based treatment for people with opioid use disorder.
- In March 2024, there were 24,445 OAT clients in BC.

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

<sup>13</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 March 2024, BC tested 3,613 samples.

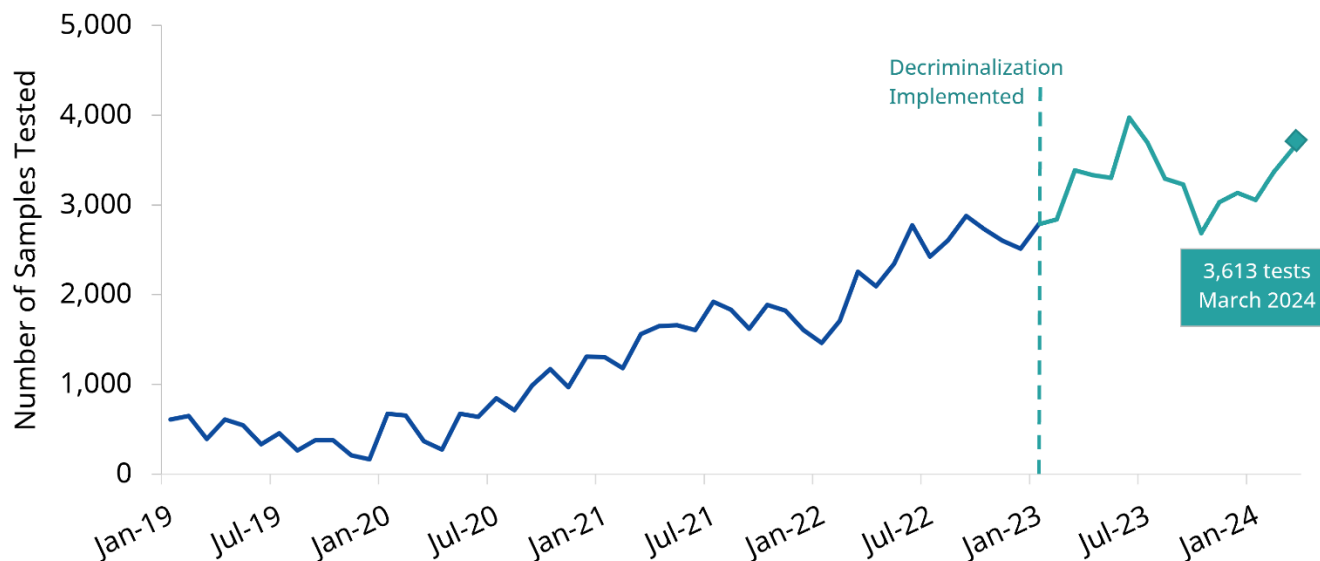


Figure 5. Number of samples tested using FTIR spectroscopy at drug checking locations in BC (January 2019 – March 2024)

- 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>20</sup>

<sup>14</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. Law Enforcement

#### *Key Findings*

- Data from the first year of decriminalization (February 2023 – January 2024) suggest that police have implemented decriminalization as intended.
- In the first year of decriminalization, there has been a 76% decrease in possession offences compared with the previous four-year average (February 2019 – January 2023).
- In the first year of decriminalization, there has been a 96% decrease of possession related drug seizures under the 2.5g threshold compared with the previous four-year average (February 2019 – January 2023).
- 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 6). According to BC Corrections data (Table 9 and Table 10), 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 are 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.

