

Possession of Small Amounts of Drugs to be Decriminalized in BC starting January 31, 2023

Illicit drug toxicity is the leading cause of unnatural death in British Columbia and despite the continuous efforts in BC to manage the crisis, and the declaration of a public health emergency in April 2016, there has been minimal advancement in stopping the rising death rate since the crisis began. Over 2000 people now die of illicit drug toxicity per year in BC, roughly a seven-fold increase over the past decade (BC Centre for Disease Control, 2022). In the context of the province's dire need for solutions, BC has been granted an exemption under the Controlled Drugs and Substances Act to remove criminal penalties for drug law violations (i.e., possession for personal use).

Below are some of the most commonly asked questions around this policy change. If you require any further information, please contact Kerensa.Medhurst@northernhealth.ca or Karmen.Skrajnar@northernhealth.ca

Note: This document uses the term 'clients' to be inclusive of clients, long term care facility residents, and any other persons receiving care.

1. [What does decriminalization mean? Does it mean drugs are now legal?](#)
2. [What is the purpose of decriminalization?](#)
3. [How will this change my day-to-day work as a health care provider?](#)
4. [How can I tell if an unknown substance is one of the substances covered by decriminalization?](#)
5. [How can I tell if someone has more than the threshold amount?](#)
6. [Will decriminalization increase drug use or trafficking at my worksite?](#)
7. [Will decriminalization increase violence at my worksite?](#)
8. [If I find an unknown substance in my workplace, what do I do with it? Who do I call?](#)
9. [What do I do if a client requests their substances be locked up in our site safe?](#)
10. [What PPE should I use if I must touch an item suspected to be an illegal substance? Am I at risk of harm if I inadvertently come in contact with the substance?](#)
11. [How do I clean an area that had unknown substances in/on it?](#)
12. [What do I do if I am required to remove client belongings?](#)
13. [Is handling illegal substances considered trafficking and could I be charged? Is there risk to my professional license?](#)
14. [Are people allowed to use substances on our property?](#)
15. [What do I do if a client appears to be intoxicated on my ward/site?](#)
16. [What if my client is using substances that may interfere with their medications/treatment?](#)
17. [What do I do if a client reports that their substance is missing?](#)
18. [My client wants their substances tested – what do I do?](#)
19. [How can I support my clients or coworkers who use substances?](#)

Overview of Decriminalization

1. What does decriminalization mean? Does it mean drugs are now legal?

Decriminalization is not legalization. Starting January 31, 2023, people are allowed to possess up to 2.5g (cumulative) of the following substances for their own personal use, without risk of criminal penalties:

- Opioids, including fentanyl and heroin
- Crack and powder cocaine
- Methamphetamine (meth)
- MDMA (ecstasy)

Possession of more than 2.5g of these substances (cumulative) will remain illegal, as will their production and trafficking.

2. What is the purpose of decriminalization?

Decriminalization is one part of the province's response to the toxic drug crisis, and further shifts BC's approach to people who use drugs from a criminal justice response to a public health response. Decriminalization aims to reduce stigma and shame, and to reduce barriers to health care and social services for people who use substances. Decriminalization in other jurisdictions has not led to any overall increase in substance use.

General Expected Impacts on Health Care

3. How will this change my day-to-day work as a health care provider?

Your day-to-day work should not significantly change due to decriminalization. Policies and procedures such as those regarding client behavior, cleaning and handling of unknown substances, and sharps disposal, will remain unchanged by decriminalization.

What will change:

- Substance possession by clients in Northern Health facilities is no longer prohibited, so staff are no longer expected to enforce that prohibition.
- Controlled substances will be treated as personal effects (as per [Safekeeping of Patients and Residents Valuables policy](#)) and will remain with the client. This is to limit staff handling of any substance(s).
- If staff witness a client in possession of a small amount of what they believe to be a controlled substance, no action is required. A "small amount" is any amount that can be easily carried, hidden, or stored on a person or within their

belongings. For more information on how to support clients/clients who use substances see [question 19](#).

If your job requires you to remove and store client belongings in specific situations (i.e., Psychiatric Intensive Care Unit, incapable or incapacitated clients) follow site procedures in alignment with the [Safekeeping of Patients and Residents Valuables policy](#). See [question 13](#) for more details.

A health care environment that is free of shame, stigma, and the risk of criminalization or confiscation, will support people to be open about their substance use, and allow for a more trusting, respectful, and collaborative relationship between health care providers and clients, and better-informed and safer care planning.

It is also expected to reduce the likelihood of clients leaving against medical advice, which will improve health outcomes, decrease the frequency of acute care visits, and improve the efficiency and predictability of client flow processes.

4. How can I tell if an unknown substance is one of the substances covered by decriminalization?

Health care staff are NOT responsible for identifying unknown substances, or for enforcing compliance with the law. In any case, the appearance of unregulated substances can be highly variable; it is not possible to reliably identify them based on appearance alone.

5. How can I tell if someone has more than the threshold amount?

Health care staff are NOT responsible for weighing clients' substances, or for enforcing compliance with the law. If the substance can be easily carried, hidden, or stored on a person or within their belongings, it should be treated as a personal effect within the threshold of the exemption.

6. Will decriminalization increase drug use or trafficking at my worksite?

Substance use and trafficking by clients is not expected to increase. Experience from other jurisdictions has found no increase in substance use due to decriminalization.

However, staff are more likely to become aware of substance use or possession by clients. Clients often conceal this information when substance use is criminalized. In the context of decriminalization, the hope is that they will feel safer to disclose this information to health care providers.

Staff Safety

Risk Management, Workplace Health & Safety, and Protection Services are engaged in the Decriminalization Regional Working Group and are working together to ensure our staff feel safe in their workplace.

