

# CO/LAB CAMPBELL RIVER COMMUNITY REPORT

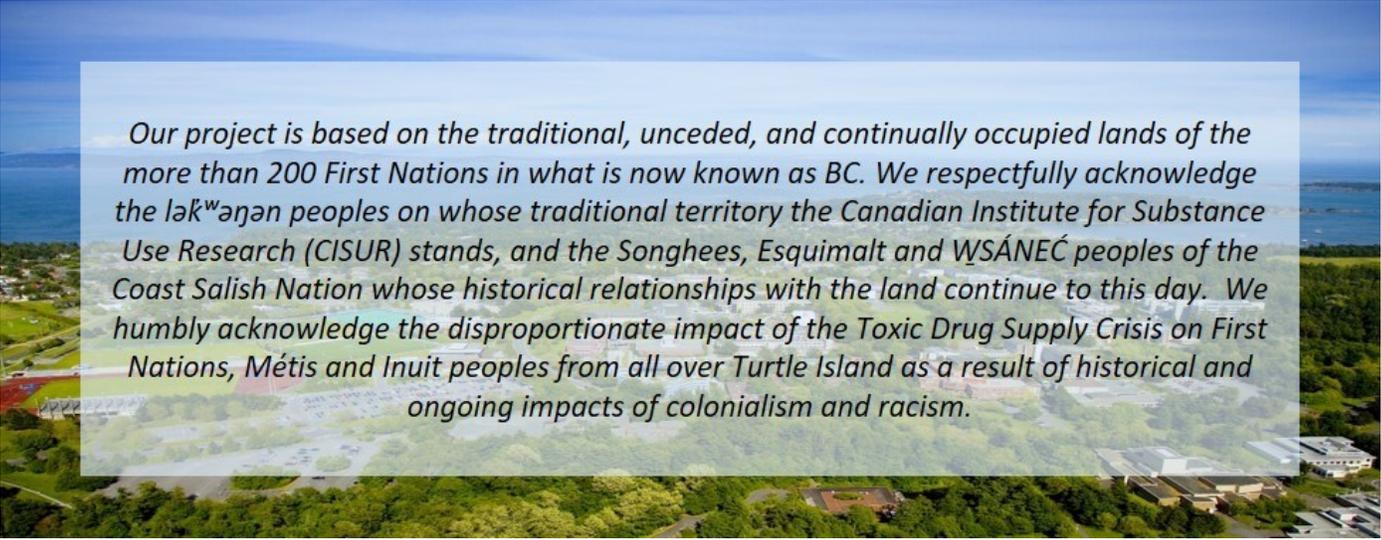
PILOTING EQUITY-ORIENTED MONITORING FOR SUBSTANCE USE  
AND HEALTH IN BRITISH COLUMBIA COMMUNITIES



University  
of Victoria

Canadian Institute for  
Substance Use Research





*Our project is based on the traditional, unceded, and continually occupied lands of the more than 200 First Nations in what is now known as BC. We respectfully acknowledge the ɫəkʷəŋən peoples on whose traditional territory the Canadian Institute for Substance Use Research (CISUR) stands, and the Songhees, Esquimalt and W̱SÁNEĆ peoples of the Coast Salish Nation whose historical relationships with the land continue to this day. We humbly acknowledge the disproportionate impact of the Toxic Drug Supply Crisis on First Nations, Métis and Inuit peoples from all over Turtle Island as a result of historical and ongoing impacts of colonialism and racism.*

## **About Co/Lab**

The Collaborative Community Laboratory on Substance Use and Harm Reduction (Co/Lab) is a collaborative network for research and knowledge exchange to promote health and health equity for people with lived and living experience of substance use (including alcohol, other licit, and illicit substances). Co/Lab activities are guided by collaborations with people with lived and living experience of substance use, families, health care providers, researchers, and policy makers, and are focused on generating practical evidence that can be used to enhance substance use services and supporting policies.

This initiative has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

We are grateful to all of our community partners who collaborate on the Co/Lab Project.

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## **Acknowledgements**

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# Piloting Equity-Oriented Monitoring for Substance Use and Health in British Columbia Communities

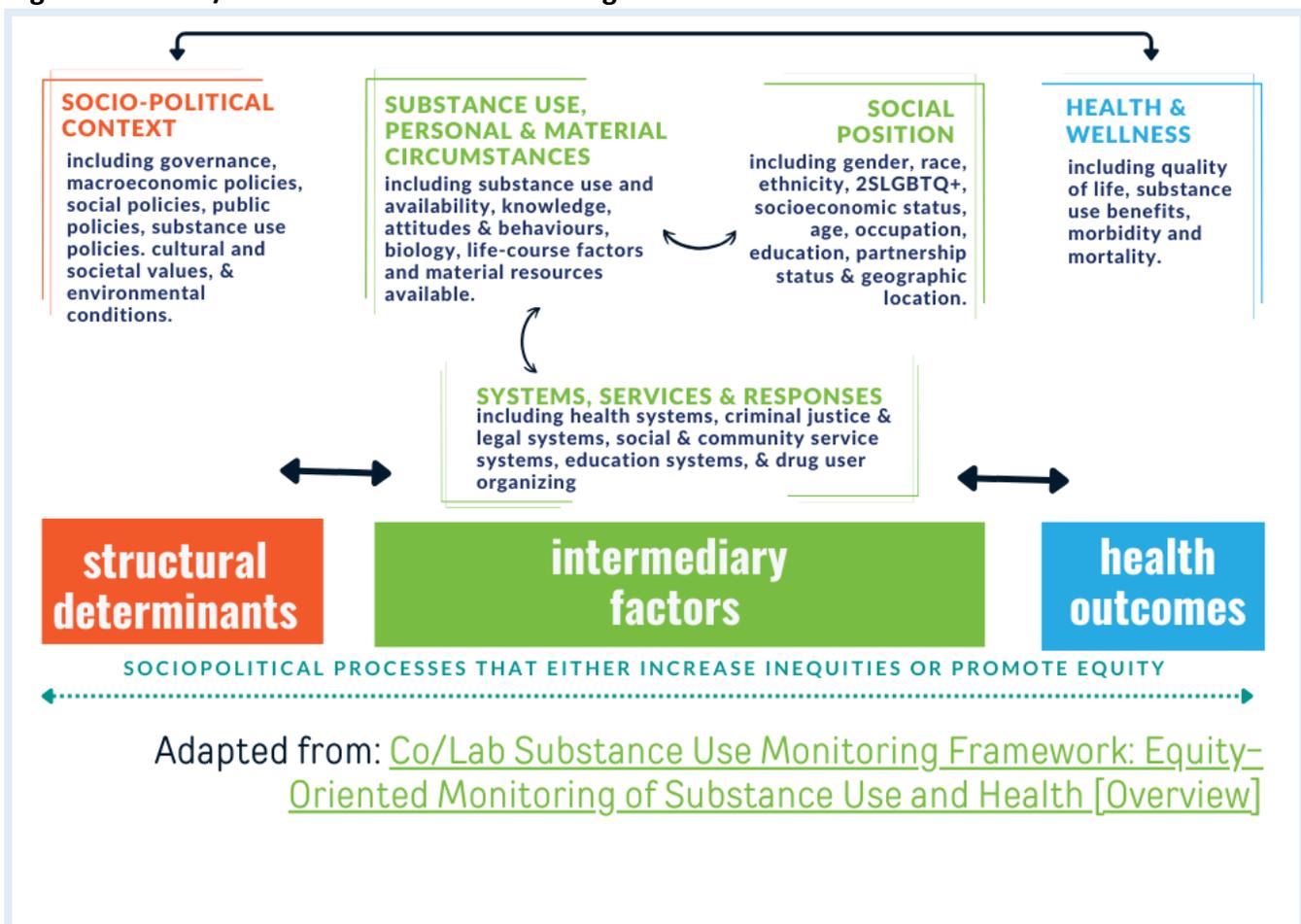
## Creating information for action within communities

- ⇒ As part of the BC Co/Lab Project, we developed the Co/Lab Substance Use Monitoring Framework (1, 2). This equity-oriented framework prioritizes monitoring conditions related to substance use and health.
- ⇒ We are piloting equity-oriented monitoring for substance use and health within selected British Columbia (BC) communities based on this framework.
- ⇒ The Co/Lab Community Reports focus on monitoring policies and laws that influence substance use and health.
- ⇒ Our objective is to create information for communities to support planning, practices, evaluation, learning, and advocacy within the context of the toxic drug emergency.

## The Co/Lab Substance Use Monitoring Framework

Learn more about the framework at [colabbc.ca/our-model](https://colabbc.ca/our-model).

