



# A JOURNEY TO HOPE

**AN UPDATE REPORT  
ON THE VPD'S CONTINUED FIGHT  
AGAINST THE OPIOID CRISIS**

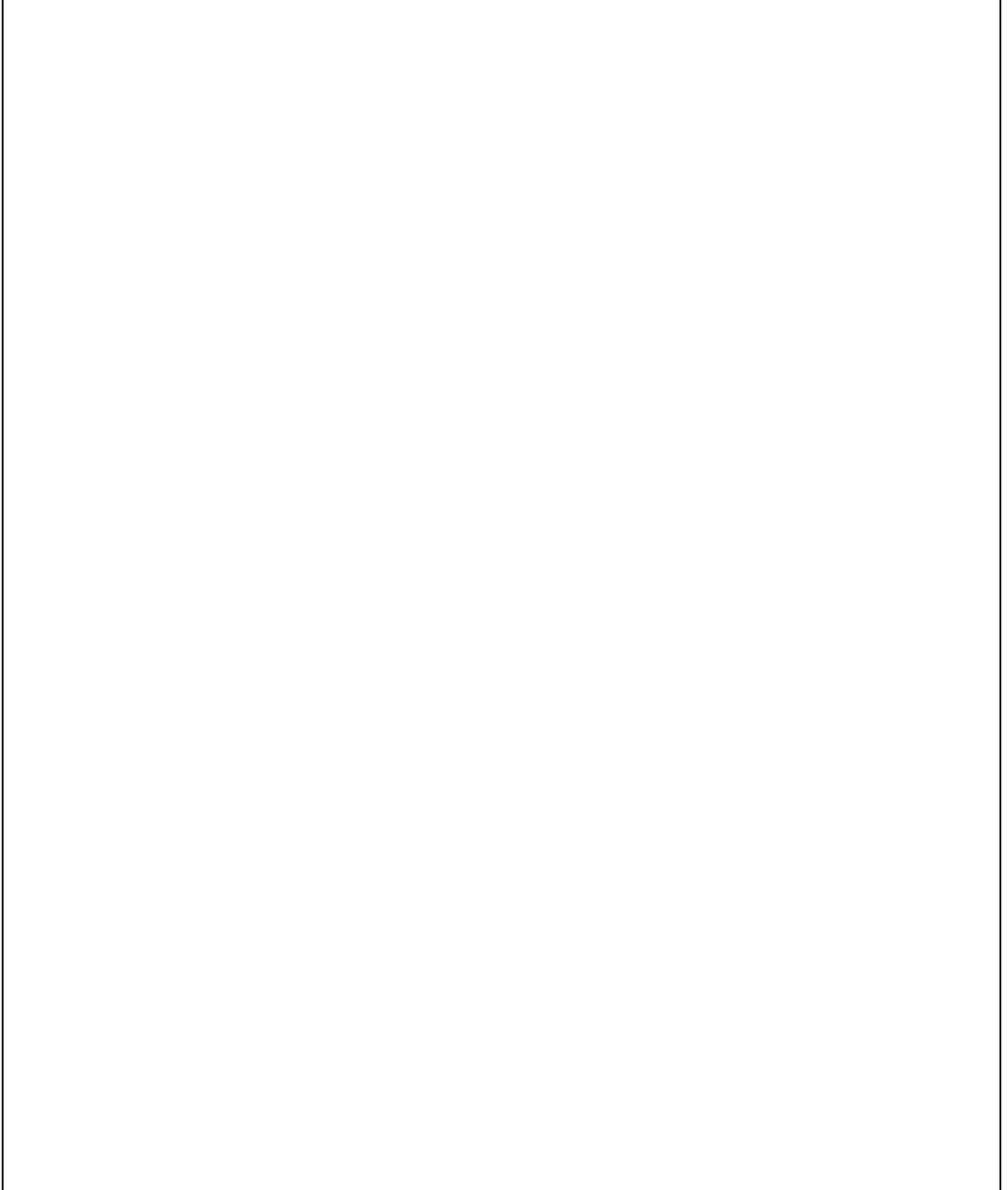
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**NOVEMBER 2019**



**VANCOUVER POLICE DEPARTMENT**



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*Dear Dealer,*

*Since I don't know your name, I'll just call you Dealer. You had the greatest and most negative impact on my sister's life: You killed her...*

*Tell me who you are.*

*Were you with her when she died? Both her windows were rolled down when she was found. Were you in her passenger seat? Did you get scared and run? Did you sit there and watch her die?*

*Tell me. What were her last moments like? What were her last words? Do you think she knew that she was going to die that day? Do you think she was scared? I hope she wasn't scared....*

*Yours Forever,  
The Sister*

EXCERPT FROM N. BOWERS (2018)

## EXECUTIVE SUMMARY

In 2017, in response to the opioid crisis, the Vancouver Police Department (VPD) released a report calling for immediate access to evidence-based treatment services. Several recommendations were presented in this report including the need for expanded support from federal and provincial governments, more funding for evidence-based addiction treatment, and the need to increase public awareness about the risks of illicit drug use.

Since the VPD's 2017 report, considerable efforts have been made to combat the opioid crisis. For example, the Province of British Columbia announced a *Joint Task Force on Overdose Prevention and Response*. This task force, which included VPD representatives, was created to provide expertise and guidance to the Province on actions to respond to the crisis.

Legislative changes have also been implemented. For example, with Bill C-37's royal assent, amendments were made to allow greater flexibility in addressing risks associated with opioids. These improvements include changes to the *Controlled Drugs and Substances Act* to streamline applications for supervised consumption sites and to regulate the import of drug manufacturing equipment.

However, as opioid-related deaths continue, so must the efforts. Over the last two years, significant contributions have been made by the VPD to lead the fight to end this epidemic, including:

- **Raising awareness** about the dangers of fentanyl through media interviews, speaking engagements, contributing to documentaries, forums at schools and a public service campaign targeted at adolescents;
- **Leading dialogue** with law enforcement partners including collectively advocating for legislative changes to protect public safety and disrupt the import of illicit substances;
- **Supporting the VPD's strategic mission** to fight crime and enhance public safety, the VPD continues enforcement efforts to

target those who manufacture and distribute opioids and other harmful drugs. In the last two years, the VPD has seized almost 64 kg of fentanyl – this would equate to at least 64 million individual lethal doses;

- **Guiding inter-sectoral collaboration** with health care partners including supporting overdose outreach teams and working on a hydromorphone distribution project;
- **Ensuring a continuum of care** for individuals that have been detained at the Vancouver Jail, with opportunities to continue or start treatment;
- **Advocating for harm reduction strategies and treatment** centres including supervised consumption sites, drug testing services, and the distribution of Naloxone;
- **Promoting partnerships** with the Provincial Government of B.C. to develop legislation including the *Pill Press and Related Equipment Act*, which is now implemented, so that police can disrupt criminal access to equipment that makes lethal drugs;
- **Creating** a safe processing drug lab so police officers can continue to safely remove dangerous drugs from the streets; and
- **Remaining active** with key stakeholders at various national, provincial, and local committees such as the Mayor's Overdose Emergency Task Force.

Ending the epidemic will require an integrated approach, which includes continued public funding for better access to treatment, public education and awareness campaigns, and legislative changes.

The VPD recognizes that addiction and substance use is a health care issue. The opioid crisis remains a departmental priority and the VPD will stay committed to helping individuals who may experience harm from these illicit substances. The VPD remains committed to working with other sectors, communities, and individuals province-wide in an effort to save lives.

