

LTC/AL Questions & Answers

Decriminalization & Harm Reduction

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Background

On May 31, 2022, Health Canada approved B.C.'s request for an exemption under the Controlled Drugs and Substances Act (decriminalization). This exemption came into effect on Jan. 31, 2023. The approval is effective for three years, with renewal dependent on the results of a rigorous monitoring and evaluation framework. Adults (aged 18 years and older) found in possession of small amounts of certain controlled substances will no longer be subject to criminal penalties. Instead, law enforcement will provide a resource card with local and provincial services and will make voluntary referrals as requested.

In response, Fraser published [the Possession of Exempted Substances for Personal Use Policy](#) to guide staff and medical staff caring for adults who use exempted substances. In addition, Fraser has also published [Harm Reduction for Psychoactive Substance Use Policy](#) which guides staff to adopt an evidence-based harm reduction approach when caring for adults and youth who use psychoactive substances.

New provincial decriminalization exemption

1. What is decriminalization?

- Health Canada granted the province of B.C. a three-year exemption under the Controlled Drugs and Substances Act to decriminalize people who use drugs, which came into effect January 31, 2023.
- Under the exemption, possessing small amounts of certain illicit drugs for personal use (up to 2.5 grams cumulative of opioids, cocaine, methamphetamine, & MDMA (ecstasy)) in specific locations is allowed.
- In these locations, adults 18 and older will not be arrested, charged or have drugs seized for possessing small amounts of certain illicit drugs for personal use. Instead, they will be offered health information and referred to treatment and support if requested.

Locations:

- Private residences
 - Places unhoused individuals are legally sheltering (indoor and outdoor locations)
 - Overdose prevention, drug checking and supervised consumption sites
 - Places that provide out-patient addiction services like rapid access addiction clinics
- For more detailed information on the exemption, [visit the Government of B.C.'s website.](#)

2. Is decriminalization the same as legalization?

- Decriminalization is not legalization.
- Canada's federal drug laws remain unchanged.

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- Drug trafficking of any amount of controlled substances, even below 2.5 grams, remains illegal.
3. Will decriminalization increase drug use, violence, or trafficking?
- Decriminalization is not expected to change these specific behaviors.
 - If the possession of small amounts of drugs is no longer a criminal offense, clients may be more likely to disclose their substance use to healthcare providers. This can allow for a more informed discussion in addition to safer care planning with the client.
 - The province of B.C. and the federal government will be working together throughout the exemption to address any unintended consequences that may arise from the pilot and to evaluate outcomes over the three-year period.

4. Are there any settings where decriminalization does not apply?

Currently in B.C.:

- Public drug use is illegal. People are not allowed to use or possess illicit drugs in public spaces, such as hospitals, businesses, transit, and parks.
 - Adults can legally possess small amounts of some illicit drugs (Opioids, cocaine, methamphetamine, MDMA) for personal use in specific places including private homes, shelters, and outpatient addiction, overdose prevention and drug-checking service locations.
 - The exemption also does not apply to youth aged 17
5. Why is BC doing this?
- Addiction is a health issue, not a criminal one.
 - Decriminalizing people who use drugs is one of the many actions B.C. is taking to respond to the toxic drug crisis that is killing our loved ones, so people live to get the care they need – from prevention and harm reduction to treatment and recovery.
 - The goal of decriminalizing people who use drugs is to reduce stigma and fear of criminal prosecution that prevents people from reaching out for help, including medical assistance.

Decriminalization in health care settings

6. How does decriminalization impact health authority policies?
- Health authorities are responsible for ensuring their policies align with current laws in BC, including BC's decriminalization exemption. In response, Fraser Health developed the [Possession of exempted substances for personal use – Adult- Policy](#) on April 4, 2023 and [Possession of exempted substances for personal use – Adult – DST](#) on October 24, 2023.

