

From: Van Veen, Chris MMHA:EX(Chris.VanVeen@gov.bc.ca)
To: Emslie, Margaret J MMHA:EX (Margaret.J.Emslie@gov.bc.ca); Clow, Holly MMHA:EX (Holly.Clow@gov.bc.ca)
Subject: FW: BCACP Update
Sent: 05/06/2022 22:34:44

FYI; stay tuned.
Chris Van Veen
Senior Director, Decriminalization
Ministry of Mental Health and Addictions
604-928-6552

From: Mike Serr <mike.serr@abbypd.ca>
Sent: May 6, 2022 3:31 PM
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>
Subject: BCACP Update

[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"

From: Van Veen, Chris MMHA:EX(Chris.VanVeen@gov.bc.ca)
To: Clow, Holly MMHA:EX (Holly.Clow@gov.bc.ca); Emslie, Margaret J MMHA:EX (Margaret.J.Emslie@gov.bc.ca)
Subject: FW: FYI - Final - Response to HC re: Police Enforcement Readiness - 1227478
Sent: 05/16/2022 20:39:43
Attachments: 1227478 - Bennett Final Outgoing.pdf

FYI—I have saved on the LAN.

Chris Van Veen

Senior Director, Decriminalization

Ministry of Mental Health and Addictions

604-928-6552

From: Casanova, Tamara MMHA:EX <Tamara.Casanova@gov.bc.ca>

Sent: May 16, 2022 9:45 AM

To: 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>

Cc: Massey, Christine MMHA:EX <Christine.Massey@gov.bc.ca>; Wiman, Holly A MMHA:EX <Holly.Wiman@gov.bc.ca>; MMHA Documents Coordinator MMHA:EX

<MMHA.DocumentsCoordinator@gov.bc.ca>; Tanner, Rebecca MMHA:EX <Rebecca.Tanner@gov.bc.ca>

Subject: FYI - Final - Response to HC re: Police Enforcement Readiness - 1227478

Hi All,

Attached please find the final version sent to HC on Friday.

With thanks,

Tamara

Tamara Casanova | Director (*she/her*)

Ministry of Mental Health and Addictions

Executive Operations | Office of the Deputy Minister

Desk: 250.952.1125 | **Email:** tamara.casanova@gov.bc.ca

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May 13, 2022

1227478

The Honourable Carolyn Bennett, Minister of Mental Health and Addictions and Associate Minister of Health
Ottawa ON K1A 0A6

Dear Minister Bennett:

Thank you for your letter of May 2, 2022, and for acknowledging the priority of BC's Section 56(1) exemption request to remove criminal penalties for personal possession of small amounts of illicit substances. With the information I will lay out in this letter, Health Canada has all the information requested, and I urge you to issue this critical, life-saving exemption. I know we agree that moving forward on decriminalizing people who use drugs is one critical response to the opioid public health emergency claiming lives in our province every day.

You have noted that law enforcement "buy-in" is an outstanding area of focus for you as a decision is being considered. At your suggestion, I spoke in detail this February with all three police departments and police associations represented on my ministry's Core Planning Table and outlined how we have responded to every law enforcement concern in a table submitted to Health Canada on March 4. In conversations as recent as last week, police in BC tell me that they will implement any exemptions to the law based on Health Canada's decision.

BC recognized from the outset that law enforcement readiness is crucial to the success of our decriminalization framework, and so we have been working closely with our policing partners to address concerns and plan for implementation. Ministry staff have shared a significant amount of detail about this work with Health Canada staff, and I have included a summary in the table attached to this letter. We agree with the importance of continuing this work with our policing partners to plan, implement and closely monitor a Section 56(1) exemption. I trust that the details provided to staff at Health Canada, and my personal commitment to this collaborative approach, serves as reassurance that BC is in a strong position when it comes to moving forward law enforcement readiness for decriminalization.

...2

I note, and agree with, your May 2 requirement that there be “meaningful and ongoing consultation with affected stakeholders, including people who use drugs and those with lived and living experience, Indigenous governments and organizations, municipalities and local governments, law enforcement... public health service providers and health care practitioners.” We are proud of our record in this regard and our application reflected that commitment. It remains our position that substance use and the toxic drug emergency is a public health matter, and that was the basis of our application.

In previous conversations, you have suggested to me that Health Canada is only willing to approve BC’s application at a 2.5-gram cumulative threshold. BC accepts that the decriminalization decision is the federal governments to make. BC can accept a 2.5-gram threshold in order to urgently move forward with this historic shift in substance use policy, with the understanding the threshold level must be evaluated and reassessed at regular intervals and amended if there is evidence of recriminalization. If you agree, and if I have understood your position correctly, please accept this letter as BC’s formal amendment of our section 56(1) exemption request to a 2.5-gram cumulative threshold.

BC agrees entirely with the importance Health Canada has placed on having a robust and thorough evaluation process. We have a Research and Evaluation Working Group in place with active participation from leading BC researchers as well as representatives with lived and living experience, and municipal and law enforcement partners. We are developing a robust evaluation plan that includes a monitoring framework with key indicators as well as a third-party evaluation. We have provided detail on this approach to Health Canada staff. We ask that Health Canada identify concrete requirements of an evaluation plan, to be included as terms and conditions in a section 56 exemption.

Together we must do all in our power to confront the toxic drug emergency and take the steps necessary to save lives. I look forward to your timely decision to our section 56 decriminalization application and look forward to strong partnership in the months and years ahead.

Best wishes,

A handwritten signature in blue ink, appearing to read 'SM', with a long horizontal flourish extending to the right.

Sheila Malcolmson
Minister

(Appendix attached)

Appendix. Sample of Police Concerns and BC's responses (see table previously provided for full list)

Issue/Concern	BC Response
Law enforcement implementation readiness	<ul style="list-style-type: none"> - A Law Enforcement Implementation Working Group, co-led by the BC Ministry of Mental Health and Addictions (MMHA) and Ministry of Public Safety and Solicitor General (PSSG), is supporting the development of enforcement guidance, communication tools, and other activities required to support police to implement BC's decriminalization framework. - Collaboration with law enforcement on a draft training curriculum and delivery plan is already underway. - If our s.56 exemption request is approved, development and delivery of training will be expedited to facilitate implementation as soon as operationally feasible.
Public consumption	<ul style="list-style-type: none"> - Municipalities and regional districts will continue to have the legal authority to pass bylaws surrounding public consumption of psychoactive substances, in alignment with existing limitations on the public consumption of legal substances. - MMHA will work with local governments, public health, and policing partners to offer guidance for addressing public use in ways that protect public health, avoiding practices that further drive people to use drugs alone in dangerous situations. Enforcement guidance will be included in police training and implementation materials. - Police will retain enforcement tools to reduce risks associated with substance use in inappropriate places. For instance, law enforcement could employ the <i>Trespass Act</i> and other laws prohibiting disorderly behaviour in private businesses frequented by members of the public such as shopping malls, restaurants, bars, and coffee shops.
Youth	<ul style="list-style-type: none"> - The Ministry has worked closely with Health Canada staff on language to include in the s.56 exemption that would maintain prohibitions on possession, and by extension substance use on school and childcare program properties in order to prevent youth exposure to substance use. - The protection brought by this exception to the exemption will complement that achieved by existing statutes concerning trespassing on school and childcare properties.
Impaired driving	<ul style="list-style-type: none"> - MMHA has worked with policing partners, RoadSafetyBC, and Health Canada staff on appropriate language in the exemption regarding possession in motor vehicles. Possession of illicit substances listed in the schedule under the threshold would remain illegal unless the substance(s) are not readily accessible to the operator. This approach is consistent with existing legislation concerning alcohol and cannabis possession in motor vehicles.

Issue/Concern	BC Response
Indigenous engagement	<ul style="list-style-type: none"> - . MMHA is working closely with our partners at the First Nations Health Authority on a written information package and series of townhall style events to facilitate engagement with First Nations communities to ensure that community leaders are aware of BC's plans for decriminalization and have opportunities to identify concerns and considerations to guide implementation. More details on Indigenous engagement have been provided to Health Canada staff by MMHA staff.

From: Van Veen, Chris MMHA:EX(Chris.VanVeen@gov.bc.ca)
To: Emslie, Margaret J MMHA:EX (Margaret.J.Emslie@gov.bc.ca); Clow, Holly MMHA:EX (Holly.Clow@gov.bc.ca)
To: Eldridge, Irina MMHA:EX (Irina.Eldridge@gov.bc.ca); Taylor, Stephanie MMHA:EX (Stephanie.Taylor@gov.bc.ca); Parish, Danielle MMHA:EX (Danielle.Parish@gov.bc.ca)
Subject: FW: Drug possession data 2020
Sent: 05/18/2022 19:46:54
Attachments: BC RCMP Drug Occurences 2020 - Average Possession Summary (Holmquist, Rainbow) 2022-05-14.pdf

FYI
Chris Van Veen
Senior Director, Decriminalization
Ministry of Mental Health and Addictions
604-928-6552

From: Holmquist, Shane <shane.holmquist@rcmp-grc.gc.ca>
Sent: May 18, 2022 12:01 PM
To: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
Subject: Drug possession data 2020

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

Good afternoon.

