

S. 56/Decrim Meeting Materials - March 4 Meeting

From: Butler, Ally MMHA:EX
To: Walsh, Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>, Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Estiverne, Bethany MMHA:EX <Bethany.Estiverne@gov.bc.ca>, Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Wheler, Francesca M MCF:EX <Francesca.Wheler@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>
Sent: March 3, 2021 4:26:45 PM PST
Attachments: Decrim ADM WG - Feb 2021.pdf, image001.jpg, ADM Committee - TOR V2.docx
Hi everyone,

Attached are the materials for discussion at tomorrow's S.56/decriminalization meeting:

- Slide Deck
- Draft TOR

Apologies that we've had to shift the timing of this meeting to start at 2:30 – hope most folks can still attend.

Best,

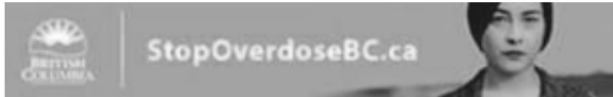
Ally Butler (she/her/hers)

A/Assistant Deputy Minister, Strategic Priorities & Initiatives

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)



Decriminalization - ADM Working Group Follow-up & Update

From: Butler, Ally MMHA:EX
To: Walsh, Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>, Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Wheler, Francesca M MCF:EX <Francesca.Wheeler@gov.bc.ca>, Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>
Cc: Estiverne, Bethany MMHA:EX <Bethany.Estiverne@gov.bc.ca>
Sent: March 8, 2021 1:45:35 PM PST
Attachments: ADM Meeting Notes - 2021-03-04.docx, image001.jpg, Decrim ADM WG - Feb 2021.pdf, ADM Committee - TOR V2.docx

Hi everyone,

Attached is a summary of the discussion and decision points coming out of last week's call. For easy reference, I am also recirculating the draft TOR and Slide Deck.

Action Items – please send me your feedback and input on the following by Friday March 12:

- Priority areas for any HC resources available to support the work going forward
- Any feedback on the draft TOR
- Any further feedback on the timelines and Governance Structure
- Confirmation of project team membership:
 - AG/Fiona – Confirmed
 - PHO - Brian, would you like Danielle to be included on future meeting invites?
 - PSSG - Matt from PSSG confirmed; other PSSG resources may be available
 - MCFD and HLTH - Francesca and Ross to identify project team member

Update on Mtg between HC, MMHA MO and COV:

The meeting this morning between Minister Malcolmson, Minister Hajdu and May Stewart did proceed.^{s.13}

s.13

by early next week.

We also anticipate getting a response to our letter

Taryn/Wayne – Christine is going to touch base with Mark to update him on where we are at and to get his thoughts^{s.13}

s.13

Finally, I have asked Val to set up monthly meetings for us. Looking forward to connecting on tomorrow's call with Health Canada.

Best,

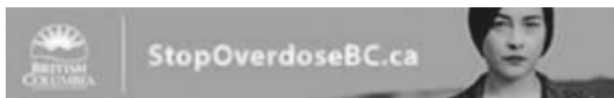
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A/Assistant Deputy Minister, Strategic Priorities & Initiatives

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Decriminalization/Section 56 Discussion

March 4, 2021

Meeting Representatives:

Ally Butler (chair), A/ADM, Strategic Priorities and Initiatives, MMHA
Brian Emerson, A/Deputy Provincial Health Officer, Population and Public Health, HLTH
Brian Sims, ED, Policing and Securities Branch, PSSG
Fiona Gow, Legal Counsel, Legal Services Branch, AG
Francesca Wheler, ED, Child Welfare and Reconciliation Policy, MCFD
Ross Hayward, ED, Mental Health and Substance Use, HLTH
Taryn Walsh, ADM, Community Safety and Crime Prevention, PSSG
Wayne Rideout, ADM and Director of Police Services, PSSG

Purpose:

- Update ministries on work underway to address mandate direction
- Discuss planning for next steps, in particular consider potential timelines and governance structures

Follow up Items:

- All representatives to consider other priority areas for any HC resources available to support the work going forward
- All representatives to review and provide any feedback on the draft TOR
- MMHA to share an update on timelines as soon as available
- Confirmation of project team memberships:
 - Brian may bring Daniele Behn Smith into this work
 - Matt from PSSG should be included and other PSSG resources maybe available to support
 - Francesca, Ross and Fiona will follow up with MMHA

Next Steps:

- Priority topics for BC's meeting with HC meeting next week:
 - BC will request an update from HC on work to consider international conventions
 - Provincial and federal work on key policy issues
 - Available federal resources

Discussion:

Topic	Key Points
Timelines	
Governance Structure	
Resources	



Decriminalization Update & Discussion

March 2021

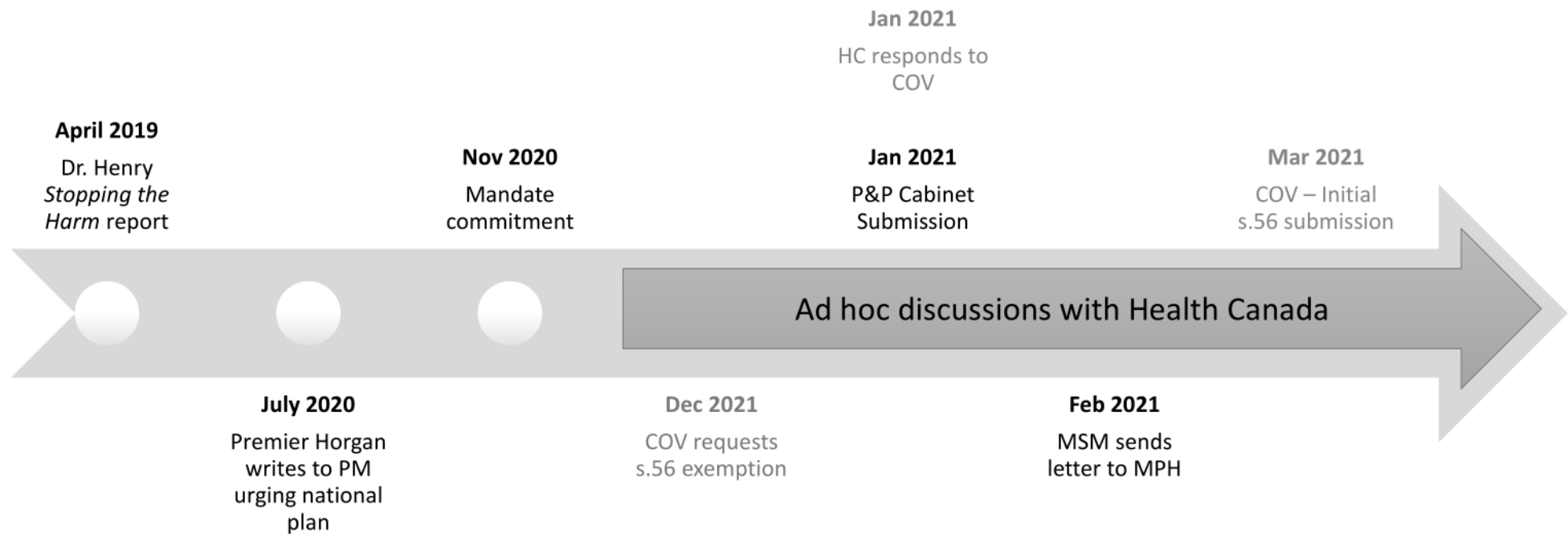
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Agenda

1. Recap: Actions to Date
2. Update
 - Health Canada
 - COV
 - Angus Reid Polling
3. Planning: Going Forward
 - Exemption Requirements
 - Approach & Timelines
 - Governance /TOR
 - Engagement
 - Timelines
4. Next Steps



Recap: Actions to Date



Recent Updates

- **Health Canada**

- Political level - Discussions underway between HC, MMHA and COV
- Cabinet Direction
- Response to Letter

- **COV**

- Significant work underway/completed
 - Hired two consultants – Kora DeBeck and Ted Bruce
 - Draft policy options - thresholds, seizure, etc
 - Engagement and support – Business community; CAT/PWLLE; Indigenous Leaders
- Submission of initial “Vancouver Model” to HC – March 1

Source: Angus Reid Poll, February 2021 -
<https://angusreid.org/opioid-crisis-covid/>

Sec. 56 Application

Priority Information for Health Canada

An articulation of the operational considerations, including:

- how simple possession would be defined, and how any proposed threshold amounts (amounts above this level would still be subject to criminal penalties) were developed,
- to whom and when the exemption would apply, including the approach that would be taken to addressing possession by minors,
- any situations where the applicant is proposing exemption would not apply (if applicable); and
- any risk mitigation measures that would be put in place.

Sec. 56 Application

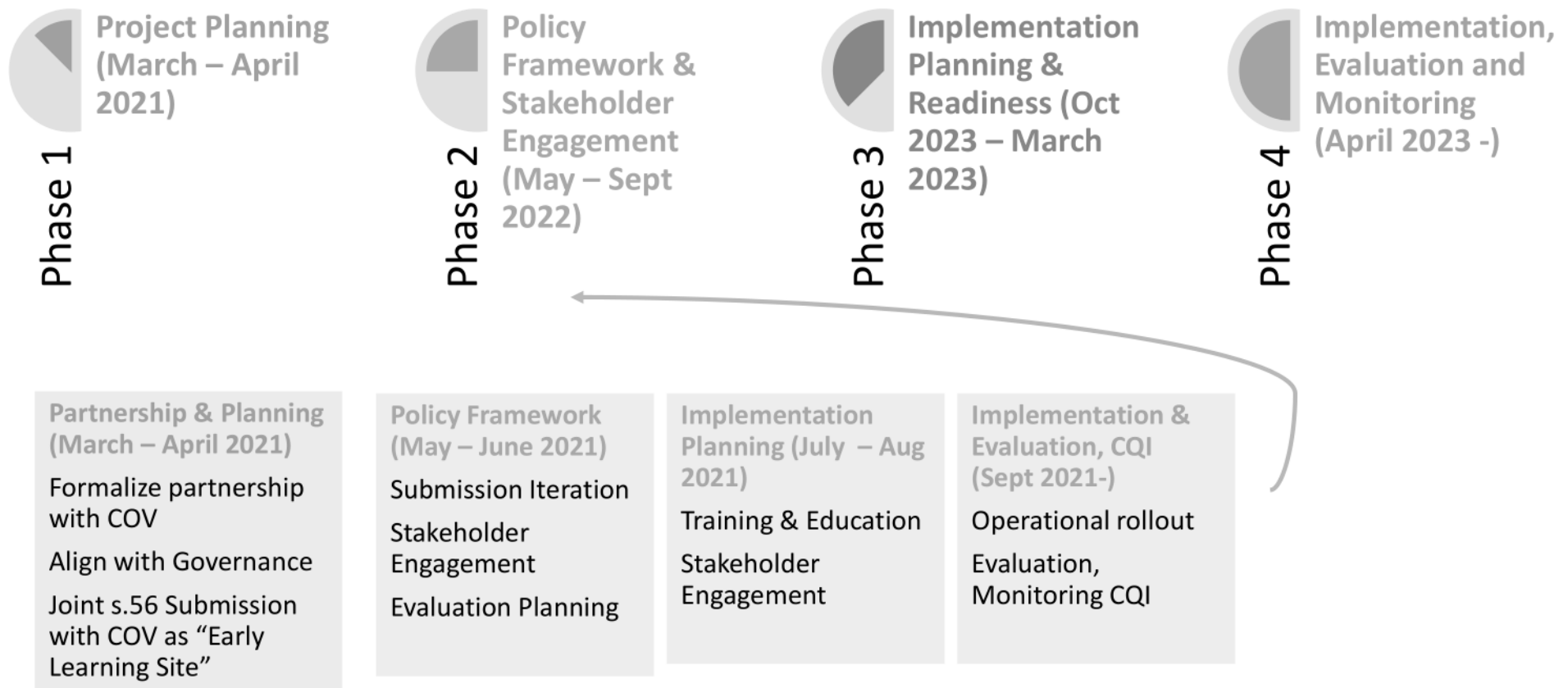
Secondary Information for Health Canada:

- Examples of the public education strategy, training, and guidelines developed to support readiness, including law enforcement readiness, to ensure that the new rules and objectives of the potential exemption would be made clear to the public and that law enforcement are ready to apply the proposed new approach
- Detailed information related to consultations that have occurred with Indigenous peoples and with potentially impacted stakeholders, including with people who use drugs, law enforcement, and racialized communities.
- Description of the measures that would be in place to enable diversion of people who use drugs from the criminal justice system to health and social services, consistent with Canada's obligations under the United Nations Drug Control Conventions.
- Description of the readiness and capacity of health and social systems in the province to meet any increase in demand.
- Details related to how success will be measured, with an emphasis on the impacts of the approach on vulnerable / high-risk populations.
- Any other data that will support key pieces of your application and manage risks.

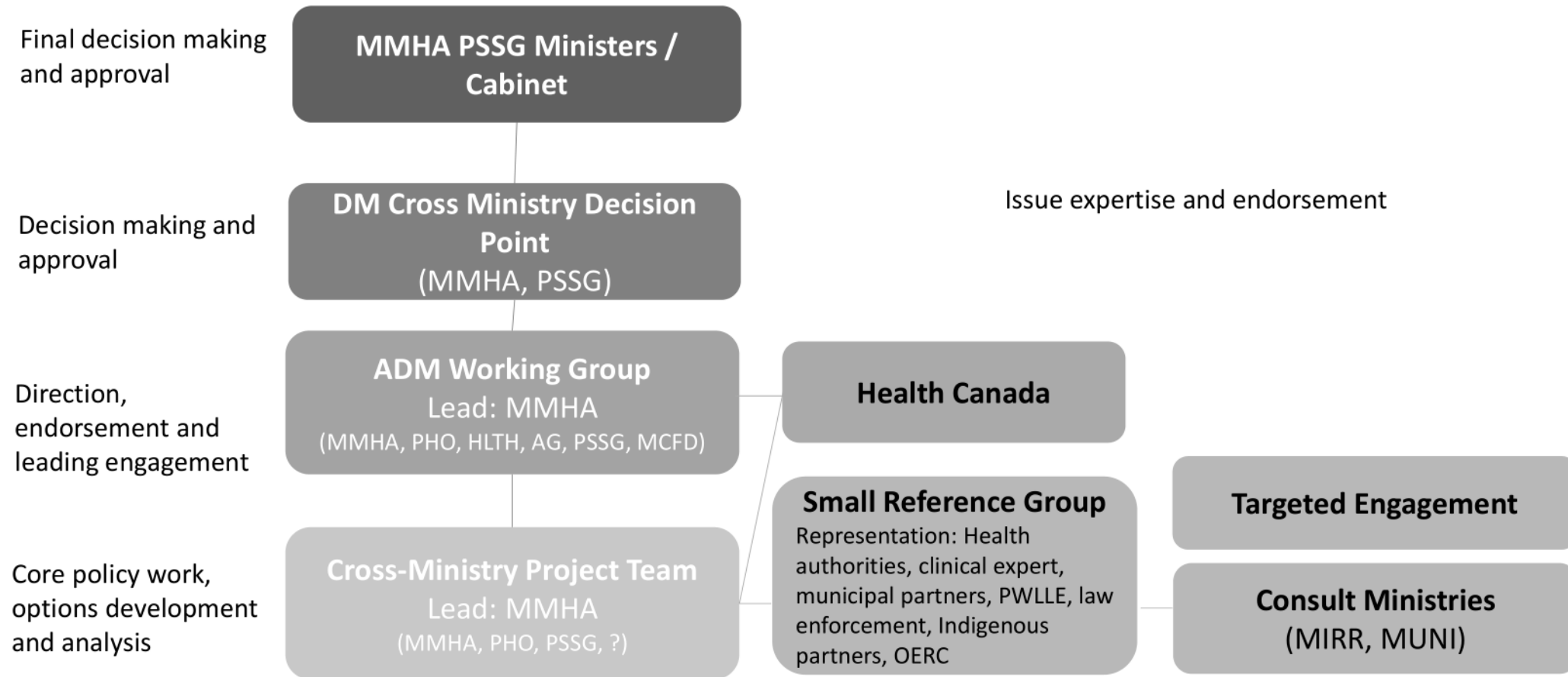
Planning: Going Forward – Path 1 (1 year)



Planning: Going Forward – Path 2 (2 years)



Phase 1: Proposed Governance Structure



Anticipated Engagement Requirements

To Inform
Policy
Development

- **Core Reference Group:** Police, PWLLE, OERC, FN Justice Council, Municipal partners, health authority/clinical
- **Targeted Engagement:** Municipalities/UBCM, Health System, Corrections, PWLLE, Indigenous organizations/leaders, Law Enforcement, Racialized Communities

To Support
Implementation

- **Targeted Engagement:** All of the above PLUS Employers, unions, service providers, youth corrections, federal agencies (RCMP, CBSA, Global Affairs Canada), etc

Phase 1: Discussion

TOR

Policy Priorities

Next Steps

Planning:

- Confirm Direction, Approach, Timelines – *MSM Briefing in next two weeks*
- Develop detailed workplan – *Not started*
- Detailed engagement plan – *Not started*
- Complete environmental, jurisdictional scans - *Underway*
- Identify policy priorities / policy issue papers – *Underway*
- Establish governance structure – *Underway*

DECRIMINALIZATION IN BC
ASSISTANT DEPUTY MINISTER (ADM) WORKING GROUP
Terms of Reference

Mandate

Since the declaration of a public health emergency in 2016, BC has committed to taking an innovative and comprehensive approach to addressing the opioid overdose emergency. While initiatives such as Take-Home Naloxone, supervised consumption sites, medication-assisted treatment, and bed-based recovery services have saved lives, deaths and harms remain unacceptably high. The COVID-19 public health emergency has made this issue more urgent, with 2020 being the deadliest year on record for fatal overdoses in BC.

The stigma faced by people who use drugs acts as a barrier to accessing social services and healthcare. Decriminalization would be a significant step in responding to the overdose crisis and enhance efforts to address the stigma and discrimination faced by people who use drugs, including for Indigenous Peoples and diverse communities who are disproportionately impacted. To achieve these goals, the 2020 Mandate Letter for the Minister of Mental Health and Addictions directs the Ministry to work with the Ministry of Public Safety and Solicitor General and Attorney General and to:

[F]ast track the move toward decriminalization by working with police chiefs to push Ottawa to decriminalize simple possession of small amounts of illicit drugs for personal use. In the absence of prompt federal action, develop a made-in-BC solution that will help save lives.

This Working Group has been established to provide strategic guidance and input into the development of policy options, lead implementation in members' respective sectors, and represent the interests/issues of member branches and their ministries. This work must be done in partnership with subject matter experts from across government to ensure the goals and intent of decriminalization meets the needs of all British Columbians.

The Working Group is responsible for supporting the Deputy Minister of Mental Health and Addictions, with input from other DMs; the scope of the work will be determined and directed by these DMs.

Membership and Procedures

Ministry	Member
Ministry of Mental Health and Addictions	Ally Butler A/ADM, Strategic Policy and Initiatives (Chair) Bethany Estiverne, A/ED of Substance Use and Strategic Initiatives
Office of the Provincial Health Officer	Dr. Brian Emerson, Deputy Provincial Health Officer
Ministry of Public Safety and Solicitor General	Wayne Rideout, ADM and Director of Police Services

DECRIMINALIZATION IN BC
ASSISTANT DEPUTY MINISTER (ADM) WORKING GROUP
Terms of Reference

	Taryn Walsh, ADM, Community Safety and Crime Prevention Brian Sims, ED, Public Safety Initiatives
Ministry of Children and Family Development	Carolyn Kamper, ADM of Strategic Priorities Francesca Wheler, ED, Child Welfare and Reconciliation Policy
Ministry of Attorney General	Barbara Carmichael, ADM of Legal Services Fiona Gow, Legal Counsel
Ministry of Health	Ross Hayward, ED, Mental Health and Substance Use

- To maximize efficiency and effectiveness of the working group, representatives should remain consistent.
- Alternates/Executive Directors may attend. Representatives should have sufficient authority to represent and speak for their organization. Working group members are responsible for sharing information within their organization and consulting as appropriate, so that they may come to meetings prepared to share their ministry's views and interests.
- The ADM's Decriminalization Working Group ('the Working Group') will be time-limited and is anticipated to conclude by March 2022.

Responsibilities and Scope

Specific functions of the Committee include:

- Represent the interests of their branch/ministry
- Identifying policy options and providing policy direction to the ED/Director Cross-Ministry Project Team
- Identify key risks and issues
- Endorsing and providing feedback on deliverables developed by the ED/Director Cross-Ministry Project Team
- Lead branch/ministry specific analysis and support work in identified areas
- Leading engagement stakeholder engagement deemed necessary by the committee
- Reviewing materials proceeding to DMs
- Providing advice and recommendations to DMs via the Chair

Discussions and decisions of the Working Group are confidential.

DECRIMINALIZATION IN BC
ASSISTANT DEPUTY MINISTER (ADM) WORKING GROUP
Terms of Reference

Meetings

Initially, the Working Group will meet for a series of 3 monthly meetings, further meetings to be determined based on approved project scope and timelines.

Working Group Support

The Ministry of Mental Health and Addictions will provide Secretariat support to the Committee with the resources necessary to carry out its role, responsibilities, and duties. Committee support will include, but not be limited to:

- Timely preparation and distribution of all meeting materials, including notices, agendas, and minutes;
- Coordination of presentations and distribution of reports and/or related documents for the Committee's information or consideration; and
- Tracking all action items and deliverables.

ADM Decriminalization WG - March 26 Meeting Materials

From: Butler, Ally MMHA:EX
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Cc: Barnes, Kristen M C MMHA:EX <Kristen.Barnes@gov.bc.ca>, Tupper, Kenneth HLTH:EX <Kenneth.Tupper@gov.bc.ca>
Sent: March 25, 2021 12:06:19 PM PDT
Attachments: Confidential - March 1 Submission - Preliminary Submission To Health Canada - Exemption Request 1.5.pdf, Decrim ADM WG PPT - March 26 2021 Final.pdf, image001.jpg, Policy Issue Paper- Decriminalization Thresholds v03 2021-03-24.docx

Hi everyone,

Attached are the materials for our meeting on Friday March 26th:

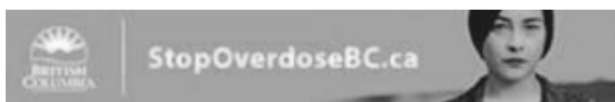
1. Slide Deck (including Agenda)
2. Draft Policy Issue Paper: Thresholds
3. Initial S. 56 Submission from City of Vancouver to Health Canada – **CONFIDENTIAL, Please do not distribute further**

Direction and next steps have continued to shift a bit over the past couple of weeks – there is interest in a public announcement setting the intention to do this work province-wide over a 1 year timeline with a s. 56 exemption or without through a “made-in-BC” approach.

s.13; s.14

Looking forward to our discussion tomorrow.

Best,
Ally Butler (she/her/hers)
A/Assistant Deputy Minister, Strategic Priorities & Initiatives
Ministry of Mental Health and Addictions
1515 Blanshard | Victoria, BC
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PRELIMINARY SUBMISSION TO HEALTH CANADA
EXEMPTION REQUEST

Request for an exemption from the Controlled Drugs and Substances Act (CDSA) pursuant to section 56(1) that would decriminalize personal possession of illicit substances within the City of Vancouver

Version Date: March 1, 2021

Background – The Local Context

The City of Vancouver pursuant to a motion by Council¹ is requesting that Health Canada provide a federal exemption from the Controlled Drugs and Substances Act (CDSA) pursuant to section 56(1) that would decriminalize personal possession of illicit substances within the City's boundaries. The City of Vancouver is seeking the section 56(1) exemption based on an urgent medical need and in the interest of the public. In April 2016, British Columbia's (BC) Provincial Health Officer declared a public health emergency due to rising rates of overdose deaths and widespread contamination of the illicit drug supply. Since then, there have been over 1,577 illicit drug toxicity deaths in Vancouver.

The statistics on overdose deaths in BC and Vancouver are tragic and call for urgent action. The BC Coroner's recent report provides detail on the situation in BC and Vancouver.² Some of the most striking statistics among many are:

- In 2020, there were 1,716 suspected illicit drug toxicity deaths in BC. This represents a 74% increase over the number of deaths seen in 2019 (984)
- The number of illicit drug toxicity deaths in 2020 equates to about 4.7 deaths per day
- There were 408 overdose deaths in Vancouver in 2020, the highest number of any year in the report
- Between 2010 – 2020, there were 2152 overdose deaths in Vancouver.
- In BC between 2017-2020, illicit fentanyl and analogues were detected in 86.8% of illicit drug toxicity deaths. Post-mortem toxicology results suggest that there has been a greater number of cases with extreme fentanyl concentrations in Apr-Dec 2020 compared with previous months.

Under a Vancouver citywide exemption from the offense of simple possession, individuals found to be in possession of controlled substances for personal use would not be subject to criminal sanctions within the municipal boundaries. If approved, all adults would be exempted from enforcement under the CDSA when found to be in possession of an established threshold personal supply of any illegal drug, where there is no drug trafficking involvement.

The City of Vancouver's move to decriminalize personal possession is not being made in isolation, but rather as a part of a comprehensive approach, which complements local and provincial investments in safe supply, treatment, harm reduction, outreach, and housing.

The need for this exemption has been well documented in numerous reports and studies. Substance use is best addressed as a health issue, rather than a criminal justice issue. Criminalization has terrible consequences for individuals, families, the community, and the economy.

¹ <https://council.vancouver.ca/20201125/documents/cfsc6.pdf>

² <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

Most recently, the British Columbia Provincial Health Officer issued a report³ that lays out the compelling need to decriminalize substance use. The PHO Report notes that there are over 30 jurisdictions pursuing approaches to decriminalization.

The report states:

Immediate provincial action is warranted, and I recommend that the Province of BC urgently move to decriminalize people who possess controlled substances for personal use. This is an important additional step to stem the tide of unprecedented deaths.

The time for decriminalization is now. There is growing recognition that decriminalization is necessary, and a concerted effort is needed to move forward. The City of Vancouver is prepared to provide leadership in developing a decriminalization model.

The City of Vancouver is in a unique position to provide leadership in decriminalization as evidenced by the following.

- Widespread support within Vancouver for decriminalization from the police, civil society organizations, First Nations, the public and people who use drugs (PWUD) themselves. A recently completed public consultation identified considerable support for decriminalization.
- A history of partnership with the Federal and Provincial governments, Vancouver Coastal Health, the Vancouver Police Department, and community organizations in addressing the issues of mental health and addictions. This is described in the following section of this submission.
- There has been expansion of a comprehensive and innovative range of mental health and addictions services funded by the Province, designed, and delivered by Vancouver Coastal Health that will support the changes required by decriminalization. More detail is provided on this in the description of the possible elements of a decriminalization framework for Vancouver.
- Vancouver has successful experience with the use of an exemption in the case of Canada's first safe consumption site. This approach is now widely accepted across Canada.
- Vancouver benefits from an established substance use research infrastructure that is ideally positioned to evaluate innovative public health initiatives like drug decriminalization. If appropriately funded, research evaluations from the Vancouver setting could be used to inform other jurisdictions.

Vancouver's Public Health Approach to Mental Health and Addictions

The many initiatives around the world to decriminalize personal use of substances is founded on the now widely accepted view that problematic substance use is a health issue and not one best addressed by policing and the criminal justice system (CJS). A public health approach requires:

- Addressing the upstream factors that affect health (the social determinants of health) including the historic and on-going impacts of colonization.

³ <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf>

- Focusing on policy strategies that reduce health inequities among key populations including Black, Indigenous and People of Colour.
- Increasing efforts in health promotion, illness prevention and harm reduction
- Adopting intersectoral policies that create a comprehensive approach to addressing the complexity of social problems

The City of Vancouver has embraced a public health approach in partnership with Vancouver Coastal Health through such initiatives as the Healthy City Strategy – the City’s social sustainability plan that applies a health equity lens to factors affecting the well-being of the citizens of Vancouver.

Programs and more detail on this long-standing initiative can be found on the City of Vancouver website.

Vancouver Coastal Health is a leader in addressing mental health and addictions within the City of Vancouver. Working closely with the Provincial Ministry of Mental Health and Addictions, they have a wide range of wrap around services that will support a Vancouver decriminalization model especially a diversion pathway that is an alternative to criminal prosecution. The relevant VCH services are documented later in this submission.

The longstanding commitment of the City of Vancouver to a health approach to substance use policy is evident in some of the major initiatives undertaken in recent years.

Two decades ago, the City approved the *Four Pillars Framework for Action: A Four Pillar Approach to Vancouver’s Drug Problems* – a guiding document that has shaped the City’s drug policy now known as the City’s Four Pillars Drug Strategy, including a focus on harm reduction, prevention, treatment, and enforcement. The Strategy was prompted by a heroin crisis in Vancouver in the 1990s that caused hundreds of people to overdose. Former Mayor Philip Owen first introduced it at Vancouver City Council. In April 2001, Council officially adopted the revised framework and policy recommendations authored by Donald MacPherson, Executive Director of the Canadian Drug Policy Coalition after considerable consultation and jurisdictional review (see here for engagement and consultation summary report: <https://council.vancouver.ca/010424/rr1-appa.htm>). The Strategy recognizes the limitations of enforcing laws against possession of small quantities of illicit substances, and marked a notable shift away from substance use as a criminal issue and instead as a health issue.

In 2005, Council approved the long-term plan, *Preventing Harm from Psychoactive Substance Use* (<http://druglibrary.wordpress.stir.ac.uk/files/2017/07/DrugPolicy.pdf>), including the recommendation that the Federal Government review Canada’s laws around illegal drugs and consider alternatives to prohibition.

In 2010, Council endorsed the Vienna Declaration, a document that focuses on the harms of prohibition and calls on all governments to take an evidence-based approach to drug use and to decriminalize drug users (<http://viennadeclaration.com/the-declaration>).

In subsequent terms, Mayor and Council have supported and continued to update the Four Pillars Strategy to reflect current and emerging community needs. In 2018, Mayor Kennedy Stewart initiated the *Mayor’s Overdose Emergency Task Force* in partnership with Vancouver Coastal Health and the Vancouver Community Action Team, funded under the Province of BC Overdose Emergency Response

Centre (OERC). Over 30 recommendations reflected a health approach to substance use in the context of an overdose crisis due to the poisoned drug supply.

(<https://council.vancouver.ca/20181220/documents/spec20181220min.pdf>)

In 2019, Council directed staff to investigate and report back on the possibility of implementing drug policy initiatives that have proven to be successful in Portugal, and that align with the Four Pillars Strategy, including the decriminalization of illicit drugs. Throughout the last two years, health representatives from the Province have presented to Council on the negative impacts of stigma and the urgency surrounding a different regulatory approach to illegal drugs.

The Vancouver Police Department (VPD) has a long history of being a leading and progressive police agency on substance use. In the early 2000s, following the City's adoption of the Four Pillar Strategy, the VPD revised its policies and procedures related to substance use. In 2003, the VPD was a supportive partner in the opening of the first sanctioned supervised drug injection site in North America. Then, in 2006, the VPD became the first police agency in Canada to cease attending overdose calls as a matter of routine – respecting the potential barrier to accessing health services that can result from having police attend every overdose incident.

In 2017, in response to the emergence of the opioid crisis, the VPD publically advocated for expanded opioid assisted therapy programs and additional investment in addiction treatment in the report *The Need for Treatment on Demand*⁴. Following up on this report, in 2019, the VPD released its report *A Journey to Hope*⁵, which documents the VPD's progressive actions and its work with health and government partners to combat the harms caused by the ongoing opioid crisis.

The Harms and Benefits of Decriminalization

It is beyond the remit of this submission to summarize the many studies and reports that document the harms associated with criminalization and the positive impacts of decriminalization. Some easily accessible reports include those produced by the HIV Legal Network⁶, Toronto Public Health^{7 8}, the Canadian Association of Chiefs of Police⁹ and the aforementioned report by BC's Provincial Health Officer and the Lancet Commission *Public health and international drug policy*¹⁰.

Evidence-based studies have concluded that the criminalization of simple drug possession:

- Creates negative beliefs about people who use drugs

⁴ <https://vancouver.ca/police/assets/pdf/reports-policies/opioid-crisis.pdf>

⁵ <https://vancouver.ca/police/assets/pdf/VPD-Opioid-Crisis-Report.pdf>

⁶ <http://www.hivlegalnetwork.ca/site/decriminalizing-people-who-use-drugs-a-primer-for-municipal-and-provincial-governments/?lang=en>

⁷ <https://www.toronto.ca/wp-content/uploads/2018/05/9105-A-Public-Health-Approach-to-Drugs-Discussion-Paper.pdf>

⁸ <https://www.toronto.ca/wp-content/uploads/2018/05/9888-Harms-Associated-with-Drug-Laws.pdf>

⁹ https://www.cacp.ca/index.html?asst_id=2189

¹⁰ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00619-X/fulltext#articleInformation](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00619-X/fulltext#articleInformation)

- Forces people to use drugs in isolation and in unsafe places without safety precautions or using supervised consumption sites. People who are imprisoned for drug offences have also been found to start injecting drugs at a younger age
- Results in criminal records with long lasting effects on employment and housing opportunities
- Increases high risk practices leading to increases in rates of infections and disease
- Creates illegal drug markets and an unsafe supply of drugs. The unregulated, illegal market has produced stronger, more harmful drugs for higher profits
- Creates huge costs associated with policing, courts, and prisons to enforce drug laws
- Some groups of people who use drugs experience more negative impacts from our drug laws than others. These include people who are economically insecure and/or homeless, people with mental health and/or substance use issues, youth, children of parents imprisoned for drug crimes, Indigenous people, racialized groups, and women.

Research highlighted in various reports also identifies some benefits of decriminalization efforts internationally including:

- Reductions in substance use
- Increases in people accessing substance use treatment and engaging in health and social services
- Reduction in HIV and HCV in the population
- Reductions in the costs to the criminal justice system
- Better police community relations.

The international evidence provides strong support to undertake drug decriminalization.

Consultation and Public Engagement

Policies to lessen the impact of the criminalization of substance use have been introduced over time but this fragmented approach is insufficient to address the underlying harms associated with criminalization. Public consultations show that there is considerable support within all sectors of society to decriminalize the simple possession of drugs for personal use and thus reduce the many demonstrated harms of this approach to dealing with a health crisis. A recent poll conducted by Angus Reid¹¹ showed that nearly 60% of Canadians support decriminalization.

The City of Vancouver believes that robust public engagement is critical when developing and implementing new public policy. The City's long history of public engagement in its substance use policy is summarized earlier in this submission.

To effectively implement an approach to decriminalize drug possession for personal use, the City of Vancouver is committed to continuing its proactive public consultation and engagement. **Some aspects of the model for decriminalization discussed in this submission are presented to facilitate discussion. They require further technical work and engagement with key stakeholders.** Successful implementation of the Section 56 Exemption will also require a robust communication and education

¹¹ <https://angusreid.org/opioid-crisis-covid/>

strategy to ensure those most affected by the exemption understand what it means for them. An initial framework for public communication and engagement is noted below.

- Inform key communities of interest about the approach and its implementation
- Solicit input into the overall approach from groups and organizations representing those most affected
- Meaningfully engage with key informants on technical aspects of the framework and its implementation

The City of Vancouver is well positioned to quickly implement an engagement process. It already has in place working groups to support the exemption request and has the Mayor's Overdose Emergency Task Force (Community Action Team) as a forum involving the full range of interests. This forum has already provided input and can be drawn upon quickly going forward with implementation planning.

Objectives and Potential Impacts of Vancouver Model for Decriminalization

Criminalization contributes to the marginalization and stigmatization of people who use drugs, which in turn makes it difficult to engage them in harm reduction strategies, treatment and other health and social service supports. This significantly increases the risks to the individual and contributes to the downstream health and social problems associated with the use of drugs. A central goal of decriminalization is to reduce the risks and harms that are associated with the marginalization and stigmatization of people who use drugs (PWUD).

It must be stressed that decriminalization alone will not address all the current harms experienced by people who use drugs and our communities. The causes of problematic substance use are complex and require a comprehensive mix of policies and programs across sectors of society. As such, the expectations around the short-term impacts of decriminalization must be tempered and recognize that many of the goals of decriminalization are long term and highly dependent on a multitude of other factors such as the availability of a safe drug supply.

There are documented models of decriminalization that identify a wide range of potential impacts. These will help shape the goal setting and performance measurement of a Vancouver model. For example, the BC Provincial Health Officer report focused on the Portuguese model and concluded that:

Evidence has shown that this drug policy model, along with other interventions (e.g., harm reduction, prevention, enforcement, and treatment strategies) has led to an increase in treatment uptake, a reduction in drug-related deaths, and importantly, no increase in drug use rates.

The Portuguese model is just one approach and is not necessarily transferable to Vancouver. Jurisdictions across the world are working on alternatives to the criminalization of people who use drugs. A recent review by Hughes et al ¹² compared the range of regulatory strategies being pursued internationally. They derived six overarching models to describe these efforts: depenalization, de facto

¹² <http://harmreductioneurasia.org/wp-content/uploads/2019/07/Hughes-et-al-ISSDP-2019-Models-for-the-decriminalisation-depenalisation-and-diversion-of-illicit-drug-possession-FINAL.pdf>

police diversion, de jure police diversion, decriminalisation with civil penalties, decriminalisation with targeted health/social referrals and decriminalisation with no sanctions.

Their analysis developed logic models for each and concluded that each had different advantages and disadvantages.

For example, depenalization is the easiest reform to adopt, but it can lead to justice by geography/demography (limiting access to specific sub-groups). In contrast, decriminalisation with targeted health/social referrals requires more inputs (e.g. legal change and treatment supports), but it is associated with reductions in the burden on the criminal justice system as well as in drug-related health and social harms. (p 15)

Logic models are a way of setting reasonable expectations of the relationship between an intervention and the potential short-term and long-term outcomes of the intervention. A sample logic model shown below has been constructed for a Vancouver model for decriminalization.

Purpose Statement: End the criminalization of people who use drugs for simple possession recognizing that drug use can be potentially harmful				
INPUTS	OUTPUTS	OUTCOMES	MID-TERM IMPACTS	LONGER TERM IMPACTS
Section 56(1) Exemption	Schedule of threshold amounts	Reduction in CJS interactions	Increased use of police resources on other priorities	Reduction in overdose deaths
Set minimum threshold	Guidelines and training	Increase in referrals to health care system	Reduction in drug associated public disorder	Reduced stigma
Support front line decision-makers	Referral resources	Increase in use of safe supply options		Reduced problematic substance abuse in population
Provide alternate (i.e. diversion) pathway	Point of access for health care support	Reduction in street level violence		Improved integration of PWUD in social and economic spheres
	Evaluation	Reduction in property crime		

Design Principles for the Vancouver Model

A model for decriminalization will be guided by key principles that reflect the goals and objectives for the initiative as well as the literature on policies targeting drug overdose and drug dependence.

1. A public health approach is the foundation for regulation, policies and programs.
2. Evidence and best practices must guide the design of the framework recognizing there are limited experiences with the implementation of decriminalization approaches.
3. Decriminalization is only one part of a comprehensive approach to addressing the overdose crisis and to be successful must be carried out in conjunction with other public health and harm reduction initiatives such as safe supply programs and access to rapid evidence-based substance use treatments.
4. The scope, complexity and intransigence of the problem requires bold and creative approaches.
5. The framework must be tailored to the characteristics of the populations and issues in Vancouver.
6. There is a continued commitment to equity and reconciliation with Indigenous Peoples.
7. Those most affected must be engaged in defining the solutions.
8. Given there are risks associated with any innovation, risk mitigation must be incorporated in the model.
9. Evaluation and monitoring are an important component of any solution to inform policy development and mitigate risks.

Components of a Decriminalization Model

The British Columbia PHO Report described three main components to any decriminalization approach - personal use threshold, penalties and decision-making - and constructed a sample alternative pathway for managing personal use of illegal substances. Based on consultation to date, an approach to these three aspects of a decriminalization model is presented for purposes of this submission. **It must be stressed that the details of this model are under further discussion and work is underway to develop components of the model.**

Threshold

An essential aspect of any decriminalization model is the determination of an appropriate personal use threshold. The British Columbia PHO Report reviewed the Portuguese model and concluded that:

There is no ideal threshold for a given substance —what is a typical quantity for personal use varies by the substance and the person—but thresholds that are too low have not been found to be impactful. Experience in Mexico, for example, where threshold amounts were set very low, resulted in increased numbers of people being charged for trafficking rather than simple possession. Experience from Portugal has shown that a set objective amount for each substance should be determined to remove the subjectivity associated with interpretation of more ambiguous terms.

As noted by the PHO, there is no ideal threshold for personal use and setting the amount too low will undermine the goal of decriminalization and potentially lead to risks and harms to PWUDs. In

developing the Vancouver model, threshold amounts from other jurisdictions will not be adopted. The situation related to thresholds in Canada will be different than in other jurisdictions because, for example, trafficking charges in Canada are not tied solely to amount, rather behaviour and presence of other indicators of sales/distribution. An evidence-based approach is required that is:

- Based on science and research evidence and not opinion
- Reflects the actual personal use amounts in Vancouver and
- Not overly restrictive such that it creates harms identified in experiences with a low threshold.

As well, the range of drugs covered by the thresholds must be broad as many drugs are in use and there is poly drug use among many PWUDs. The BC Coroner's Report provides some indication of the range of substances as reflected in the top drugs identified in illicit drug toxicity deaths.

Drug	Percentage Identified
Illicit fentanyl & analogues	86
Cocaine	49
Methamphetamine/amphetamine	35.2
Other opioids	29.8
Ethyl alcohol	28.1
Benzodiazepines	4.3
Other stimulants	2.7

Preliminary work on threshold development is underway.

Decision-making and Diversion Pathway

A key component of any decriminalization approach is the support for decision-making. Decriminalization models envision a proactive diversion of individuals away from the criminal justice system if they are found to possess an amount of illegal substance below the threshold. In some models such as the Portuguese model, there is also the possibility of a mandatory review of the case and administrative penalties (e.g., fines) or other sanctions outside the criminal justice system. Of course, referral to health programming is also important for those using above the threshold who are charged and placed in the criminal justice system.

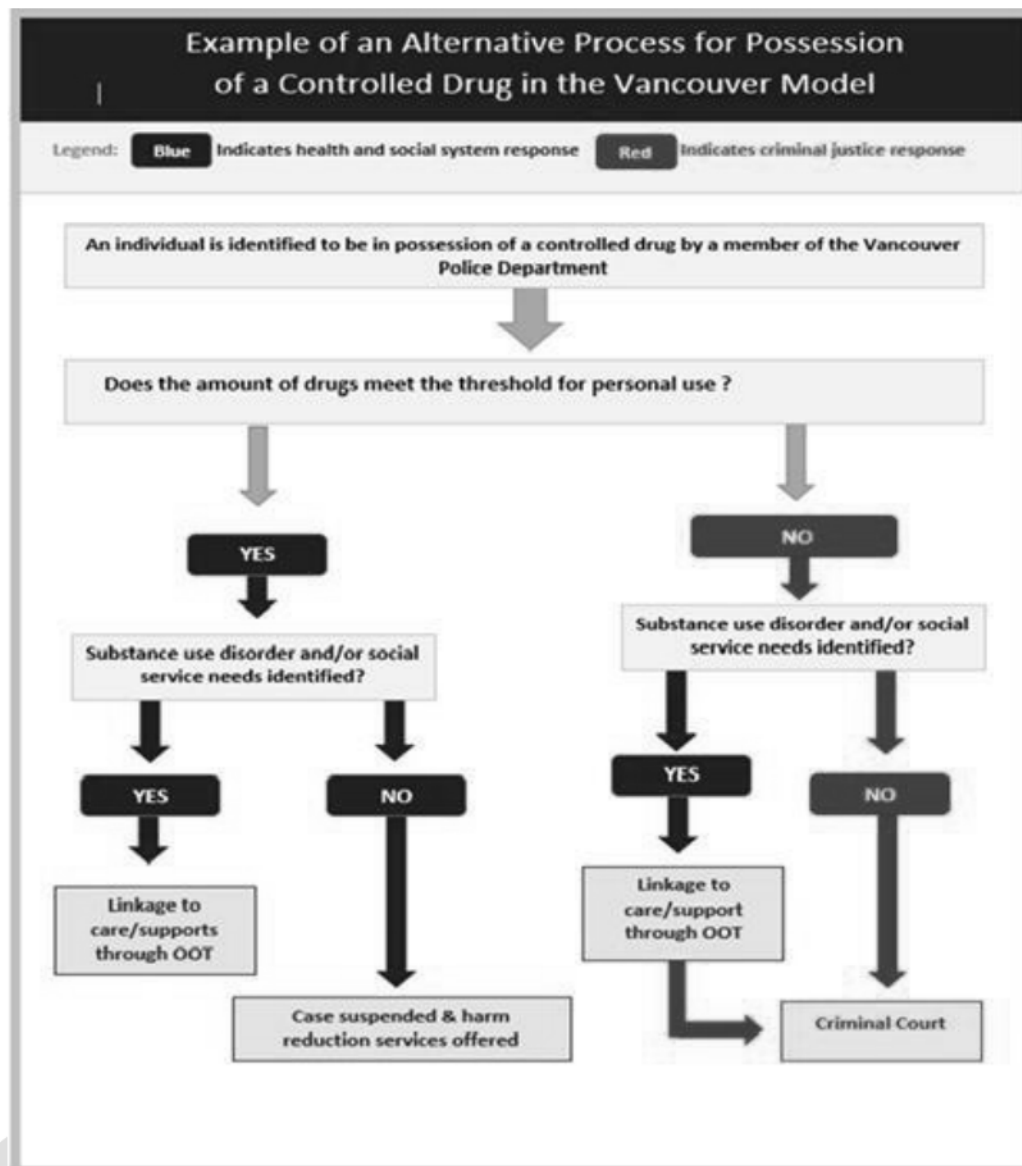
The Vancouver model will encompass a well-supported diversion pathway that is still under development. Police will be required to determine if an individual is in possession for personal use at the scene. At this point in the development of the pathway, it is not envisioned that administrative penalties or sanctions will be put in place to replace criminal charges for those in possession below the threshold but not involved in drug trafficking. Voluntary referrals will be made to Vancouver Coastal Health's Overdose Outreach Team (OOT) at the scene. This will help reduce the stigma associated with the personal use of substances and increase trust in the health orientation of the approach. This is especially important for Indigenous people to promote cultural safety (as noted further in the submission, a separate pathway for Indigenous people will be explored). The Crown and police, in consultation with VCH's OOT, can also reassess trafficking cases that are referred to the criminal court located at 222 Main Street and if deemed appropriate direct those individuals to the support services associated with the diversion pathway.

The Vancouver model will support police in the diversion process. Referral materials will be available and OOT members will regularly brief frontline police officers at morning and evening shift parades regarding the OOT's services. Police will be provided with contact cards for OOT. Whenever possible the OOT workers will attempt to do a 'warm hand-over' (i.e., they will try to meet officers on the scene for immediate referrals). To help accomplish this, Vancouver Coastal Health intends to add a new OOT position that will operate out of the provincial courthouse at 222 main. Those workers would be available exclusively to the VPD and Justice stakeholders. If a referral is made after hours, OOT will follow up with the individual the following day. The VPD is concerned about speed of referral, so Vancouver Coastal Health is committed to reducing follow up time as much as possible.

As noted, at the time of intervention, the police will provide information on the access point for service and if they deem it appropriate (e.g., overdose; PWUD request) make a referral to the OOT team. Police will also be empowered to collect some basic information to assist in the referral - such as the amount of drugs used for personal consumption and basic personal information to complete a referral. The referral will be sent to the OOT. There will be no requirement for the individual to act on the referral; however, the information from the referral forms sent to the OOT will be used to continuously evaluate the effectiveness of the diversion model including:

- Validating the personal threshold estimates established for the decriminalization model
- Monitoring the success in referral uptake and the increase in contact between PWUDs and the health care system.

A graphic of a process for individuals found to be in possession of a federally controlled substance is shown below. **Again, it must be emphasized this pathway is intended for illustrative purposes and for the basis of further exploration with Health Canada and Vancouver stakeholders.**



As within any new approach, the Vancouver Police Department in conjunction with its partners will develop the necessary training and policy guidelines to support the diversion process once it is fully designed. As part of the further development of the model, simulations of the new pathway can be trialled.

Diversion Pathway – Health System Supports

As noted, once a decision has been made that an individual is in possession of drugs within the threshold for personal use, the alternative pathway will be key to successfully achieving the goals of decriminalization. This pathway moves the emphasis on the intervention from a criminal justice response to a health response.

Vancouver Coastal Health is committed to supporting the exemption by offering a simple, convenient, and timely substance use support referral pathway. Justice system stakeholders will be able to refer individuals found to be in personal possession of controlled substances to OOT. OOT includes social workers and outreach workers who connect people who are at risk of overdose to care. They can assist in navigation to appropriate medical and social services, support access to Opioid Agonist Treatments (including injectable Opioid Agonist Treatments) and safer supply and offer overdose prevention education.

At present, the most common referral sources for OOT are Emergency Departments, Vancouver Fire and Rescue Services, Vancouver Police Department, members of the public, community and acute care-based substance use services, housing and other community based social service providers, and primary care providers. The OOT has recently increased its staffing complement and projections of demand for service due to a new pathway will be undertaken to assess future impact on the referral services from justice system partners should the exemption be granted.

In addition to the OOT, VCH is expanding its substance use support services. The new services to support an alternative pathway to criminal prosecution include:

- Increased capacity in VCH and fee-for-service primary care by training more GPs to treat opioid use disorder and alcohol use disorder in Vancouver
- Increased capacity in Rapid Access Addiction Services, including the RAAC at Vancouver's St. Paul's Hospital and Downtown Eastside Connections Clinic
- Increase prescriber support via the BC Centre on Substance Use's 24/7 Addiction Medicine Clinician Support Line
- Increased capacity of local Emergency Departments to screen and initiate treatment for substance use disorders
- Addition of new Urgent Primary Care Centres in Vancouver, all of which provide substance use treatment
- Creation of the Centre for Excellence in HIV/AIDS' Hope to Health Centre which has increased access to primary care and addiction medicine in Vancouver's inner city
- A new Youth Intensive Case Management Team which, like OOT, connects young people to treatment and supports them to stay engaged in care
- New Vancouver Withdrawal Management Centre (opening 2024) which will dramatically increase local access to detox beds and to substance use treatment
- New expansion of scope for Registered Nurses and RPNs practicing in BC that enables them to prescribe Sub Oxone (now) and other OAT meds (coming in March 2021), which increases the local health system's treatment capacity
- VCH in partnership with the PHS Community Services Society and BCCSU is set to launch SAFER, a 4-year pilot program funded by Health Canada (July 2020-24). The program, located in Vancouver's Downtown Eastside, will provide pharmaceutical alternatives to clients who are vulnerable to the risks associated with the toxic drug supply.