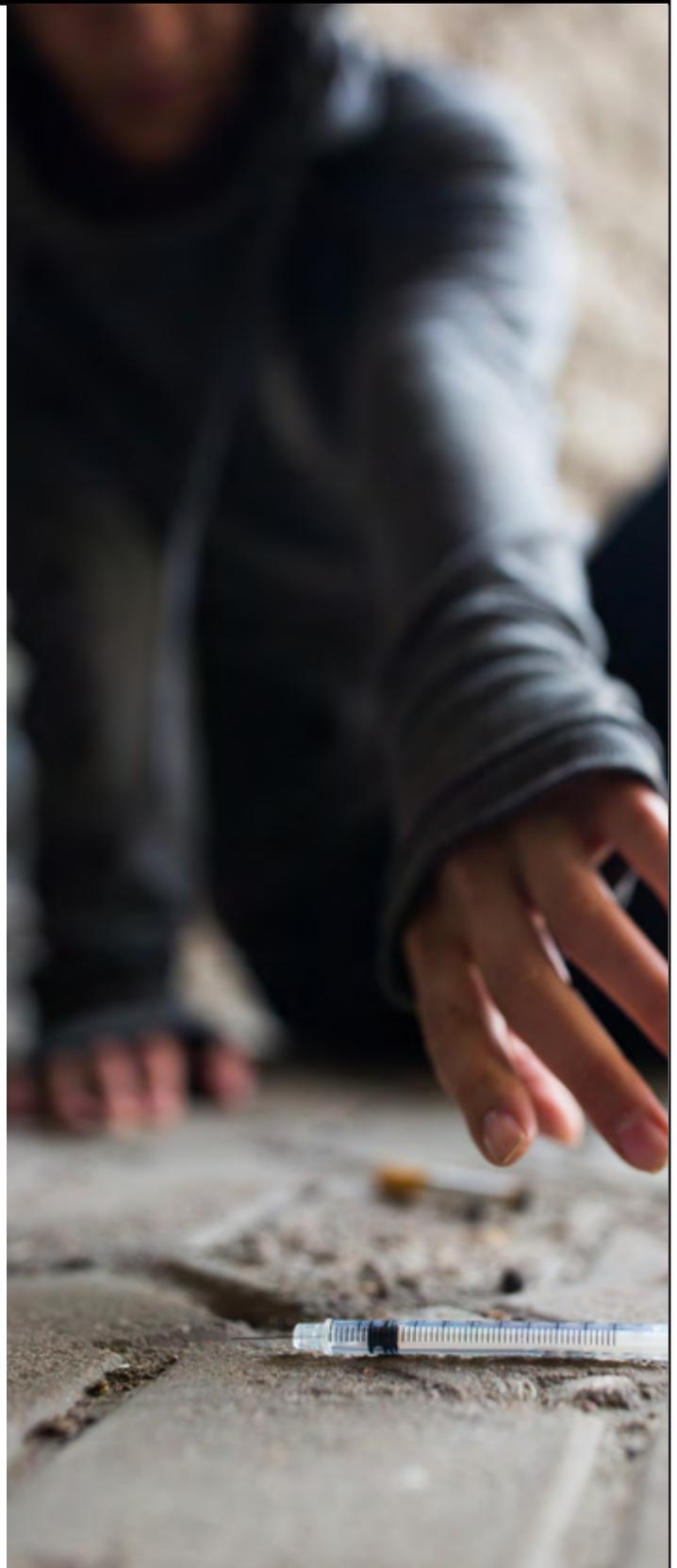
## AN UPHILL BATTLE: THE BACKGROUND

In recent years, the dramatic increase in fatal and non-fatal drug overdoses has been driven by illicit fentanyl. Although fentanyl may be a prescription medication for pain management, the vast majority comes from illicit sources and is sold on the streets as a powder or pill.<sup>1</sup> Fentanyl is 50 times more potent than heroin and 100 times more potent than morphine.<sup>2</sup> Also regularly detected in the illicit drug supply is carfentanil, approximately 100 times more powerful than fentanyl and 10,000 times stronger than morphine.<sup>3</sup>

On April 14, 2016, British Columbia's (B.C.) former Provincial Health Officer (PHO), declared the opioid crisis a public health emergency, under the *Public Health Act*.<sup>4</sup> This state of emergency was acknowledged in the wake of snowballing overdose deaths. For perspective the opioid crisis has contributed to a marked decrease in life expectancy in B.C.<sup>5</sup> Impacting decedent's families, friends and communities, this tragedy has touched many. In addition to the overdoses that lead to death, non-fatal overdoses are linked to future overdoses, as well as a range of devastating health impacts including cognitive impairment, polysubstance use, and police encounters.<sup>6</sup>

Seeking solutions, in a 2017 report, the Vancouver Police Department (VPD) called for immediate access to evidence-based treatment services.<sup>7</sup> Titled *The Opioid Crisis, the Need for Treatment on Demand*, this VPD report identified recommendations including a call for expanded support from federal and provincial governments, additional funding for evidence-based addiction treatment, and the need to increase public awareness about the risks of illicit drug use.

The current document serves as an update on the present state of the opioid crisis as well as VPD action to address the crisis since the last report.



## THE CURRENT LANDSCAPE

Drug use occurs on a spectrum – from occasional and recreational to chronic dependence; however, given that the illicit drug supply in B.C. is highly toxic, there is considerable risk to many. The response to the risks and the crisis in B.C. has been multifaceted and widespread. Overall, there has been an increase in harm reduction and intervention strategies such as distributing Naloxone, offering drug checking services, outreach, and better access to treatment.

Three months after the opioid crisis was declared an emergency, the Province of B.C. announced a *Joint Task Force on Overdose Prevention and Response*. This task force, which included VPD representatives, was created to provide expertise and guidance to the Province on actions to respond to the crisis. Legislative changes were also implemented. For example, shortly after the release of the VPD’s 2017 report on the opioid crisis, Bill C-37 received royal assent.<sup>8</sup> Bill C-37 amends the *Controlled Drugs and Substances Act* (CDSA) to streamline applications for supervised consumption sites (SCS) with community consultation, regulates the import of drug manufacturing equipment (e.g., pill presses), and makes other amendments to allow greater flexibility in addressing risks associated with opioids (e.g., *Customs Act*).<sup>a</sup>

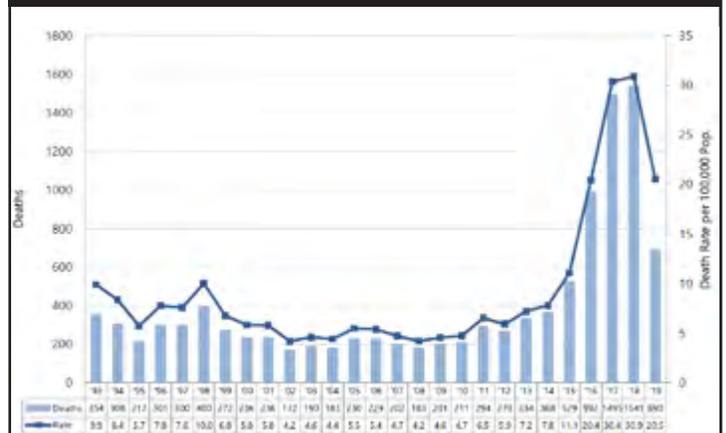
In the last couple of years, we have learned more about the decedents.<sup>9</sup> The majority were males aged 30 to 59, who used drugs alone at the time of death.<sup>b</sup> Many had contact with the health care system in the year before their overdose death. In addition, many of the decedents sought medical assistance for pain management and mental health issues prior to their deaths. To improve access and quality of mental health and addiction services, in 2017, the B.C. Provincial Government created the Ministry of Mental Health and Addictions. While the overall goal is to develop an accessible mental health and addictions system for all British

Columbians, this ministry is also responsible for leading the response to the provincial opioid crisis.<sup>10</sup>

According to some findings, the integrated response strategies are saving lives, suggesting that combined efforts have averted 60% of possible overdose fatalities since the PHO declared the opioid crisis a public health emergency.<sup>11</sup> That is, overdose deaths may have been at least twice as high, without emergency harm reduction and treatment efforts.<sup>12</sup> However, despite the collaborative efforts, illicit drug overdose deaths continue. As depicted in the epidemic curve below (Figure 1), in 2018, there were 1,541 illicit drug overdose deaths, an increase over the number of deaths occurring in 2017 (1,495).<sup>c</sup> In 2018, fentanyl (or its analogues) was detected in approximately 87% of all illicit drug overdose deaths. In 2017, fentanyl was detected in 82% of all illicit drug overdose deaths.<sup>13</sup>

FIGURE 1.