Figure 1: The Co/Lab Substance Use Monitoring Framework



# Background

The current toxic drug emergency has shown the need for timely data to inform effective and coordinated responses by policy makers, service providers, communities, and people with lived and living experience of substance use. It has also highlighted that public health emergencies impact those with the fewest resources the most, and the need for equity-informed responses to address this (3, 4). Equity-oriented monitoring can provide public health data to support these responses.

## What is equity-oriented monitoring?

Health inequities are systematic, predictable, avoidable differences in health and health outcomes with known causes. They are unfair, unearned, and actionable (5). Health equity is achieved when all people have the opportunity to reach their full health potential and are not disadvantaged by avoidable differences in opportunities and resources, related to social, economic or structural conditions of society. Stigma, racism, colonialism, criminalization, gender discrimination and other processes can influence policy decisions, as well as how services are delivered, and result in worse health for some people compared to others (1, 5, 6). Inclusion and representation of people with lived and living experience can promote health and better meet local needs. Substance use and health can be influenced by conditions such as policies and services, and these conditions can be changed to improve health (7-10).

Public health systems continuously monitor health status and outcomes, as well as emergent threats to health, and the impact of public health responses. In Canada, responsibility for public health monitoring is shared by regional health authorities, provinces and territories and federal agencies. Data is used to allocate, plan and evaluate health services. Equity-oriented monitoring supplements routine public health data to monitor conditions for health, and identify where unjust differences in access to resources, health status, and health outcomes exist (11-13).

As part of the BC Co/Lab Project, we developed the Co/Lab Substance Use Monitoring Framework, an equity-oriented monitoring framework for substance use and health (1, 2). Our framework builds on a framework created by the World Health Organization to focus on substance use (14). We used a series of focus groups to develop the framework in collaboration with people with lived and living experience of substance use, policy makers, service providers, and researchers.

## What are the Co/Lab Community Reports?

The Co/Lab Community Reports pilot equity-oriented monitoring within selected BC communities based on the Co/Lab Substance Use Monitoring Framework. These reports build on existing monitoring efforts to provide data relevant to the community, including on local health outcomes, laws, and services. The reports focus on monitoring conditions for substance use and health, such as substance use policies and laws, that are a current gap in monitoring. These provide a point-in-time snapshot for the community.

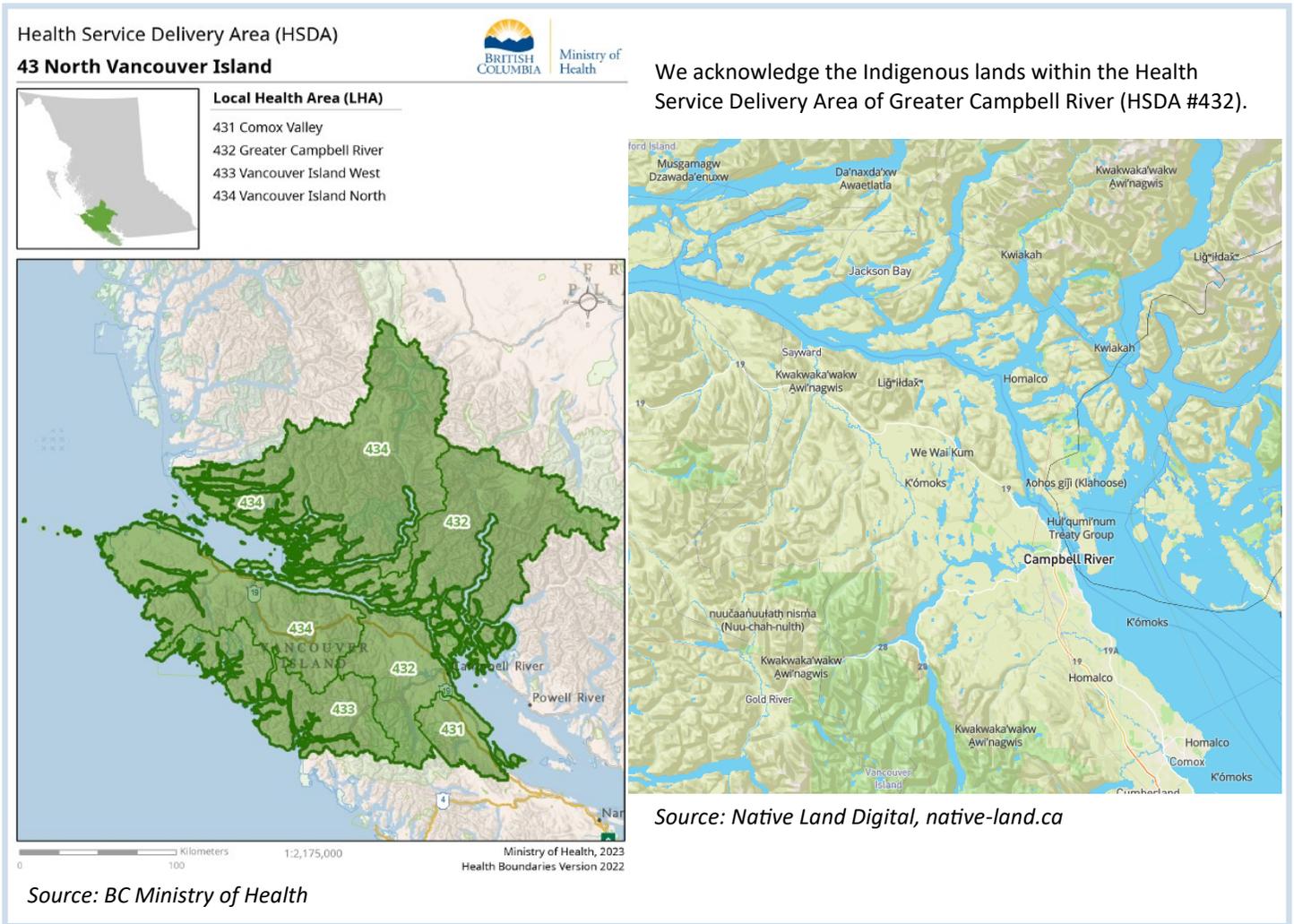
We piloted these reports in seven communities within Island Health Authority and Interior Health Authority. We selected a case municipality from each of the health service delivery areas<sup>1</sup> within the Island Health and Interior Health regions to provide geographical representation (Figure 2). We considered municipalities to correspond to the municipal level of government within communities. We recognize that these are colonial boundaries and government jurisdictions and acknowledge the Indigenous territories and governance structures within BC.

We developed the reports in collaboration with community members from each municipality through community engagement sessions. We partnered with drug user unions or community action teams for each municipality when developing these reports in order to prioritize inclusion of people with lived and living experience of substance use.

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<sup>1</sup> BC Stats and the Ministry of Health have created health administrative boundaries for each health authority. Every health authority is divided into smaller health service delivery areas and local health areas that contain a number of communities.

**Figure 2: Health Administrative Boundaries and Indigenous Lands, Campbell River Area**



### Information for the selected case municipality of Campbell River

We selected Campbell River as one case. Campbell River is a municipality within Island Health, in the Health Service Delivery Area of North Vancouver Island, and the Local Health Area of Greater Campbell River. In 2023, the population for the municipality of Campbell River was 38,259, with a point in time homeless count of 197 people (15, 16).

# What Can We Learn From This Report?

## What information is included?

This report summarizes:

- regional differences in overdose deaths, and who is most impacted;
- whether policies exist that may influence provision of substance use services and supports in the community;
- whether policies exist that may determine what is permitted for substance use in the community;
- whether policies exist at each level of government that apply to the community;
- whether certain harm reduction services are available within the community.

## What are the limitations?

This report does not:

- include policies that are not publicly available or would not be captured by our set search terms in the scan and analysis;
- evaluate or rate the quality of the policy;
- indicate, evaluate or rate the implementation of the policy;
- include services that were not located in a public scan; this could include grass-roots, community-led services;
- indicate whether services are culturally safe, appropriate, or offer best care;
- show that policies or lack of policies, or services or lack of services, have caused overdose deaths.

## How can communities use this report?

Communities can use this report:

- for community engagement sessions to support their own planning, practices, evaluation, and learning;
- as an evidence resource to advocate for community needs.