The availability of the Overdose Outreach Team and the expanded services will help assure the referral model that will be introduced is resourced to support the Vancouver model of decriminalization.

Cultural Safety

Health inequities are particularly pronounced for Indigenous populations due to the impact of colonization and racism. Indigenous people are especially over-represented in the Criminal Justice System and the overdose crisis has been especially problematic for this community. The health care system is also focussing on increasing cultural safety for Indigenous people because of the systemic racism that exists.

Indigenous populations have a justified mistrust of the health and justice systems. As such, a working session with the Indigenous community is planned as part of the on-going engagement strategy. This will help ensure an appropriate cultural approach to the referral pathway that is developed. Discussions will also focus on defining and resourcing service components within the Indigenous service sector.

Risks and Risk Mitigation

Innovation like the proposed Vancouver model for decriminalization is not without risks. Some of these and the current thinking on risk mitigation are described below. Further engagement is planned to expand on the risk mitigation approaches.

1. Youth. The scope of this request for a Section 56 exemption is for adults. Within the implementation planning underway, the City of Vancouver and its partners will work with the Ministry of Child and Family Development and the Office of the Representative for Children to better understand the impacts of the exemption on youth.
2. Demand for health services. There is concern that decriminalization will increase the demand for health services with a concomitant pressure on budgets. The increase in health care utilization is an intended and positive aspect of decriminalization; however, if demand cannot be met those seeking service may not receive the range of services identified in the proposed model. This is problematic but even without additional services there are benefits to the destigmatizing of PWUDs and the removal of criminal sanctions for simple possession. Fortunately, Vancouver is in a favourable position to mitigate this risk as Vancouver Coastal Health, with funding support from the provincial government, has significantly increased its capacity in the addictions portfolio.
3. Confiscation of drugs and harm reduction supplies. Concerns have been expressed that drugs and the supplies needed for personal use (e.g., needles) may be confiscated even though the person using drugs will not be criminally charged. In the proposed model, this would not occur as it would be part of possession and not subject to seizure. Police training would clearly define threshold limits to incorporate supplies. All stakeholders are aware that confiscation has the potential to leave individuals in a vulnerable situation requiring them to quickly seek out potentially unsafe replacement drugs or supplies (e.g., sharing needles) which may involve

engaging in criminal activity to purchase replacement drugs. The alternative referral pathway mitigates the need for any confiscation as it provides for immediate referrals to the Overdose Outreach Team who will respond as appropriate.

4. Charge substitution. There is a concern that the elimination of charges for possession may lead to an increase in trafficking charges brought by police. The proposed approach entails the application of threshold amounts as *floors* vs. *ceilings*. This allows police to have discretion when encountering drug possession amounts above the thresholds. Anyone found with an amount over the Vancouver limit (a floor limit) is not subject to a new/higher charge; just as is the case currently, the evidence to support a charge would depend on all the factors present, with the amount of drugs present being just one of many factors.
5. Incentivizing people who use substances to re-locate to Vancouver. There is currently no evidence that decriminalization will encourage PWUDs to relocate to Vancouver to use drugs. The experience with the introduction of the Vancouver safe injection site - Onsite - is informative in this regard. As well, the VPD current experience with reduced enforcement can help inform this issue. A diversion model can provide that referral forms record the municipal home location of the person referred. As part of the evaluation process, any increase in referrals for people living outside Vancouver can be examined. It is also not expected that people will travel to Vancouver to access the services available as part of the diversion pathway. Vancouver Coastal Health and other health authorities in the Province have greatly expanded these types of services across the Province.
6. Trafficking. There is a concern that decriminalization of amounts for personal use will enable drug dealing. There is no evidence this will occur. Data on trafficking over time will be monitored to assess the impact of decriminalization.
7. Homeless Population. This vulnerable population often encounters the criminal justice system. The referral pathway will need to ensure the route responds to their particular needs.

Evaluation and Research

Evidence from other jurisdictions demonstrates that removing criminal sanctions for personal drug possession did not increase levels of other drug use (cocaine, amphetamine, MDMA, and heroin), and that punitive drug laws and rates of drug use are not correlated. Because other jurisdictions have different cultures, social supports and unique characteristics, research on the application of decriminalization in local contexts is critical. A real-time evaluation of any exemption model will assess impacts and risks.

It will be important that the exemption come in tandem with federal funding for evaluation to inform implementation. Health Canada could explore issuing evaluation funding through its Substance Use and Addiction Program (SUAP) or through a directed grant from CIHR to the BC Node of CRISM, which focuses on substance use research.

A well-funded, mixed-methods approach to evaluation will be important in order to capture the benefits that decriminalization may produce across government sectors and for the lives of people who use drugs. As noted, it will also help to identify any unintended consequences so the City of Vancouver and its health and policing partners can adjust the approach where necessary. Evaluation should include collaborations by multi-disciplinary health economists, criminologists, addiction and substance use epidemiologists and clinician-scientists, qualitative and community ethnographic researchers. It should also engage directly PWUD in the design and execution.

The logic model presented earlier also provides an indication of performance measures that will be developed to evaluate the model over time.

Conclusion

A model for decriminalization in Vancouver will be an evidence-based approach to benefit people who use drugs, a wide variety of stakeholders and the Vancouver community overall. Although there will be risks associated with implementation, the City of Vancouver is committed to creating the necessary implementation plan with its partners to monitor these risks and address them. As Vancouver has demonstrated in the past, it is experienced and prepared to initiate a decriminalization model that is so desperately needed to address the overdose crisis facing not just Vancouver but the Province and Canada.



Decriminalization ADM Working Group

March 26, 2021

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For Discussion

1. Key Updates & Required Next Steps

- Confirmed Timelines

2. Revised Governance Structure

- ADM WG Meetings
- Project Team

3. Policy Focus

- Thresholds Policy Issue Paper
- Additional Policy Issue Papers
- COV Submission

4. Next Steps



Part 1: Key Updates & Required Next Steps

Key Updates

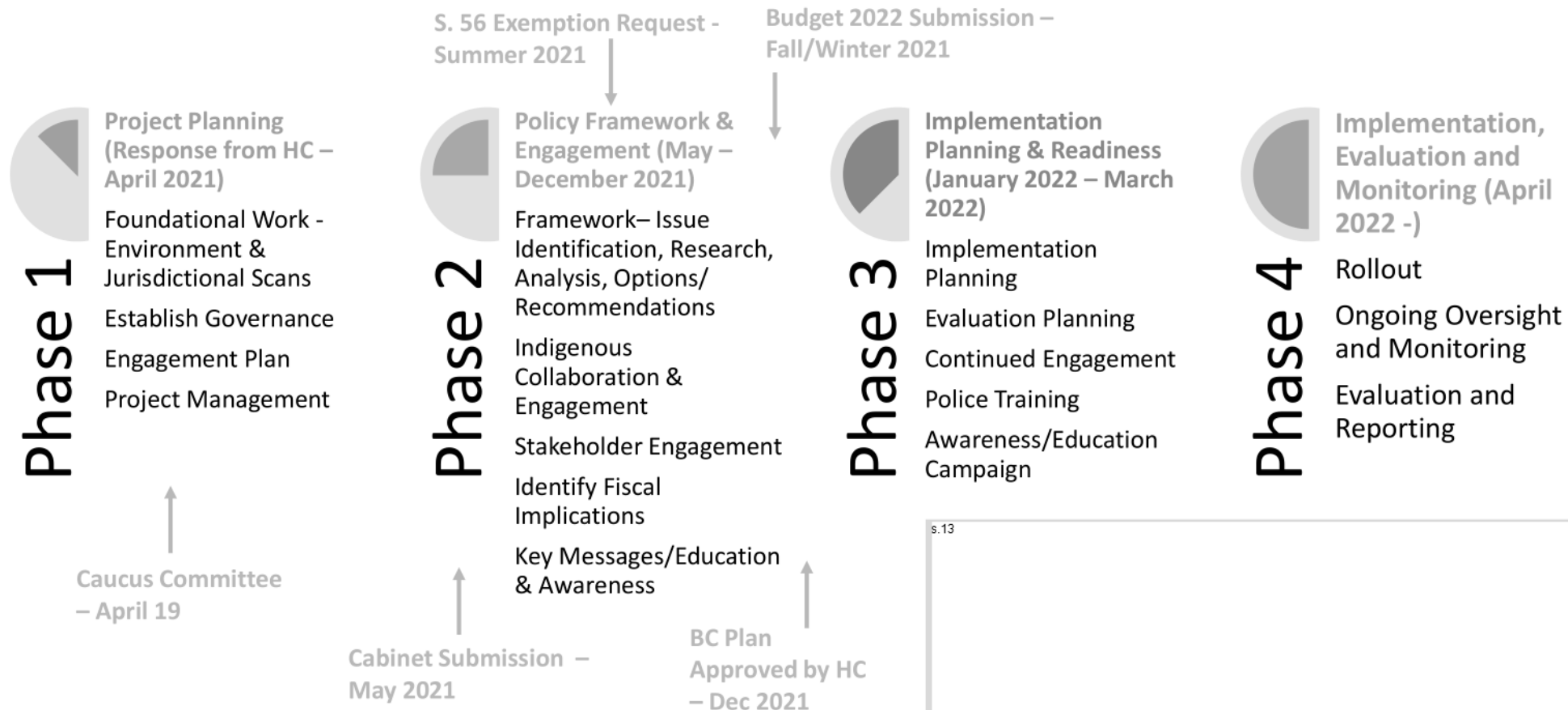
- Moving forward with current plan - timeline and approach confirmed with DMs, MO and PO
- Public announcement to signal province-wide approach with implementation starting April 1 2022.
 - MMF to re-issue policing direction or issue new letter

Immediate Next Steps:

s.13; s.14

2. Policy Analysis – Impact of above approach, risks, limitations
3. Briefing Package -> joint meeting

Approach Going Forward – 1 Year Path



s.13

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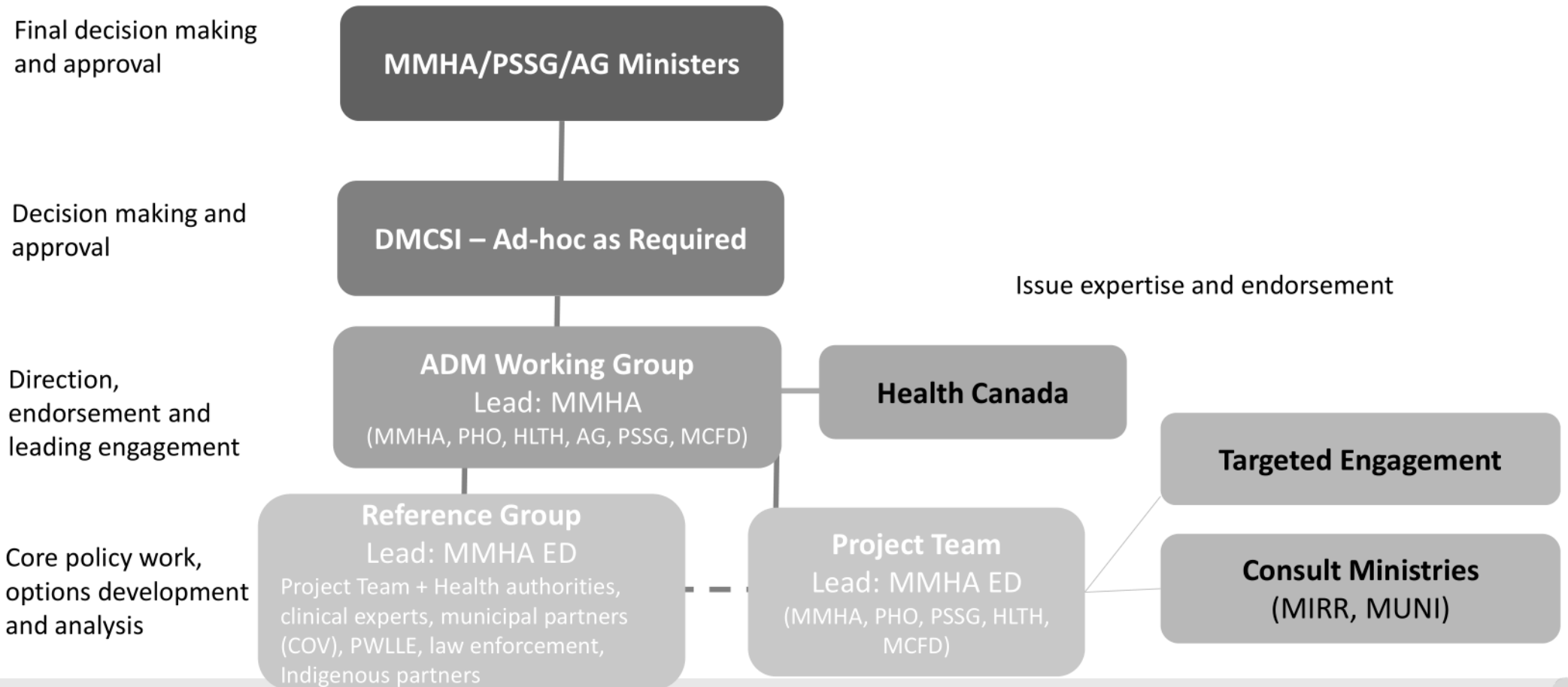
Key Updates

- City of Vancouver
 - Targeting April 8th for next Submission which will include thresholds
 - Reaching out to other ministries
- Health Canada
 - No response to letter
- New MMHA ADM - Darryl Sturtevant

Part 3: Revised Governance Structure



Phase 1: Proposed Governance Structure



ADM Working Group Meetings

- Chair: MMHA ADM, Strategic Priorities and Initiatives
- Monthly, one-hour meetings until implementation (estimated March 2022)
- Alternates / Executive Directors may attend

Project Team Membership

Team to be established in April; bi-weekly meetings

Is this the final membership list?

Please let team members know invitations coming asap

Representative	Ministry
Ally Butler, ED, Substance Use and Strategic Initiatives (Chair)	Ministry of Mental Health and Addictions
Kristen Barnes, Director, Substance Use Policy (Secretariat)	
Stephanie Taylor, Senior Policy Analyst (Secretariat)	
Dr. Danielle Behn-Smith, Deputy Provincial Health Officer for Indigenous Health	Office of the Provincial Health Officer
Dr. Brian Emerson, A/Deputy Provincial Health Officer	
Matt Brown, Director, Policing Operations	Ministry of Public Safety and Solicitor General
Wendy Norris, Manager, Strategic Child Welfare and Reconciliation Policy	Ministry of Children and Family Development
TBD	Ministry of Health
Fiona Gow, Legal Counsel, Health and Social Services	Ministry of the Attorney General

Part 4: Policy Focus

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Additional Policy Issue Papers

- The policy work to support the shift to decriminalization includes the development of a number of papers on the following policy issues (check marks indicate those that MMHA has already started)
- As a next step, we would like to assign leads to some of the identified policy issues.
- **Which policy issue papers would best be led by other ministries?**

✓ Thresholds	Indigenous communities	Workplace policies
✓ Drug Confiscation	Health and social service sector capacity and readiness	Police training requirements
✓ Treatment referral pathways	Possession by youth	Drug tourism and borders
✓ Alternatives to criminal penalties	Municipal considerations	Situations where S.56 exemption does not apply

Next Steps and Action Items

The next meeting will take place on April 30th from 10:00 AM to 11:00 AM.

We will need ad-hoc meeting to support immediate next steps.

Establish Governance Structure

- MMHA to establish Project Team (first Project Team meeting in April).
- Reference Group following public announcement

Complete Environmental, Jurisdictional Scans - *Underway*

Identify Policy Priorities / Policy Issue Papers – *Underway*

- Thresholds policy issue – begin work required (e.g. principles/approach; method for determining thresholds).
- Members to email Secretariat to confirm responsibility for drafting remaining policy issue papers.

Engagement Plan – *Not started*

- MMHA to begin drafting engagement plan to review and feedback in April

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Decriminalization ADM WG - April 30th Materials

From: Butler, Ally MMHA:EX
To: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Walsh, Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>, Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Wheler, Francesca M MCF:EX <Francesca.Wheeler@gov.bc.ca>, Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>
Cc: Edemskaya, Valeriya MMHA:EX <Valeriya.Edemskaya@gov.bc.ca>, Barnes, Kristen M C MMHA:EX <Kristen.Barnes@gov.bc.ca>
Sent: April 29, 2021 8:27:43 AM PDT
Attachments: image001.jpg, Decrim ADM WG Agenda - April 30, 2021.docx, Decrim ADM WG PPT - April 30, 2021.pptx

Good morning,

Please find attached the materials for tomorrow's Decriminalization meeting:

- Agenda
- Slide Deck

The Project Team from the City of Vancouver will be joining us for the first 30 minutes of our call. They will be presenting a slide deck, but have also encouraged folks to take a look at the two submissions that have provided to Health Canada –

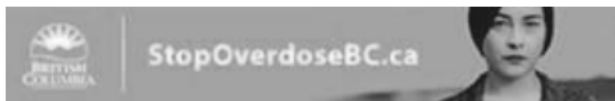
<https://vancouver.ca/files/cov/cdsa-preliminary-exemption-request.pdf>

<https://vancouver.ca/files/cov/vancouver-proposed-threshold-submission.pdf>

[Vancouver.ca/decriminalization](https://vancouver.ca/decriminalization)

Looking forward to our discussion.

Best,
Ally Butler (she/her/hers)
Executive Director, Substance Use & Strategic Initiatives
Ministry of Mental Health and Addictions
1515 Blanshard | Victoria, BC
778.366.5962 | 604.790.5874 (Cell)



DECRIMINALIZATION IN BC
ASSISTANT DEPUTY MINISTER (ADM) WORKING GROUP
Agenda

Date: April 30, 2021

Time: 10:00 AM – 11:00 AM

Location: Microsoft Teams Meeting

Dial-in Info: See calendar invite for link

Discussion Topic	Lead	Time	Materials
1. Territorial Acknowledgement, Welcome and Introductions	Darryl Sturtevant	5 min	Agenda
2. City of Vancouver Presentation	City of Vancouver	30 min	
3. Key Updates	Darryl Sturtevant Ally Butler	5 min	PPT
4. Engagement Planning <ul style="list-style-type: none">Decision Point: Reference Group Membership	Ally Butler	15 min	PPT
5. Review Action Items and Next Steps	Ally Butler	5 min	

Upcoming Meetings:

May 28, 2021, 10:00 AM – 11:00 AM

June 25, 2021, 10:00 AM – 11:00 AM

July 30, 2021, 10:00 AM – 11:00 AM

We acknowledge, with gratitude, that the work we collaborate on takes place on the traditional territories of the Lekwungen Peoples, which includes the Songhees and Esquimalt Nations in Victoria and the Coast Salish People and the Musqueam, Tsleil-Waututh and Squamish Nations in Vancouver. We also want to honour all Indigenous, First Nations, Inuit and Métis people who live and work in the beautiful province of British Columbia.



Decriminalization ADM Working Group

April 30, 2021

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Ministry of
Mental Health
and Addictions

For Discussion

1. **City of Vancouver Presentation**
2. **Key Updates**
3. **Engagement Planning**
 - Reference Group
4. **Next Steps**



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Part 1: City of Vancouver Presentation

Part 2: Key Updates

Letter of Agreement

A Letter of Agreement between MMHA and Health Canada is under development.

The LOA will set out the respective roles and responsibilities for each government as we move forward with discussions of a S. 56 exemption.

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Discussions with FN Partners



May 4th – First Nations Justice Council



May 13th – First Nations Leadership Council



May 14th – First Nations Health Council

MMHA Resourcing

MMHA has posted an Expression of Interest for a Band 4 Senior Director of Decriminalization.

The initial assignment is for seven months, with the potential for extension based on operational needs.

The posting is open to internal and external applicants.

Decriminalization Project Team



Part 3: Engagement Planning

Reference Group

- **Mandate:** To support the core policy work, inform and participate in consultation and engagement activities, and provide expert advice and input into the development and analysis of policy options, to ensure the goals and intent of decriminalization meets the needs of all people in BC.

Core Functions

- Representing the interests of their organizations;
- Undertaking core policy work, including identifying policy options and providing analysis;
- Providing policy advice to the ADM Working Group;
- Informing the planning of and participating in consultation and engagement activities;
- Identifying key risks and issues;
- Liaising with and participating (as required) in the Reference Group on components of the core policy work;
- Liaising with consulting ministries to get receive their expertise and endorsement on key issues; and
- Engaging with their member organizations and reporting back to the Project Team.

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- The mandate of the Reference Group is to support the core policy work and provide expert advice and input into the development and analysis of policy options, to ensure the goals and intent of decriminalization meet the needs of all people in BC.
- Its core functions include:
 - Representing the interests of their organization;
 - Identifying policy options and providing policy advice to the ADM Working Group;
 - Identify key risks and issues;
 - Providing feedback on deliverables developed by the Project Team;
 - Providing analysis and contributing to core policy work; and
 - Engaging with their member organizations, constituents and communities and reporting back to the Reference Group.
- The Reference Group will meet every three weeks and report to the ADM Working Group.

Reference Group Membership

- Proposed membership includes representation from the following organizations and sectors:
- Project Team members (MMHA, MoH, OPHO, AG, PSSG and MCFD) will be the Province's representatives on the Reference Group.

Are there organizations missing from this list?



- The Reference Group will include internal and external representation.
- Internal government representatives will be the Project Team, which includes membership from MMHA, MoH, OPHO, AG, PSSG and MCFD.
- External organizations represented on the Reference Group include:
 - Regional Health Authorities;
 - PHSA;
 - Indigenous Leaders
 - The BC division of the RCMP;
 - The BC Association of Chiefs of Police;
 - The Union of BC Municipalities;
 - The City of Vancouver; and
 - The BCCSU.
 - PWLLE
- Individual representatives from these organizations have not yet been confirmed.

Next Steps

- ☐ Finalize Letter of Agreement with Health Canada
- ☐ Members to send Reference Group contacts to Ally
- ☐ Form Reference Group – MMHA to reach out to Reference Group member organizations
- ☐ Developing “Made in BC” options paper
- ☐ Continue core policy, work planning and engagement work
- ☐ Continue engagement with City of Vancouver

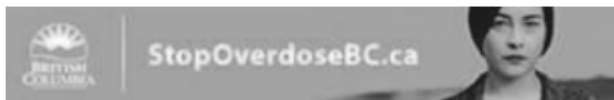
Next ADM Working Group Meeting: May 28th from 10:00 AM to 11:00 AM

City of Vancouver Decrim Presentation Deck

From: Butler, Ally MMHA:EX
To: Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Walsh, Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>, Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Wheler, Francesca M MCF:EX <Francesca.Wheler@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>
Sent: May 3, 2021 4:52:08 PM PDT
Attachments: image001.jpg, ADM Group .pptx
Hi everyone,

FYI - Sharing the presentation deck that the City of Vancouver walked us through last Friday.

Best,
Ally Butler (she/her/hers)
Executive Director, Substance Use & Strategic Initiatives
Ministry of Mental Health and Addictions
1515 Blanshard | Victoria, BC
778.366.5962 | 604.790.5874 (Cell)





City of Vancouver Decriminalization Project

ADM Group
Ted Bruce, Chris Van Veen,
Kora Debeck

Background to City Initiative

- November 2020 Council resolution: Direct staff to request exemption from CDSA to decriminalize personal possession of illicit substances within the City boundaries in order to address urgent public health concerns regarding the overdose crisis
- If approved, all adults would be exempted from enforcement under the CDSA when found to be in possession of an established threshold personal supply of any illegal drug, where there is no drug trafficking involvement
- Lead applicant is City of Vancouver
- Out of scope – youth
- The City of Vancouver is in a unique position to provide leadership

BC Overdose Deaths by Township

Table 10: Illicit Drug Toxicity Deaths by Top Townships of Injury in 2020, 2011-2021^[3]

Township	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Vancouver	69	65	80	102	138	231	375	396	246	410	75
Surrey	42	44	36	44	76	118	181	213	118	214	46
Victoria	17	18	25	20	23	68	94	97	62	122	24
Burnaby	10	10	13	11	15	40	44	48	31	58	16
Abbotsford	16	7	10	7	27	40	52	41	45	66	13
Prince George	6	10	7	10	12	18	24	51	25	58	9
Kelowna	14	8	12	12	20	47	73	56	34	62	8
Maple Ridge	4	5	10	14	29	28	33	29	13	36	8
Chilliwack	8	8	6	6	10	13	21	37	21	34	7
New Westminster	6	3	5	9	12	10	24	36	20	35	7
Nanaimo	8	6	20	16	18	29	56	37	27	38	5
Kamloops	2	5	8	7	7	44	38	47	25	60	5
Langley	10	5	10	10	10	31	36	33	23	39	5
Vernon	7	1	11	6	8	12	24	24	14	26	5
Dawson Creek	1	3	1	2	0	2	14	5	4	4	5
Other Township	75	72	80	93	124	260	404	400	277	462	91
Total	295	270	334	369	529	991	1,493	1,550	985	1,724	329

Rate of Overdose Death by HSDA

Table 16: Illicit Drug Toxicity Death Rates by Health Services Delivery Area per 100,000, 2011-2021^[3,5,6]

HSDA	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
East Kootenay	1.3	2.6	5.2	5.1	2.4	15.7	8.1	6.8	1.1	20.1	20.1
Kootenay Boundary	5.1	5.2	2.6	3.8	7.5	13.5	19.9	16.1	14.9	22.7	34.0
Okanagan	8.0	4.7	9.6	7.7	11.7	20.5	40.0	32.6	20.9	35.4	30.7
Thompson Cariboo	2.3	4.2	6.9	5.9	5.8	29.3	27.8	34.5	16.1	40.2	45.1
Fraser East	10.9	7.0	6.9	5.5	13.9	21.6	32.7	30.2	26.0	35.9	39.0
Fraser North	4.0	4.8	5.5	7.9	11.1	15.7	21.9	22.1	12.5	25.1	32.7
Fraser South	8.0	7.1	6.6	7.6	11.6	19.7	28.6	31.6	17.7	30.5	36.1
Richmond	2.0	0.5	1.5	1.4	2.9	6.7	13.6	5.8	6.2	8.4	11.0
Vancouver	10.9	9.9	12.0	14.8	20.4	34.0	55.7	58.6	36.0	59.2	64.2
North Shore/Coast Garibaldi	2.9	2.1	4.1	5.0	5.4	10.4	15.1	14.3	8.7	15.2	21.6
South Vancouver Island	4.6	5.6	6.8	6.0	6.7	19.4	25.5	29.1	17.4	31.5	34.5
Central Vancouver Island	6.5	7.6	9.4	9.4	12.0	19.8	34.0	30.6	21.3	31.7	23.6
North Vancouver Island	9.2	3.4	7.6	5.9	10.6	21.2	28.7	22.8	21.8	23.2	44.6
Northwest	1.4	0.0	7.7	2.5	7.9	13.4	10.8	19.0	20.2	23.9	63.1
Northern Interior	5.6	8.4	5.4	7.4	10.4	16.3	24.3	43.5	23.3	58.5	48.8
Northeast	10.4	9.3	7.5	11.9	6.0	25.4	35.7	37.4	26.5	44.6	73.0
Total	6.6	5.9	7.2	7.8	11.1	20.4	30.3	31.0	19.4	33.5	38.0



Purpose Statement: End the criminalization of people who use drugs for simple possession recognizing that drug use can be potentially harmful

INPUTS	OUTPUTS	OUTCOMES	MID-TERM IMPACTS	LONGER TERM IMPACTS
Section 56 Exemption	Schedule of threshold amounts	Reduction in CJS interactions	Reduction in overdose deaths	Reduced stigma
Set personal use threshold	Guidelines and training	Increase in referrals to health care system	Re-direction of policing resources to address trafficking	Reduced problematic substance abuse in population
Support front line decision-makers	Referral resources	Increase in use of safe supply options	Reduction in drug associated public disorder	Improved integration of PWUD in social and economic spheres
Provide alternate (i.e. diversion) pathway	Point of access for health care support	Reduction in street level violence		
	Evaluation	Reduction in property crime		

Immediate Objectives

1. Reduce the reluctance of PWUDs to seek support from the health care system due to fear that they may encounter criminal sanctions if they reach out for support.
2. Reduce seizures of drugs intended for personal use to prevent harms such as property crime, survival sex work, and unsafe purchases created by efforts to replace seized drugs and prevent withdrawal.
3. Improve health care connections for people at risk of overdose by connecting individuals at risk of overdose to an Overdose Outreach
4. Increase understanding within communities that substance use is not criminal in nature.

Agreed to Elements

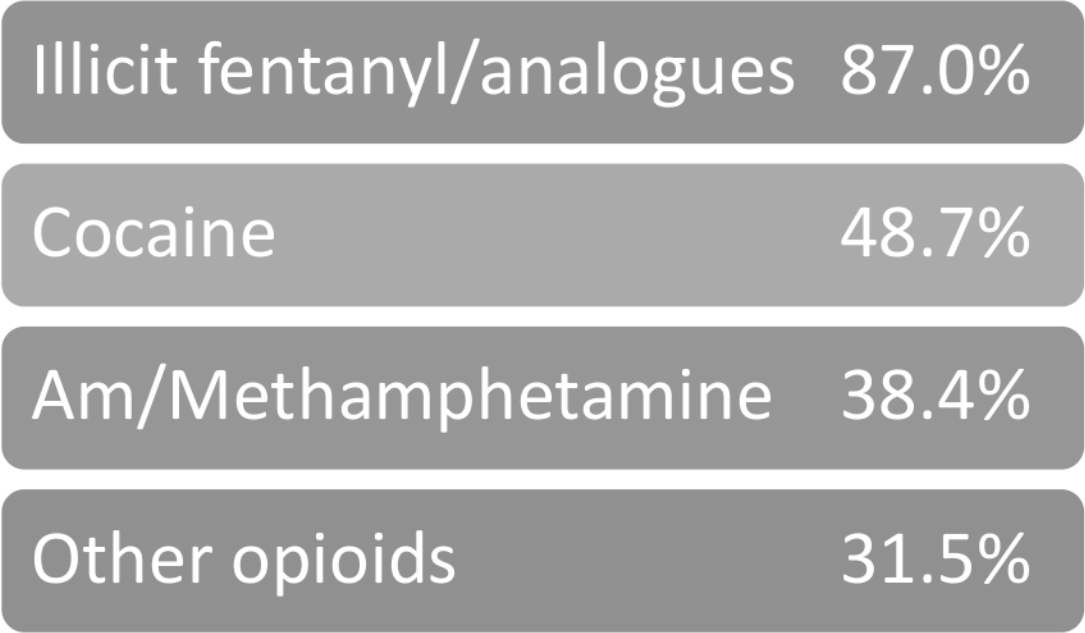
- Transparency
- Threshold Floor
 - No seizures of drugs and personal use “equipment” (e.g., needles) below floor
 - No arrest or criminal charges
 - No fines or mandatory programs
 - Voluntary referrals to Overdose Outreach Team
 - Sharing is recognized
 - Not automatically PPT above the floor - still discretion
- Good eligibility to include those most at risk
- Focus coverage on drugs most seen in community especially in overdoses
- Multi-day supply is needed to achieve objectives
- PPT is always a possibility if relevant criteria are met
- Q and A to clarify boundaries related to PPT
- Monitor and Adjust



Thresholds

**Top Drugs Involved
Among Illicit Drug
Toxicity Deaths,
2018-20**

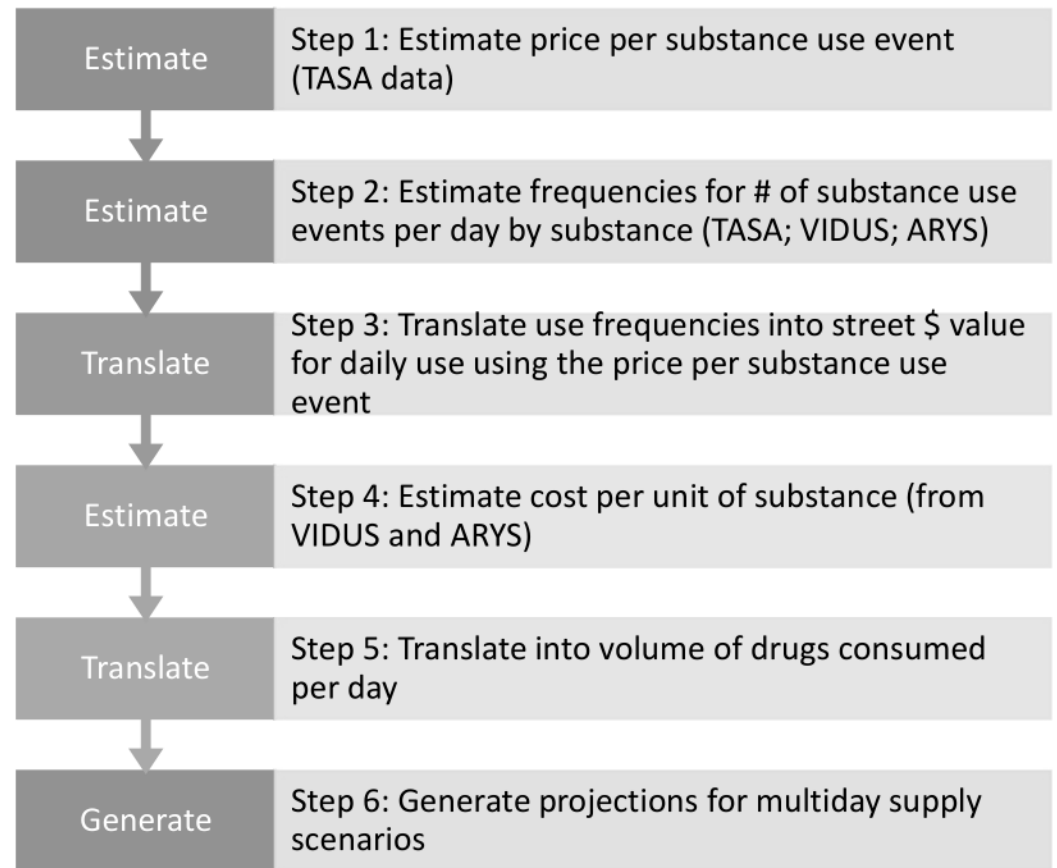
Top Drugs Involved
Among Illicit Drug
Toxicity Deaths 2018-
2020
BC, n = 2,003



Threshold Data Sources

- TASA Study - Check Day Study (PI: Dr. Richardson) Followed PWUD in Vancouver between October 2015 to January 2019 n=194
- VIDUS (PI Dr. Hayashi) . Participants in the VIDUS cohort are adults who use injection drugs n=1,190 VIDUS between December 2017 and November 2018
- ARYS (PI: Dr. DeBeck) Participants in the ARYS cohort are street-involved youth who use drugs in Vancouver between December 2017 and November 2018

Steps to Estimate Personal Consumption



Limitations

- Estimates are expected to be conservative and underestimate drug consumption, due to:
 - **Timeframe:** Data collection for VIDUS and ARYS only until Nov 2018. Clinical observations suggest significant increases in substance use volumes due to increased tolerance.
 - **Data limitations:** VIDUS and ARYS data mostly limited to injection events (missing non-injection events including smoking)
 - **Averaging among poly substance use:** Poly drug use is common among study participants. Estimates based on averaging (median and upper quartile) expected to underestimate consumption levels among individuals w/ one drug of choice
 - **Cheque day impact:** Evidence suggests that consumption doubles among some PWUD on social assistance payment days. Therefore, the estimates generated by the cohort data are expected to underestimate (by as much as one half) consumption patterns among PWUD during social assistance payment periods.
 - **Economic dynamics:** Powder cocaine use is relatively expensive and likely less common among participants in the cohort studies vs. other populations of PWUD. Therefore, estimates are expected to underestimate powder cocaine consumption in other populations of PWUD.

Table 4 **Volume: Street Drugs**

Substance		Estimated Volume of Drugs Consumed per Day	3 Day Supply	5 Day Supply	10 Day Supply (max)
Opioids*	Median	0.33 g	0.98 g	1.63 g	3.25 g
	Upper Quartile	0.65 g	1.95 g	3.25 g	6.50 g
	Max	4.39 g	13.16 g	21.94 g	43.88 g
Cocaine	Median	0.50 g	1.50 g	2.50 g	5.00 g
	Upper Quartile	1.06 g	3.19 g	5.31 g	10.63 g
	Max	4.75 g	14.25 g	23.75 g	47.50 g
Crack cocaine	Median	2 rocks**	6 rocks**	10 rocks**	20 rocks**
	Upper Quartile	4 rocks	12 rocks	20 rocks	40 rocks
	Max	75 rocks	225 rocks	375 rocks	750 rocks
Amphetamine	Median	0.21 g	0.63 g	1.05 g	2.10 g
	Upper Quartile	0.45 g	1.35 g	2.25 g	4.50 g
	Max	6.45 g	19.35 g	32.25 g	64.50 g

*Opioids = heroin, fentanyl, and other powder street opioids; ** 1 rock = one point, 0.1 g

Recommended Thresholds

Substance	Proposed Threshold Volume
Opioids*	2 grams
Cocaine	3 grams
Crack Cocaine	10 rocks** (1 gram)
Amphetamine	1.5 grams

*Opioids = heroin, fentanyl, and other powder street opioids; **1 rock = one point, 0.1 g



Health Care Pathway

Overdose Outreach Team (OOT)

- Central referral point for VPD under the proposal—will attempt ‘warm handover’ whenever possible
- **No administrative sanctions.** VPD referrals from OOT will be entirely voluntary. Care will be patient-centred, reflecting best practices in addictions medicine and trauma-informed care.



Overdose Outreach Team

Overdose Outreach Team

Vision: To influence a sustainable system of care in which people who use drugs can freely access substance use care, supports and resources without judgement or prejudice in a timely and equitable manner.

Vancouver
CoastalHealth

WHO we are:



WHO we serve:



How to reach us:

We are a regional team located across Vancouver, Richmond and Coastal communities (North Shore, Sea-to-Sky, Powell River and Lower Sunshine Coast).

The best way to reach us is to call:

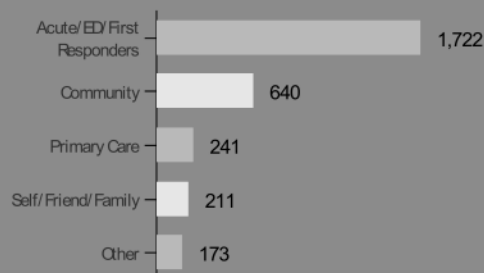
(604) 360-2874

Days a week

8 AM to 8 PM

We Serve Across-Sectors

Referrals 2020 (N = 2987)



We Are Responsive



We Facilitate Connections



Overdose Outreach Team

Overdose Outreach Team

Mission: To promote the well-being of people who use drugs in the VCH Region, by providing navigation, linkage, and support services in a dignified and respectful manner in order to simplify access to substance use care and enhance support so people remain engaged and retained in care.

Vancouver
CoastalHealth

How we work:



Guiding Principles:

- ✓ **Peer-inclusive**
Include people with lived experience.
- ✓ **Culturally Safe and Supportive**
Meet people where they are at.
- ✓ **Relationship-centred**
Client-centered and recognize client autonomy.
- ✓ **Trauma-informed**
Incorporate harm reduction, trauma and violence informed care.
- ✓ **Retention in Care**
Minimize any break in treatment due to transitions.

Ongoing Health System Capacity Building

- Expand access to Opioid Agonist Treatments, iOAT, and safe supply
- Expansion & QI of inpatient withdrawal management services
- Physician engagement and education
- Initiate Episodic OPS in acute and community sites
- Engagement and education on nurse prescribing
- Ongoing VCH Regional Addictions Program initiatives:
 - Acute/Emergency Department projects
 - High risk drinking and alcohol use disorder care projects
 - Regional Stimulant Strategy



Moving Forward

Preliminary Engagement Feedback

- The approach will not address the underlying causes of substance use problems – trauma, racism, colonialism
- Lack of trust in decision-making process and lack of representation in process
- Threshold model is complicated/hard to understand especially why PPT still a focus under threshold; should be no police discretion under threshold
- Many concerns about the thresholds being too low especially given the tolerance levels seen in Vancouver
- Concern over coercion to treatment
- Concern over availability of appropriate health care
- Wish that a bolder approach would be pursued

Challenges

- Complex, cross-sectoral engagement
- Balancing the perspectives of PWLE with other more conservative stakeholders in engagement work
- Modestly communicate realistic impacts (impact on morality may be low, but strong potential to reduce stigma)
- In order to achieve public health goals, must be pared with local access to safe supply and tx
- Policing context: multiple municipal land and water borders

Next steps

- Complete “Risk Register”
- Establish Implementation and Evaluation Working Group(s), finalize preliminary evaluation plan
- Advise on the methodology for a further set of thresholds for drugs not covered in first submission (e.g., MDMA, Psilocybin, diverted prescription drugs, etc.)
- Meet with Health Canada to review draft submission from April
- Respond to HC feedback in penultimate draft (to be submitted in May)
- Develop Communication Strategy with Health, VPD

Decriminalization Core Planning Table: Kick-off meeting summary, next steps

From: Butler, Ally MMHA:EX
To: s.19; s.22 Brittany <brittany@vanduv.org>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Caitlin Shane <caitlin@pivotlegal.org>, Carmin Mazzotta <cmazzotta@kamloops.ca>, Cheyenne Johnson <cheyenne.johnson@bccsu.ubc.ca>, Dr. Nel Wieman <Nel.Wieman@fnha.ca>, Emslie, Margaret J MMHA:EX <Margaret.J.Emslie@gov.bc.ca>, s.19; s.22 Fred Cameron <fred@solidvictoria.org>, Garth Mullins s.19; s.22, Geoffrey Rankin <grankin@bcaafc.com>, s.19; s.22 Mark Gilbert <Mark.Gilbert@bccdc.ca>, Mary Clare Zak <MaryClare.Zak@vancouver.ca>, Mike Knott <board@solidvictoria.org>, Mike Serr <mike.serr@abbypd.ca>, Murry Krause s.19; s.22 Reka Gustafson <reka.gustafson@phsa.ca>, Sgt. Shane Holmquist <shane.holmquist@rcmp-grc.gc.ca>, s.19; s.22 Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Taylor, Stephanie MMHA:EX <Stephanie.Taylor@gov.bc.ca>, Terri Gillis <tgillis@mnbc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Cc: Olive Dempsey <olive@olivedempsey.ca>, Nicki Kahnamoui <niknaz@niknazk.com>
Sent: August 6, 2021 11:39:50 AM PDT
Attachments: Decriminalization Core Planning Table Kick-off Meeting Summary Jul 23, 27 2021.pdf
Dear colleagues,

Thank you for joining us for the Decriminalization Core Planning Table (CPT) kick-off meetings July 23 and 27th. We are so grateful that so many of you were able to make time in your schedules to attend.

I have attached a meeting summary that includes the key topics of discussion for both kick-off sessions.

Stephanie Taylor will send out a meeting series on Monday for all upcoming CPT meetings. In the meantime, please hold time in your calendars for the next few meetings and let us know if you will not be able to attend.

- CPT Meeting 2: Thursday August 19 - 9-11am
- CPT Meeting 3: Thursday September - 9-11am
- CPT Meeting 4: Thursday September 23 - 9-11am
- CPT Meeting 5: Thursday October 7 - 9-11am
- CPT Meeting 6: Thursday October 21 - 9-11am

In addition to these meeting times, we anticipate scheduling a couple of half-day sessions to discuss key topic areas in more detail – these dates are yet to be determined.

To help prepare for the next meeting, we would like your input on priority topic areas to be addressed by the CPT, and principles to guide a decriminalization framework for BC. **Please complete this a short online survey by end of day August 13th**, to give us enough time to review responses and prepare for our next meeting.

<https://www.surveymonkey.com/r/Decrim-KeyTopics>

If you would prefer to discuss your input on these areas with a member of our team, or you would like to connect with one of us in advance of the next meeting for any reason, please don't hesitate to reach out (contact information below). We would be pleased to connect with you one on one at your convenience.

We look forward to working with all of you in the coming months to shape a framework for decriminalization in BC.

Best,
Ally & Chris

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)

Chris Van Veen (he/him)
Senior Director, Decriminalization
Ministry of Mental Health and Addictions
Phone: 604-928-6552

Decriminalization ADM Working Group - August 27 Meeting Materials

From: Butler, Ally MMHA:EX
To: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Wheler, Francesca M MCF:EX <Francesca.Wheler@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Norris, Wendy MCF:EX <Wendy.Norris@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>, Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>, Walsh, Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>, Falconer, Mary AG:EX <Mary.Falconer@gov.bc.ca>
Sent: August 26, 2021 11:03:59 AM PDT
Attachments: 1. 08 27 2021 ADM WG Agenda.docx, 2c. CPT Meeting 2 Summary.pdf, 2a. 08 27 2021 ADM WG Deck.pptx, image001.jpg, 3. Framework Principles.docx, 2b. CPT Meeting 1 Summary.pdf

Hello everyone,

Please find attached the meeting materials for tomorrow's meeting:

- Agenda
- Slide Deck
- Draft Principles for BC's Decriminalization Framework
- Summary Notes from Core Planning Table Meeting 1 & 2

Given the time of year, we have a number of delegates joining us for the meeting. I will draw your attention to the draft principles for the framework that have been developed by the Core Planning Table and Project Team. At Friday's meeting we will be seeking your feedback and, hopefully, endorsement.

Best,

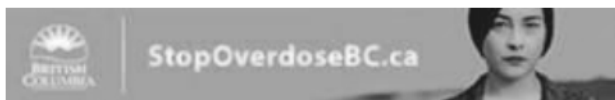
Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)



DECRIMINALIZATION IN BC
ASSISTANT DEPUTY MINISTER (ADM) WORKING GROUP
Agenda

Date: August 27th, 2021

Time: 10:00 AM – 11:30 AM

Location: Microsoft Teams Meeting

Dial-in Info: See calendar invite for link

Discussion Topic	Lead	Time	Materials
1. Territorial Acknowledgement, Welcome and Introductions	Darryl Sturtevant	5 min	Agenda
2. Updates <ul style="list-style-type: none"> Summary of Core Planning Table Meetings Stakeholder Feedback CPT Go Forward Work Plan 	Ally Butler/Chris Van Veen	20 min	PPT CPT Meeting Summaries
3. Decriminalization Framework Principles <ul style="list-style-type: none"> For ADM Review/Approval 	Ally Butler	20 min	PPT Draft Principles
4. Focused Stakeholder Engagement	Chris Van Veen	10min	PPT
5. Looking Ahead <ul style="list-style-type: none"> Draft submission outline for Health Canada Recommendations from CPT 	Darryl Sturtevant	30 min	PPT Draft Submission Outline
6. Review Action Items and Next Steps	Darryl Sturtevant	5 min	

Upcoming Meetings:

September 24th, 2021, 10:00 – 11:30 AM

October 29th, 2021, 10:00 – 11:30 AM

November 26th, 2021, 10:00 – 11:30 AM

We acknowledge, with gratitude, that the work we collaborate on takes place on the traditional territories of the Lekwungen Peoples, which includes the Songhees and Esquimalt Nations in Victoria and the Coast Salish People and the Musqueam, Tsleil-Waututh and Squamish Nations in Vancouver. We also want to honour all Indigenous, First Nations, Inuit and Métis people who live and work in the beautiful province of British Columbia.

DECRIMINALIZATION IN BC

CORE PLANNING TABLE

Summary Notes – Meeting 2

Date: August 19, 2021

Time: 9:00 AM – 11:00 AM

Attendees: Nicki Kahnamoui (facilitator), Fred Cameron (SOLID Victoria), Mike Knott (SOLID Victoria), Garth Mullins (Vancouver Area Network of Drug Users), Brittany Graham (VANDU),^{s.19; s.22} Heather Paddison (Positive Living North),^{s.19; s.22} Cynthia Duguay (BCYADWS), Caitlin Shane (PIVOT Legal Society), Geoff Rankin (BC Association of Aboriginal Friendship Centres), Terri Gillis (Métis Nation BC), Nel Wieman (First Nations Health Authority), Cheyenne Johnson (BC Centre for Substance Use), Murry Krause (Union of BC Municipalities), Shane Holmquist (RCMP “E” Division), Mike Serr (Abbotsford Police Department), Bill Spearn (Combined Forces Special Enforcement Unit of BC), Amy Barker (Ministry of Public Safety and Solicitor General), Jill Murray (Ministry of Health), Ally Butler (Ministry of Mental Health and Addictions), Chris Van Veen (MMHA), Meg Emslie (MMHA), Stephanie Taylor (MMHA)

Meeting Purpose: To agree on the principles that will guide the Core Planning Table’s work and the framework more broadly; to discuss and agree on the CPT work plan; and to develop an understanding of the approaches that other jurisdictions have taken to decriminalization.

Agenda Item
<p>1. Territorial Acknowledgement and Welcome</p> <ul style="list-style-type: none"> The facilitator provided a recap of the last meeting and outlined the hopes for today’s meeting. Members introduced themselves.
<p>2. Principles for BC’s Framework</p> <ul style="list-style-type: none"> Following discussion, members endorsed the following set of principles: <ul style="list-style-type: none"> Trauma-informed (person-centred) Cultural safety Anti-racism Equal voice Value lived experience Public health, human rights and health equity Comprehensiveness (community-based and social model) Choice, autonomy and non-coercive alternatives to criminalization, including avoiding police-creep into healthcare Gender-based analysis Do no more harm Members endorsed the principles but some noted concerns, including the reality of differing interpretations of the principles among members and lack of trust that principles will be realized. Members were encouraged to hold the CPT to account if it strays from the agreed-upon principles during the development of the decriminalization framework. <p><u>Action Item:</u></p> <ul style="list-style-type: none"> The Secretariat will circulate the revised list of principles with descriptions.