Attached is a report that Kelly and I did over the weekend. I wanted to confirm antidotal reports from the working group were accurate – if possession seizures were higher in the North.

When I did the report, I indicated where we excluded and included some amounts over threshold to determine our averages. When I did this, I recorded those quantities so you could see what was included/excluded to determine the averages.

Talk to you on the call this afternoon.

Shane



POSSESSION WEIGHTS OF ILLICIT STREET DRUGS (FENTANYL¹, HEROIN, COCAINE, METHAMPHETAMINE) RCMP "E" DIVISION (2020)

This Report builds on the previously-submitted report, *"Illicit Street Drugs and Pharmaceutical Drugs Occurrences & Total Drug Possession Charges, "E" Division (2018 – 2020)"* (2021-10-21), advanced to Mr. Matthew BROWN, Director, Public Safety Initiatives, Policing Security Branch, British Columbia Ministry of Public Safety and Solicitor General, and Mr. Chris VAN VEEN, Senior Director, Decriminalization, British Columbia Ministry of Mental Health and Addictions (MMHA).

This Report examines the weights² of specified illicit street drugs, specifically fentanyl, heroin, cocaine and methamphetamine, seized in 2020. The information is to be used to inform and assist MMHA to determine the threshold weight(s) for the personal possession of the illicit street drugs being considered for decriminalization, pursuant to their request for exemption from the *Controlled Drugs and Substances Act* (CDSA) section 56(1) in the Province of British Columbia.

Illicit Drug Seizures:

Information was collected using Uniform Crime Reporting (UCR) coded indicators for drug seizures on PRIME-BC General Occurrences (GO) for the four (4) BC RCMP Districts. PRIME-BC Private and Invisible files were not included. Occurrences were isolated to records which listed drug possession and seizure as the first or only line of UCR scoring summaries, then filtered for only those coded for possession (each) of fentanyl, heroin, cocaine, methamphetamine and MDMA. Records were removed from the data set which were not relevant or contained unusable or outlier data inputs³. Results were then separated by District to highlight the regional differences across the Province. Given time constraints, a comprehensive manual review was not undertaken to confirm or verify the data.

¹ For the purposes of this report, opioids include fentanyl and heroin. However, in practical terms, it would also encompass related variants, including fentanyl analogues and derivatives, such as acetyl fentanyl, 3-methylfentanyl, furanyl fentanyl, 4-ANPP and carfentanil.

² Weights of drugs were often found packaged in doses of 100mg (0.1 grams). Variable with dosages may include method of intake, potency, tolerance, and desired effect.

³ Records deemed to be lost and found, held for safe keeping, agency assistance files, as well as those in which weights were unquantifiable, such as tablets, rocks, flaps, spitballs, bag / baggies, and loaded syringes or liquids were not included. Where outlier data was excluded, the quantities (in grams) are provided in Appendix I.





Highlights:

- The average amount of fentanyl possessed was **0.99 g** in the 721 occurrences identified;
- The average amount of heroin possessed was **0.92 g** in the 318 occurrences identified;
- The average amount of cocaine possessed was **1.43 g** in the 486 occurrences identified;
- The average amount of methamphetamine possessed was **1.39 g** in the 849 occurrences identified; and
- All occurrences involving MDMA seizures were reported in tablet form and available data indicates tablet weights can vary widely. Consequently, additional research would be required to determine the possession weight levels of MDMA seized in BC.



Number of Occurrences and Average Weights of Illicit Drugs Seized (2020, By District)

RCMP District	Fentanyl		Heroin		Cocaine		Methamphetamine	
	Occurrences	Weight (g)	Occurrences	Weight (g)	Occurrences	Weight (g)	Occurrences	Weight (g)
North	54	0.85	79	0.97	71	1.86	148	1.43
Island	90	0.78	53	0.76	40	1.15	117	1.09
Southeast	321	0.91	51	1.14	140	1.07	262	1.36
Lower Mainland	256	1.43	135	0.81	235	1.64	322	1.69
Total Files / Average Weight	721	0.99 g	318	0.92 g	486	1.43 g	849	1.39 g

Additional Notes:

- A total of 2,325 PRIME GO occurrences were reviewed, of which 148 were excluded (as per the methodology provided above);
- A breakdown of the data is provided for each District (*see Appendix I*);
- The review identified and included several occurrences in which the weight of the illicit drugs seized included packaging to avoid unnecessary exposure to potentially toxic substances.





APPENDIX I – DISTRICT BY DISTRICT DATA

North District

• **Fentanyl**

- 57 PRIME GO occurrences identified as Possession of Fentanyl
- Seizures ranged from 0.01 grams to 337.76 grams
- 3 of the 57 (5.2%) occurrences were excluded (35.48, 107.15 and 337.76 grams)
- The remaining 54 fentanyl occurrences totaled 46.37 grams, which included 3 seizures. 5 grams and above (5.0, 5.2, and 9.27 grams)
- Average amount of fentanyl possessed = 0.85 grams (850 mg) or approximately eight (8) – 100 mg doses

• **Heroin**

- 30 PRIME GO occurrences identified as Possession of Heroin
- Seizures ranged 0.01 gram to 9.91 grams
- 1 of the 30 (3.3%) occurrences were excluded (9.91 grams)
- The remaining 29 heroin occurrences totaled 28.15 grams, which included 3 seizures above 3 grams (3.31, 3.57 and 4.47 grams)
- Average amount of heroin possessed = 0.97 grams (970 mg) or approximately nine (9) – 100 mg doses

• **Cocaine**

- 86 PRIME GO occurrences identified as Possession of Cocaine
- Seizures ranged from 0.01 grams to 385.3 grams
- 15 of the 86 (17.4%) occurrences were excluded (10.0, 11.0, 11.08, 20.85, 21.40, 24.9, 27.5, 45.3, 55.7, 55.9, 83.6, 83.7, 89.6, 279.9, and 385.3 grams)
- The remaining 71 cocaine seizures totaled 132.24 grams, which included 10 seizures, 5 grams and above (5.0, 5.2, 5.58, 7.0, 7.5, 7.6, 7.94, 7.98, 8.43, and 9.23 grams)
- Average amount of cocaine possessed = 1.86 grams or approximately eighteen (18) – 100 mg doses

• **Methamphetamine**

- 155 PRIME GO occurrences identified as Possession of Methamphetamine
- Seizures ranged from 0.01 grams to 51 grams
- 7 of the 155 occurrences (4.5%) of seizures were excluded (22.31, 25.0, 28.60, 28.89, 29.0, 47.5, and 51.0 grams)
- The remaining 148 methamphetamine occurrences totaled 212.52 grams, which included 5 seizures above 4 grams (4.76, 8.05, 11.15, 13.89, and 18.09 grams)
- Average amount of methamphetamine possession = 1.43 grams or approximately fourteen (14) – 100 mg doses



**Island District****• Fentanyl**

- 93 PRIME GO occurrences identified as Possession of Fentanyl
- Seizures ranged from 0.01 grams to 44.6 grams
- 3 of the 93 (3.2%) occurrences were excluded (9.72, 10.10 and 44.46 grams)
- The remaining 90 fentanyl occurrences totaled 71.05 grams, which included 4 seizures above 3 grams (3.25, 5.0, 7.91, 8.64 grams)
- Average amount of fentanyl possessed = 0.78 grams (780 mg) or approximately seven (7) – 100 mg doses

• Heroin

- 55 PRIME GO occurrences identified as Possession of Heroin
- Seizures ranged 0.01 gram to 114 grams
- 2 of the 55 (3.6%) occurrences were excluded (47.92 and 114 grams)
- The remaining 53 heroin occurrences totaled 40.74 grams, which included 3 seizures above 3 grams (3.19, 3.53, and 3.8 grams)
- Average amount of heroin possessed = 0.76 grams (760 mg) or approximately seven (7) – 100 mg doses

• Cocaine

- 45 PRIME GO occurrences identified as Possession of Cocaine
- Seizures ranged from 0.01 grams to 1,109 grams
- 5 of the 45 (11.1%) occurrences were excluded (10.0, 15.0, 122.6, 159.0, and 1,109.0 grams)
- The remaining 40 cocaine seizures totaled 46.16 grams, which included 4 seizures above 3 grams (3.86, 4.0, 4.2, and 4.95 grams)
- Average amount of cocaine possessed = 1.15 grams or approximately eleven (11) – 100 mg doses