7. Will decriminalization increase violence at my worksite?

There is no reason to expect any increase in violence. Rather, by reducing the potential for conflict between clients and staff over possession and use of substances, and by improving clients' sense of safety and trust in the health care environment, the risk of violence is expected to be reduced. Existing policies and procedures relating to violence prevention and response should be followed as usual.

8. If I find an unknown substance in my workplace, what do I do with it? Who do I call?

Decriminalization will not change cleaning or disposal processes. Follow site procedures in alignment with [Handling and Removal of Suspected Illicit Substances](#).

9. What do I do if a client requests their substances be locked up in our site safe?

Existing lockboxes and procedures for the storage of some client valuables are not appropriate for the storage of these substances at this time with the exception of NH Long Term and Assisted Living facilities. Regional PPH will be reviewing the [Safekeeping of Patients and Residents Valuables policy](#) regarding the storing of personal effects. Please watch for updates on this aspect of the policy.

10. What PPE should I use if I must touch an item suspected to be an illegal substance? Am I at risk of harm if I inadvertently come in contact with the substance?

Proper hand hygiene and nitrile gloves are advised when handling substances. No additional PPE is required unless there is risk of exposure to blood or other bodily fluids. However, the risk is very low in the event of inadvertent contact. Commonly used substances are not easily absorbed through the skin by touching them directly, nor by touching a surface where they are present; and fentanyl powder crystals are too large to become airborne or easily inhaled.

BCCDC has assessed the risk of occupational exposures in Overdose Prevention and Supervised Consumption Sites and confirmed that there is low risk of fentanyl exposure to workers where people are injecting, snorting or orally ingesting drugs. The risk is lower still in environments where substance use is less frequent.

Improper handling of some used drug paraphernalia DOES pose a safety risk, when it involves sharps and/or is contaminated by blood or body fluids. Please refer to [Handling and Removal of Suspected Illicit Substances](#) and follow existing site processes. If you are exposed to blood or other bodily fluids, follow our [routine practices](#) for [sharps safety](#) and [blood and body fluids](#).

11. How do I clean an area that had unknown substances in/on it?

Cleaning of a room or area that may have contained suspected illegal substances does not require any additional precaution or cleaning measures. Follow your worksite's existing cleaning procedures.

NH Occupational Health and Safety recommends wiping of surfaces suspected to contain unknown substances can safely be done with nitrile gloves & Accel Sporicidal Wipes.

12. What do I do if I am required to remove client belongings?

If your duties require you remove and store patient belongings in specific situations (ie. Psychiatric Intensive Care Unit, incapable or incapacitated patients) follow site procedures in alignment with the [Safekeeping of Patients and Residents Valuables](#).

If unknown substances are present inpatient belongings, ask that the client place these substances in a clear plastic bag, folding the top over and securing it with staples. The plastic bag should be stored with patient belongings in accordance with the [Safekeeping of Patients and Residents Valuables](#).

13. Is handling illegal substances considered trafficking and could I be charged? Is there risk to my professional license?

Risks relating to legal charges or licensing are not increased due to decriminalization. Staff will only be handling substances that are abandoned or relinquished, and only for the purpose of disposal, in alignment with existing processes.

The process for removal and transport of an unknown substance is outlined in the [Handling and Removal of Suspected Controlled Substances policy](#). Care should be taken to follow the procedure to avoid safety or legal risks.

Client Safety & Experience

14. Are people allowed to use substances on our property?

Follow your site's procedures regarding consumption of non-prescribed substances.

15. What do I do if a client appears to be intoxicated on my ward/site?

Decriminalization does not impact procedures as they relate to clients being intoxicated while receiving care. Intoxication per se is not prohibited and is not a sufficient reason to discharge a client from care. Use appropriate point of care risk assessments and processes to ensure safety of client and staff. Consider consulting specialized substance use services to support the client/client to receive appropriate substance use care. See [question 19](#) for substance use service resources.

16. What if my client is using substances that may interfere with their medications/treatment?

Consult with a physician regarding any concerns about interactions between prescribed medications and other substances used by the client.

For more information on how to support clients/clients who use substances, see [question 19](#).

17. What do I do if a client reports that their substance is missing?

Staff are not responsible for lost or stolen belongings. If a client discloses their personal substances have gone missing, document the encounter. Given the nature of the suspected substance, staff can consider:

- Getting a description of the package from client
- Alerting your team members

Clients are no more likely to lose their substances after decriminalization than before, but if the possession of these substances is not a criminal offense, staff are more likely to be notified if these substances do go missing.

18. My client wants their substances tested – what do I do?

Drug checking services are available at a limited number of sites. To assist a client in finding the nearest drug checking service, visit drugchecking.ca or email HarmReduction@northernhealth.ca.

19. How can I support my clients or coworkers who use substances?

- Support your ongoing learning
 - [Language Matters: Speaking about Substance Use](#)
 - [Creating Supportive Environments for People Who use Substances](#)
 - [Harm Reduction Toolkit](#)
- Consultation support
 - [NH Mental Health and Substance Use Services](#)
 - [BCCSU Addiction Medicine Clinician Support Line](#) 778-945-7619; provides 24/7 access to an Addictions Medicine Specialist, available for physicians, nurse practitioners, nurses, midwives and pharmacists in BC. Consultations available regarding screening, assessment, treatment and management of Substance Use Disorder (SUD).
- Referral to community supports:
 - [Opioid Agonist Treatment clinic](#) (OAT)
 - [Mental Health & Substance Use](#) (MHSU), call 310-MHSU
 - [Where to find Harm Reduction Supplies](#)
 - [Where to find drug checking services](#)