DECRIMINALIZATION IN BC
CORE PLANNING TABLE
Summary Notes – Meeting 2

- **Go Forward Work Plan**

- In the survey circulated to members prior to the meeting, “defining simple possession”, “alternatives to criminal penalties”, and “health system readiness” were the top three key topics identified for workshop discussions.
- Additional topics were raised, including criminal record-clearing measures, involuntary treatment, safe supply, the role of police, and international obligations. MMHA staff noted that each of these will be addressed as part of larger key topic discussions.
- Half-day workshops will be booked to address alternatives to criminalization and health system readiness (September 10), and defining simple possession (September 17).
- A working group on monitoring and evaluation will also be established.
- Members expressed interest in learning more about the Government of BC and Health Canada’s interpretations of its international obligations, as well as what the “hard edges” are in terms of what BC could or could not potentially include in its model.
- CPT meetings have been scheduled through October to support drafting of the full submission to Health Canada by October 31. Preliminary discussion topics have been identified for each meeting, although the sequence will be flexible.
- Drafting of the submission will continue throughout the CPT meeting process. Submission drafts will be brought to the CPT for regular feedback.
- Focused engagement will also take place throughout the CPT meeting process, including with CPT members, Indigenous partners, Health Authorities, and other organizations as needed. Feedback and recommendations from focused engagement activities will be brought back to the CPT.

Action Items:

- The Secretariat will circulate a primer on Canada’s obligations under international drug conventions and treaties.
- MMHA will liaise with Health Canada regarding its interpretation of Canada’s international obligations and bring that information back to the CPT.

s.13

DECRIMINALIZATION IN BC
CORE PLANNING TABLE
Summary Notes – Meeting 2

s.13

4. Closing and Next Steps

- The Secretariat will reach out to gather interest from members in attending the half-day workshops and send calendar invites.
- The Secretariat will also reach out regarding the Monitoring and Evaluation Sub-committee, which will be established shortly.
- Before the next meeting, the Secretariat will distribute a package with the meeting summary, updated principles, draft submission outline, primer on international obligations, and expanded jurisdictional scan.



ADM Working Group on Decriminalization

Meeting: August 27th, 2021



Ministry of
Mental Health
and Addictions

Today

1. Updates
 - Summary of Core Planning Table (CPT) Meetings
 - Stakeholder Feedback
 - CPT Go Forward Work Plan
2. For ADM Review/Approval - Framework Principles
3. Focused Stakeholder Engagement
4. Looking Ahead
 - Draft Submission Outline
 - Recommendations from CPT
5. Next Steps



CONFIDENTIAL - 2

Part 1: Updates

CPT Meetings Summary

Kick-off Meetings – July 23 and 27

- Member introductions
- Reviewed purpose and scope of decriminalization in BC
- Reviewed CPT's role, process, and project governance

Meeting #2 – August 19

- Drafted framework principles
- Endorsed work plan, including key topics and meeting cadence
- Reviewed decriminalization frameworks from other jurisdictions

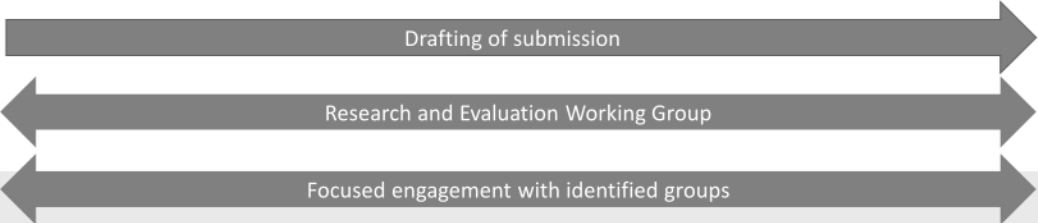
Stakeholder Feedback

On Role of Core Planning Table:

- Desire for interface with ADM Working Group
- Discomfort with influence of police
- Facilitators must mediate conflict and help us work together towards common goal
- Interest in co-designing submission workplan (e.g., developing guiding principles and prioritizing key topics)

On Decriminalization Framework Elements:

- Strong interest in design features, particularly thresholds and alternative pathways
- General opposition to mandatory referrals/coercive alternatives to criminal penalties
- Need to draw connection between decriminalization and safe supply

CPT MEETINGS					
Date	#2: Aug. 19	#3: Sept. 9	#4: Sept. 23	#5: Oct. 7	#6: Oct. 21
Focus	<ul style="list-style-type: none"> Principles Shared work plan & process Approaches in Other Jurisdictions 	<ul style="list-style-type: none"> Sec. 56 – Review Detailed Table of Contents Eligibility Criteria: <ul style="list-style-type: none"> Populations (e.g., Adults) Circumstances 	<ul style="list-style-type: none"> Alternatives to Criminalization Health System Readiness <i>½ day workshop – Sept. 10</i>	<ul style="list-style-type: none"> Defining Simple Possession <i>½ day workshop – Sept. 17</i>	<ul style="list-style-type: none"> Review full draft submission
					

Speaker: Ally

Sept 10th - Workshop 1: Alternatives to Criminalization and Health System Readiness

Workshop purpose:

Explore options for alternatives to criminalization

Consider health system readiness to support alternative pathways

Develop recommendations for s.56 exemption submission

Alternatives to criminalization can include deterrence measures (e.g. fines) and/or alternative pathways (i.e. referrals to health/social services)

s.16

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s.13

Sept 17th - Workshop 2: Defining Personal Possession

This workshop is intended to:

Explore options for defining personal possession (i.e., thresholds vs. discretion)

Provide recommendations for inclusion in BC's s.56 exemption application

s.16

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s.13

Part 2: Decriminalization Framework Principles

For Approval: Framework Principles

Do No More Harm

Choice and Autonomy

Trauma-Informed and Person-Centred

Anti-Racism

Cultural Safety

Equal Voice

Value Lived Experience

Public Health, Human Rights and Health Equity (including Gender-Based Analysis +)

Comprehensiveness

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- 1. Do No More Harm:** Drug prohibition creates significant harms for people who use drugs and broader society, contributing to institutionalized stigma and discrimination, overdose deaths, communicable disease, violence, incarceration, and barriers to effective health and harm reductions services. The provincial decriminalization framework should both seek to reduce these harms and ensure no further harm is caused through its policies and programs.
- 2. Choice and Autonomy:** The provincial

decriminalization framework must ensure that people who use drugs (PWUD) be treated with dignity and respect, including when interacting with the criminal justice and healthcare systems. To this end, the framework should support PWUD to define their own personal goals when it comes to their health. Alternatives to criminalization should be non-coercive and police-creep into healthcare should be avoided.

3. **Trauma Informed and Person-Centred:** Many PWUD have experienced trauma and violence. The provincial decriminalization framework must ensure that alternatives to criminalization (e.g., referrals to health and social services) are trauma informed and person-centred.
4. **Anti-Racism:** Recognizing that drug prohibition has disproportionately harmful impacts on racialized people, including Indigenous peoples, the development of a framework for decriminalization should take an anti-racist approach, creating conditions of greater inclusion, equity, and justice.
5. **Cultural Safety:** BC's decriminalization framework should ensure that alternatives to criminalization are culturally safe and do not reproduce trauma, racism, or discrimination.
6. **Equal Voice:** Recognizing that pre-existing power

imbalances exist, BC's decriminalization framework must consider the perspectives of PWUD equally with other stakeholders.

- 7. Value Lived Experience:** The provincial decriminalization framework must reflect ongoing engagement with PWUD throughout policy development, implementation, monitoring, and evaluation.
- 8. Public Health, Human Rights and Health Equity (including Gender-based Analysis +):** Our work must seek to understand and address social inequities faced by diverse populations of PWUD and take into consideration how varying identity factors such as gender, race, ethnicity, age, and disability may impact how people experience policies and initiatives related to decriminalization.
- 9. Comprehensiveness:** BC's framework for decriminalization should provide protection and benefits for as many PWUD as possible, in a variety of contexts and situations. This includes recognizing the community and social contexts of drug use, and that not all people who use drugs require or desire treatment interventions.

Part 3: Focused Stakeholder Engagement

Additional Engagement Efforts

One-on-one engagement with CPT members/organizations as needed

Ongoing engagement with Indigenous partners (e.g., First Nations Justice Council, FNHA)

Health system readiness/alternative pathways discussions with all regional health authorities

Focused sessions with stakeholders not represented at CPT (e.g., Moms Stop the Harm, Canadian Drug Policy Coalition, Municipalities)

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Speaker: Chris

Purpose of additional engagement outside of CPT:

- To build awareness among key stakeholders who are not at CPT
- To answer questions about process, decision-making structure, and to receive input/feedback from partners with specific perspectives or interests

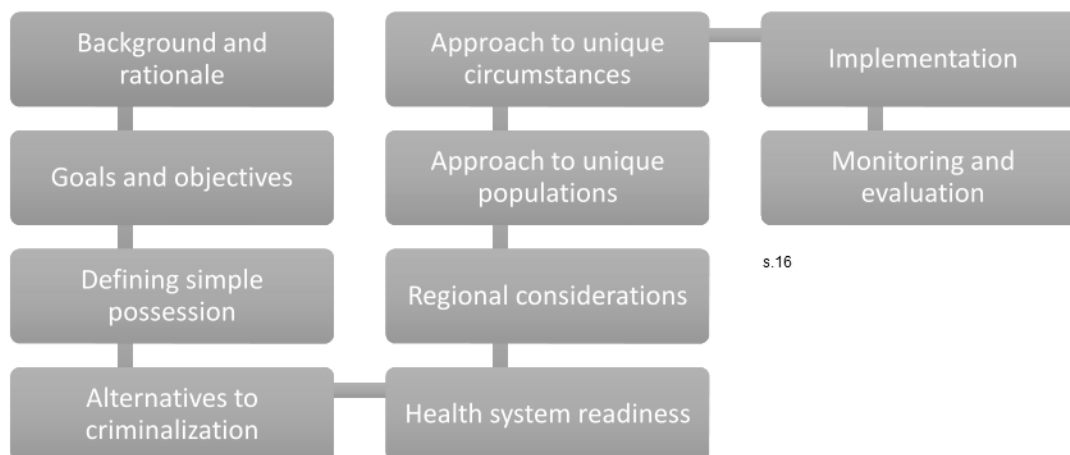
Key feedback/ input from these discussions will be brought back to CPT for decision as needed.

AMSSA: Affiliation of Multicultural Societies and Service Agencies of BC

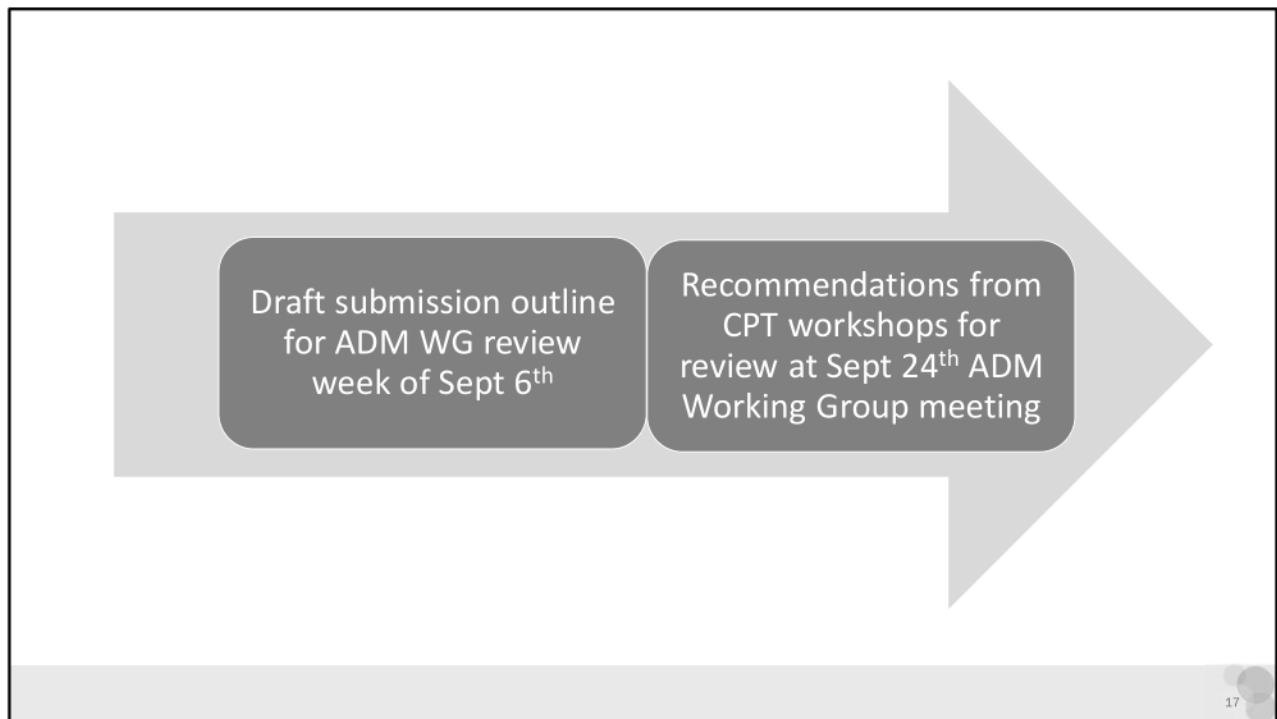
Member organizations on CPT: VANDU, Society of Narcotic and Opioid Wellness, Positive Living North, Rural Empowered Drug User Network, SOLID Victoria, BC/Yukon Association of Drug War Survivors, PIVOT Legal Society, FNHA, Metis Nation BC, BC Association of Aboriginal Friendship Centres, BCCDC, BCCSU, BC Association of Chiefs of Police, RCMP "E" Division, City of Vancouver, City of Kamloops, UBCM, MoH, PSSG

Part 4: Looking Ahead

Sec. 56 Outline: Key Components



s.16



Part 5: Next Steps

Next Steps

MMHA Next Steps

- ☐ Made in BC Options - Rescheduled joint-DM briefing
- ☐ ADM Review - Draft submission outline
- ☐ ADM Review – Full submission recommendations from CPT
- ☐ ADM support for DM briefings late October

Upcoming Meetings

- ☐ Next ADM Working Group meeting on September 24th

DECRIMINALIZATION IN BC

CORE PLANNING TABLE

Summary Notes – Meeting 1

Date: July 23, 2021

Time: 9:00 AM – 11:00 AM

Attendees: Olive Dempsey (facilitator), Nicki Kahnamoui (facilitator), Fred Cameron (SOLID Victoria), Marylyn Chiang (Union of BC Municipalities), Mark Gilbert (BC Centre for Disease Control), Reka Gustafson (BCCDC), Mike Knott (SOLID Victoria), Garth Mullins (Vancouver Area Network of Drug Users), Mike Serr (Abbotsford Police Department), ^{s.19; s.22} Mary Clare Zak (City of Vancouver), Nel Wieman (First Nations Health Authority), Brian Sims (Ministry of Public Safety and Solicitor General), Ken Tupper (Ministry of Health), Ally Butler (Ministry of Mental Health and Addictions), Chris Van Veen (MMHA), Meg Emslie (MMHA), Stephanie Taylor (MMHA)

Date: July 27, 2021

Time: 9:00 AM – 11:00 AM

Attendees: Olive Dempsey (facilitator), Nicki Kahnamoui (facilitator), Terri Gillis (Métis Nation BC), Shane Holmquist (RCMP), Cheyenne Johnson (BC Centre for Substance Use), Carmin Mazzotta (City of Kamloops), Heather Paddison (Positive Living North), ^{s.19; s.22} Geoff Rankin (BC Association of Aboriginal Friendship Centres), Caitlin Shane (PIVOT Legal Society), ^{s.19; s.22} Matt Brown (PSSG), Ken Tupper (MOH), Ally Butler (MMHA), Chris Van Veen (MMHA), Stephanie Taylor (MMHA)

Meeting Purpose: The first meeting of the BC Decriminalization Core Planning Table (CPT) was split into two groups based on availability. The purpose of this first meeting was to begin to get to know one another, build shared understanding about the work of the CPT going forward, and share questions and input about how we will work together toward a decriminalization approach for BC.

Agenda Item
<p>1. Territorial Acknowledgement and Welcome</p> <ul style="list-style-type: none"> The facilitators outlined the key principles to guide the discussion: <ul style="list-style-type: none"> Respect privacy and confidentiality; Work to decrease the likelihood of harm; and Practice transparency and inclusion.
<p>2. Minister's / Assistant Deputy Minister's Remarks</p> <ul style="list-style-type: none"> During the July 23rd session, the Honourable Sheila Malcolmson, Minister of Mental Health and Addictions, provided opening remarks to thank members for their contributions and to highlight the importance and ground-breaking nature of this work. Assistant Deputy Minister Darryl Sturtevant provided opening remarks during the July 27th session on behalf of Minister Malcolmson.
<p>3. Context Setting and Introductions</p> <ul style="list-style-type: none"> Overview of the purpose of the kick-off meeting, which was to introduce members to one

Summary Notes – Meeting 1

- Members introduced themselves, their connection to the work and their hopes for the process.

- BC is pursuing decriminalization as one part of its comprehensive response to the overdose emergency, with the goal of decreasing the stigma caused by criminalization of drug use.
- Provincial approach to decriminalization will provide a consistent framework to decrease stigma and improve the lives of people who use drugs across BC.
- Approximately 30 other countries have introduced some form of decriminalization. While BC can learn from these jurisdictions, the province is facing unique circumstances due to the illicit drug poisoning crisis and decriminalization must be combined with ongoing efforts to scale up other supports such as safe supply, treatment, and harm reduction. As a result, we need to develop a framework for decriminalization that is unique suited to meet BC's needs.

- Decriminalization does not include, but is complementary to, other components of BC's comprehensive response to the illicit drug poisoning crisis and criminal justice reform efforts.
- The CPT will assist the provincial government to develop a decriminalization framework to be submitted to Health Canada as part of a request for a Section 56 exemption to the federal *Controlled Drugs and Substances Act*.
- MMHA is aiming to provide a final submission to Health Canada by October 31, 2021.
- The Core Planning Table will work together through July, August, September and October to develop the details of the framework and make recommendations to relevant ministers.
- Ministry staff understand that we can only work at the pace of our partners.

- The submission may include additional topic areas as decided by the Core Planning Table.
- The Core Planning Table will review the submission before it is submitted.
- Once the submission has been sent to Health Canada, there will likely be an iterative process to respond to questions and provide further details as requested by the federal government. The CPT may need to continue meeting to discuss responses to Health Canada.

- Members were supportive of decriminalization of illicit drugs.

DECRIMINALIZATION IN BC

CORE PLANNING TABLE

Summary Notes – Meeting 1

- Members stressed the need for transparency regarding decision making outside of the Core Planning Table.
- Several members highlighted the importance of ongoing scale up of safer supply as a complement to decriminalization.
- In response to questions about the role and power of police in the process, it was noted that the Minister of Mental Health and Addictions has been mandated by the provincial government to consult with police during the framework development process.
- Some members expressed skepticism, fatigue and a lack of hope that change will happen given previous experiences with these kinds of processes and the long duration of the overdose crisis.
- Some members felt optimism and excitement about the possibility to create change.

Action Items

- MMHA will share relevant documents, such as instructions from Health Canada, as they become available.

6. The Core Planning Table Process

- The Core Planning Table will inform the decriminalization framework through:
 - Identifying policy issues, options and solutions;
 - Providing expert advice and guidance;
 - Identifying risks and mitigation strategies;
 - Engaging with member organizations and communities; and
 - Developing recommendations.
- At this time, no policy decisions have been made.
- Some discussion surrounded the role of the CPT and its relationship to other government structures, like the ADM Working Group.
- The ADM Working Group will review recommendations from the CPT, pose questions back for clarification, and provide advice to ministers.
- CPT meetings will take place every two to three weeks via Zoom, with special topic workshops as required. Consistent representation is encouraged, although MMHA recognizes that this may not always be possible.
- While the exemption request is scheduled to be submitted in October, if the exemption is obtained, it would likely necessitate further meetings of the CPT in order to address implementation considerations.

DECRIMINALIZATION IN BC
CORE PLANNING TABLE
Summary Notes – Meeting 1

s.13

Action Items

- MMHA will explore options for building strong links and engagement between the ADM Working Group and Core Planning Table.
- MMHA will bring back results of jurisdictional scan of what decriminalization looks like in other jurisdictions and will invite outside experts in to present to the table as necessary.
- A meeting invite series will also be sent out so that CPT members are aware of the meeting schedule well in advance.
- MMHA staff will also share a draft work plan for feedback at the next meeting so that members are aware of important dates, etc.
- Facilitators will reach out to ^{s.19; s.22} Heather, ^{s.19; s.22} and Caitlin in response to their request
- MMHA staff and facilitators will engage CPT members in confirming the key topics and identifying methods of engagement for discussing them.

DECRIMINALIZATION IN BC
CORE PLANNING TABLE
Summary Notes – Meeting 1

7. Closing and Next Steps

- Members are invited to contact the facilitators or MMHA staff with any questions or feedback regarding the Core Planning Table.
 - Olive and Nicki, Facilitators: olive@olivedempsey.ca | niknaz@niknazk.com
- MMHA and/or the facilitators will be reaching out to members for one-on-one conversations as needed/desired.
- The Secretariat will send out a package that includes:
 - The Summary Notes from both sessions.
 - A short questionnaire to elicit feedback on process and key topic area priorities
 - Key insights from other jurisdictions; and
 - Proposed discussion areas and key topics for the next meeting.
- The next Core Planning Table meeting will take place in approximately three weeks and will focus on developing principles for the framework and identifying areas of alignment.
- Members with lived and living experience were reminded to provide their mailing addresses to the Secretariat in order to receive their honorarium cheques. If there are any questions about honoraria, please contact Stephanie Taylor (Stephanie.Taylor@gov.bc.ca)

FOR ACTION: Decriminalization in BC – Draft Outline and Principles

From: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
To: Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Walsh, Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>, Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>, Hayward, Ross HLTH:EX <Ross.Hayward@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>
Cc: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Wheler, Francesca M MCF:EX <Francesca.Wheler@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>
Sent: September 7, 2021 11:56:58 AM PDT
Attachments: Revised Framework Principles.pdf, image001.jpg, Decriminalization in BC - DRAFT Submission Outline September 3.docx

Hello,

Following up from our last ADM Decrim Working Group meeting, I am sharing two documents today for your review:

1. For Feedback/Review: *Draft Dec. 56 Outline*

- We are continuing to work quickly on developing a s.56 exemption submission outline for Health Canada by September 17th.

2. For Endorsement: *Principles*

- At our last ADM Working Group meeting, we discussed making some revisions to the guiding principles for BC's decriminalization framework. MMHA has incorporated your feedback into the final principles, which are attached here for your endorsement.

Please send your feedback on the outline and endorsement of these principles by **Friday, September 10th**. Feedback can be sent to myself and/or directly to Ally Butler – Ally.Butler@gov.bc.ca.

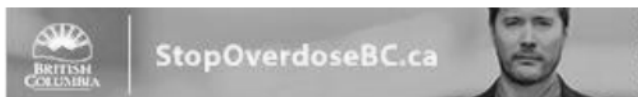
Finally, I anticipate that my Deputy will be reaching out to yours in the coming weeks to ensure we are aligned as the full submission takes shape. As this work will continue to accelerate through the end of October, please let me know if we can assist you in keeping your DMs up to date.

Looking forward to our next meeting on September 24th where we will review the recommendations from the Core Planning Table regarding Alternatives to Criminalization and Defining Simple Possession. Thank you again for continuing to support this important and fast-paced work, and please reach out if you have any questions.

Darryl

Darryl Sturtevant
Assistant Deputy Minister
Strategic Priorities & Initiatives, MMHA

Ph: s.17
E: Darryl.Sturtevant@gov.bc.ca



DECRIMINALIZATION IN BC

GUIDING PRINCIPLES

Core Planning Table Principles for the Development of BC's Decriminalization Framework

Revised Aug 20, 2021 based on CPT feedback on Aug 19, 2021

BC's decriminalization framework seeks to permit possession of small amounts of controlled substances for personal use. A central goal of the framework is to reposition substance use as a health issue, as opposed to a criminal issue, thereby reducing stigma, facilitating access to health and social services, and redirecting justice resources towards serious crime.

1. **Do No More Harm:** Drug prohibition creates significant harms for people who use drugs and broader society, contributing to institutionalized stigma and discrimination, overdose deaths, communicable disease, violence, incarceration, and barriers to effective health and harm reductions services. The provincial decriminalization framework should both seek to reduce these harms and ensure no further harm is caused through its policies and programs.
2. **Choice and Autonomy:** The provincial decriminalization framework must ensure that people who use drugs (PWUD) be treated with dignity and respect, including when interacting with the criminal justice and healthcare systems. To this end, the framework should support PWUD to define their own personal goals when it comes to their health and ensure that information is provided to support PWUD to access timely health and social support.
3. **Trauma Informed and Person-Centred:** Many PWUD have experienced trauma and violence. The provincial decriminalization framework must ensure that alternatives to criminalization (e.g., referrals to health and social services) are trauma informed and person-centred.
4. **Anti-Racism:** Recognizing that drug prohibition has disproportionately harmful impacts on racialized people, including Indigenous peoples, the development of a framework for decriminalization should take an anti-racist approach, creating conditions of greater inclusion, equity, and justice.
5. **Cultural Safety:** BC's decriminalization framework should ensure that alternatives to criminalization are culturally safe and do not reproduce trauma, racism, or discrimination.
6. **Equal Voice:** Recognizing that pre-existing power imbalances exist, BC's decriminalization framework must consider the perspectives of all voices equally.
7. **Value Lived Experience:** The provincial decriminalization framework must reflect ongoing engagement with PWUD throughout policy development, implementation, monitoring, and evaluation.
8. **Public Health and Health Equity (including Gender-based Analysis +):** Our work must seek to understand and address social inequities and social determinants of health faced by diverse populations of PWUD and consider how various identity factors such as gender, race, ethnicity, age, and disability impact how people experience policies and initiatives related to decriminalization.

DECRIMINALIZATION IN BC

GUIDING PRINCIPLES

Core Planning Table Principles for the Development of BC's Decriminalization Framework

9. **Public Safety:** The provincial decriminalization framework must recognize law enforcement's role in protecting society by combatting organized crime and disrupting the supply of illegal substances into BC communities through enforcement of laws pertaining to the trafficking, production, and importation of illicit substances.
10. **Comprehensiveness:** BC's framework for decriminalization should provide protection and benefits for as many PWUD as possible, in a variety of contexts and situations. This includes recognizing the community and social contexts of drug use, and that not all people who use drugs require or desire treatment interventions.

VANDU and Pivot open letter on Decriminalization Core Planning Table

From: Sozan Savehilaghi <sozan@pivotlegal.org>
To: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Health, HLTH HLTH:EX <HLTH.Health@gov.bc.ca>, Minister, MMHA MMHA:EX <MMHA.Minister@gov.bc.ca>, Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Cc: Caitlin Shane <caitlin@pivotlegal.org>, ^{s.19; s.22} , brittany@vandu.org, vince@vandu.org, ^{s.19; s.22}
Sent: October 8, 2021 1:53:25 PM PDT
Attachments: 2021-10-08 Pivot VANDU Open Letter Final.pdf

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Good afternoon,

On behalf of the Vancouver Area Network of Drug Users (VANDU) and Pivot Legal Society, please find attached an open letter regarding BC's Decriminalization Core Planning Table.

Sincerely,

Sozan Savehilaghi

Pronouns: she/her/hers

Communications & Digital Engagement Manager

Pivot Legal Society

Direct: 604-255-9700 ext.154

www.pivotlegal.org | [@pivotlegal](https://twitter.com/pivotlegal)

121 Heatley Avenue, Vancouver, BC, V6A 3E9

Unceded territories of the xʷməθkʷəy̓əm (Musqueam),

Skwxwú7mesh (Squamish), and səlilwətaʔt (Tsleil-Waututh) Nations.

This message and any documents attached hereto, is intended only for the addressee and may contain privileged or confidential information. Any unauthorized disclosure is strictly prohibited. If you have received this message in error, please notify us immediately so that we may correct our internal records. Please then delete the original message.



Assistant Deputy Minister Working Group
Darryl Sturtevant, Assistant Deputy Minister,
Ministry of Mental Health & Addictions

Ministry of Mental Health & Addictions
Hon. Sheila Malcolmson
Minister of Mental Health & Addictions

Ally Butler, Executive Director,
Substance Use & Strategic Initiatives

Chris Van Veen, Senior Director,
Decriminalization

VIA EMAIL

October 8, 2021

To Whom it May Concern:

RE: Open letter from the Vancouver Area Network of Drug Users and Pivot Legal Society on the BC model of decriminalization and a request to appear before the ADM Working Group

As members of BC's "Decriminalization Core Planning Table", the Vancouver Area Network of Drug Users (VANDU) and Pivot Legal Society (Pivot) have been providing input on the development of a made-in-BC model of decriminalization. While we recognize and appreciate the collaborative nature of this process, our mandates require accountability, and therefore that our support be limited only to a model of decriminalization that actually applies to our people. We are unable, for instance to facilitate a model that would continue to criminalize our membership and community.

VANDU and Pivot cautioned against too-low thresholds in the context of Vancouver Model development.¹ VANDU went on to conduct a rapid evaluation of 160 of its members regarding their drug use and purchasing patterns, which yielded numbers significantly higher than those proposed by the City. Ultimately, the City's rejection of VANDU's data—in favour of quantities

¹ https://www.pivotlegal.org/vandu_and_pivot_on_threshold_amounts

well below the amounts typically possessed by our community—forced our organizations to withdraw support from that process. In order to remain accountable and in service to people who use drugs, VANDU and Pivot cannot support BC thresholds any lower than the numbers generated under VANDU's evaluation.

Fortunately, at the Planning Table's most recent meeting of October 7th, we learned that there was unanimous support —with the exception of approximately 4 police and PSSG representatives—for (a) BC thresholds to be higher than the proposed 3.5 grams, and (b) deferring to people who use drugs to set appropriate thresholds.

We expect that the thresholds ultimately proposed to Health Canada will reflect VANDU's data and the input of this overwhelming majority, which includes people who use drugs, local governments, Indigenous organizations, legal organizations, research groups, and other drug policy experts. However, in light of our quickly approaching submission date, our organizations thought it would be useful to underscore our general position on decriminalization and threshold quantities, as well as our bottom line with respect to further participation on the Planning Table. We are also requesting the opportunity to meet directly with the ADM Working Group to elaborate on these points before October 15th, when BC's draft model is to be distributed to members of the Planning table.

WHEREAS:

Our organizations joined the Planning Table to ensure that the needs of our communities are represented and served;

Our organizations cannot support a model of 'decriminalization' that continues to criminalize our people, including through the use of threshold quantities that go any lower than those identified in VANDU's evaluation;

Our organizations are comprised of and serve people who consistently purchase, possess, and use drug quantities higher than the threshold quantities established under the proposed Vancouver Model and the quantity referred to in the Planning Table's October 7 meeting;

There is some evidence of the negative consequences that can arise from the imposition of low thresholds;² abundant evidence of harm stemming from the criminalization of drug possession;³ and abundant evidence that poor and racialized drug users are disproportionately impacted by Canada's drug laws⁴ (and therefore most in need of the benefits of decriminalization);

² <https://www.tni.org/files/download/dlr15.pdf>; <https://www.aic.gov.au/publications/tandi/tandi467>

³ <https://doi.org/10.1016/j.drugpo.2011.02.002>; <https://doi.org/10.1016/j.drugpo.2019.08.002>; <https://doi.org/10.1093/bjc/39.4.488>; <https://doi.org/10.3109/10826081003590938>

⁴ <https://doi.org/10.1016/j.drugpo.2013.04.009>; <https://doi.org/10.1016/j.drugpo.2020.102981>; <https://doi.org/10.1080/09687637.2021.1872500>; <https://doi.org/10.1016/j.drugpo.2020.102937>

There was near-unanimous support at the Planning Table's October 7 meeting to select higher threshold quantities and to follow the direction of people who use drugs in identifying appropriate limits;

Government- and police-proposed threshold quantities in Canada have so far been political, rather than evidence-based.

NOW THEREFORE: Pivot and VANDU will continue to participate on BC's Decriminalization Core Planning Table provided the model adopted reflects the input of the majority of the Planning Table and therefore follows the leadership of people who use drugs and in fact decriminalizes the most targeted drug users.

In general, VANDU and Pivot support the model of decriminalization collaboratively authored in the 2020 Civil Platform of the national *Strategy Group on Drug Decriminalization*. In sum:

We call on the Government of Canada to adopt an anti-racist, anti-colonial human rights-based approach to drug policy that does not rely on criminal, administrative, and medical interventions that maintain the goal of dissuading drug use, and under which people who use drugs continue to be oppressed, coerced, and silenced. Among other measures, our proposed drug policy includes:

Fully decriminalizing all drug possession for personal use, as well as the sharing or selling of drugs for subsistence, to support personal drug use costs, or to provide a safe supply. This requires the removal of criminal sanctions, and all other penalties (administrative or otherwise) as follows:

- A full repeal of section 4 of the *Controlled Drugs and Substances Act* (CDSA) and section 8 of the *Cannabis Act*;
- Amendments to section 5 of the CDSA, which criminalizes trafficking and possession for the purpose of trafficking, to permit the sharing and selling of drugs for subsistence, to support personal drug use costs, and to provide a safe supply (i.e. "necessity trafficking");
- Removal of all sanctions and interventions associated with simple drug possession, or with necessity trafficking, including:
 - administrative penalties, including but not limited to fines, "health assessments", dissuasion commissions, etc.;
 - confiscation of substances, paraphernalia or medical supplies;
 - geographic, drug use or personal contact restrictions or curfews;
 - drug treatment courts as a coercive alternative to criminal sanction; and
 - other coerced or involuntary treatment or other health interventions.
- Automatic expungement of previous convictions for simple drug possession (including for cannabis) and an applications-based expungement process for necessity trafficking, as well as expungement of previous convictions for breaches of police undertakings, bail, probation or parole conditions associated with charges for these acts;

- Clear rules and strict limitations relating to when police can stop, search and investigate a person for drug possession; and
- Removal of police and other law enforcement as ‘gatekeepers’ or ‘liaisons’ between people who use drugs and health services, to be replaced by credible peer-led organizations or credible, skilled, and trained workers with lived and living expertise of drug use and other frontline workers.

We kindly ask that our organizations be given an opportunity to present and clarify our position before the ADM Working Group prior to October 15th. This direct communication is vital to preserve transparency and ensure that people who use drugs are actively involved in the real decision-making when it comes to policies that affect our community.

Thank you. We look forward to hearing from you.

Sincerely,

**Vancouver Area Network of Drug Users, and
Pivot Legal Society**

cc: Members of the Decriminalization Core Planning Table

RE: VANDU and Pivot open letter on Decriminalization Core Planning Table

From: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
To: Sozan Savehilaghi <sozan@pivotlegal.org>
Cc: Caitlin Shane <caitlin@pivotlegal.org>, ^{s.19; s.22} brittany@vandu.org, vince@vandu.org, ^{s.19; s.22} Health, HLTH HLTH:EX <HLTH.Health@gov.bc.ca>, Minister, MMHA MMHA:EX <MMHA.Minister@gov.bc.ca>, Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Massey, Christine MMHA:EX <Christine.Massey@gov.bc.ca>
Sent: October 13, 2021 3:14:21 PM PDT
Attachments: image001.jpg
Hello.

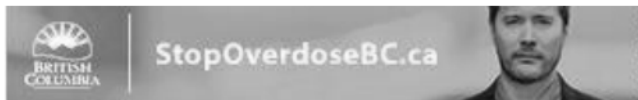
Thank you for your open letter and request to present your position on decriminalization to the ADM Working Group. The next ADM Working Group is scheduled for October 26th. This ADM WG is not the decision maker on the final proposal, rather this falls within the purview of the Honourable Shelia Malcolmson, Minister of Mental Health and Addictions. As such, if you haven't already received it, an meeting invite with the Minister was sent for tomorrow at 3:00 pm to all people with lived and living experience who are members on the CPT for you to present and clarify your position on decriminalization. In addition, a senior official from the Ministry of Public Safety and Solicitor General will also participate in tomorrow's meeting. Let me know if you have any questions in advance of tomorrow's meeting.

Thanks

Darryl

Darryl Sturtevant
Assistant Deputy Minister
Strategic Priorities & Initiatives, MMHA

Ph: ^{s.17}
E: Darryl.Sturtevant@gov.bc.ca



From: Sozan Savehilaghi <sozan@pivotlegal.org>
Sent: October 8, 2021 1:53 PM
To: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>; Health, HLTH HLTH:EX <HLTH.Health@gov.bc.ca>; Minister, MMHA MMHA:EX <MMHA.Minister@gov.bc.ca>; Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>; Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Cc: Caitlin Shane <caitlin@pivotlegal.org>; ^{s.19; s.22} brittany@vandu.org; vince@vandu.org;
^{s.22}
Subject: VANDU and Pivot open letter on Decriminalization Core Planning Table

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Good afternoon,

On behalf of the Vancouver Area Network of Drug Users (VANDU) and Pivot Legal Society, please find attached an open letter regarding BC's Decriminalization Core Planning Table.

Sincerely,

Sozan Savehilaghi

Pronouns: she/her/hers

Communications & Digital Engagement Manager

Pivot Legal Society

Direct: 604-255-9700 ext.154

www.pivotlegal.org | [@pivotlegal](https://twitter.com/pivotlegal)

121 Heatley Avenue, Vancouver, BC, V6A 3E9

Unceded territories of the xʷməθkʷəy̓əm (Musqueam),

Skwxwú7mesh (Squamish), and səłílwətaʔt (Tsleil-Waututh) Nations.

This message and any documents attached hereto, is intended only for the addressee and may contain privileged or confidential information. Any unauthorized disclosure is strictly prohibited. If you have received this message in error, please notify us immediately so that we may correct our internal records. Please then delete the original message.

Comments Regarding Decriminalization s.56.1 Exemption Application

From: Mike Serr <mike.serr@abbypd.ca>
To: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Cc: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, WILSON, Fiona <fiona.wilson@vpd.ca>, Holmquist, Shane <shane.holmquist@rcmp-grc.gc.ca>
Sent: October 29, 2021 11:13:33 AM PDT
Attachments: Response to Advisory Committee re Section 56 exemption request.pdf

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Darryl,

On behalf of Deputy Fiona Wilson, Sergeant Shane Holmquist and I, we want to thank you and your team for including us on the Decriminalization Core Planning Table. Your team was very responsive and open to all our questions and concerns. Without question, this report was never going to receive full support from the Core Planning Table; however, we do feel that we had the opportunity to present our position to the stakeholders at the table.

Attached is a document outlining our concerns with the report. The three of us were participating on behalf of the BC Association of Chiefs of Police, RCMP and Vancouver Police Department and we are united in our position. This document serves to put our concerns on record with the Ministry of Mental Health and Addictions and the Decriminalization Core Planning Table in advance of the report being submitted to Health Canada.

We are happy to follow-up with you or your team and look forward to being able to remain involved in this important work.

Sincerely,

Mike

Mike Serr
Chief Constable
Abbotsford Police Department
Office: 604-864-4724
"Strength in Community"



BC Association of Chiefs of Police
PO Box 47233 Royal City PO
New Westminster, BC V3L 0A5

October 29, 2021

On behalf of the BC Association of Chiefs of Police, we are writing to let you know we have received and reviewed the exemption proposal you are planning to submit to Health Canada on November 1, 2021. We appreciate how challenging it has been for you to accommodate the diverse stakeholder input in only six meetings and to reference that information in your proposal.

From the start, we have been advocating for a low and slow approach to drug decriminalization. Although we appreciate the surprise move to cumulative threshold possession, in our opinion, the proposed threshold will still create circumstances where a person can possess a significant amount (e.g. of 4.5 grams or 45 doses of 100 mg of fentanyl). As such, we cannot support the threshold amounts you are proposing.

For the purposes of this letter, we would like to provide some feedback to help inform your proposal.

- 1. Use of Data.** It appears to us that most of the evidence on consumption amounts originate from people who use drugs (PWUD) in the Downtown Eastside (DTES) and is not representative of the entire province. There is a genuine lack of data related to moderate and occasional use and PWUD in our rural and remote communities in the province. We suggest that broader research be undertaken to collect province-wide data to better inform threshold amounts. Police data may include the weight of the packaging, which is not indicative of the actual possession amount. In addition, the number of possession charges can be misleading. Possession charges could be seizures but not representative of what is forwarded to the Public Prosecution Service for charge approval. Furthermore, the convictions may represent poly possession (for example, 1 person in possession of 10 different drugs and not 10 different people) and in some cases, a plea-bargaining agreement stemming from a more serious charge.
- 2. Toxicology.** We suggest you revisit the threshold amounts by considering lethal dose levels and consumption amounts/patterns across the province. Lethal dose levels of these drugs are substantially lower than the proposed thresholds. Furthermore, most stimulants, especially combinations of cocaine and methamphetamine can cause psychotic episodes, violence and excited delirium. Contact with people in this state can be fatal.
- 3. Liability.** We suggest the proposal include a non-liability clause for police in relation to the non-seizure of drugs. Returning drugs (under threshold amounts) that result in a fatal overdose may cause an Independent Investigations Office of

BC (IIO) investigation and/or potential lawsuit from family members if the PWUD fatally consumes the drugs that were returned to them by police.

The proposal states drug seizures could be reduced by 60-80% if this decriminalization proposal is approved. We would like you to consider that some of those seizures may have contained fatal overdose amounts. Potentially, if police stop seizing drugs in limited situations where there is a clear nexus to public or personal safety, it could increase the number of drug-related overdose deaths.

4. **Health System Readiness.** In 2019, approximately 760,000 British Columbians (17.7% of population) did not have a family doctor or other primary care provider.ⁱ As recent as yesterday, 11 northern First Nations Chiefs declared a state of emergency related to lack of opioid treatment facilities.ⁱⁱ The lack of immediately available, treatment services to take people with a substance use disorder, leads to the continued cycle of crime, criminal justice system involvement, and perpetuation of addiction.^{iii iv}

We do not believe the BC health system is in a position to provide readily accessible treatment options related to heroin, fentanyl, cocaine, crack, and crystal meth addiction across the Province. We believe this further highlights the need for a low and slow approach until a more responsive health infrastructure is established.

5. **Tools and Referrals.** Stating that problem drug use can be addressed with existing laws is overly simplistic. Homeless camps, littering, discarded needles, vandalism, property damage, and persons with aggressive and erratic behaviour are increasing in many jurisdictions and the public have expressed safety concerns. Traditional methods involve criminalization of PWUD and new methods should be developed that involve a health approach, whereby health resources are dispatched to these locations when police are not required. We believe that when a person's drug use is problematic, (e.g., multiple overdoses) or impacts public safety, that mandatory referrals to a pathway of care like a compassion or dissuasion commission be considered.

We suggest the proposal include a more detailed account where drug possession can occur and not occur (vehicles, in public, schools, playgrounds, bars, etc.) or implement some provincial legislation that parallels the offences in the *Cannabis Control and Licensing Act*.

The proposal indicates that a policy around drugs and vehicles will not be considered until the implementation phase. We propose that this be addressed much earlier.

6. **Organized Crime.** Drug debts, extortions and violence, which stigmatizes PWUD, will continue in the absence of a safe supply. In 2011, 14.5% of PWUD reported some form of violence.^v There are 188 criminal groups operating in BC's illicit markets with at least 57% of organized crime networks involved in one or more aspects of fentanyl synthesis, supply, distribution, and trafficking. These

groups will continue to supply toxic drugs and expand operations due to the perceived reduction in risk that decriminalization offers.

In the absence of a safe supply, organized crime groups (intentional or not) could increase the toxicity of drugs which will increase drug-related overdose deaths.

The reduction in risk that decriminalization offers at the current proposed thresholds, along with profit will continue to cause organized crime groups to expand their illicit drug operations (for example, purchasing a kg of cocaine for \$35,000, selling at \$80 a gram, results in a profit of \$45,000 per kg).

The proposal suggests the permission of "social supply" trafficking where there is not motive to profit. We are aware of the literature around social supply, case law, and section 5(1) in the CDSA. Profit is not an element of trafficking and merely giving a drug to another person for safekeeping meets the threshold of trafficking. We suggest that you remove social supply from your proposal as it falls under the definition of 5(1) CDSA.

7. **Unintended Consequences.** The higher levels of possession may create low-level drug trafficking opportunities. For example, possession of 4.5 grams represents 45 doses of 100 mg each. Some unintended consequences may include:

- a. Trying drugs because they are no longer illegal to possess (antidotal);
- b. Increase in public consumption;
- c. Opening of dispensaries/compassion clubs selling drugs from an illegal source;
- d. Expanded online illicit sales (similar to illicit cannabis sales during legalization);
- e. Increase drugs in the mail stream;
- f. Workplace drug policies and drug testing;
- g. Impaired driving;
- h. Access to youth;
- i. Expansion of clandestine labs and toxic waste from drug production;
- j. Potential increase in cannabis exports in exchange for decriminalized drugs.

Sincerely,

Chief Constable Mike Serr
Abbotsford Police Department

Deputy Chief Constable Fiona Wilson
Vancouver Police Department

Sergeant Shane Holmquist
Royal Canadian Mounted Police

ⁱ Health Facts Sheets: Primary health care providers, 2019. Statistics Canada. Release date October 22, 2020. Available at: <https://www150.statcan.gc.ca/n1/pub/82-625-x/2020001/article/00004-eng.htm>

ⁱⁱ Group of northern BC First Nations declare state of emergency over opioid crisis. Global News. Posted on October 26, 2021. Available at: <https://globalnews.ca/news/8326309/northern-bc-first-nations-state-of-emergency-opioid-crisis/>

ⁱⁱⁱ Wood E, Werb D, Marshall B, Montaner, J, Kerr T. The war on drugs: a devastating public-policy disaster. Lancet, 2009 Mar 21;373(9668): 989-90. Available at : https://www.researchgate.net/publication/24196888_The_war_on_drugs_A_devastating_public-policy_disaster

^{iv} CACP Statement: Bill C-22 – Addressing systemic discrimination, disproportionate representation, and simple possession of illicit drugs. February 19, 2021.

^v Drug Situation in Vancouver. British Columbia Center for Excellence in HIV/AIDS. 2nd Edition, June 2013. Available at: <https://www.bccsu.ca/wp-content/uploads/2016/08/dsiv2013.pdf>

FW: Decriminalization in BC: Section 56 Exemption Amendment

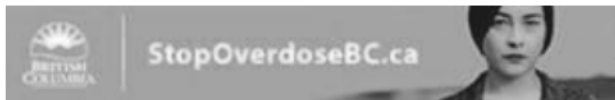
From: Butler, Ally MMHA:EX
To: Walsh, Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>, Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>, Falconer, Mary AG:EX <Mary.Falconer@gov.bc.ca>, Horton, Emily MCF:EX <Emily.Horton@gov.bc.ca>, Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Sent: February 10, 2022 5:35:11 PM PST
Attachments: Ministry of Mental Health and Addictions Response - 1221110.pdf, image001.jpg
Hi everyone,

As discussed at our last meeting, BC has now submitted our formal request to amend our section. 56 application to:

s.13; s.16

Looking forward to connecting with everyone again later this month – in the meantime, please reach out if you have any questions or would like to discuss.

Best,
Ally Butler (she/her/hers)
Executive Director, Substance Use & Strategic Initiatives
Substance Use Policy Division
Ministry of Mental Health and Addictions
1515 Blanshard | Victoria, BC
778.366.5962 | 604.790.5874 (Cell)



From: Butler, Ally MMHA:EX
Sent: February 10, 2022 5:32 PM
To: 'Saxe, Jennifer (HC/SC)' <jennifer.saxe@hc-sc.gc.ca>; 'Nix, Shannon (HC/SC)' <shannon.nix@hc-sc.gc.ca>
Cc: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>; Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; 'carol.anne.chenard@hc-sc.gc.ca' <carol.anne.chenard@hc-sc.gc.ca>
Subject: Decriminalization in BC: Section 56 Exemption Amendment

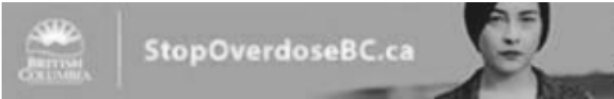
Hi Shannon and Jen,

Please find attached BC's formal request to amend our exemption request under section 56(1) of the Controlled Drugs and Substances Act to decriminalize personal possession of illicit substances.

If you have any questions, please do not hesitate to reach out.

Best,

Ally Butler (she/her/hers)
A/Assistant Deputy Minister, Substance Use Policy
Ministry of Mental Health and Addictions
1515 Blanshard | Victoria, BC
778.366.5962 | 604.790.5874 (Cell)



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Sec. 56 Proposal - Updates/Materials

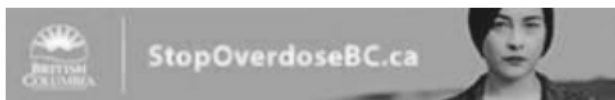
From: Butler, Ally MMHA:EX
To: Saxe, Jennifer (HC/SC) <jennifer.saxe@hc-sc.gc.ca>, Chénard, Carol Anne (HC/SC) <carol.anne.chenard@hc-sc.gc.ca>, Roberts, Anna (HC/SC) <anna.roberts@hc-sc.gc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>^{s.22}, Emslie, Margaret J MMHA:EX <Margaret.J.Emslie@gov.bc.ca>
Cc: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Nix, Shannon (HC/SC) <shannon.nix@hc-sc.gc.ca>
Sent: March 18, 2022 11:58:20 AM PDT
Attachments: 1224108 - Decrim Thresholds Min Bennett 2022-03-15.pptx, image001.jpg
Hi Jen,

Couple things I wanted to share in advance of Monday's call:

s.13; s.16

Looking forward to discussing these items in more detail when we meet on Monday.

Best,
Ally Butler (she/her/hers)
Executive Director, Substance Use & Strategic Initiatives
Substance Use Policy Division
Ministry of Mental Health and Addictions
1515 Blanshard | Victoria, BC
778.366.5962 | 604.790.5874 (Cell)



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RE: Call for update - ADM Committee on PPSM - Apr 6

From: Sturtevant, Darryl MMHA:EX
To: Lin, Sally PSSG:EX <Sally.Lin@gov.bc.ca>
Sent: March 22, 2022 11:34:13 AM PDT

I can provide a 5 minute update on the status of our Section 56 exemption application for the decriminalization of simple possession for illicit substances.