• Methamphetamine

- 123 PRIME GO occurrences identified as Possession of Methamphetamine
- Seizures ranged from 0.01 grams to 27 grams
- 6 of the 123 occurrences (4.8%) of seizures were excluded (9.0, 9.64, 9.8, 11.23, 21.0, and 27.0 grams)
- The remaining 117 methamphetamine occurrences totaled 127.91 grams, which included 10 seizures above 3 grams (3.32, 3.5, 3.83, 4.0, 6.0, 6.5, 7.4, 8.1, 8.60 and 9.0 grams)
- Average amount of methamphetamine possession = 1.09 grams or approximately ten (10) – 100 mg doses



**Southeast District****• Fentanyl**

- 330 PRIME GO occurrences identified as Possession of Fentanyl
- Seizures ranged from 0.01 grams to 38.0 grams
- 9 of the 330 (2.7%) occurrences were excluded (14.57, 23.4, 23.6, 28.9, 29.1, 34.0, 35.5, 37.0 and 38.0 grams)
- The remaining 321 fentanyl occurrences totaled 292.22 grams, which included 13 seizures, 4 grams and above (4.0, 4.23, 4.6, 5.0, 5.6, 5.8, 6.2, 6.33, 6.64, 7.6, 8.36, 10.2, 12.0 grams)
- Average amount of fentanyl possessed = 0.91 grams (910 mg) or approximately nine (9) – 100 mg doses

• Heroin

- 54 PRIME GO occurrences identified as Possession of Heroin
- Seizures ranged 0.1 gram to 70.0 grams
- 3 of the 54 (5.5%) occurrences were excluded (10.0, 15.0, and 70.0 grams)
- The remaining 51 heroin occurrences totaled 58.36 grams, which included 6 seizures, 5 grams and above (5.0, 5.75, 6.0, 8.0, 10.0, and 15.0 grams)
- Average amount of heroin possessed = 1.14 grams (1,140 mg) or approximately eleven (11) – 100 mg doses

• Cocaine

- 149 PRIME GO occurrences identified as Possession of Cocaine
- Seizures ranged from 0.01 grams to 441.0 grams
- 9 of the 149 (6%) occurrences were excluded (11.17, 11.33, 15.0, 20.0, 30.4, 42.0, 49.0, 114.0, and 441.0 grams)
- The remaining 140 cocaine seizures totaled 150.28 grams, which included 8 seizures, 3 grams and above (3.0, 3.06, 3.10, 3.7, 5.0, 7.87, 9.39, and 10.0 grams)
- Average amount of cocaine possessed = 1.07 grams or approximately ten (10) – 100 mg doses

• Methamphetamine

- 273 PRIME GO occurrences identified as Possession of Methamphetamine
- Seizures ranged from 0.01 grams to 60.0 grams
- 11 of the 273 occurrences (4%) of seizures were excluded (18.5, 19.1, 20.0, 22.0, 27.1, 28.67, 34.0, 35.0, 40.8, 42.7, and 60.0 grams)
- The remaining 262 methamphetamine occurrences totaled 358.06 grams, which included 15 seizures, 5 grams and above (5.0, 5.03, 6.0, 7.0, 7.7, 8.0, 8.9, 9.1, 10.3, 10.4, 10.8, 10.93, 11.5, 12.0, and 13.2 grams)
- Average amount of methamphetamine possession = 1.36 grams or approximately thirteen (13) – 100 mg doses



**Lower Mainland District****• Fentanyl**

- 283 PRIME GO occurrences identified as Possession of Fentanyl
- Seizures ranged from 0.1 grams to 454.0 grams
- 27 of the 283 (9.5%) occurrences were excluded (10.0, 11.02, 13.28, 13.3, 14.2, 14.28, 14.35, 14.36, 15.4, 17.0, 17.24, 18.0, 19.25, 23.59, 27.0, 28.0, 29.07, 33.18, 34.6, 35.9, 40.0, 42.0, 42.3, 59.0, 148.0, 163.0, 454.0 grams)
- The remaining 256 fentanyl occurrences totaled 365.72 grams, which included 3 seizures, 3 grams and above (3.0, 3.98, and 5.61 grams)
- Average amount of fentanyl possessed = 1.43 grams (1,430 mg) or approximately fourteen (14) – 100 mg doses

• Heroin

- 143 PRIME GO occurrences identified as Possession of Heroin
- Seizures ranged 0.01 gram to 86.0 grams
- 7 of the 143 (4.8%) occurrences were excluded (11.69, 15.8, 16.0, 20.0, 24.0, 25.0, and 86.0 grams)
- The remaining 136 heroin occurrences totaled 109.84 grams, which included 5 seizures, 5 grams and above (5.0, 7.0, 7.5, 7.9, and 8.0 grams)
- Average amount of heroin possessed = 0.81 grams (810 mg) or approximately eight (8) – 100 mg doses

• Cocaine

- 254 PRIME GO occurrences identified as Possession of Cocaine
- Seizures ranged from 0.1 grams to 778.0 grams
- 19 of the 254 (7.4%) occurrences were excluded (14.0, 14.8, 15.0, 16.0, 19.0, 22.0, 23.0, 25.0, 27.38, 28.0, 31.0, 31.8, 34.97, 61.30, 64.82, 78.4, 133.33, 267.2, and 778.0 grams)
- The remaining 235 cocaine seizures totaled 386.97 grams, which included 16 seizures 5 grams and above (5.0, 5.4, 5.55, 5.88, 7.0, 7.1, 7.22, 7.55, 7.8, 8.0, 9.0, 9.2, 11.2, 11.4, 13.0, and 13.33 grams)
- Average amount of cocaine possessed = 1.64 grams or approximately sixteen (16) – 100 mg doses

• Methamphetamine

- 343 PRIME GO occurrences identified as Possession of Methamphetamine
- Seizures ranged from 0.01 grams to 94.0 grams
- 21 of the 343 occurrences (6.1%) of seizures were excluded (12.73, 13.01, 13.35, 14.26, 15.5, 17.0, 19.0, 20.30, 21.91, 22.0, 22.2, 22.3, 28.19, 28.58, 29.52, 35.0, 38.0, 50.0, 51.1, 60.2, and 94.0 grams)
- The remaining 322 methamphetamine occurrences totaled 544.5 grams, which included 29 seizures above 4 grams (4.0, 4.23, 4.3, 4.43, 4.5, 4.54, 4.61, 4.7, 4.75, 5.0, 5.7, 6.0, 6.2, 6.21, 6.4, 6.52, 6.61, 6.76, 7.0, 7.4, 7.8, 7.84, 8.0, 8.59, 8.7, 9.0, 9.7, 10.0, and 11.0 grams)
- Average amount of methamphetamine possession = 1.69 grams or approximately sixteen (16) – 100 mg doses





RCMP "E" DIVISION CRIMINAL OPERATIONS

CORE POLICING

A/COMM EI (Eric) STUBBS

FEDERAL, INVESTIGATIVE SERVICES & ORGANIZED CRIME

A/COMM WY-M (Will) NG

/Prepared by:

Sgt. Shane HOLMQUIST, E Division Drug Advisory NCO, Pacific Region Training Centre (PRTC)

Kelly RAINBOW, CM, E Division Criminal Operations, Federal, Investigative Services & Organized Crime (CROPS FISOC)

Date: 2022-05-14

Previous Data Provided by:

Tara HAARHOFF, PSE, Data Analysis Unit, E Division Operations Strategy Branch (OSB)

Adele MAHAFFY, PSE, Data Analysis Unit, E Division Operations Strategy Branch (OSB)

Lucas REID, PSE, Operations Support Group (OSG), E Division Federal, Serious & Organized Crime (FSOC)

Date: 2021-10-21



Royal Canadian
Mounted Police

Gendarmerie royale
du Canada

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From: Van Veen, Chris MMHA:EX(Chris.VanVeen@gov.bc.ca)
To: Emslie, Margaret J MMHA:EX (Margaret.J.Emslie@gov.bc.ca)
Subject: FW: BC's Decriminalization Request - Materials
Sent: 05/04/2022 22:05:12
Attachments: MMHA - Response to BCACP Concerns - HC.pdf, MMHA - Decriminalization Indigenous Engagement - HC.pdf, Exceptions to Decrim - HC.pdf

Chris Van Veen
Senior Director, Decriminalization
Ministry of Mental Health and Addictions
604-928-6552

From: Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
Sent: March 4, 2022 4:38 PM
To: 'Saxe, Jennifer (HC/SC)' <jennifer.saxe@hc-sc.gc.ca>; 'carol.anne.chenard@hc-sc.gc.ca' <carol.anne.chenard@hc-sc.gc.ca>; 'Roberts, Anna (HC/SC)' <anna.roberts@hc-sc.gc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Subject: BC's Decriminalization Request - Materials

Hi Jen,

Further to my email below, please find attached three documents related to BC's sec. 56 request:

1. .Materials outlining our response to police concerns
2. .Overview outlining First Nations consultation and engagement approach
3. .List of Exceptions to the Exemption

We're happy to walk through these in more detail when we meet on Monday.

Have a good weekend.