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- The Ministry of Health has since established the [Substance Use and Addictions Management in Hospitals policy](#) to reflect the amendment to the Decriminalization exemption on May 2, 2024.
 - The Fraser Health Possession of Exempted Substances policy sets out the expectations for Fraser Health staff and physicians in responding to patients in possession of suspected decriminalized substances in a Fraser Health care setting.
 - It also outlines a set of guiding principles for providing harm reduction-informed care to clients.
7. Does the exemption apply to health care workers?
- Yes, the exemption applies to all adults in B.C. 18 years of age and above including health care workers.
8. What do the substances under the decriminalization exemption look like?
- Substances included in the exemption: opioids, cocaine, methamphetamine, MDMA
 - As the appearance of substances can vary, it is not possible to reliably identify or measure them at a glance.
 - staff are not responsible for identifying and/or weighing unknown substances.
9. How can I tell if someone has more than the threshold amount?
- staff will not weigh, measure, or enforce compliance with the exemption.
 - However, obviously large amounts of substances must be reported to management for follow-up.
10. How will this impact my work in healthcare?
- In most settings, your day-to-day work should not change due to B.C.'s decriminalization exemption.
 - Fraser Health [Possession of Exempted Substances for Personal Use Policy](#) and [Harm Reduction for Psychoactive Substance Use Policy](#) have the potential to improve client-staff relationships by reducing the stigma associated with substance use and encouraging engagement with vital healthcare services.
11. Am I expected to have conversations with residents about their substance use?
- Conversations about substance use have the potential to build trust and safety.
 - Avoiding conversations about substance use sends the wrong message: that substances and substance use are not acceptable topics to discuss.

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- Avoiding these conversations can also perpetuate stigma and elevate the risk of death associated with the toxic drug supply.
- Conversations about substance use and overdose prevention safety planning can be challenging.
- There are tools and resources available in the [Staff Guide for Implementation](#) to help.

12. In what areas may residents possess and use exempted substances in LTC/AL?

- As of May 2, 2024 exempted substances (opioids, cocaine, methamphetamine, MDMA) under 2.5 grams are considered personal property by police, however, adults may only possess and use these substances in allowed locations (that is, private residences, indoor and outdoor shelter locations, Overdose prevention, drug checking and supervised consumption sites, and places that provide out-patient addiction services like rapid access addiction clinics)
- Since substance use may be triggering to others or cause safety concerns, adults are asked to store used harm reduction supplies out of sight; and only possess and use exempted substances in designated Overdose Prevention Service sites.
- Sites that have access to storage (e.g., bedside drawer or individual closet) should make this option available to adults to store harm reduction supplies. We are waiting to hear back from the Ministry of Health to clarify if storage of exempted substances will be allowed in healthcare areas.
- Law enforcement and security are not involved in the enforcement, confiscation or disposal of personal use amounts of exempted substances in healthcare settings.
- Staff will not confiscate exempted substances but may follow [Unknown Substances Disposal & Spill Response](#) to dispose of unknown substances that have been abandoned or relinquished by people we serve.

13. How are personal exempted substances secured in shared resident spaces?

- Under the Residential Care Regulations, the operator is required to provide each resident with a locked area or drawer (often a bedside table).
- If the person leaves their substances out and doesn't secure them (if the resident cannot, or does not have the insight to secure these substances at their bedside) then the operator will ensure that there is a protocol in place to ensure secure storage for this resident).
 - Be aware that unsecured substances may create risk for residents, visitors, and staff
 - Awareness of potential diversion of unsecured substances should be considered
- If a resident "self-gifts" or otherwise removes another resident's exempted substance and consumes this substance, monitor resident and report incident to the MRP for any needed medical follow up.

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14. What do I do if a resident reports that their exempted substance is missing?

- Follow procedures for reporting any missing resident belongings including exempted substances.
- Staff are not responsible for lost or stolen belongings. Given the nature of the suspected substance, staff can consider:
 - Getting a description of the package from the resident
 - Alerting team members.

15. What if my resident is using substances that *may interfere* with their medications, treatment or negatively impact the larger care community?

- Within the [Harm Reduction for Psychoactive Substance Use Policy](#), abstinence or a reduction in substance use is not required to receive health care services, except in specific service settings that require clients to stop using substances during service events, such as withdrawal management and bed-based substance use treatment. Consult with a Most Responsible Provider (MRP) regarding any concerns about contraindications.
 - Health care providers work collaboratively with patients to help them understand the risks and possible harms that they are accepting by using regulated and unregulated substances.
 - Inform patients that staff cannot be responsible for effects nor guarantee safety if they use substances outside or unsupervised
 - Inform patients that [Overdose Prevention Services and Sites](#) may be available nearby, as well as education to reduce harm and prevent overdose.
- If residents' use of substances is impacting the larger care community, arrange for a care meeting with the resident, MRP, and other supports (e.g. Living at Risk) to develop a behavioral care plan to address any negative impacts.
- Health care providers are not responsible for the autonomous decisions made by a capable patient. Health care providers are also not responsible for preventing patients from using substances, even when patients decline staff requests for them to use at the OPS or offsite.
- Offer patients Harm reduction and overdose prevention education and supplies to minimize potential harms.
- Staff will document the care options and patient and family education provided in the patient clinical record

Commented [L1]: How do CC manage situations where the SU is having an impact of the larger community but the individual maybe acknowledge or feel it is an issue? Could put in information about the Living at Risk DST.