ILLICIT DRUG OVERDOSE DEATHS AND DEATH RATE PER 100,000 POPULATION



\*Reproduced from Coroner’s Service (2019). Fentanyl-Detected Illicit Drug Toxicity Deaths in BC. January 1, 2009 to August 31, 2019.

a The 2017 VPD report on the opioid crisis outlined the lack of search powers that CBSA had. An important change, Bill C-37 now has enhanced the capacity of CBSA to interdict packages under 30 grams.

b See Appendix A for complete data on illicit drug overdose deaths by gender and age.

c Reflects the most current available data, is currently only available up until June 30, 2019. Data subject to change as further toxicology results are received.

In 2019, thus far, there have been 690 overdose deaths in B.C., with Vancouver as the epicenter.<sup>d</sup> The first eight months of 2019 hints to hope - the monthly data on overdose deaths in the first eight months of 2019 are lower than the previous two years (i.e., the first eight months of 2018 and 2017).<sup>e</sup>

Despite lower numbers of overdose deaths in comparison to the previous two years, fentanyl and its analogue carfentanil, continue to be discovered. Fentanyl was detected in approximately 85% of illicit drug overdose deaths in the first eight months of 2019 (compared to 87% for all of 2018). Carfentanil has been identified in 119 illicit drug overdose deaths in 2019 (compared to 35 deaths in all of 2018).<sup>14</sup> Distinctions in opioid use between males and females is supported by the 2019 data – of the 584 deaths in B.C. where fentanyl was detected, 451 were males, and 133 were females.

Deaths caused by overdoses are taking place for individuals in all “walks of life, across age groups, and across the socio-economic spectrum; however, there is a disproportionate impact... among Indigenous people in BC.”<sup>15</sup> According to a review by the First Nations Health Authority, in 2018, 193 First Nations men and women died of an overdose in the province, a 21% increase from a year earlier. Overall, First Nations accounted for 13% of overdose deaths, up from 11% in 2017.<sup>16</sup> According to a review by Vancouver Coastal Health (VCH), 10% of overdose decedents were Indigenous – much higher than the 2.8% population of VCH who reported having Indigenous identity in census data.<sup>17</sup> Given this troubling data, the VPD is working with the Indigenous community on a number of committees examining this issue.<sup>f</sup>

### 2019 AT A GLANCE:

#### DRUG OVERDOSE DEATHS IN B.C. BY MONTH:

- JANUARY: 96
- FEBRUARY: 81
- MARCH: 114
- APRIL: 87
- MAY: 89
- JUNE: 74
- JULY: 70
- AUGUST: 79

#### DRUG OVERDOSE DEATHS IN VANCOUVER BY MONTH:

- JANUARY: 23
- FEBRUARY: 23
- MARCH: 31
- APRIL: 26
- MAY: 25
- JUNE: 18
- JULY: 14
- AUGUST: 22

<sup>d</sup> Data from the BC Coroners Service is currently only available up until August 31, 2019.

<sup>e</sup> See Appendix B for complete monthly data on illicit drug overdose deaths (2009-2019) and Appendix C for fentanyl-detected deaths by month (2012-2019).

<sup>f</sup> Examples of committees include the BC Drug Overdose and Alert Partnership, Vancouver Community Action Team, and the Mayor's Opioid Task Force.

## COMBATING A CRISIS: CONTINUING TO SUPPORT THE FOUR PILLARS APPROACH

The City of Vancouver (CoV) implemented the Four Pillars Drug Strategy *in 2001 in response to Vancouver's increasing drug problem and open-air drug scene*.<sup>18</sup> Adopted from Switzerland and Germany, the four pillars in VPD's drug policy are prevention, enforcement, harm reduction, and treatment. Grounded in these pillars, the VPD has continued its fight against the opioid crisis.

### PREVENTION: STRATEGIES AND INTERVENTIONS TO AVERT HARM

Generally, the prevention pillar includes strategies and interventions that may assist in preventing the harmful use of illicit drugs. To illustrate the harmful effects from substance use, prevention requires commitment and connections with the community as well as other sectors. Maintaining public awareness may provide family, friends, and the community with a method of combatting the crisis. The VPD recognizes that impactful education and knowledge translation are highly significant to the prevention of harm.

### Transformation with Awareness: Public Education

The VPD is committed to the pillar of prevention through the following education initiatives and projects:

- As indicated in VPD's 2017 recommendations, it is necessary to increase awareness about overdose symptoms with messaging in high visibility areas where drug consumption is likely to occur. To prevent drug use in schools, the VPD's Organized Crime Section (OCS), which includes drug specialization, and Youth Services Section hosted community forums on the fentanyl crisis at local high schools. Working collaboratively with VCH, Vancouver School Board, and School Aged Children, forums for youth were held at Britannia, John Oliver, McGee, and Templeton Secondary Schools in 2017 and 2018
- In 2018, the VPD, the Vancouver Police Foundation (VPF), and Odd Squad Productions released *Understanding Fentanyl*, a three-part documentary series aimed at educating students about the dangers of drug use, specifically opioids and fentanyl.<sup>19</sup> The series features subject matter experts on addiction, enforcement, and recovery. It also follows three families impacted by the crisis, two that lost loved ones to an overdose and a father dealing with his son's addiction. The three-part series was provided at no cost to schools, Indigenous communities and police agencies across B.C. Outside of B.C., the cost for the series and facilitators guide is \$25.00 with proceeds going to Odd Squad Productions. Odd Squad Productions also provides this series free of charge to any individual or agency without the budget or financial means to pay.<sup>9</sup>
- With fentanyl increasingly detected in drugs popular among adolescents (e.g., ecstasy, and cocaine), youth experimenting with these substances are essentially risking or "*flirting with death*". In late 2018, the VPD released the public service announcement, "*flirting with death*" that aimed to increase awareness about the risks associated with illicit drug use among young adults and youth who may consider experimenting with drugs. This campaign was widely shared online and on television.<sup>h</sup>
- The VPD continues to support VCH's Real-time Drug Alert & Response (RADAR) system. Established in 2017, RADAR is designed for anyone to anonymously report mass overdoses, whereby warnings are sent out to subscribers. Service providers may then relay information to clients with important harm reduction actions (e.g., not using alone, information on SCS, etc.). The VPD monitors the system as it disseminates information on new illicit drugs in circulation and sudden increases in overdoses.

g Please visit <https://vimeo.com/295692181> for a preview of the *Understanding Fentanyl* series.

h Please visit <https://boldly.ca/projects/vpd-flirting-with-death/> to view the Flirting with Death campaign.



Fentanyl is in molly, cocaine and fake pills.  
Whatever you take, **you're flirting with death.**



## COMBATING A CRISIS: CONTINUING TO SUPPORT THE FOUR PILLARS APPROACH ...CONTINUED

- Since the 2017 report on the opioid crisis, the VPD has participated in several interviews and speaking engagements to disseminate information on the dangers of fentanyl. This outreach includes but is not limited to the following:
  - o An interview with Vancouver Magazine to share information on where fentanyl is coming from, why this is a deadly epidemic, and the efforts required to end the crisis;<sup>20</sup>
  - o A feature on France 24 TV where harm reduction strategies were discussed as well as the need for treatment on demand;<sup>21</sup>
  - o A television interview with the New York City Pix11 News. This was a two part series titled *Inside Supervised Injection sites and the Fight Against the Opioid Crisis*;<sup>22</sup>
  - o VPD's Inspector of OCS traveled to Philadelphia to speak at the Lewis Katz School of Medicine at Temple University at the invitation of the City of Philadelphia. This forum provided an opportunity for VPD to discuss the benefits of SCS.<sup>23</sup> To offer lessons learned from Vancouver's opioid crisis, an interview with Philadelphia Public Radio was also conducted;<sup>24</sup> and
  - o Working with health care partners, the VPD contributed to a Public Broadcasting Service (PBS) Nova television documentary on addiction. The documentary premiered in October 2018, and discussed the easy access to drugs, how illicit drugs affect the brain, and discussions with experts on solutions.<sup>25</sup>

### Knowledge Exchange between Law Enforcement

Equally important as sharing information with the public are timely knowledge exchanges between law enforcement partners. This strategy is based on a shared goal of ending the crisis, which may be countered through extensive use of partnerships. In addition to collectively advocating for healthier options, a component of this cooperation is information and intelligence sharing on organized crime groups that traffic illegal opioids.