## 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>15</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>15</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>16</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>17</sup> Under decriminalization, possession of certain illegal drugs under a cumulative weight of 2.5g is now exempted from the CDSA. Some exceptions apply including, but 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>18</sup>

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<sup>16</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>17</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>18</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>19</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>19</sup> See Table 6. 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

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

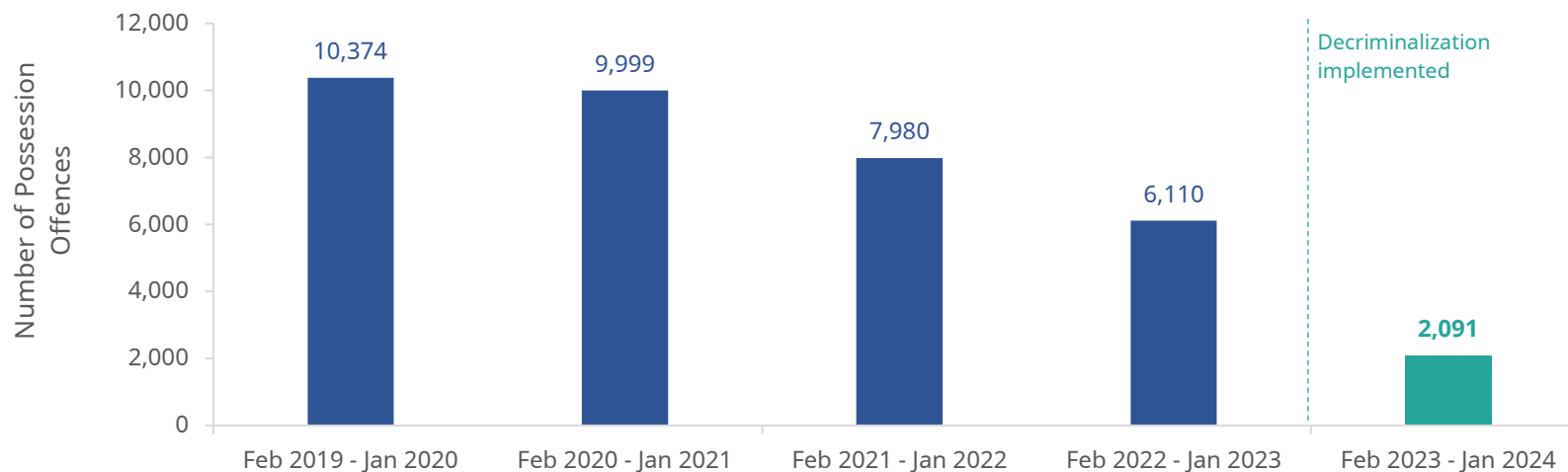


Figure 6. Number of offences, where possession is the most serious offence, by all police in BC (February 2019 – January 2024)<sup>20</sup>

- In the first year of decriminalization (Feb 2023 - Jan 2024), there was a 76% decrease in the number of possession offences from the previous four-year average (Feb 2019 - Jan 2023).
- Possession offences decreased by 66% in the first year of decriminalization (Feb 2023 - Jan 2024) compared to the year before (Feb 2022 - Jan 2023).
- 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).

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

<sup>20</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 Offence per 100,000 Residents Over Time, by Health Authority Region

Since decriminalization, rates of possession offence have decreased in all health authority regions of BC.<sup>21</sup>