Darryl

From: Lin, Sally PSSG:EX <Sally.Lin@gov.bc.ca>

Sent: March 22, 2022 11:25 AM

To: Grove, Juliet PSSG:EX <Juliet.Grove@gov.bc.ca>; Friesen, Melissa MCF:EX <Melissa.Friesen@gov.bc.ca>; Edemskaya, Valeriya MMHA:EX <Valeriya.Edemskaya@gov.bc.ca>; Boudhane, Nouria CITZ:EX <Nouria.Boudhane@gov.bc.ca>; Midiang'a, Josie IRR:EX <Josie.Midianga@gov.bc.ca>; Shepherd, Lisa AG:EX <Lisa.Shepherd@gov.bc.ca>; Bosworth, Gemma EMBC:EX <Gemma.Bosworth@gov.bc.ca>; Butterfield, Nicole LCRB:EX <Nicole.Butterfield@gov.bc.ca>; Butler, Luke AEST:EX <Luke.Butler@gov.bc.ca>; Valentinuzzi, Emma AG:EX <Emma.Valentinuzzi@gov.bc.ca>; Shore, Sasha AG:EX <Sasha.Shore@gov.bc.ca>; LeBlanc, Catherine GPEB:EX <Catherine.LeBlanc@gov.bc.ca>; Wilkins, Christina MUNI:EX <Christina.Wilkins@gov.bc.ca>; Speers, Christine PSSG:EX <Christine.Speers@gov.bc.ca>; Ringma, Shalegh FIN:EX <Shalegh.Ringma@gov.bc.ca>; Edmondson, Larissa PSSG:EX <Larissa.Edmondson@gov.bc.ca>; Klingspohn, Teresa ENV:EX <Teresa.Klingspohn@gov.bc.ca>; Anderson, Lisa R PSSG:EX <Lisa.R.Anderson@gov.bc.ca>; McAndrews, Caroline GCPE:EX <Caroline.McAndrews@gov.bc.ca>; Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>; Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>; Lansdell, Hayden CITZ:EX <Hayden.Lansdell@gov.bc.ca>; Melles, Jennifer IRR:EX <Jennifer.Melles@gov.bc.ca>; Manton, Jenny D AG:EX <Jenny.Manton@gov.bc.ca>; Maley, Madeline L EMBC:EX <Madeline.Maley@gov.bc.ca>; Lemmer, Nicola I AEST:EX <Nicola.Lemmer@gov.bc.ca>; Boyle, Patricia J PSSG:EX <Patricia.Boyle@gov.bc.ca>; Craven, Paul AG:EX <Paul.Craven@gov.bc.ca>; Juk, Peter A AG:EX <Peter.Juk@gov.bc.ca>; Holmes, Rachel MUNI:EX <Rachel.Holmes@gov.bc.ca>; MacLeod, Sam GPEB:EX <Sam.MacLeod@gov.bc.ca>; Faganello, Tara MUNI:EX <Tara.Faganello@gov.bc.ca>; Walsh, Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>; Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>; MacMillan, Elizabeth TIC:EX <Elizabeth.MacMillan@ticorp.ca>; Lapointe, Lisa PSSG:EX <Lisa.Lapointe@gov.bc.ca>; Shaw, Mary A PSSG:EX <Mary.Shaw@gov.bc.ca>; Standen, Jim ENV:EX <Jim.Standen@gov.bc.ca>; Bard, Jenni PSSG:EX <Jenni.Bard@gov.bc.ca>; Cooke, Angela AG:EX <Angela.Cooke@gov.bc.ca>; Rousselle, Jillian LCRB:EX <Jillian.Rousselle@gov.bc.ca>; Enemark, Gord FIN:EX <Gord.Enemark@gov.bc.ca>

Subject: RE: Call for update - ADM Committee on PPSM - Apr 6

Good morning,

This is a friendly reminder to please let us know if can provide a brief, verbal update on relevant work in your Ministry for the ADM Committee on Policing and Public Safety Modernization meeting on Wednesday, April 6 @ 3:00pm.

Please respond by **March 25th, 12:00pm**.

Kind regards,
Sally

--

Sally (Yue) Lin, MPH | she/her

Senior Policy Analyst | Legislation, Policy, and Modernization Division
Policing and Security Branch | Ministry of Public Safety and Solicitor General
Sally.lin@gov.bc.ca | Tel: 250-987-9649

A safe, secure, just, and resilient British Columbia

I acknowledge and respect the Lekwungen-speaking Peoples on whose traditional territories I live, work, and enjoy, and the Songhees, Esquimalt and WSANEC peoples whose historical relationships with the land continue to this day.

From: Grove, Juliet PSSG:EX <Juliet.Grove@gov.bc.ca>

Sent: Thursday, March 3, 2022 3:23 PM

To: Friesen, Melissa MCF:EX <Melissa.Friesen@gov.bc.ca>; Edemskaya, Valeriya MMHA:EX <Valeriya.Edemskaya@gov.bc.ca>; Boudhane, Nouria CITZ:EX <Nouria.Boudhane@gov.bc.ca>; Midiang'a, Josie IRR:EX <Josie.Midianga@gov.bc.ca>; Shepherd, Lisa AG:EX <Lisa.Shepherd@gov.bc.ca>; Bosworth, Gemma EMBC:EX <Gemma.Bosworth@gov.bc.ca>; Butterfield, Nicole LCRB:EX <Nicole.Butterfield@gov.bc.ca>; Butler, Luke AEST:EX <Luke.Butler@gov.bc.ca>; Valentinuzzi, Emma AG:EX <Emma.Valentinuzzi@gov.bc.ca>; Shore, Sasha AG:EX <Sasha.Shore@gov.bc.ca>; LeBlanc, Catherine GPEB:EX <Catherine.LeBlanc@gov.bc.ca>; Wilkins, Christina MUNI:EX <Christina.Wilkins@gov.bc.ca>; Speers, Christine PSSG:EX <Christine.Speers@gov.bc.ca>; Ringma, Shalegh FIN:EX <Shalegh.Ringma@gov.bc.ca>; Edmondson, Larissa PSSG:EX <Larissa.Edmondson@gov.bc.ca>; Klingspohn, Teresa ENV:EX <Teresa.Klingspohn@gov.bc.ca>; Lin, Sally PSSG:EX <Sally.Lin@gov.bc.ca>; Anderson, Lisa R PSSG:EX <Lisa.R.Anderson@gov.bc.ca>; McAndrews, Caroline GCPE:EX <Caroline.McAndrews@gov.bc.ca>; Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>; Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>; Lansdell, Hayden CITZ:EX <Hayden.Lansdell@gov.bc.ca>; Melles, Jennifer IRR:EX <Jennifer.Melles@gov.bc.ca>; Manton, Jenny D AG:EX <Jenny.Manton@gov.bc.ca>; Maley, Madeline L EMBC:EX <Madeline.Maley@gov.bc.ca>; Lemmer, Nicola I AEST:EX <Nicola.Lemmer@gov.bc.ca>; Boyle, Patricia J PSSG:EX <Patricia.Boyle@gov.bc.ca>; Craven, Paul AG:EX <Paul.Craven@gov.bc.ca>; Juk, Peter A AG:EX <Peter.Juk@gov.bc.ca>; Holmes, Rachel MUNI:EX <Rachel.Holmes@gov.bc.ca>; MacLeod, Sam GPEB:EX <Sam.MacLeod@gov.bc.ca>; Christensen, Suzanne SDPR:EX <Suzanne.Christensen@gov.bc.ca>; Faganello, Tara MUNI:EX <Tara.Faganello@gov.bc.ca>; Walsh, Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>; Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>; MacMillan, Elizabeth TIC:EX <Elizabeth.MacMillan@ticorp.ca>; Lapointe, Lisa PSSG:EX <Lisa.Lapointe@gov.bc.ca>; Shaw, Mary A PSSG:EX <Mary.Shaw@gov.bc.ca>; Standen, Jim ENV:EX <Jim.Standen@gov.bc.ca>; Bard, Jenni PSSG:EX <Jenni.Bard@gov.bc.ca>; Cooke, Angela AG:EX <Angela.Cooke@gov.bc.ca>; Rousselle, Jillian LCRB:EX <Jillian.Rousselle@gov.bc.ca>; Enemark, Gord FIN:EX <Gord.Enemark@gov.bc.ca>

Subject: Call for update - ADM Committee on PPSM - Apr 6

Good afternoon,

Please advise if you would like to provide an update on relevant work in your Ministry for the ADM Committee on Policing and Public Safety Modernization meeting on Wednesday, April 6 @ 3:00pm. Please respond by March 18, 12:00pm.

Kind Regards,

Juliet Grove (She/Her)

Executive Administrative Assistant, Assistant Deputy Minister's Office
Policing and Security Branch | Ministry of Public Safety and Solicitor General
PO Box 9285 STN PROV GOVT | Victoria BC | V8W 9J7
Juliet.grove@gov.bc.ca | Tel: 778-698-7452

A safe, secure, just, and resilient British Columbia

I acknowledge and respect the Lekwungen-speaking Peoples on whose traditional territories I live, work, and enjoy, and the Songhees, Esquimalt and WSANEC peoples whose historical relationships with the land continue to this day.

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DECRIMINALIZATION IN BC

CORE PLANNING TABLE

Summary Notes – Meeting 5

Date: October 7, 2021

Time: 9:00 AM – 11:00 AM

Attendees: Nicki Kahnamoui (facilitator), Olive Dempsey (facilitator), Garth Mullins (Vancouver Area Network of Drug Users), Brittany Graham (VANDU), ^{s.19; s.22}

^{s.19; s.22}

Heather Paddison (Positive Living North/SNOW), Fred Cameron (SOLID Victoria), Mike Knott (SOLID), Caitlin Shane (PIVOT Legal Society), Cheyenne Johnson (BCCSU), Debbie Scarborough (First Nations Justice Council), Curtis Bedwell (FNJC), Terri Gillis (Métis Nation BC), Jason Chan (Vancouver Police Department), Shane Holmquist (RCMP), Mike Serr (Abbotsford Police), Geoff Rankin (BCAAFC), Jason Tockman (FNHA), Jodie Millward (FNHA), Murry Krause (City of Prince George/Union of BC Municipalities), Maryclare Zak (City of Vancouver), Matt Brown (Ministry of Public Safety and Solicitor General), Jill Murray (Ministry of Health), Darryl Sturtevant (Ministry of Mental Health and Addictions), Ally Butler (MMHA), Chris Van Veen (MMHA), Meg Emslie (MMHA), Danielle Parish (MMHA), Stephanie Taylor (MMHA)

Meeting Purpose: To discuss a starting proposal for defining personal possession, and discuss and confirm feedback to the ADM Committee on personal possession, noting any key differences.

Agenda Item
<p>1. Territorial Acknowledgement, Welcome and Community Agreements</p> <ul style="list-style-type: none"> Recap of the last meeting and hopes for today's meeting. Update on the workplan, and where opportunities still exist to provide final feedback. It was acknowledged that there are a range of perspectives at the table, and people were asked to speak openly.
<p>2. Update from ADM Committee</p> <ul style="list-style-type: none"> ADM Darryl Sturtevant provided a brief update on the ADM Committee. Members for the CPT were thanked for their efforts to date. The ADMs endorsed the recommendation on alternatives to criminalization; that is, provision of information, and referrals only when requested.
<p>3. Workshop 2 Summary and Feedback on Models</p> <ul style="list-style-type: none"> Members were provided with a summary of the discussion on defining personal possession at workshop 2, including a reminder of potential models.
<p>4. Starting Proposal and Discussion</p> <ul style="list-style-type: none"> Members were presented with an initial starting proposal ^{s.13} <ul style="list-style-type: none"> ^{s.13} Members were asked for their initial thoughts on the proposal (randomized order).

Page 194 of 492

Withheld pursuant to/removed as

s.13

DECRIMINALIZATION IN BC
CORE PLANNING TABLE
Summary Notes – Meeting 5

s.13

5. Round 2 of Discussion

s.13

6. Closing and Next Steps

- The ministry will summarize the discussion on personal possession and forward recommendation, along with feedback and dissenting opinions to the ADM committee.
- The draft submission will be circulated for comment.
- The next CPT meeting is (rescheduled) for October 28th.

NEWS RELEASE

For Immediate Release
2021MMHA0059-002084
Nov. 1, 2021

Ministry of Mental Health and Addictions

B.C. applies for decriminalization in next step to reduce toxic drug deaths

VICTORIA – British Columbia has taken an important step forward to prevent drug poisoning deaths by applying to the federal government to remove criminal penalties for people who possess small amounts of illicit drugs for personal use.

B.C. is the first province in Canada to seek an exemption from Health Canada under Section 56 (1) of the Controlled Drugs and Substances Act. If approved by the federal government, the exemption would help reduce the fear and shame associated with substance use that prevents people from seeking care.

“Substance use and addiction is a public health issue, not a criminal one,” said Sheila Malcolmson, Minister of Mental Health and Addictions. “B.C. is adding new health and substance-use care services almost weekly, but we know shame prevents many people from accessing life-saving care. That’s why it’s crucial to decriminalize people who use drugs.”

Since the Province declared a public health emergency in 2016, 7,700 British Columbians have died because of a toxic drug supply. Prior to the outbreak of COVID-19, B.C. saw a decrease in death due to toxic drugs. However, the COVID-19 public health emergency reversed this trend, causing toxic drug poisoning deaths to reach an all-time high.

“B.C. is in the midst of two public health emergencies: COVID-19 and the toxic drug crisis,” said Dr. Bonnie Henry, B.C.’s provincial health officer. “The intersection of these two emergencies has produced tragic results. B.C.’s application to Health Canada to decriminalize people who use drugs is a vital step to keep people alive and help connect them with the health and social support they need.”

By treating substance use as a public health challenge rather than a criminal act, the Province will create new pathways to support those seeking treatment.

“Criminalizing members of our communities who use drugs has resulted in decades of causing further harms to many who are already suffering from mental or physical health challenges and/or the effects of emotional or physical trauma,” said Lisa Lapointe, B.C.’s chief coroner. “Decriminalization will help shift our focus from punishment, which has resulted in social isolation, stigma and fear, toward a medical model that recognizes substance use as a health issue. This is an important step that, combined with increased access to safe supply and implementation of an evidence-based model of treatment and recovery, will help to save lives.”

B.C. is transforming health and substance-use services throughout the province as outlined in A Pathway to Hope, the Province’s mental health and addictions road map. Decriminalization is a crucial component in ending the toxic drug crisis, as the Province continues to create a full continuum of care that includes prevention, prescribed safer supply and other harm-reduction

measures, treatment, and recovery supports.

A broad range of partners and stakeholders played a vital role in developing the application. The Province worked with health and social service providers, Indigenous partners, people with lived and living experience, municipalities, law enforcement, advocacy organizations and clinical and research experts. The submission is intended to support further discussions between Health Canada and the B.C. government on an approach to decriminalization in B.C.

Quotes:

Mike Knott, a person with lived experience –

“The stigma and shame I felt when I used drugs was overwhelming. I felt isolated and compelled to use drugs alone. I also felt persecuted by the criminal justice system because I was a person who used drugs. Decriminalization will help reduce the shame felt amongst people who use drugs and enhance dignity. The toxic drug crisis is a health crisis, not a criminal one.”

Sen. Larry Campbell, Senate of Canada –

“I would like to congratulate the provincial government for being the first in Canada to step forward on this critical issue. We know that drug use is a health problem, not a criminal one. That means we must respond with a public health approach and not a criminal justice one. Moving toward decriminalization is one of the most important steps any government can take to save lives, families and communities.”

Lisa Helps, mayor of Victoria –

“The toxic drug crisis continues to devastate our communities and leave families broken. Decriminalization is an important step in reducing the stigma associated with drug use and saving lives of those people who use drugs. We thank the Province for their leadership in submitting a decriminalization application to Health Canada and we hope Health Canada responds favourably and swiftly.”

Katrina Jensen, executive director, AVI Health and Community Services –

“Today’s submission toward decriminalizing people who use drugs is one of the most important steps government has taken to address the toxic drug supply in British Columbia. Criminalization drives stigma and makes people reluctant to seek support. Decriminalization will save lives and make it easier to connect people to life-saving services, like those available at AVI. This is a logical and necessary response on the part of government’s efforts to treat this as a health issue that it is.”

Learn More:

To see B.C.'s decriminalization submission to the federal government, visit: <https://news.gov.bc.ca/files/DecrimSubmission.pdf>

A Pathway to Hope: https://news.gov.bc.ca/files/BCMentalHealthRoadmap_2019.pdf

Stop Overdose BC: <https://www.stopoverdose.gov.bc.ca/>

Contact:

Ministry of Mental Health and Addictions
Communications
250 213-8172 (media line)

Connect with the Province of B.C. at: news.gov.bc.ca/connect

From: [Massey, Christine MMHA:EX](#)
To: [Henry, Bonnie HLTH:EX](#)
Cc: [Emerson, Brian P HLTH:EX](#); [Sturtevant, Darryl MMHA:EX](#); [Butler, Ally MMHA:EX](#); [Turner, Sara J MMHA:EX](#)
Subject: Briefing on Decrim
Date: October 19, 2021 12:19:56 PM
Attachments: [Full s.56 Submission Oct 18 - Draft for DM.docx](#)

Bonnie – we have a briefing scheduled for you on Thursday afternoon regarding our decriminalization submission, due by the end of this month. In advance Attached is the current draft of the submission for your review. ^{s.13}

^{s.13}

so we

will bring you up-to-date when we speak on Thursday.

Thank you.

Christine Massey, Deputy Minister (She/Her)
Ministry of Mental Health & Addictions
Cell: ^{s.17}

Acknowledging the traditional lands of the Lekwungen peoples

From: [Butler, Ally MMHA:EX](#)
To: [Walsh, Taryn PSSG:EX](#); [Rideout, Wayne PSSG:EX](#); [Sims, Brian A PSSG:EX](#); [Gow, Fiona S AG:EX](#); [Carmichael, Barbara AG:EX](#); [Wheler, Francesca M MCF:EX](#); [Kemper, Carolyn MCF:EX](#); [Sturtevant, Darryl MMHA:EX](#); [Emerson, Brian P HLTH:EX](#); [Behn Smith, Daniele HLTH:EX](#); [Falconer, Mary AG:EX](#); [Van Veen, Chris MMHA:EX](#); [Hayward, Ross HLTH:EX](#); [Best, Alana PSSG:EX](#)
Subject: Decriminalization ADM Working Group - October 29th Materials
Date: October 28, 2021 1:51:06 PM
Attachments: [image001.jpg](#)
[Full s.56 Submission Oct 27 CONFIDENTIAL DRAFT.pdf](#)
[1. 10.29.2021 ADM WG Agenda.docx](#)

Hi everyone,

In advance of tomorrow's ADM Working Group meeting, please find attached:

1. Agenda
2. Final draft of the province's submission to Health Canada for a section 56 Exemption under the *Controlled Drugs and Substances Act*. Note: This version has been reviewed by Minister Malcolmson and she has received the Premier's endorsement on the core elements of this framework.

Tomorrow's agenda is primarily focused on providing some updates on the internal government discussions that have taken place over the last week, discussing the key changes/updates to the submission and walking through next steps.

Looking forward to connecting with you.

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)



From: [Butler, Ally MMHA:EX](#)
To: s.19; s.22 [Brittany](#); [Brown, Matthew G PSSG:EX](#); [Caitlin Shane](#); [Carmin Mazzotta](#); [Cheyenne Johnson](#); [Dr. Nel Wieman](#); [Emslie, Margaret J MMHA:EX](#); s.19; s.22 [Fred Cameron](#); [Garth Mullins](#); [Geoffrey Rankin](#); s.19; s.22 [XT:HLTH Gilbert, Mark](#); [Mary Clare Zak](#); [Mike Knott](#); [Mike Serr](#); [Murry Krause](#); [Gustafson, Reka HLTH:IN](#); [Sgt. Shane Holmquist](#); s.19; s.22 [Sims, Brian A PSSG:EX](#); [Taylor, Stephanie MMHA:EX](#); [Terri Gillis](#); [Van Veen, Chris MMHA:EX](#); [Sam Ens](#); ["debbie@bcfnjc.com"](#); ["Curtis Bedwell"](#); ["fiona.wilson@vpd.ca"](#); s.19; s.22 ["Jason Tockman"](#); [Parish, Danielle MMHA:EX](#)
Cc: [Olive Dempsey](#); [Nicki Kahnemouj](#); [Sturtevant, Darryl MMHA:EX](#)
Subject: Decriminalization Core Planning Table - Meeting 6 Materials (October 28)
Date: October 27, 2021 5:32:06 PM
Attachments: [image001.jpg](#)
[Full s.56 Submission Oct 27 CONFIDENTIAL DRAFT.pdf](#)
[CPT 6 Oct 28 Attendee Agenda FINAL.docx](#)
[10 04 2021 CPT 5 Meeting Summary.docx](#)
Importance: High

Hello Core Planning Table Members,

We are looking forward to our sixth Decriminalization Core Planning Table meeting tomorrow morning at 9am.

We are very pleased to be able to share with you the attached final draft of the province's submission to Health Canada for a section 56 Exemption under the *Controlled Drugs and Substances Act*.

We had previously committed to sending a draft of the province's submission ahead of tomorrow's meeting, with sufficient time for you to review.^{s.13}

s.13

s.13

We recognize that this is coming later than anticipated and apologize for the delay and appreciate your patience as we worked through these final briefings and decisions.

Please note that this draft and other CPT materials are confidential. We ask that you do not share any of this material publicly (e.g., on websites or social media).

We will have some time for discussion tomorrow, but should you have any major suggested edits or concerns, please feel free to reach out to myself or Chris Van Veen (chris.vanveen@gov.bc.ca) before the end of the day Friday, as we are still targeting submission to Health Canada on Monday.

The exemption request is the result of your significant commitment to this work and has benefited from all your expertise and experience. It represents the first step in this process, and will facilitate an ongoing conversation with Health Canada over the coming months.

You will also find attached an agenda for tomorrow and meeting minutes from the last Core Planning Table meeting.

As a reminder, the Zoom details are:

s.15; s.17

Meeting ID:^{s.15; s.17}

Passcode:^{s.15; s.17}

One tap mobile

s.15; s.17

Canada

Canada

Dial by your location

s.15; s.17

Canada

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)



From: Butler, Ally MMHA:EX
To: Rideout, Wayne PSSG:EX; Walsh, Taryn PSSG:EX; Sturtevant, Darryl MMHA:EX; Gow, Fiona S AG:EX; Falconer, Mary AG:EX; Carmichael, Barbara AG:EX; Kamper, Carolyn MCF:EX; Wheler, Francesca M MCF:EX; Sims, Brian A PSSG:EX; Van Veen, Chris MMHA:EX; Hayward, Ross HLTH:EX; Emerson, Brian P HLTH:EX
Subject: Decriminalization in BC - Final Submission and Communications Materials
Date: November 1, 2021 2:50:07 PM
Attachments: 2021MMHA0059-002084.pdf
OA Decrim_Oct27_FINAL.docx
SN Decrimanilization_OCT 22_FINAL.docx
Decriminalization in BC s.56 Submission.pdf
image001.jpg

Hello everyone,

Attached please find the final version of BC's request for an exemption from the *Controlled Drugs and Substances Act* (CDSA) pursuant to Section 56(1) to decriminalize personal possession of illicit substances. The submission will be posted publicly and can be found online:

<https://news.gov.bc.ca/files/DecrimSubmission.pdf>

I've also included the final comms package that was developed to support this afternoon's announcement (3pm). This has been shared across GCPE shops.

Thank you for your work and support in helping us reach this important milestone!

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)





Decriminalization in BC: S.56(1) Exemption

Request for an exemption to Health Canada from the *Controlled Drugs and Substances Act* (CDSA) pursuant to Section 56(1) to decriminalize personal possession of illicit substances in the Province of British Columbia

October 2021

Acknowledgements



Ministry of
Mental Health
and Addictions

We acknowledge with respect that the work we do throughout B.C. takes place on the traditional lands of Indigenous peoples. The Ministry of Mental Health and Addictions is deeply committed to true and lasting reconciliation with Indigenous peoples in B.C.

This submission was drafted by the BC Ministry of Mental Health and Addictions with input from the Ministry of Public Safety and Solicitor General, Ministry of Health, Ministry of Children and Family Development, Ministry of the Attorney General, and the Office of the Provincial Health Officer, as well as our external partners that came together to form the Decriminalization Core Planning Table (CPT).

We would like to express our gratitude for the contributions of CPT members who shared their time, experiences, expertise, and data with us, engaging enthusiastically and in good faith even when perspectives diverged. The recommendations put forth in this submission may not always represent the views of all members. Member organizations include:

<i>BC Association of Aboriginal Friendship Centres</i>	<i>Métis Nation BC</i>
<i>BC Association of Chiefs of Police</i>	<i>PIVOT Legal Society</i>
<i>BC Centre for Disease Control</i>	<i>RCMP “E” Division</i>
<i>BC Centre on Substance Use</i>	<i>Rural Empowered Drug Users Network</i>
<i>BC First Nations Justice Council</i>	<i>Society for Narcotic and Opioid Wellness</i>
<i>BC/Yukon Association of Drug War Survivors</i>	<i>SOLID Victoria</i>
<i>City of Kamloops</i>	<i>Union of BC Municipalities</i>
<i>City of Vancouver</i>	<i>Vancouver Area Network of Drug Users</i>
<i>First Nations Health Authority</i>	<i>Vancouver Police Department</i>

This submission was also informed by conversations with additional organizations and experts, including health authorities, the Canadian Mental Health Association (CMHA-BC), Moms Stop the Harm (MSTH), the Canadian Drug Policy Coalition, the South Asian Mental Health Alliance (SAMHAA), the Rainbow Health Cooperative, the Support Network for Indigenous Women and Women of Colour (SNIWWOC), and others.

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1 INTRODUCTION

Since 2016, British Columbia has been under a public health emergency. This emergency is arising out of unprecedented numbers of illicit drug poisoning deaths, primarily due to increasing toxicity and unpredictability of the illicit drug supply with increasing concentrations of fentanyl and its analogues. The emergency has been exacerbated by the COVID-19 pandemic, which has significantly impacted social determinants of health, reduced access to harm reduction and treatment services, incentivized the manufacturing of more potent street drugs as a result of international supply disruptions, and driven people at risk of a fatal or non-fatal illicit drug toxicity poisoning to use drugs alone in dangerous situations.

BC has taken action to address the illicit drug poisoning crisis, including rapid scale-up and implementation of life-saving initiatives such as the Take-Home Naloxone program, access to medication-assisted treatments and prescribed safer supply, and expanded supervised consumption, overdose prevention, and harm reduction services and improvements in treatment and recovery. While these initiatives have saved lives and underscore the widely accepted notion that substance use should be approached as a public health issue, they are undermined by the continued criminalization of illicit substance use under Canada's *Controlled Drugs and Substances Act* (CDSA). Criminalization of simple possession remains a significant impediment to BC's ability to implement a comprehensive public health response to the illicit drug poisoning crisis.

This submission is intended to start an iterative dialogue with Health Canada regarding how BC's approach to decriminalization can satisfy the expectations of both governments, leading to the granting of a s.56(1) exemption.

To meaningfully address the illicit drug poisoning crisis, including the widespread stigma that can lead people who use drugs (PWUD) to avoid life-saving health services and use alone, the Premier's 2020 Mandate Letter to Minister Sheila Malcolmson directs the Ministry of Mental Health and Addictions (MMHA) to work with the Ministry of Public Safety and Solicitor General and the Ministry of Attorney General to pursue the decriminalization of personal possession of illicit substances in BC.

Public support for the decriminalization of personal possession of illicit substances is strong, with 66 percent of British Columbians in favour of the move, according to a February 2021 poll conducted by the Angus Reid Institute.¹ This represents the highest level of support for decriminalization of any Canadian province. There have also been calls for decriminalization from the Canadian Association of Chiefs of Police,² the Health Officers Council of BC, BC's

¹ <https://angusreid.org/opioid-crisis-covid/>

² https://www.cacp.ca/index.html?asst_id=2189

Provincial Health Officer, several BC municipalities, Health Canada's own Expert Task Force on Substance Use,³ the First Nations Health Authority,⁴ and a variety of organizations representing people with lived experience of substance use.

With this widespread support **BC is formally asking the federal Minister of Health, in consultation with the federal Minister of Mental Health and Addictions to exercise their authority under Section 56(1) of the CDSA to exempt all persons in British Columbia 19 years of age or older from the application of Section 4(1) on the condition that the amount of any controlled substance in their possession does not exceed the thresholds for "personal possession" set out in a Schedule.** This Schedule would be based on evidence of personal use patterns. This submission includes BC's recommendations for a personal use Schedule for opioids (including heroin and fentanyl), crack and powder cocaine, and methamphetamine.

BC submits that this proposed exemption meets the test under s.56(1). It is necessary for a medical purpose, namely combatting the public health emergency of drug poisoning deaths. In addition to saving lives, this proposed exemption is in the public interest to mitigate the harms to PWUD (i.e., unnecessary involvement in the criminal justice system) and to society of the attendant costs, harms, and reduced effectiveness of public health interventions. It also reflects the *Charter* values at stake in a proportionate way.

This document describes the overarching principles, objectives, and other key details of BC's proposed decriminalization framework. This submission represents the culmination of intensive stakeholder and partner engagement, which will continue into the implementation planning and post-implementation phases. **This submission is intended to support ongoing dialogue with Health Canada regarding how BC's approach to decriminalization can satisfy the expectations of both governments, leading to the granting of a s.56(1) exemption.** It is recognized that details of the proposed framework may change as a result of these future discussions.

2 BACKGROUND AND RATIONALE

Since the declaration of the public health emergency in April of 2016, over 7,700 British Columbians have died from illicit drug poisoning. Numbers of fatal illicit drug poisoning initially peaked at 1,549 in 2018, at an average of 4.2 deaths per day. Following a 36 percent decrease in illicit drug poisoning deaths between 2018 and 2019 (984, for an average of 2.7 deaths per

³ Health Canada. Expert Task Force on Substance Use. (2021). Recommendations on the Federal Government's Drug Policy as Articulated in a Draft Canadian Drugs and Substances Strategy (CDSS). <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html#a3>

⁴ <https://www.fnha.ca/Documents/FNHA-harm-reduction-policy-statement.pdf>

day), deaths reached a new high in 2020, with 1,733 deaths, or 4.7 per day – an increase that the BC Centre for Disease Control (BCCDC) linked, in part, to the ongoing COVID-19 public health emergency.⁵ Deaths have continued to climb in 2021 with 1,204 suspected illicit drug toxicity deaths in the first seven months and are on track to exceed the previous annual high.⁶ Illicit drug poisoning is now the leading cause of death amongst British Columbians aged 19 to 39—people in the prime of their lives. For men, the toxic drug crisis has been so severe that overall life expectancy at birth for males has declined in recent years in BC.⁷

The BC Coroners Service reports that this year has seen an increase in deaths in which extreme fentanyl concentrations were present.⁸ Regional Health Authorities, overdose prevention service providers, and researchers⁹ also continue to issue alerts and raise concerns regarding increased presence of benzodiazepines in the illicit drug supply, which is causing severe and complex drug toxicity presentations. While no British Columbians have died of illicit drug poisoning at overdose prevention or safe consumption sites, the scientific and medical literature^{10,11,12} supports what we have been told by PWUD, namely that drug law enforcement pushes PWUD to deliberately avoid these kinds of lifesaving services. Criminalization and stigma lead many to hide their use from family and friends and to avoid seeking treatment, thereby creating situations where the risk of drug poisoning death is elevated. The BC Coroners Service reports that between 2018 and June 2021, most illicit drug toxicity deaths occurred in private residences (55.7 percent) or other residences, such as social housing sites or shelters (26.3 percent), where residents are more likely to use alone.

⁵ http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/2021.04.16_Infographic_OD%20Dashboard.pdf

⁶ <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

⁷ The Daily — Life tables, 2016/2018 (statcan.gc.ca)

⁸ <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

⁹ Laing, M. K., Ti, L., Marmel, A., Tobias, S., Shapiro, A. M., Laing, R., Lysyshyn, M., & Socías, M. E. (2021). An outbreak of novel psychoactive substance benzodiazepines in the unregulated drug supply: Preliminary results from a community drug checking program using point-of-care and confirmatory methods. *International Journal of Drug Policy*, 93, 103169. <https://doi.org/10.1016/j.drugpo.2021.103169>

¹⁰ Kerr, T., Small, W., & Wood, E. (2005). The public health and social impacts of drug market enforcement: A review of the evidence. *International Journal of Drug Policy*, 16(4), 210–220. <https://doi.org/10.1016/j.drugpo.2005.04.005>

¹¹ Collins, et al. (2019). Policing space in the overdose crisis: a rapid ethnographic study of the impact of law enforcement practices on the effectiveness of overdose prevention sites. *Journal of International Drug Policy*, 73, 199-207.

¹² Small, W., Kerr, T., Charette, J., Schechter, M.T., and Spittal, P.M. (2006). Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. *International Journal of Drug Policy*, 17(2), 85-95.

This data indicates that, while the purpose of the *Controlled Drugs and Substances Act* is to protect public health, it is in fact undermining it by contributing to the conditions that make fatal and non-fatal illicit drug poisonings more likely. An exemption to enable decriminalization within BC is necessary and warranted in order to disrupt these conditions, as it meets the s.56(1) criteria of serving a medical purpose and being in the public interest. It is supported by scientific research and it will directly support BC's response to the illicit drug poisoning crisis, which will ultimately save lives.

2.1 SUBSTANCE USE AND CRIMINALIZATION HARMS

Before discussing the harms associated with substance use, it is necessary to acknowledge that substance use occurs on a continuum, ranging from beneficial to harmful. Some people experience minimal health-related harms from substance use. However, the harms caused by criminalization of substance use affect many, regardless of whether their substance use is beneficial, neutral, or problematic for their health. For those whose substance use could be characterized as problematic, criminalization is an ineffective deterrent and serves to compound harms.¹³ Dr. Bonnie Henry, BC's Provincial Health Officer, highlights this in her 2019 report, *Stopping the Harm: Decriminalization of People Who Use Drugs in BC*:

If the intention of a prohibition-based system was to protect individuals from harms inherent to substance use, then this policy approach has significantly failed to achieve this goal at an individual or population level. Evidence shows that this approach has had the opposite effect and has substantially increased harms.¹⁴

In terms of quantifiable economic harms, the Canadian Centre for Substance Use and Addiction¹⁵ has estimated that licit and illicit substance use in BC costs over \$6.6 billion per year:

- \$1.9 billion in costs to the health care system (e.g., hospitalizations and emergency room visits);
- \$3.1 billion in lost economic productivity;
- \$1.2 billion in costs from the criminal justice system (e.g., policing and court system); and

¹³ Ibid.

¹⁴ Henry, B. (2019). "Stopping the Harm: Decriminalization of People Who Use Drugs in BC." Office of the Provincial Health Officer. Retrieved from <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf>.

¹⁵ <https://www.ccsa.ca/canadian-substance-use-costs-and-harms> Canadian Substance Use Costs and Harms, 2015-2017

- \$483 million in other direct costs (e.g., property crime).¹⁶

These costs include the increased healthcare expenses and lost economic productivity experienced by people with acquired brain injury due to drug poisoning events. Although the diagnosis of neurological injury and associated long-term impairment is complex and population prevalence is challenging to measure, recent research conducted by the BCCDC found a high occurrence of such injuries in the Provincial Overdose Cohort.¹⁷ The long-term impacts of acquired brain injury are varied, and can include physical and cognitive impairments, diminished motor skills, and significant behavioural changes—all of which can pose significant challenges for individuals, their families, and provincial health and social services.¹⁸

Harms associated with substance use are exacerbated by criminalization and the stigma faced by individuals who use substances. In some cases, substance use can lead to social harms such as job loss, housing insecurity, loss of driver's license, and/or damaged interpersonal relationships. In other cases, these harms may be primarily caused by the issuance of criminal penalties for substance use, and the related structural stigma that individuals who use substances face. Many people who use substances also face stigma and discrimination in interactions with the healthcare system, leading to a lack of trust in health care services and providers, and poorer health outcomes.¹⁹ Even in the absence of criminal charges or penalties, fear of drug seizure prevents people from accessing life-saving services, from calling police when in unsafe situations, and from calling emergency services during overdose events.

In addition to the harms caused by criminalization, there is also evidence that it does little to deter illicit substance use. According to a study of injection drug users in Vancouver by Werb et al (2008), the majority of individuals whose drugs were seized by law enforcement purchased a replacement supply within 10 minutes.²⁰

Beyond the harms experienced by people who are criminalized for substance use, there are also major impacts on those around them, including family members, friends, and dependents.

¹⁶ This includes both licit and illicit substances. Provincial data is not available broken down by substance.

¹⁷ http://www.bccdc.ca/Health-Professionals-Site/Documents/Harm-Reduction-Reports/Neurological%20Injury_ODC_2020_01_03.pdf

¹⁸ <https://www.canada.ca/en/health-canada/services/opioids/opioid-related-hospitalizations-anoxic-brain-injury.html>

¹⁹ Public Health Agency of Canada. (2019). "Addressing Stigma: Towards a More Inclusive Health System: The Chief Public Health Officer's Report on the State of Public Health in Canada 2019." Retrieved from <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-what-we-heard/stigma-eng.pdf>.

²⁰ Werb, D., Wood, E., Small, W., Strathdee, S., Li, K., Montaner, J., and Kerr, T. (2008). "Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver. *International Journal of Drug Policy*, 19(4), p. 332-338.

These harms include social, emotional, relational, and financial impacts when an individual who uses substances is fined, arrested, charged, incarcerated, and/or loses their job. It is also felt by children who come to be involved with the child welfare system because of a parent or guardian's substance use.

MMHA urges Health Canada and the federal Ministers of Health and Mental Health and Addictions to consider these harms in the context of the *Charter* rights of PWUD in our province. Under Section 7 of the *Charter*, everyone has a right to life, liberty, and security of the person and a right not to be deprived thereof except in accordance with the principles of fundamental justice. One fundamental implication of this is that criminal laws with the purpose of promoting public health and safety should not unintentionally make the risk of death—or serious mental or physical harm—worse. Section 15(1) guarantees equality, including without discrimination based on mental or physical disability. While the illicit drug poisoning crisis affects all PWUD, people with substance use disorders—a recognized disability—are disproportionately affected. All levels of government therefore have an obligation to minimize the mortality and morbidity risks of their policies and to not exacerbate any pre-existing inequities. This decriminalization framework strikes a careful and proportionate balance between those rights—particularly under sections 7 and 15—and the primary purposes of the *CDSA*: to preserve and protect public health and safety.

2.2 ADDRESSING INEQUITIES

Indigenous Peoples come from resilient communities with strong traditional wellness practices. However, due to the ongoing impacts of colonization and racism and healthcare inequities, Indigenous Peoples in BC are over-represented among those experiencing substance use related harms and criminalization. In 2020, First Nations people died of illicit drug poisoning at 5.3 times the rate of other BC residents.²¹ First Nations women are disproportionately represented among illicit drug toxicity deaths, dying at 9.9 times the rate of other women in BC in 2020.²²

Indigenous Peoples are also over-represented in the criminal justice system. In 2017/2018, Indigenous adults accounted for 35 percent of admissions to adult custody, while representing only approximately six percent of the Canadian adult population.²³ Indigenous women accounted for 42 percent of all women admitted to custody. During the same period, Indigenous youth (aged 12-17) made up 43 percent of admissions to correctional services in

²¹ <https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA-First-Nations-in-BC-and-the-Toxic-Drug-Crisis-January-December-2020-Infographic.pdf>

²² Ibid.

²³ <https://www.justice.gc.ca/eng/rp-pr/jr/gladue/p2.html>

nine reporting jurisdictions, while representing only about eight percent of the Canadian youth population.

Current federal drug laws pertaining to simple possession also create significant and disproportionate harms for Black communities, evident in high rates of police stops, arrests, and incarceration for drug use or suspected drug use. In 2010-11, nine percent of the Canadian federal prison inmate population was Black, even though Black people account for just 2.5 percent of Canada's overall population.²⁴ In 2014, 12 percent of prisoners incarcerated for *drug-related* crimes in Canadian prisons were Black,²⁵ an inequity stemming in part from racialized enforcement of the CDSA. Other marginalized communities also experience additional and intersecting harms related to illicit substance use. This has been documented within the LGBTQ2S+ community, particularly for trans women and men who have sex with men.^{26,27} Negative outcomes are amplified for individuals experiencing multiple axes of marginalization, such as People of Colour who also identify as LGBTQ2S+.

2.3 DECRIMINALIZATION TO ENABLE A PUBLIC HEALTH RESPONSE

In 2019, the Government of BC launched *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*.²⁸ The roadmap lays out a 10-year vision and three-year action plan for mental health and addictions, with an emphasis on supporting well-being, addressing problems early on, and transforming care for children, youth, and young adults. Initiatives in the three-year action plan include promoting early childhood social emotional development, expanding services for youth and young adults, and Indigenous-led mental health and wellness initiatives as part of the *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services*. Other cross-government initiatives that address root causes of substance use and support prevention of mental health and substance use problems include a poverty reduction strategy, affordable childcare, and housing affordability plans.

²⁴ Wortley, S., & Owusu-Bempah, A. (2011). The usual suspects: police stop and search practices in Canada. *Policing and Society*, 21(4), 395-407.

²⁵ Solomon, E. (2017, April 4th). "A Bad Trip: Legalizing pot is about race," *Maclean's*, <http://www.macleans.ca/politics/ottawa/a-bad-trip-legalizing-pot-is-about-race/>.

²⁶ Fendrich, M., Mackesy-Amity, M. E., & Johnson, T. P. (2008). Validity of self-reported substance use in MSM: Comparisons with a general population sample. *Annals of Epidemiology*, 18(10), 752-759. doi:10.1016/j.annepidem.2008.06.001

²⁷ Hughes, T. L., & Eliason, M. (2002). Substance use and abuse in lesbian, gay, bisexual and transgender populations. *The Journal of Primary Prevention*, 22(3), 263-298. doi:10.1023/A:1013669705086

²⁸ Government of BC. (2019). *A Pathway to Hope*. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf

The Province has developed a comprehensive approach to responding to the illicit drug poisoning crisis, led by MMHA's Overdose Emergency Response Centre (OERC). BC's emergency response includes a comprehensive package of essential evidence-based supports and services, including the Take-Home Naloxone program, overdose prevention and supervised consumption services, drug checking services, opioid agonist treatment and prescribed safer supply, acute overdose risk case management, and enhancements to the treatment and recovery system of care²⁹. According to modelling conducted by the BCCDC, BC's harm reduction services averted more than 6,100 deaths between 2016 and 2020 – a number which has almost certainly increased since, with new healthcare initiatives coming on board.

Ultimately, the goal of each component of the comprehensive package for responding to the illicit drug poisoning crisis is to prevent illicit drug toxicity-related events and deaths and to improve health and social outcomes for PWUD. One of the biggest impediments to maximizing the benefits of these interventions is the stigma and criminalization that PWUD continue to experience. As noted previously, stigma and criminalization prevent people from accessing critical health and social services and impacts social determinants of health like employment, income security, and housing.

Despite attempts at de facto decriminalization in municipalities such as Vancouver, as well as the BC Solicitor General's request that police adopt a harm reduction approach to simple possession, the application of such policies is inconsistent and many PWUD continue to be criminalized for personal possession. Between 2008-2017, there were 49,891 criminal drug possession charges in BC.³⁰ There is wide variation between regions in BC when it comes to drug arrests. For example, in 2018 the rate of drug arrests in Kelowna was roughly twice that of Vancouver.³¹ In addition, some measures of criminalization have increased in recent years. RCMP data shows a 49% increase in total drug seizures between 2018 and 2020, with small quantities (below thresholds proposed by City of Vancouver in their 2021 section 56(1) exemption request) making up the majority of the additional seizures.³²

To better ensure that all British Columbians who use substances can access health and social services without fear of criminalization, and that drug laws are applied evenly and equitably in a way that maximizes positive public health outcomes, a province-wide approach to

²⁹See the full list of comprehensive interventions and details of the OERC structure at:

https://www2.gov.bc.ca/assets/gov/overdose-awareness/bg_overdose_emergency_response_centre_1dec17_final.pdf

³⁰ BC Ministry of Public Safety and Solicitor General. British Columbia crime trends, 2008 - 2017. Victoria, BC.

Available from: https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/police/publications/statistics/bc_crime_trends_2008-2017.pdf

³¹ Boyd, S. (2018). *Drug Arrests in Canada, 2017*. Report prepared for the Vancouver Area Network of Drug Users.

³² RCMP "E" Division Criminal Operations Core Policing. (2021). *Illicit Street and Pharmaceutical Drug Occurrences & Total Drug Possession Charges "E" Division (20118-2020)*.

decriminalization is needed. That is why the Province is requesting a section 56(1) exemption from the federal *CDSA* to decriminalize personal possession of small amounts of illicit substances. Not only would a section 56(1) exemption allow the Province to better align its response to the illicit drug poisoning crisis with a public health approach, but it would also enable police to improve the nature of interactions between law enforcement and PWUD and emphasize other public safety priorities, like violence, property crime, drug trafficking, and organized crime.

2.4 DECRIMINALIZATION IN THE CONTEXT OF PUBLIC SAFETY

Saving and improving the lives of PWUD remains the overarching goal of BC's response to the illicit drug poisoning crisis. It is within this context that we are pursuing decriminalization of personal possession of illicit substances. Complementary to this goal, the Province remains committed to ensuring the safety of the entire public and combatting serious drug-related crimes remain priorities. As such, the BC Minister of Public Safety and Solicitor General has received a mandate to "work with police to address serious crime in BC communities, including cracking down on those who distribute toxic drugs."³³

The Canadian Association of Chiefs of Police has emphasized the need to prioritize public safety alongside public health, noting in its report recommending decriminalization that police must continue to fight organized crime and disrupt the illicit drug supply into communities through enforcement of laws pertaining to the trafficking, production, and importation of illicit substances. This would require continued enforcement activities related to these more serious drug-related crimes alongside moves to decriminalize personal possession.

While decriminalization would allow police to shift resources away from enforcement of laws pertaining to simple possession and toward more serious crime such as trafficking and importation of illicit substances, it is anticipated that, in many cases, frontline law enforcement officers would continue to interact with people in possession of personal amounts of drugs at times. We recognize that for many PWUD, interactions with police have the potential to perpetuate trauma. Within this context, decriminalization offers an opportunity to improve interactions and build trust between police and PWUD.

3 BRITISH COLUMBIA'S APPROACH

MMHA established a collaborative process to develop a comprehensive framework for decriminalization in BC. Consultation with key partners and stakeholders has informed all

³³ https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/premier-cabinet-mlas/minister-letter/farnworth_mandate_2020_mar_pssg.pdf

components of the framework, including key principles, implementation and evaluation planning, risk identification and mitigation, and public education, training, and communications.

3.1 PARTNERS AND STAKEHOLDERS

MMHA has undertaken engagement in a variety of ways to inform all elements of the full s.56(1) exemption request, including through a cross-government Project Team, a Core Planning Table made up of key stakeholders, and focused engagement with Indigenous partners and other impacted groups.

3.1.1 Cross-Government Project Team

MMHA has convened a Project Team inclusive of leadership staff from the Ministries of Health, Public Safety and Solicitor General, Attorney General, and Children and Family Development, as well as the Office of the Provincial Health Officer. Project Team members have been working with MMHA to ensure BC's approach to decriminalization is supported by and reflects the perspectives of all relevant arms of government and public health.

3.1.2 Core Planning Table

MMHA established a Decriminalization Core Planning Table (CPT) to support the development of the policy framework that serves the basis of BC's s.56(1) exemption request. Participating members represent a variety of partners and stakeholders.³⁴ Feedback from members was generated through professionally facilitated workshops on key topic areas, discussion at regular CPT meetings, surveys, and one-on-one conversations. Participants were provided with materials in advance of meetings to help facilitate focused discussions on iterations of s.56(1) exemption application drafts.

3.1.3 Indigenous Partners and Leaders

MMHA is taking a distinctions-based approach to engaging with Indigenous partners and leaders in BC, seeking input from both First Nations and Métis leadership based on their preferred methods and tables of engagement. In addition to the inclusion of representatives from the First Nations Health Authority, Métis Nation BC, BC Association of Aboriginal Friendship Centres, and the BC First Nations Justice Council on the CPT, MMHA has engaged with governance organizations to seek input on the framework and guidance on how they would like to be involved moving forward. MMHA is also committed to undertaking further engagement to determine how or if the s.56(1) exemption could or would be applied to First Nations reserves in BC, or whether individual First Nations could choose to opt out of implementing decriminalization on reserve lands.

³⁴ See appendix A for a more detailed list of organizations represented at the Core Planning Table.

3.1.4 Additional Engagement

Focused engagement has also been undertaken to generate feedback from additional stakeholders not represented at the CPT or Project Team. This has included discussions on key decriminalization policy issues with a variety of stakeholders, such as:

- Regional Health Authorities and other health and social service providers;
- Law enforcement and justice sector partners;
- Municipal governments;
- People with lived and living experience and family/caregiver groups; and
- Advocacy organizations, including drug policy advocacy organizations and organizations representing racialized communities in BC.

3.2 PRINCIPLES

The following principles have been developed and endorsed by CPT members to guide the development of BC's decriminalization framework.

1. **Do No More Harm:** Drug prohibition creates significant harms for PWUD and broader society, contributing to institutionalized stigma and discrimination, overdose deaths, communicable disease, violence, incarceration, and barriers to effective health and harm reductions services. The provincial decriminalization framework should seek to reduce harms caused through its policies and programs.
2. **Choice and Autonomy:** The provincial decriminalization framework must ensure that PWUD be treated with dignity and respect, including when interacting with the criminal justice and healthcare systems. To this end, the framework should support PWUD to define their own personal goals when it comes to their health and ensure that information is provided to support PWUD to access timely health and social support.
3. **Trauma-Informed and Person-Centred:** Many PWUD have experienced trauma and violence. The provincial decriminalization framework must ensure that alternatives to criminalization (e.g., referrals to health and social services) are trauma-informed and person-centred.
4. **Anti-Racism:** Recognizing that drug prohibition has disproportionately harmful impacts on racialized people, including Indigenous Peoples, the development of a framework for decriminalization should take an anti-racist approach, creating conditions of greater inclusion, equity, and justice.
5. **Reconciliation and Decolonization:** BC's approach to decriminalization should also be informed by the understanding that colonialism is inherent in the province's criminal justice

system, thus the framework must be designed in a way that removes the unique and disproportionate impacts of drug prohibition on Indigenous Peoples.

6. **Cultural Safety:** BC's decriminalization framework should ensure that alternatives to criminalization are culturally safe and do not reproduce trauma, racism, or discrimination.
7. **Equal Voice:** Recognizing that pre-existing power imbalances exist, BC's decriminalization framework must consider the perspectives of all voices equally.
8. **Value Lived Experience:** The provincial decriminalization framework must reflect ongoing engagement with PWUD throughout policy development, implementation, monitoring, and evaluation.
9. **Public Health and Health Equity (including Gender-based Analysis +):** Our work must seek to understand and address social inequities and social determinants of health faced by diverse populations of PWUD and take into consideration how varying identity factors such as gender, race, ethnicity, age, and disability may impact how people experience policies and initiatives related to decriminalization.
10. **Public Safety:** The provincial decriminalization framework must recognize law enforcement's role in protecting society by combatting organized crime and disrupting the supply of illegal substances into BC communities through enforcement of laws pertaining to the trafficking, production, and importation of illicit substances.
11. **Comprehensiveness:** BC's framework for decriminalization should provide protection and benefits for as many PWUD as possible, in a variety of contexts and situations. This includes recognizing the community and social contexts of drug use, and that not all PWUD require or desire treatment interventions.