Best,
Ally

From: Butler, Ally MMHA:EX
Sent: March 1, 2022 9:50 AM
To: 'Saxe, Jennifer (HC/SC)' <jennifer.saxe@hc-sc.gc.ca>; 'carol.anne.chenard@hc-sc.gc.ca' <carol.anne.chenard@hc-sc.gc.ca>; Roberts, Anna (HC/SC) <anna.roberts@hc-sc.gc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Subject: BC's Decriminalization Request - Update

Hi Jen and team,

I just wanted to let you now that we will be sending a couple of documents your way – aiming for EOD Friday:

1. .Materials outlining our response to police concerns
2. .More detailed plan on FN engagement

Looking forward to connecting next week. I noticed that our biweekly meeting series seems to have ended – will you be rebooking it?

Best,

Ally Butler (she/her/hers)

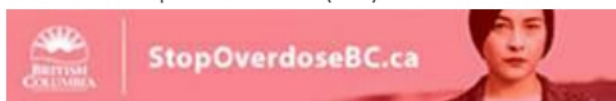
Executive Director, Substance Use & Strategic Initiatives

Substance Use Policy Division

Ministry of Mental Health and Addictions

1515 Blanshard | Victoria, BC

778.366.5962 | 604.790.5874 (Cell)



Potential Exceptions to a Section 56(1) Exemption
Decriminalization in B.C.

The following list of proposed exemptions to a Section 56(1) exemption have been prepared following engagement with and feedback from the Core Planning Table, RoadSafetyBC, the Ministry of Children and Family Development, and other relevant provincial ministries and agencies. As noted in the first section of the table, we are seeking clarification on Health Canada’s proposed approach for addressing areas of federal jurisdiction.

PROPOSED EXCEPTIONS TO A SECTION 56(1) EXEMPTION IN BRITISH COLUMBIA		
EXCEPTION	NOTES	SAMPLE TEXT
Federal Lands		
s. 13, s. 16		
Areas Frequented by Minors		
K-12 School Property	Possession subject to CDSA	A person must not possess illicit substances on K-12 school properties in BC. Possession on K-12 school grounds may be subject to the criminal code, in addition to appropriate disciplinary measures imposed by existing school district policies. For the purposes of this exception, a K-12 school property is defined as the designated facility and property owned by the school district or independent school authority for the purposes of K-12 instruction.

Licensed Child Care Facilities	Possession subject to CDSA	<p>A person must not possess illicit substances on the premises of a licensed childcare facility in BC. Possession may be subject to the criminal code.</p> <p>For the purposes of this exception, a licensed childcare facility refers to a facility in which supervision of children under 13 years of age is provided in accordance with a license issued under section 11 of the Community Care and Assisted Living Act.</p>
Other		
Motor Vehicles	Possession subject to CDSA unless in compliance with set criteria aimed at preventing impaired/dangerous driving.	<p>Possession of illicit substances in motor vehicles may be subject to the criminal code, unless 1) the substance(s) in possession is under the threshold, and 2) the substance(s) and paraphernalia associated with consumption remained not readily accessible to the driver or any passengers. Illicit substances and paraphernalia must be stored in a location that is furthest from drivers and passengers as possible (e.g., in a locked truck, hatch, or storage compartment). Paraphernalia includes pipes and syringes.</p> <p>Minors are not permitted to operate a motor vehicle, whether or not the vehicle is in motion, in which any illicit substance is present, even if the substance belongs to a passenger above the age of majority and is stored in accordance with the exemption.</p> <p>For the purposes of this exception, and in accordance with the Motor Vehicle Act, a motor vehicle is defined as a vehicle, not run on rails, that is designed to be self-propelled or propelled by electric power obtained from overhead trolley</p>

		wires, but does not include mobile equipment, a motor assisted cycle or a regulated motorized personal mobility device.
Watercraft	Possession subject to CDSA	A person must not possess or consume any amount of an illicit substance while operating a watercraft. Minors are not permitted to operate a watercraft, whether or not the watercraft is in motion, in which any illicit substance is present, even if the substance belongs to a passenger above the age of majority. For the purposes of this exception, a watercraft is defined as a vessel or other craft in, on or by which a person or thing may be transported or drawn on water.
Where the age of eligibility cannot be determined	Possession subject to seizure	In instances where an age of eligibility cannot be determined, and a police officer believes that a person in possession may be under 18, the officer may seize the substance(s) and apprehend the individual. If it is later determined

		that the individual is under 18, the Youth Criminal Justice Act will apply. If it is determined that the individual is 18 or older, then they will be released without charge and substances will be returned.
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Indigenous Consultation Approach and Plan Decriminalization in B.C.

This document is intended to provide an overview, per Health Canada's request, of the Province of British Columbia's approach to Indigenous consultation in the development of its Section 56 exemption request, as well as ongoing and future plans for Indigenous consultation, should the exemption be granted. This document combines and replaces multiple previous additional submissions on the Province's approach to Indigenous consultation already provided to Health Canada.

Context

Due to the ongoing impacts of colonization, racism and healthcare inequities, Indigenous peoples are over-represented among those experiencing substance related harms and criminalization. In 2020, First Nations people died of illicit drug poisoning at more than five times the rate of other residents of the province.¹ Indigenous peoples are also overrepresented in the criminal justice system, accounting for 35% of admissions to adult custody in 2017-18, while representing six percent of the adult Canadian population.²

As part of our work to remove criminal penalties for people who possess small amounts of illicit drugs for personal use, the Ministry of Mental Health and Addictions (MMHA) is committed to undertaking a distinctions-based approach to engagement and consultation with Indigenous partners and communities to:

- Ensure that the unique needs, perspectives and concerns of Indigenous peoples in the province are reflected in the implementation of B.C.'s decriminalization framework;
- Provide opportunities for First Nations to determine how decriminalization is implemented in communities;
- Meet consultation obligations under Provincial and Federal legislation and modern treaty agreements; and
- Reduce the disproportionate harms of criminalization on Indigenous people in the province.

Approach and Key Considerations

MMHA is committed to upholding the spirit and principles of reconciliation under the *Declaration on the Rights of Indigenous People Act* (DRIPA), and has, and will continue to, consult with Indigenous partners and rightsholders as it moves towards the implementation of a decriminalization framework.

Indigenous partners, including First Nations Health Authority (FNHA), First Nations Justice Council (FNJC), Métis Nation of B.C. (MNBC) and the B.C. Association of Aboriginal Friendship Centres (BCAAFC) have been included and consulted throughout the development of the section 56 exemption request and early implementation planning. The Province's submission reflects a significant amount of input and feedback from these partners. In addition, MMHA has sought advice from FNHA, the First Nations Health Council (FNHC), First Nations

¹ <https://www.fnha.ca/AboutSite/NewsAndEventsSite/NewsSite/Documents/FNHA-First-Nations-in-BC-and-the-Toxic-Drug-Crisis-January-December-2020-Infographic.pdf>

² <https://www.justice.gc.ca/eng/rp-pr/jr/gladue/p2.html>



Leadership Council (FNLC), and MNBC on how best to engage and consult with individual communities and Nations. See [Appendix A](#) for a detailed list of engagement and consultation that has occurred to date.

First Nations partners have repeatedly emphasized the engagement fatigue experienced by First Nations in the province. This has been exacerbated by the ongoing COVID-19 pandemic, severe weather events in BC throughout 2021, and the impact on communities as First Nations continue work to locate unmarked burials at former residential school sites across the province. First Nations leaders have stressed the importance of consultation in an appropriate and timely way that is respectful of other priority work underway. In addition, First Nations partners have reminded us of the need to carefully manage expectations related to what implementation of decriminalization will look like, prior to approval of an exemption by Health Canada. We are following the advice of First Nations partners, and engagement timelines reflect this advice. MMHA will be hiring a dedicated Indigenous Consultation Lead onto the decriminalization team to lead First Nations, Métis and urban Indigenous engagement and consultation to support ongoing work related to decriminalization.

s. 16



Go Forward – Next Steps

In addition to ongoing consultation with Indigenous partners identified above as part of the Core Planning Table, sub-working groups, and separate, dedicated conversations, MMHA is working with these partners on next steps to inform and engage with First Nations communities more broadly, including all treaty and non-treaty First Nations in BC. This plan will evolve over time, depending on the timeline for Health Canada approval of the Section 56 exemption and what we hear from partners about capacity and preferred methods for engagement.

There are four modern treaties in effect in BC, covering eight self-governing First Nations. The provisions of these modern treaty agreements vary, but may include policing, justice, and health and social services. Consultation efforts for Treaty Nations will be tailored to ensure their unique and constitutionally protected rights are respected throughout the decriminalization process. Central to all provincial engagement with First Nations about decriminalization will be an ongoing, open inquiry to determine if and how the exemption will apply on federal reserve lands. MMHA will also engage Indigenous partners and rightsholders in monitoring and evaluation activities to identify and address any areas of concern that might arise.

