



Ministry of
Mental Health
and Addictions

BC's Decriminalization Framework

Webinar for local governments

February 15, 2023



Slido Platform

We will be using the Slido platform to facilitate questions from participants.

URL: www.slido.com

Password: UBCM2023

Session Objectives

- Provide an overview of BC's decriminalization framework, including background and rationale, and key features
- Orient local governments to communications tools and resources developed with local government working group (co-chaired by UBCM and MMHA)
- Share draft guidance from BCCDC on taking an evidence informed public health approach to questions of public use



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Decriminalization – Background & Context



Decriminalization in BC

- Decriminalization is a critical step in our fight against the toxic drug crisis.
- Under the Province's s.56 exemption to the *Controlled Drugs and Substances Act*, adults (18+) will not be arrested, charged or have their drugs seized if they possess certain illegal drugs for personal use at or below 2.5g.
- Decriminalization came into force on **January 31, 2023**, and will remain in effect until January 31, 2026.
- Together, the federal and provincial governments will work closely to evaluate and monitor the exemption to ensure we are meeting the desired outcomes of decriminalization and that there are no unintended consequences.

Why Decriminalization?



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



Address health and criminal justice inequities and promote pathways to care



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

Harms of Criminalization

Overdose Events and Deaths

Charges, Convictions,
Incarceration & Criminal Records

Visible Harms

Stigma & Shame

Hidden Harms

Care Avoidance

Survival Theft & Property Crime
to Replace Seized Drugs

Economic Costs
(Criminal Justice
System)

Survival Sex Work

Resorting to Unfamiliar
Drug Sources After
Seizures

Barriers to
Housing &
Employment

Family and Community Disconnection

Racial Disparities In Policing

Mistrust of Police

What is Decriminalization?

Dr. Bonnie Henry, Chief Coroner Lisa Lapointe, and BC Association of Chiefs of Police (BCACP) have all called for decriminalization

Decriminalization *Does NOT*:

Legalize Drugs

Drugs remain illegal.
Selling Drugs (trafficking) remains illegal.

NOT Increase Drug Use

There is no evidence, from decriminalization models around the world, that decriminalization increases drug use.

Decriminalization *Does*:

Reduce risks of:

Drug Seizures
Arrests
Criminal Charges
Convictions

For possession of small amounts of illicit substances personal use.

Police will provide information and voluntary referral to health care, harm reduction and treatment supports



BC's Decriminalization Framework

Decriminalization in BC: Key Features



Applies to adults 18+



Inclusive of opioids, crack/powder cocaine, methamphetamine, and MDMA



Police will provide resource cards with information on local supports and will make voluntary referrals



2.5g cumulative threshold amount, with police discretion above



Approaches to unique populations, including Indigenous Peoples and people in rural/remote areas



Robust police training, and monitoring and evaluation framework

NO arrests or seizures for personal possession under the threshold

NO fines, tickets or other administrative sanctions

NO mandatory treatment or diversion

Scope of the Exemption

- The province is committed to ensuring decriminalization is implemented in a responsible way that balances the complementary goals of public health and public safety.
- Possession of illegal substances will remain illegal:

On K-12 school premises

On premises of licensed childcare facilities

In airports

On Canadian Coast Guard vessels and helicopters

For Canadian Forces members subject to the *Code of Service Discipline*

In a motor vehicle or watercraft operated by a minor

When readily accessible to the operator of a motor vehicle or watercraft

For youth under 18

More information on scope of the exemption can be found at: <https://www2.gov.bc.ca/gov/content/overdose/decriminalization> or via [Health Canada](#) online

Building a System of Care

In order to effectively build a system of care, our initiatives span the continuum

PREVENTION	HARM REDUCTION	TREATMENT & RECOVERY	SYSTEMS OF SUPPORT	OVERDOSE RESPONSE PRIORITIES	FNHA-Led SUPPORTS
School Based Prevention for Youth Nurse Family Partnership	Take Home Naloxone Lifeguard app Overdose prevention and supervised consumption sites Drug checking	Medication Assisted Treatment (OAT) Bed based treatment Detox/Withdrawal Management Rapid Access Addictions Clinics Aftercare supports	Integrated child & youth teams Complex care housing Team-based Care Coordination	Inhalation OPS Decriminalization Prescribed safe supply OAT optimization Nurse prescribing	Virtual SU and Psychiatry Service/Doctor of the Day FN Treatment and Healing Centres Land-based Healing Culturally-safe supports