4 A FRAMEWORK FOR DECRIMINALIZATION IN BC

This full s.56(1) exemption request builds upon a previous outline submitted to Health Canada by providing additional details regarding the proposed approach to decriminalization in BC. MMHA has worked with partners inside and outside of government to ensure that this submission comprehensively addresses the key components flagged for inclusion by Health Canada. This submission is intended to form the basis for ongoing dialogue with Health Canada, wherein revisions and/or additions may be made to satisfy the requirements and expectations of both the Province of BC and the federal government.

4.1 GOALS AND OBJECTIVES

The overarching goal of British Columbia's decriminalization framework is the decriminalization of personal possession of small amounts of illicit substances in BC. Criminalization and associated stigmatization for substance use have a significant and negative impact on the social environment and wellbeing of people who use drugs by contributing to self-stigma, social isolation, lack of economic opportunity, reduced access to health and social services, and societal exclusion, all leading to increased vulnerability to substance use harms including illicit drug toxicity-related poisoning events and deaths. As part of a comprehensive strategy to save lives, this framework and policy seeks to address criminalization as a social determinant of health, reducing harms caused by criminalization and removing structural barriers to support for people who use drugs and who are at high risk of drug poisoning death.

Decriminalization is expected to support the following long-term objectives:

- Reduce illicit drug poisoning events and deaths;
- Reduce barriers to accessing health services experienced by PWUD;
- Reduce structural and societal stigma;
- Reduce health, social, and economic harms associated with the criminalization of substance use;
- Reduce PWUD reliance on toxic illicit drugs, and increase access to health and social services, including safer supply;
- Increase engagement and retention in treatment and support services for people with substance use disorders;
- Improve interactions between law enforcement and PWUD;
- Increase PWUD trust in law enforcement and criminal justice system;
- Improve ability of law enforcement and criminal justice system to prioritize serious crime; and
- Increase socio-emotional well-being of PWUD.

Measurable progress towards outcomes above is unlikely to be achieved through decriminalization alone. Progress also relies on other complementary system change initiatives, such as expanding and improving health and social services to support PWUD and addressing other social determinants of health such as poverty, housing, and systemic racism.

Shorter term objectives include:

- Increase PWUD awareness of and comfort with accessing health and social services;
- Increase voluntary and appropriate connections between PWUD and health and social services;
- Increase public awareness of decriminalization and its role in reducing stigma;

- Increase public understanding of substance use as a public health issue;
- Increase law enforcement awareness and understanding of decriminalization policy and health and social services;
- Improve interactions between law enforcement and PWUD regarding personal possession of illicit substances, including providing law enforcement with information to support PWUD to access health and social services;
- Reduce seizures, arrests, charges, penalties, and criminal records for simple possession;
- Decrease existing racial disparities in enforcement of federal law regarding simple possession; and
- Reduce police and court time and resources spent on enforcement or prosecution of personal possession.

Measurable progress on these objectives is expected within 1-5 years of implementation.

Appendix B contains a logic model summarizing the key inputs, outputs, and intended outcomes of BC's decriminalization framework. This model will continue to be refined through engagement with stakeholders, including research and evaluation experts, and PWUD.

4.2 ELIGIBILITY

At this time, BC's decriminalization framework will apply to adults at the provincial age of majority (19 years and older) within the geographic boundaries of British Columbia. Further work will address how decriminalization could be applied appropriately for youth and young adults aged 12 to 18. BC recognizes that youth are vulnerable to substance use-related harms and is committed to developing an evidence-based and equitable approach to addressing the needs of youth within its decriminalization framework. It is also necessary to undertake appropriate steps to reconcile the potential inclusion of youth with existing federal and provincial legislation and regulations governing youth justice. Any approach to addressing youth substance use within a provincial decriminalization framework will be developed with the participation of youth with lived and living experience and designed to ensure that any penalties for youth possession are no more punitive than those for adults.

MMHA will also continue to work with First Nations, Indigenous partners, and governance organizations to determine how decriminalization could apply on individual First Nations reserves.

4.3 DEFINING PERSONAL POSSESSION

Section 4(1) of the *CDSA* makes it an offence to possess a controlled substance. A charge under s.4(1) is often referred to as "simple possession" in contrast to a charge of possession for the purposes of trafficking under s.5(2) of the *CDSA*. The *CDSA* does not have a concept of

“personal possession”, which is what BC is asking the federal Ministers of Health and Mental Health and Addictions to decriminalize.

In order to decriminalize personal possession, it is necessary to first define it. In BC’s decriminalization framework, the exemption will only apply if the quantity of the substance possessed qualifies as an amount for “personal use”. Those amounts will be set out as specified quantities in a Schedule. The definition will also provide PWUD clarity regarding criteria under which the exemption applies to them. A robust public education campaign will support dissemination of clear public-facing messages regarding the exemption.

MMHA has worked closely with the CPT to determine an approach to defining personal possession. This includes examining much of the available evidence on substance use and personal possession patterns in BC and exploring options for a discretionary model or a model of binding thresholds based on available data regarding personal use patterns. A dedicated workshop was held with the CPT to review available evidence and discuss options for defining personal possession, followed by a focused discussion regarding proposed threshold amounts. While CPT members did not come to complete consensus on a recommendation for defining personal possession, BC recommends binding thresholds.

4.3.1 Considerations

Guided by the overarching framework principles identified in section 4.2, the CPT identified several key considerations for defining personal possession. The following questions were developed to help determine options.

- Is the model clear and easy to communicate to PWUD, police, and the public?
- How do we account for people who use larger amounts (e.g., those with severe substance use disorders)?
- How do we account for people who use more than one type of illicit substance?
- People often purchase or use substances within a social context, such as purchasing on behalf of or to share with friends and/or family. This usually occurs without intent for profit. How do we account for “social supply” within the definition of personal possession?
- What guidance do law enforcement need to limit discretion?
- Individuals who live in or travel to rural areas, where illicit drugs may not be as readily available, may routinely purchase larger amounts of drugs that are intended as a multi-day supply. How can a definition of personal possession account for regional variation and multi-day supply?
- How do we ensure the proposal meets the needs of Indigenous Peoples, People of Colour, and people of low socio-economic status (e.g., unhoused people)?

- In what cases will people still be arrested? In what cases will people have their drugs seized?

Three approaches to defining personal possession were considered and discussed with the CPT, based on a review of approaches in other jurisdictions and careful consideration of strengths and limitations of possible options within this s.56(1) exemption:

- **Indicative Threshold:** A flexible, suggested threshold range of an illicit substance that an individual can possess for personal use. This option would allow for some discretion and consideration of individual circumstances by law enforcement.
- **Binding Threshold:** A firm threshold indicating the maximum amount of an illicit substance than an individual can possess for personal use. Discretion could still be exercised by law enforcement for those in possession above thresholds (i.e., it does not automatically indicate a charge such as trafficking). In this definition, binding thresholds should be considered a floor, not a ceiling.
- **No Thresholds:** No recommendations on what constitutes a “personal amount” of a substance. This allows for maximum law enforcement discretion.

Based on the principles and considerations identified above, most CPT members indicated a preference for binding thresholds, assuming threshold levels accommodate for current patterns of possession and consumption. Binding threshold floors also offer the advantage of having the greatest ease of communication to PWUD, law enforcement and members of the public. This option also limits police discretion below the threshold, thereby reducing the likelihood of biased and discriminatory application of the exemption, while still allowing for consideration of unique circumstances for people in possession above the threshold. Although MMHA considered the option of pursuing an exemption without established thresholds, it was determined that such a model would provide too much discretion and likely fail to achieve desired short- and long-term objectives.

4.3.2 Data and Evidence

For thresholds to be effective, they must be set to reflect actual patterns of use and possession. Otherwise, many PWUD will continue to possess amounts over the threshold limit and remain at risk of criminalization. Thresholds that are too low have been found to be ineffective and diminish progress overall on the objectives of decriminalization. For example, in Mexico, because binding thresholds were set extremely low, rates of drug-related arrests and criminal proceedings have continued to rise,³⁵ as have the numbers of people charged with trafficking.³⁶ Russia has also set low thresholds that, combined with a punitive enforcement culture, have

³⁵ Talking Drugs. Drug Decriminalization Across the World.

³⁶ Office of the Provincial Health Officer, pg. 26

resulted in a lack of real drug policy reform. Conversely, setting thresholds too high may impede law enforcement's ability to conduct trafficking investigations.³⁷

To help inform the potential development of threshold levels for decriminalization, researchers (DeBeck, et al) developed a methodology for estimating drug consumption volumes based on self-reported data from existing research studies of PWUD in Vancouver.³⁸ Due to study limitations, including measurement limitations and the timeframe of data (current to 2018 only), the researchers emphasize that the estimates produced from this methodology are conservative and expected to underestimate the current volumes of drug consumption. They are also focused on only a few classes of drugs (i.e., opioids and stimulants), and thus do not provide guidance on other substances, such as psychedelics.

Estimated Volume of Drugs Consumed and Projections for Multiday Supply Scenarios

Substance		Estimated Volume of Drugs Consumed per Day	3 Day Supply	5 Day Supply	10 Day Supply
Opioids*	Median	0.33 g	0.98 g	1.63 g	3.25 g
	Upper Quartile	0.65 g	1.95 g	3.25 g	6.50 g
	Max	4.39 g	13.16 g	21.94 g	43.88 g
Cocaine	Median	0.50 g	1.50 g	2.50 g	5.00 g
	Upper Quartile	1.06 g	3.19 g	5.31 g	10.63 g
	Max	4.75 g	14.25 g	23.75 g	47.50 g
Crack cocaine	Median	2 rocks**	6 rocks**	10 rocks**	20 rocks**
	Upper Quartile	4 rocks	12 rocks	20 rocks	40 rocks
	Max	75 rocks	225 rocks	375 rocks	750 rocks
Amphetamine	Median	0.21 g	0.63 g	1.05 g	2.10 g
	Upper Quartile	0.45 g	1.35 g	2.25 g	4.50 g
	Max	6.45 g	19.35 g	32.25 g	64.50 g

*Opioids = heroin, fentanyl, and other powder street opioids; ** 1 rock = one point, 0.1 g

Figure 1: DeBeck et al estimated drug consumption volumes

In addition to the research conducted by DeBeck et al., in early 2021 the Vancouver Area Network of Drug Users (VANDU) partnered with a local researcher to conduct a rapid survey of PWUD to generate additional information regarding daily use and purchasing patterns. VANDU recommended threshold amounts based on average daily purchase amounts and 90-95 percent coverage (respondents not vulnerable to arrest for possession under these thresholds).³⁹ It

³⁷ Canadian Association of Chiefs of Police (CACP). Decriminalization for Simple Possession of Illicit Drugs: Exploring Impacts on Public Safety and Policing. Special Purpose Committee on the Decriminalization of Illicit Drugs. (2020). https://www.cacp.ca/index.html?asst_id=2189

³⁸ DeBeck, K., et al. Methodology to Estimate Drug Consumption Volumes to Inform Threshold Determinations (September 2021) [Powerpoint Slides].

³⁹ VANDU. VANDU Decrim Study Results (May 2021) [PowerPoint Slides].

should be noted that the VANDU survey did not address polysubstance use or cumulative possession and purchasing patterns. While other regional drug user groups and researchers are interested in surveying PWUD in their communities on local purchasing and consumption patterns, current data reflects PWUD in Vancouver only. Consultation with provincial stakeholders suggests that PWUD outside of the Vancouver (particularly those living in rural or remote parts of BC) are likely to purchase and carry a multi-day supply for personal use due to limited local availability of drugs for purchase, transportation issues, and in some cases higher income and ability to purchase more supply at a given time.

Drugs	Use quantities per day (average – max range)	Purchase quantities at one time (average-max range)	Recommended thresholds: 95% Coverage	Recommended thresholds: 90% coverage
Fentanyl	0.75 - 5.0g	0.5-3.5g	10.00	4.50
Heroin	0.40 - 3.5g	0.5-3.5g	5.00	3.25
Cocaine	0.61 – 7.0g	0.5-2.0g	6.00	4.00
Crack	1.0 -14.0g	0.5-3.5g	6.00	4.00
Methamph -etamine	0.5 -7.0g	0.5-3.0g	28.00	10.00

Figure 2: VANDU estimated drug consumption and purchase volumes

The Vancouver Police Department (VPD) has published data provided in response to a Freedom of Information (FOI) request on drug seizures from May 2019 to June 2020.⁴⁰ This data includes drug type and quantity seized by the VPD over the period.⁴¹ For the purposes of this submission, the RCMP “E” Division has also provided a report to the BC Government on drug seizure occurrences, quantities, and charges for possession from 2018 to 2020.⁴² This data provides additional context for drug quantities commonly held and seized by police in BC.

MMHA has also consulted with clinical experts to inform the development of appropriate thresholds. Addictions medicine physicians around the province have observed that tolerance levels have increased in recent years due to higher concentrations of illicit fentanyl, leading to higher consumption quantities, particularly for opioids. Although use varies widely, consumption for people with substance use disorders can be as high as 3.5g/day.

⁴⁰ Vancouver Police Department. Records Access Request. (July, 2020). <https://vpd.ca/wp-content/uploads/2021/06/seized-illicit-substances-may-17-2019-to-june-9-20.pdf>

⁴¹ MMHA team is grateful to researcher Dr. Geoff Bardwell for translating the seizure data from a PDF to a workable spreadsheet, and to Erica McAdam, a graduate student at Simon Fraser University for sharing her analysis of seizure quantities against varying threshold levels.

⁴² RCMP “E” Division Criminal Operations Core Policing. (2021). *Illicit Street and Pharmaceutical Drug Occurrences & Total Drug Possession Charges “E” Division (20118-2020)*.

4.3.3 Recommendation

Based on the available data and extensive consultation, **BC seeks to establish a cumulative binding threshold quantity at 4.5g, with no drug seizures, arrests, or charges for simple possession at or below this amount.** Phase one of BC's exemption request seeks to set a threshold for those substances most commonly involved in illicit drug poisoning deaths; however, MMHA is committed to working with Health Canada and CPT stakeholders to develop appropriate thresholds for other illicit substances (e.g., MDMA and psilocybin) in phase two. We recognize that those who use multiple substances may possess higher cumulative quantities than people who primarily use one type of substance, and that polysubstance use is common. A common example of this is co-use of crystal methamphetamine with opioids. Crystal methamphetamine was the most commonly used substance among clients of harm reduction sites in BC in 2018 and 2019, and was frequently used concurrently with opioids.⁴³ As such, we will seek to work with Health Canada, researchers, and people with lived experience to evaluate any disproportionate impact of a cumulative threshold on polysubstance users and adjust our approach if required. We propose an annual review (at minimum) of the proposed threshold quantity alongside monitoring and evaluation data, which could result in either a change in the cumulative binding threshold floor or the setting of thresholds for individual substances.

Substance	Cumulative Binding Threshold Floor for Personal Use
Opioids (including heroin and fentanyl)	4.5g
Powder cocaine and crack cocaine	
Methamphetamine	

This cumulative, binding threshold will be simple and clear to communicate to the public, PWUD, and police agencies operating in the province. The threshold quantity is a floor, below which nobody found in possession would be subject to confiscation of drugs, arrest, or charge for simple possession. This model limits police discretion and reduces the risk of inequitable application of the exemption based on bias and discrimination. Above the threshold, law enforcement will continue to exercise discretion regarding whether to confiscate drugs or arrest an individual for simple possession. Officers may still choose not to seize drugs or arrest for amounts above the threshold floor if they feel that the individual circumstances do not warrant such a response. Police discretion would continue to be governed by federal guidelines which advise the Public Prosecution Service of Canada to avoid pursuing charges for simple possession except in the most serious cases when there is a risk to the public. Due to variations

⁴³ Papamihali, K., Collins, D., Karamouzian, M., Purssell, R., Graham, B., & Buxton, J. (2021). Crystal methamphetamine use in British Columbia, Canada: A cross-sectional study of people who access harm reduction services. PLoS ONE 16(5): e0252090. <https://doi.org/10.1371/journal.pone.0252090>

in drug purchasing and possession patterns in rural and remote areas, it is expected that law enforcement will use appropriate discretion for amounts for personal use that are above the cumulative binding threshold floor. Similar discretion will be recommended to accommodate individuals with severe substance use disorder and/or polysubstance use.

BC's exemption request does not seek to exempt individuals from the charge of possession for the purpose of trafficking (PPT) under the CDSA. Therefore, police will maintain their authority under current law to arrest and/or seize drugs where evidence of an intent to traffic exists, even if amounts of substances in possession are below threshold quantities.

Informed by available data from DeBeck et al and VANDU, a cumulative 4.5g threshold floor would likely accommodate multi-day supply for many PWUD who primarily use one substance (e.g., opioids or crystal methamphetamine), as well as some limited amounts of "social supply" (i.e., substances possessed with intention to share with another individual where there is no motivation to profit). Based on drug seizure data provided by VPD and RCMP, there is evidence that eliminating seizures for personal possession below recommended threshold amounts could reduce overall seizures significantly.⁴⁴ When an individual who is living in poverty and struggling with substance use disorder has their drugs seized, they are often put into desperate and unsafe situations when seeking to replace their drugs. This includes incurring drug debts, and/or turning to property crime or survival sex work. Therefore, by significantly reducing the numbers of drug seizures, BC's decriminalization framework has the potential to reduce harms by decreasing property crime, increasing safety of PWUD, and improving interactions between police and PWUD. While data on consumption and possession patterns outside of Vancouver is limited, this approach would also provide coverage for some degree of regional variation.

4.3.4 Summary of Stakeholder Feedback

CPT members, partners and stakeholders were not all aligned in their recommendations for threshold amounts. While PWUD, clinical experts, researchers, and Indigenous partners advocated for thresholds to be set at recommended levels based on available evidence, guiding principles, and the perspectives of people with lived experience of substance use, policing partners expressed concern that the recommended levels were too high.

The majority of CPT members were opposed to confiscation of personal amounts of illicit substances under recommended thresholds. However, support for exempting drug seizures was mixed amongst law enforcement agencies, as some perceived potential risks and liabilities in allowing individuals to remain in possession of toxic illicit substances.

MMHA will work with BC's Ministry of Public Safety and Solicitor General to mitigate any risks and concerns associated with limiting drug seizures below the thresholds, including a legal

⁴⁴ MMHA will work with policing partners to quantify this impact as part of our evaluation plan.

review of potential liabilities, a comprehensive change management approach, and rigorous monitoring and evaluation.

4.4 ALTERNATIVES TO CRIMINAL PENALTIES

Many jurisdictions that have pursued decriminalization have put in place a range of administrative sanctions as alternatives to criminal penalties. These sanctions sometimes include fines, confiscation of drugs, mandatory education or treatment, and/or confiscation of documents. Widespread confiscation of drugs has also continued in areas of BC where forms of *de facto* decriminalization exist, such as the City of Vancouver.

MMHA held a workshop with CPT members and others on September 10, 2021 to discuss and formulate recommendations on alternatives to criminalization. This workshop revealed widespread opposition to inclusion of administrative sanctions or any alternatives that could be perceived as coercive, as these may contribute to further criminalization, stigma, discrimination, and a lack of trust in the health and social service system for PWUD.

As such, BC's framework proposes to exclude alternative administrative sanctions and penalties such as fines, seizure of documents, or mandatory referral to education or treatment.

In keeping with Canada's obligations under international human rights and drug treaty conventions to which it is a signatory, and by recommendation of the CPT, BC is committed to offering alternative health and social service pathways to people found in possession of drugs meeting the criteria for personal possession.⁴⁵

BC's decriminalization framework proposes that, as an alternative to criminalization, all individuals found in possession of personal amounts of substances at or below the threshold will be provided with information regarding local health and social services, as well as additional assistance to connect with services if desired. Harm reduction supply provision may also be provided where appropriate.

4.4.1 Provision of Information and Harm Reduction Supplies

Police will, at a minimum, provide people found to be in possession of small amounts of illicit substances for personal use with information about how to access local health and social supports.

⁴⁵ Including, but not limited to, the Universal Declaration on Human Rights (1948), the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971), and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).

Provision of information would take the form of a pamphlet or card with a standardized preamble as well as Health Service Delivery Area (HSDA)⁴⁶-specific information on available treatment, safer supply options, harm reduction and supervised consumption sites, drug checking services, peer-led services, social services, Indigenous-specific services, and traditional treatment approaches. Individuals would not be required to follow up with any of these services but could choose to self-refer. When an individual requests it of them, police could assist with a referral. An example of the types of services that could be included in these lists is included in Appendix D. If this submission is approved, MMHA will work with Health Authorities, social service providers and people with lived and living experience to develop resource lists for all HSDAs and ensure that they are safe, relevant, up to date and inclusive of peer-led supports as available.

Subject to funding and necessary policy arrangements, BC will also equip RCMP detachments and municipal and First Nations police departments with harm reduction supplies such as Take-Home Naloxone kits and drug checking supplies to offer to individuals.

4.4.2 Voluntary Referrals

Stakeholder opposition to mandatory referrals to addiction treatment or other services was near-unanimous. Members of the CPT stated that mandatory referrals are rarely effective, perpetuate the belief that all substance use requires treatment interventions, and further stigmatize PWUD. Regional Health Authorities have also suggested that because clinicians take a patient-centred, trauma-informed approach to supporting PWUD, there would be little support for any model wherein referrals would be perceived as mandatory or coercive in nature.

BC has taken a nuanced approach to defining “voluntary referrals”. Police will not proactively refer individuals to health or social services, as PWUD may feel obligated to accept a referral from a member of law enforcement. However, assistance may be provided to those who would like a referral or require assistance to initiate a referral. Under this arrangement police would not collect health information such as a BC Personal Health Number, although collection of minimal identifying information such as name and birthdate may be required. Other intermediaries such as peer support or outreach workers could also fulfill this role during their own interactions with PWUD.

In addition to preserving the choice and autonomy of PWUD, the inclusion of voluntary referrals to a range of services under BC’s decriminalization model represents an

⁴⁶ Each Regional Health Authority contains three geographically bounded Health Service Delivery Areas (HSDAs), which are in turn divided into a number of Local Health Areas. HSDA boundaries are used for administrative purposes such as demographic data analysis and to group and classify the community-level health services provided within them.

acknowledgement that treatment is not indicated for everyone who uses illicit substances. According to the BC Coroners Service Illicit Drug Overdose Death Review Panel findings, at least 10 percent of those who died of illicit drug poisoning were not regular users, meaning that they would not meet the criteria for substance use disorder.⁴⁷ Furthermore, as noted by BC's Provincial Health Officer, substance use occurs along a continuum, with one end representing beneficial and/or cultural use. For individuals engaging in forms of non-problematic substance use, any harms are primarily associated with the potential contamination of their drugs as a result of BC's poisoned illicit drug supply.⁴⁸ Although referral to overdose prevention, drug checking, or other harm reduction services may be beneficial for these individuals, treatment interventions are not necessary.

4.5 HEALTH SYSTEM READINESS

While significant work is underway to build up BC's substance use system of care, our Regional Health Authorities offer a continuum of substance use services, which range from specialized treatment to harm reduction programming and novel safer supply programs that provide pharmaceutical alternatives to the illicit drug supply. BC is continuing to strengthen the substance use system of care and is currently developing a framework that would bring together these and other services in a coordinated and comprehensive way.

The following is a high-level list of services that are available in all BC health regions and are continuing to be scaled up by Regional Health Authorities in partnership with the Ministry of Health and MMHA:

- Harm reduction services: Take-Home Naloxone, harm reduction supplies, drug checking services, and overdose prevention and supervised consumption sites (including supervised inhalation);
- Medication-assisted treatment: Expanded access to evidence-based medications for substance use disorders (including through nurse prescribing) such as buprenorphine/naloxone, methadone, and Kadian™ (opioid agonist treatment) and acamprosate for alcohol use disorder;
- Community-based treatment and recovery: Access to community-based mental health and substance use treatment and support, including psychosocial supports, group counselling, and intake/referral to specialized treatment programs through regional and local community clinics;
- Injectable opioid agonist treatment (iOAT)

⁴⁷BC Coroners Service. (2018.) https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/bccs_illicit_drug_overdose_drp_report.pdf

⁴⁸ Office of the Provincial Health Officer, p. 4.

- Prescribed safer supply: Programs and policies are aimed at increasing available pharmaceutical alternatives to toxic illicit drugs;⁴⁹
- Enhanced harm reduction services, including managed alcohol programs for people with alcohol use disorder, and contingency management for people with stimulant use disorder;
- Bed-based services, including withdrawal management, treatment, and recovery;
- Mental health and substance use supports for youth, including Foundry centres and bed-based treatment and recovery care for youth and young adults; and
- Community outreach programs for people at risk of overdose, including Overdose Outreach Teams, Intensive Case Management Teams, and Assertive Community Treatment Teams.

4.6 REGIONAL CONSIDERATIONS

BC's population is spread across many municipalities, unincorporated areas, and First Nations. Overall, BC has 162 municipalities and 198 distinct First Nations. Seven of the top 10 most populated municipalities are in the Metro Vancouver area, with a combined population accounting for roughly half of BC's overall population.⁵⁰

Under the *Police Act*, municipalities with populations of 5,000 and over must provide law enforcement by forming their own police department, contracting with an existing department, or contracting with the provincial government for RCMP police services. Twelve municipalities have their own police forces and 63 have contracts with the Province for RCMP services. The Stl'atl'imx Tribal Police Service is the only Tribal Police Service in BC, providing policing services to St'at'imc Nation communities. Several other agencies and integrated teams provide supplemental or dedicated policing. These include the Metro Vancouver Transit Police, an enhanced police force at the Vancouver International Airport, and integrated teams throughout the province.

The Ministry of Health and MMHA partner with the Provincial Health Services Authority, five Regional Health Authorities, and the First Nations Health Authority (FNHA) to provide health services across BC. This regionalized approach allows for services to be planned and delivered in ways that meet the unique needs of specific regions and communities. These benefits are evident in the range of innovative community-based substance use services that have been developed across the province in response to the illicit drug toxicity crisis. Regional Health

⁴⁹ <https://news.gov.bc.ca/releases/2021MMHA0035-001375>

⁵⁰ https://www2.gov.bc.ca/assets/gov/data/statistics/people-population-community/population/pop_subprovincial_population_highlights.pdf

Authorities, the Ministry of Health and MMHA use sixteen geographic Health Service Delivery Areas⁵¹ to plan and provide health program delivery and services to BC's population.

FNHA represents a new relationship between First Nations, the Province of BC, and the Government of Canada. FNHA aims to improve health outcomes for First Nations people in British Columbia. FNHA is responsible for:

- Planning, managing, delivering and funding First Nations health programs and services previously provided by Health Canada's First Nations and Inuit Health Branch;
- Working with BC's Ministry of Health and health authorities to address service gaps and improve health outcomes for First Nations in BC; and
- Improving the quality, accessibility, delivery, effectiveness and cultural appropriateness of health-care programs and services for First Nations.

MMHA is engaging with representatives from FNHA, the Union of BC Municipalities and its members, Regional Health Authorities, municipal police, and the RCMP to ensure that BC's decriminalization framework is implemented in a safe and effective way to meet its core goals and objectives.

4.6.1 Rural and Remote Considerations

Although most of the population in BC is concentrated in large and medium-sized municipalities, a significant proportion of the population, including many Indigenous Peoples, reside in rural and remote environments with unique barriers for timely health and social service delivery. These barriers are the result of a variety of factors, including geographic remoteness, low population density, challenges in recruitment and retention of health and social service providers, limited mobile network coverage and access to internet services, and inclement weather conditions affecting transportation and telecommunications. BC's approach to decriminalization will consider the needs of people living in rural and remote areas by working with Regional Health Authorities to identify services able to support PWUD in each HSDA. As evidenced by the approach to defining simple possession and alternative pathways, BC is also actively engaged with municipal partners, and drug user advocacy groups to understand and respond to the specific needs of PWUD in rural and remote communities.

BC also recognizes that for PWUD living in rural and remote regions of the province, purchasing patterns of illicit substances may differ from those living in urban centres. Furthermore, some of the barriers to accessing treatment and services in rural and remote areas (e.g., transportation issues) also impact drug purchasing patterns. These factors can lead PWUD living or working in rural and remote areas to purchase larger, multi-day supplies of illicit substances, likely in excess of 4.5g. As such, future phases of implementation may wish to consider higher

⁵¹ <https://catalogue.data.gov.bc.ca/dataset/health-service-delivery-area-boundaries>

threshold quantities for these regions. This would require significant data collection and stakeholder consultation activities, including with First Nations located in rural and remote areas.

4.7 APPROACH TO UNIQUE POPULATIONS (GBA+)

BC's decriminalization framework has been developed using gender-based analysis plus (GBA+) to assess how diverse groups of people may experience and be affected by the policies and approaches taken. This analysis goes beyond sex and gender and includes the examination of a range of intersecting identity factors (e.g., Indigeneity, age, education, language, race, ability, class etc).

4.7.1 Youth

BC's decriminalization framework seeks alignment with existing federal and provincial legislation and regulations. BC's decriminalization framework proposes to define youth in a way that is consistent with the age of majority (19 years of age) used in provincial regulation of legal psychoactive substances like alcohol and cannabis. However, it is recognized that individuals 18 years of age are adults under the CDSA. Under the *Youth Criminal Justice Act* (YCJA), youth aged 12 to 17 who have committed a criminal offense may be dealt with through alternative or extrajudicial measures rather than pursuing criminal charges. If the offence is nonviolent (e.g., personal possession of controlled substances) and the youth has no previous offences, a police officer must consider this route. This may involve taking no further action, or, in the case of possession of illicit substances, may include referral to community or health services. In cases of multiple or more serious offences, Crown counsel may approve an extrajudicial sanction such as participation in counselling as an alternative to a criminal charge.

Given the separate legislation governing youth justice and additional safety concerns, as well as the fact that individuals 18 years of age are no longer subject to the YCJA and are treated as adults under federal drug law, further discussion with Health Canada is needed to determine how a decriminalization framework may apply to youth/young people. MMHA is also liaising with leadership from the Ministry of Children and Family Development, and other stakeholders to explore all options and determine if special considerations are required to meet the needs of youth/young people under BC's decriminalization framework.

4.7.2 Indigenous Peoples

MMHA has taken a distinctions-based approach to consulting with Indigenous partners and leaders in BC, seeking input from Indigenous leadership based on their preferred methods and tables of consultation. A key area of policy development in the implementation planning phase will focus on determining how or if the s.56(1) exemption could or would be applied to First Nations reserves in BC. BC is committed to ensuring that alternative pathways identified as

appropriate for inclusion in BC's decriminalization framework are culturally safe and trauma-informed.

4.7.3 Other Identity Factors

As part of engagement with the CPT, as well as discussions with other stakeholders, several other identity factors have been identified as having an impact on how an individual may experience criminalization for substance use, or, conversely, decriminalization. If BC's submission is approved, MMHA will continue to work with partners and stakeholders to address and respond to these factors where possible and mitigate unintended consequences for specific groups of people. These include:

- Racialized people/People of Colour who face systemic racism in the criminal justice and health care systems;
- Immigrants, refugees, and international students who may fear that accessing health and support services for substance use will jeopardize their legal status;
- Women and gender-diverse individuals who engage in sex work, who may be more vulnerable to experiencing violence and may fear seeking assistance from police due to substance use and fear of criminalization;
- LGBTQ2S+ individuals who use substances may have longstanding distrust of police and health systems due to experiences of discrimination;
- Parents who fear investigation and loss of custody due to substance use;
- People who work in labour and trade industries who are disproportionately represented among people poisoned by illicit drugs, and who may work in remote locations for extended periods and purchase substances in higher quantities; and
- People with disabilities, including chronic pain, who may have unique reasons for seeking illicit substances and face unique barriers to accessing appropriate health and social supports.

4.8 APPROACH TO UNIQUE CIRCUMSTANCES

MMHA has undertaken work with government partners and the CPT to address intersections between the decriminalization framework and other existing legislation and regulation, including public safety concerns regarding personal possession while operating a motor vehicle, local government bylaws and regulations surrounding consumption in public places, considerations related to child welfare, and mental health and safety concerns.

4.8.1 Personal Possession in a Motor Vehicle

Under Canadian and BC legislation and regulations, adults can operate a vehicle with alcohol or cannabis in it as long as the product is contained in its unopened original packaging, or not readily accessible to the driver and any passengers (e.g., in the trunk). During the implementation planning phase, MMHA will work with the CPT and government partners to

determine a clear policy for how BC's decriminalization framework will approach possession of personal amounts of other drugs while operating a motor vehicle.

Section 320.14(1) of the *Criminal Code* makes operating a motor vehicle while impaired by any psychoactive substance a criminal offence. Police presently possess a variety of enforcement tools to manage public safety concerns regarding impaired driving, regardless of the psychoactive substance used. This will not be affected by the exemption application. The Province does not anticipate that its application for a s.56(1) exemption for personal possession will lead to increased rates of impaired driving but we will be monitoring closely for this potential impact.

4.8.2 Public Consumption

Health Canada has previously indicated that a s.56(1) exemption request for decriminalization should consider the risk of increased public consumption of illicit substances. A systematic review of all available evaluation studies of the impacts of decriminalization on subsequent drug use trends found that, in the majority of jurisdictions that have implemented some form of decriminalization, drug use did not increase following implementation.⁵² This includes Portugal, which remains the most highly studied example of decriminalization of personal possession of illicit substances globally.⁵³ As such, the Provincial Government does not anticipate that our decriminalization framework will increase overall population prevalence of substance use, or public consumption. Although police have ongoing concerns regarding potential impacts to public consumption, officers will continue to have enforcement tools, including laws prohibiting trespassing and public intoxication. Risk mitigation strategies to limit the likelihood of increased public consumption will need to balance public safety risks with the need to ensure that PWUD are not subject to increased enforcement and driven to use drugs alone, where risk of illicit drug toxicity death is elevated.

4.9 IMPLEMENTATION

To realize the objectives of decriminalization, policymakers must pay significant attention to how BC's decriminalization framework will be implemented on the ground in communities.

4.9.1 Implementation at Different Stages of the Criminal Justice System

CPT members have raised questions concerning how an exemption would apply to people who have an active criminal case file regarding a charge for simple possession in BC, and whether

⁵² Scheim, A.I., Maghsoudi, N., Marshall, Z., Churchill, S., Ziegler, C., and Werb, D. "Impact evaluations of drug decriminalisation and legal regulation on drug use, health and social harms: a systematic review." *British Medical Journal Open* 2020, 10:e035148. doi: 10.1136/bmjopen-2019-035148

⁵³ Hughes, C.E. and Stevens, A. (2010). "What can we learn from the Portuguese decriminalization of illicit drugs?" *The British Journal of Criminology*, 50(6), pp. 999-1022.

previous criminal records for simple possession could be expunged. MMHA is committed to working with Health Canada and its partners in the criminal justice system to explore these questions.

4.9.2 Police Training

If granted an exemption from the CDSA, MMHA will work with its policing partners and Health Authorities to develop a range of training resources to support knowledge and full implementation of the decriminalization framework amongst front-line police officers across BC. The BCCDC has expertise in this area, having worked with police forces to develop resources to support officer knowledge and application of the *Good Samaritan Drug Overdose Act*. Examples of training resources are included in Appendix C.

4.9.3 Public Education

MMHA has a public engagement team and a dedicated annual budget to develop and run public campaigns supporting overdose awareness. These existing resources will be leveraged to launch an education and awareness campaign to inform British Columbians about the decriminalization framework. The public engagement team has expertise in social marketing, production of web- and television-based advertisements, and can draw on a network of branding and communications agencies. The team is also committed to working with PWUD to ensure that messages resonate with those most impacted by the illicit drug poisoning crisis.

Workplaces represent a specific context in which education will be particularly relevant, both for employers and employees. MMHA will work with its partners inside and outside of government to support employers in developing workplace policies on personal possession of illicit substances, where required.

4.10 MONITORING AND EVALUATION

If a s.56(1) exemption is approved, MMHA will lead the oversight, monitoring, and evaluation of BC's decriminalization framework, including working with internal and external evaluation partners to monitor progress toward objectives, intended outcomes, unintended consequences, and other issues, risks, and risk mitigation strategies on an ongoing basis.

BC is home to public universities and research institutions that are world leaders in substance use research, uniquely positioning the province to develop a significant body of research literature and implementation science regarding the Province's decriminalization policy. A comprehensive evaluation plan will require partnerships with various research institutions, law enforcement agencies, and people with lived experience of substance use. It will also require access to a range of provincial administrative datasets from health and justice stakeholders, as well as qualitative data generated in partnership with people with lived and living experience, and policing partners.

MMHA has convened a Decriminalization Research and Evaluation Committee with leading researchers and experts, including representatives of the BCCDC, BC Centre on Substance Use (BCCSU), Canadian Institute for Substance Use Research (CISUR), FNHA, as well as members with lived and living experience of substance use. The committee will develop key indicators, explore the use of administrative data to track progress on indicators, and determine key qualitative research needed to support comprehensive evaluation. If a s.56(1) exemption is granted, BC will submit a detailed evaluation plan to Health Canada. Below are a few examples of indicators and data sources that will be explored.

Intended Outcomes	Indicators (draft examples only)	Potential Data Sources
Reduction in illicit drug poisoning events and deaths	# of deaths officially attributed to illicit drug poisoning # of illicit drug poisoning-related calls responded to by BC Emergency Health Services	BC Coroners Service data BC Emergency Health Services data
Reduction in arrests and charges for simple possession	# of criminal cases with simple possession as the most serious offence (MSO)	Statistics Canada data on adult criminal cases and charges
Reduction in drug seizures under the threshold for personal possession	# of drug seizure events under threshold quantities	Municipal police department data RCMP data
Increased voluntary and appropriate health service referrals	# of connections with health services where police were cited as the referral/information source	Health Link BC Health Authorities
Law enforcement awareness and understanding of decriminalization policy, health and social services	# of police officers that have attended training/information sessions on decriminalization # of police officers that report implementing decriminalization policy in practice	Attendance/participation data on new training/information sessions Participant Survey (TBD)
Increased public awareness of decriminalization and its role in reducing stigma	# of people reached by decriminalization awareness campaign materials	BC Stats Survey (TBD)

5 CONCLUSION

BC has faced a public health emergency relating to high rates of illicit drug toxicity deaths since 2016, with over 7,500 lives lost in the past five years, and countless others impacted by non-fatal illicit drug poisonings, stress and burnout from crisis response efforts, and the pain of

bereavement. The Province is committed to using every tool at our disposal to bring this crisis to an end. BC has a history of bold and innovative drug policy, but further action is urgently needed. Therefore, under an urgent public health need, the Province is pursuing a s.56(1) exemption to decriminalize personal possession of illicit substances in BC. Decriminalization will help to address the stigma that prevents so many from reaching out for the services and support they need.

BC's decriminalization framework seeks to complement a comprehensive response to the illicit drug poisoning emergency. This submission was developed with input from key partners and stakeholders, including people with lived and living experience, clinical leaders, public health experts and practitioners, drug policy experts, law enforcement, Indigenous partners, Regional Health Authorities, and municipalities.

This submission expands upon an initial outline provided to Health Canada by detailing key details of BC's plan for the decriminalization of personal possession. These include intended outcomes, eligibility, a definition of what constitutes "personal possession", alternatives to criminal penalties, and a plan for implementation including training and public education. The framework considers the nuances of how decriminalization would work in different regions, for specific populations (including Indigenous Peoples), and in unique circumstances. Finally, the framework commits to strong monitoring and evaluation to ensure that intended outcomes are realized and to support evidence-based adjustments to our approach throughout the implementation phase. Given the significant public support for decriminalization, BC's proposal provides the federal government with an opportunity to generate a timely body of implementation science to support drug policy reform elsewhere in the country and world.

This submission is intended to inform ongoing dialogue between Health Canada and MMHA leading to a s.56(1) exemption. MMHA is committed to ensuring that our approach meets the requirements of the federal government and we look forward to continuing to work together on this important act of drug policy reform.

6 APPENDIX A

Core Planning Table Member Organizations
Peer Organizations
Vancouver Area Network of Drug Users
Society of Living Illicit Drug Users (Victoria)
Coalition of Substance Users of the North (Quesnel)
Society for Narcotic and Opioid Wellness (Dawson Creek)
Rural Empowered Drug Users Network (Nelson / Grand Forks)
BC Yukon Association of Drug War Survivors (province-wide)
Indigenous Partners
First Nations Health Authority
Métis Nation BC
BC Association of Aboriginal Friendship Centres
BC First Nations Justice Council
Police
RCMP
BC Association of Chiefs of Police
Vancouver Police Department
Municipalities
Union of BC Municipalities

City of Vancouver
City of Kamloops
Additional Partners
BC Centre on Substance Use
BC Centre for Disease Control
Pivot Legal Society

Government Members/Secretariat	
Ministry of Mental Health and Addictions	<p>Ally Butler, Executive Director of Substance Use and Strategic Initiatives (Co-Chair) Chris Van Veen, Senior Director (Co-Chair) Meg Emslie, Director</p> <p><i>Secretariat Support</i> Stephanie Taylor, Senior Policy Analyst Danielle Parish, Senior Policy Analyst</p>
Ministry of Health	Kenneth Tupper, Director of Substance Use Prevention and Harm Reduction
Office of the Provincial Health Officer	<p>Dr. Daniele Behn-Smith, Deputy Provincial Health Officer, Indigenous Health Dr. Brian Emerson, A/Deputy Provincial Health Officer</p>
Ministry of the Attorney General	
Ministry of the Solicitor General and Public Safety	<p>Brian Sims, Executive Director of Policing and Security Matt Brown, Director of Policing Operations</p>
Ministry of Children and Family Development	<p>Wendy Norris, Manager, Strategic Child Welfare and Reconciliation Policy Rose Anne Van Mierlo, Director, Youth Justice Program Support</p>

7 APPENDIX B

The following logic model summarizes inputs, outputs, and immediate and longer-term outcomes of our proposal.

Inputs	Outputs	Short-Term Outcomes	Long-Term Outcomes ⁵⁴
Section 56(1) exemption	Definition of simple possession / thresholds	Reduced police and court time and resources spent on enforcement of personal possession	Reduction in illicit drug poisoning events and deaths
	*Policy restricting seizures under threshold amounts	Reduction in seizures, arrests, charges, criminal penalties, and criminal records for simple possession for PWUD	Reduction in health, social, and economic harms associated with criminalization of substance use
	Health and social service referral pathways and resources	Decreased racial and other disparities in enforcement of simple possession	Reduction in PWUD reliance on toxic illicit drugs and increase access to health and social services
		Increased voluntary and appropriate connections between PWUD and health and social services	
	Guidelines and training for law enforcement	Law enforcement awareness and understanding of decriminalization policy, health, and social services	Reduction in barriers to accessing health services experienced by PWUD
		Reduced and improved interactions between law enforcement and PWUD regarding personal possession	Increased engagement and retention in treatment and supports for people with substance use disorders
Stakeholder input into policy design			Improved interactions between law enforcement and PWUD
			Increased PWUD trust in law enforcement and criminal justice system

⁵⁴ Long term objectives of decriminalization are unlikely to be achieved through decriminalization alone. Progress on these objectives is expected to take years and relies on other complementary system change initiatives, such as expanding and improving health and social services to support PWUD and addressing social determinants of health such as poverty, housing, and systemic racism.

		Improved ability of law enforcement and criminal justice system to prioritize serious crime
Public awareness campaign	Increased public awareness of decriminalization and its role in reducing stigma	Reduced stigma experienced by PWUD
	Increased public understanding of substance use as a public health issue	Increased socio-emotional well-being of PWUD

8 APPENDIX C

The following list contains examples of BC-specific resources developed to promote police officer education and awareness of the federal *Good Samaritan Drug Overdose Awareness Act*.

'Test Your Knowledge' Quiz:

<https://towardtheheart.com/assets/uploads/1618262317VIUle50ZLLqMaxqcobmVNfdFeBC95WjEqYhrOwV.pdf>

Training Slide Deck:

<https://towardtheheart.com/assets/uploads/1625680068BGJmmCAyxklwZo8vENGBQEIBc6OssolOteYlmdz.pdf>

GSDOA Poster:

<https://towardtheheart.com/assets/uploads/1505411688Qgm0PwNT8IxlogPhlnwYhaFnm6NplcIkCfb2EY2.pdf>

GSDOA Wallet Cards:

<https://towardtheheart.com/assets/uploads/1526595325dttSdJc37OH9Y8aecNPDo1PIR5KsP2h7KaWZcgE.pdf>

9 APPENDIX D

The following tables include examples of provincial and Health Service Delivery Area (HSDA) resources that could be included in service information cards provided by police to people found in possession of personal amounts of illicit substances. The formatting may look different in the final information products.

Table 1: Provincial Services

Provincial Services		
Type	Service	Contact Information (all services 24/7 unless otherwise stated)
Supervised Consumption & Harm Reduction	Lifeguard App <i>Safer use smart phone app with timer and automatic emergency responder contact if no response following use</i>	https://lifeguardddh.com/products/lifeguard-app/
	Toward the Heart <i>Information on harm reduction services including take home naloxone training and harm reduction supply locations</i>	https://towardtheheart.com/
Crisis Support	Crisis Lines BC <i>Emotional support, crisis and suicide assessment/intervention and resource information</i>	Suicide support line: 1-800-784-2433 Mental Health Support Line: 310-6789 Seniors Distress Line: 604-872-1234 Youth Chat: www.YouthInBC.com (noon-1am) Adult Chat: https://crisiscentreachat.ca/ (noon-1am) Local crisis lines: https://www.crisislines.bc.ca/mapcrisis-lines
	Hope for Wellness Help line: (nationwide) <i>24 hr immediate mental health counselling and crisis intervention for all Indigenous people across Canada</i>	1-855-242-3310
	Kuu-Us Crisis Line Society – <i>Indigenous-focused crisis support located on Nuu-Chah-Nulth Territory, but provides crisis support to Indigenous people across BC</i>	Adults/Elders line: 250-723-4050 Youth line: 250-723-2040 Toll free: 1-800-588-8717
Overnight Shelter and Drop In	BC211 <i>Connection to Shelter and Street Help Line, shelter availability (Lower mainland only)</i>	2-1-1 http://shelters.bc211.ca/bc211shelters (updated daily with availability)
	BC Housing Emergency Shelter and Drop In <i>List and map of all shelters and drop-in services supported by BC Housing</i>	https://www.bchousing.org/housing-assistance/homelessness-services/emergency-shelter-map
Access to treatment and information about health services	Health Link BC / 8-1-1 <i>Health service navigators can help find health information or health services, or connect you with a nurse, dietitian, or pharmacist.</i>	8-1-1 https://www.healthlinkbc.ca/
	BC211	2-1-1 https://bc211.ca/

	<i>Community resource navigation and link to specialized help lines including Alcohol and Drug Information and Referral Line</i>	info@bc211.ca Phone, text, email and webchat available
	<i>Wellbeing B.C.'s official resource for mental health, substance use, and addictions support</i>	https://wellbeing.gov.bc.ca/
First Nations and Indigenous-specific Services	<i>First Nation's Virtual Doctor of the Day Virtual doctor appointments for First Nations people in BC</i>	1-855-344-3800 Monday to Sunday 8:30am to 4:30pm
	<i>Native Courtworker and Counselling Association of British Columbia Culturally appropriate justice and health related services according to need</i>	Call toll free: 1-877-811-1190 Email: nccabc@nccabc.net Website: https://nccabc.ca/
	<i>Indian Residential School Survivors Society Wellness and healing services to Indian Residential School Survivors and intergenerational Survivors throughout B.C.</i>	1-800-721-0066

Table 2: HSDA 23-233 Fraser South: Surrey

HSDA 23-233 Fraser South: Surrey

Type	Service	Hours of Operation	Address, Telephone No
Supervised Consumption & Harm Reduction	SafePoint <i>Supervised consumption (Injection)</i>	Monday to Sunday 7:00 am to 1:00 am No appointment needed	2- 10681 135a St, Surrey 604-587-7898
	Smoke n' Go <i>Supervised consumption (inhalation)</i>	Monday to Sunday 9:00 am to 9:00 pm No appointment needed	2- 10681 135a St, Surrey 604-587-7898
	Surrey North Community Health Clinic <i>Harm Reduction Supplies incl Naloxone Distribution, drug checking, medical clinic.</i>	Monday to Friday 8:30 am to 4:30 pm	10697 135A Street Surrey 604-589-8678
	Lookout Mobile Harm Reduction <i>Delivery of supplies including drug checking to Delta, White Rock, Surrey, Ladner, Langley</i>	Monday to Friday 8:30 am to 4:30 pm Call for delivery.	604-328-7610
Crisis Support	Fraser Health Crisis Line <i>Free & confidential emotional support, crisis intervention, community resource information</i>	24/7	604 – 951 - 8855 Toll-free 1-877-820-7444
	Surrey Women's Centre <i>Medical emergency support, trauma counselling, transportation to hospital</i>	Support worker available 24/7 by phone	604-583-1295
Overnight Shelter and Drop-In	Gateway Shelter and Resource Centre (Lookout Society)	24/7 Walk-in's welcome	10667 135A Street Surrey 604-589-7777
	Year-round and Emergency Shelters <i>(multiple, including women's-only shelters)</i>	Most are 24hr, intake hours vary	http://shelters.bc211.ca/bc211shelters (updated daily with availability)

	Quibble Creek Sobering Centre <i>Place to recover from intoxication, supervised consumption, harm reduction supplies</i>	Monday to Sunday 24 hours per day Walk-in's welcome	13670 94A Avenue, Surrey 604-580-4969
Access to Treatment	Regional Access to Addiction Care Clinic, Fraser South <i>Access to addiction care and treatment</i>	Monday to Friday 8:30 am to 4:30 pm No appointment needed	13740 94a Ave, Surrey 604-587-3755
	Surrey Urgent Care Response Centre <i>Access to Mental Health care and treatment</i>	Monday to Sunday 8:30 am to 8:30 pm No appointment needed	Charles Barham Pavilion 13750 96 Ave Access through 94a Ave, Surrey 604-953-6200
	Quibble Creek Substance Use Services <i>Substance use counselling services</i>	Monday to Friday 8:30 am to 4:30 pm Walk-in's welcome	13670 94A Avenue, Surrey, BC 604-580-4950
Indigenous-specific supports	Fraser Region Aboriginal Friendship Centre Association (FRAFCA) <i>Harm reduction, outreach, counselling, housing support</i>	Monday to Friday 8:30 am to 5:00 pm	101-10095 Whalley Blvd, Surrey, BC 604-283-3293 https://fracfa.org/

Table 3: HSDA 43-432 North Vancouver Island: Campbell River

HSDA 43-432 North Vancouver Island: Campbell River

Type	Service	Hours of Operation	Address, Telephone No
Supervised Consumption & Harm Reduction	Overdose Prevention Service <i>Harm reduction supplies, witnessed consumption, education, referrals</i>	Monday-Sunday 9:00 am- 7:00 pm	1330 Dogwood Street, Unit #5 Campbell River 250-287-9969
	AVI Campbell River <i>Harm reduction services and supports, referral to services, systems navigation, outreach</i>	Monday - Thursday 9:00 am - 4:00 pm Friday: 11:00 am - 3:00pm	1371 c. Cedar Street, Campbell River BC 250-830-0787 Info line: 1-800-665-2437
Crisis Support	Vancouver Island Crisis Society <i>Crisis line, incl. supports for substance use</i>	24/7	1-888-494-3888
Overnight Shelter and Drop-In	Salvation Army Evergreen House <i>Low barrier shelter with housing transition support</i>	24/7 Walk-in's welcome	690 Evergreen Road Campbell River 250- 287-3791
	Sobering and Assessment Centre <i>Safe, supportive environment for overnight sobering</i>	24/7 Walk-in's welcome	#6 - 1330 Dogwood Street Campbell River 250-287-9969
	Campbell River Women's Resource Centre and Transition House <i>Drop-in counselling and resource centre and emergency transition house</i>	Resource Centre: Monday-Thursday 10:00 am – 3:00 pm	1330 Dogwood Street, Unit #5 Campbell River 250-287-3044 24 hr help line: 250-286-3666 24 hr text line: 250-895-1773
	Kwesa Place <i>Drop-in services, free laundry, showers, clothing, and snacks</i>	10am-4pm Monday to Friday	1342 Shoppers Row Campbell River
Access to Treatment	Island Health Mental Health and Substance Use Services Intake Services <i>Assessment, short term counselling, referrals</i>	Monday-Friday 8:30 am – 4:30 pm (closed 12-1)	#207–1040 Shoppers Row Campbell River 250-850-2620

	Foundry Campbell River <i>Mental Health and Substance use supports for youth aged 12-24</i>	Mon, Fri 830-430 Tues, Wed, Thurs 8:30 am-6:00 pm	140 10th Avenue, Campbell River 250-286-0611
	Columbia Coast Medical Services <i>Medical management of opiate dependency, methadone, counselling, pain assistance (private clinic: fees may apply)</i>	Monday – Friday 8:30 am - 4:30 pm Call to make an appointment	1371B Cedar St Campbell River 250-287-4822
	North Island Survivors Healing Society <i>Trauma and abuse counselling centre</i>	Call for options and to make an appointment	625 D 11th Avenue, Campbell River 250-287-3325
Indigenous-specific supports	Kwakiutl District Council Health (KDC Health) <i>First Nations and Indigenous intervention and counselling, screening, treatment, education</i>	Monday -Friday 8:30 am - 4:30 pm	1400A Drake Rd Campbell River 250-286-9766
	Laichwiltach Family Life Society <i>Holistic services (cultural, mental, emotional, spiritual, physical) for Indigenous people and families</i>	Monday to Friday 8:30 am to 4:30 pm	441 4 Ave, Campbell River, BC 1-250-286-3430
	Tsow Tun Lelum Society <i>Confidential outreach services such as counselling and cultural support</i>	Monday to Friday 9:00am- 4:00pm	1-888-403-3123

From: [Turner, Sara J MMHA:EX](#)
To: [Sturtevant, Darryl MMHA:EX](#); [Butler, Ally MMHA:EX](#); [Hayward, Ross HLTH:EX](#)
Cc: [Edemskaya, Valeriya MMHA:EX](#)
Subject: DM Briefing - Decriminalization
Date: October 19, 2021 3:23:47 PM
Attachments: [Full s.56 Submission Oct 18 - Draft for DM.docx](#)

Hello,

The attached has been sent to the Health DMO in advance of tomorrow's 9:30 briefing.