#### NATIONAL AND PROVINCIAL DRUG COMMITTEES

The VPD collaborates and shares knowledge with our public safety partners through active participation in national and provincial committees. The Canadian Association of Chiefs of Police (CACP) has an overarching mission of "supporting police professionals through innovative and inclusive police leadership to advance the safety and security of all Canadians".<sup>26</sup>

The CACP's Drug Advisory Committee mandate is to promote safer and healthier communities through proactive leadership by addressing and influencing prevention, enforcement, harm reduction and treatment of substance use disorders. Representatives from the VPD have continued to be vital participants on this committee, contributing to significant achievements regarding opioids, including but not limited to the following:

- Preparing a CACP briefing document for police on SCS and pill press legislation;
- Participating in the development of training materials for frontline officers;

*When somebody is using ...contaminated drugs and they are overdosing, being Narcan'd back to life, and then they are out of money.... They have to go commit crimes in order to get their drugs, like breaking into cars, assaulting people... It's just a revolving door. Really, it's much more humane and much more cost-effective to provide services to people...*

INSPECTOR BILL SPEARN, VPD ORGANIZED CRIME SECTION

VANCOUVER MAGAZINE, 2017

## COMBATING A CRISIS: CONTINUING TO SUPPORT THE FOUR PILLARS APPROACH ...CONTINUED

- Working with Drug Free Kids Canada to endorse and deliver public safety messages;
- Conducting media interviews on behalf of the CACP to endorse and deliver public safety messages;
- Presenting at several conferences on behalf of the CACP including, "*Pillars of Change - Priorities for Addressing the Opioid Crisis*" facilitated by Health Canada and the US Consulate;
- Advocating for changes to the Canada Post Corporation Act (CACP Resolution) and to federal pill press legislation;<sup>27 28</sup>
- Working with Health Canada on Bill C-37 for legislative changes such as expedited destruction of drug exhibits<sup>29</sup> and the *Good Samaritan Drug Overdose Act*, which protects individuals from being charged with possession of controlled substances under the CDSA if they call for emergency assistance in an overdose situation;<sup>30</sup>
- A potentially polarizing issue between law enforcement and health sectors, the CACP has established a Special Purpose Committee on the Decriminalization of Illicit Drugs (SPC-DID). The VPD is represented on SPC-DID along with being part of a broader study on decriminalization regimes, and other significant drug policy shifts; and
- The VPD has sponsored a representative to participate in a CACP professional development program for police executives. The six-month *Global Studies* program applies a research-driven and problem-based learning model. In the spring of 2019, the VPD representative travelled to Portugal to study their drug policy and diversion system with the view of bringing best practices to Canada. While in Portugal, a meeting was held with Dr. João Goulão, Portugal's national drug coordinator and the architect of their drug policy in 2000. This study examined this international model of decriminalization and its impact. The research from this program contributed to the SPC-DID position paper on decriminalization for the CACP.

Although the Portuguese drug policy and laws are referred to as decriminalization, it is better characterized as diversion or dissuasion. The possession of personal amounts of illicit drugs is illegal in Portugal and results in an administrative offense. Health care deals with the violators who are provided access to supports, incentives, and options or may even face compelling consequences for possessing drugs. The VPD supports diversion alternatives rather than criminal sanctions for simple possession.

At a provincial level, the British Columbia Association of Chiefs of Police (BCACP) represents the chiefs of police for both the Royal Canadian Mounted Police (RCMP) and municipal police agencies in B.C. The BCACP's Drug Committee promotes safer and healthier communities in B.C. by identifying drug enforcement strategies and initiatives. The VPD maintains an active role on the BCACP Drug Committee, with recent VPD contributions including:

- Working collectively with the provincial government to develop the *Pill Press and Related Equipment Control Act* to fight against the illegal production of counterfeit pills, particularly those containing opioids, and to help keep them off the streets.<sup>31</sup> The *Pill Press and Related Equipment Control Act* was designed to limit the ownership, possession, use, and sale of manufacturing equipment used to make tablets and capsules, and became a law in B.C. in January of 2019;<sup>32</sup>
- Advocating for enhanced legislation related to pill presses at the federal level;
- Advocating for changes to the Canada Post Corporation Act to disrupt the import of illicit opioids;<sup>33</sup> and
- Continuing to work with the provincial government to address the fentanyl crisis and associated outcomes. For example, the VPD is working with the Province of B.C. on solutions for the safe destruction and disposal of seized fentanyl.

## COMBATING A CRISIS: CONTINUING TO SUPPORT THE FOUR PILLARS APPROACH ...CONTINUED

### RECENT LAW ENFORCEMENT ENGAGEMENT EXAMPLES

With the intention of sharing knowledge and experiences, the VPD continues to encourage dialogue between law enforcement partners. Examples of VPD's recent efforts include the following:

- The VPD made an educational presentation to the Conference Board of Canada's Centre for National Security meeting on fentanyl and synthetic narcotics. This presentation provided an overview of the issue/impacts in Vancouver and nationally. Also discussed was the future of the crisis from a national perspective, particularly if other synthetic narcotics are introduced into the illicit drug market. Potential impact for private sector employers was also addressed;
- Working with the RCMP, Victoria Police Department (VicPD), and the Justice Institute of British Columbia, the VPD assisted in the organization and facilitation of four, two-day workshops in New Westminster, Nanaimo, Prince George, and Kelowna for first responders. These workshops were well attended by over 900 participants;
- A presentation at the Ninth Annual Law of Policing Conference was delivered by the VPD to an estimated 200 law enforcement personnel across Canada. Titled "Outside the Box Strategies for Policing the Opioid Crisis", the presentation discussed policing SCS, the VPD's work with health care partners, and the analysis of drug paraphernalia from fatal overdoses to track opioids and to determine cause of death;
- The VPD has hosted several police agencies from across North America, such as NYPD and Philadelphia Police Department, and around the world seeking information on the opioid crisis. Information on fentanyl awareness, training, harm reduction, treatment, VPD's drug policy, overdose response, and community cooperation has been widely shared;
- The VPD has hosted meeting with government officials from other cities including Seattle, Boston, Denver, and Philadelphia. These meetings included a tour of Vancouver's downtown eastside (DTES) and harm reduction sites. Staff from VPD's OCS have also traveled to Seattle, Philadelphia, and Washington, D.C. to inform police, city, and health officials on VPD's harm reduction and treatment strategies and policies; and
- The VPD participated in the delegation of United States Rising State Leaders Debrief and Panel Discussion in Vancouver on the opioid crisis. This panel included Democratic and Republican representatives from the states of Colorado, Michigan, North Dakota, Alaska, Nebraska, and Minnesota.



## **ENFORCEMENT: DISRUPTING THE DISTRIBUTION OF DRUGS**

Supporting the departmental mission to *fight crime and enhance public safety*, the VPD's enforcement efforts target those who manufacture and distribute opioids and other harmful drugs. The VPD is dedicated to enforcement strategies that target those who contribute to crime, violence, and disorder, as well as the victimization of the most vulnerable citizens in Vancouver. Furthermore, targeting individuals who manufacture and distribute illicit drugs is in line with the VPD's current Strategic Plan.<sup>34</sup>

The VPD trusts the professional judgement of its police officers to enforce the law in a fair and just manner consistent with policy and procedure. VPD officers have a range of discretion when dealing with substance use and drug possession in the CoV. This discretion includes options such as seizure of the substance, and/or arrest and/or charging of the offender(s).

As outlined in departmental policy, a "person's behaviour or the context of the psychoactive substance abuse, rather than the actual unlawful possession of the substance, should be the primary factor in determining whether to lay a charge."<sup>35</sup> This philosophy is supported by VPD data – the number of drug possession charges has decreased significantly in the last decade, towards a 97% reduction. For example, in 2008, there were 476 recommended charges for possession of a controlled substance (with no other substantive charges recommended) compared to 27 in 2018 and 15 in 2019 (as of August 13, 2019).