16. What if possession of substances *conflicts* with the client's clinical care and treatment?

- In some care contexts, (caring for individuals in LTC where their care levels increase, cognitive function decreases or capability is questioned) it may be appropriate to temporarily remove a client's personal belongings, including any substances.
- In these instances, substances will be securely stored (placed in valuables envelope or container, recorded on valuables form, and stored in valuables area). Substances will be offered back to the person as soon as feasible or when they leave the healthcare setting.

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- If the person does not want their substances returned, staff may dispose of the substances by following the [Unknown Substance Disposal & Spill Response](#)
17. Does returning substances to a resident following an acute admission increase the risk of harm?
- Given the toxicity of B.C.'s drug supply and associated risks/harms, staff may have concerns about returning controlled substances to clients following an admission.
 - Rather than simply disposing of a resident's exempted substance, please consult with MRP re next steps
 - Staff may believe that disposing of a client's substances without their consent protects them from harm; however, there are real harms associated with this practice.
 - Disposing of substances without the client's consent does not respect a client's autonomy and ability to direct their own care. It also fails to consider that some people who use substances develop a dependency.
 - When this happens, it can be challenging to stop using substances. Disposing of a client's substance without their consent increases the risk of the following harms:
 - *Compromises trust, rapport and disengagement from healthcare services* – clients may not feel safe or comfortable engaging in vital healthcare services;
 - *Stigmatization* – clients may feel labeled, judged or discriminated against;
 - *Re-engagement in the poisoned drug supply market* – clients with dependency may experience withdrawal symptoms when staff remove their substances, leading them to seek replacement supply that may be more toxic; it could increase their likelihood of experiencing a fatal overdose.
 - For these reasons, staff should never dispose of clients' substances without their consent.
 - Every client's recovery journey looks different. Some clients who have a period of not using substances may continue along that path, while others may return to using substances.

Staff Safety & Procedures

18. Am I required to handle unknown substances as part of my job?
- Staff should avoid encountering, or possessing, unknown substances.
 - If, while performing their employment duties and with no intention of personally benefitting from such decriminalized substances, staff come into possession of decriminalized substances, which cannot be returned to the person, they should follow existing policies for safe handling and disposal procedures outlined in this guide.
 - Report any [unsafe work](#) to your supervisor for investigation as needed.
19. Is handling controlled substances considered trafficking and could I be charged?

Is there a risk to my professional license?

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- No, handling exempted substances does not increase the risks relating to legal charges or licensing.

Is there a risk for family and friends to take residents' exempted substances home?

- Under the decriminalization exemption, possessing small amounts of certain illicit drugs for personal use (up to 2.5g cumulative of opioids, cocaine, methamphetamine, & MDMA) in specific locations is allowed.

Commented [W[2]: This might need qualifying if they are taking it home/transporting it

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

- When a staff member discovers an exempted or unknown substance, which is not in the possession of a patient (i.e. discarded or abandoned), follow the [Possession of Exempted Substances for Personal Use Decision Support Tool](#):
 - review situation with a supervisor,
 - don appropriate PPE,
 - have naloxone available for staff use,
 - use a point-of-care waste disposal container,
 - conduct disposal with a co-worker, and
 - complete a [PSLS Safety Hazard](#) Report

21. What PPE should I use if I must handle exempted substances?

When handling exempted substances and used substance use supplies in healthcare settings, to minimize exposure, staff shall:

- Always wear nitrile gloves when unknown substances may be present and change them when they become contaminated
- Avoid performing tasks or operations that may cause unknown substances to become airborne (e.g. do not flush them down the toilet).
- Wear respiratory protection if unknown substances have the potential to become airborne (N95 respirator for handling and disposal of powders)
- Wear a powered air purifying respirator (PAPR) if in contact with smoke from unknown substances
 - E.g. If staff enter a closed space and encounter a resident smoking, staff will remind them about the smoke-free policy and leave immediately. Close the room for an hour after the resident vacates and have a follow up conversation with resident about any pain or withdrawal symptoms and treatment options to address these.
 - If staff need to enter the space to respond to an emergency, then don appropriate PPE and enter space,
 - In an urgent/emergent situation, the healthcare provider will assess risk to patient and provider and respond accordingly.
- Do not touch the eyes, nose, or mouth after touching any surface that may be contaminated, even if wearing gloves.