Thank you!

Sara Turner

Senior Executive Assistant
Deputy Minister's Office
Ministry of Mental Health and Addictions
250-880-5114

From: [Butler, Ally MMHA:EX](#)
To: [Walsh, Taryn PSSG:EX](#); [Rideout, Wayne PSSG:EX](#); [Carmichael, Barbara AG:EX](#); [Kamper, Carolyn MCF:EX](#); [Hayward, Ross HLTH:EX](#); [Sturtevant, Darryl MMHA:EX](#); [Emerson, Brian P HLTH:EX](#); [Behn Smith, Daniele HLTH:EX](#)
Cc: [Sims, Brian A PSSG:EX](#); [Wheler, Francesca M MCF:EX](#); [Van Veen, Chris MMHA:EX](#); [Gow, Fiona S AG:EX](#); [Falconer, Mary AG:EX](#)
Subject: DRAFT FOR REVIEW: s.56 Exemption to Decriminalize Personal Possession of Illicit Substances Under the CDSA
Date: October 15, 2021 9:29:48 AM
Attachments: [Full s.56 Submission Oct 15 ADM and Project Team Draft.docx](#)
[image001.jpg](#)
Importance: High

Good Morning ADM Working Group,

I'm pleased to share with you a *confidential working draft* of BC's full submission to Health Canada requesting a s.56 exemption to decriminalize personal possession of illicit substances under the federal *Controlled Drugs and Substances Act*. This document builds from an outline submitted to Health Canada earlier this fall which included your edits and suggestions. I want to draw your attention to two important new sections:

- 4.3 describes how we propose to define "personal possession" in the decriminalization framework; and
- 4.4 provides a description of the "alternative pathways" that people who use drugs will be provided under the framework.

We are working under a very tight timeline, so **if you have any edit suggestions or questions please send them to me by noon on Monday October 18th**.

I appreciate that this is a very quick turn around which doesn't leave much time for review. Rest assured, there will be opportunities for discussion over the coming weeks - next week we have joint DM briefings scheduled with PSSG, HLTH and PHO and our next ADM Working Group meeting is currently on October 29th.

Thank you for your ongoing support for this important act of drug policy reform.

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)



From: [Butler, Ally MMHA:EX](#)
To: [Massey, Christine MMHA:EX](#); [Sturtevant, Darryl MMHA:EX](#)
Cc: [Van Veen, Chris MMHA:EX](#); [Holoday, Leah GCPE:EX](#)
Subject: FINAL REVIEW: Sec. 56 Submission and Covering Letter
Date: October 29, 2021 1:23:59 PM
Attachments: [Full s.56 Submission Oct 28 WORKING DRAFT.docx](#)
[image001.jpg](#)
Importance: High

Hi Christine and Darryl,

Attached is the updated “final” version of the submission - I’ve left the track changes on so that you can see where minor edits have been made.

Once you have approved this version we will accept the changes and make sure to tidy up any small formatting issues. I will also pdf it.

Can you confirm that we are removing the “draft” and “confidential” from this final version as it will now be the version submitted to HC, shared with validators/media (embargoed) and likely shared publicly?

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)



From: [Butler, Ally MMHA:EX](#)
To: [Massey, Christine MMHA:EX](#); [Sturtevant, Darryl MMHA:EX](#)
Cc: [Holoday, Leah GCPE:EX](#); [Van Veen, Chris MMHA:EX](#); [Casanova, Tamara MMHA:EX](#)
Subject: Final Version - s.56 Exemption Request
Date: October 29, 2021 3:59:45 PM
Attachments: [image001.jpg](#)
[Decriminalization in BC s.56 Submission.pdf](#)

Hello,

Please find attached the final version of BC's request for an exemption from the *Controlled Drugs and Substances Act* (CDSA) pursuant to Section 56(1) to decriminalize personal possession of illicit substances.

I have removed the "Draft and Confidential" watermark from this pdf version.

Chris and I will be available throughout the weekend in the event there are any further changes required or if anything comes up in advance of Monday.

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)



From: [Holoiday, Leah GCPE:EX](#)
To: [Massey, Christine MMHA:EX](#); [Butler, Ally MMHA:EX](#); [Sturtevant, Darryl MMHA:EX](#); [Casanova, Tamara MMHA:EX](#)
Cc: [Parisi, Jennifer GCPE:EX](#)
Subject: Globe and Mail - Decrim
Date: November 1, 2021 6:45:22 AM

B.C. seeks to decriminalize possession of illicit hard drugs in bid to slow worsening crisis

Globe and Mail

Monday, November 01, 2021

Page A01

By Andrea Woo

1

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s.13 ; s.14 ; s.15 ; s.16

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Withheld pursuant to/removed as

s.13 ; s.14 ; s.15 ; s.16

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Withheld pursuant to/removed as

s.13 ; s.14 ; s.15 ; s.16

From: [Mike Serr](#)
To: [Sturtevant, Darryl MMHA:EX](#)
Subject: RE: Comments Regarding Decriminalization s.56.1 Exemption Application
Date: November 1, 2021 10:08:03 AM
Attachments: [image001.jpg](#)

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Thanks Darryl,

We look forward to the ongoing work on this.

Sincerely,

Mike

Mike Serr
Chief Constable
Abbotsford Police Department
Office: 604-864-4724
"Strength in Community"

From: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Sent: November 1, 2021 9:54 AM
To: Mike Serr <mike.serr@abbypd.ca>
Cc: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>; Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; WILSON, Fiona <fiona.wilson@vpd.ca>; Holmquist, Shane <shane.holmquist@rcmp-grc.gc.ca>
Subject: RE: Comments Regarding Decriminalization s.56.1 Exemption Application

Good morning Mike.

Thank you for providing me with the attached document which outlines the concerns and feedback from yourself, Deputy Fiona Wilson and Sergeant Holmquist as it pertains to the province's framework for decriminalization of simple possession. Also, let me again take this opportunity to thank each of you for your work on the Decriminalization Core Planning Table. Minister Malcolmson will be submitting the province's framework for decriminalization to the federal Ministers of Health and Mental Health and Addiction today. This will complete the first phase of this work. While we work with Health Canada to address any questions they may have or requests for additional information, my team is now turning its attention to implementation planning. I truly appreciate your respective perspectives and very much welcome your ongoing involvement in this work. Ally and Chris will be in touch shortly to schedule further meetings of the Core Planning Table as this work moves forward towards implementation.

Respectfully,

Darryl

Darryl Sturtevant
Assistant Deputy Minister
Strategic Priorities & Initiatives, MMHA

Ph: (250) 812.8691
E: Darryl.Sturtevant@gov.bc.ca



From: Mike Serr <mike.serr@abbypd.ca>
Sent: October 29, 2021 11:14 AM
To: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Cc: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>; Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; WILSON, Fiona <fiona.wilson@vpd.ca>; Holmquist, Shane <shane.holmquist@rcmp-grc.gc.ca>
Subject: Comments Regarding Decriminalization s.56.1 Exemption Application

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Darryl,

On behalf of Deputy Fiona Wilson, Sergeant Shane Holmquist and I, we want to thank you and your team for including us on the Decriminalization Core Planning Table. Your team was very responsive and open to all our questions and concerns. Without question, this report was never going to receive full support from the Core Planning Table; however, we do feel that we had the opportunity to present our position to the stakeholders at the table.

Attached is a document outlining our concerns with the report. The three of us were participating on behalf of the BC Association of Chiefs of Police, RCMP and Vancouver Police Department and we are united in our position. This document serves to put our concerns on record with the Ministry of Mental Health and Addictions and the Decriminalization Core Planning Table in advance of the report being submitted to Health Canada.

We are happy to follow-up with you or your team and look forward to being able to remain involved in this important work.

Sincerely,

Mike

Mike Serr
Chief Constable
Abbotsford Police Department
Office: 604-864-4724
"Strength in Community"

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s.13 ; s.14

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s.13 ; s.14

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s.13 ; s.14

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Withheld pursuant to/removed as

s.13 ; s.14

From: [Butler, Ally MMHA:EX](#)
To: [Massey, Christine MMHA:EX](#); [Sturtevant, Darryl MMHA:EX](#)
Cc: [Van Veen, Chris MMHA:EX](#); [Holoiday, Leah GCPE:EX](#)
Subject: RE: FINAL REVIEW: Sec. 56 Submission and Covering Letter
Date: October 29, 2021 1:55:49 PM
Attachments: [image001.jpg](#)

s.13

From: Massey, Christine MMHA:EX <Christine.Massey@gov.bc.ca>
Sent: October 29, 2021 1:53 PM
To: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>; Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>
Subject: RE: FINAL REVIEW: Sec. 56 Submission and Covering Letter

I like the changes.^{s.13}

s.13

From: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Sent: October 29, 2021 1:31 PM
To: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>; Massey, Christine MMHA:EX <Christine.Massey@gov.bc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>
Subject: RE: FINAL REVIEW: Sec. 56 Submission and Covering Letter

Ally, I am good with the changes.

Darryl

From: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
Sent: October 29, 2021 1:24 PM
To: Massey, Christine MMHA:EX <Christine.Massey@gov.bc.ca>; Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>
Subject: FINAL REVIEW: Sec. 56 Submission and Covering Letter
Importance: High

Hi Christine and Darryl,

Attached is the updated "final" version of the submission - I've left the track changes on so that you

can see where minor edits have been made.

Once you have approved this version we will accept the changes and make sure to tidy up any small formatting issues. I will also pdf it.

Can you confirm that we are removing the “draft” and “confidential” from this final version as it will now be the version submitted to HC, shared with validators/media (embargoed) and likely shared publicly?

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)



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s.13 ; s.14

Page 269 of 492

Withheld pursuant to/removed as

s.13 ; s.14

Page 270 of 492

Withheld pursuant to/removed as

s.13 ; s.14

From: [Holoiday, Leah GCPE:EX](#)
To: [Massey, Christine MMHA:EX](#)
Cc: [Butler, Ally MMHA:EX](#); [Sturtevant, Darryl MMHA:EX](#)
Subject: Re: S.56 draft sub for decrim
Date: October 29, 2021 7:22:50 AM

Further to this, Lisa's communications manager just reached out and asked if we would consider delaying the announcement a day or two.

I told him I would be in touch.

On Oct 29, 2021, at 6:42 AM, Massey, Christine MMHA:EX
<Christine.Massey@gov.bc.ca> wrote:

Sara – can you please find time for me and Lisa to connect today.
Ally/Darryl/Leah - FYI

From: Lapointe, Lisa PSSG:EX <Lisa.Lapointe@gov.bc.ca>
Sent: October 28, 2021 10:03 PM
To: Massey, Christine MMHA:EX <Christine.Massey@gov.bc.ca>
Subject: Re: S.56 draft sub for decrim

That will be great - thanks Christine.
Lisa

Sent from my iPhone

On Oct 28, 2021, at 9:30 PM, Massey, Christine MMHA:EX
<Christine.Massey@gov.bc.ca> wrote:

I can send you the most current version in the morning. It will be finalized over the weekend. I will ask my office to find us time to talk on Friday to let you know how we got here.

cm

On Oct 28, 2021, at 8:21 PM, Lapointe, Lisa PSSG:EX
<Lisa.Lapointe@gov.bc.ca> wrote:

Hi Christine, ^{s.13}
_{s.13}

Thanks for any information you can share.

Lisa

From: Massey, Christine MMHA:EX
<Christine.Massey@gov.bc.ca>
Sent: Tuesday, October 26, 2021 2:57 PM
To: Lapointe, Lisa PSSG:EX <Lisa.Lapointe@gov.bc.ca>
Subject: FW: S.56 draft sub for decrim

Forgot to copy you!

From: Massey, Christine MMHA:EX
<Christine.Massey@gov.bc.ca>
Sent: October 26, 2021 2:30 PM
To: Sieben, Mark PSSG:EX <Mark.Sieben@gov.bc.ca>
Cc: Duncan, Nikki PSSG:EX <Nikki.Duncan@gov.bc.ca>;
Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>; Sturtevant,
Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>; Walsh,
Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>; Rideout, Wayne
PSSG:EX <Wayne.Rideout@gov.bc.ca>; Casanova, Tamara
MMHA:EX <Tamara.Casanova@gov.bc.ca>
Subject: S.56 draft sub for decrim

Mark (and team) - Attached is the most up-to-date draft of our submission to Health on decrim. It is also currently under review by our Minister. Thank you again for your feedback, which you should see reflected here. In addition, I'd like to flag the following changes:

cm

Christine Massey, Deputy Minister (She/Her)

Ministry of Mental Health & Addictions

Cell: ^{s.17}

Acknowledging the traditional lands of the Lekwungen peoples



SPEAKING POINTS FOR

MINISTER MALCOLMSON

Minister of Mental Health and Addictions

**Decriminalization of people who possess
controlled substances**

Monday, Nov. 1, 2021

3 p.m.

Location: Press Theatre, BC Legislature

(Arrive: 2:50 p.m.)

Length: 5 minutes

REMARKS

- Good afternoon.
- I am joining you from the traditional territory of the Songhees and Esquimalt First Nations.
- I'm with:
 - Dr. Bonnie Henry, Provincial Health Officer
 - Lisa Lapointe, B.C.'s Chief Coroner
 - Mike Knott, an activist with lived experience
 - and Senator Larry Campbell
- We're here today to mark BC's next step on preventing toxic drug deaths.
- Our government is investing in the health care system for addictions prevention and treatment at an unprecedented level.
 - We've added over 100 adult treatment beds;

- We've doubled overdose prevent and supervised consumption sites;
 - We are the first jurisdiction in Canada to offer a prescribed safer supply program;
 - We've expanded the Take-Home Naloxone program;
 - And just this Friday we opened the 105 bed Red Fish Healing Centre for treatment of complex mental health and addictions.
- The expansion of services is historic. And by fighting two public health emergencies and building a system of care at the same time, we've never asked our health care system to do more.
 - People on the frontline are making heroic efforts to save lives.
 - And yet, tragically we continue to lose lives at historic levels -- with the effects of the pandemic increasing drug toxicity, now six people a day or dying.

- Even though we are adding so many services, we continue to see too many deaths. Despite all this innovation and determination, we have not ended the public health emergency.
- And so, we must do more. Today represents that next step, once again taking up a tool no one else in Canada has.
- Today we applied for an exemption from Health Canada under Section 56 of the Controlled Drugs and Substances Act.
- The exemption would remove criminal penalties for people who are in possession of small amounts of illicit substances.
- Substance use and addictions is a public health issue, not a criminal one.
- By decriminalizing people who are in possession of a small amount of drugs, we will be removing a barrier to health and treatment services.

- We know that shame and fear keep many people from accessing these life-saving services and treatments. And shame and fear can make people hide addiction and use drugs alone, which risks dying alone.
- That is why today's announcement is so critical.
- A dedicated and thoughtful group of stakeholders and partners played a crucial role in developing the application to Health Canada, including:
 - Health and social service providers
 - Indigenous organizations
 - People with lived and living experience
 - Municipalities
 - Law enforcement
 - Advocacy organizations
 - And clinical and research groups

- Together, we look forward to Health Canada's response and working with the new federal Ministry of Mental Health and Addictions.
- As we proceed with next steps, we will continue to work with our partners throughout the Province to make sure decriminalization is done right.

[PAUSE]

- Today's announcement builds upon our government's investments in treatment and recovery services, and fixing a deeply fragmented system that was neglected for 16 years.
- While we pursue decriminalization, we're also tackling the toxic drug emergency crisis on all fronts.
- We're continuing to add overdose prevention sites for inhalation drug users.

- We've announced the next phase of the prescribed safer supply, expanding access across B.C.
- We continue to build up our medication-assisted treatment program throughout the province.
- And last month, we announced a \$132-million investment over the next three years to help increase substance-use treatment services across B.C....
 - ...which includes 195 new substance-use treatment beds for adults.
 - This is on top of the doubling of youth treatment beds that's underway.
- We are working harder, every day, to help people stay safe and access the supports they need.
- We know there is more to do, and we need to use every tool in our toolbox.

- There is no one silver bullet to end the drug poisoning crisis...
- ...but decriminalizing people who use drugs is essential to stemming the tide of the toxic drug crisis...
- ...and to reducing the shame around drug use which is vital to building a more comprehensive system of mental health and addictions care that all British Columbians deserve.

[PAUSE]

INTRODUCTIONS

- BC's Provincial Health Officer, Dr. Bonnie Henry,

[Dr. Henry speaks] & introduces...

- Lisa Lapointe, B.C.'s Chief Coroner

[Lisa Lapointe speaks] & introduces...

- Mike Knott, an activist with lived experience

[Senator Larry Campbell speaks] & introduces

- Senator Larry Campbell

[Senator Larry Campbell speaks]

CONCLUSION

- Thank you for joining and sharing your insights on what decriminalization will mean for British Columbia.
- We will now take questions from the media.

DECRIMINALIZATION IN BC
ASSISTANT DEPUTY MINISTER (ADM) WORKING GROUP
Agenda

Date: October 29, 2021

Time: 10:00am-11:00am

Location: Microsoft Teams Call

Dial-in Info: See calendar invite for link

Discussion Topic	Lead	Time	Materials
1. Territorial Acknowledgement, Welcome and Introductions	Darryl Sturtevant	5 min	Agenda
2. Update on Submission- Key Changes <ul style="list-style-type: none">• Age• Thresholds• Political Engagement	Ally Butler/Chris Van Veen/Darryl Sturtevant	35 minutes	Submission Draft
3. Anticipated Stakeholder Reactions	Ally Butler/Chris Van Veen	15 minutes	
4. Next Steps and Action Items <ul style="list-style-type: none">• Submission Date• Potential Media Event	Darryl Sturtevant	5 minutes	

Upcoming Meetings:

November 26th, 2021, 10:00 – 11:30 AM

December 31st, 2021, 10:00 – 11:30 AM

We acknowledge, with gratitude, that the work we collaborate on takes place on the traditional territories of the Lekwungen Peoples, which includes the Songhees and Esquimalt Nations in Victoria and the Coast Salish People and the Musqueam, Tsleil-Waututh and Squamish Nations in Vancouver. We also want to honour all urban Indigenous, First Nations, Inuit and Métis people who live and work in the beautiful province of British Columbia.

DECRIMINALIZATION IN BC
Core Planning Table Meeting #6
Agenda

Date: October 28, 2021

Time: 9:00 AM – 10:30 AM

Location:

s.15; s.17

Dial-in Info: See meeting invite

Content	Related Materials
1. Welcome, Introductions, Territorial Acknowledgement <ul style="list-style-type: none">• Meeting purpose and agenda	Slide Deck
2. Project Updates <ul style="list-style-type: none">• Update on Engagements and Meetings• ADM Update on Thresholds	Slide Deck
3. Final Submission <ul style="list-style-type: none">• CPT Feedback on Draft Submission If you have any critical changes to the submission please let us know by Friday Oct 29.	Slide Deck Draft Submission
4. Closing this phase of the work	Slide Deck
5. Next phase(s) of the Framework <ul style="list-style-type: none">• Discussion of role of CPT members going forward	Slide Deck
6. Closing circle	
7. Summary and Next Steps	Slide Deck

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BC's Decriminalization Application and Threshold Quantities- BC MMHA CPT Committee Members Letter of Concern

From: Brittany Graham <brittany@vandu.org>
To: mhaminister.ministresmd@hc-sc.gc.ca, carolyn.bennett@parl.gc.ca, sheila.malcolmson.MLA@leg.bc.ca, Minister, MMHA MMHA:EX <MMHA.Minister@gov.bc.ca>
Cc: Massey, Christine MMHA:EX <Christine.Massey@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Patel, Shaili (HC/SC) <Shaili.Patel@hc-sc.gc.ca>, Van Bussel, Chloe (HC/SC) <chloe.vanbussel@hc-sc.gc.ca>
Sent: April 21, 2022 4:04:20 PM PDT
Attachments: Letter - MMHA - Decriminalization & Thresholds- CPT Members- April 21, 2022 .pdf

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hello Minister Bennett:

Please see attached for a letter drafted by members of the BC MMHA Decriminalization Core Planning Table (CPT) and the Research and Evaluation Working Group regarding our concerns with Health Canada and the Ministry of Mental Health and Addiction's response to BC's section 56(1) application to decriminalize drug possession.

In the interests of transparency, accountability, and our ability to continue participating in this process, we ask that evidence relied upon to support a cumulative threshold quantity of 2.5 grams be provided at an emergency CPT meeting to be held within 2 weeks of receiving this letter.

Thank you for your time. We look forward to speaking with you.

Brittany

--

Brittany Graham

Executive Director
Community Developer
VANDU

vandu.org

brittanyjgraham@gmail.com
(c) 613-894-3918



April 21st, 2022

The Honourable Carolyn Bennett,
 Minister of Mental Health & Addictions, Health Canada
mhaminister.ministresmd@hc-sc.gc.ca
carolyn.bennett@parl.gc.ca

Re: BC's decriminalization Application and Threshold Quantities

Dear Minister Bennett,

Members of the BC Ministry of Mental Health and Addictions' (BC MMHA) Decriminalization Core Planning Table (CPT) write to you today to express our concerns and frustration that BC's most marginalized drug users are getting left behind yet again—this time in Health Canada's response to BC's section 56(1) application to decriminalize drug possession. In the interests of transparency, accountability, and our ability to continue participating in this process, we ask that evidence relied upon to support a cumulative threshold quantity of 2.5 grams be provided at an emergency CPT meeting to be held within 2 weeks of receiving this letter.

This month, we were informed by the BC Minister of Mental Health and Addictions, Sheila Malcolmson, that your Ministry and Health Canada are contemplating a cumulative threshold quantity of 2.5 grams for illicit substances. Since the CPT's formation, members representing a variety of perspectives (Indigenous peoples and communities, current drug users and their families, as well as a host of health, research, legal, and policy organizations) have called for *full* decriminalization¹. This includes the essential requirement that threshold quantities, if adopted, reflect the *actual* use and purchase patterns of all people who use drugs² alongside the removal of police from instances of simple possession (including drug seizures). **In short, we only support a decriminalization model that will actually improve the lives of people who use drugs.**

CPT members were already discouraged when the BC MMHA submitted its exemption request containing a cumulative threshold quantity of 4.5 grams. Throughout our months-long participation on the CPT, nearly all members (with the exception of police representatives) expressed support for *non-cumulative* threshold quantities of 4.5 grams.

¹ https://www.pivotallegal.org/vandu_pivot_joint_statement

² https://www.pivotallegal.org/vandu_and_pivot_on_threshold_amounts



We also agreed that people who use drugs should be responsible for setting these quantities. It was Minister Malcolmson who settled, at the eleventh hour, on a *cumulative* threshold quantity of 4.5 grams—and who refused requests to extend our feedback period prior to submission.

To then learn that her federal counterpart is now considering a further reduced decriminalization model of only 2.5 cumulative grams has been not only disappointing but also a clear indication that all governments have failed to listen to our brothers and sisters on the CPT, and particularly those who live and work in rural and remote BC communities. Our organizations have minimal time and resources and we expect to be heard when our unpaid expertise is being requested. While we have consistently provided qualitative and quantitative evidence for our recommendations, we have been denied the same in turn from our governments and those making decisions about our lives.

It is our collective experiences with real world drug use, health research, and drug policy that has led us to the conclusion that if decriminalization is approved at this very low threshold, we will see an increase in harms experienced by people who use drugs as well as instances where criminalization is actually reinforced. Re-criminalization of persons who use drugs will only serve to worsen the ongoing overdose crisis. Overdose is the leading cause of death among people being released from provincial correctional institutions in BC. Persons who have been incarcerated in provincial correctional centers are 4 times more likely to die of overdose compared to non-incarcerated British Columbians.³ Research tells us that if we are to reduce overdose in BC we must reduce the number of persons who use drugs who enter custody, particularly for drug and poverty-related offenses.^{4 5}

Data submitted to the BC MMHA by SFU and UBC Researchers at the BC Centre on Substance Use in September 2021 further underscores that a cumulative threshold of 2.5 grams will be grossly inadequate at providing coverage for people who use drugs who are most at risk of drug related harms. Highly conservative estimates of drug consumption volumes of Vancouver based people who use drugs suggests that in order to provide moderate coverage, defined as covering a one day supply of drugs for individuals with the

³ Gan WQ, Kinner SA, Nicholls TL, Xavier CG, Urbanoski K, Greiner L, Buxton JA, Martin RE, McLeod KE, Samji H, Nolan S. Risk of overdose-related death for people with a history of incarceration. *Addiction*. 2021 Jun 1;116(6):1460-71.

⁴ Kinner SA, Gan W, Slaunwhite A. Fatal overdoses after release from prison in British Columbia: a retrospective data linkage study. *Canadian Medical Association Open Access Journal*. 2021 Jul 1;9(3):E907-14.

⁵ Friedman J, Hansen H. Far From a "White Problem": Responding to the Overdose Crisis as a Racial Justice Issue. *American Journal of Public Health*. 2022 Feb;112(S1):S30-2.



most severe substance use disorders, thresholds would need to be set at 4 g for opioids, 5g for cocaine, 7.5 g of crack cocaine and 6 g of amphetamine. Comprehensive coverage, defined as covering a three day supply of drugs for individuals with the most severe substance use disorders, would require thresholds be set at 13 g for opioids, 14 g for cocaine, 22.5 g of crack cocaine and 19 g of amphetamine.^{6 7}

Higher threshold levels are also supported by a preliminary analysis of VPD seizure data undertaken by Researchers with the BCCSU which was also submitted to the BC MMHA in September 2021. In order to reduce 75% of drug seizures, which should be a reasonable target given the stated long and short-term policy objectives of decriminalization, threshold levels should be at least over 7 g for opioids, 5 g for cocaine, and 4 g for amphetamines.^{8 9}

Collectively, these data underscore that a cumulative threshold of 2.5 g will exclude those at greatest risk of drug related harms and will be grossly inadequate at meeting the stated policy objectives of decriminalization.

A cumulative threshold quantity of 2.5 grams will only serve to recriminalize people who use drugs. A number this low incentivizes engagement with the illicit market: people who regularly make multi-use purchases for safety, mobility, and geographic reasons will have no choice but to make smaller, more frequent purchases from the illicit market in order to avoid criminalization. Despite a clear and deliberate absence of threshold quantities in the CDSA and Canadian case law, police will now have an arbitrary amount above which enforcement will likely increase (based on data from other countries where threshold quantities have been too low).¹⁰ The proposed threshold quantity also risks net-widening, wherein a larger number of people are brought within the criminal justice system than before. These outcomes should be avoided if we are to meaningfully protect the health and safety of people who use drugs.

⁶ City of Vancouver. Request for an exemption from the Controlled Drugs and Substances Act (CDSA) pursuant to section 56(1) that would decriminalize personal possession of illicit substances within the City of Vancouver. Final Submission to Health Canada. May 28, 2021. Available at: <https://vancouver.ca/files/cov/request-for-exemption-from-controlled-drugs-and-substances-act.pdf>

⁷ BC Ministry of Mental Health and Addiction. Decriminalization in BC: S.56(1) Exemption - Request for an exemption to Health Canada from the Controlled Drugs and Substances Act (CDSA) pursuant to Section 56(1) to decriminalize personal possession of illicit substances in the Province of British Columbia. October 2021.

⁸ McAdam, E. From Illicit to Equitable: An Evaluation of Decriminalization Models for British Columbia. Simon Fraser University. School of Public Policy Masters Capstone. April 2022 (forthcoming on SFU Summit <https://summit.sfu.ca/>)

⁹ McAdam, E. From Illicit to Equitable: An Evaluation of Decriminalization Models for British Columbia. Conference Abstract. BCCSU Conference 2022. Forthcoming Oral Presentation May 17, 2022.

¹⁰ E. Single, P. Christie, R. Ali. The impact of cannabis decriminalisation in Australia and the United States Journal of Public Health Policy, 21 (2) (2000), pp. 157-186, 10.2307/3343342



For people who use drugs in rural and remote communities, low thresholds will do little to reduce criminalization of those most entrenched in their substance use. A significant proportion of rural drug users must frequently travel long distances outside their home communities to acquire substances, often purchasing for community members with reduced access to transportation - this necessity of rural life creates additional risk of involvement with the criminal justice system. Acknowledging that larger and less frequent purchasing patterns serve to reduce harm to people who use drugs, it is unsurprising that a significant proportion of rural substance users report purchasing in quantities far greater than a 2.5 gram possession limit. Unrealistically low thresholds will inevitably fail to decriminalize those most harmed by prohibition, and disproportionately impact people who use drugs in rural and remote communities where police enforcement is still quite prevalent.¹¹

In addition, the continued overrepresentation of Indigenous Peoples in the criminal justice system coupled with the disproportionate number of overdoses in Indigenous populations, harmful drug policy measures pose particularly adverse impacts to Indigenous peoples in BC. Further, given the widespread anti-Indigenous racism in both the criminal justice system and healthcare system^{12 13 14}, the re-criminalization of substance use that this low-threshold will be particularly detrimental, and a safety risk to Indigenous people who use substances and will continue to marginalize the Indigenous population.

Youth in British Columbia will be adversely affected by many of the same issues identified above. Young people frequently pool money together or save up money to make larger, more cost effective purchases or to purchase quantities of drugs that will last over a longer period of time. Traveling to visit dealers less frequently can be an important way that young people who use drugs keep themselves safe. Taking multiple trips to purchase smaller quantities of drugs in line with a 2.5 g threshold could expose youth, and in particular youth who are racialized, to increased surveillance, harassment, and apprehension by police and other actors who are firmly entrenched in the view that youth should not be using drugs at all. It can increase young people's risk of being robbed or assaulted during transactions with dealers and other parties, particularly if a young person is going through withdrawal and is

¹¹ Rural Empowered Drug Users Network. 2022, April. *VANDU Decriminalization Survey* (Version 2). Vancouver Area Network of Drug Users. Retrieved from: <https://docs.google.com/document/d/18NWBXmHqV1IDmOZWnSoPUzLY2ERQSa0C/edit?usp=sharing&ouid=106470508870818767640&rtpof=true&sd=true>

¹² Turpel-Lafond ME. In plain sight: Addressing Indigenous-specific racism and discrimination in BC health care, full report, November 2020. Accessed 27 December 2020.

<https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>

¹³ Daniels C, Aluso A, Burke-Shyne N, Koram K, Rajagopalan S, Robinson I, Shelly S, Shirley-Beavan S, Tandon T. Decolonizing drug policy. *Harm Reduct J*. 2021 Nov 27;18(1):120. doi: 10.1186/s12954-021-00564-7. PMID: 34838050; PMCID: PMC8626718.

¹⁴ Government of Canada, Office of the Correctional Investigator (21 January, 2020), 'Indigenous People in Federal Custody Surpasses 30%: Correctional Investigator Issues Statement and Challenge' [news release, accessed October 2021].



visibly vulnerable. When youth are not able to purchase larger quantities of drugs and ration their use over longer time periods, they can more frequently find themselves in desperate circumstances that generate numerous drug-, violence-, and income-generation related risks and harms.

Though we continue to believe in progress, we know that this overly conservative threshold will not meaningfully contribute to decriminalizing people who use drugs and could end up harming our communities. As experts in our fields we collectively supported a policy with **non-cumulative threshold quantities of 4.5 grams**. This was a moderate, measured request, **based on evidence**. It is because of our commitment to people who use drugs and our belief in

the value of full decriminalization, that members have continued to participate in this process so far. CPT members felt certain parts of BC's section 56(1) application would produce less harm to drug users allowing us to continue our participation in good faith. The exclusion of administrative penalties and including self referral to health pathways allowed members to accept a 4.5g cumulative as the bare minimum beginning threshold for decriminalization. A cumulative threshold of 4.5 grams is a conservative number created by politicians. As this cumulative number continues to decrease without any evidence to support the reduction CPT members have been forced to reconsider our participation in this process.

We ask that both Minister Malcomson and Minister Bennett attend an emergency CPT meeting to explain your evidence and justifications for both a 4.5g cumulative threshold quantity and, more crucially, a 2.5g cumulative threshold quantity.

We look forward to hearing from you.

Yours sincerely,

Vancouver Area Network of Drug Users (VANDU)
 BC Centre on Substance Use (BCCSU)
 Moms Stop the Harm
 Pivot Legal Society
 SOLID Outreach Society (Victoria)
 BC Association of Aboriginal Friendship Centres
 Rural Empowered Drug Users Network (REDUN)



Unlocking the Gates

Dr. Danya Fast, Assistant Professor, Department of Medicine, UBC, with the Youth Health Advisory Council (YHAC, Vancouver)

Dr. Marilou Gagnon, Dr. Karen Urbanoski, Dr. Bruce Wallace and Dr. Bernie Pauly Scientists, Canadian Institute for Substance Use Research

Leslie Varley ED on behalf of Dr. Sharon McIvor, President, BC Association of Aboriginal School of Public Policy, SFU (Associate Professor, Kora DeBeck)

Dr. Kanna Hayashi, Assistant Professor, Faculty of Health Sciences, SFU

Dr. Brittany Barker, BC Centre on Substance Use & Canadian Institute of Substance Use Research

Cc: Hon. Jean-Yves Duclos, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Hon. Sheila Malcolmson, BC Minister of Mental Health and Addictions

Christine Massey, Deputy Minister's, Ministry of Mental Health and Addictions,
Darryl Sturtevant, Assistant Deputy Minister, Ministry of Mental Health and Addictions,
Ally Butler, Executive Director, Substance Use & Strategic Initiatives
Chris Van Veen, Senior Director, Decriminalization

Decriminalization ADM WG - April 29th Materials

From: Butler, Ally MMHA:EX
To: Walsh, Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>, Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Falconer, Mary AG:EX <Mary.Falconer@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Horton, Emily MCF:EX <Emily.Horton@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>
Cc: Alagaratanam, Suhan Kumar MMHA:EX <SuhanKumar.Alagaratanam@gov.bc.ca>, Edwards, Jack MMHA:EX <Jack.Edwards@gov.bc.ca>
Sent: April 27, 2022 2:56:24 PM PDT
Attachments: 2022-04-26 Request for Decision- Decriminalization TB Submission DRAFT_ADM Review.docx, Costing for TB Sub v2 - options MASTER.xlsx, Decrim ADM WG April 2022.pptx

Hi everyone,

Please find attached the materials for Friday's (April 29th) ADM Decrim meeting:

1. Slide Deck
2. Draft Treasury Board Submission & Costing Table – As you know, over the past several weeks MMHA has been working with our partner ministries to pull together a draft TB submission so that we are ready to move forward quickly with implementation following a decision from Health Canada. **No need to review in advance. We will be discussing at the meeting and leaving this with you to send any feedback by May 11th.**

Looking forward to connecting on Friday.

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Substance Use Policy Division

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)

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Decriminalization Update

ADM Working Group

April 29th, 2022

Confidential

Ally

We acknowledge, with gratitude and humility, that the work we do takes place on the traditional, ancestral and unceded territories of Indigenous Peoples across the province.

Ally

Today's Plan

1. Health Canada Update (For Information)
2. CPT & Other Engagement (For Information)
3. Treasury Board Submission (For Action)
4. ^{s.14}
5. Next Steps

Ally

Health Canada Updates

- Thresholds have been the main focus of discussions.

s.16

- No concerns expressed with other elements of the submission:
 - No drug seizures under the threshold;
 - A voluntary system of referral to treatment and supports
 - No fines or administrative sanctions



Ministry of
Mental Health
and Addictions

Confidential

4

Meg/Chris

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Core Planning Table

- Minister Malcolmson provided a status update for partners and stakeholders at an ad hoc meeting on April 5th
- Following the meeting, several partners and advocates sent a letter to Minister Bennett requesting that Ministers Malcolmson and Bennet hold an emergency CPT meeting to explain the rationale for a 2.5g cumulative threshold.
 - 10 organizations and 8 researchers signed the letter
- Regularly scheduled CPT for April 21 was cancelled, as there was no substantive update to share. Next scheduled CPT is May 2; however, depending on the outcomes of ongoing discussions with Health Canada, communication with stakeholders may be necessary in the meantime.



6

Organizations that have signed onto the letter :

Vancouver Area Network of Drug Users (VANDU)

BC Centre on Substance Use (BCCSU)

Moms Stop the Harm

Pivot Legal Society

SOLID Outreach Society (Victoria)

BC Association of Aboriginal Friendship Centres

Rural Empowered Drug Users Network (REDUN)

Unlocking the Gates

Dr. Danya Fast, Assistant Professor, Department of Medicine, UBC, with the

Youth Health Advisory Council (YHAC, Vancouver)

Dr. Marilou Gagnon, Dr. Karen Urbanoski, Dr. Bruce

Wallace and Dr. Bernie Pauly
Scientists, Canadian Institute for Substance Use
Research

Leslie Varley ED on behalf of Dr. Sharon McIvor,
President, BC Association of Aboriginal
School of Public Policy, SFU (Associate Professor,
Kora DeBeck)

Dr. Kanna Hayashi, Assistant Professor, Faculty of
Health Sciences, SFU

Dr. Brittany Barker, BC Centre on Substance Use &
Canadian Institute of Substance Use
Research

Law Enforcement Engagement

- The Ministry presented to the Canadian Association of Chiefs of Police Drug Advisory Committee on April 7th.
 - Discussion was lengthy (2 hours) and positive overall; lots of concerns raised but participants seemed reassured that their concerns were being heard and addressed as part of implementation planning
- Law Enforcement Working Group - meeting monthly
 - Police representatives will be joining for the next meeting in May
 - Workplan for development of police training is underway
 - Police training will likely need to occur in two phases:
 - **Phase 1:** Webinar and educational tools focused on the practical aspects of implementation – what police need to know on day 1
 - **Phase 2:** ^{s.13}

s.13

Indigenous Consultation

First Nations:

- MMHA is working with FNHA to develop a communications package that will be shared with all First Nations in the province
- MMHA and FNHA will co-host regional town halls in June 2022.
- Individual First Nations, including Treaty Nations, may also request one on one meetings.

Métis Communities:

- MMHA is working with Métis Nation BC (MNBC) on engagement approach for Métis chartered communities – similar approach to First Nations engagement
- A communications package will be shared with chartered communities via MNBC
- Town halls are planned for June, co-hosted by MMHA, MNBC and the OPHO

Meg

Treasury Board Submission Update

- MMHA continues work on a draft Treasury Board submission to support implementation
- Submission is planned for June if Health Canada approves before then

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Meg

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Next Steps

- Next meeting with Health Canada: May 2nd
- Next scheduled Core Planning Table Meeting: May 26th
 - Ad hoc meetings and will be scheduled as needed
- Ongoing Engagement with partners:
 - Law Enforcement Implementation Working Group
 - Work with Health Authorities on health system pathways
 - Monitoring and Evaluation Working Group
 - Planning for Townhalls with FNHA and MNBC
- Continued work on draft Treasury Board Submission
- DM Meeting – Early June (or sooner)

BCACP Update

From: Mike Serr <mike.serr@abbypd.ca>
To: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
Cc: WILSON, Fiona <fiona.wilson@vpd.ca>, Ghalib Bhayani <ghalib.bhayani@rcmp-grc.gc.ca>, Shane HOLMQUIST (shane.holmquist@rcmp-grc.gc.ca) <shane.holmquist@rcmp-grc.gc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Sent: May 6, 2022 3:30:41 PM PDT

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hi Chris/Ally,

I know you are both very busy and thank-you again for your commitment to this important work. I just wanted to let you know that we are preparing a brief report on behalf of the BCACP and hope to have it to you late next week or the week after. The report will further clarify our position on the 2.5 gram threshold that was suggested by Health Canada at our last Core Planning Table, police data detailing average seizure weights of drugs for personal use in urban, rural and remote communities, and areas requiring further discussion.

If you have any questions please do not hesitate to contact any of us and we hope this information will further assist the Minister.

With Respect,

Mike

Mike Serr
Chief Constable
Abbotsford Police Department
Office: 604-864-4724
"Strength in Community"

Letter from BCACP - Decriminalization

From: Mike Serr <mike.serr@abbypd.ca>
To: Minister, MMHA MMHA:EX <MMHA.Minister@gov.bc.ca>, Klus, Arianna MMHA:EX <Arianna.Klus@gov.bc.ca>
Cc: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, PSSG Policing and Security Branch PSSG:EX <SGPSPB@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, will.ng@rcmp-grc.gc.ca, WILSON, Fiona <fiona.wilson@vpd.ca>, Ghalib Bhayani <ghalib.bhayani@rcmp-grc.gc.ca>
Sent: May 17, 2022 2:52:17 PM PDT
Attachments: 05-17-2022_LT S Malcolmson_Decriminalization .pdf, image001.png

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Minister Malcolmson:

Please see the attached letter regarding BC's Drug Decriminalization application.

*Sent on behalf of
Chief Constable Mike Serr*

Donna Macey, Executive Assistant
Office of the Chief Constable &
Abbotsford Police Board



Abbotsford Police Department
2838 Justice Way
Abbotsford, BC V2T 3P5
www.abbypd.ca

Phone: 604 859-5225 Direct: 604 864-4724
"Strength in Community"



Office of Chief Constable Mike Serr

Abbotsford Police Department

2838 Justice Way

Abbotsford, BC V2T 3P5

phone 604-859-5225

abbypd.ca

STRENGTH IN COMMUNITY

May 17, 2022

Honourable Sheila Malcolmson
Minister of Mental Health and Addictions
Room 247 Parliament Buildings
Victoria, BC V8V 1X4

Dear Minister Malcolmson:

Re: British Columbia's Drug Decriminalization Application

I appreciate the time you have taken to personally engage all stakeholders regarding BC's section 56.1 application. As per our discussion regarding thresholds and police drug possession data in British Columbia, please see the attached letter on behalf of the BCACP. The letter provides an overview of drug possession data for several jurisdictions and the BCACP's support for a 2.5 gram threshold based on this evidence. The letter also brings attention to other components of decriminalization that can impact public safety and require further consideration.

Sincerely,

Mike Serr
Chief Constable

Attachment (1)

- c. Wayne Rideout, ADM and Director of Police Services
Darryl Sturtevant, ADM, Strategic Priorities & Initiatives
Ally Butler, Executive Director, Substance Use & Strategic Initiatives
Chris Van Veen, Senior Director, Decriminalization
C/Supt. Ghalib Bhayani, RCMP "E" Division
D/C/Cst. Fiona Wilson, VPD
C/Supt. Will Ng, Richmond RCMP



Assistant Commissioner Will Ng
BCACP President
PO Box 48034 Victoria RPO
Uptown, BC V8Z 7H5

May 12, 2022

Honorable Sheilah Malcolmson
Minister of Mental Health and Addictions
Room 247 Parliament Buildings
Victoria, BC V8V 1X4

Dear Minister Malcolmson:

Re: British Columbia's Drug Decriminalization Application

The British Columbia Association of Chiefs of Police (BCACP) is committed to working with government and community partners to obtain an exemption from Health Canada that would decriminalize the possession of small amounts of drugs for personal use in our province.

A key aspect of these ongoing efforts has been trying to establish a specified threshold volume of substances that would be decriminalized under the exemption. When determining a threshold for decriminalization, the BCACP steadfastly believes that an evidence based approach must be taken and, in doing so, careful consideration must be given to the accuracy and reliability of any data.

While longitudinal research data has been examined in an effort to determine a threshold amount, this data is flawed in three regards. First, this data is consumption data. A threshold determines what amount people can legally possess – it is not a comment on the amount people who use drugs (PWUD) typically consume. Using daily consumption data fails to consider the drug purchasing patterns of PWUDs. For example, a poll by the Vancouver Area Network of Drug Users found that PWUDs are typically buying half a gram of substances – one-fifth of the proposed 2.5 gram threshold. In short, possession data, not consumption data, is required to determine a threshold.

Another shortcoming of the data that has been utilized to date is that it is typically self-reported. As such, this data has not been objectively or physically verified by an independent observer. Rather, this data is effectively a poll, as opposed to empirical data upon which public policy can be formulated.

Lastly, the data that has been relied upon to develop a threshold amount is not representative of British Columbia and, therefore, is not an accurate representation of drug possession in BC communities. Instead, the data that has been utilized over represents PWUDs in Vancouver and,

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PO Box 48034 Victoria RPO
Uptown, BC V8Z 7H5



moreover, Vancouver's Downtown Eastside – a population that is approximately 1% of Vancouver's population and is less than 0.15% of British Columbia's population.

In contrast, police agencies in British Columbia have access to arguably the most accurate empirical drug possession data. In an effort to examine drug possession data from across British Columbia, the following four police agencies were examined and reported the following average drug possession amounts: Abbotsford Police Department – 1.9 grams, Vancouver Police Department – 1.9 grams, Victoria Police Department – 1.6 grams, and RCMP North District – 1.3 grams.

The data from each of these police agencies is congruent with, and is below, the proposed 2.5 gram threshold. In addition, this data is believed to be skewed upwards due to the fact that police officers, due to the rising toxicity of drugs in our communities, typically weigh substances in the packaging, to avoid unnecessary potential exposure to toxic substances.

The data provided by BCACP members is current, fair, and represents a liberal approach to establishing a threshold given that packaging weights are typically included. As such, BCACP is supportive of a threshold of 2.5 grams based on this evidence. BCACP is, however, not supportive of a threshold amount above 2.5 grams due to the fact that a higher threshold is not congruent with the experience of police agencies in British Columbia and would rely on consumption data which is less reliable and less accurate due to the limitations previously outlined.

While threshold amounts are often forefront in decriminalization discussions, BCACP is mindful that several other key components of the application still require careful consideration and research to ensure that public safety is not adversely impacted. For example, the BCACP is committed to working with government and community partners to address the potential risks posed by public consumption. Police services routinely receive calls from the community concerned about persons consuming legal substances like alcohol and cannabis in public spaces or private businesses. Currently under provincial legislation, a police officer has the authority to seize alcohol and cannabis and issue a provincial violation ticket. However, under the current decriminalization model, that same option does not apply to decriminalized drugs. The BCACP is requesting legislative options that provide police officers with appropriate tools to effectively manage these situations. We believe in identifying tools that are mindful of supporting the community concerns while at the same time taking a person centric approach that supports a person using decriminalized drugs to pathways of support and a safer supply.

Ensuring that this vital area of public safety is addressed, along with other key areas of concern in relation to impaired driving and negative impacts on youth, and minimizing the associated risks, is key to ensuring that the BCACP is in a position to endorse the provincial decriminalization application.