... THERE HAS BEEN A SHIFT IN FOCUS FOR POLICE TO SUPPORT A HARM REDUCTION APPROACH...FOR EXAMPLE, THE VANCOUVER POLICE DEPARTMENT POLICY ON DRUGS PRIORITIZES THE CONTEXT OF DRUG USE RATHER THAN THE POSSESSION OF DRUGS, AND SUPPORTS CHARGES ONLY IF THE BEHAVIOUR AND CIRCUMSTANCES OF THE PERSON USING DRUGS IS HARMFUL TO THAT PERSON, TO OTHERS, OR TO PROPERTY.

**DR. B. HENRY (2019)**  
PROVINCIAL HEALTH OFFICER,  
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**Dealing with Drug Dealers: VPD’s Enforcement Projects**

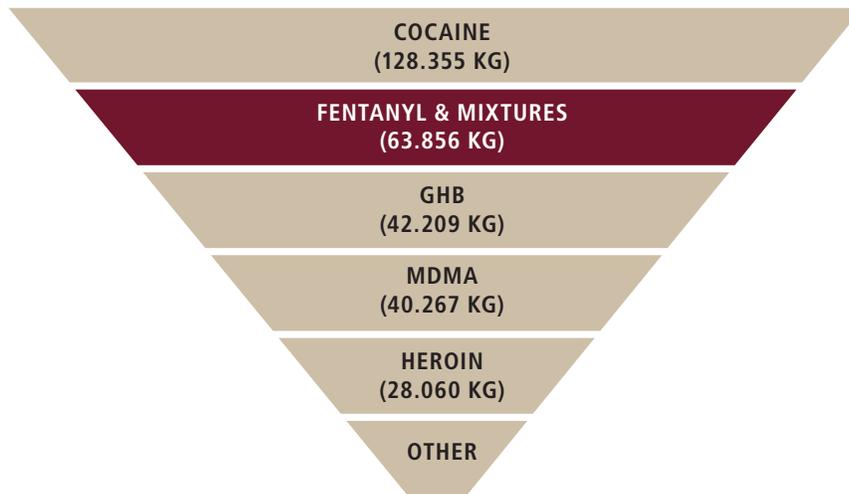
A significant contributor to the opioid epidemic is the illegal drug supply. The VPD has made the illicit drug supply an enforcement priority. Between April 2017 and April 2019, over 20,000 drug exhibits were logged at the VPD Property Office. VPD’s OCS worked on 27 large drug projects and several drug investigations were conducted by patrol officers (e.g., frontline officers in District 2 generated 31 drug files during this time). A breakdown of select drug quantities seized by the VPD is provided in Figure 2, below (Appendix D contains complete data).

In the last two years, almost 64 kg of fentanyl and mixtures<sup>i</sup> has been seized by the VPD. This is significant; this amount could equate to at least 63,856,000 individual doses of fentanyl.<sup>j</sup> While several factors may determine if a dose is lethal (e.g., tolerance, body weight, route of administration), 0.05 mg of fentanyl is enough to be life threatening for the average person.

Strategic and intelligence-led enforcement projects targeting traffickers and organized crime groups remain a priority for the VPD. Consistent with B.C. Provincial Policing Standards<sup>l</sup>, the VPD utilizes the Provincial Tactical Enforcement Priority process.<sup>36</sup> This allows the VPD to identify and prioritize enforcement targets – those that pose the highest threats to public safety. The following is a list of select enforcement highlights in the last two years:

- **Task Force Tourniquet:** In response to increased regional gang violence, the VPD initiated and led Task force Tourniquet. Formed in 2017, the task force took a proactive approach to targeting known violent gang members and associates with links to organized crime for future offences. Over 18 months, the task force completed several projects including Projects Tariff, Temper, Triplet, Treachery, and Territory. The results of the investigations

FIGURE 2.  
ESTIMATED VPD DRUG SEIZURE QUANTITIES ACROSS TWO YEARS<sup>k</sup>



<sup>i</sup> Fentanyl mixed with other illicit substances.

<sup>j</sup> T. Munro (personal communication, June 25, 2019).

<sup>k</sup> Data from April 2017-April 2019. Please see Appendix D for substances and quantities that comprise the “other” category.

<sup>l</sup> Effective as of January 1, 2019 (subsection 5.3, Specialized Investigations, Inter-agency Cooperation and Coordination).

## COMBATING A CRISIS: CONTINUING TO SUPPORT THE FOUR PILLARS APPROACH ...CONTINUED

collectively yielded 52 kg of illicit drugs (including fentanyl, cocaine, and methamphetamine), along with 173 firearms, 3 improvised explosive devices, and large quantities of cash and jewelry. Task force Tourniquet resulted in 203 criminal charges against 120 individuals. These charges included multiple drug and weapons offenses, conspiracy to commit murder, firearms offenses, and extortion, amongst other offenses.

- **Project Tavern:** In May 2017, the VPD OCS collaborated with Canada Border Services Agency (CBSA) and initiated Project Tavern, an investigation into a group running a sophisticated drug-trafficking network. In November 2017, the VPD arrested two individuals associated to the network and executed search warrants on two vehicles and the target's residence that resulted in the seizure of over 26 kg of various drugs. Of note was the sophisticated concealment techniques used by the network to import and export drugs, which included 18.485 kg of opium, 1.079 kg of ketamine, 3.905 kg of heroin, and 2.096 kg of cyclopropylfentanyl (a fentanyl analogue). Sixteen charges are being sought for two individuals for possession for the purposes of trafficking and importation of a controlled substance.

In addition to OCS projects, frontline officers continue to disrupt the flow of fentanyl in Vancouver. Examples of patrol projects include:

- **Project Backup:** In June 2018, patrol officers executed a search warrant for Project Backup, where several categories of drugs and weapons were seized. The initial investigation involved a hit and run committed by the main target. While investigating the hit and run, officers received information that illicit drugs were sold out of a suite associated to the target at a hotel

in downtown Vancouver. Officers attended the hotel to serve a violation notice and as they approached the suite, they overheard an argument that appeared to be related to drug costs. Officers obtained and executed a search warrant on the suite that resulted in the seizure of fentanyl, methamphetamine, cocaine, heroin cannabis, oxycodone, and miscellaneous pills. In addition to the drugs, several weapons were seized including a semi-automatic rifle, ammunition, dynamite, a baton, pepper spray, knives, and a sword. This project led to five criminal charges against an individual, including firearms offenses, trafficking in a controlled substance, and unlawful possession of explosives.

- **Project Bonnie:** In October 2018, patrol officers received source information regarding a fentanyl trafficking operation related to a suite in the DTES. Targets were identified and a series of undercover scenarios led to the purchase of drug product. The patrol officers executed a search warrant for Project Bonnie, where approximately \$30,000 in cash, prohibited weapons, stolen bicycles, methamphetamine, cocaine, and fentanyl was seized. Two individuals were charged with trafficking and possession for the purpose of trafficking.

### Safe Drug Processing Facility

The emergence of fentanyl and carfentanil along with a growing list of other synthetic drugs has only added another stressor for first responders. Accidental exposure to these substances could induce an overdose. Police officers may be exposed to opioids when coming to the aid of someone suffering an overdose, or when conducting searches of vehicles, residences, or individuals who are in possession of drugs.

In 2017, when a VPD police officer fell ill after being exposed to a suspected opioid, it was determined that the VPD did not have an adequate space for officers to process seized drugs in a safe manner. In May 2017, the VPD began planning temporary solutions, including retrofitting a shipping container. By the summer of 2017, the CoV became involved and partnered with the VPD to fund and design a state-of-the-art drug-processing facility at the VPD Property Office, with construction beginning in October 2018.

This state of the art facility contains safety equipment including panic alarms, high definition video surveillance, emergency wash stations, and supplies required to safely analyze and package seized drugs. The facility also has specialized ventilation designed to remove any particles in the air in the event of a spill. In addition to the physical elements of the facility, a number of safety protocols have been developed in the event of a spill. Opened as of July 18, 2019, all seized drugs are now processed at this site. This will ensure that all VPD staff are safe when these deadly substances are handled.