Step 1: Information Package for all First Nations on Decriminalization (March/April 2022)

At the request of FHNC, MMHA is working with FNHA to develop an information package on decriminalization which will be distributed to all First Nations in BC. The purpose of this information package is to provide a basic overview and rationale for decriminalization, and to inform First Nations of the province's submission to Health Canada to decriminalize possession of small amounts of illicit substances for personal use. The package will contain a commitment to working with individual Nations to determine an implementation approach that works for them should the exemption be approved and will invite First Nations that would like further information about the model or approach to reach out to the Ministry and FNHA. This information package will be distributed in March/April 2022.

Step 2: Virtual Regional First Nations Town Halls (April-May 2022)

FNHC and FNHA have recommended regional town halls with First Nations, rather than a single provincial event, as this will allow for more discussion regarding regional considerations. Regions are aligned with provincial health regions: Vancouver Island, Fraser Valley, Vancouver Coastal, Northern, and Interior. These town halls may be aligned with upcoming Spring Caucus gatherings (e.g. a Q&A panel session as part of a regional gathering), or may be scheduled separately depending on timing. The purpose of these town halls will be to provide an update on BC's application to Health Canada, a presentation on the proposed model and approach, and to reiterate the commitment to working with First Nations to implement decriminalization in a way that works for them, should the exemption be approved. Virtual town halls will be an opportunity to hear directly from individual First Nations throughout the province and to invite them to reach out should they wish to engage in bilateral discussions at any time.

Step 3: (Pending Health Canada Approval of BC's s.56 exemption) Follow up Information Package for all First Nations

MMHA will send out a follow up information package to all First Nations in BC following confirmation of approval of a S.56 exemption, and prior to it coming into effect. Self-governing Nations implementing modern treaties will be notified in a similar fashion, with further consultation to follow on the implementation of



decriminalization in their communities as it relates to other laws. This package will focus on implementation, with information about law enforcement guidance and alternative pathways to culturally safe and specific treatments and supports. MMHA is committed to working closely with Health Canada on consultation with self-governing First Nations regarding implementation.

Step 4: (Pending Health Canada Approval of BC's s.56 exemption) Follow-up round of Virtual Regional Town Halls

Following Health Canada approval of an s.56 exemption, and prior to it coming into effect, MMHA will work with FNHA to develop a plan for a second round of virtual regional town halls. The purpose of these sessions will be to provide a notification regarding BC's successful application to Health Canada, a summary of feedback gathered throughout Indigenous engagement to date, further discussion about options for implementation on federal reserve lands, and to reiterate the commitment to working with First Nations to implement decriminalization in safe, respectful, and culturally informed manner. MMHA will also reiterate a commitment to working with First Nations on a bilateral basis if they have any additional questions, concerns, or proposals regarding decriminalization in their communities.

Approach to Métis Community Consultation and Engagement

MMHA is consulting with MNBC on an engagement approach for Métis chartered communities in BC. Some elements of this plan will likely mirror the approach to First Nations engagement, including distribution of an information package for leadership and virtual town halls.



Appendix A: Indigenous Partners

Partner	Description	CPT Member?	Engagement and Consultation Status
First Nations Leadership Council (FNLC)	FNLC is comprised of the political executives of the B.C. Assembly of Nations, First Nations Summit, and the Union of B.C. Indian Chiefs.		MMHA has met with FNLC and FNHC to provide and overview of work underway and discuss decriminalization.
First Nations Health Council (FNHC)	FNHC is a provincial-level political and advocacy organization that represents and is accountable to First Nations in B.C. It is comprised of 15 regionally-appointed members. The FNHC works with First Nations Health Authority and the First Nations Health Directors to direct First Nations health services in the province.		At the direction of FNHC, MMHA is working with FNHA to support consulting First Nations through a Townhall Sessions.
First Nations Justice Council (FNJC)	FNJC is a province-wide leadership body that is comprised of five directors appointed by the First Nations Summit, B.C. Assembly of First Nations, and the Union of B.C. Indian Chiefs. The Council's mandate is to support the rebuilding of First Nations justice systems and institutions and address needed improvements in the Indigenous experience with provincial and federal justice systems.	✓	In addition to participation on the Core Planning Table, MMHA continues to meet with FNJC on a monthly basis.
First Nations Health Authority (FNHA)	FNHA is the province-wide health authority that works with First Nations, government partners, and others to improve health outcomes for First Nations people in B.C. FNHA plans, designs, manages and funds the delivery of First Nations health programs in the province.	✓	In addition to participation on the Core Planning Table, FNHA is being engaged alongside other health authorities as part of implementation planning on health system pathways. MMHA is also working closely working with FNHA to develop an information package for First Nations and plan regional virtual Town Halls.



Partner	Description	CPT Member?	Engagement and Consultation Status
Self-Governing Treaty Nations	Self-Governing Nations in the province include: <ul style="list-style-type: none"> • Nisga'a Nation • Maa-Nuulth First Nations (5 Nations) • Tsawwassen First Nation • Tla'amin Nation 		Self-governing Nations will receive an information package on decriminalization in March 2022, and will be invited to attend regional town hall sessions. If desired, MMHA will meet with leaders to discuss the S.56 exemption request prior to approval. Once an exemption is approved, the Province will notify self-governing Treaty Nations and consult with them regarding an implementation approach in their communities.
Other First Nations	There are 198 distinct First Nations in the province.		All First Nations will receive an information package on decriminalization in March 2022, and will be invited to attend regional town hall sessions. If desired, MMHA will meet with First Nations leaders to discuss the S.56 exemption request prior to approval. Upon approval of an exemption, the Province will notify all First Nations and will invite them to meet to discuss the implementation approach in their communities, if desired.
BC Association of Aboriginal Friendship Centres	BCAAFC is the umbrella organization for 25 Friendship Centres, which act as community hubs offering culturally safe programs and services to Indigenous peoples in communities across the province.	✓	MMHA continues to engage with BCAAFC as part of the Core Planning Table.
Métis Nation of BC	MNBC is the Governing Nation for Métis in the province, representing 38 Métis Chartered Communities and more than 20,000 registered MNBC Citizens.	✓	MMHA continues to engage with MNBC as part of the Core Planning Table. MMHA is working with MNBC on how best to engage with Métis Chartered Community leaders.
Métis Chartered Community Leadership	There are 38 Métis Chartered Communities in the province.		In partnership with MNBC, MMHA is planning to develop an information package for Métis Chartered Communities and plan a town hall.

From: Holmquist, Shane(shane.holmquist@rcmp-grc.gc.ca)
To: Emslie, Margaret J MMHA:EX (Margaret.J.Emslie@gov.bc.ca)
Subject: RE: Drug possession data 2020
Sent: 05/24/2022 22:35:57

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

Good afternoon Meg.

I've reached out our analytical manager, Kelly Rainbow. We have a new analyst starting in 2 weeks. After her orientation, Kelly has suggested it would be a good starting project for her.

Shane

From: Emslie, Margaret J MMHA:EX <Margaret.J.Emslie@gov.bc.ca>
Sent: May 24, 2022 1:55 PM
To: Holmquist, Shane <shane.holmquist@rcmp-grc.gc.ca>
Cc: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; Clow, Holly MMHA:EX <Holly.Clow@gov.bc.ca>
Subject: RE: Drug possession data 2020

Hi Shane,

Thanks so much for doing this additional analysis on seizure quantities by region – it is really helpful to see it broken out this way.

Assuming you have calculated the averages based on the raw data, I wonder if it would be possible to calculate percentiles (50th, 75th and 90th) as well? These are much less affected by outliers and would give a better picture of the distribution. Another stat that would be helpful to calculate would be the % of seizures below 2.5g.

If you felt comfortable sending the raw data in excel we could calculate these and pass them back to you for confirmation of interpretation before we use them.

Thanks so much,

Meg

From: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Sent: May 18, 2022 12:47 PM
To: Emslie, Margaret J MMHA:EX <Margaret.J.Emslie@gov.bc.ca>; Clow, Holly MMHA:EX <Holly.Clow@gov.bc.ca>
Cc: Eldridge, Irina MMHA:EX <Irina.Eldridge@gov.bc.ca>; Taylor, Stephanie MMHA:EX <Stephanie.Taylor@gov.bc.ca>; Parish, Danielle MMHA:EX <Danielle.Parish@gov.bc.ca>
Subject: FW: Drug possession data 2020

Chris Van Veen

Senior Director, Decriminalization

Ministry of Mental Health and Addictions

604-928-6552

From: Holmquist, Shane <shane.holmquist@rcmp-grc.gc.ca>
Sent: May 18, 2022 12:01 PM
To: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>; Butler, Ally MMHA:EX <Ally.Butler@gov.bc.ca>
Subject: Drug possession data 2020

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

Good afternoon.

Attached is a report that Kelly and I did over the weekend. I wanted to confirm antidotal reports from the working group were accurate – if possession seizures were higher in the North.

When I did the report, I indicated where we excluded and included some amounts over threshold to determine our averages. When I did this, I recorded those quantities so you could see what was included/excluded to determine the averages.