Provincial Peer Network and peer engagement

Community-based initiatives and engagement

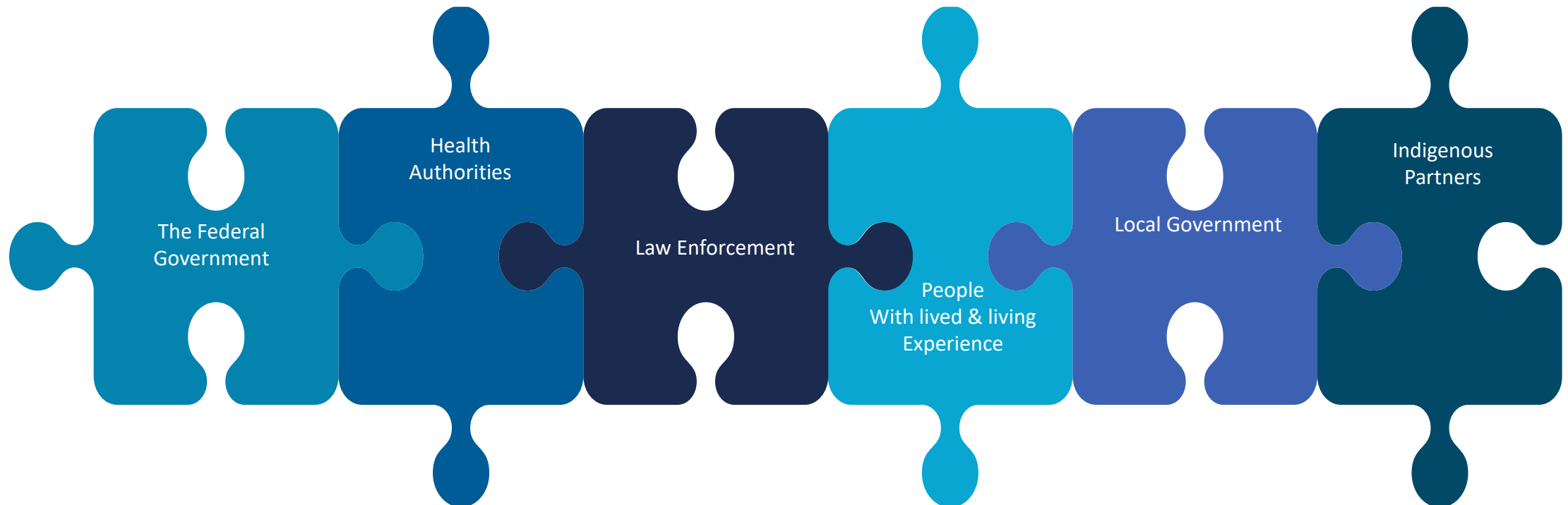
Stigma Reduction Campaign

Decriminalization

SUPPORTIVE ENVIRONMENT

Working with partners

The Province has worked with a broad range of partners to implement decriminalization, including:



Local Government Engagement to Date

Decriminalization Core Planning Table: Representation from UBCM, City of Vancouver and City of Kamloops since establishment in July 2021

UBCM Resolution 2021-NR44 (Endorsed): provincial and federal governments to “... *develop appropriate comprehensive, holistic Pan-Canadian overdose action plans that include the legislative and funding frameworks for decriminalization, de-stigmatization, safe supply, suitable medical treatments ...*”.

October 2021 Town Hall for local government: Featured discussion about the context and rationale for decriminalization, and key features of BC’s framework

February 2022 Presentation to the UBCM Health and Social Development Committee: Further discussion about context and rationale, key features

September 2022 UBCM Pre-convention Panel Session: Update on post-approval implementation planning and the roles of local governments to support decriminalization at the community level

October 2022 Decriminalization Local Government Working Group (co-chaired UBCM/MMHA) convened. Call for Expressions of Interest issued through Compass in Sept 2022

January 2023 Compass newsletter article, backgrounder and FAQ published on UBCM website



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Implementation



Key Implementation Elements



Local Government Working Group

Established in October 2022 and co-chaired by MMHA and UBCM, with representation from six local governments.