# Key Findings for Campbell River

- Deaths due to illicit drug toxicity have continued to rise within BC communities, with 2,546 deaths in 2023, and disproportionate impacts on some people and regions<sup>2</sup>:
  - In 2023, the rate of death due to illicit drug toxicity in BC reached 46.4 per 100,000 people.
  - Men, people aged 30-59 years, and First Nations experienced higher rates of death than other residents in 2023.
  - The local health area<sup>1</sup> for Campbell River experienced rates of death 2.0 times higher than for the province overall in 2023.
- An overarching substance use plan or policy was not located for the municipal or regional government.
  - We located 5 municipal documents that prioritize attention to provision of substance use services or supports within the community.
  - We located 3 municipal bylaws related to illicit substance use. A Public Nuisance bylaw, and another Parks Control bylaw prohibit consumption and intoxication within designated parks, outdoor and indoor spaces. There is the potential for associated fines through a third associated bylaw.
- A wide range of provincial and federal policies, laws, and regulations interact to set restrictions in BC communities related to illicit substances and use, and guide provision of substance use services and supports. This creates a complex landscape for communities to navigate.
  - We located 74 provincial documents that guide provision of substance use services and supports. Of these, 40% reported involvement of affected populations in the development of the document, and 22% reported this had included people with lived and living experience of substance use.
  - We located 34 federal laws and regulations, and 28 provincial laws and regulations that determine what is restricted or permitted related to illicit substances and use in communities. The Controlled Drugs and Substances Act is the federal law that determines what substances are controlled or prohibited, and regulates possession, production, distribution and sale of controlled substances in Canada. This sets the foundation for what is permitted or restricted in communities.
- We did not locate publicly available RCMP documents to guide strategies or procedures related to illicit substance use for their organization for Campbell River.
- We located 9 harm reduction services, sites, and programs important for an integrated overdose response within the local health area<sup>1</sup> from publicly available information:
  - There was access to overdose prevention/supervised consumption sites (with inhalation), drug checking services, needle and harm reduction supplies distribution sites, prescribed safer supply programs, and opioid agonist therapy (OAT) prescribers. This does not indicate if these services are adequate or appropriate to meet community needs.

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<sup>2</sup> Based on data from May 2024. BC Coroner's updates data monthly. Data is available here: <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>

# Health and Wellness in Communities

## Regional data on illicit drug toxicity deaths within British Columbia

Deaths due to the toxic drug crisis have continued to rise across BC communities since the overdose emergency was declared in 2016 (17). Monitoring these deaths is a critical measure or indicator of health and wellness for individuals, families, and communities. This is important to track trends over time, identify who may be disproportionately impacted, and evaluate overdose responses.

### Deaths due to illicit drug toxicity (rate per 100,000 persons)\*

#### What we included

We included data on unintentional deaths due to illicit substances, and substances considered relevant to the death, including fentanyl and/or fentanyl analogues, other opioids, stimulants, and benzodiazepines, as indicated by coroner reports on toxicology, within a given time frame.

#### How we included it

We obtained data on the number of deaths, and rate of deaths per 100,000 people, from the BC Coroner's Service and First Nations Health Authority (FNHA). For each case municipality, this included data for BC, the health authority, the health service delivery area, and the local health area. We accessed data for 2023 from the BC Coroner's Service between April-May 2024<sup>+</sup>, and from the FNHA between December 2023-January 2024.

\*The development or inclusion, and rationale for this indicator was informed by a number of sources (9, 17-22).

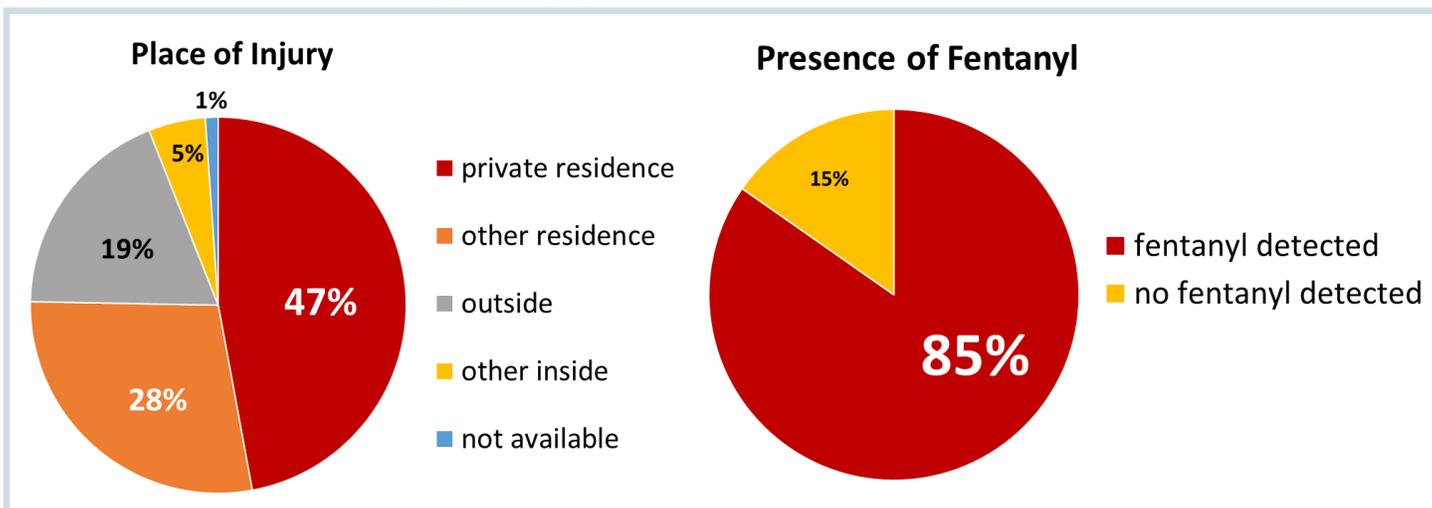
<sup>+</sup> BC Coroner's Service data is updated monthly. For more recent updates, or data from other LHAs across BC, visit <https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/statistical-reports>.

#### What we found

We examined lives lost to overdose within the province, and then for regions within BC.

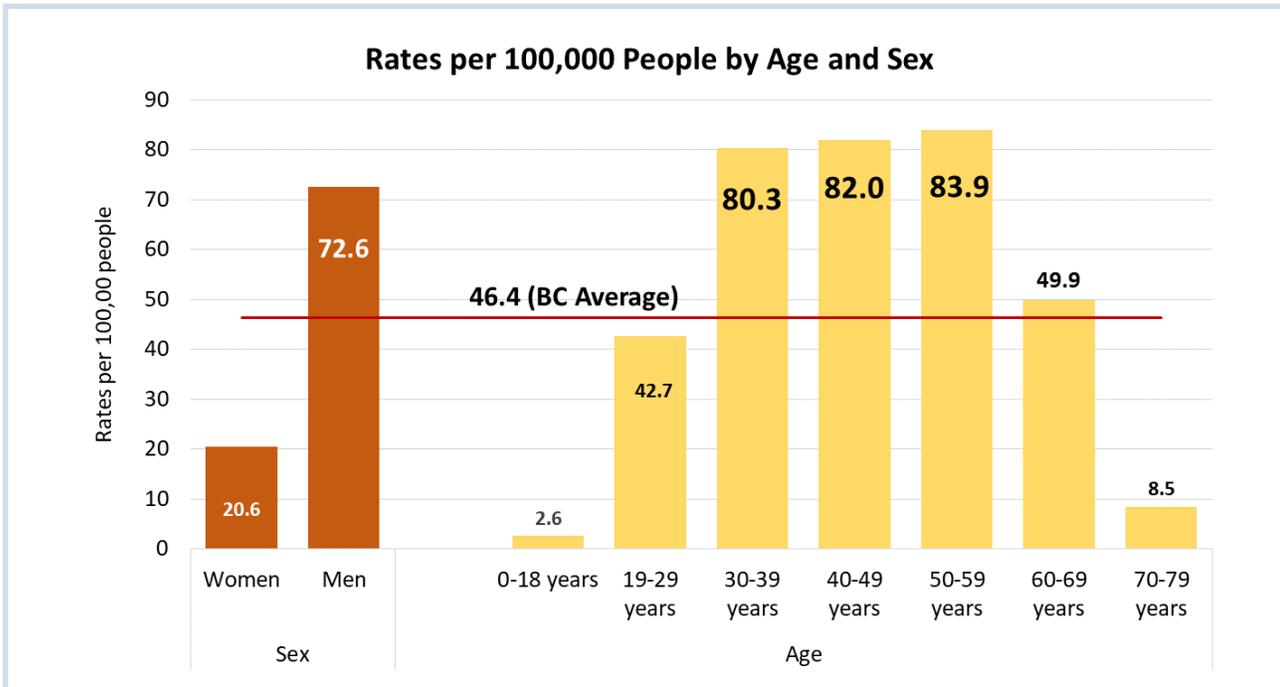
There were 2,546 lives lost in 2023 due to overdose within BC (17). Fentanyl was detected in 85% of all deaths, and deaths occurred most commonly in private residences (47%), other residences such as shelters, supportive housing units, or single room occupancies (28%), and outside spaces (19%) (Figure 3).