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PO Box 48034 Victoria RPO
Uptown, BC V8Z 7H5



On behalf of all police agencies in British Columbia, I am proud to continue working with you and your team to achieve drug decriminalization in our province. I believe that this is an important step to improving outcomes for the people and communities that we serve across British Columbia.

Respectfully,



Assistant Commissioner Will Ng
BCACP President

BC ASSOCIATION OF CHIEFS OF POLICE
PO Box 48034 Victoria RPO
Uptown, BC V8Z 7H5

RE: Sec. 56 Exemption - Effective Date

From: Saxe, Jennifer (HC/SC) <jennifer.saxe@hc-sc.gc.ca>
To: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Nix, Shannon (HC/SC) <shannon.nix@hc-sc.gc.ca>
Sent: May 27, 2022 9:16:42 AM PDT

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hi Ally,

Thanks very much for this confirmation.

Much appreciated!

Jen

From: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
Sent: 2022-05-27 12:12 PM
To: Saxe, Jennifer (HC/SC) <jennifer.saxe@hc-sc.gc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Subject: Sec. 56 Exemption - Effective Date

Hi Jen,

Further to our conversation, BC would like the sec. 56 exemption to become effective/come into force on January 31, 2023.

My MO is reaching out to yours to share the same information.

Let me know if you need anything further from of us on this – happy to connect as needed throughout the day.

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Substance Use Policy Division

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)

KMQA_DecrimApproval_V6

From: Sturtevant, Darryl MMHA:EX
To: Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>
Cc: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
Sent: May 27, 2022 4:14:32 PM PDT
Attachments: KMQA_DecrimApproval_V6.docx

Hi – I have gone over these again. I made a couple of comments in the attached version.

Thanks

Darryl

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Withheld pursuant to/removed as

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Withheld pursuant to/removed as

s.13

Draft documents

From: Saxe, Jennifer (HC/SC) <jennifer.saxe@hc-sc.gc.ca>
To: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
Cc: Nix, Shannon (HC/SC) <shannon.nix@hc-sc.gc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Chénard, Carol Anne (HC/SC) <carol.anne.chenard@hc-sc.gc.ca>
Sent: May 30, 2022 3:52:30 PM PDT
Attachments: Draft Exemption Letter for BC_En.pdf, Draft Letter of Requirements for BC.pdf

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hi Ally,

Further to our discussion, please find attached an embargoed, draft copy of the exemption and letter of requirements that will be provided to your Minister tomorrow morning, and posted at the time of the announcement.

Password to follow.

Just reach out if there's a need to connect.

Thanks,
Jen

Jen Saxe
(she/her|elle)

Director General, Controlled Substances Directorate
Health Canada, Government of Canada
Jennifer.saxe@hc-sc.gc.ca / Tel : 613-816-1739

Directrice générale, Direction des substances contrôlées
Santé Canada, Gouvernement du Canada
Jennifer.saxe@hc-sc.gc.ca / Tél. : 613-816-1739

Decriminalization Announcement - CPT Meeting on Thursday

From: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
To: Alexandra Pierik <apierik@bcaafc.com>, ^{s.19; s.22} Brittany
<brittany@vandu.org>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Caitlin Shane
<caitlin@pivotlegal.org>, Cheyenne Johnson <cheyenne.johnson@bccsu.ubc.ca>, Curtis Bedwell
<curtis@bcfnjc.com>, Debbie Scarborough <debbie@bcfnjc.com>, Dr. Nel Wieman
<Nel.Wieman@fnha.ca>, Eldridge, Irina MMHA:EX <Irina.Eldridge@gov.bc.ca>, ^{s.19; s.22}
^{s.19; s.22}, Emslie, Margaret J MMHA:EX <Margaret.J.Emslie@gov.bc.ca>, ^{s.22}
^{s.19; s.22} Fiona Wilson <fiona.wilson@vpd.ca>, Fred Cameron
<fred@solidvictoria.org>, Garth Mullins ^{s.19; s.22} Ghalib Bhayani
<ghalib.bhayani@rcmp-grc.gc.ca>, Heather Paddison <hpaddison@positivelivingnorth.org>, Jason
Tockman <Jason.Tockman@fnha.ca>, Jodie Millward <Jodie.Millward@fnha.ca>, ^{s.19; s.22}
^{s.19; s.22} Melinda Markey
<Melinda.Markey@vancouver.ca>, Mike Knott <board@solidvictoria.org>, Mike Serr
<mike.serr@abbypd.ca>, Murry Krause ^{s.19; s.22} Parish, Danielle MMHA:EX
<Danielle.Parish@gov.bc.ca>, Renata Mrema <rmrema@kamloops.ca>, Sara Young
<Sara.Young@bccdc.ca>, Sgt. Shane Holmquist <shane.holmquist@rcmp-grc.gc.ca>, ^{s.19; s.22}
^{s.19; s.22}, Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Taylor, Stephanie
MMHA:EX <Stephanie.Taylor@gov.bc.ca>, Tupper, Kenneth HLTH:EX
<Kenneth.Tupper@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>,
sthomson@mnbc.ca
Cc: Nicki Kahnamoui <nickikahnamoui@gmail.com>, Olive Dempsey <olive@olivedempsey.ca>,
Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Sent: May 31, 2022 11:22:47 AM PDT
Hello Core Planning Table members,

As you have likely seen, today Health Canada announced its approval of B.C.'s request for a s.56(1) exemption to remove criminal penalties for possession of small amounts of illicit substances for personal use. The exemption is approved with a 2.5 gram cumulative threshold, to come into effect January 31st 2023. A link to the exemption can be found [here](#) and the new release is [here](#).

B.C is the first jurisdiction in Canada to make this historic policy shift. We wouldn't be here without you and are grateful for the input and advice that helped us to get here. We're happy to see that many features of our model, including the absence of drug seizures, fines, or mandatory treatment referrals for possession under the threshold were approved. These features set BC's model apart from others around the globe. We know many of you may be disappointed with the lower threshold. The threshold model approved by Health Canada is a starting point. We will look to your expertise to help us monitor and evaluate so that we can adjust, if needed, as we go forward. This includes monitoring decriminalization to address any unintended consequences and ensure that people are not being recriminalized.

We will be sending an invite for a CPT meeting on June 2, 2022 at 9am, to answer any questions you have about the announcement and next steps. Minister Malcolmson will join us for the first 15 minutes, after which we will have time for a discussion about the role of the planning table in implementation.

Thank you all for your ongoing dedication to this process.

With gratitude,
Ally and Chris

Best,
Ally Butler (she/her/hers)
Executive Director, Substance Use & Strategic Initiatives
Substance Use Policy Division
Ministry of Mental Health and Addictions
1515 Blanshard | Victoria, BC
778.366.5962 | 604.790.5874 (Cell)

Decriminalization TB Submission - Update

From: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
To: Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Lewis, Glen PSSG:EX <Glen.Lewis@gov.bc.ca>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>
Cc: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Sent: June 21, 2022 4:15:07 PM PDT
Attachments: 2022-06-21 Request for Decision- Decriminalization TB Submission IN YEAR_FINAL DRAFT.docx

Hi Wayne, Glen and Matt,

Since we met with DMs last week, we have updated the Decriminalization TB Sub to reflect feedback from DMs and from Minister Malcolmson – there have been NO changes to the financials, options or overarching strategy.

If you could take a final “red flags” look and let me know if you would like any further edits by **noon on Thursday, that would be appreciated**. I’ve left the track changes on so you can easily scan for updated/new content ^{s.13}

^{s.13}

I’ll be sending this up to our DMs via eApps by end of the week. ^{s.22}
am aiming to get this up for her signature asap.

so I

While TB won’t confirm a date until they have a signed submission, we’re tracking to the last meeting on July 15th. Likely going as a major.

Many thanks and please don’t hesitate to reach out if it’s easier to quickly chat.

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Substance Use Policy Division

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)

Decriminalization - ADM Working Group Materials for June 23

From: Butler, Ally MMHA:EX
To: Walsh, Taryn PSSG:EX <Taryn.Walsh@gov.bc.ca>, Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Falconer, Mary AG:EX <Mary.Falconer@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Gosman, Sarah MCF:EX <Sarah.Gosman@gov.bc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Clow, Holly MMHA:EX <Holly.Clow@gov.bc.ca>
Sent: June 23, 2022 8:46:18 AM PDT
Attachments: Decrim ADM SC Agenda June 2022.docx, Critical Path Slide.pptx
Hi everyone,

Attached are the materials for tomorrow's meeting. I suspect we may not need the full hour as we just have a few updates to share.

- Agenda
- Slides

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Substance Use Policy Division

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)

DECRIMINALIZATION IN BC
ASSISTANT DEPUTY MINISTER (ADM) STEERING COMMITTEE
Agenda

Date: June 24, 2022

Time: 10:00-11:00am

Location: Microsoft Teams Call

Dial-in Info: See calendar invite for link

Discussion Topic	Lead	Materials
1. Territorial Acknowledgement, Welcome and Introductions	Ally Butler	Agenda
2. Health Canada & Engagement Updates	Ally Butler	
3. Critical Path to Implementation – Overview & Discussion	Ally Butler	Slides
4. Treasury Board Submission	All	Draft TB submission
5. Next Steps	Ally Butler	

We acknowledge, with gratitude, that the work we collaborate on takes place on the traditional territories of the Lekwungen Peoples, which includes the Songhees and Esquimalt Nations in Victoria and the Coast Salish People and the Musqueam, Tsleil-Waututh and Squamish Nations in Vancouver. We also want to honour all urban Indigenous, First Nations, Inuit and Métis people who live and work in the beautiful province of British Columbia.

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s.12 ; s.13 ; s.17

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s.12

Page 361 of 492

Withheld pursuant to/removal as

s.12

RE: Decriminalization - TB Sub

From: Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>
To: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>, Lewis, Glen PSSG:EX <Glen.Lewis@gov.bc.ca>, Sutherland, Wendy PSSG:EX <Wendy.Sutherland@gov.bc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Clow, Holly MMHA:EX <Holly.Clow@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Sent: August 30, 2022 2:11:17 PM PDT
Good afternoon Ally,

Glen asked me to let you know he did speak with the RCMP this morning and do not anticipate any changes from what TB sub reflects now. We'll look to get it to you ASAP.

Thanks, Matt

Matt Brown
A/ Executive Director
Community Safety Division, Policing and Security Branch
Ministry of Public Safety and Solicitor General
Office: (778) 698-8432 Mobile: (250) 480-8865

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From: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
Sent: Tuesday, August 30, 2022 7:58 AM
To: Lewis, Glen PSSG:EX <Glen.Lewis@gov.bc.ca>; Sutherland, Wendy PSSG:EX <Wendy.Sutherland@gov.bc.ca>
Cc: Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>; Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; Clow, Holly MMHA:EX <Holly.Clow@gov.bc.ca>; Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Subject: RE: Decriminalization - TB Sub

Good morning Glen,

Just checking in to see if your discussions with the RCMP folks require any changes to the TB Submission?

Happy to connect if helpful.

Best,
Ally

From: Butler, Ally MMHA:EX
Sent: August 26, 2022 11:22 AM
To: Lewis, Glen PSSG:EX <Glen.Lewis@gov.bc.ca>; Sutherland, Wendy PSSG:EX <Wendy.Sutherland@gov.bc.ca>
Cc: Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>; Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; Holly MMHA:EX Clow (Holly.Clow@gov.bc.ca) <Holly.Clow@gov.bc.ca>; Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Subject: Decriminalization - TB Sub

Hi Glen and Wendy,

Here is the current draft of the TB Sub reflecting conversations to date. Also attached is the most recent detailed costing in case it's helpful.

We'll stay tuned for any changes that may be needed after you meeting with RCMP.

Best,
Ally Butler (she/her/hers)
Executive Director, Substance Use & Strategic Initiatives
Substance Use Policy Division
Ministry of Mental Health and Addictions
1515 Blanshard | Victoria, BC
778.366.5962 | 604.790.5874 (Cell)

CPT Meeting Materials- September

From: Clow, Holly MMHA:EX <Holly.Clow@gov.bc.ca>
To: Taylor, Stephanie MMHA:EX <Stephanie.Taylor@gov.bc.ca>, s.19; s.22
s.19; s.22 Brittany Graham <brittany@vandu.org>, Brown, Matthew G
PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>,
Caitlin Shane <caitlin@pivotlegal.org>, Cheyenne Johnson
<cheyenne.johnson@bccsu.ubc.ca>, Curtis Bedwell <curtis@bcfnjc.com>, Debbie
Scarborough <debbie@bcfnjc.com>, Dr. Nel Wieman <nel.wieman@fnha.ca>, Eldridge, Irina
MMHA:EX <Irina.Eldridge@gov.bc.ca>, s.19; s.22
s.19; s.22 Fiona Wilson <fiona.wilson@vpd.ca>, Fred Cameron
<Fred@solidvictoria.org>, Garth Mullins s.19; s.22, Geoffrey Rankin
<grankin@bcaafc.com>, Ghalib Bhayani <ghalib.bhayani@rcmp-grc.gc.ca>, Heather Paddison
<hpaddison@positivelivingnorth.org>, Jason Tockman <jason.tockman@fnha.ca>, Jodie
Millward <jodie.millward@fnha.ca>, Tupper, Kenneth HLTH:EX
<Kenneth.Tupper@gov.bc.ca>, Leslie McBain s.19; s.22
s.19; s.22 Mike Knott <board@solidvictoria.org>, Mike Serr
<mike.serr@abbypd.ca>, Murry Krause s.19; s.22, NikNaz Kahnemoui
<niknaz@niknazk.com>, Olive Dempsey <olive@olivedempsey.ca>, Parish, Danielle
MMHA:EX <Danielle.Parish@gov.bc.ca>, Renata Mrema <rmrema@kamloops.ca>, Sam Ens
<sam@bcfnjc.com>, Sara Young <sara.young@bccdc.ca>, Sgt. Shane Holmquist
<shane.holmquist@rcmp-grc.gc.ca>, s.19; s.22, Sims, Brian
A PSSG:EX <Brian.Sims@gov.bc.ca>, Stephen Thomson <sthomson@mnbc.ca>, Sturtevant,
Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Van Veen, Chris MMHA:EX
<Chris.VanVeen@gov.bc.ca>, maryclare.zak@vancouver.ca, Sutherland, Wendy PSSG:EX
<Wendy.Sutherland@gov.bc.ca>
Cc: Nicki Kahnemoui <nickikahnemoui@gmail.com>, Olive Dempsey <olive@olivedempsey.ca>,
Taylor, Stephanie MMHA:EX <Stephanie.Taylor@gov.bc.ca>, Chen, Damien MMHA:EX
<Damien.Chen@gov.bc.ca>, Parish, Danielle MMHA:EX <Danielle.Parish@gov.bc.ca>,
Eldridge, Irina MMHA:EX <Irina.Eldridge@gov.bc.ca>
Sent: September 14, 2022 11:23:42 AM PDT
Attachments: CPT Agenda Sept 15 2022 v02.pdf, CPT Sept 15 2022.pdf, July 21, 2022 CPT Meeting
Summary.pdf

Hello Core Planning Table Members,

Ahead of Thursday's Core Planning Table meeting, please find attached the following materials:

- Agenda
- Presentation Deck
- Notes from the July CPT Meeting

As a reminder, the Zoom details are:

s.15; s.17

Meeting ID: s.15; s.17

Passcode: s.15; s.17

One tap mobile

s.15; s.17

Canada
Canada

Dial by your location

s.15; s.17

Canada

We are looking forward to our discussions this week, and as always, please don't hesitate to reach out via email or telephone if you have any concerns or questions.

With thanks,

Holly Clow (she/her)
Director, Decriminalization
Ministry of Mental Health & Addictions

1515 Blanshard St., Victoria BC

Traditional homelands of the Lekwungen peoples of Esquimalt and Songhees First Nations

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DECRIMINALIZATION IN BC
Core Planning Table Meeting
Agenda

Date: September 15, 2022

Time: 9:30 AM – 11:30 AM

Location:

s.15; s.17

Dial-in Info: See meeting invite

Timing	Content	Related Materials
9:30 – 9:35	Welcome Territorial Acknowledgement	Slide deck
9:35-9:45	Small breakout room check-in	Slide deck
9:45 – 9:50	Meeting Purpose	Slide deck
9:50-10:00	Brief Updates	Slide deck
10:00- 10:20	Municipal Engagement	Slide deck
10:20 – 10:35	Monitoring and Evaluation	Slide Deck
10:35-10:50	Law Enforcement Implementation	Slide deck
10:50 – 11:00	Next Steps/Action Items	Slide deck



Ministry of
Mental Health
and Addictions

Decriminalization Core Planning Table

September 15, 2022

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We acknowledge, with gratitude and humility, that the work we do takes place on the traditional, ancestral and unceded territories of Indigenous Peoples across the province.

Today's Purpose



General Updates



Municipal Engagement



Monitoring and Evaluation



**Law Enforcement
Implementation Updates**

Break-out groups check-in

What's top of mind for you at this stage of the implementation process?

When you return to large group, please share reflections in the chat.

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General Updates

CPT Meetings

September

- Municipal Engagement
- Update on Monitoring and Evaluation
- Law Enforcement Training Curriculum

October

- Update on Public Communications Strategy
- Resource Cards and Health System Pathways

November

- Draft Monitoring and Evaluation Framework

*NOTE: CPT agendas may shift as the work develops.

Health System Pathways

- Regional Health Authorities are in the process of hiring Decriminalization Project Managers to support the development of resource cards, health system data collection, and to facilitate referrals and pathways to care, upon request.
- The Ministry is working with a design firm to develop resource cards, which will include feedback from focus groups with PWLE.
 - Resource Card design and content will be on the agenda for the October CPT meeting.

Questions or Reflections



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First Nations Engagement and Consultation

- Minister Malcolmson met with First Nations Health Council in July.
- The Ministry is planning to hold regional sessions this fall with First Nations.
- FNHA is also hiring two positions to support ongoing engagement work.

Questions or Reflections



A grayscale background image showing several hands of different skin tones stacked together in a supportive gesture, symbolizing community and engagement.

Municipal Engagement

Municipal Engagement

- UBCM pre-convention panel: *“Decriminalization and Harm Reduction: Key Considerations for Local Governments”*
- UBCM and MMHA establishing a Local Government Working Group* on decriminalization to address key issues for local governments and develop guidance and tools to support local governments as we move into implementation.

*Reporting to MMHA

Municipal Engagement Input

What topics do you hope to see in the municipal engagement process?



A grayscale background image showing several hands of different skin tones stacked together in a supportive gesture, symbolizing unity and teamwork. The hands are arranged in a circular pattern, with fingers interlaced.

Monitoring and Evaluation

Monitoring and Evaluation

- In July, the Canadian Institutes for Health Research (CIHR) posted a 5-year grant for an external evaluation of decriminalization in BC. Workplan and details are expected in October 2022.
- To complement the federally funded CIHR Evaluation, MMHA is developing a provincial monitoring and evaluation framework:
 - Implementation Evaluation
 - BC Centre for Disease Control Harm Reduction Survey and Qualitative Interviews
 - Evaluation of Impacts of Decrim on Indigenous People and Communities
 - MMHA In-house Monitoring and Inventory of Academic Research

Monitoring and Evaluation

Are there additional areas or topics that you would like the Research and Evaluation process to consider?

The background of the slide features a grayscale photograph of several hands of different skin tones stacked on top of each other in a supportive gesture. The text 'Law Enforcement Implementation' is overlaid on the left side of the image in a large, white, sans-serif font. To the left of the text is a white, rounded rectangular shape.

Law Enforcement Implementation

Law Enforcement Implementation

- MMHA and PSSG continue to develop police training materials
- Representatives from VANDU and the First Nations Justice Council recently joined the Law Enforcement Implementation Working Group (LEWG)
- Table of Contents was brought to LEWG for feedback
- Phased training is on track to launch in November
- Phase 1 includes recorded webinar (content development underway), FAQs and a “micro-learning video” developed by the Canadian Police Knowledge Network

Law Enforcement Training Approach

Phase 1
Nov 2022-Jan 2023

- Pre-recorded Webinar (November 2022)
- Iterative FAQ Resource (November 2022)
- Micro-learning Video (January 2023)

Phase 2
Spring 2023

- Comprehensive Online Training
- Updates to FAQs

Ongoing
Through 2026

- Updates to Comprehensive Training
- Updates to FAQs

Law Enforcement Implementation

MMHA and PSSG continue to provide support and information to law enforcement representatives as we approach the implementation date. At present, we are:

- Developing table to systematically organize/answer technical questions from police;
- Creating a “myth busting” document to complement pre-implementation training;
- Developing an FAQ/key messages document;
- Creating webinar content;
- Reviewing the training plan and supporting components with police leadership; and
- Decriminalization in the context of new policing standards and police modernization work

Questions or Reflections



Next Steps

- Session with First Nations partners
- Local Government Working Group
- Launch law enforcement training in Nov
- Ongoing Monitoring and Evaluation Framework (Nov CPT mtg)
- Health system readiness & resource cards (Oct CPT mtg)
- Communications strategy development (Oct CPT mtg)
- **October 20th next CPT Mtg**

A grayscale background image showing several hands of different skin tones stacked together in a supportive gesture. The hands are positioned in the center-right of the frame, with fingers interlaced and palms facing each other.

Thank you!

See you in October



Ministry of
Mental Health
and Addictions

DECRIMINALIZATION IN BC

CORE PLANNING TABLE

Summary Notes – July 21, 2022

Date: July 21, 2022

Time: 9:30-11:30 am

Attendees: Nicki Kahnamoui (facilitator), Olive Dempsey (facilitator), Brittany Graham (VANDU), Caitlin Shane (PIVOT), ^{s.19; s.22}, Fred Cameron (SOLID Victoria), Sam Ens (FNJC), Debbie Scarborough (FNJC), Garth Mullins (VANDU), ^{s.19; s.22}, Jason Tockman (FNHA), Melinda Markey (City of Vancouver), Mike Serr (BC Association of Chiefs of Police/Abbotsford Police Department), Shane Holmquist (RCMP), Fiona Wilson (VPD), Chris Van Veen (MMHA), Meg Emslie (MMHA), Holly Clow (MMHA), Irina Eldridge (MMHA), Damien Chen (MMHA)

Meeting Purpose: To provide project implementation and engagement updates and seek input from the group on the public communication strategy.

Agenda Item
<ul style="list-style-type: none"> Welcome and Territorial Acknowledgement
<ul style="list-style-type: none"> Meeting Purpose and Agenda Implementation Updates Engagement Updates Public Communication Needs & Ideas Law Enforcement Implementation Updates
<p>Implementation Updates</p> <p><u>Funding:</u> MMHA is moving forward with partner ministries on a range of activities to support implementation, including:</p> <ul style="list-style-type: none"> Hiring additional staff Research, monitoring and evaluation Health authority readiness, including development of resource cards Development of police training materials; and Public awareness/education activities. <p><u>Monitoring and Evaluation:</u></p> <ul style="list-style-type: none"> The Canadian Institute for Health Research has posted a decriminalization funding opportunity on its website. The funding will support third party evaluation of decriminalization. The decrim team will be connecting with members of the Research and Evaluation WG to work on a monitoring framework (including indicators, data sources, disaggregation). This includes working with partners to determine data availability and data sharing agreements. <p><u>MMHA Staffing:</u></p> <ul style="list-style-type: none"> Damien Chen started with the decrim team this week. We also have an active position posted for an Advisor, Indigenous Consultation. <p>^{s.22}</p>
<p>Engagement Updates:</p> <p><u>Indigenous Engagement:</u></p> <ul style="list-style-type: none"> Town Hall held with Métis Nation BC June 14. Approximately 18 people attended, with significant

DECRIMINALIZATION IN BC
CORE PLANNING TABLE
Summary Notes – July 21, 2022

engagement and feedback from participants.

- Additional planning for First Nations engagement is underway and will be high priority work in the coming months.

Town Hall with MNBC

Purpose:

- To provide an overview of BC's decriminalization model in the context of the illicit drug poisoning crisis
- To begin a conversation about implementation planning and the priorities for Métis communities, and to determine next steps for engagement.
- Key feedback and take-aways:
 - Many participants expressed support for decriminalization, and a desire to support information sharing among community members
 - Participants had questions about the details of the model
 - Some expressed concerns about public use
 - Attendees emphasized the need for more Métis-led services
 - Attendees expressed interest in participating in additional engagement sessions

Municipal Engagement:

- The UBCM convention will take place between September 12-16 in Whistler
- The "Decriminalization and Harm Reduction: Key Considerations for Local Governments" Workshop is scheduled for Monday, September 12
- UBCM and MMHA are working to establish a Local Government Working Group on decriminalization. More details to come.

Public communications strategy:

Purpose:

- To inform the public and specific audiences about decriminalization in BC as part of a comprehensive response to the illicit drug toxicity crisis
- To reduce stigma associated with substance use

Audiences:

- General public
- People who use drugs, youth-invested stakeholders (parents, schools), First Nations

Key Messages (examples):

- Substance use is a public health matter – not a criminal one
- Criminalization drives people to hide drug use and use alone, putting them at risk.

General input from CPT members on public communication:

s.13

DECRIMINALIZATION IN BC
CORE PLANNING TABLE
Summary Notes – July 21, 2022

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- Breakout Groups:
- What would you add to or change about the strategy purpose?
 - What additional audiences (or sub-groups) need to be considered

Input from the Breakout Groups:

Audiences (who)	Key information needs /concerns	Channels / (how do they access information)	Additional considerations
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Page 393 of 492

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DECRIMINALIZATION IN BC
CORE PLANNING TABLE
Summary Notes – July 21, 2022

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Please send additional ideas to Chris/Holly.

Police Training:

MMHA is working with PSSG to finalize the overall approach to development of police training. This work is ongoing and we expect more substantive updates in the coming weeks, as both ministries hire staff to support the project. An update on the approach to police training will be provided to the CPT.

Next Steps:

- Continued development of law enforcement training.
- Law Enforcement Implementation Working Group will meet over the summer, and will provide updates to the CPT.
- Development of the Monitoring and Evaluation Framework.
- Research and Evaluation Working Group will continue to meet.
- Engagement with Health Authority partners to prepare for health system readiness and resource card development.
- Next Core Planning Table Meeting: September 15th.

ADM WG on Decriminalization - Update

From: Butler, Ally MMHA:EX
To: Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Falconer, Mary AG:EX <Mary.Falconer@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Gosman, Sarah MCF:EX <Sarah.Gosman@gov.bc.ca>

Sent: September 23, 2022 2:24:39 PM PDT

Hello ADM WG members,

As next Friday is a stat, we will be cancelling our meeting, but I'm sending along a written update in lieu. The decriminalization team has been busy preparing for our January 31st implementation "go live" date. I have organized updates for you under thematic headers below.

Alternative Measures and Health System Readiness

- Each Health Authority has been provided with funding to hire two decriminalization project managers. Hiring is well under way and some positions have been successfully filled.
- A vendor has been secured for design and production of resource cards that police will be handing out to people found to be in possession of illicit substances.

Stakeholder Engagement

- UBCM pre-conference panel session on decriminalization was held last week. The event was very well attended, with lots of engagement and media coverage.
- Aiming for mid-October for the first Local Government Working Group meeting, with staff-level reps from local governments across BC participating. ToR has been drafted.

Indigenous Engagement

- Planning continues for regional First Nations townhalls on decriminalization
- A communications package for First Nations is being finalized, with distribution to every nation in BC planned for October

Communications and Public Engagement

- A draft communications plan has been developed. Health Canada comms has reviewed and provided feedback.
- Regional focus groups have been scheduled for late September/early October to shore up key messages for public engagement
- Planning is underway for PWLLE engagement sessions
- Decriminalization content for the BC gov website is underway

Law Enforcement Readiness

- MMHA continues to work with PSSG and law enforcement partners to develop police training curriculum
- Phase 1 of the training will kick off in late November, with a webinar and some other job aids. Phase two, which will involve more detailed education around substance use, will begin in the spring.

Monitoring and Evaluation

- The first draft of the Monitoring and Evaluation Framework is nearing completion, and we can share details at the next ADM meeting.
- MMHA is working with PSSG on data governance, including a data sharing agreement with policing partners to support evaluation.
- The BCCDC will add decrim content to its October 2022 Harm Reduction Survey to collect baseline data on the experiences of decriminalization amongst police and people who use drugs.

As always, please reach out if you'd like to connect.

Best,

Ally Butler (she/her/hers)
Executive Director, Substance Use & Strategic Initiatives
Substance Use Policy Division
Ministry of Mental Health and Addictions
1515 Blanshard | Victoria, BC
778.366.5962 | 604.790.5874 (Cell)

CPT Meeting Materials- October

From: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
To: Clow, Holly MMHA:EX <Holly.Clow@gov.bc.ca>, Taylor, Stephanie MMHA:EX <Stephanie.Taylor@gov.bc.ca>, ^{s.19; s.22} Brittany Graham <brittany@vandu.org>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>, Caitlin Shane <caitlin@pivotlegal.org>, Cheyenne Johnson <cheyenne.johnson@bccsu.ubc.ca>, Curtis Bedwell <curtis@bcfnjc.com>, Debbie Scarborough <debbie@bcfnjc.com>, Dr. Nel Wieman <nel.wieman@fnha.ca>, Eldridge, Irina MMHA:EX <Irina.Eldridge@gov.bc.ca>, ^{s.19; s.22} Fiona Wilson <fiona.wilson@vpd.ca>, Fred Cameron <Fred@solidvictoria.org>, Garth Mullins ^{s.19; s.22}, Geoffrey Rankin <grankin@bcaafc.com>, Ghalib Bhayani <ghalib.bhayani@rcmp-grc.gc.ca>, Heather Paddison <hpaddison@positivelivingnorth.org>, Jodie Millward <jodie.millward@fnha.ca>, Tupper, Kenneth HLTH:EX <Kenneth.Tupper@gov.bc.ca>, ^{s.19; s.22} Mike Knott <board@solidvictoria.org>, Mike Serr <mike.serr@abbypd.ca>, Murry Krause ^{s.19; s.22} NikNaz Kahnemoui <niknaz@niknazk.com>, Olive Dempsey <olive@olivedempsey.ca>, Parish, Danielle MMHA:EX <Danielle.Parish@gov.bc.ca>, Renata Mrema <rmrema@kamloops.ca>, Sam Ens <sam@bcfnjc.com>, Sgt. Shane Holmquist <shane.holmquist@rcmp-grc.gc.ca>, ^{s.19; s.22} Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Stephen Thomson <sthomson@mnb.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, maryclare.zak@vancouver.ca, Sutherland, Wendy PSSG:EX <Wendy.Sutherland@gov.bc.ca>, clara@bcfnjc.com
Cc: Nicki Kahnemoui <nickikahnemoui@gmail.com>, Olive Dempsey <olive@olivedempsey.ca>, Taylor, Stephanie MMHA:EX <Stephanie.Taylor@gov.bc.ca>, Chen, Damien MMHA:EX <Damien.Chen@gov.bc.ca>, Parish, Danielle MMHA:EX <Danielle.Parish@gov.bc.ca>, Eldridge, Irina MMHA:EX <Irina.Eldridge@gov.bc.ca>, Welsh, Whitney MMHA:EX <Whitney.Welsh@gov.bc.ca>
Sent: October 19, 2022 12:41:08 PM PDT
Attachments: CPT Agenda Oct 20 2022.pdf, CPT Oct 20 2022.pdf, 2022 09 15 CPT Meeting Summary.pdf
Hello Core Planning Table Members,

Ahead of tomorrow's Core Planning Table meeting, please find attached the following materials:

- Agenda
- Presentation Deck
- Notes from the September CPT Meeting

As a reminder, the Zoom details are:

^{s.15; s.17}

Meeting ID: ^{s.15; s.17}

Passcode: ^{s.15; s.17}

One tap mobile

^{s.15; s.17}

Canada

Canada

Dial by your location

^{s.15; s.17}

Canada

We are looking forward to seeing you tomorrow. As always, please don't hesitate to reach out to myself or Ally Butler (Ally.Butler@gov.bc.ca) via email or telephone anytime if you have any concerns or questions.

Best,

Chris Van Veen
Senior Director, Decriminalization
Ministry of Mental Health and Addictions

DECRIMINALIZATION IN BC

Core Planning Table Meeting

Agenda

Date: October 20, 2022

Time: 9:30 AM – 11:30 AM

Location:

s.15; s.17

Dial-in Info: See meeting invite

Timing	Content	Related Materials
9:30 – 9:35	Welcome Territorial Acknowledgement	Slide deck
9:35 – 9:40	Meeting Purpose <ul style="list-style-type: none"> • Resource Cards • Communications Plan • Next Steps 	Slide deck
9:40 – 9:45	Timeline Update	Slide deck
9:45-10:45	Resource Cards <ul style="list-style-type: none"> • Resource Card Overview • Wellbeing Overview • What we've heard to date • Feedback on Design and Content • Next steps 	Slide deck
10:45- 11:00	Communications Plan Update <ul style="list-style-type: none"> • What We've Heard- Focus Groups • Next Steps 	Slide Deck
11:00 – 11:10	Other Updates <ul style="list-style-type: none"> • Law Enforcement Training • Monitoring and Evaluation 	Slide Deck
11:10 – 11:15	Next Steps/Action Items	Slide deck



Ministry of
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and Addictions

Decriminalization Core Planning Table

October 20, 2022

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We acknowledge, with gratitude and humility, that the work we do takes place on the traditional, ancestral and unceded territories of Indigenous Peoples across the province.

Today's Purpose



Resource Cards



Communications Plan



Other Updates

CPT Meetings

October

- Update on Public Communications Strategy
- Resource Cards and Health System Pathways

November

- Monitoring and Evaluation Framework

December

- General Implementation Updates
- **TBD- Is there anything CPT would specifically like updates on in December?**

January

- Final Pre-Implementation Meeting
- Implementation Updates
- Communications Strategy Update

*NOTE: CPT agendas may shift as the work develops.

The background of the slide is a grayscale photograph of several hands of different skin tones stacked together in a supportive gesture. The hands are positioned in the center-right of the frame, with fingers interlaced or resting on top of each other. The overall tone is professional and empathetic.

Resource Cards

Resource Cards- Purpose and Context

- The purpose of the cards is to provide information to individuals on mental health and substance use supports and services.
- The provision of information on health and social services by law enforcement is a Health Canada requirement.
- The cards are for information purposes – police officers may support referrals at an individual's request. **Individuals are not required to provide personal information, nor are they required to accept support to access a referral.**
- The design is informed by CPT feedback to date.
- Health authorities will be responsible for regional content on the cards.
- MMHA to act as central hub for production and distribution to Health Authorities (HA). HA's will distribute to their specific regions through law enforcement and other partners.

Overall Approach

- **Accessible for a range of people living in B.C.**
 - Supported by plain language
 - Less is more – minimal text to not overwhelm the recipient
 - Points to ‘tip of the iceberg’, universally available services, won’t go out of date quickly
- **Promotes harm reduction (in the context of the toxic drug crisis)**
 - Provides ‘stay safer’ information and resources for people who use drugs
- **Leverages existing initiatives**
 - Points to Wellbeing.gov.bc.ca (timed with launch of Phase 2 of this site which sees an increase in resource listings and a map feature)

Questions or Reflections



DRAFT Resource Cards Demo

The background of the slide is a grayscale photograph of several hands of different skin tones stacked on top of each other in a supportive gesture. The hands are positioned diagonally across the frame, from the bottom left towards the top right.

Wellbeing.gov.bc.ca

Website Demonstration



Ministry of
Mental Health
and Addictions

Discussion- Design and Format

- Are there opportunities for improvements?
- Is the card readable for a variety of people? Is the information laid out clearly?

Discussion- Resources and Content

- What works with regards to the resources listed?
- Is the language easy to understand and approachable?
- What can be improved?
- Does the resource card achieve its intended goal?

Next Steps

- Other reviewers include Government Communications, Health Canada
- All feedback will inform final version of the resource card
- Health Authorities to provide content for custom panel on card
 - This includes validating these lists with peer networks and other partners, including Indigenous partners
- Final resource card will be shared with all stakeholders, including CPT
- Production and distribution:
 - Production: November 2022
 - Distribution to Health Authorities: December 2022
 - Distribution to community partners: January 2023

The background of the slide is a grayscale photograph of several hands of different skin tones stacked on top of each other in a supportive gesture. The hands are positioned in the center-right of the frame, with fingers interlaced. The overall tone is professional and empathetic.

Communication Plan

What We Heard- Focus Groups

- 12 virtual sessions held over 27 locations between September 27 and October 6
- Specific sessions for Punjabi, Mandarin and Cantonese speakers
- Province-wide session for opponents of decriminalization
- Significant engagement across all sessions
- Most opponents were very entrenched in their views, although some softened their position once decriminalization was explained in more detail.

Next Steps on Communications Plan

- Engagement sessions with PWLLE
 - Facilitator has been contracted
 - Will focus on construction industry and recreational/occasional users to supplement engagement done to date through CPT and other forums
- Update website ([gov.bc.ca/ decriminalization](http://gov.bc.ca/decriminalization)) content
 - Received feedback from Health Canada
- Continue to refine communications plan with Health Canada

Questions or Reflections



A grayscale background image showing several hands of different skin tones stacked together in a supportive gesture. The hands are positioned in the center-right of the frame, with fingers interlaced or resting on top of each other. The overall tone is somber and supportive.

Other Updates

General Updates

Law Enforcement

- Phase 1 Law Enforcement Webinar will launch November 21, 2022.
- The ministry has also drafted a Myth-busting document for use by law enforcement.
 - This document will be sent to the CPT for review. Please provide comments by **Friday, October 28th**.

Monitoring and Evaluation

- CIHR has selected the proponent for the federal evaluation. MMHA will share more information as we receive more details about the research workplan.

Next Steps

- Next Core Planning Table: November 17th
 - Topic: Monitoring and Evaluation Framework
- Launch of Phase 1 Law Enforcement Training: November 21st
- Finalizing Resource Card design and content

A grayscale background image showing several hands of different skin tones stacked together in a supportive gesture. The hands are positioned in the center-right of the frame, with fingers interlaced or resting on top of each other. The overall tone is soft and empathetic.

Thank you!

See you in November



Ministry of
Mental Health
and Addictions

DECRIMINALIZATION IN BC

CORE PLANNING TABLE

Summary Notes – September 15, 2022

Date: September 15, 2022

Time: 9:30-11:00 am

Attendees: Nicki Kahnamoui (facilitator), Olive Dempsey (facilitator), ^{s.19; s.22}

^{s.19; s.22} Fred Cameron (SOLID Victoria), ^{s.19; s.22} Sam Ens (FNJC),

Debbie Scarborough (FNJC), Mike Mercier (MNBC), Garth Mullins (VANDU), ^{s.19; s.22}

^{s.19; s.22} Jason Tockman (FNHA), Jodie Millward (FNHA), Mike Serr (BC Association of Chiefs of Police/Abbotsford Police Department), Ghalib Bhayani (RCMP), Shane Holmquist (RCMP), Jason Chan (VPD), Murry Krause (UBCM/City of Prince George), Renata Mrema (City of Kamloops), Chris Van Veen (MMHA), Holly Clow (MMHA), Danielle Parish (MMHA), Irina Eldridge (MMHA), Damien Chen (MMHA), Matthew Brown (PSSG), Wendy Sutherland (PSSG), Kenneth Tupper (HLTH)

Meeting Purpose: To provide project implementation and engagement updates.

Agenda Item
Welcome and Territorial Acknowledgement
Small Breakout Room Check-In Question: <ul style="list-style-type: none"> What is top of mind at this stage of implementation? Key priorities that were shared include: ^{s.13}
Meeting Purpose and Agenda <ul style="list-style-type: none"> General Implementation Updates Municipal Engagement Updates Monitoring and Evaluation Updates Law Enforcement Implementation Updates Next Steps
Brief Implementation Updates <ul style="list-style-type: none"> CPT members were provided with an update on the planned agendas for the upcoming CPT meetings. <ul style="list-style-type: none"> October: Public Communications, Resource Cards and Health System Pathways November: Draft Monitoring and Evaluation Framework. Members were given a brief update on Health System Pathways.

DECRIMINALIZATION IN BC CORE PLANNING TABLE

Summary Notes – September 15, 2022

- Health Authorities are in the process of hiring Decriminalization Project Managers.
- MMHA is working with a design firm to develop resource cards.
- Resource Cards and Health System Pathways will be the focus of the next CPT meeting.
- Members were also given an update on First Nations Engagement and Consultation.
 - Minister Malcolmson met with First Nations Health Council in July.
 - The Ministry will hold regional sessions this fall with First Nations.

Action Item: MMHA will follow up with MNBC on next steps for Métis engagement.

Municipal Engagement

- Members were provided an update on municipal engagement.
- Decriminalization Team members participated in a UBCM pre-convention panel: “Decriminalization and Harm Reduction: Key Considerations for Local Governments”.
- UBCM and MMHA are establishing a Local Government Working Group on decriminalization to address key issues for local governments and develop guidance and tools. This working group will report to MMHA.

Discussion: Are there any key topics the Working Group should focus on?

s.13

Monitoring and Evaluation

- Members were provided with an update on monitoring and evaluation.
- The Canadian Institute for Health Research has posted a decriminalization funding opportunity on its website. The funding will support third party evaluation of decriminalization. The Province hopes to have more details on the successful principal investigator in October.
- To complement the federal evaluation, the Province is developing a provincial monitoring and evaluation framework that will include:
 - Implementation evaluation;
 - BCCDC Harm Reduction Survey and qualitative interviews;
 - Evaluation of impact on Indigenous peoples and communities, and
 - MMHA in-house monitoring, and research inventory.
- The monitoring and evaluation framework will be the focus of November CPT. The Ministry will also share feedback from Health Canada.

Discussion: Any questions or any topics you like to see the evaluation process consider?

s.13

DECRIMINALIZATION IN BC
CORE PLANNING TABLE
Summary Notes – September 15, 2022

s.13

Law Enforcement Implementation

- Members received an update on law enforcement training.
- MMHA and PSSG continue to work to develop police training materials. A Table of Contents for training was brought to the Law Enforcement Working Group for feedback.
- Phase 1 of training will launch in November: recorded webinar, FAQs and a microlearning video.
- Phase 2 will include more comprehensive online training.

Discussion

- s.13; s.15

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Next Steps:

- Next Core Planning Table: October 20th.
- Continued development of law enforcement training; to launch in November.
- Establishment of Local Government Working Group.
- Ongoing development of the Monitoring and Evaluation Framework.
- Ongoing Resource Card development and engagement with Health Authorities.
- Ongoing development of communications strategy.

ADM Decriminalization WG - October 28th Meeting Materials

From: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
To: Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Falconer, Mary AG:EX <Mary.Falconer@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Gosman, Sarah MCF:EX <Sarah.Gosman@gov.bc.ca>
Cc: Benn, Jennifer MMHA:EX <Jennifer.Benn@gov.bc.ca>
Sent: October 27, 2022 1:03:17 PM PDT
Attachments: Health Canada Progress Update - October 2022.docx, Oct ADM Decrim WG v01.pptx
Hi everyone,

Please find attached the materials to support tomorrow's meeting:

- Slide Deck
- Update Summary (This is a document we are preparing for Health Canada to provide updates across all areas in the Letter Requirements. It's updated monthly and we'll be sharing it the WG on a monthly basis as well.)

Looking forward to connecting.

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Substance Use Policy Division

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

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s.13 ; s.16



Ministry of
Mental Health
and Addictions

Update on Decriminalization

ADM Working Group

October 22, 2022

CONFIDENTIAL



Today's Plan

1. Law Enforcement Implementation
2. Health System Pathways
3. Local Government Engagement
4. Monitoring and Evaluation
5. Other Updates
6. Next Steps



Law Enforcement Training- Update

Phase 1 progress: Webinar and additional resources

- Finalizing draft police training webinar
- Phase 1 will also include a “myth busting” document, Q&A and a micro-learning video
- Launch date: November 21

Phase 2 progress: Online module

- Working with the RCMP, VPD and CPKN representatives to create, review and integrate content for online training.

Health System Pathways

- Health Authorities are in the process of hiring Decriminalization Project Managers.
 - Several RHAs have people in place
 - Other positions are in process
- Ministry staff shared a draft resource card with partners last week:
 - October 18: Regional Health Authorities and First Nations Health Authority (FNHA)
 - October 19: Law Enforcement Working Group
 - October 20: Core Planning Table
- Targeting distribution of resources cards in December
- Health System Partners continue to work through emerging policy issues (e.g. possession in care settings)

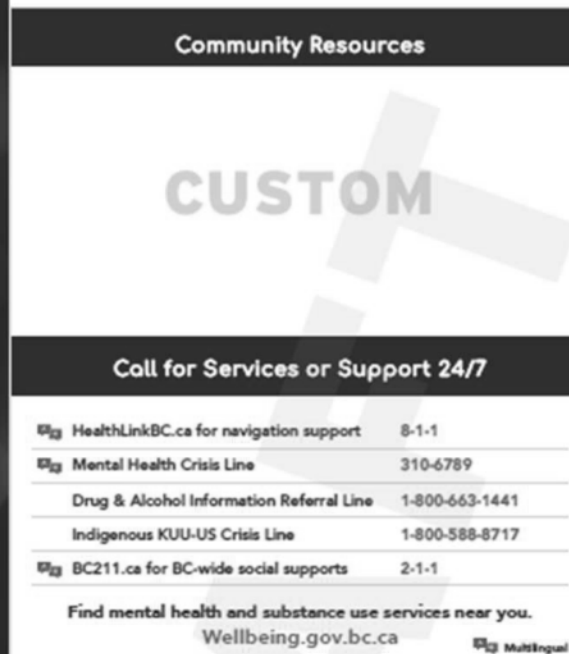
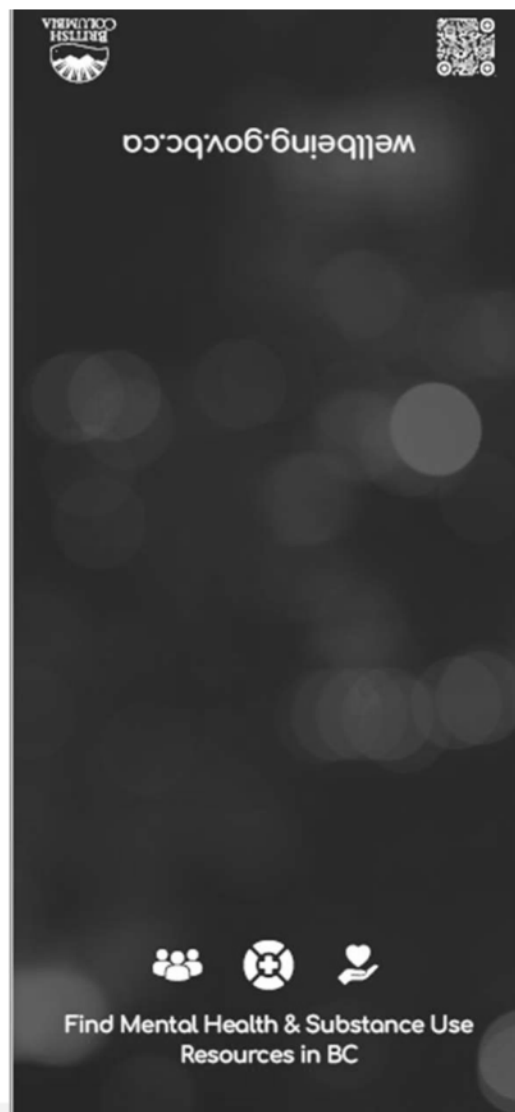
- RHA funding for:
 - Two Decriminalization Project Manager FTEs
 - Resource card production and distribution
 - Website updates
- FNHA is also receiving funding for two Decriminalization FTEs.

Draft Resource Card

Accordion Fold

Business Card Size

Weather-Proof



Local Government Engagement

- MMHA presentation to UBCM fall 2022 convention
- The first Local Government Working Group was held on October 18
 - Desire to create public health-informed guidance for local bylaw conversations
 - Support BC's public communications regarding decriminalization

Monitoring and Evaluation

- The Evaluation and Monitoring Working Group has meeting since October 2021.
- Evaluation and monitoring framework in development (including research questions, indicators, data sources) along with monitoring dashboard for discussion at a future project team meeting.
- Work underway with partners including police to determine data availability and to develop data sharing agreements.
- May require phased approach based on data availability.

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Rationale for Provincial M&E Framework

Complementary to the CIHR evaluation, BC's provincial framework will provide:

Timely evidence by mid-2025 to inform potential exemption renewal

- Early outcomes (0-3 years) of decriminalization
- Policy design evaluation (e.g., threshold amount, referral pathways)

As a new initiative, decriminalization requires timely **feedback mechanisms** to inform **implementation** improvements

- Police implementation and training
- Health system pathways
- Communication and engagement

Leverage BC research infrastructure, including peer network and Indigenous partners to provide **strong qualitative evidence and context**

- To contextualize emerging findings in CIHR evaluation, which could focus on quantitative metrics

BC M&E Framework Key Components

Implementation Evaluation

- Assessment of implementation fidelity and early outcomes
- Front-line police officer perspectives and experiences
- PWUD perspectives and experiences

Evaluation of impacts on **Indigenous people and communities**

- Details TBD through collaboration with Indigenous partners

BC Centre for Disease Control **Harm Reduction Survey** and Qualitative Interviews

- PWUD drug possession and purchasing patterns (to evaluate threshold)
- Impacts of decrim on PWUD

MMHA In-house:

- Monitoring of key indicators (e.g., rates of seizure, charges, etc.)
- Inventory of on-going Academic Research and knowledge translation activities

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Other Updates

Communications

- Draft comms strategy has been developed based off feedback from focus groups. Sitting with Health Canada for final review
- Government website enhancements with decriminalization info also under way

Budget 2023

- All three ministers have signed off on the Decriminalization Budget Submission
- Scheduled to go to Treasury Board as major item the week of November 21st

A grayscale background image showing several hands of different skin tones stacked together in a supportive gesture, symbolizing unity and teamwork.