The Local Government Working Group endorsed a draft workplan at the November 22nd meeting.

Immediate Deliverables

- Communications tools for municipal staff, elected officials and residents (e.g., backgrounder and FAQ)
- Resources and tools for addressing public substance use –public health guidance, including background on why people use in public, principles of public health decision-making, existing tools for addressing concerns, and recommendations

Post-Implementation Deliverables

- Follow-up decriminalization webinar for local governments

Public Substance Use

- Decriminalization represents a significant change in the approach to substance use in BC – we understand that this change may bring up questions from local governments and communities who are seeking to achieve the complementary goals of public health and public safety.
- A key question of local government has been about what this change means for how to manage public substance use.
- Local governments already manage legal and illegal substance use in community through a range of tools – including outreach, engagement and partnership, and through existing bylaws that address either health risks (as with smoking) or the behaviours that may sometimes be associated with substance use (e.g. nuisance, noise). Intoxication in public is also illegal.
 - These strategies are still relevant today.
- Local MHOs are key partners who can support you in taking an evidence informed approach to updating any policies or approaches related to substance use and harm reduction.
- We will be closely monitoring the impacts and any (positive or negative) unintended consequences of decriminalization, including on local governments.



Public Health Guidance



BC Centre for Disease Control
Provincial Health Services Authority



Provincial Health
Services Authority

Decriminalization and public drug consumption: Public health considerations

Dr. Alexis Crabtree, MD PhD MPH CCFP FRCPC

Public Health Physician, BC Centre for Disease Control

February 15, 2023

Outline

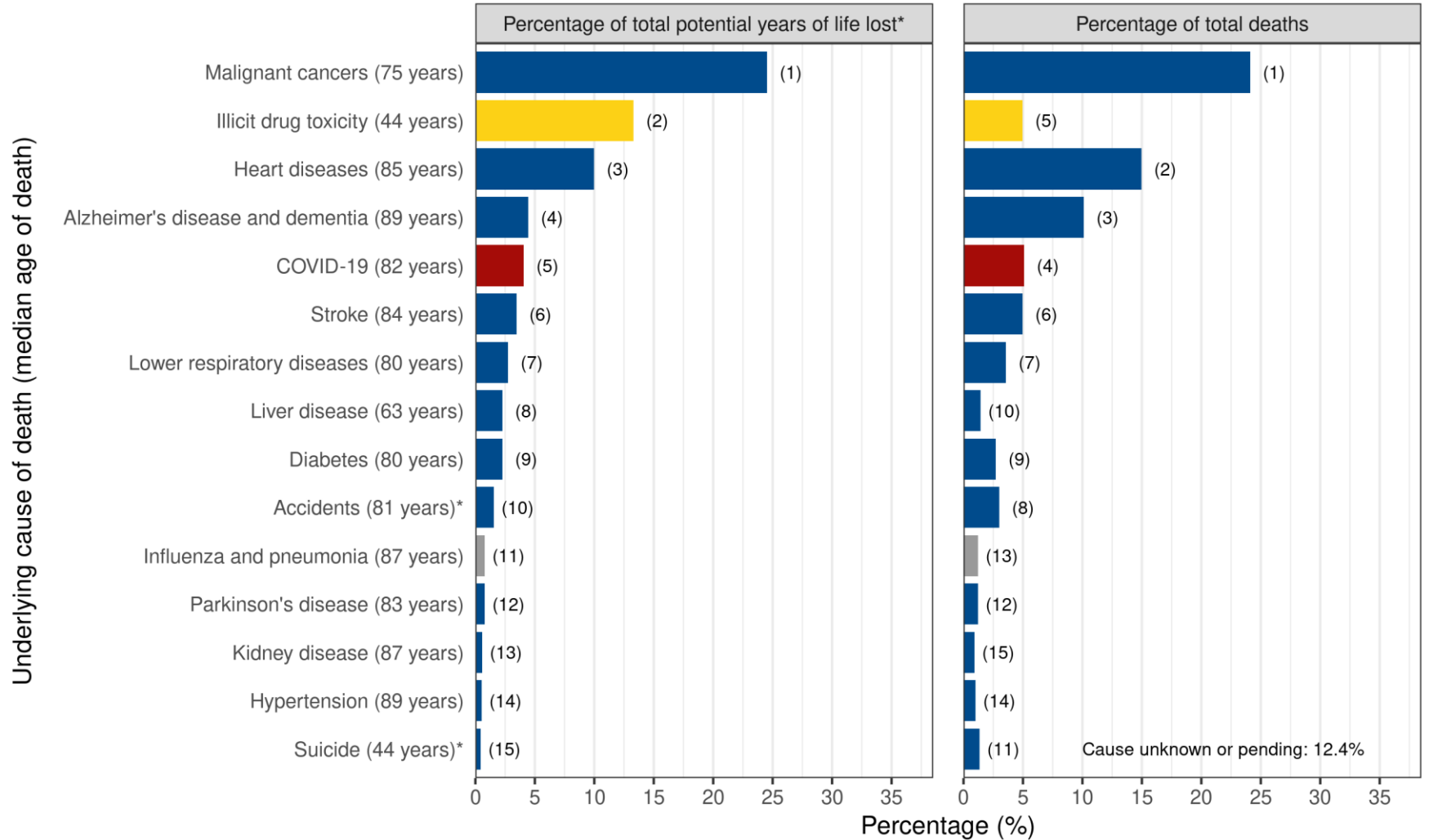
- Purpose of guidance / role of Medical Health Officer
- Epidemiology of substance use –two key points
- Public consumption and potential risks to community
- Principles and considerations in public health decision-making
- Recommendations
- Legislative obligations
- Contacting your local MHO