**Figure 3: Deaths due to illicit drug toxicity by location and substance in BC, 2023**



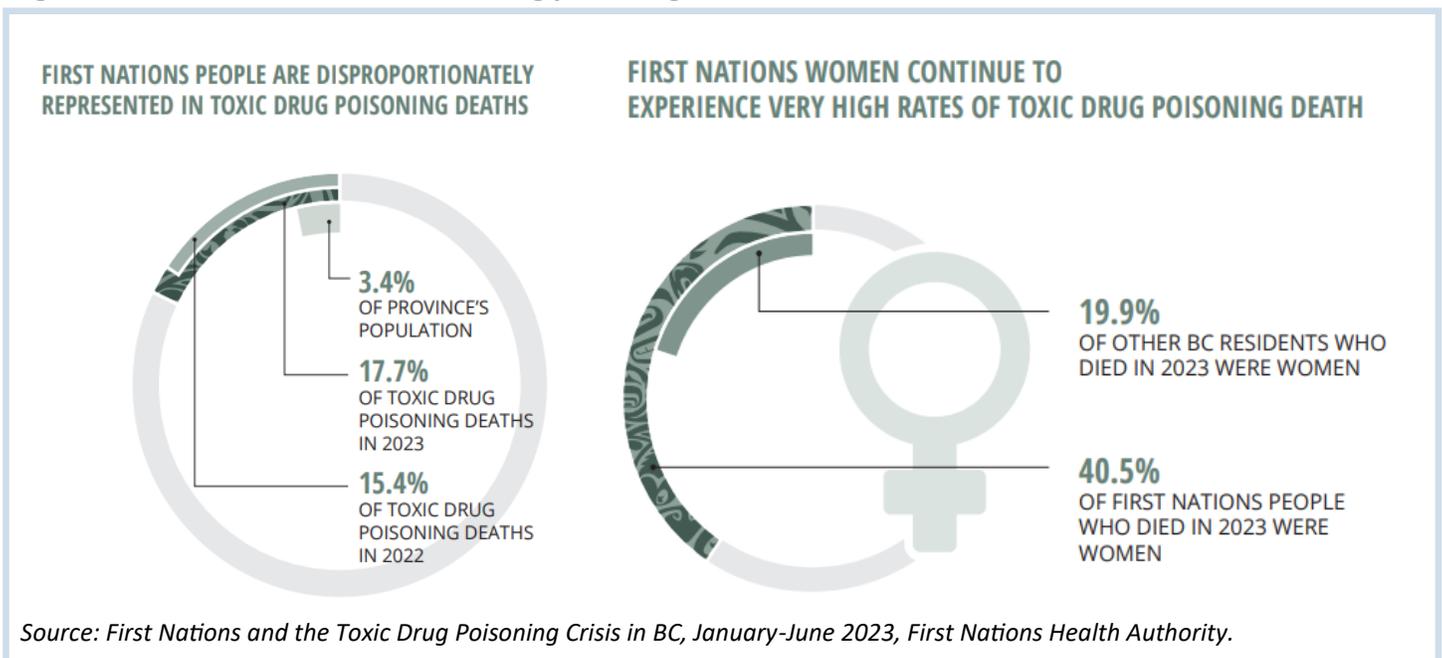
From 2016 when the public health emergency was declared, deaths have increased in every region of the province. Rates of death due to illicit drug toxicity more than doubled across the province from 2016 to 2023 (21). In 2016, the rate reached 20.5, and by 2023 it had increased steeply to 46.4 (17). Rates of death were higher for men (72.6), and for those aged 30-59 (ranging from 80.3-83.9) in the province than for other BC residents (Figure 4)<sup>3</sup>. Deaths due to illicit drug toxicity have been the leading cause of death for youths within this time (23).

**Figure 4: Illicit drug toxicity death rates per 100,000 people by age and sex in BC, 2023**



In 2023, deaths for First Nations people were disproportionately much higher than for other BC residents (Figure 5). While First Nations people make up 3.4% of the population, 17.7% of toxic drug poisoning deaths in BC were First Nations people (22). Deaths for First Nations women were also disproportionately higher than for other BC women, while 19.9% of deaths in BC were women, 40.5% of First Nations deaths were women. Overall, rates of death for First Nations people were 6.0 times higher than other BC residents in 2023 (Jan-June)<sup>4</sup>.

**Figure 5: First Nations and the toxic drug poisoning crisis in BC**

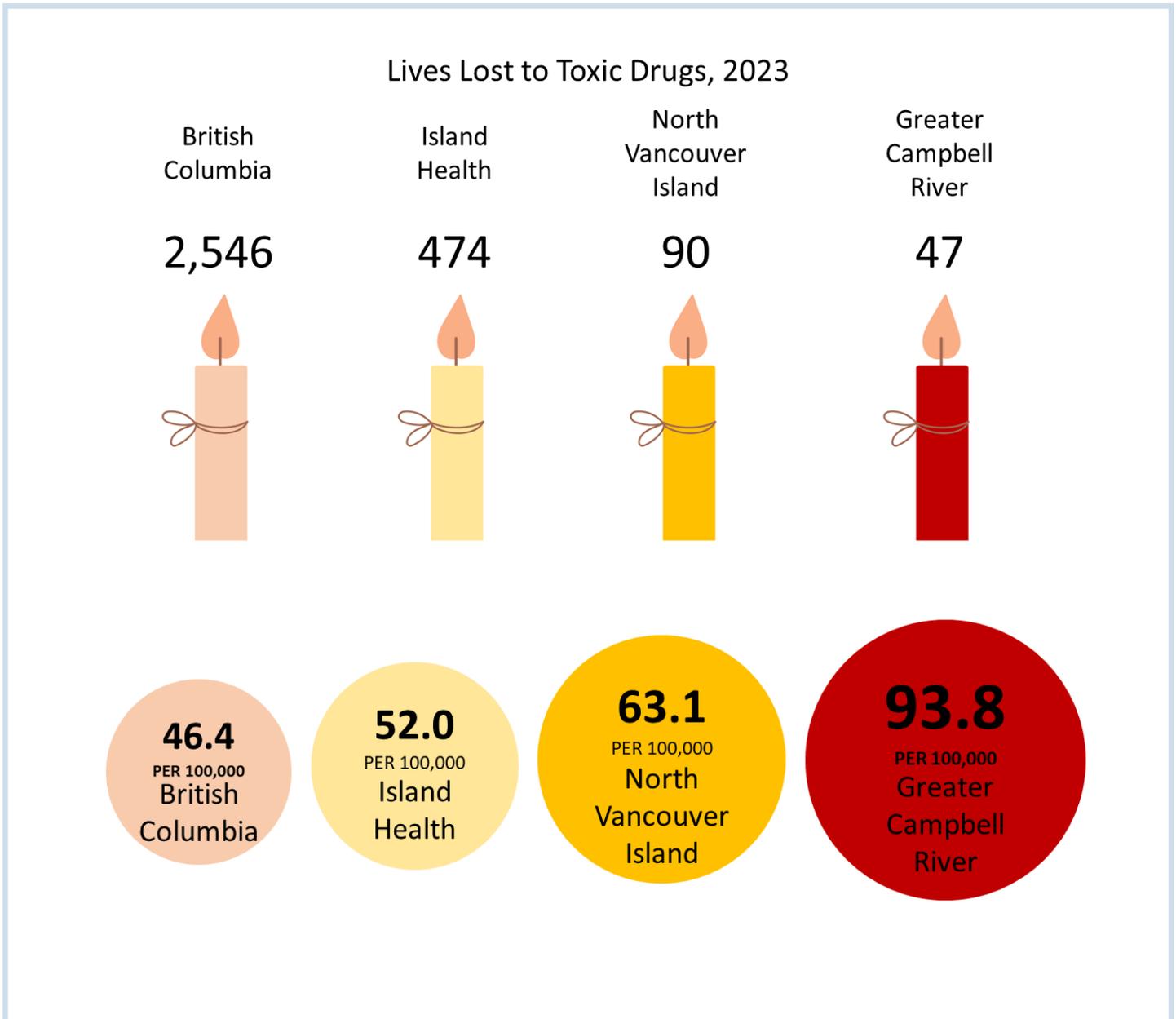


## Regional data for community of Campbell River

In 2023, there were 474 lives lost within Island Health Authority, 90 of these within the Health Service Delivery Area of North Vancouver Island, and 47 of these within the Local Health Area of Greater Campbell River (Figure 6) (17).