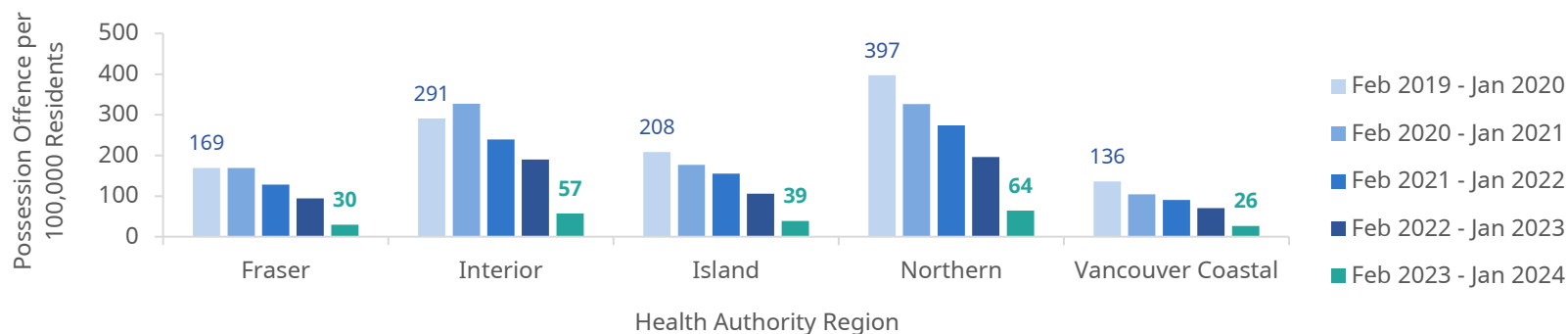


Figure 7. Offences per 100,000 BC residents, where possession is the most serious offence, by health authority region (February 2019 – January 2024)<sup>22,23</sup>



- Northern and Interior health authority regions have had the highest rates of possession offence per 100,000 residents before and after decriminalization.
- Table 2 presents rates of possession offence for all health authority regions.

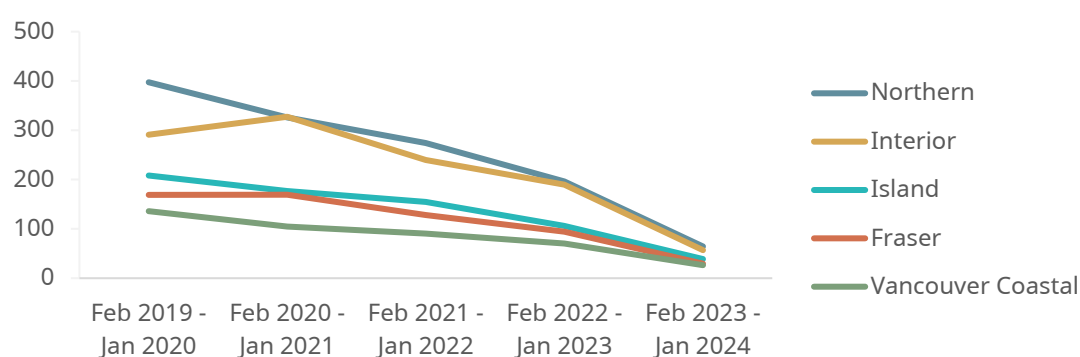
**Policy Implication:** Rates of possession offences have decreased in all BC health authority regions, as intended, since decriminalization.

<sup>21</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 regional reporting due to this change.

<sup>22</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>23</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	261	2.92
Feb 2020 - Jan 2021	223	3.13
Feb 2021 - Jan 2022	184	3.03
Feb 2022 - Jan 2023	126	2.79
<b>Feb 2023 - Jan 2024</b>	<b>38</b>	<b>2.43</b>

Figure 8. Offences per 100,000 BC residents, where possession is the most serious offence, by health authority region (February 2019 – January 2024)<sup>24,25</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>24</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>25</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

The number of possession drug seizures of exempted drugs below the threshold of 2.5g decreased by 96% compared to the previous four-year average.<sup>26</sup>