## **Education for Police Officers Handling Drugs**

The VPD is continuously mindful of preventing harm to police officers and works to provide education for their safety. All VPD sworn members have received training on the safe handling of drugs. In 2018, the VPD's OCS and the Education and Training Unit began developing a training video to emphasize the safety aspect of processing and tagging drug exhibits. The training video was delivered to all frontline officers in July 2019, and it highlights best practices, including for officers to assume that any drug contaminated item, location, or paraphernalia may be contaminated with opioids.

## **HARM REDUCTION: VPD'S STRATEGIES TO PREVENT OVERDOSES**

Harm reduction refers to programs or policies that reduce harm from the use of legal or illegal drugs.<sup>37</sup> Harm reduction includes SCS, drug checking services, the Take Home Naloxone (THN) program, and needle exchanges. Harm reduction approaches have continued to emerge, and B.C.'s current PHO recently called for an increase in these approaches.<sup>38</sup> To reduce the harms associated with drug use, the VPD supports harm reduction and works cooperatively with our health partners on these programs.

## **Supervised Consumption and Overdose Prevention Sites**

The VPD continues to support medical therapies as a harm reduction service to save lives, and to provide a pathway to care and recovery. With exemptions from prosecution under federal drug laws<sup>m</sup>, SCS are medically supervised places for individuals to use drugs under medical supervision. Often, these facilities offer free harm reduction supplies, wrap-around services, and referrals to drug treatment programs. SCS aim to decrease the adverse health, social and economic consequences of drug use without requiring abstinence from drug use. Supervised consumption sites help prevent

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<sup>m</sup> Under the CDSA (Section 56).

## COMBATING A CRISIS: CONTINUING TO SUPPORT THE FOUR PILLARS APPROACH ...CONTINUED

people from transmitting infectious diseases, encourage people who use drugs to access health care services including primary care and addiction treatment, improve public order and reduce the number of injections taking place on the street.<sup>39</sup>

Since the 2017 VPD report, a new SCS, the Powell Street Getaway, opened in July 2017.<sup>40</sup> This additional SCS brings the total of SCS in Vancouver to three (and nine in B.C.).<sup>41</sup> Funded by VCH, this SCS offers harm reduction supplies, as well as opportunities to learn life skills such as vocational training, nutrition guidance, and access to rehabilitation programs.

Overdose Prevention Sites are nimble, low barrier models run by non-profit organizations and peers. These sites operate under a ministerial order in B.C., and in other provinces they operate with specific Health Canada exemptions. The VPD accepts that these sites provide an alternative to individuals using drugs alone, thereby increasing their safety. This is particularly important given that recent research shows that most decedents used drugs alone at the time of death.<sup>42</sup>

### Drug Testing Services

Another harm reduction strategy is the use of drug checking services, which informs users of the ingredients in their substance prior to consumption, potentially reducing any harm. This service is essential, as many drug users are unaware of what substances they are consuming.<sup>43</sup> A recent study of an SCS in Vancouver found that only a small proportion of drug users utilized drug checking services; however, of the drugs checked, a high proportion contained fentanyl.<sup>44</sup> The VPD supports drug testing services as a way to reduce associated harm and prevent overdoses.

### Life-Saving Science: Naloxone

Naloxone (also known as Narcan) is an opioid antagonist medication used to reverse the effects of opioid overdoses. More specifically, Naloxone is used in opioid overdoses to counteract life-

## FAST FACTS: NALOXONE

- NUMBER OF VPD SWORN AND CIVILIAN MEMBERS TRAINED TO ADMINISTER NALOXONE: **1,370**
- NUMBER OF TIMES NALOXONE HAS BEEN ADMINISTERED BY VPD STAFF: **74**
- NUMBER OF LIVES VPD OFFICERS HAVE SAVED WITH NALOXONE: **71**
- NUMBER OF TIMES VPD OFFICERS HAVE BEEN EXPOSED TO OPIOIDS: **7**
- NUMBER OF VPD OFFICERS THAT HAVE RECEIVED NALOXONE: **4**



*\*Data includes all VPD Naloxone deployments from implementation of Naloxone at VPD to present (September 2016 to June 2019).*

*\*In accordance with policy designed to encourage individuals to call 911 without fear of repercussions, VPD officers do not attend non-fatal drug overdoses (unless to assist with life-saving measures or threats to public safety).*

## COMBATING A CRISIS: CONTINUING TO SUPPORT THE FOUR PILLARS APPROACH ...CONTINUED

threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. Since 2012, B.C. has implemented the THN program where individuals can receive a free Naloxone kit and training.<sup>45</sup>

The VPD has supported and worked on the THN program with the BC Drug Overdose and Alert Partnership (DOAP). Currently, over 1300 sites participate in the THN program across B.C. In 2018, the BC Centre for Disease Control (BCCDC) and researchers at the University of British Columbia developed a model to estimate the effectiveness of certain interventions on preventing overdose deaths. The model found that over a 10-month period in 2016, the THN program prevented 226 deaths in B.C.<sup>46</sup>

Given its efficacy, the VPD will continue to support the THN program. Furthermore, the VPD ensures that members (including Jail Guards and civilian staff) are prepared to use the life-saving medication. This training is mandatory for all frontline police officers. Currently, 1,370 VPD members are trained to administer Naloxone. Lives continue to be saved by VPD officers using Naloxone on individuals who may otherwise have fatally overdosed (please see sidebar for statistics on Naloxone).

### VPD Harm Reduction Efforts

In addition to advocating the aforementioned strategies, the VPD has engaged in a number of recent initiatives that support harm reduction, including but not limited to the following:

- The VPD continues to work with the BCCDC on a hydromorphone dispensing project to save lives by providing those with an opioid use disorder with a safe alternative to contaminated street drugs. This would include low-barrier opioid dispensing that will be pilot tested before the end of 2019. The primary benefit of this program is saving lives with a secondary benefit of lowering crime. The VPD is the only law enforcement agency on the pilot's

Advisory Committee, which also includes representatives from health care and people with lived experience of substance use. The VPD promotes efforts such as these to provide a safe and regulated supply of uncontaminated drugs to those with substance use disorders.

- Since 2011, the VPD has been an active member of the DOAP Committee, which aims to prevent/reduce harms of drug use. Information regarding contaminated drugs, increases of overdoses in certain areas, and other emerging issues are shared in a timely manner. Meeting at least four times a year, DOAP members share agency data and concerns to increase awareness in other areas. Other committee members include the Abbotsford Police Department, VicPD, RCMP, BCCDC, Centre for Addictions Research of BC, BC Coroners Service, Centre for Excellence HIV/AIDs, Ministry of Health, B.C.'s Regional Health Authorities, Provincial Toxicology Centre, BC Ambulance Service, Health Canada, BC Drug and Poison Information Centre, and people with lived experience.
- In 2017, the VPD was instrumental in hosting a province-wide meeting for law enforcement agencies on SCS. Attendees were from communities that were exploring opening similar sites in their jurisdictions. The VPD's participation involved sharing information regarding drug and overdose policies. The VPD's role in policing around SCS such as Insite and crime levels were key topics.

### **Doors of Opportunity: A Continuum of Care for Individuals in VPD Custody**

All individuals who have been detained at the Vancouver Jail are assessed by on-site nursing staff. The Primary Health Assessment includes a screening for fitness to be lodged in cells as opposed to hospital, current level of intoxication (if applicable), risk of overdose, and risk of withdrawal while in custody.

All detainees who are to be charged or remanded also receive an extensive initial health assessment during which they are screened for substance use, particularly for opioids. All detainees experiencing opioid or alcohol withdrawal are offered symptomatic treatment of the withdrawal, and further monitoring according to defined opioid withdrawal protocols. Those who are currently receiving Methadone, Suboxone, Kadian (high dose oral morphine replacement therapy), or injectable hydromorphone Opioid Agonist Therapies (OAT) are offered continuation or substitution of their existing therapy while in custody (subject to meeting the requirements of a safe administration protocol). Opioid dependent detainees not currently on OAT are offered the opportunity to start Suboxone induction while still in custody. This enables individuals to leave jail started on initial doses of OAT maintenance therapy.