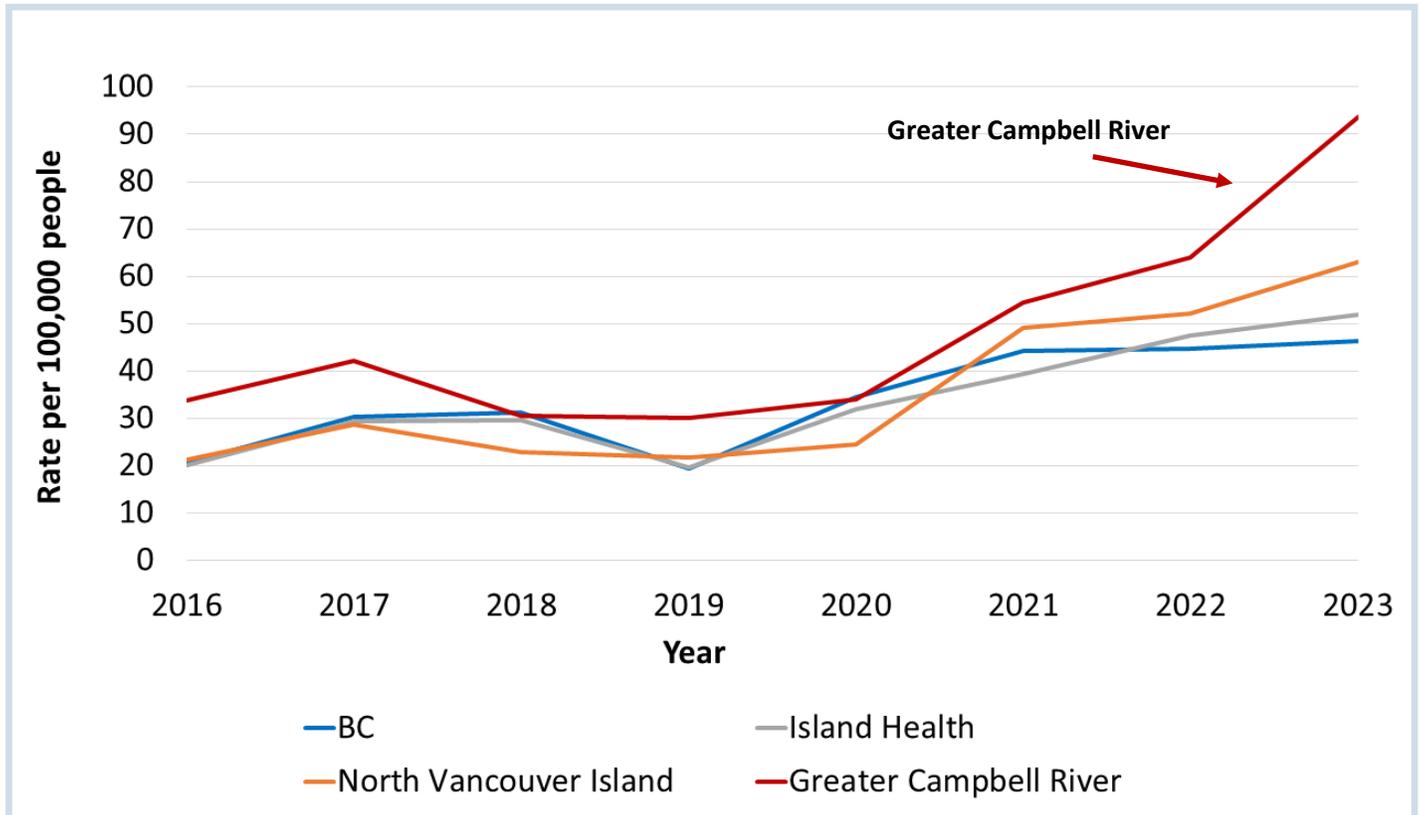
In 2023, rates of death were much higher in the local health area of Greater Campbell River (93.8) than for the province overall (46.4), within the Island Health Authority region (52.0), or for the Health Service Delivery Area of North Vancouver Island (63.1). (Rates for other local health areas can be accessed [here](#)).

**Figure 6: Deaths due to Illicit drug toxicity in community of Campbell River, 2023**



Rates of death were 2.8 times higher in Greater Campbell River in 2023 than in 2016, resulting in markedly higher rates compared to the province in 2023 (Figure 7). The sharp increase across regions from 2019-2021 corresponds with the emergence of COVID-19 when decreased access to harm reduction services, greater isolation for people who use substances, and an increasingly toxic drug supply were associated with increases in overdoses and deaths (24).

**Figure 7: Deaths due to Illicit drug toxicity in BC, 2016-2023 (rate per 100,000 people)**



<sup>3</sup> BC Coroner's Reports from toxicology do not include rates for people who identify as gender diverse, two-spirit, transgender, non-binary, or other identities; some people may be misclassified on gender based on their sex assigned at birth.

<sup>4</sup> Data for First Nations people is based on linkage which identifies First Nations people with status. It does not include First Nations people without status, Métis or Inuit people in BC.

# Sociopolitical Context in Communities

## Existence of policies related to illicit substance use

The sociopolitical context includes factors that shape society and people's experiences within their communities such as social norms and cultural values, environmental conditions, governance, and policies. This context can promote health equity or create inequities, and affect health outcomes. Monitoring the existence of policies, and who is involved in developing these, is an important measure of the conditions that may support or worsen health in communities.

A variety of policies, laws, and regulations govern substance use and provision of substance use services within communities. These policies are developed by federal, provincial, regional, and municipal governments, as well as partner organizations within the province. These include 1: policies that guide provision of illicit substance use services and supports, and 2: policies that control illicit substances and use.

## 1. Are there policies, laws and regulations influencing provision of illicit substance use services and supports?

Policies, laws and regulations include a range of strategic documents that outline principles and guide decision making within organizations and for a region. Policies may support the provision of substance use services and supports within communities, or restrict access. Inclusion of affected populations within the policy making process is critical to shift power relations, prevent harms, and create policies that better meet the needs of people with lived and living experience of substance use and communities.

## 1. Existence of an adopted written policy or strategic document related to provision of substance use prevention, treatment, and harm reduction services and supports\*



### What we included

We assessed whether there was an adopted written strategic document related to the provision of illicit substance use prevention, treatment, and harm reduction services and supports that applies to the community (y/n). We defined a strategic document to be a document that directs a course of action or broad direction endorsed by a body of authority in government. We included documents with a primary focus on provision of substance use services and supports (the document is about this), or a secondary focus on provision of substance use services and supports (the document contains specifics related to this). We included documents that support the provision of substance use services and supports, as well as those that restrict provision.

### How we included it

We conducted an environmental scan for publicly available documents from websites of three levels of government within BC for the community: provincial, regional, and municipal<sup>5</sup>. We also included provincial partner organizations responsible for making system wide provincial policies. We conducted the scan between August-October of 2023. We then requested document verification from organizations in January 2024 and confirmed any discrepancies. We assessed each document to determine which services and supports it included a focus on. We also assessed the document for reported involvement of affected populations in the development and formulation of the policy. We considered people with lived and living experience of licit and illicit substance use, youth, women, LGBTQ2S+, people who identify as Indigenous, and family members of people with lived and living experience of substance use<sup>6</sup>.

**Organizations:** Municipal Government for Campbell River, Regional Government for Strathcona (Campbell River), BC Ministry of Health, BC Ministry of Mental Health and Addictions, BC Centre for Disease Control, British Columbia Centre on Substance Use, Provincial Health Services Authority, First Nations Health Authority, Office of the Provincial Health Officer, Attorney General.

**Document types:** acts, regulations, exemptions, ministerial orders, bylaws, policies, annual plans, strategic plans, service plans, agreements, mandate letters, letters of requirement, mission-vision-values, guidelines, bylaws, and zoning.

**Date published or updated:** 2018-2023, or deemed active

#### **Focuses:**

- Harm reduction
- Specialised treatment
- Withdrawal management, detox
- Community health services for people who use substances
- Sober living, recovery housing
- Supportive housing
- General supports, other

\*The development or inclusion, and rationale for this indicator was informed by a number of sources (3, 5, 8, 25-31).

## What we found

We searched for documents from the Municipal Government for Campbell River, the Regional Government of Strathcona, and the provincial government of BC. Documents at all three levels of government will apply to Campbell River. We provide tables with results for all three levels of government, and discuss each in turn.