Talk to you on the call this afternoon.

Shane

From: Rainbow, Kelly(Kelly.Rainbow@rcmp-grc.gc.ca)
To: Van Veen, Chris MMHA:EX (Chris.VanVeen@gov.bc.ca)
McDonald, Dwayne (Dwayne.McDONALD@rcmp-grc.gc.ca); Stubbs, Eric (Eric.Stubbs@rcmp-grc.gc.ca); Mike Serr (mike.serr@abbypd.ca); Blackadar, Andrew (Andrew.Blackadar@rcmp-grc.gc.ca); Bhayani, Ghalib (ghalib.bhayani@rcmp-grc.gc.ca); Holmquist, Shane (shane.holmquist@rcmp-grc.gc.ca); Brown, Matthew G PSSG:EX (Matthew.G.Brown@gov.bc.ca)
To:
Subject: RE: Follow up regarding policing data to support provincial decriminalization unit
Sent: 10/25/2021 23:40:59
Attachments: BC RCMP Drug Possession Occurrences & Charges (2018 - 2020) (Rainbow) 20....pdf

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

Hello Chris,

As per your request, please find attached the requested statistics and analysis on illicit street and pharmaceutical drug incidents in BC RCMP jurisdictions between 2018 and 2020.

Chief Serr – FYSA.

If you have any questions or require additional information, I would be pleased to assist.

Kind regards,
Kelly

Kelly C. Rainbow, CM
Senior Program and A.Federal Analytics Manager
Criminal Operations, Federal, Investigative Services and Organized Crime (CROPS FISOC)
RCMP E Division Headquarters
Mail Stop #306
14200 Green Timbers Way
Surrey, BC V3T 6P3
O: 778-290-2553
M: 604-220-3144
E: kelly.rainbow@rcmp-grc.gc.ca

From: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Sent: September 21, 2021 12:06 PM
To: Rainbow, Kelly <Kelly.Rainbow@rcmp-grc.gc.ca>
Cc: Holmquist, Shane <shane.holmquist@rcmp-grc.gc.ca>; Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>
Subject: RE: Follow up regarding policing data to support provincial decriminalization unit

Thanks Kelly, that's great. If the task is too big for the analysts, even just a summary of the record for 2018 or 19 could work. 2020 will be somewhat of an anomaly with COVID.

We are shooting to have the whole submission finalized and sent to the federal government on Oct 31st, so are hoping to use the data to inform our process of defining "personal possession" between now and then.

Chris Van Veen (he/him)

Senior Director, Decriminalization
Ministry of Mental Health and Addictions
700 West Pender St. Vancouver, BC
Phone: 604-928-6552
Email: chris.vanveen@gov.bc.ca

From: Rainbow, Kelly <Kelly.Rainbow@rcmp-grc.gc.ca>
Sent: September 21, 2021 12:01 PM
To: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Cc: Holmquist, Shane <shane.holmquist@rcmp-grc.gc.ca>; Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>
Subject: RE: Follow up regarding policing data to support provincial decriminalization unit

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

Hello Chris,

We are working on the data now.... There are approximately 50,000 records for each of 2018, 2019, and 2020. However, only a small subset will be applicable in terms of the information you are requesting. That said, the data sets still need to be cleaned and verified. We have 2 business analysts working on it.

I will let them know you are hoping for some preliminary, but accurate, data for October 7. (Perhaps I have it mixed.... I thought we were working towards a deadline of October 31st?)

Kelly

From: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>
Sent: September 21, 2021 11:27 AM
To: Rainbow, Kelly <Kelly.Rainbow@rcmp-grc.gc.ca>
Cc: Holmquist, Shane <shane.holmquist@rcmp-grc.gc.ca>; Brown, Matthew G PSSG:EX <Matthew.G.Brown@gov.bc.ca>
Subject: RE: Follow up regarding policing data to support provincial decriminalization unit

Hi Kelly,

I'm just wondering if you have been able to make any progress on pulling some seizure data to assist us in the planning around decrim. We have got a snapshot of the VPD data, but would be great to have some more from other parts of BC.

Our plan is to work with our project team and core planning table to arrive at a recommendation by Oct 7th. Is there any chance we'll be able to get anything of value before then? Thanks so much for your help.

Best,

Chris Van Veen (he/him)

Senior Director, Decriminalization
Ministry of Mental Health and Addictions
700 West Pender St. Vancouver, BC
Phone: 604-928-6552
Email: chris.vanveen@gov.bc.ca

From: Rainbow, Kelly <Kelly.Rainbow@rcmp-grc.gc.ca>
Sent: August 17, 2021 12:49 PM

To: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>

Cc: Holmquist, Shane <shane.holmquist@rcmp-grc.gc.ca>

Subject: RE: Follow up regarding policing data to support provincial decriminalization unit

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

Hello Chris,

I am actually working with Shane this afternoon. He also left you a voice mail. If you are free to connect in the next couple of hours, please give Shane a call at (604) 839-1625 and we can conference call.

Kelly

From: Van Veen, Chris MMHA:EX <Chris.VanVeen@gov.bc.ca>

Sent: August 17, 2021 9:59 AM

To: Rainbow, Kelly <Kelly.Rainbow@rcmp-grc.gc.ca>

Subject: Follow up regarding policing data to support provincial decriminalization unit

Hi Kelly,

I'm just following up from our meeting last week to discuss the province's section 56(1) exemption request to decriminalize personal possession under the CDSA. Could we find time this week or next to talk a little more about the practical possibilities of pulling different data to inform our analysis? My schedule is relatively flexible.

Best,

Chris Van Veen (he/him)

Senior Director, Decriminalization

Ministry of Mental Health and Addictions

Phone: 604-928-6552

Email: chris.vanveen@gov.bc.ca



ILLICIT STREET AND PHARMACEUTICAL DRUG OCCURRENCES & TOTAL DRUG POSSESSION CHARGES "E" DIVISION (2018 – 2020)

On 2021-08-10, Mr. Matthew BROWN, Director, Public Safety Initiatives, Policing Security Branch, British Columbia Ministry of Public Safety and Solicitor General, and Mr. Chris VAN VEEN, Senior Director, Decriminalization, British Columbia Ministry of Mental Health and Addictions (MMHA), requested statistics on reported illicit drug seizures and approved drug-related charges and conviction occurrences in British Columbia between 2018 and 2020. This information was to be used to support MMHA's request to Health Canada for an exemption 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. This exemption follows the City of Vancouver's (CoV) proposal submitted to Health Canada in April 2021.

Illicit Drug Seizures:

Information was collected using Uniform Crime Reporting (UCR) coded indicators for drug seizures on PRIME-BC General Occurrences (GO) for BC RCMP jurisdictions (*Appendix I, Appendix II refers*). PRIME-BC Private and Invisible files were not included. Occurrences were isolated to records which listed drug possession and seizure as the first or only line of UCR scoring summaries, then filtered for only the illicit street and pharmaceutical drugs itemized on the CoV's proposal (*Appendix III refers*). Records deemed to be lost and found, held for safe keeping, agency assistance files, as well as those which lacked usable data relative to drug type and / or quantity, were also removed from the data set. Given time constraints, a comprehensive manual review was not undertaken to confirm or verify the data.

Between 2018 – 2020, the highlights include:

- Overall, the number of occurrences and the total weight / quantity of illicit street drugs (opioids¹, amphetamines, cocaine, and MDMA) seized increased. The number of occurrences and total weight / quantity of crack cocaine decreased;
- The number of occurrences, as well as the weight / quantity of GHB, ketamine, LSD and all pharmaceutical drugs listed in the CoV proposal, in aggregate, forms a discrete proportion (1.1%) of the illicit street and pharmaceutical drug seizures;
- Opioids, amphetamines and cocaine comprise the overwhelming majority (>95% in 2020) of the illicit street drug occurrences, both in terms of the numbers of seizures and the weight / quantity seized; and
- A very small fraction (2019 = 0.2%; 2020 = 0.01%) of total CDSA violation records resulted in a conviction for drug possession alone.

¹ For the purposes of this report, opioids include fentanyl and heroin. However, in practical terms, it would also encompass related variants, including fentanyl analogues and derivatives, such as acetyl fentanyl, 3-methylfentanyl, furanyl fentanyl, 4-ANPP and carfentanil.



**Details:**

- Occurrences in which illicit street and pharmaceutical drugs seized were deemed to be \leq CoV proposed thresholds were compared to the total occurrences of substances seized. Findings include:
 - both types of seizure occurrences increased, year over year;
 - the increase in the number of occurrences deemed to be \leq CoV proposed thresholds was greater (86%) than the increase in the total occurrences (49%);
 - the proportion of occurrences \leq CoV's proposed thresholds, as a function of total occurrences, increased ~15%, followed by no appreciable change (<1%). Approximately 77% of the occurrences involving the seizure of illicit street and pharmaceutical drugs are \leq CoV's proposed thresholds.