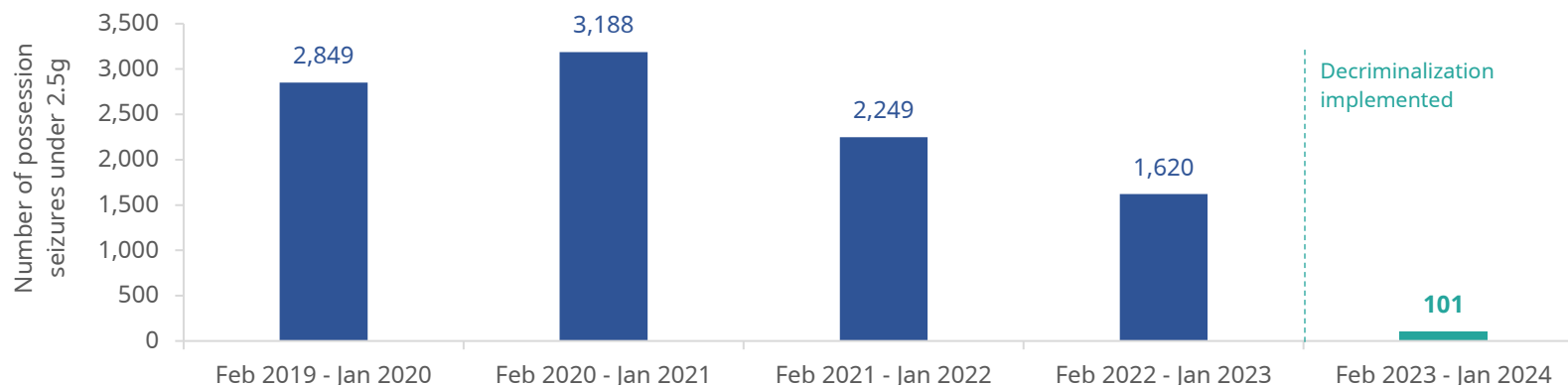


Figure 9. Seizure incidents involving exempted drugs, under 2.5g, where possession is the most serious offence, by all police in BC (February 2019 – January 2024)<sup>27</sup>



- In the first year of decriminalization (Feb 2023 – Jan 2024), there was a 96% decrease in possession seizures under 2.5g of exempted drugs compared to the previous four-year average (Feb 2019 - Jan 2023).
- Possession seizures under 2.5g of exempted drugs decreased by 94% in the first year of decriminalization compared to the year before (Feb 2022 – Jan 2023).
- Remaining seizures could be due to seizures in instances when the 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>26</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>27</sup> The seizure amount in this dataset represents the cumulative total amount of exempted drugs seized.

## Possession Seizures by Weight Range

Possession seizures overall have decreased since decriminalization compared to the previous four-year average.<sup>28</sup>

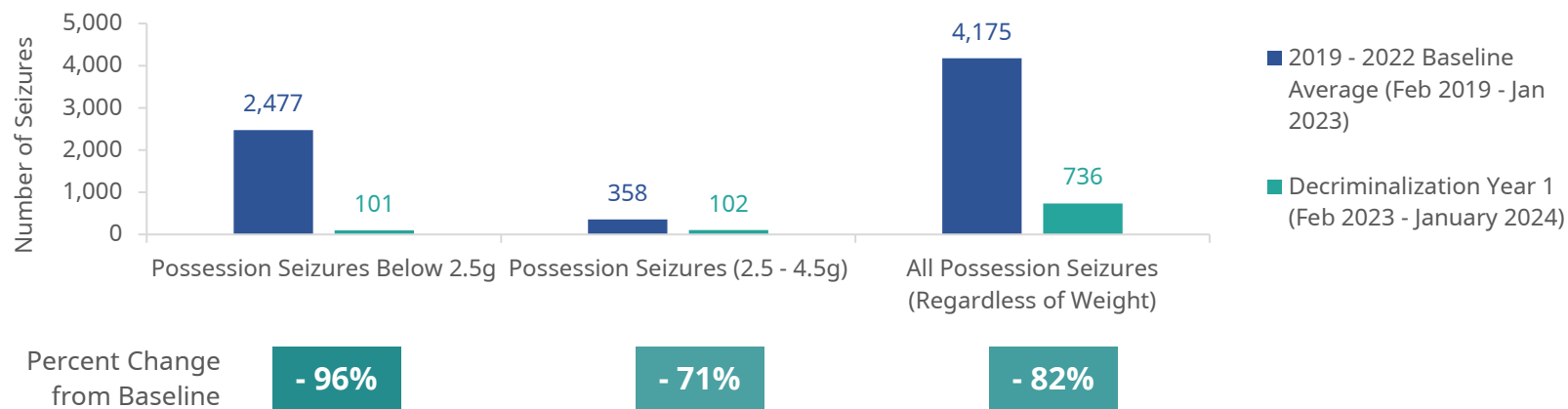


Figure 10. Seizure incidents involving exempted drugs, in various cumulative weight ranges, where possession is the most serious offence, by all police in BC (February 2019 – January 2024)<sup>29,30</sup>



- Prior to decriminalization, one BC study concluded that a 75% reduction in possession seizures could be used as a benchmark for policy success.
- Since decriminalization, overall possession drug seizures have decreased by 82% from the baseline years average.<sup>30</sup>

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

<sup>28</sup> Possession drug seizures are drug seizures made by police where the most serious offence on record is simple possession.