<b>Table 1: Existence of a strategic document related to provision of substance use prevention, treatment, and harm reduction services and supports (Campbell River)</b>			
Number of documents found at each government level (N=79)			
	<b>Municipal Government</b>	<b>Regional Government</b>	<b>Provincial Government</b>
<b>Total</b>	<b>5</b>	<b>0</b>	<b>74</b>
<b>Focus</b>			
Primary focus	0	0	38
Secondary focus	5	0	36
<b>Document type</b>			
Acts	0	0	3
Regulations	0	0	10
Exemptions	0	0	0
Ministerial orders/mandate letters/letters of requirement	0	0	10
Agreements	0	0	4
Policies/guidelines/standards/best practices	0	0	35
Strategic or service plans	2	0	12
Bylaws	3	0	0
<b>Published or updated</b>			
2023	1	0	23
2018-2022	1	0	33
Deemed active	3	0	18

<b>Table 2: Focuses of documents related to provision of substance use services and supports (Campbell River)</b>			
	<b>Municipal Government</b>	<b>Regional Government</b>	<b>Provincial Government</b>
<b>Any document located</b>			
Harm reduction			
Specialised treatment			
Withdrawal management/detox			
Community health services for people who use substances			
Sober living/recovery housing			
Supportive housing			
General services and supports/other			
<b>Legend</b>		=located	

<b>Table 3: Involvement of affected populations in development or formulation of documents (Campbell River)</b>			
	<b>Municipal Government</b>	<b>Regional Government</b>	<b>Provincial Government</b>
<b>Any involvement reported</b>			
People with lived and living experience of substance use			
People who identify as Indigenous			
Youth			
Women			
LGBTQ2S+			
Family of people with lived and living experience of substance use			
<b>Legend</b>		= located	

## Municipal-level strategic documents

Located documents\*:

- *Bylaw No. 3698 - Advisory Committee* outlines terms of reference for advisory committees including a community health and public safety committee with a priority for action on the opioid crisis.
- *Sustainable Official Community Plan (Bylaw No. 3475)* prioritizes collaboration with government and community groups and incentives to support establishment of addiction recovery programs and increased supportive housing.
- *Financial Plan 2023-2032 (Bylaw No. 3901)* prioritizes support and resources for supportive housing, a vulnerable population drop-in centre, and support services for substance use including health services, counselling, and other medical support.
- *Affordable Housing Strategy* prioritizes advocacy for mental health and addictions beds, a sobering and assessment centre, detox, and recovery housing, and prioritizes establishment of Assertive Community Treatment teams, low barrier supportive housing, and shelters.
- *Integrated Community Sustainability Plan* prioritizes action to support addictions recovery programs, community health service providers, and implementation of an affordable housing strategy that includes supportive housing.

\*Documents that guide priorities for action and influence provision of services and supports for the region.

We located 5 documents with a secondary focus on provision of services and supports related to illicit substance use for Campbell River (Table 1, Appendix A)<sup>5</sup>. These included focuses on specialised treatment, withdrawal management/detox, community health services for people who use substances, sober living/recovery housing, supportive housing, and general services and supports/other (Table 2).

We located information that affected populations had been included in the development of 4 documents (Table 3)<sup>6</sup>:

- 2 with people who identify as Indigenous.
- 2 with youth.

We did not locate information reporting inclusion of people with lived and living experience of substance use, women, LGBTQ2S+, or family members of people with lived and living experience of substance use.

## Regional-level strategic documents

We did not locate any documents for the Regional Government of Strathcona (Table 1)<sup>5</sup>.

## Provincial-level strategic documents

We located 74 documents with a focus on provision of services and supports: 38 with a primary and 36 with a secondary focus (Table 1, Appendix A)<sup>5</sup>. We located documents that guide harm reduction, specialised treatment, withdrawal management/detox, community health services for people who use substances, sober living/recovery housing, supportive housing, and general services and supports/other (Table 2). For example:

- *A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia* prioritizes action and provides guidance on a range of areas including overdose response, community-based harm reduction services, integrated team-based service delivery, treatment and addictions care, withdrawal management, and supportive recovery services.
- *Fentanyl: Prescribed Safer Supply Protocol* includes guidance on prescribed safer supply including community health models of safer supply provision, as well as transitioning to OAT.
- *Community Care and Assisted Living Act: Assisted Living Regulation* has requirements for assisted living related to procedures for responding to opioid overdoses; ensuring access to naloxone and other supplies; and required training for staff related to overdose, substance use disorder, and trauma-informed practice in a variety of settings including supportive housing.

We located information that affected populations had been included in the development of 40% of documents (Table 3)<sup>6</sup>:

- 22% with people with lived and living experience of substance use
- 27% with people who identify as Indigenous
- 9% with family members of people with lived and living experience of substance use
- 3% with youth
- 3% with women
- 3% with LGBTQ2S+.

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<sup>5</sup> There may be other policies that can influence provision of substance use services and supports that did not meet our inclusion criteria or that we were unable to locate through a search of publicly available documents.

<sup>6</sup> This relies on information reported within the document; it does not include engagement reported elsewhere. This does not indicate how people were engaged, or at what stage of the policy development process.

## 2. Are there policies, laws and regulations related to illicit substances and use?

Laws and regulations related to illicit substances and use, at different levels of government, determine what is legal or prohibited within communities. This includes what people are allowed to do, as well as what services and supports may operate. These laws may also regulate RCMP and police actions, and may be enforced by RCMP and police within communities. RCMP and police may also have other policies that guide their organization and action in relation to these laws and regulations. These laws, regulations, and policies can create supportive conditions for health within communities or increase inequities.

### 2a. Existence of laws or regulations related to illicit substances and use (continued on page 19)



#### What we included:

We assessed whether there were laws or regulations (including municipal bylaws) related to illicit substances and use that determine what is permitted or restricted, and what protections and penalties exist, within communities (y/n).

We included documents with a primary or secondary focus related to:

- possessing illicit substances or paraphernalia for personal use;
- use of illicit substances (intoxication, consumption, impaired capacity);
- regulated provision of pharmaceutical alternatives to illicit supply; and
- protection from prosecution, or penalties, in seeking medical help when witnessing or experiencing an overdose or responding to an overdose.

We included documents that may apply to service provision or individuals with provisions related to:

- decriminalization of substance use and possession of substances for personal use, through removing sanctions under the criminal law; or using administrative sanctions, exemptions, and related regulations;
- how substance use services and supports may be delivered within a community. This includes laws and regulations that set restrictions for service provision; or that are required to permit service providers to do a variety of currently prohibited activities including possess, handle, transport, store, produce, and administer controlled substances, including precursors, for medical purposes or under specific conditions;
- operation or use of supervised consumption sites; and
- provision or use of pharmaceutical alternatives to illicit substances.

We did not include documents with provisions related to illicit production or trafficking.

## 2a. Existence of laws or regulations related to illicit substances and use (continued from page 18)



### How we included it:

We conducted an environmental scan between August and October 2023 for publicly available documents from websites of four levels of government: federal (where policies apply to BC), provincial, regional, and municipal<sup>7</sup>. We requested document verification from organizations in January 2024 and confirmed any discrepancies. We assessed documents to determine what focuses were included, and whether they contained provisions related to service provision, or individuals. We also assessed the documents for reported involvement of affected populations in the development and formulation of the document. We considered people with lived and living experience of licit and illicit substance use, youth, people who identify as Indigenous, women, LGBTQ2S+, and family members of people with lived and living experience of substance use<sup>8</sup>.

**Organizations:** Municipal Government of Campbell River, Regional Government of Strathcona (Campbell River), BC Prosecution Service; Attorney General; Ministry of Public Safety and Solicitor General; Health Canada; Public Health Agency of Canada; Department of Justice.

**Document types:** acts, regulations, exemptions, ministerial orders, bylaws.

**Date published or updated:** 2018-2023, or deemed active

#### Focuses:

- Service provision
- Individuals:
  - Possession of illicit substances or paraphernalia
  - Public intoxication
  - Consumption (where substances can be consumed)
  - Impaired capacity (perceived capacity to do certain activities based on concurrent/historic substance use)
  - Regulated pharmaceutical alternatives
  - Responding to, witnessing, or experiencing overdose

\* The development or inclusion, and rationale for this indicator was informed by a number of sources (8-10, 27, 30-36).

## What we found

We searched for documents from the Municipal Government for Campbell River, the Regional Government of Strathcona, the provincial government of BC, and the federal government of Canada (if applicable to BC). Documents at all four levels of government will apply to Campbell River. We provide tables with results for all four levels of government, and discuss each in turn.