Purpose

- Provide local governments with a review of key evidence to support taking a public health approach when considering bylaws related to public consumption
 - Goals: minimize health risk and promote equity
- Provide rationale and transparency about public health decision-making
- Provide information about legislative obligations
- *Does not replace consultation with local Medical Health Officer*

Epidemiology

Top 15 causes of death (ranking) in BC for October 2021 to September 2022

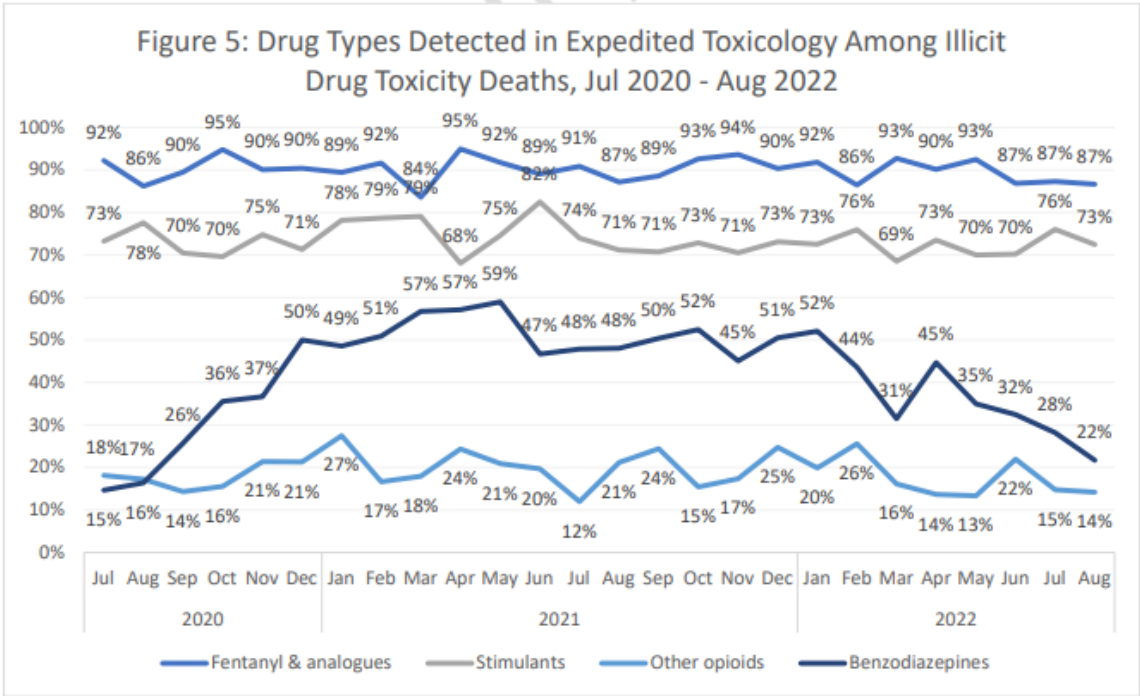
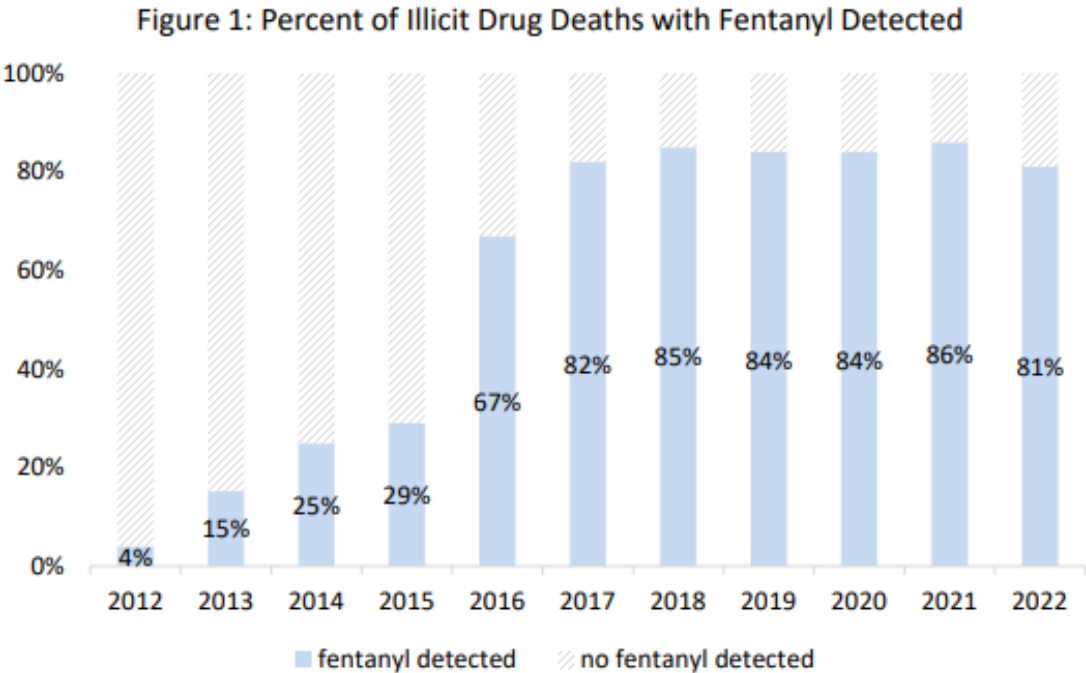


*Potential years of life lost due to accidents and suicide are incomplete due to reporting delay and the ranking by this measure may change as data become complete.

Data sources: 1) BC Vital Statistics; 2) Data on deaths due to illicit drug toxicity, accidents and suicides provided to BCCDC by BC Coroners Service; 3) Statistics Canada Table 13-10-0114-01 Life expectancy and other elements of the life table, Canada, reference period 2017-2019.

Illicit drug toxicity is the second highest cause of potential years of life lost in BC, second only to cancer

Illegal fentanyl/analogues are driving deaths, but stimulant use is rising and co-occurring substances need to be part of planning about public consumption



Assessing community health risks

Concerns over discarded syringes

- Local governments may face significant concerns from community about syringes
- *The risk of disease transmission from discarded syringes is extremely low*
 - A review of children who had needlestick injuries found zero transmissions of infectious disease
- Sharps disposal boxes, accessible harm reduction sites, and other strategies help reduce municipal waste of this type

Moore DL. Needle stick injuries in the community. Paediatrics & Child Health. 2018 Nov 19:23(8):532-8. <https://doi.org/10.1093/pch/pxy129>

Libois A, Fumero E, Castro P, Nomdedeu M, Cruceta A, Gatell JM, Garcia F. Transmission of hepatitis C virus by discarded-needle injury. Clinical Infectious Diseases. 2005 Jul 1;41(1):129-130. <https://doi.org/10.1086/430836>