Occurrences of Illicit Street and Pharmaceutical Drugs (2018 - 2020)

	Number of Seizures (\leq CoV thresholds)	Total Seizures	Proportion of Seizures \leq CoV Thresholds / Total
2018	1219	1948	62.6%
2019	1566	2020	77.5%
2020	2238	2892	77.4%
Total Increase	86%	49%	

- The most prevalent drug types seized are opioids, amphetamines and cocaine, followed rather distantly by MDMA, crack cocaine and psilocybin mushrooms. Between 2018 and 2020, these three (3) - opioids, amphetamines and cocaine – comprised:
 - an increasing proportion of all illicit street and pharmaceutical drugs seized, both $>$ and \leq CoV proposed thresholds. The number of occurrences in which they are seized in quantities \leq CoV proposed thresholds increased ~90%.
 - 98% of the occurrences \leq CoV proposed thresholds and ~96% of total illicit street and pharmaceutical drugs seized.

Occurrences of Opioid, Ampethamine and Cocaine Seizures vs All Illicit Street and Pharmaceutical Drug Seizures

	Opioid, Amphetamine & Cocaine Seizures (\leq CoV thresholds)	All Illicit Street & Pharmaceutical Drug Seizures (\leq CoV thresholds)	Proportion of Opioid, Amphetamine & Cocaine Seizures (\leq CoV Thresholds / Total)	Opioid, Amphetamine & Cocaine Seizures	All Illicit Street & Pharmaceutical Drug Seizures	Proportion of Opioid, Amphetamine & Cocaine Seizures
2018	1153	1219	94.5%	1775	1948	91.1%
2019	1512	1566	96.6%	1901	2020	94.1%
2020	2192	2238	98.0%	2870	2892	96.1%
Total Increase	90.1%			56.6%		





- The opioid category of illicit street drugs accounted for almost all of the growth in the number of seizure occurrences. While the total number of seizures increased from 490 to 1223 (149.6%), there was a staggering ~667% increase in the number of opioid seizures \leq CoV proposed thresholds. This increase is not surprising, given the surge of and prevalence in fentanyl / fentanyl analogue availability since the onset of the opioid crisis.

Amphetamine seizures increased overall, and fairly proportionately when comparing both $>$ and \leq CoV proposed thresholds.

Notably, cocaine seizure occurrence decreased, both in terms $>$ and \leq CoV proposed thresholds.

Opioid, Amphetamine and Cocaine Seizures (2018 - 2020)

	Opioid Seizures			Amphetamine Seizures			Cocaine Seizures		
	Number of Seizures (\leq CoV thresholds)	Total Seizures	Proportion of Seizures \leq CoV Thresholds / Total	Number of Seizures (\leq CoV thresholds)	Total Seizures	Proportion of Seizures \leq CoV Thresholds / Total	Number of Seizures (\leq CoV thresholds)	Total Seizures	Proportion of Seizures \leq CoV Thresholds / Total
2018	135	490	27.6%	532	730	72.9%	486	555	87.6%
2019	520	595	87.4%	616	834	73.9%	376	472	79.7%
2020	1036	1223	84.7%	751	1052	71.4%	405	505	80.2%
Total Increase	667.1%	56.6%		41.20%	44.10%		-20.00%	-9.90%	

- By comparison, GHB, ketamine, LSD and all pharmaceutical drugs listed in the CoV proposal form, in aggregate, a very discrete proportion of the total illicit street and pharmaceutical drug occurrences, both $>$ and \leq CoV proposed thresholds. Between 2018 and 2020, these drugs comprised only 1.1% of the total occurrences, 0.5% of which were \leq CoV proposed thresholds.

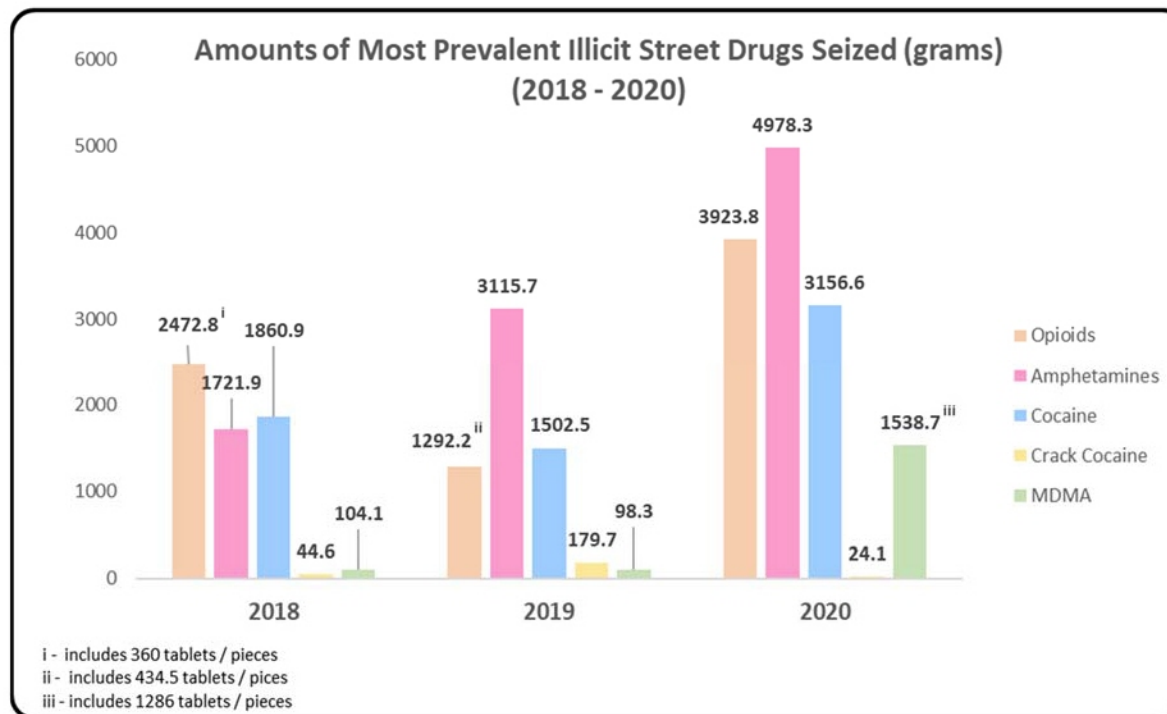
Occurrences of GHB, Ketamine, LSD and All Pharmaceutical Drugs (Per CoV Proposal) Seizures (In Aggregate)

	Number of Specified Drug Seizures (\leq CoV thresholds)	Number of Seizures (\leq CoV thresholds)	Proportion of Specified Drug Seizures (\leq CoV Thresholds / Total)	Total Specified Drug Seizures	Total Seizures	Proportion of Total Drug Seizures
2018 - 2020	25	5023	0.5%	73	6860	1.1%





- Broadly, the weight / quantity of illicit street drugs increased between 2018 and 2020, with the exception of crack cocaine. The surge in MDMA is attributed to a very small number of files in which a substantial number of tablets / pieces were seized.





- Similar to the number of occurrences, the amount, in terms of weight, of opioids, amphetamines and cocaine seized, in aggregate, comprised the overwhelming majority of the total weight of the illicit street drugs seized. Additionally, after removing the occurrences \leq CoV proposed thresholds, the average weight ($>$ CoV proposed thresholds) of these three (3) substances – opioids, amphetamine, cocaine – increased on a per seizure basis.

Specifically, in seizure occurrences deemed to weigh $>$ CoV proposed thresholds, the average weight in 2020 of:

- o opioids increased ~46% (~10 grams / seizure);
- o amphetamines increased ~172% (~13 grams / seizure); and
- o cocaine increased ~230% (~19 grams / seizure).

However, for the number of occurrences of opioid seizures deemed to weigh $>$ CoV threshold decreased (~47%), while the number of occurrences of amphetamine and cocaine seizures increased 52% and 231% respectively. Thus, with respect to seizures deemed $>$ CoV thresholds, there were more seizures of greater amounts of both amphetamine and cocaine, and fewer, but larger, opioid seizures.