<b>Table 4: Existence of laws or regulations related to illicit substances and use (Campbell River)</b>				
Number of documents found at each level of government (N=61)				
	<b>Municipal Government</b>	<b>Regional Government</b>	<b>Provincial Government</b>	<b>Federal Government</b>
<b>Total</b>	<b>3</b>	<b>0</b>	<b>28</b>	<b>30</b>
<b>Focus</b>				
Primary focus	0	0	0	13
Secondary focus	3	0	28	17
<b>Document type</b>				
Acts	0	0	16	10
Regulations	0	0	12	13
Exemptions	0	0	0	7
Ministerial orders	0	0	0	0
Bylaws	3	0	0	0
<b>Published or updated</b>				
2023	1	0	27	11
2018-2022	1	0	1	17
Deemed active	1	0	0	2

<b>Table 5: Focuses of documents related to illicit substances and use (Campbell River)<sup>i</sup></b>				
	<b>Municipal Government</b>	<b>Regional Government</b>	<b>Provincial Government</b>	<b>Federal Government</b>
<b>Any document located</b>				
Service provision				
Individuals				
• Possession of substances or paraphernalia				
• Public intoxication				
• Consumption				
• Impaired capacity				
• Regulated pharmaceutical alternatives				
• Responding to, witnessing, or experiencing				
<b>Legend</b>		= located		

*i: Indicates the documents contains a provision related to the category. Documents may include more than one such focus.*

## Municipal-level laws and regulations

Located documents\*:

- *Public Nuisance Bylaw (No. 3543, 2014)* has provisions to prohibit possessing substances or paraphernalia, consumption of controlled substances, or intoxication within a variety of designated public parks, grounds, and indoor spaces.
- *Bylaw No. 2498 - Parks Control Bylaw* operates in accordance with this public nuisance bylaw.
- *Bylaw No. 3515 - Street Entertainers* has provisions that prohibit performances in public for people perceived to have impaired capacity from substance use.

\*Bylaws that operate to set permissions and restrictions, and/or protections or penalties specific to the region.

We located 3 bylaws with a secondary focus on illicit substances and use for Campbell River (Table 4, Appendix B)<sup>7</sup>. We did not locate documents with provisions related to service provision (Table 5). We located documents with provisions for individuals related to possession of substances or paraphernalia for personal use, intoxication, consumption, and impaired capacity.

We did not locate information reporting inclusion of affected populations within the development of these documents<sup>8</sup>.

## Regional-level laws and regulations

We did not locate any documents for the Regional Government of Strathcona (Table 4)<sup>7</sup>.

## Provincial-level laws and regulations

We located 28 documents that operate in conjunction with federal acts and regulations to establish laws and regulations related to illicit substances and use within British Columbia communities (Table 4, Appendix B)<sup>7</sup>. This included 16 acts and 12 regulations with a secondary focus on illicit substances and use.

We located documents that set permissions for service provision (Table 5). We also located documents with provisions for individuals related to possession of substances or paraphernalia for personal use; public intoxication; consumption; and impaired capacity. We further located a number of documents with a secondary focus that have provisions related to impaired capacity. For example:

- *Health Professions Act: Nurses (Registered) and Nurse Practitioners Regulation* has provisions to allow registered nurses and nurse practitioners to prescribe and administer certain controlled substances, including to respond to overdose.
- *Youth Justice Act* has provisions related to possession for youth and *Correction Act: Correction Act Regulation* has provisions related to possession within correctional facilities.
- *Motor Vehicle Act: Motor Vehicle Act Regulations* have restrictions for driving related to impaired capacity from substance use.

We did not locate information reporting inclusion of affected populations within the development of these documents<sup>8</sup>.

## Federal-level laws and regulations

We located 30 documents with a focus on illicit substances and use: 13 with a primary and 17 with a secondary focus (Table 4, Appendix B)<sup>7</sup>. These documents set the foundation for laws around illicit substances and use within BC communities and include 10 acts, 13 regulations, and 7 exemptions.

The *Controlled Drugs and Substances Act (CDSA)* controls possession, production, distribution, and sale of currently illicit substances in Canada. The CDSA operates in conjunction with related regulations to determine which substances are controlled, and set restrictions and permissions around controlled substances that apply within all BC communities. This includes who can handle them and how they can be used. Section 56 Exemptions may adjust these restrictions for medical or research purposes, or for public health emergencies. We located 7 Section 56 exemptions with permissions around controlled substances.

We located documents that set permissions for service provision (Table 5). We also located documents with provisions for individuals related to possession of substances or paraphernalia for personal use; public intoxication; consumption; impaired capacity; access or use of pharmaceutical alternatives to illicit substances; and witnessing, responding to, or experiencing overdose. We further located a number of documents with a secondary focus related to impaired capacity. For example:

- *Subsection 56(1) Class Exemption In Relation To Urgent Public Health Need Sites in the Provinces and Territories* has provisions for supervised consumption sites and for staff in these sites.
- *Subsection 56(1) class exemption for adults in the province of British Columbia* has provisions to possess small amounts of opioids, cocaine, methamphetamine, and MDMA of 2.5 grams or less.
- *Controlled Drugs and Substances Act* has provisions for people seeking medical assistance during overdose events.

We did not locate information reporting inclusion of affected populations within the development of these documents<sup>8</sup>.

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<sup>7</sup> There may be other laws and regulations that can influence what is permitted and restricted for illicit substances and use within communities that did not meet our inclusion criteria or that we were unable to locate through a search of publicly available documents.

<sup>8</sup> This relies on information reported within the document; it does not include engagement reported elsewhere. Laws and regulations do not currently contain this information.

## 2b. Existence of police strategic documents related to illicit substances and use\*



### What we included

We assessed whether there was an adopted written strategic document from provincial, regional, or municipal police forces related to illicit substances and use that directs action or guides police procedures (y/n). These may be related to government laws and regulations around substance use and influence what is permitted or prohibited in communities, or what protections or penalties exist.

We included documents with a primary or secondary focus related to:

- possessing illicit substances or paraphernalia for personal use;
- use of illicit substances (intoxication, consumption, impaired capacity);
- regulated provision of pharmaceutical alternatives to illicit supply;
- responding to, witnessing, or experiencing overdose.

We included documents that support alternatives to criminalization related to substance use. We did not include documents related to illicit production or trafficking of substances.

### How we included it

We conducted an environmental scan for publicly available documents from websites for police or RCMP relevant to British Columbia communities: provincial RCMP, regional RCMP, and municipal police forces<sup>9</sup>. We conducted the scan between August-October of 2023. We then requested document verification from organizations in January 2024 and confirmed any discrepancies. We assessed documents for reported involvement of affected populations in the development and formulation of the document<sup>10</sup>. We considered people with lived and living experience of licit and illicit substance use, youth, people who identify as Indigenous, women, LGBTQ2S+, and family members of people with lived and living experience of substance use.

**Organizations:** Regional RCMP for areas including Campbell River, or specific to their region, Provincial RCMP

**Document Types:** agreements, annual plans, strategic plans, service plans, guidelines, policies.

**Date published or updated:** 2018-2023, or deemed active

\* The development or inclusion, and rationale for this indicator was informed by a number of sources (8-10, 27, 30-36).

## What we found

We searched for documents from the RCMP that operate for the province, or for the region of Campbell River. Documents at both levels will apply to Campbell River. We provide tables with results for both levels, and discuss each in turn.

<b>Table 6: Existence of police strategic documents related to illicit substances and use (Campbell River)</b>		
	<b>Regional RCMP/municipal police</b>	<b>Provincial RCMP</b>
<b>Any documents located</b>		
<b>Any involvement reported</b>		
<ul style="list-style-type: none"> <li>• People with lived and living experience of substance use</li> </ul>		
<ul style="list-style-type: none"> <li>• People who identify as Indigenous</li> </ul>		
<ul style="list-style-type: none"> <li>• Youth</li> </ul>		
<ul style="list-style-type: none"> <li>• Women</li> </ul>		
<ul style="list-style-type: none"> <li>• LGBTQ2S+</li> </ul>		
<ul style="list-style-type: none"> <li>• Family of people with lived and living experience of substance use</li> </ul>		
<b>Legend</b>		= located

### Regional RCMP or municipal police strategic documents

We did not locate any documents that apply to the Campbell River region (Table 6)<sup>9</sup>.

### Provincial-level RCMP documents

We did not locate any documents for the province (Table 6)<sup>9</sup>.

<sup>9</sup>There may be other policies that can influence what is permitted and prohibited for illicit substances and use within communities that did not meet our inclusion criteria or that we were unable to locate through a search of publicly available documents.

<sup>10</sup>This relies on information reported within the document; if engagement was reported elsewhere it is not included. This does not indicate how people were engaged, or at what stage of the policy development process.