<sup>29</sup> The seizure amount in this dataset represents the cumulative total amount of exempted drugs seized.

<sup>30</sup> In situations of simple possession above 2.5g, the CDSA encourages officers to exercise discretion and consider alternative measures (e.g., no further actions, warnings, or referrals to service).

## 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>31</sup>

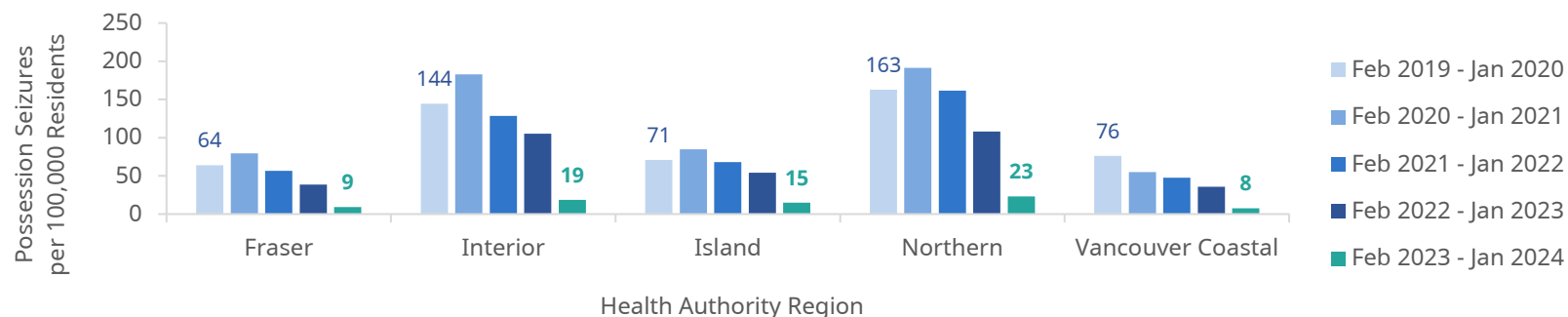


Figure 11. Seizure incidents involving exempted drugs, regardless of amount, per 100,000 BC residents, where possession is the most serious offence, by health authority region (February 2019 – January 2024)<sup>32,33</sup>



- Northern and Interior health authority regions have had the highest rates of possession seizures per 100,000 residents before and after decriminalization.
- Table 5 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.

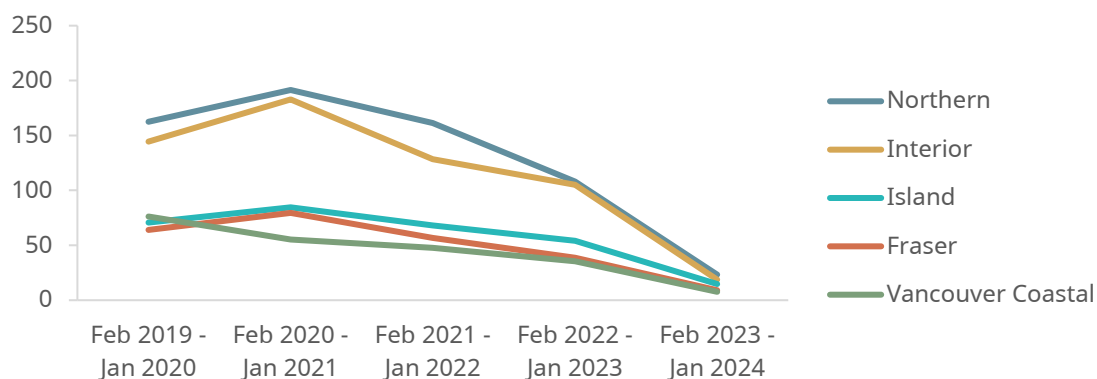
<sup>31</sup> Previous regional reporting was based on RCMP district boundaries as disaggregation by health authority regions was not available. Disaggregation by health authority regions enables alignment with health service utilization statistics. Current reporting by health authority regions is not comparable to previous regional reporting due to this change.