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- Wash hands with soap and water after working in an area that may be contaminated, even if gloves were worn.
- Do not use hand sanitizer or bleach.
- Refer to Safe Disposal and Code Brown procedure and [Unknown Substances Disposal & Spill Response](#).
- If exposed to blood or other bodily fluids, follow the [Management of Occupational Exposure to Blood and Body Fluids](#).

22. What do I do if I am required to remove a resident's exempted substances?

- In some care contexts, it may be appropriate to temporarily remove a client's personal belongings, including any substances. In these instances, substances should be securely stored and offered back to the client as soon as feasible, or when they leave the healthcare setting. If the client does not want their substances back, staff may dispose of the substances as per their site's disposal procedures. Never dispose of a patient's exempted substances without their consent.

23. Are patients, staff and visitors allowed to use exempted substances at our healthcare sites?

Decriminalization does not affect policy or procedures as they relate to substance use on FH property. Follow your site's procedures regarding consumption of regulated (alcohol, [cannabis](#)) and unregulated (exempted) substances.

- All staff, patients, and visitors must follow the [Smoke, Vapour and Tobacco Free Premises – Corporate policy](#).
- All staff are expected to conduct themselves in accordance with the [Alcohol and Drug Use Policy](#).
- People are not allowed to use unregulated substances in public areas including hospitals. However, substance use is allowed in Overdose prevention, drug checking and supervised consumption sites, as well as places that provide out-patient addiction services like rapid access addiction clinics.

24. How do I respond to a suspected toxic drug poisoning?

- Calmly and clearly ask, "Hi there, is everything okay?"
- Explain your actions: "I'm concerned you may be overdosing. I'm going to provide breaths."
- In the case of suspected opioid poisoning, naloxone can be administered with or without a provider order.
- Review [Clinical Protocol Naloxone Administration – Suspected Opioid Poisoning – non inpatient settings](#) and [SAVE ME Steps](#)
- Complete a [Patient Safety and learning system \(PSLS\)](#) Patient Safety Event Report (unsafe behaviour category) for all resident suspected opioid poisonings; or use usual care community Incident Report process.

Commented [E3]: Jennifer will f/u with JOSH re staff diversion

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Harm reduction supports

25. My patient wants their substances tested – what do I do?

Drug checking is a harm reduction service that allows people to determine what is in their substances. Drug checking allows people to potentially take action to reduce certain risks associated with the toxic drug supply. In collaboration with community partners, free, anonymous [drug checking](#) services are [available in locations](#) across the Fraser Health region.

26. How can I support residents, family, or coworkers who use substances?

There are a range of resources to support you in having conversations about substance use and advising people where they can access support.

Concerned about someone:

- [How to have courageous conversations - BC Government](#)
- [Overdose Prevention Safety Planning](#)
- [FNHA Talking About Substance Use](#)

Stop stigma:

- [Language Matters!](#)
- [Stigma Around Drug Use - Government of Canada](#)

27. Referrals to community supports:

Stay Safer Resources - <https://www.fraserhealth.ca/health-topics-a-to-z/mental-health-and-substance-use/harm-reduction/stay-safer>

- Harm Reduction Supplies
- Drug Checking
- Overdose Prevention Sites
- Concerned about your substance use

[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 disorders.

Education and supports for staff

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28. What training/education opportunities are available for staff who want to find out more?

Harm Reduction toolkits:

- [Fraser Health – Harm Reduction Staff Toolkit](#)
- [CATIE – Harm Reduction Fundamentals](#)
- [Fraser Health Harm Reduction Staff Toolkit](#)

Related Fraser Policies:

- [Supporting Residents to Live at Risk – Long-Term Care](#)
- [Drug Diversion of Controlled Substances DST](#)
- [Harm Reduction for Psychoactive Substance Use – Corporate Policy](#)

Other

- [South Asian Toxic Drug Crisis resources](#)

Further questions or concerns

- If you have immediate questions or concerns, please speak to your manager or director.
- Queries that cannot be addressed by your manager can be sent to
 - o regional FH decriminalization team at: decrim@fraserhealth.ca
 - o harm reduction team at: harmreduction@fraserhealth.ca