Opioids, Amphetamines and Cocaine Seizures
Average Weight (g) / Seizure in Incidents Deemed $>$ CoV Threshold

	Opioid Seizures		Amphetamine Seizures		Cocaine Seizures	
	Number of Seizures	Avg Weight (g) per Seizure	Number of Seizures	Avg Weight (g) per Seizure	Number of Seizures	Avg Weight (g) per Seizure
2018	355	6.5	198	4.7	69	5.8
2019	60	3.9	218	10.1	96	3.9
2020	187	9.9	301	12.8	101	19.2
Total Increase	-47.3%	46.2%	52.0%	172.3%	46.4%	231.0%

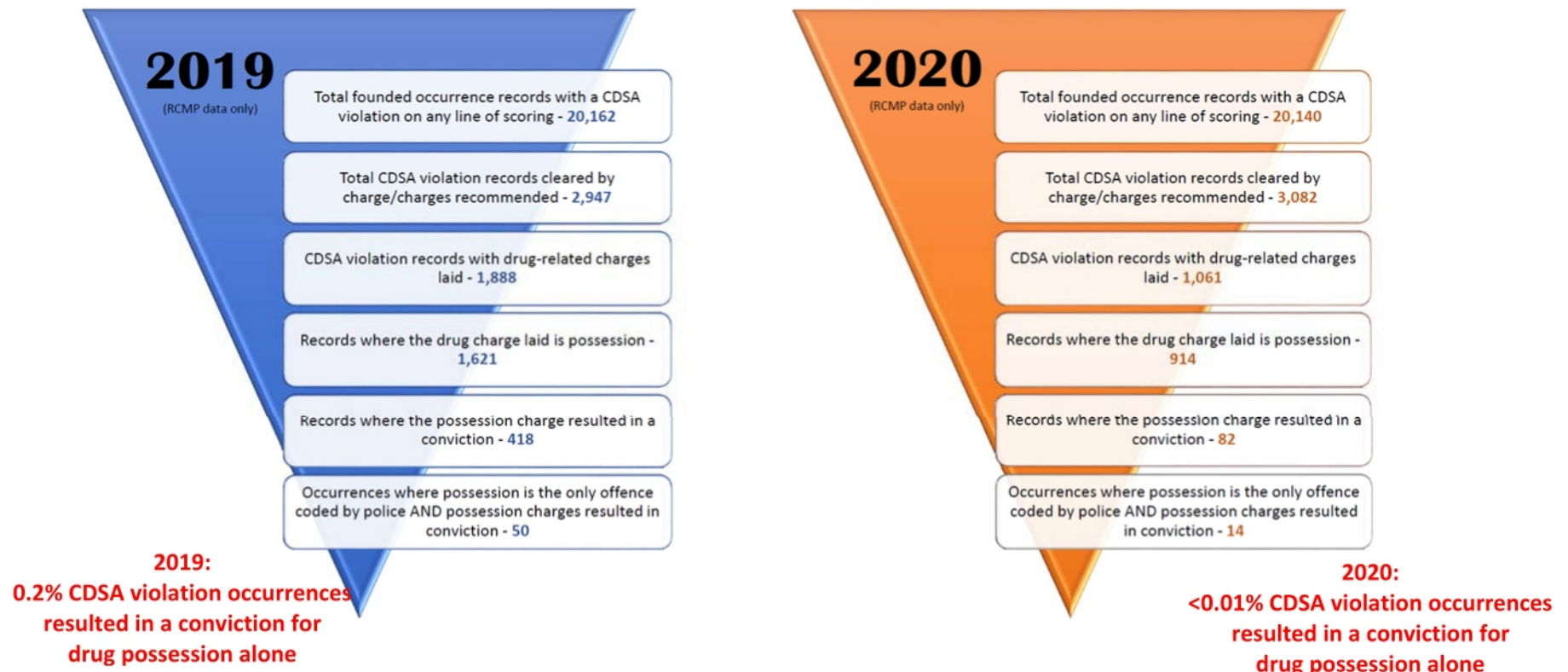




Drug-Related Charges and Convictions

In 2019 and 2020, there were over 40,300 occurrence records identified in BC RCMP jurisdictions in which there were founded CDSA violations on any line of scoring. Private and invisible files are not included. Results were filtered by clearance and charge approval to identify the number of these where drug possession is the only offence where charges were laid, and of these, a conviction was rendered.

A very small fraction of total CDSA-related records resulted in a conviction for drug possession alone.



(Note: due to time constraints, it was not possible to prepare 2018 with accuracy. Efforts will continue to provide this information at a later date.)





APPENDIX I

NUMBER OF ILLICIT STREET AND PHARMACEUTICAL DRUG SEIZURES
(LESS THAN OR EQUAL TO CITY OF VANCOUVER'S PROPOSAL VS TOTAL SEIZURES)
BY DRUG TYPE (2018 - 2020)

	2018		2019		2020	
	Number of Seizures (≤ City of Vancouver's proposed thresholds)	Total Number of Seizures	Number of Seizures (≤ City of Vancouver's proposed thresholds)	Total Number of Seizures	Number of Seizures (≤ City of Vancouver's proposed thresholds)	Total Number of Seizures
Amphetamines	532	730	616	834	751	1052
Ativan	1	1	0	0	0	1
Clonazepam	2	2	0	1	0	1
Cocaine	486	555	376	472	405	505
Crack cocaine	33	41	18	24	16	21
Diazepam	n/a	1	0	0	0	0
Dilaudid	0	0	0	0	2	4
GHB	0	2	1	1	1	4
Kadian	0	0	0	0	0	0
Ketamine	1	1	0	0	0	0
LSD	2	3	2	5	4	5
MDMA	n/a	50	16	45	n/a	27
M-Esion	0	0	0	0	0	0
Methadone Liquid	n/a	3	4	7	3	6
Opioids	135	490	520	595	1036	1223
Oxycodone	n/a	7	1	3	n/a	13
Prescription stimulants	n/a	1	1	1	0	0
Psilocybin mushrooms	27	29	11	17	20	25
Poly Drug	n/a	32	n/a	15	n/a	5
Total	1219	1948	1566	2020	2238	2892

Source: PRIME-BC, data extracted 2021-09-07 (does not include private or invisible files). Includes seizures which, after removing non-relevant or unusable data inputs, have 1 or more of the illicit street and pharmaceutical drugs listed in the City of Vancouver's proposal (2021-05-24)





APPENDIX II

TOTAL AMOUNTS OF ILLICIT STREET AND PHARMACEUTICAL DRUGS SEIZED (BY DRUG TYPE, WEIGHT AND QUANTITY)
(2018 - 2020)

	2018		2019		2020	
	GRAMS	TABLETS / PIECES / ROCKS	GRAMS	TABLETS / PIECES / ROCKS	GRAMS	TABLETS / PIECES / ROCKS
Amphetamines	1721.9	14	3115.7	24	4978.3	70
Ativan	0	5	0	0	0	8
Clonazepam	0.7	1	0	11	0	23
Cocaine	1860.9	22	1502.5	5	3156.6	8
Crack cocaine	44.6	0	179.7	5	24.1	0
Diazepam	0	14	0	0	0	0
Dilaudid	0	0	0	0	10.6	35
GHB	300	0	27	0	367.1	0
Kadian	0	0	0	0	0	0
Ketamine	3g	0	0	0	0	0
LSD	32	35.5	3.7	26	30.1	24
MDMA	104.1	111	98.3	147	252.7	1286
M-Esion	0	0	0	0	0	0
Methadone Liquid	28.4	11	78	3	143.6	0
Opioids (heroin, fentanyl)	2112.8	360	857.7	434.5	3923.8	49
Oxycodone	7g	25	0	56	0	4192
Prescription stimulants	0	14	0	4	0	0
Psilocybin mushrooms	349	0	32055.3	0	480.3	0
Poly Drug	38.7	0	17.3	0	89.1	0
Unknown	324.7	138.5	463.3	92.5	601.2	676.5
Total	6917.8	751	38398.5	808	14057.5	6371.5

Source: PRIME-BC, data extracted 2021-09-07 (does not include private or invisible files). Includes seizures which, after removing non-relevant or unusable data inputs, have 1 or more of the illicit street and pharmaceutical drugs listed in the City of Vancouver's proposal (2021-05-24)





**RCMP "E" DIVISION CRIMINAL OPERATIONS
CORE POLICING**

A/COMM EI (Eric) STUBBS

FEDERAL, INVESTIGATIVE SERVICES & ORGANIZED CRIME

SUPT. AL (Andrew) BLACKADAR (Acting)

APPENDIX III

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**RCMP "E" DIVISION CRIMINAL OPERATIONS
CORE POLICING**

A/COMM EI (Eric) STUBBS

FEDERAL, INVESTIGATIVE SERVICES & ORGANIZED CRIME

SUPT. AL (Andrew) BLACKADAR (Acting)

/Prepared by:

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Tara HAARHOFF, PSE, Data Analysis Unit, E Division Operations Strategy Branch (OSB)

Adele MAHAFFY, PSE, Data Analysis Unit, E Division Operations Strategy Branch (OSB)

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Date: 2021-10-21



Royal Canadian
Mounted Police

Gendarmerie royale
du Canada

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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)
To: 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)
Subject: Letter from BCACP - Decriminalization
Sent: 05/17/2022 21:52:17
Attachments: 05-17-2022_LT S Malcolmson_Decriminalization .pdf

[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



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2838 Justice Way
Abbotsford, BC V2T 3P5
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"Strength in Community"



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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,

BC ASSOCIATION OF CHIEFS OF POLICE
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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.

BC ASSOCIATION OF CHIEFS OF POLICE
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,

A blue ink signature, appearing to be "Will Ng", is written over a horizontal line. Below the line, the text "Assistant Commissioner Will Ng" and "BCACP President" is printed.

Assistant Commissioner Will Ng
BCACP President

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