<sup>32</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>33</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.



	Range	Ratio
Feb 2019 - Jan 2020	99	2.54
Feb 2020 - Jan 2021	136	3.47
Feb 2021 - Jan 2022	114	3.39
Feb 2022 - Jan 2023	72	3.04
<b>Feb 2023 - Jan 2024</b>	<b>16</b>	<b>3.05</b>

Figure 12. 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>34,35</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 84% 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>34</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>35</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 updated 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 Requirement 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<sup>36</sup>

FRASER HEALTH AUTHORITY (4/4 positions hired)					
	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
# clients served	290	293	180	100	342
# unique clients	117	113	104	95	31
% connected to other service	100%	100%	100%	100%	100%

INTERIOR HEALTH AUTHORITY (4/4 positions hired, 3/4 reporting)	
	Jan 24
# clients served	37
# unique clients served	23
% connected to another service	83%

ISLAND HEALTH AUTHORITY (3/4 positions hired)								
	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
# clients served	41	91	75	75	40	35	29	43
% connected to other service	89%	90%	96%	99%	95%	100%	97%	93%
% Caller- Individual	33%	46%	68%	51%	50%	57%	45%	67%
% Caller- Family	35%	42%	23%	40%	35%	29%	24%	28%
% Caller- Clinician	24%	10%	7%	3%	15%	14%	7%	5%

NORTHERN HEALTH AUTHORITY (3/3 positions hired)						
	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
# clients served	33	209	257	240	310	352
# unique clients	33	86	90	51	95	126
% connected to other service	3%	36%	42%	50%	56%	66%

<sup>36</sup> Reporting for Vancouver Coastal Health Authority will be available in future reporting to Health Canada.

<b>FIRST NATIONS HEALTH AUTHORITY (4/5 positions hired, 1/5 reporting)</b>	
	<b>Jan 24</b>
<b># clients served</b>	30
<b># unique clients served</b>	5
<b>% connected to another service</b>	25%

## Possession Offences and Seizures

Table 1. Offences and seizure incidents involving exempted drugs, where the most serious offence is possession, by all police in BC (February 2019 – January 2024)<sup>37,38</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)
<b>Possession Offences</b>	10,374	9,999	7,980	6,110	2,091
<b>Possession Seizures</b>	4,505	5,189	3,967	3,037	736

- In the first year of decriminalization, possession offences decreased by 76% compared to the previous four-year average.
- In the first year of decriminalization, possession seizures (regardless of amount) decreased by 82% compared to the previous four-year average.

<sup>37</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>38</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 2. Count and rate of possession offences, where possession is the most serious offence, by health authority region (February 2019 – January 2024)<sup>39,40,41</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>	1,770	208.3	1,521	176.7	1,350	155.0	942	106.0	356	38.8
<b>Northern</b>	1,190	397.4	982	326.3	827	274.1	596	196.3	199	64.3
<b>Vancouver Coastal</b>	1,679	136.0	1,304	104.6	1,127	90.4	896	70.3	345	26.5

<sup>39</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>40</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>41</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 3. Offences and seizure incidents (regardless of amount), where trafficking is the most serious offence, by all police in BC (February 2019 – January 2023)<sup>42</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)
<b>Trafficking Offences</b>	4,512	4,335	2,937	2,492	2,465
<b>Trafficking Seizures</b>	1,565	1,756	1,389	1,206	875