Upon release, individuals newly started on Suboxone receive a prescription for one to three additional days of treatment to bridge the time delay between release and contact with community follow up. Often follow-up arrangements are made with VCH-operated Connections Clinic, a facility located close to the VPD Jail and the DTES (e.g., referral and information sharing). Any detainee who discloses opioid use is offered a THN kit upon release.

### **TREATMENT: ENCOURAGING HEALTHIER ALTERNATIVES**

Generally, the treatment pillar refers to programs or interventions that lead to treatment and rehabilitation.<sup>47</sup> Effective treatment improves health and decreases preventable deaths, illnesses, and injuries from drug use. Crucial to treatment is ongoing engagement and individualized programs.

The VPD publicly supports new forms of treatment and services that offer safer regulated alternatives to contaminated street drugs to help people with opioid addictions. Select examples of VPD's advocacy for treatment include the following:

- Publicly supporting the Providence Crosstown Clinic,<sup>48</sup> which, in a supervised setting, offers substance use clients medical-grade heroin (diacetylmorphine) and the analgesic hydromorphone;<sup>49</sup>
- Encouraging individuals to seek assistance from the DTES Connections Clinic, a drop-in treatment centre to help those suffering with issues related to illicit drug use.<sup>50</sup> Open year round, the Connections Clinic offers opioid substitution therapy and THN kits, provides access to social workers and community workers, and connections to housing and other services;
- Uniting with the health sector (e.g., Ministry of Health, Providence Health Care), by supporting St. Paul's Hospital Emergency Department HUB, an innovative treatment model that is the product of several partners, including the VPD. The HUB's origins began with an anonymous donation made to the VPF in 2015.<sup>51</sup> This HUB has up to 10 treatment beds dedicated to timely assessment, treatment, and care of people living with mental health and/or substance use disorders.<sup>52</sup> The VPD engaged St. Paul's Hospital to establish a treatment centre. Upon evaluation at the HUB, patients can be connected to the VPF Transitional Care Centre (TCC), which joins the Rapid Access Addiction Clinic and the Overdose Prevention Site (both at St. Paul's Hospital). The VPD continues to work in an advisory capacity, to support both the HUB and the TCC;

## COMBATING A CRISIS: CONTINUING TO SUPPORT THE FOUR PILLARS APPROACH ...CONTINUED

- Supporting VCH's Overdose Outreach Teams, which consist of outreach and social workers who assist clients with beginning treatment. The outreach teams work to connect clients with health and social services, and to provide harm reduction education.<sup>53</sup> More specifically, the VPD refers people who use or have substance use issues to the VCH Overdose Outreach Team to link these individuals to appropriate services; and
- The VPD is actively participating in the B.C. Overdose Action Exchange (ODAX). Established in 2016, ODAX annual meetings are to facilitate dialogue between key stakeholders including first responders, local/provincial government, health care, and persons with lived experience. The goal is to discuss solutions to the opioid crisis in a safe and welcoming environment. Key topics included drug policy, treatment options, providing safer drug supplies, and stigma. In 2018, ODAX released a report summarizing discussions and actions discussed at the meeting (e.g., prevention, safer supply).<sup>54</sup> The collective efforts of ODAX have led to changes such as further access to THN kits, expansion of SCS, access to drug testing, and pill press legislation.

*The HUB will not only provide better patient care but it will also greatly reduce the amount of time our officers wait with patients in the Emergency Department. The HUB will free up their time so they can get back on the road quicker to help keep Vancouver safe.*

**CHIEF CONSTABLE ADAM PALMER**  
VANCOUVER POLICE DEPARTMENT

The VPD will continue to advocate for innovative strategies including opioid assisted therapies, SCS, and drug checking services. Supporting VPD's advocacy is research that shows the efficacy of these strategies. For example, a recent study found that in a nine-month period, an estimated 3,030 deaths were averted with combined interventions that included THN, SCS, and opioid assisted therapy.<sup>55</sup> While these collective impacts work, more efforts are required as overdose deaths continue.

## CONTINUING COLLABORATIONS TO CREATE CHANGE

The VPD recognizes that an effective response to the opioid crisis requires a collaborative and integrated approach; as such, the VPD continues to cultivate partnerships to increase information sharing and devise collective responses. These include continuing to work with the health sector, collaborations with the CoV, and efforts with the Government of B.C.

### VANCOUVER COMMUNITY ACTION TEAMS

In February of 2018, the B.C. Government announced that 18 communities including Vancouver would receive up to \$100,000 for new Community Action Teams (CAT). These teams would consist of municipal staff, first responders, health care professionals and persons with lived experience, and would be designed to build on existing work in the community around the opioid crisis. The CoV and VCH chair the Vancouver CAT meetings, and the CoV contributed an additional \$50,000 funding for the CAT. The Vancouver CAT meets monthly to discuss the crisis and to examine methods for preventing overdose fatalities. The VPD has been a member of the CAT since its inception and worked collaboratively with the Vancouver CAT to develop a safe supply statement and video that that the Mayor will share with over government partners, including the Government of Canada, to advocate for access for a regulated drug supply.<sup>n</sup>

### THE MAYOR'S OVERDOSE EMERGENCY TASK FORCE

On November 13, 2018, Vancouver City Council passed a motion to convene an Overdose Emergency Task Force to determine actions the CoV could take that would begin to save lives in this opioid crisis. The task force includes 115 individual members and the CAT, representing approximately 25 agencies and individuals.<sup>56</sup>

The VPD is working on implementing recommendations from this task force. One such recommendation is a pilot project on continuity of

treatment for those in VPD custody. In collaboration with the CoV and VCH, the VPD will be implementing a four-month pilot project to address any gaps, improvements, and recommendations that may be made relevant to continuity of treatment for detainees with opioid use disorders. The pilot is expected to run into early 2020 with data available after that time. The data will be used to make further recommendations to the VPD Executive and community partners on how best to treat detainees with substance use disorders. Another role the VPD is playing is mobilizing a justice system response; the CoV and the VPD will be co-hosting a working group with Executive membership from key stakeholders (including the BC Ministry of Justice, BC Ministry of Mental Health and Addictions, Community Drug Court, VCH, People with Lived Experience). The goal of this initiative is to identify risks to overdose deaths due to interface with the criminal justice system of those addicted to illicit drugs. This working group will be preparing a report with a comprehensive program for action in Vancouver.

### PARTNERSHIPS WITH THE PROVINCE

The VPD has had consultations with the Provincial Ministry of Public Safety and Solicitor General to discuss the opioid crisis. More specifically, discussions surrounding barriers to law enforcement and prosecution services, such as the limitations of the federal pill press legislation in Bill C-37.<sup>57</sup> Although it became law in May 2018, Bill C-37 dealt only with the importation of this equipment and failed to control domestic possession and sales. Together with the provincial government, members of the BCACP drug committee, including the VPD, worked to develop the provincial *Pill Press and Related Equipment Act*, designed to disrupt criminal access to equipment used to make tablets and capsules and to restrict the ownership, possession, use, and sale of equipment that has the potential to be used to make counterfeit pills. Thus far, B.C. and Alberta are the only Canadian provinces to have this type of legislation.

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<sup>n</sup> Please visit <https://www.youtube.com/watch?v=l7re0RCQ1oQ> to view the video.

## ENDING AN EPIDEMIC: LOOKING AHEAD

Ending the opioid crisis will require an integrated approach, and the VPD remains committed to working with other sectors, communities, and individuals in an effort to save lives. A collective approach must include increased government funding for better access to the full range of treatment options, including injectable opioid agonist treatment programs, a regulated safer supply of opioids, public education and awareness campaigns, and legislative changes.

The opioid crisis remains a departmental priority, as stated in VPD's most recent strategic plan, and the VPD will continue to "work with the City of Vancouver and other partners to focus on issues that have an impact on public safety."<sup>58</sup> The VPD will stay committed to helping individuals who may experience harm from these illicit substances. This includes maintaining support for harm reduction and treatment services, and continuing to refer people to these services. The VPD will remain open to progressive health initiatives that work towards saving lives – this includes regulated safe supply, diversion programs, and any mechanism that may prevent deaths. That is, the VPD commits to continuing to work with our partners to end this crisis; ending the opioid crisis requires a continued collaborative approach.