Haber PS, Young MW, Dorrington L, Jones A, Kaldor J, De Kanzow S, Rawlinson WD. Transmission of hepatitis C virus by needle-stick injury in community settings. Journal of Gastroenterology and Hepatology. 2007 Oct 2;22(11):1882-5. <https://doi.org/10.1111/j.1440-1746.2006.04568.x>

Concerns over discarded syringes (cont'd)

- Decriminalization may lead to a *decrease in* improperly discarded syringes – research shows fear of law enforcement is one reason syringes are discarded
- Injecting is decreasing as a route of consumption, and while smoking is increasing

Mode of substance use

Among those that reported heroin use:

- 34% injected; 82% smoked

Among those that reported fentanyl use:

- 36% injected; 78% smoked

Overall, 64% of respondents identified **SMOKING** or **INHALATION** as the preferred method of drug use, while 14% preferred injection, and 4% preferred snorting.

For youth, witnessing public substance use is less important than witnessing use by parents and peers

- **The acute health risks of witnessing public drug use to the general public are very low**
- People are often most concerned about impacts on children/youth
- Witnessing substance use or being offered substance in the home and in peer groups is a risk for use by children/youth (i.e. trusted relationships)
- Limited research suggests witnessing public use may actually be associated with less use in youth (due to stigma)

McIntosh J, MacDonald F, McKeganey N. Dealing with the offer of drugs: the experiences of a sample of pre-teenage schoolchildren. *Addiction*. 2003 Jul;98(7):977-86. doi: [10.1046/j.1360-0443.2003.00409.x](https://doi.org/10.1046/j.1360-0443.2003.00409.x). PMID: 12814503.

Neil McKeganey, James McIntosh, Fiona Macdonald, Maria Gannon, Eilish Gilvarry, Paul Mcardle & Steve McCarthy (2004) Preteen children and illegal drugs, *Drugs: Education, Prevention and Policy*, 11:4, 315-327, DOI: [10.1080/09687630410001687888](https://doi.org/10.1080/09687630410001687888)

Bahr, S.J., Hoffmann, J.P. & Yang, X. Parental and Peer Influences on the Risk of Adolescent Drug Use. *J Primary Prevent* **26**, 529–551 (2005).

<https://doi.org/10.1007/s10935-005-0014-8>

Sandberg S, Pedersen W. "A magnet for curious adolescents": the perceived dangers of an open drug scene. *Int J Drug Policy*. 2008 Dec;19(6):459-66. doi: [10.1016/j.drugpo.2007.02.001](https://doi.org/10.1016/j.drugpo.2007.02.001). Epub 2008 Apr 2. PMID: 18378132

For people in recovery, robust social supports are essential

- People who choose abstinence are another group whose needs are important to consider
- Social and health supports are essential in helping people to achieve their goals in recovery
- Cravings based on cues to substance use are well-studied under laboratory conditions, but in communities less evidence exists
- One study suggests a variety of responses: some find witnessing public use triggering, others find it helpful (allows them to practice avoidance), and others are indifferent

Heslin KC, Singzon TK, Farmer M, Dobalian A, Tsao J, Hamilton AB. Therapy or threat? Inadvertent exposure to alcohol and illicit drug cues in the neighbourhoods of sober living homes. *Health Soc Care Community*. 2013 Sep;21(5):500-8. doi: 10.1111/hsc.12040. Epub 2013 Apr 3. PMID: 23551743.

There is not a risk of overdose from touching fentanyl

- Community members may be concerned about accidental skin contact with fentanyl (perhaps because of media reports)
- However, short duration exposure to fentanyl through the skin does not cause overdose
 - The American Academy of Clinical Toxicology and the American College of Medical Toxicology have issued a position statement to this effect

Moss, M. J., Warrick, B. J., Nelson, L. S., McKay, C. A., Dubé, P. A., Gosselin, S., Palmer, R. B., & Stolbach, A. I. (2017). ACMT and AACT Position Statement: Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders. *Journal of Medical Toxicology : Official Journal of the American College of Medical Toxicology*, 13(4), 347–351.