- 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>42</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 4. Distribution of seizure incidents involving exempted drugs, where possession is the most serious offence, where the amount is quantifiable, by all police in BC (February 2019 – January 2024)<sup>43</sup>

	≤ 2.5g		2.5 - 4.5g		4.5 - 10g		10 - 15g		15 - 28g		>28g	
	n	%	n	%	n	%	n	%	n	%	n	%
<b>2019</b> (Feb 2019 – Jan 2020)	2,849	69%	391	9%	420	10%	158	4%	177	4%	155	4%
<b>2020</b> (Feb 2020 – Jan 2021)	3,188	67%	448	9%	508	11%	216	5%	214	4%	264	6%
<b>2021</b> (Feb 2021 – Jan 2022)	2,249	59%	324	9%	436	12%	159	4%	226	6%	279	7%
<b>2022</b> (Feb 2022 – Jan 2023)	1,620	56%	268	9%	353	12%	143	5%	179	6%	273	9%
<b>2023</b> (Feb 2023 – Jan 2024)	101	12%	102	12%	138	17%	88	11%	98	12%	155	19%

- Before decriminalization, possession seizures at or below 2.5g represented an average of 64% of possession seizures in baseline years; in the first year of decriminalization, they only represent 12% of possession seizures.
- The decrease in possession drug seizures of small amounts (at or below 2.5g) of drugs means that most possession drug seizures are now seizures of larger amounts (more than 10.0g).

<sup>43</sup> Table 4 includes only possession seizure incidents with quantifiable amount. As such, totals are different from Table 1. The upper range is inclusive.

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

Table 5. 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>44,45,46</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>	602	70.8	728	84.6	592	68.0	480	54.0	135	14.7
<b>Northern</b>	487	162.6	576	191.4	487	161.4	328	108.0	72	23.3
<b>Vancouver Coastal</b>	941	76.2	687	55.1	593	47.6	453	35.5	140	7.6

<sup>44</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>45</sup> Number of seizures, regardless of amount, include both incidents with quantifiable amount and incidents with unquantifiable (e.g., “bag”) amount.

<sup>46</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 6. 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>47</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%	5,138	15%	1,292	-24%
<b>2021</b> (Full Year)	8,216	-17%	4,100	-20%	485	-62%
<b>2022</b> (Full Year)	6,158	-25%	3,087	-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>47</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>48</sup> Numbers reflect BC's total population and are used in calculating regional crime rates.

*Table 7. BC Population by Health Authority Regions (2019 - 2023)*

	<b>Fraser</b>	<b>Interior</b>	<b>Island</b>	<b>Northern</b>	<b>Vancouver Coastal</b>
<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

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<sup>48</sup> <https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates>

## Police Agencies and Health Authority Regions

Table 8. 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> </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 Shore RCMP</li> <li>West Vancouver Police Department</li> <li>Whistler/Pemberton RCMP</li> </ul>