# Systems, Services and Responses in Communities

## Existence of harm reduction services and supports

Access to appropriate services, sites, and programs are part of an integrated response to overdose that are critical for preventing death, reducing harms, improving the health of people with lived and living experience of substance use, and creating healthier communities. Monitoring access to these services and supports within communities is important to identify community needs and support planning.

### Existence of harm reduction services/sites/programs\*



#### What we included

We assessed the existence of specific harm reduction services, sites, and programs within a region (y/n)<sup>11</sup>. These included overdose prevention and supervised consumption sites (with or without inhalation); drug checking services that offer point of care testing sites with spectroscopy or mass spectrometry; needle and harm reduction supplies distribution sites; prescribed safer supply programs; and clinics with opioid agonist therapy (OAT) prescribers.

#### How we included it

We conducted an environmental scan within the designated local health area for each case municipality in January 2024, with supplementary information from BC Centre for Disease Control/Toward the Heart and PIVOT Legal Society (37, 38). We relied on publicly available websites to determine whether these services exist, and whether the service reported that they were Indigenous led, or offered youth specific services or gender sensitive services for those who identify as women or gender diverse<sup>12</sup>. Service lists were verified with community partners.

\*The development or inclusion, and rationale for the indicator was informed by a number of sources (8, 9, 18, 27-31).

## What we found

We looked for harm reduction services within the local health area of Greater Campbell River.

Table 7: Existence of services, sites, or programs (Campbell River)				
Harm reduction service, site, or program	Overall	Service reported to be		
		Indigenous-led	Youth-specific	Gender-sensitive
Overdose prevention/supervised consumption sites				
• With inhalation				
Drug checking services (point-of-care testing site & services with drug checking instrumentation (spectroscopy or mass spectrometry)				
Needle and harm reduction supplies distribution sites				
Prescribed safer supply programs				
OAT prescriber clinic				
	<b>Legend</b>	=located		

## Regional data for Campbell River

Within the local health area of Greater Campbell River, we located 9 services, sites, and programs (Table 7, Appendix D)<sup>11,12</sup>. At these sites:

- 1 offered an overdose prevention/supervised consumption site (with inhalation)
- 1 offered drug checking
- 7 offered needle and harm reduction supplies distribution sites
  - 1 reported to be an Indigenous-led organization
  - 1 reported to offer youth-specific services
- 1 offered a prescribed safer supply program
- 2 offered OAT prescriber clinics

Within BC, communities should also have access to naloxone at a variety of sites including pharmacies or clinics as part of the Take Home Naloxone Program. Sites can be located here <https://towardtheheart.com/site-finder>. There may also be other substance use services and supports, or general outreach supports, available within the community.

<sup>11</sup> We included specific harm reduction services and supports that we were able to locate through a public scan; there may be other services we were not able to locate. Some of these may be located within the same organization or service. This does not include detox, treatment, recovery housing, or general harm reduction supports that did not report these specific harm reduction functions. Access may be limited by factors such as capacity, hours of services, changing service needs due to shifts in the drug supply, and appropriateness of services.

<sup>12</sup> We included whether the services we located were led by an Indigenous organization, or reported that they offered gender-sensitive or youth-specific services. There may be other services that did not report this. This does not indicate how culturally safe or appropriate these services are.

# Supporting Healthier Public Policy in BC Communities: What is Needed?

## Community engagement

Community engagement with diverse community members, including people with lived and living experience of substance use, is needed. This can help to understand the experience of communities and inform healthier public policies. Communities can discuss:

- What might be driving inequities in death rates due to illicit drug toxicity in a community? What is working? What is needed?
- How available are current services? What are people's experiences accessing care? Are services adequate and appropriate to meet needs (e.g. capacity, hours, comfort, type of services needed)? Are there some people who are not comfortable accessing care? What services are lacking?
- What experiences have community members had related to the policies that exist at different levels of government? Are they meeting community needs?
- What experiences have community members had related to police policies that exist for their region?

## Policies to increase access to services

Policy support for provision of critical services and supports in all communities, that can attend to diverse needs, is needed at all levels of government. There is good evidence to support the effectiveness of a variety of harm reduction services, sites, and programs as part of an integrated overdose response that should be available in all communities.

However, where services do exist, they may not meet community needs. A recent audit of implementation of overdose prevention sites and supervised consumption sites within BC communities from the Auditor General highlights that there were barriers to adequate provision, and the need for updated provincial guidance that addresses changing service needs due to shifts in the drug supply (39).

Support is also needed for improved access to other services across the continuum of care for substance use including detox, treatment, and recovery housing within each community (40).

## A local substance use policy or plan

Creation of an overarching substance use public policy or plan at the regional and municipal level is needed. While substance use and provision of services and supports may be deemed outside the scope of regional or municipal public policy, issues related to substance use have a profound impact on the health of communities, and many conditions for health are modifiable within communities (41, 42). Although licit and illicit substance use may hold different considerations, a comprehensive policy that guides community action and policy across regulated and unregulated substance use may be beneficial. It is critical that any municipal substance use plan recognizes that many avenues of support are needed to support individuals with different needs.

Provincial guidance is needed to support local governments in this, based on the current context and guidance related to substance use, and to help navigate the complex policy landscape at other levels of government. Community engagement is needed to adapt this to meet local needs. This engagement needs to include people with lived and living experience of substance use, First Nations, women and people who identify as gender diverse, and youth at every stage of policy development.

# Considerations for Community Monitoring: What's Next?

We provided:	Future monitoring could consider:
<p><b>• Regional data on illicit drug toxicity deaths</b></p>	
<ul style="list-style-type: none"> <li>Provincial data                             <ul style="list-style-type: none"> <li>by age, sex, and for First Nations people;</li> <li>indicating whether fentanyl was detected and place of injury (i.e. place of death);</li> </ul> </li> <li>Regional data.</li> </ul> <p>This gives crucial information on who may be most impacted by the toxic drug emergency.</p>	<ul style="list-style-type: none"> <li>Data for people who identify as gender diverse, two-spirit, transgender, or other identities;</li> <li>data for First Nations people without status, Métis, and Inuit people;</li> <li>regional data by age, gender, and for people who identify as Indigenous (as well as their intersections);</li> <li>data for circumstances such as following release from prison or within supervised consumption or overdose prevention sites.</li> </ul>
<p><b>• Existence of policies related to illicit substances and use</b></p>	
<ul style="list-style-type: none"> <li>Data on policies from different levels of government and partner organizations;</li> <li>data on policies that influence what services and supports may be available, and what is permitted within the community;</li> <li>data on whether affected populations, such as people with lived and living experience of substance use, were included in the policy development.</li> </ul> <p>This identifies the range of policies relevant to the community level, and which organizations hold these policies.</p>	<ul style="list-style-type: none"> <li>First Nations policies, laws, and regulations;</li> <li>policies that may disproportionately impact people who use substances, but do not contain a focus on substance use, such as good neighbour bylaws.</li> <li>whether affected populations were included at every stage of policy development, and if there are policies on best practices for engagement.</li> </ul>
<p><b>• Existence of harm reduction services, sites, and programs</b></p>	
<ul style="list-style-type: none"> <li>Data on overdose prevention and supervised consumption sites (with or without inhalation), drug checking services; needle and harm reduction supplies distribution sites, prescribed safer supply programs, and clinics with opioid agonist therapy prescribers;</li> <li>data on whether these were reported to be Indigenous-led, gender-sensitive or youth-specific.</li> </ul> <p>This provides initial information on whether there are essential harm reduction services for overdose response within the community.</p>	<ul style="list-style-type: none"> <li>Other critical factors such as wait times, capacity, hours of operation, adequacy of services to meet needs, and appropriateness of services;</li> <li>whether services are peer-led or employ peers;</li> <li>other services and supports across the continuum of care for substance use, including detox, treatment, and recovery housing; or other community supports that can improve health and wellbeing.</li> </ul>

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# Appendix A: Located documents on provision of illicit substance use services and supports

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# Appendix B: Located laws and regulations on illicit substance use and illicit substances

## Federal government

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Documents were accessed November 2023 and may have since changed.

# Appendix C: Located community services and supports

## Local Health Area for Campbell River

- AVI - Campbell River
- Campbell River Mental Health and Substance Use Services - Intake
- Campbell River Public Health Unit and Public Health Nursing
- Columbia Coast Addiction Services
- Island Health Care and Connections kiosks
- Mobile Outreach Unit for Health and Support Services (MOUHSS) - Qi?mola Society: Many Together
- North Island Medical Clinic
- Positive Wellness North Island
- Vancouver Island Mental Health Society (VIMHS)

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