<https://doi.org/10.1007/s13181-017-0628-2>

Indoor smoking is a public health concern; outdoor smoking is lower risk

- Indoor tobacco smoke is a well-established public health concern
 - Concerns about indoor smoking of other substances is mostly by extrapolation from what we know about tobacco
 - Data on second-hand smoke risk from drugs is reassuring but limited
- Outdoor smoke exposure risk drops quickly with distance and is substantially lower risk than indoor smoke exposure
- Concerns with second-hand smoke are for repeated, long-term exposure
- Short-term, accidental smoke exposure is not expected to cause significant health impacts

Risk of illicit drug toxicity death when using alone

- Our messaging to people who use drugs includes advice to avoid using alone
 - Use Overdose Prevention Services if possible
 - Use with someone else, stagger use, and have Take-home Naloxone if not
- Many people do not have access to indoor space to follow this advice
 - Homelessness
 - Visitor restrictions
 - Stigma
- Bylaws can create risk of displacing people to spaces where they are at higher risk of death
- This risk differs from that caused by legal, regulated substances – underpins potential difference in approaches to management of public consumption

There are significant numbers of deaths among people experiencing homelessness, and these are due primarily to illicit drug toxicity

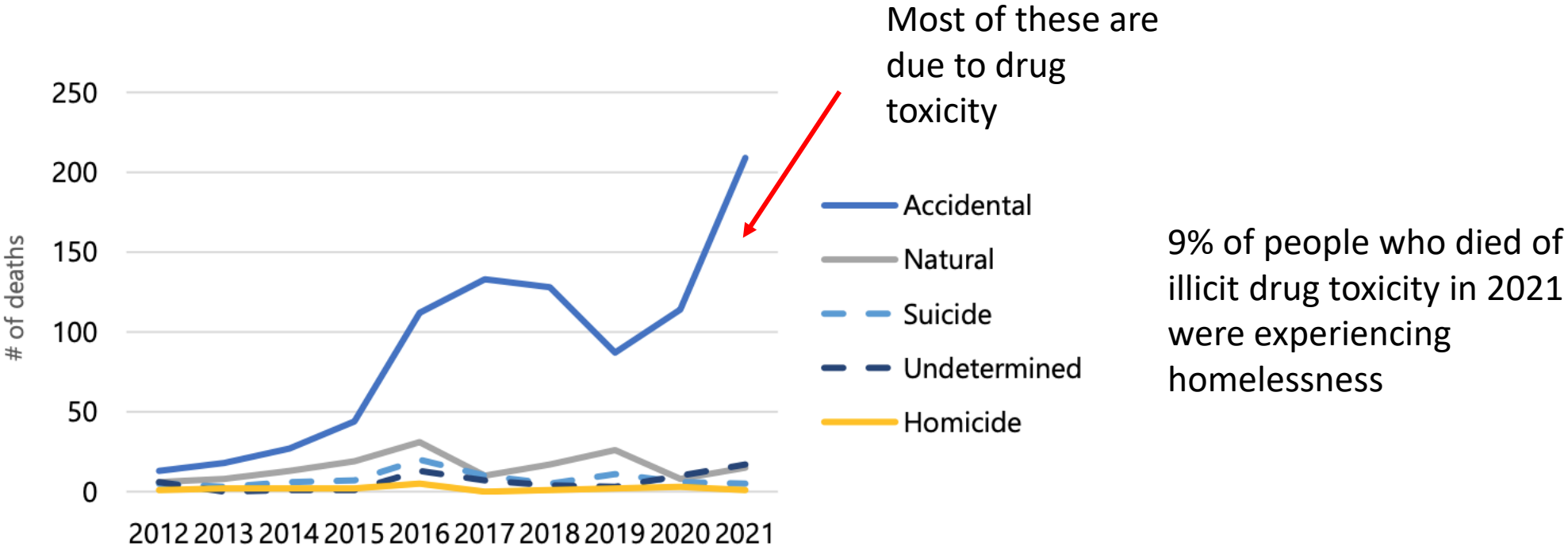


Fig. 5. Deaths of Homeless Individuals by Year and Classification, 2012-2021

In other words, people with fewest alternatives to public consumption are at high risk of illicit drug toxicity death