While helping those in need, the VPD will target individuals or organized crime groups who traffic drugs, including fentanyl. The VPD is alive to the various mechanisms by which these potent drugs are finding their way to vulnerable people, and will continue to work on strategic intelligence-led enforcement projects to identify individuals who pose significant threats to public safety.

Coined by Seligman, *learned helplessness* occurs when humans are faced with situations they cannot control, and they become passive.<sup>59</sup> Helpless responses occur when we are exposed to uncontrollable and noxious circumstances. The opioid crisis has left families, friends, first responders, and other communities across the province feeling helpless and hopeless. However, the VPD, along with British Columbians, is committed to taking action to solve this crisis.

The VPD will remain on a *journey to hope*, and continue to approach the challenges of the opioid crisis, with a determination for success.

## GLOSSARY

<b>BCACP</b>	BRITISH COLUMBIA ASSOCIATION OF CHIEFS OF POLICE
<b>BCCDC</b>	BC CENTRE FOR DISEASE CONTROL
<b>CACP</b>	CANADIAN ASSOCIATION OF CHIEFS OF POLICE
<b>CAT</b>	COMMUNITY ACTION TEAMS
<b>CBSA</b>	CANADA BORDER SERVICES AGENCY
<b>CDSA</b>	CONTROLLED DRUGS AND SUBSTANCES ACT
<b>CoV</b>	CITY OF VANCOUVER
<b>DOAP</b>	BC DRUG OVERDOSE AND ALERT PARTNERSHIP
<b>DTES</b>	DOWNTOWN EASTSIDE
<b>OAT</b>	OPIOID AGONIST THERAPIES
<b>OCS</b>	ORGANIZED CRIME SECTION
<b>ODAX</b>	OVERDOSE ACTION EXCHANGE
<b>PBS</b>	PUBLIC BROADCASTING SERVICE
<b>PHO</b>	PROVINCIAL HEALTH OFFICER
<b>RADAR</b>	REAL-TIME DRUG ALERT & RESPONSE
<b>RCMP</b>	ROYAL CANADIAN MOUNTED POLICE
<b>TCC</b>	TRANSITIONAL CARE CENTRE
<b>THN</b>	TAKE HOME NALOXONE
<b>VCH</b>	VANCOUVER COASTAL HEALTH
<b>VicPD</b>	VICTORIA POLICE DEPARTMENT
<b>VPD</b>	VANCOUVER POLICE DEPARTMENT
<b>VPF</b>	VANCOUVER POLICE FOUNDATION
<b>SCS</b>	SUPERVISED CONSUMPTION SITES
<b>SPC-DID</b>	SPECIAL PURPOSE COMMITTEE ON THE DECRIMINALIZATION OF ILLICIT DRUGS

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## APPENDIX A

### ILLICIT DRUG OVERDOSE DEATHS IN B.C. BY GENDER AND BY AGE GROUP (2009-2019)

**TABLE A1. ILLICIT DRUG OVERDOSE DEATHS BY GENDER\***

Gender	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Female	55	49	82	76	79	86	106	200	271	305	162
Male	146	162	212	194	255	282	423	792	1,223	1,231	528
Unknown	0	0	0	0	0	0	0	0	1	0	0
<b>Total</b>	<b>201</b>	<b>211</b>	<b>294</b>	<b>270</b>	<b>334</b>	<b>368</b>	<b>529</b>	<b>992</b>	<b>1,495</b>	<b>1,541</b>	<b>690</b>

**TABLE A2. ILLICIT DRUG OVERDOSE DEATHS BY AGE GROUP\***

Age Group	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
10-18	2	4	4	5	6	3	5	12	25	18	12
19-29	46	40	74	61	94	83	117	204	274	299	123
30-39	51	49	75	61	77	101	137	261	400	402	184
40-49	57	66	77	67	74	85	130	232	355	340	154
50-59	33	45	54	56	62	72	110	229	313	352	152
60-69	12	7	10	19	21	24	29	50	121	123	62
70-79	0	0	0	1	0	0	1	3	7	7	3
80+	0	0	0	0	0	0	0	1	0	0	0
<b>Total</b>	<b>201</b>	<b>211</b>	<b>294</b>	<b>270</b>	<b>334</b>	<b>368</b>	<b>529</b>	<b>992</b>	<b>1,495</b>	<b>1,541</b>	<b>690</b>

\*Reproduced from Coroner's Service (2019). Illicit Drug Toxicity Deaths in BC. January 1, 2009 to August 31, 2019.

## APPENDIX B

ILLCIT DRUG OVERDOSE DEATHS BY MONTH IN B.C. (2009-2019)

**TABLE B1. ILLICIT DRUG OVERDOSE DEATHS BY MONTH\***

Month	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Jan	23	16	24	20	20	23	43	85	147	132	96
Feb	15	14	24	17	21	38	31	58	125	107	81
Mar	10	15	25	25	33	28	32	76	130	159	114
Apr	8	9	26	31	31	29	34	72	154	137	87
May	19	22	22	19	28	40	41	51	149	117	89
Jun	16	21	22	25	25	29	34	71	127	113	74
Jul	19	23	33	29	39	25	40	74	124	147	70
Aug	27	24	22	20	21	37	53	63	127	125	79
<b>Subtotal</b>	<b>137</b>	<b>144</b>	<b>198</b>	<b>186</b>	<b>218</b>	<b>249</b>	<b>308</b>	<b>550</b>	<b>1,083</b>	<b>1,037</b>	<b>690</b>
Sep	16	20	22	16	28	31	50	64	97	135	-
Oct	13	18	23	19	19	35	53	76	99	118	-
Nov	18	18	27	28	31	28	52	141	112	131	-
Dec	17	11	24	21	38	25	66	161	104	120	-
<b>Total</b>	<b>201</b>	<b>211</b>	<b>294</b>	<b>270</b>	<b>334</b>	<b>368</b>	<b>529</b>	<b>992</b>	<b>1,495</b>	<b>1,541</b>	<b>690</b>
Average	16.8	17.6	24.5	22.5	27.8	30.7	44.1	82.7	124.6	128.4	90.2

\*Reproduced from Coroner's Service (2019). Illicit Drug Toxicity Deaths in BC. January 1, 2009 to August 31, 2019.

## APPENDIX C

FENTANYL-DETECTED ILLICIT DRUG OVERDOSE DEATHS BY MONTH IN B.C. (2012-2019)

**TABLE C1. FENTANYL-DETECTED DEATHS BY MONTH\***

Month	2012	2013	2014	2015	2016	2017	2018	2019
January	0	5	5	20	46	106	116	88
February	0	3	5	8	30	106	91	72
March	0	6	9	8	48	117	136	100
April	1	8	8	12	48	129	115	72
May	1	3	8	8	37	113	92	72
June	1	2	6	11	42	104	91	56
July	0	1	3	14	41	106	128	62
August	1	4	8	15	38	111	114	62
September	1	2	9	15	43	81	122	-
October	0	4	13	16	52	82	107	-
November	4	6	6	13	111	90	120	-
December	3	6	11	13	131	82	106	-
<b>Total</b>	<b>12</b>	<b>50</b>	<b>91</b>	<b>153</b>	<b>667</b>	<b>1,227</b>	<b>1,338</b>	<b>584</b>

\*Reproduced from Coroner's Service (2019). Fentanyl-Detected Illicit Drug Toxicity Deaths in BC. January 1, 2009 to August 31, 2019.

## APPENDIX D

ESTIMATED VPD DRUG SEIZURE QUANTITIES ACROSS TWO YEARS (2017-2019)

**TABLE D1. VPD DRUG SEIZURE QUANTITIES**

General Drug Category	Quantity (kg)
Cocaine	128.355
Fentanyl + Mixtures	63.856
GHB (Gamma-hydroxybutyrate)	42.209
MDMA (Methylenedioxy-methamphetamine)	40.267
Heroin	28.060
Opium	14.312
Oxycodone	3.334
Psilocybin	1.582
Morphine	0.487
Percocet	0.234
Shatter (Butane Hash Oil)	0.052
LSD (Lysergic acid diethylamide)	0.029
Carfentanil	0.004

\*Data from April 2017-April 2019.



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