## BC Corrections Drug Related Offence Clients

Table 9. 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>49</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 10. 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>50</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>49</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>50</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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- <sup>i</sup> Werb, D., Wood, E., Small, W., Strathdee, S., Li, K., Montaner, J., & Kerr, T. (2008). Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver. *International Journal of Drug Policy*, 19(4), 332-8. doi: 10.1016/j.drugpo.2007.08.004
- <sup>ii</sup> Hayashi, K., Kelsall, T. S., Shane, C., Cui, Z., Vancouver Area Network of Drug Users, Milloy, M.-J., DeBeck, K., & Kerr, T. (2023). Police seizure of drugs without arrest among people who use drugs in Vancouver, Canada, before provincial 'decriminalization' of simple possession: A cohort study. *Harm Reduction Journal*, 20, 117. doi: 10.1186/s12954-023-00833-7
- <sup>iii</sup> Weatherburn, D., & Lind, B. (2006). The impact of law enforcement activity on a heroin market. *Addiction*, 92(5), 557-69. doi: 10.1111/j.1360-0443.1997.tb02913.x
- <sup>iv</sup> Wood, E., Tyndall, M. W., Spittal, P. M., Li, K., Anis, A. H., Hogg, R. S., Montaner, J. S. G., O'Shaughnessy, M. V., & Schechter, M. T. (2003). Impact of supply-side policies for control of illicit drugs in the face of the AIDS and overdose epidemics: Investigation of a massive heroin seizure. *Canadian Medical Association Journal*, 168(2), 165-9.
- <sup>v</sup> Wan, W. Y., Weatherburn, D., Wardlaw, G., Sarafidis, V., & Sara, G. (2016). Do drug seizures predict drug-related emergency department presentations or arrests for drug use and possession? *International Journal of Drug Policy*, 27, 74-8. doi: 10.1016/j.drugpo.2015.09.012
- <sup>vi</sup> Ray, B., Korzeniewski, S. J., Mohler, G., Carroll, J. J., Del Pozo, B., Victor, G., Huynh, P., & Hedden, B. J. (2023). Spatiotemporal analysis exploring the effect of law enforcement drug market disruptions on overdose, Indianapolis, Indiana, 2020–2021. *American Journal of Public Health*, 113(7), 750-758. doi: 10.2105/AJPH.2023.307291
- <sup>vii</sup> G. Mohler, S. Mishra, B. Ray, L. Magee, P. Huynh, M. Canada, D. O'Donnell & S. Flaxman. (2021). A modified two-process Knox test for investigating the relationship between law enforcement opioid seizures and overdoses. *Proceedings of the Royal Society*, 477, 20210195. doi: 10.1098/rspa.2021.0195
- <sup>viii</sup> Zibbell, J. E., Aldridge, A. P., Cauchon, D., DeFiore-Hyrmer, J., & Conway, K. P. (2019). Association of Law Enforcement Seizures of Heroin, Fentanyl, and Carfentanil With Opioid Overdose Deaths in Ohio, 2014-2017. *JAMA Network Open*, 2(11), e1914666. doi: 10.1001/jamanetworkopen.2019.14666

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- <sup>x</sup> Cano, M., Timmons, P., Hooten, M., Sweeney, K., & Oh, S. (2024). A scoping review of law enforcement drug seizures and overdose mortality in the United States. *International Journal of Drug Policy*, 124, 104321. doi: 10.1016/j.drugpo.2024.104321
- <sup>x</sup> Xavier, J., Greer, A., Pauly, B., Loyal, J., Mamdani, Z., Ackermann, E., Barbic, S., & Buxton, J. A. (2022). "There are solutions and I think we're still working in the problem": The limitations of decriminalization under the good Samaritan drug overdose act and lessons from an evaluation in British Columbia, Canada. *The International Journal on Drug Policy*, 105, 103714. doi: 10.1016/j.drugpo.2022.103714
- <sup>xi</sup> Ali, F., Russell, C., Greer A., Bonn, M., Werb, D., & Rehm, J. (2023). "2.5 g, I could do that before noon": A qualitative study on people who use drugs' perspectives on the impacts of British Columbia's decriminalization of illegal drugs threshold limit. *Substance Abuse Treatment Prevention Policy*, 18(1), 32. doi: 10.1186/s13011-023-00547-w
- <sup>xii</sup> Gupta, M., Gokarakonda, S. B., & Attia, F. N. (2023). *Withdrawal Syndromes*. National Library of Medicine. StatPearls Publishing LLC.
- <sup>xiii</sup> Kinniburgh, B., Liu, L., Loewen, O.K., Burgess, H., Xavier, C.G., Ge, W., and Crabtree, A. Findings from the 2022 Harm Reduction Client Survey related to BC's Decriminalization Policy. Vancouver, BC: British Columbia Centre for Disease Control; 2023. From: [http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/HRCS\\_2022\\_decriminalization\\_findings.pdf](http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/HRCS_2022_decriminalization_findings.pdf)