BC Coroners Service. Deaths of Individuals Experiencing Homelessness in BC, 2012-2021. <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/deaths-of-individuals-experiencing-homelessness.pdf>

Principles of public health decision-making

Goals: minimize health risk and promote equity

- Outcomes should be achieved by the least restrictive means possible
- Promote equity in application of measures and in outcomes
- “Nothing about us without us” – consult with people who use substances
- Recognize complexity of system – be prepared to monitor and adjust course

Other considerations in public health decision-making

Goals: minimize health risk and promote equity

- Assess based on risk of mode of consumption
 - Smoking > injection vs nasal use vs by mouth
- Assess based on risk in specific settings
 - Indoor smoking > smoking near doors/air intakes > parks/beaches
- Take into account alternative risks (and how they differ from risks with currently legal substances)
 - Risk of unwitnessed illicit drug toxicity event

Draft public health guidance

Based on the available evidence, the following is recommended:

Public Use

- Given increased risk of overdose death when people use alone as a result of toxic drugs, and the low public health risk to the general public of public substance use, local governments should avoid enacting bylaws to restrict injecting or consuming drugs (with the exception of indoor smoking)

Indoor Smoking

- Indoor smoking is an established public health concern that bylaws can help address. Local governments who do not have bylaws that restrict smoking substances in indoor spaces and buffer zones (near doors, windows, and air intakes) should consider the creation of such bylaws, or should consider updating existing ones to include all substances (i.e. not limited to tobacco and cannabis) to mitigate this health risk.

Outdoor smoking

- Health risk from outdoor smoke is low compared to the risk of overdose death when using alone, and so at this time local governments do not need to amend bylaws that restrict the smoking of substances in outdoor public spaces, such as parks.

Bylaw enforcement guidance

- Consider the need to update or create an accompanying bylaw enforcement policy to guide situations in which discretion will be used

Draft guidance will be finalized in March, with input from key partners. MHO can support if you have questions prior to (more on this on slides to follow).

Supporting people who use substances

- Build relationships with Regional Health Authorities
 - Harm Reduction Coordinators
 - Decriminalization Project Managers
 - Medical Health Officers
- Support investments in affordable, low-barrier housing
- Support investments in community harm reduction, mental health and substance use services

Legislative obligations

- Under the Community Charter, public health bylaws require consultation with the MHO or regional health board.
 - Must submit public health bylaws for deposit or approval with the Minister, depending on effect of the bylaw
- Obligations under *Public Health Act* (sections 83)
 - For health hazards such as the toxic drug supply, must consider advice or other information provided by the Medical Health Officer.
 - Must designate a local government liaison for public health purposes and send notice of the designation to the regional health board. This enables building a strong relationship between the public health department and local governments on a range of public health matters.
- Bottom line - MHOs are here to help

Contact your local Medical Health Officer

- List of local Medical Health Officers:
 - https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/mho_public_list.pdf
- Medical Health Officers can assist with interpretation of this guidance, provide advice about adaptation of existing bylaws, and consult on health-promoting approaches to substance use
- They can also connect you to health authority staff (harm reduction coordinators and decriminalization leads) who can work with you to improve delivery of services to people who use drugs
- Advise them of who you have appointed as a designated local government liaison, as required under the *Public Health Act*

Key messages

- Illicit drug toxicity is the second-highest cause of potential years of life lost in BC
- Local governments have important concerns about risks to their communities
- There are limited situations in which bylaws could be considered to manage public health risks
- Work with your Medical Health Officer, service providers, and people who use drugs during implementation of decriminalization
- Public health will continue to follow the evidence and update guidance if/as evidence changes



Questions and Conversation

For More Information

- BC government [website on decriminalization](#).
- The Federal government's [exemption](#) and [Letter of Requirements](#).
- If you have further comments or thoughts you would like to share, please don't hesitate to reach out:
 - Ally Butler, Executive Director, Substance Use and Strategic Initiatives, MMHA, ally.butler@gov.bc.ca
 - Chris Van Veen, Senior Director, Decriminalization, MMHA, chris.vanveen@gov.bc.ca
 - Medical Health Officer for your Health Service Delivery Area. Contact information is available on the [website of the Officer of the Provincial Health Officer](#).



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Thank you!