Next Steps

Next Steps

- Next Core Planning Table Meeting: November 17th
- Ongoing development of the Evaluation and Monitoring framework
- Ongoing policy work with EDUC, MCFD, TRAN, and Health Authorities
- Phase 1 Law Enforcement Training Launch: November 21st
- Continued resource card development and health authority hiring

CPT Meeting Materials - November

From: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
To: Clow, Holly MMHA:EX <Holly.Clow@gov.bc.ca>, Taylor, Stephanie MMHA:EX <Stephanie.Taylor@gov.bc.ca>, ^{s.19; s.22} , Brittany Graham <brittany@vandu.org>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>, Caitlin Shane <caitlin@pivotlegal.org>, Cheyenne Johnson <cheyenne.johnson@bccsu.ubc.ca>, Curtis Bedwell <curtis@bcfnjc.com>, Debbie Scarborough <debbie@bcfnjc.com>, Dr. Nel Wieman <nel.wieman@fnha.ca>, Eldridge, Irina MMHA:EX <Irina.Eldridge@gov.bc.ca>, ^{s.19; s.22} , Fiona Wilson <fiona.wilson@vpd.ca>, Fred Cameron <Fred@solidvictoria.org>, Garth Mullins ^{s.19; s.22} Geoffrey Rankin <grankin@bcaafc.com>, Ghalib Bhayani <ghalib.bhayani@rcmp-grc.gc.ca>, Heather Paddison <hpaddison@positivelivingnorth.org>, Jodie Millward <jodie.millward@fnha.ca>, Tupper, Kenneth HLTH:EX <Kenneth.Tupper@gov.bc.ca>, ^{s.19; s.22} , Mike Knott <board@solidvictoria.org>, Mike Serr <mike.serr@abbypd.ca>, Murry Krause ^{s.19; s.22} NikNaz Kahnemoui <niknaz@niknazk.com>, Olive Dempsey <olive@olivedempsey.ca>, Parish, Danielle MMHA:EX <Danielle.Parish@gov.bc.ca>, Renata Mrema <rmrema@kamloops.ca>, Sam Ens <sam@bcfnjc.com>, Sgt. Shane Holmquist <shane.holmquist@rcmp-grc.gc.ca>, ^{s.19; s.22} Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Stephen Thomson <sthomson@mnbc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, maryclare.zak@vancouver.ca, Sutherland, Wendy PSSG:EX <Wendy.Sutherland@gov.bc.ca>, clara@bcfnjc.com
Cc: Nicki Kahnemoui <nickikahnemoui@gmail.com>, Olive Dempsey <olive@olivedempsey.ca>, Taylor, Stephanie MMHA:EX <Stephanie.Taylor@gov.bc.ca>, Chen, Damien MMHA:EX <Damien.Chen@gov.bc.ca>, Parish, Danielle MMHA:EX <Danielle.Parish@gov.bc.ca>, Eldridge, Irina MMHA:EX <Irina.Eldridge@gov.bc.ca>, Welsh, Whitney MMHA:EX <Whitney.Welsh@gov.bc.ca>, Amyot, Sarah MMHA:EX <Sarah.Amyot@gov.bc.ca>
Sent: November 15, 2022 3:06:00 PM PST
Attachments: CPT Nov 2022 v01.pdf, CPT Agenda Nov 17 2022 v01.pdf, 2022 10 20 CPT Meeting Summary.docx

Hello Core Planning Table Members,

Ahead of Thursday's meeting, please find attached the following materials:

- Agenda
- Presentation Deck
- Notes from the October CPT Meeting

As a reminder, the Zoom details are:

^{s.15; s.17}

Meeting ID: ^{s.15; s.17} -----

Passcode: ^{s.15; s.17}

One tap mobile

^{s.15; s.17}

Canada

Canada

Dial by your location

^{s.15; s.17}

Canada

We are looking forward to seeing you later this week. As always, please don't hesitate to reach out to myself or Ally Butler (Ally.Butler@gov.bc.ca) via email or phone anytime if you have any concerns or questions.

Best,

Chris Van Veen



Ministry of
Mental Health
and Addictions

Decriminalization Core Planning Table

November 17, 2022

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We acknowledge, with gratitude and humility, that the work we do takes place on the traditional, ancestral and unceded territories of Indigenous Peoples across the province.

Today's Purpose



General Updates



Monitoring and Evaluation

CPT Meetings

November

- Monitoring and Evaluation Framework

December

- General Implementation Updates

January

- Final Pre-Implementation Meeting
- Implementation Updates
- Communications Strategy Update

*NOTE: CPT agendas may shift as the work develops.

The background of the slide is a grayscale photograph showing several hands of different skin tones stacked on top of each other in a supportive gesture. The hands are positioned in the center-right of the frame, with fingers interlaced or resting on top of one another. The lighting is soft, creating a sense of unity and care.

General Updates

First Nations Engagement and Consultation

- A communications package has been sent to all First Nations in the Province.
- This package includes an overview of decriminalization and invitation to five regional townhall sessions.
- These sessions are intended to provide an overview of decriminalization, and an opportunity to hear directly from leadership and communities on how to approach implementation within First Nation communities.
- The Province will also meet with individual Nations, upon request.

Interior Region

Friday, November 25th, 2022

Island Region

Friday, December 2nd, 2022

Vancouver Coastal/Fraser Region

Tuesday, December 6th, 2022

Northern Region

Wednesday, December 7th, 2022

Province-Wide Session

Friday, December 9th, 2022



Resource Cards

- The Resource Card template, content and province-wide resources were updated based on feedback from CPT and other partners.
- Health authorities have submitted custom panel content and design proofs are being finalized by the design firm for final approval.
- MMHA to act as central hub for production and distribution to Health Authorities (HA). HA's will distribute to their specific regions through law enforcement and other partners.

Resource Card
























Find Mental Health and Substance Use Resources in BC



Connections to Care in BC

Vancouver Island Resources	Stay Safer if You Use Drugs
<p> Call Island Health Local Services to learn about treatment and harm reduction supports (24/7) 1-888-885-8824</p> <p> Text 'JOIN' to get toxic drug alerts ALERTS (253787)</p> <p> Vancouver Island Crisis Line 1-888-353-2273</p> <p> Métis Nation BC Vancouver Island 1-778-312-0871</p> <p>IslandHealth.ca/placeholder</p> 	<p> Get a naloxone kit. They're free. TowardTheHeart.com/</p> <p> Access an overdose prevention site. Site-Finder</p> <p> Test your drugs. DrugCheckingBC.ca</p> <p> Get the Lifeguard App. Lifeguardidh.com It can call 9-1-1 if you can't.</p> <p> Start low, go slow.  Try to use with buddy.</p> <p>Wellbeing.gov.bc.ca/StaySafer</p>
Call for Services or Support 24/7	Did you Know?
<p> HealthLinkBC.ca to find services 8-1-1</p> <p> Mental Health Crisis Line 310-6789 (no area code)</p> <p> Drug & Alcohol Information Referral Line 1-800-663-1441</p> <p>Indigenous KUU-US Crisis Line 1-800-588-8717</p> <p> BC211.ca for BC-wide social supports 2-1-1 (call or text)</p> <p>Find mental health and substance use resources near you. Wellbeing.gov.bc.ca </p>	<p> When you help someone having an overdose you have legal protection through the Good Samaritan (Drug Overdose) Act.</p> <p> Until Jan. 31, 2026, adults (18+) in BC will be allowed to carry small amounts of opioids, cocaine, meth and MDMA for personal use. Some exceptions apply. Learn more: gov.bc.ca/decriminalization</p> <p>Help for families and youth FoundryBC.ca</p> <p>First Nations Doctor of the Day 1-855-344-3800</p> <p>LGBTQ2S+ supports QMunity.ca or 1-800-566-1170</p> <p>TransCareBC navigation support 1-866-999-1514</p>

Other Updates

Communications Plan

- Focus group sessions are complete.
- The Province continues to refine communications plan with Health Canada.
- Sector-specific (e.g., education, healthcare, road safety, etc.) key messages and Qs and As are in progress.

Local Government Working Group

- First meeting held in October
- Focus of next meeting: confirming workplan and key deliverables: tools and guidance for local governments, etc.



The background of the slide features a grayscale photograph of several hands of different skin tones being stacked on top of each other in a supportive gesture. The hands are positioned diagonally across the frame, from the bottom left towards the top right. The image is semi-transparent, allowing the text to be clearly visible over it.

Provincial Monitoring and Evaluation (M&E)

Purpose Today

- Share updates on progress of *draft* ME framework since last presentation
- Discuss differences between federally supported evaluation and provincial monitoring and evaluation
- Describe key components of provincial monitoring and evaluation, including key perspectives

Questions to consider:

- Is anything missing from the monitoring and evaluation framework?
- Do you have any suggestions to strengthen the approach?

Why Provincial Monitoring and Evaluation

- **Federally-funded evaluation:**
 - Medium-term (3-5 years) public health impacts and economic consequences.
 - Final report: expected 2027/2028.
 - Ontario node of the Canadian Research Initiative in Substance Misuse (CRISM).
- **BC Monitoring and Evaluation framework:** Complementary to the above, BC's provincial framework will:
 - **Provide timely evidence** by mid-2025 to inform potential exemption renewal
 - **Focus on Implementation:** feedback mechanism to inform ongoing improvements
 - **Leverage BC research infrastructure** to provide strong qualitative evidence (e.g., feedback from peer networks, Indigenous communities, and institutional partners)

Development Timeline

- The **Research and Evaluation working group (REWG)** guiding M&E work:
 - Logic Model (Oct 2021)
 - M&E Questions and Evidence Gaps (Nov)
 - General Approach and Research Inventory (Jan 2022)
 - BCACP Position Paper (Feb)
 - Monitoring Dashboard (Mar)
 - Consumption, Possession and Threshold Monitoring (Apr)
 - Indicators and Data Sources (June)
 - Draft M&E Framework (Oct)

Other inputs/reviews:

- **Office of the Provincial Health Officer** advised on logic model and *Canadian Alcohol and Drugs Survey* as data source in Oct 2022
- **Health Canada** reviewed draft framework in Oct and Nov
- **Indigenous Partners** to further shape the draft framework

CPT Roles and Implementation Timeline

Nov 2022 to Jan 2023:

CPT, REWG and partners provide **general directions** for the various M&E workstreams

- What methods to consider?
- Suggestions for reaching specific groups?
- Other important considerations?

Feb to Mar 2023:

CPT, REWG and partners provide **workplan design and implementation** advice to the evaluators

April 2023 onwards:

Findings from M&E will be presented to the CPT and REWG to inform discussions

Oct 2021 to Nov 2022:

Framework development guided by CPT, REWG and other partners

Jan to Mar 2023:

Contract evaluators and develop **workplans** (timeline, methods, etc.)

April 2023 onwards:

Data collection and reporting on a regular basis



Provincial M&E Workstreams

- Implementation Evaluation
- BC Centre for Disease Control (BCCDC) Harm Reduction Survey and Qualitative Interviews
- Indigenous Case Study
- Health Canada Reporting (Monitoring Dashboard)



Implementation Evaluation

- Inquiry questions include:
 - Is decriminalization being **implemented as planned**?
 - What are the **early outcomes**?
 - What are the **unintended consequences**?
- The Implementation Evaluation has two sub-components:

Lead: Program Evaluation Firm(s)

Methods:

- Interviews/focus groups with **stakeholders** and review of **all available evidence**
- Mixed methods study of **front-line police officer perspectives and experiences** regarding the implementation

Lead: Organization(s) with Peer Network Connections

Methods:

- Mixed methods study of **PWUD perspectives and experiences** regarding the implementation

BCCDC Harm Reduction Client Survey

- Inquiry questions include:
 - PWUD drug possession and purchasing patterns
 - Nature and prevalence of polysubstance use
 - PWUD understanding of decrim
- Lead: BCCDC
- Methods:
 - **Annual harm reduction surveys** with special focus on decriminalization (sampling PWUDs accessing safe injection sites and harm reduction sites)
 - **Baseline and post-implementation** qualitative **interviews**
- Timeline: 2022 survey is in the field in Oct/Nov to collect baseline data

Indigenous Case Study

- Inquiry questions include:
 - Decrim impact on Indigenous peoples in BC
 - Indigenous perspectives and experiences of decrim (both in-community and off-reserve)
 - TBD through consultation
- Lead and methods: TBD through collaboration with Indigenous Partners (e.g., FNHA, FNJC, MNBC)

Other workstreams will also include Indigenous disaggregation and incorporate Indigenous methodologies wherever possible.

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s.13 ; s.16

Discussion

Questions to consider:

- Is there anything that is still missing from the monitoring and evaluation framework?
- Are there other considerations that members would like to raise?

The background of the slide is a grayscale photograph of several hands of different skin tones stacked on top of each other in a supportive gesture. The hands are positioned diagonally across the frame, from the bottom left towards the top right. A light gray curved shape is visible on the left side of the slide, partially behind the title.

Next Steps

Next Steps

- Next Core Planning Table: December 15th
- First Nation Town Halls: November 25th-December 9th
- Launch of Phase 1 Law Enforcement Training: Beginning of December
- Finalizing regional Resource Cards for production
- Final Monitoring and Evaluation Framework and baseline data collection

A grayscale background image showing several hands of different skin tones stacked together in a supportive gesture. The hands are positioned in the center-right of the frame, with fingers interlaced or resting on top of each other. The overall tone is soft and empathetic.

Thank you!

See you in December



Ministry of
Mental Health
and Addictions

DECRIMINALIZATION IN BC
Core Planning Table Meeting
Agenda

Date: Nov 17th, 2022

Time: 9:30 AM – 11:00 AM

Location:

s.15; s.17

Dial-in Info: See meeting invite

Timing	Content	Related Materials
9:30	Welcome	Slide deck
	Territorial Acknowledgement	
	Meeting Purpose	Slide deck
	Timeline update	Slide deck
9:40	General Updates <ul style="list-style-type: none">• Team Update• First Nations Town Halls• Resource Cards• Communications Plan• Local Government Working Group	Slide Deck
10:00	Monitoring and Evaluation	Slide deck
10:45	Next Steps/Action Items	Slide deck

DECRIMINALIZATION IN BC

CORE PLANNING TABLE

Summary Notes – October 20, 2022

Date: October 20, 2022

Time: 9:30-11:00 am

Attendees: Nicki Kahnamoui (facilitator), Olive Dempsey (facilitator),
s.19; s.22 Fred Cameron (SOLID Victoria),
s.19; s.22 Heather Paddison (SNOW),
s.19; s.22 Garth Mullins (VANDU),
 Jodie Millward (FNHA), Renata Mrema (City of Kamloops), Mike Serr (BC Association of Chiefs of Police/Abbotsford Police Department), Shane Holmquist (RCMP), Fiona Wilson (VPD), Cheyenne Johnson (BCCSU), Chris Van Veen (MMHA), Stephanie Taylor (MMHA), Danielle Parish (MMHA), Irina Eldridge (MMHA), Damien Chen (MMHA), Whitney Welsh (MMHA), Heather Kirkconnell (MMHA), Alana Goddard (MMHA), Matthew Brown (PSSG), Wendy Sutherland (PSSG), Kenneth Tupper (HLTH)

Meeting Purpose: To provide project implementation and engagement updates.

Agenda Item
Welcome and Territorial Acknowledgement
Meeting Purpose and Agenda <ul style="list-style-type: none"> Resource Cards Communications Plan Next Steps
Timeline Updates <ul style="list-style-type: none"> Members were provided with a brief update on timelines, including the plan for upcoming CPT meetings. <ul style="list-style-type: none"> The November meeting will focus on Monitoring and Evaluation. Members were asked if there was anything they wanted more of an update on in December. Otherwise, this meeting will be general updates. <p>Action Item: MMHA to finalize agenda for December meeting.</p>
Resource Cards <ul style="list-style-type: none"> Members were provided with a summary of the purpose and context of the resource cards. The cards are a requirement of the Health Canada approval. The initial design of the resource cards has been informed by CPT, as well as engagement with other partners. The approach is to be accessible for range of people in BC (plain language, minimal text, points to core, stable services). Promotes harm reduction and existing initiatives. The ministry will work with health authorities to distribute cards to law enforcement partners. A draft mock up of the resource card design was shared with members of the CPT. Members were split into breakout rooms for discussion.

DECRIMINALIZATION IN BC
CORE PLANNING TABLE
Summary Notes – October 20, 2022

Breakout Room 1 (Facilitator: Irina Eldridge)

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Breakout Group 2 (Facilitators: Damien Chen and Whitney Welsh)

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Breakout Group 3 (Facilitators: Danielle Parish and Alana Goddard)

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Overall Discussion

- s.13
-
- The website for the Good Samaritan Overdose Act is a good example of how to communicate where and when a policy applies.
- Members emphasized the importance of local resources.

DECRIMINALIZATION IN BC
CORE PLANNING TABLE
Summary Notes – October 20, 2022

Action Items:

- MMHA to share the resource card with members for additional feedback by Monday, October 24th.
- MMHA to finalize resource cards with Health Authorities and share back with CPT.

Communications Plan Update

- Members were provided with an update on the development of the Communications Plan.
- This included an update on focus groups:
 - 12 virtual sessions over 27 locations from September 27th to October 6th
 - Included sessions for Punjabi, Mandarin and Cantonese speakers
 - Province-wide session for opponents of decriminalization
 - Most opponents were very entrenched in their views, but some softened their positions once given more information.
 - Session with PWLLE still to come. Will focus on construction industry and recreational users.
- The ministry is also working to update website content on decriminalization.
- Health Canada continues to review communications materials.

Other Updates

Law Enforcement Update

- Members were provided an update on Law Enforcement Training.
- Phase 1 Law Enforcement webinar will launch in late-November.
- The ministry has also drafted a myth busting document.
- This document will be sent to the CPT for review.

Monitoring and Evaluation

- The ministry shared with members that CIHR has selected the proponent for the federal evaluation.
- The ministry will share more info on this when the research plan is shared.

Discussion

- SNOW shared that they met with city officials.^{s.13}
 - The province has worked with UBCM to establish a local government working group.^{s.13}

Action Item: The ministry to share the myth busting document with CPT for review. Comments on the document are due by Friday, October 29th.

Next Steps:

- Next Core Planning Table: November 17th.
 - Topic: Monitoring and Evaluation.
- Continued development of law enforcement training; to launch in November.
- Finalizing Resource Card design and content.

Decriminalization ADM Working Group - November Update

From: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
To: Rideout, Wayne PSSG:EX <Wayne.Rideout@gov.bc.ca>, Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>, Falconer, Mary AG:EX <Mary.Falconer@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Gosman, Sarah MCF:EX <Sarah.Gosman@gov.bc.ca>, Lewis, Glen PSSG:EX <Glen.Lewis@gov.bc.ca>

Sent: November 24, 2022 1:48:29 PM PST

Hi everyone,

Given we been in touch with most people over the last few weeks, we've cancelled tomorrow's meeting. Below is an update on the work underway.

As always, happy to connect with you at any point to discuss in more detail.

First Nations Engagement

- On Monday, November 14th, a communications package was sent to all First Nations in the province.
- This package includes an overview of decriminalization, and invitations to regional town hall sessions.
- The province is holding five regional town halls with First Nations from November 25th to December 10th. FNHA will be attending the events to speak to their programmatic efforts to respond to the illicit drug toxicity crisis.

Law Enforcement

- We continue working with our policing partners to develop/finalize Phase 1 and Phase 2 police training.
- A phase 1 Webinar is being finalized and should be ready to launch mid-December.
- More comprehensive online modules are being developed for Phase 2 for launch in Spring 2023.
- Both Phase 1 and 2 content will be accessed by frontline police officers through the CPKN and Agora platforms.

Monitoring and Evaluation

- We continue to refine the Monitoring and Evaluation plan.
- The Monitoring and Evaluation plan was shared with Health Canada and they have generally approved of the approach.
- We are finalizing a baseline survey with police officers, which will be implemented alongside the law enforcement training webinar.
- The proposed Information Sharing Agreement regarding policing data is under review by the RCMP and municipal policing agencies.

Health System Pathways

- The ministry continues to work closely with health authority partners to prepare for decriminalization implementation.
- Final drafts of regional resource cards are nearing completion.
- Resource Cards will be shipped out late December/early January for distribution by law enforcement partners.
- Health system partners are also working to review policies and procedures that may need revisions to align with decriminalization.

Local Government

- The Local Government Working Group held its first meeting in October.
- The ministry will be working with UBCM and the working group to develop tools and guidance for local governments.

Communications

- The ministry has completed a series of focus groups to inform public communications on decriminalization.
- We continue to refine the communications plan with Health Canada.
- Sector-specific (e.g. education, healthcare, road safety, etc.) key messages and Qs and As are currently in progress.

- There is a news release planned for December 5th, which will summarize the province's readiness for decriminalization

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Substance Use Policy Division

Ministry of Mental Health and Addictions

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Decriminalization CPT Meeting - December

From: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
To: Taylor, Stephanie MMHA:EX <Stephanie.Taylor@gov.bc.ca>, ^{s.19; s.22} Brittany Graham <brittany@vandu.org>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>, Caitlin Shane <caitlin@pivotlegal.org>, Cheyenne Johnson <cheyenne.johnson@bccsu.ubc.ca>, Clow, Holly MMHA:EX <Holly.Clow@gov.bc.ca>, Curtis Bedwell <curtis@bcfnjc.com>, Dr. Nel Wieman <nel.wieman@fnha.ca>, Eldridge, Irina MMHA:EX <Irina.Eldridge@gov.bc.ca>, ^{s.19; s.22} Fiona Wilson <fiona.wilson@vpd.ca>, Fred Cameron <Fred@solidvictoria.org>, Garth Mullins ^{s.19; s.22}, Heather Paddison <hpaddison@positivelivingnorth.org>, Jason Tockman <jason.tockman@fnha.ca>, Jodie Millward <jodie.millward@fnha.ca>, Tupper, Kenneth HLTH:EX <Kenneth.Tupper@gov.bc.ca>, ^{s.19; s.22} Mike Knott <board@solidvictoria.org>, Mike Serr <mike.serr@abbypd.ca>, NikNaz Kahnemoui <niknaz@niknazk.com>, Olive Dempsey <olive@olivedempsey.ca>, Parish, Danielle MMHA:EX <Danielle.Parish@gov.bc.ca>, Sam Ens <sam@bcfnjc.com>, Sgt. Shane Holmquist <shane.holmquist@rcmp-grc.gc.ca>, ^{s.19; s.22} Sims, Brian A PSSG:EX <Brian.Sims@gov.bc.ca>, Stephen Thomson <sthomson@mnbc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Amyot, Sarah MMHA:EX <Sarah.Amyot@gov.bc.ca>, Welsh, Whitney MMHA:EX <Whitney.Welsh@gov.bc.ca>, Sutherland, Wendy PSSG:EX <Wendy.Sutherland@gov.bc.ca>, Mike Mercier <mmercier@mnbc.ca>, Chen, Damien MMHA:EX <Damien.Chen@gov.bc.ca>, Ty Helgason <thelgason@kamloops.ca>, clara@bcfnjc.com, Marylyn Chiang <mchiang@ubcm.ca>, Mary Clare Zak <MaryClare.Zak@vancouver.ca>, deborah.bourne@rcmp-grc.gc.ca, ^{s.19; s.22}

Sent: December 8, 2022 2:49:18 PM PST
Attachments: 2022 11 17 CPT Meeting Summary.docx
Hello Core Planning Table,

The meeting next week will consist of general updates. **Understanding that this is a busy time of year for many of you, in place of a formal Core Planning Table meeting, we are providing a written update.**

We will still hold an optional 45-minute meeting on December 15th as an opportunity for discussion or questions from you.

In January, we will reconvene with our regular Core Planning Table meeting; our last meeting before the January 31st implementation date.

Decriminalization Implementation Updates

First Nations Engagement

- On Monday, November 14th, a communications package was sent to all First Nations in the province.
- This package included an overview of decriminalization, and invitations to regional town hall sessions.
- The province is convening regional town halls with First Nations from November 25th to December 9th. These sessions have been going very well and the ministry is working on following up with First Nation communities as needed.

Law Enforcement

- We continue working with our policing partners to develop/finalize Phase 1 and Phase 2 police training.
- The Phase 1 Webinar will be launched in mid-December.

Monitoring and Evaluation

- We continue to refine the Monitoring and Evaluation plan.
- The Monitoring and Evaluation plan was shared with Health Canada, and they have generally approved of the approach.

- We are finalizing the baseline survey with police officers, which will be implemented alongside the law enforcement training webinar.
- The BCCDC has their Harm Reduction Client Survey in the field right now, collecting baseline data on some key questions related to decriminalization.

Health System Pathways

- The ministry continues to work closely with health authority partners to prepare for decriminalization implementation.
- Final versions of the resource cards are complete and are in production. MMHA and Health Authorities will be monitoring feedback on the cards and revise as necessary throughout the exemption period.
- Resource cards will be shipped out late December/early January for distribution by law enforcement partners.
- Health system partners also continue to review policies and procedures that may need revisions to align with decriminalization.

Local Government

- The Local Government Working Group held its second meeting on November 22nd.
- The ministry will be working with UBCM and the working group to develop tools and guidance for local governments. We will provide more details on these products at the January CPT meeting.

Communications

- We continue to finalize the communications plan with Health Canada.
- Sector-specific (e.g., education, healthcare, road safety, etc.) key messages and Qs and As are currently in progress, as are updates to the BC government website.

For those of you joining us, the Zoom details are below.

s.15; s.17

Meeting ID: s.15; s.17

Passcode: s.15; s.17

One tap mobile

s.15; s.17

Dial by your location

s.15; s.17

Canada

Attached are notes from the November Core Planning Table meeting.

As always, please don't hesitate to reach out via email or telephone if you have any concerns or questions.

With thanks,

Chris Van Veen

Senior Director, Decriminalization

Ministry of Mental Health and Addictions

604-928-6552

DECRIMINALIZATION IN BC CORE PLANNING TABLE

Summary Notes – November 17, 2022

Date: October 17, 2022

Time: 9:30-11:00 am

Attendees: Nicki Kahnamoui (facilitator), Olive Dempsey (facilitator) ^{s.19; s.22}
^{s.19; s.22} Fred Cameron (SOLID Victoria), Garth Mullins (VANDU), ^{s.19; s.22}
^{s.19; s.22} Jodie Millward (FNHA), Sam Ens (FNJC), Mike Mercier (MNBC), Renata Mrema
 (City of Kamloops), Ty Helgason (City of Kamloops), Shane Holmquist (RCMP), Jason Chan
 (VPD), Debbie Scarborough, Chris Van Veen (MMHA), Sarah Amyot (MMHA), Holly Clow
 (MMHA), Stephanie Taylor (MMHA), Danielle Parish (MMHA), Irina Eldridge (MMHA), Damien
 Chen (MMHA), Whitney Welsh (MMHA), Wendy Sutherland (PSSG).

Meeting Purpose: To provide project implementation and engagement updates.

Agenda Item
Welcome and Territorial Acknowledgement
Meeting Purpose and Agenda <ul style="list-style-type: none"> General Updates Monitoring and Evaluation
Timeline Updates <ul style="list-style-type: none"> Members were provided with a brief update on timelines, including the plan for upcoming CPT meetings. <ul style="list-style-type: none"> The December meeting will be general updates. <p>Action Item: MMHA to finalize agenda for December meeting.</p>
General Updates <p><i>First Nations Engagement and Consultation</i></p> <ul style="list-style-type: none"> A communications package that includes an overview of decriminalization has been sent to all First Nations in the province. Five regional town halls are scheduled from November 25th to December 9th. The province will also meet with individual Nations upon request. <p><i>Resource Cards</i></p> <ul style="list-style-type: none"> Resource card drafts were updated based on feedback from CPT and other partners. Health authorities have submitted custom panel content, which is being finalized for final approvals. The ministry will act as the central hub for distribution. It was shared that the language “use with a buddy” is not appropriate; should be “don’t use alone” or use with a friend. The most recent draft of the resource cards was shared with CPT members. <p><i>Communications Plan</i></p> <ul style="list-style-type: none"> Focus group sessions are complete. The province continues to refine the communications plan with Health Canada. Sector-specific key messages and Qs and As are in progress. <p><i>Local Government</i></p>

DECRIMINALIZATION IN BC

CORE PLANNING TABLE

Summary Notes – November 17, 2022

- First meeting was held in October.
- Focus of the next meeting: confirmation of workplan and key deliverables (e.g. tools and guidance for local government).

Action Items: MMHA to revise “use with a buddy” language on resource cards.

Monitoring and Evaluation

- Members were provided with an overview of the monitoring and evaluation framework.
- A provincial monitoring and evaluation framework is required in addition to the federally-funded evaluation.
 - The federally-funded evaluation is a medium-term (3-5 years) project, and the final report is not expected until 2027/28.
 - The provincial monitoring and evaluation framework will complement that evaluation and provide timely evidence to inform a potential exemption renewal, focus on implementation, and leverage BC research infrastructure and partnerships.
- This work has been informed by the Research and Evaluation Working Group.
 - Other reviewers include Office of the Provincial Health Officer, Health Canada, and Indigenous partners
- The role of the CPT in this process is to:
 - Provide general direction for the work;
 - Provide workplan design and implementation advice to the evaluators; and
 - Evaluation findings will be presented to the CPT.
- Elements of the Provincial Monitoring and Evaluation Framework include:
 - Implementation Evaluation;
 - BCCDC Harm Reduction Survey and Qualitative Interviews;
 - Indigenous Case Study; and
 - s.16

Other Discussion

- Members asked for a law enforcement update, as the November Law Enforcement Working Group meeting was cancelled.
 - Working with police to finalize materials for Phase 1 training. Likely to launch early-December.
 - Lots of presentations to standing committees and conferences. This approach is paying off with police leadership. Focus is now shifting to frontline officers.
- Members had questions about the UBCIC resolution.
 - The resolution was in support of decriminalization. It is public.
 - UBCIC is also circulating information on the First Nation town halls.

Next Steps:

- Next Core Planning Table: December 13th.
 - Topic: General Updates.
- First Nations town halls: November 25th to December 9th.
- Final monitoring and evaluation framework and baseline data collection.
- Finalizing Resource Card design and content.

Decriminalization in British Columbia - Phase 1 Police Training Launched

From: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
To: Massey, Christine MMHA:EX <Christine.Massey@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Cc: Casanova, Tamara MMHA:EX <Tamara.Casanova@gov.bc.ca>, Holoiday, Leah GCPE:EX <Leah.Holoiday@gov.bc.ca>
Sent: December 15, 2022 1:48:17 PM PST
Attachments: 636803 Various Final.pdf
Hi Darryl and Christine,

I'm happy to let you know that the Phase 1 Police Training webinar is officially launched and is now live across all of the learning platforms.

Below and attached is the letter that PSSG has sent out to police leadership across BC.

Best,
Ally

From: PSSG Policing and Security Branch PSSG:EX
Sent: Thursday, December 15, 2022 12:49 PM
To: 'mserr@abbypd.ca' <mserr@abbypd.ca>; 'Ian.Lawson@cspolice.ca' <Ian.Lawson@cspolice.ca>; 'ndubord@deltapolice.ca' <ndubord@deltapolice.ca>; 'dave.jones@transitpolice.bc.ca' <dave.jones@transitpolice.bc.ca>; 'Dfisher@nelsonpolice.ca' <Dfisher@nelsonpolice.ca>; 'djansen@nwpolice.org' <djansen@nwpolice.org>; 'XT:Fisher, Mark AG:IN' <MFisher@oakbaypolice.org>; Dave Fleugel (dfleugel@portmoodypolice.com) <dfleugel@portmoodypolice.com>; 'dduthie@saanichpolice.ca' <dduthie@saanichpolice.ca>; Deborah R. Doss-Cody - Stl'atl'imx Police (ddoss Cody@stlatlimxpolice.ca) <ddoss Cody@stlatlimxpolice.ca>; 'norm.lipinski@surreypolice.ca' <norm.lipinski@surreypolice.ca>; Adam Palmer (adam.palmer@vpd.ca) <adam.palmer@vpd.ca>; 'XT:Manak, Del LCRB:IN' <del.manak@vicpd.ca>; 'johnlo@wvpd.ca' <johnlo@wvpd.ca>; 'john.brewer@rcmp-grc.gc.ca' <john.brewer@rcmp-grc.gc.ca>; 'deborah.bourne@rcmp-grc.gc.ca' <deborah.bourne@rcmp-grc.gc.ca>; 'jkeyes@jibc.ca' <jkeyes@jibc.ca>
Cc: 'dmacey@abbypd.ca' <dmacey@abbypd.ca>; 'Emmalee.Gummer@cspolice.ca' <Emmalee.Gummer@cspolice.ca>; 'ssparrow@deltapolice.ca' <ssparrow@deltapolice.ca>; 'Samantha.Johnson@transitpolice.bc.ca' <Samantha.Johnson@transitpolice.bc.ca>; 'sperkins@nelsonpolice.ca' <sperkins@nelsonpolice.ca>; 'hcorbett@nwpolice.org' <hcorbett@nwpolice.org>; 'pkully@oakbaypolice.org' <pkully@oakbaypolice.org>; 'Rhonda.Doig@portmoodypolice.com' <Rhonda.Doig@portmoodypolice.com>; 'ktuggle@saanichpolice.ca' <ktuggle@saanichpolice.ca>; 'Cathy.Williamson@surreypolice.ca' <Cathy.Williamson@surreypolice.ca>; XT:Palmer, Adam LCRB:IN <Kim.Carter@vpd.ca>; 'collette.thomson@vicpd.ca' <collette.thomson@vicpd.ca>; 'jaclynaddison@wvpd.ca' <jaclynaddison@wvpd.ca>; 'sanderson@jibc.ca' <sanderson@jibc.ca>; 'Lynda.Taladiar@rcmp-grc.gc.ca' <Lynda.Taladiar@rcmp-grc.gc.ca>
Subject: Re: Decriminalization in British Columbia - 636803

Good afternoon,

Please find attached a letter from Mr. Glen Lewis, A/Assistant Deputy Minister and Director of Police Services, Ministry of Public Safety & Solicitor General.

Thank you,

CLIFF# 636803



December 15, 2022

Ref: 636626

Chief Constables of Independent Municipal Police Departments
Chief Officer Dave Jones, SCBCTA Police Services
Chief Officer Deborah Doss-Cody, Stl'atl'imx Tribal Police Services
Acting Deputy Commissioner John Brewer, Commanding Officer, RCMP "E" Division
Superintendent Deborah Bourne, Officer in Charge, RCMP Pacific Region Training Centre
Superintendent Jennifer Keyes, Director, Police Academy at Justice Institute of British Columbia

Dear Chief Constables and Chief Officers:

Re: Launch of the recorded presentation, *Decriminalization in British Columbia – Shifting to a Health Approach to Substance Use*

I am pleased to announce the completion of phase one of police training materials and the launch of the recorded presentation, *Decriminalization in British Columbia – Shifting to a Health Approach to Substance Use*, to support law enforcement readiness in response to British Columbia's decriminalization framework.

Over the past several months, Policing and Security Branch (PSB) and the Ministry of Mental Health and Addictions (MMHA) have worked closely with the RCMP Pacific Region Training Centre and the Vancouver Police Department to finalize materials that will help police officers understand what decriminalization is, their role in implementation of decriminalization, and provide information on the key features of the exemption. The resulting product of this hard work is a 45-minute recorded presentation that will be available to all police agencies at no cost via the Canadian Police Knowledge Network (CPKN).

The recorded presentation is intended to provide a high-level overview of the exemption to help ensure agencies are aware of any implications and can amend existing and/or prepare new policies and procedures. As the section 56(1) exemption is set to come into effect on January 31, 2023, it is strongly recommended that the recorded presentation is viewed by this date. The recorded presentation will also be provided to the Justice Institute of British Columbia Police Academy to integrate into the municipal police recruit training program as appropriate.

.../2

In addition to the presentation, MMHA has prepared key messaging and frequently asked questions, which will be hosted on the CPKN portal. We trust that these job aids will help answer operational questions as PSB continues to manage the second phase of police training materials (the development of an online training course) which will be informed by feedback and questions from pre-implementation training activities. It is anticipated that the second phase will be launched by April 2023.

In the coming weeks, police agencies will also receive copies of regional resource cards, specific to their health authorities. These cards were developed in partnership with health system partners, police leadership, and other partners, and include information on local health and substance use services. As a condition of the section 56(1) exemption, the purpose of these cards is for law enforcement to provide information on local services to people at risk of illicit drug toxicity, in place of criminal penalties. The resource card will only be distributed when there is a police interaction in progress (i.e., another violation or a reason for police contact) or if an individual makes a request to pursue a service, resource, program or treatment.

If you have any comments or questions regarding the section 56(1) exemption or the decriminalization training framework, please contact Wendy Sutherland, Senior Program Manager, or email decrim@gov.bc.ca.

Regards,



Glen Lewis
A/Assistant Deputy Minister
and Director of Police Services
Policing and Security Branch

ADM Decriminalization Working Group - December Update

From: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
To: Gow, Fiona S AG:EX <Fiona.Gow@gov.bc.ca>, Carmichael, Barbara AG:EX <Barbara.Carmichael@gov.bc.ca>, Kamper, Carolyn MCF:EX <Carolyn.Kamper@gov.bc.ca>, Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>, Behn Smith, Daniele HLTH:EX <Daniele.BehnSmith@gov.bc.ca>, Falconer, Mary AG:EX <Mary.Falconer@gov.bc.ca>, Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>, Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>, Lewis, Glen PSSG:EX <Glen.Lewis@gov.bc.ca>, Stevanovic, Aleksandra MCF:EX <Aleksandra.Stevanovic@gov.bc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Sent: December 20, 2022 11:11:00 AM PST
Hello ADM Working Group,

In place of our December meeting, I would like to provide a written update on progress as we approach the January 31st implementation date.

We've reached the following key milestones this month:

- The Phase 1 law enforcement training webinar launched on Wednesday, December 14th on the CPKN and AGORA learning platforms. Police leadership will be promoting uptake over the coming weeks.
- Regional resource card designs were finalized and the cards are now in production. Police will have cards specific to their regions ready for distribution starting Jan 31st.
- The ministry completed five regional town hall sessions with First Nations. The sessions were well-attended and went well; the ministry is now following up with individual Nations as needed.

Other Updates

- The ministry is drafting a letter to Health Canada providing a progress update on implementation, and outlining how the Province has met the federal government's Letter of Requirements.
- The ministry continues to work with GCPE to finalize the Communication Plan, and is preparing for two decriminalization-related announcements in January. Leah Holoiday is the MMHA GCPE lead for decriminalization and will be working across GCPE teams to ensure everyone has the Key Messages and QA in advance of Jan 31.
- We are also drafting notification letters to key sectors and partners, including airports, the education sector, Business Improvement Associations, WorkSafeBC, MCFD partners (foster parents, social workers), and local governments and parks and recreation partners.
- The ministry is working with the Local Government Working Group, UBCM and the BCCDC to develop tools for local government, including policy guidance around public substance use.
- We continue to refine the Monitoring and Evaluation Plan and have begun collecting baseline data through the BCCDC Harm Reduction Client Survey, which is currently in the field.

Our next meeting in January will focus on final issues ahead of January 31st.

Thanks so much for all your support this year and see you in 2023,

Best,

Ally Butler (she/her/hers)

Executive Director, Substance Use & Strategic Initiatives

Substance Use Policy Division

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)

2023-01-27 PESC IN Update MHSU VCH

From: Blemings, Roxanne HLTH:EX <Roxanne.Blemings@gov.bc.ca>
To: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>
Cc: Benn, Jennifer MMHA:EX <Jennifer.Benn@gov.bc.ca>
Sent: January 27, 2023 2:26:16 PM PST
Attachments: 2023-01-27 PESC IN Update MHSU VCH.docx
Hi Darryl,

Thought you might be interested in seeing the MHSU/VCH update that is going forward for the PESC IN for next week's meeting. Holly and Jill's teams provided the updates on Decrim and PSS that were requested by Housing. We also summarized all the incoming VCH data into a table with tallies to date.

All for now, R

Roxanne Blemings (*she/her*)
Director | Adult Substance Use Services
MHSU Branch | Mental Health and Addictions Division | Ministry of Health
1515 Blanshard St. Victoria BC V8W 3C8
Roxanne.Blemings@gov.bc.ca

At work on the traditional territories of the Lkwungen peoples of the Esquimalt and Songhees First Nations.

MHSU/VCH Substantive Update for Hasting PESC IN-February 1, 2023

VCH Outreach Weekly Update Summary

Table: November 28, 2022, to January 26, 2023

Outreach	Total # days	Total # of people connected with:	Total # of people referred to PC:	Total # of people referred to MH:	Total # of people referred to SU Services:	Total # of people we assisted to access acute care:	Total # of people who we provided direct care to (e.g., wound care etc.):	Total # of people referred to IHOT:
Totals	10	568	24	0	6	13	24	26

Data collection for “number of people connected with” started Oct 18, 2022, and sporadically included types of referrals until Nov 22nd, 2022. More regular, semi-weekly summaries of outreach visits and referrals began Nov 28th, 2022.

From the week of Oct 18th to Nov 22nd VCH connected with 424 individuals (12 of whom were connected to OOT). Prior to Nov 28th, 2022, outreach connected with:

- Week of Oct 18th, 2022: 180 individuals
- Week of Oct 24th, 2022: 94 individuals
- Week of Nov 7th, 2022: 150 individuals
- Week of Nov 22nd, 2022: ~50 individuals per outreach visit X2

Detailed VCH Outreach summary Jan 23 & 26th, 2023

Outreach Date:	Total # of people connected with:	Total # of people referred to PC:	Total # of people referred to MH:	Total # of people referred to SU Services:	Total # of people we assisted to get to acute:	Total # of people who we provided direct care to (e.g. wound care etc.):	Total # of people referred to IHOT:
Monday, Jan 23/23	70	4	0	0	1	4	4

Thursday, Jan 26/23	53	5	0	0	2	4	2
Total	123	9	0	0	3	8	6

Decriminalization Update

- Decriminalization will come into effect for a 3-year period starting January 31, 2023.
- Under B.C.'s decriminalization framework, adults aged 18 and older will no longer be subject to criminal penalties for possessing up to 2.5g cumulative of opioids, cocaine, methamphetamine, and MDMA.
- Decriminalization is not legalization. It is not the same as what the federal government did with cannabis, which was legalization. Decriminalized drugs will not be sold in stores. Drug trafficking remains illegal.
- In place of criminal penalties, police will provide individuals found in possession of illicit substances at or below the 2.5g threshold with a resource card, which includes contact information for local health and social services.
- Possession of illegal substances included in the exemption should not be confused with issues surrounding public consumption. In many cases, illegal drug use continues to be prohibited on private property, including places like shopping malls, bars, and cafes. Police retain legal authority to remove people from these premises under the authority of the Trespass Act if open drug use is occurring against the wishes of the owner. Municipal bylaws will continue to apply.
- Decriminalization of people who use drugs is an important step to break down the fear and stigma associated with substance use and connect people to services and the health care system.
- Decriminalization is just one tool in B.C.'s fight against the toxic drug crisis. Government is urgently working to address illicit drug toxicity crisis across the full continuum of care – prevention, harm reduction, safe supply, treatment, and recovery.

Prescribed Safer Supply Update

- In July 2021, B.C. launched a new prescribed safer supply (PSS) policy – the first province in Canada to do so.
- PSS is one tool in the government's comprehensive response to tackling the toxic drug crisis. PSS provides pharmaceutical grade alternatives to illicit drugs to people at risk of drug toxicity events and deaths. The goals of this policy are to help separate people from the highly toxic illicit drug supply to prevent overdoses, save lives, and enhance connections to health and social supports.
- PSS is being rolled out in phases, with the current phase focused on implementation of fentanyl medications through health authority-associated programs. Through *Budget 2021*, MMHA has provided funding to health authorities to establish PSS programs in their regions.

- The BC Coroners Service has found that opioid prescribed safer supply is not contributing to the rise in drug poisoning deaths across the province, and preliminary research findings suggest opioid prescribed safer supply prevents mortality.
- To support clinicians in providing this novel intervention, MMHA has also partnered with the BC Centre on Substance Use (BCCSU) to develop a series of PSS clinical protocols. The fentanyl patch protocol was released in October 2022 with additional protocols in development.
- MMHA and HLTH are working to advance monitoring and evaluation of PSS policy implementation in the Province. Specifically:
 - MMHA and HLTH are supporting the implementation of a PharmaNet code (i.e., 'safer alternative' or 'SA' code) to help distinguish PSS prescribing from prescriptions for other conditions, and to enable researchers and government to monitor PSS prescribing in the Province.
 - MMHA and HLTH are working with the BC Centre for Disease Control (BCCDC) to develop an external dashboard for public reporting on key PSS indicators.
 - MMHA and HLTH has contracted a team of researchers at the Canadian Institute for Substance Use Research, University of Victoria to undertake a two-year mixed methods evaluation of PSS implementation to assess the efficacy, outcomes, and impacts of the initiative, as well as to develop evidence to support and inform policy expansion and improvement. The evaluation findings will capture key outcomes of the PSS policy, including service utilization, client health outcomes and safety, health authority implementation and operations, as well as unintended impacts such as diversion.
- MMHA continues to work with health authorities and key stakeholders to expand PSS availability and access across the province, and to address barriers to implementation, such as prescriber hesitancy.

Re: Community Engagement on the Toxic Drug Supply Proposal from the Canadian Drug Policy Coalition

From: Donald MacPherson <donald_macpherson@sfu.ca>
To: Minister, MMHA MMHA:EX <MMHA.Minister@gov.bc.ca>
Cc: Sturtevant, Darryl MMHA:EX <Darryl.Sturtevant@gov.bc.ca>, Massey, Christine MMHA:EX <Christine.Massey@gov.bc.ca>
Sent: January 27, 2023 6:18:04 PM PST
Attachments: The Honorable Jennifer Whiteside_letterhead-editsDM.pdf

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Once again with the attachment!! Donald

From: "donald_macpherson@sfu.ca" <donald_macpherson@sfu.ca>
Date: Friday, January 27, 2023 at 18:15
To: "MMHA.Minister@gov.bc.ca" <MMHA.Minister@gov.bc.ca>
Cc: "darryl.sturtevant@gov.bc.ca" <darryl.sturtevant@gov.bc.ca>, "christine.massey@gov.bc.ca" <christine.massey@gov.bc.ca>
Subject: Community Engagement on the Toxic Drug Supply Proposal from the Canadian Drug Policy Coalition

Dear Minister Whiteside, please find attached a proposal from the Canadian Drug Policy Coalition (CDPC) and the BC Health Coalition (BCHC) for community engagement activities focused on accelerating community responses to the toxic drug crisis. The CDPC and the BCHC both support a strong public health approach to this crisis and know that public engagement is an important part of mobilizing community responses. CDPC has recently completed a series of thirteen community-based dialogues on the toxic drug crisis across Canada, three of them in BC with our partners the BC Health Coalition, ANKORS in Nelson and the Community Action Team and Brain Injury Society in Nanaimo. We have refined our methods and have a strong team that can organize and facilitate these events in partnership with community organizations and People With Lived and Living Experience of criminalized drug use. Thank you for your consideration of this project proposal.

Sincerely,

Donald MacPherson
Director | Canadian Drug Policy Coalition
Adjunct Professor
Faculty of Health Sciences
Simon Fraser University
#2400 - 515 West Hastings Street
Vancouver, BC
V6B 5K3
Drugpolicy.ca

s.17

cell

I would like to humbly acknowledge the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Sel̓ilwítulh (Tsleil-Waututh) Nations on whose stolen lands I reside.

Jan 27, 2023

The Honorable Jennifer Whiteside
Minister of Mental Health and Addiction
MMHA.Minister@gov.bc.ca

Dear Minister Whiteside,

I am writing this to apply for funding from the Ministry of Mental Health and Addictions to implement a program of community-based dialogue-to-action events in British Columbia in partnership with the BC Health Coalition. The project outlined below builds on the work that the Canadian Drug Policy Coalition (CDPC) has completed through Health Canada's Substance Use and Addictions Program (SUAP) over the past three years. The project *Getting to Tomorrow: Ending the overdose crisis*, (gettingtomorrow.ca) has convened thirteen dialogue events focusing on a public health and human rights approach to substance use across Canada including three in British Columbia. The goals of working with communities to develop these dialogue events include strengthening community networks, building the capacity to better articulate responses to the severity of the toxic drug crisis, identifying and removing barriers to evidence-based responses within municipalities and accelerating support for a more robust response throughout BC. The SUAP-funded BC dialogues that took place in 2021/22 included partnering with the Community Action Team and the Brain Injury Society in Nanaimo, ANKORS Community Services in Nelson and the BC Health Coalition. We understand that there are many other communities in BC that have expressed interest in supporting a community dialogue with a focus on the toxic drug supply. This project will deepen the dialogue work in BC on this critical public health crisis.

The BC Health Coalition champions a strong public health care system that is available to all of us when we need it. The Coalition is a democratic, non-partisan, and consensus-based community of individuals and organizations that span the province of British Columbia. Together we advocate for evidence-based improvements to our public healthcare system, stimulate public education on healthcare issues, and drive positive change to these systems through campaigns across the province.

The Canadian Drug Policy Coalition (CDPC) is a national coalition housed within Simon Fraser University that advocates for drug policies based on principles of public health, human rights, and social inclusion. CDPC promotes drug policies informed by the priorities of communities of people who use drugs, ethical research and knowledge-gathering processes, and First Nations, Inuit, Metis, and Indigenous sovereignty. CDPC engages in policy advocacy, public education and dialogue, research, and movement building within regional, national, and international arenas. CDPC's goals are to inform, educate, and mobilize citizens to become involved in Canadian and international drug policy reform movements.

The proposed dialogue workshops delivered under this project will engage and inform decision-makers and other stakeholders in BC with the intention of catalyzing positive change within each community where a workshop is held. Our organizations are committed to working in partnership with organizations run by peers and co-design events with organizations led by People With Lived and Living

Experience (PWLLE) where possible. Communities engaged in workshops (either facilitated by CDPC/BCHC or self-organized through our support materials) will contribute to a larger province wide narrative. Within the broad frame of public health and human rights, the dialogues' planning and realization support the emergence of critical community issues. We will also introduce questions focused on core communities' drug supply and demand needs, potential responses to drug toxicity in local drug markets, and consumer safety options. By broadening discussion, the dialogues will encourage an exploration of safe supply options, drug checking, and public understanding of the potential benefits of decriminalization and models of legal regulation in relation to the toxic drug market and options for drug policy reform.

The project will be delivered by the BCHC in partnership with the Canadian Drug Policy Coalition's Getting to Tomorrow Dialogue Program team which has developed a sound methodology for organizing and implementing strong community dialogues since 2019.

Please see the costs associated with this work below:

Budget

1. **Salaries:** 187,000.00
 - One (1) FTE at \$93,500.00 per year, including statutory benefits
2. **Project Expenses:** \$83,000.00 (includes significant honorarium funding for peer engagement in the design and implementation of the events)
3. **Communications:** \$30,000.00

Total: \$300,000.00

We thank you for considering this proposal and look forward to hearing from you.

Sincerely,



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Canadian Drug
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