

FINDINGS FROM THE *GOOD SAMARITAN* *DRUG OVERDOSE ACT* EVALUATION:

LESSONS LEARNED FROM IMPLEMENTATION OF DECRIMINALIZATION AT OVERDOSES



BC Centre for Disease Control



BRITISH
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On behalf of the GSDOA research team

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ACKNOWLEDGEMENTS

- We respectfully acknowledge that this work was conducted across the unceded, ancestral and stolen territories of more than 200 First Nations across what we call British Columbia; and that BCCDC is situated on the stolen territories of the x^wməθk^wəy̓əm (Musqueam), skwxwú7mesh (Squamish), and sełílwitulh (Tsleil-waututh) nations
- We acknowledge the thousands of devastating and preventable deaths that have occurred in British Columbia due to the toxic unregulated drug supply. We recognize the ongoing commitment of people with lived and living experience of substance use who have been and continue to be the lead advocates and actors working to reduce preventable deaths and harms for all people who use drugs
- We would like to thank PEEP (Professionals for Ethical Engagement of Peers) for their valuable insights and expertise to develop the study tools and interpret data, Foundry, BCCDC staff and students, harm reduction distribution and take home naloxone site staff, and the participants for sharing their knowledge and experiences

TODAY'S PRESENTATION

Today's objective:

To share findings from the *Good Samaritan Drug Overdose Act (GSDOA)* evaluation to provide insights about potential opportunities and challenges with BC's broader decriminalization, and hear your thoughts and insights

Outline:

- Background (GSDOA evaluation)
- Compare the written exemptions for GSDOA and BC's decriminalization model
- Share key takeaways from the evaluation and implications for BC's decriminalization model
 1. Lack of awareness and understanding of GSDOA among people who use drugs and the police
 2. Limitations of the GSDOA legislation and its design; GSDOA doesn't reflect the diverse realities of how drugs are used
 3. Police discretion shapes how GSDOA was implemented and contributes to inconsistent applications of the legislation, which can lead to distrust of the Act and the police
 4. Decriminalization won't end the drug poisoning crisis - need to address structural and systemic factors
- Discussion
- Resources and references

BACKGROUND: THE GOOD SAMARITAN DRUG OVERDOSE ACT

AUG 2012
BC Take Home Naloxone (THN) pilot program was launched



APRIL 2016
Public Health Emergency was declared in B.C.

JUNE 2016
The BC Emergency Health Services introduced a policy to not routinely inform police about all overdose calls



MAY 2017
The Good Samaritan Drug Overdose Act (GSDOA) was implemented

- Previous evidence suggests most overdoses occur in the presence of bystanders (Martins et al 2015; Karamouzian et al., 2019)
- By-standers delay/don't call 911 at overdose events for fear of police involvement (Canadian Centre on Substance Abuse, 2017)
- To overcome this concern:
 - ✓ June 2016, **BC Emergency Health Services policy** introduced; police not routinely informed in the event of an overdose (Mehta et al., 2021)
 - ✓ May 2017, Federal **Good Samaritan Drug Overdose Act** (Government of Canada, 2019) enacted to provide some protection from arrest at the scene of an overdose

Despite Health Canada, Pivot Legal & BCCDC developing posters and wallet cards, there was a **lack of awareness about GSDOA**

Suspect an
Overdose?
Stay and
CALL 911


Canada's new
Good Samaritan law
can protect you.

Learn more at Canada.ca/Opioids
Together we can #StopOverdoses





THE GOOD SAMARITAN DRUG OVERDOSE ACT RECEIVED ROYAL ASSENT ON MAY 4TH, 2017

This enactment amends the Controlled Drugs and Substances Act to exempt persons seeking emergency medical or law enforcement assistance for themselves or for others at an overdose from being charged for **simple possession** or for **violation of pre-trial release, probation order, conditional sentence, or parole related to simple possession**, if the evidence in support of that offence was obtained or discovered as a result of seeking assistance or remaining at the scene. This applies to any person at the scene upon the arrival of assistance, including the person who overdosed.



Please refer to Bill C-224 for details.



IF YOU SUSPECT AN OVERDOSE, CALL 911 STAY WITH THE PERSON UNTIL HELP ARRIVES

THE LAW DOES PROVIDE PROTECTION FROM CHARGES FOR:	THE LAW DOES NOT PROVIDE PROTECTION FROM CHARGES FOR:
Simple possession (personal use)	Selling illegal drugs (trafficking)
	Offences other than drug possession
	Any outstanding arrest warrants
Violation of pre-trial release, probation order, conditional sentence, or parole related to simple possession	Violation of pre-trial release, probation order, conditional sentence, or parole for an offence other than simple possession

THE GOOD SAMARITAN DRUG OVERDOSE ACT IS NOW LAW

THE LAW SAYS:

If you are at the scene of an overdose and you or someone else calls 911 to get medical assistance, **you are not to be charged with simple possession** (possession for your own personal use) of an illegal substance.

You are also **not to be charged for breach of probation or parole** relating to simple drug possession.



IF YOU SUSPECT AN OVERDOSE, CALL 911
CALLING 911 SAVES LIVES



After calling 911, give **breaths and naloxone** if you have it.
Stay with the person until help arrives.



For more information, visit:
http://www.pivotlegal.org/good_samaritan_drug_overdose_act_rights_card

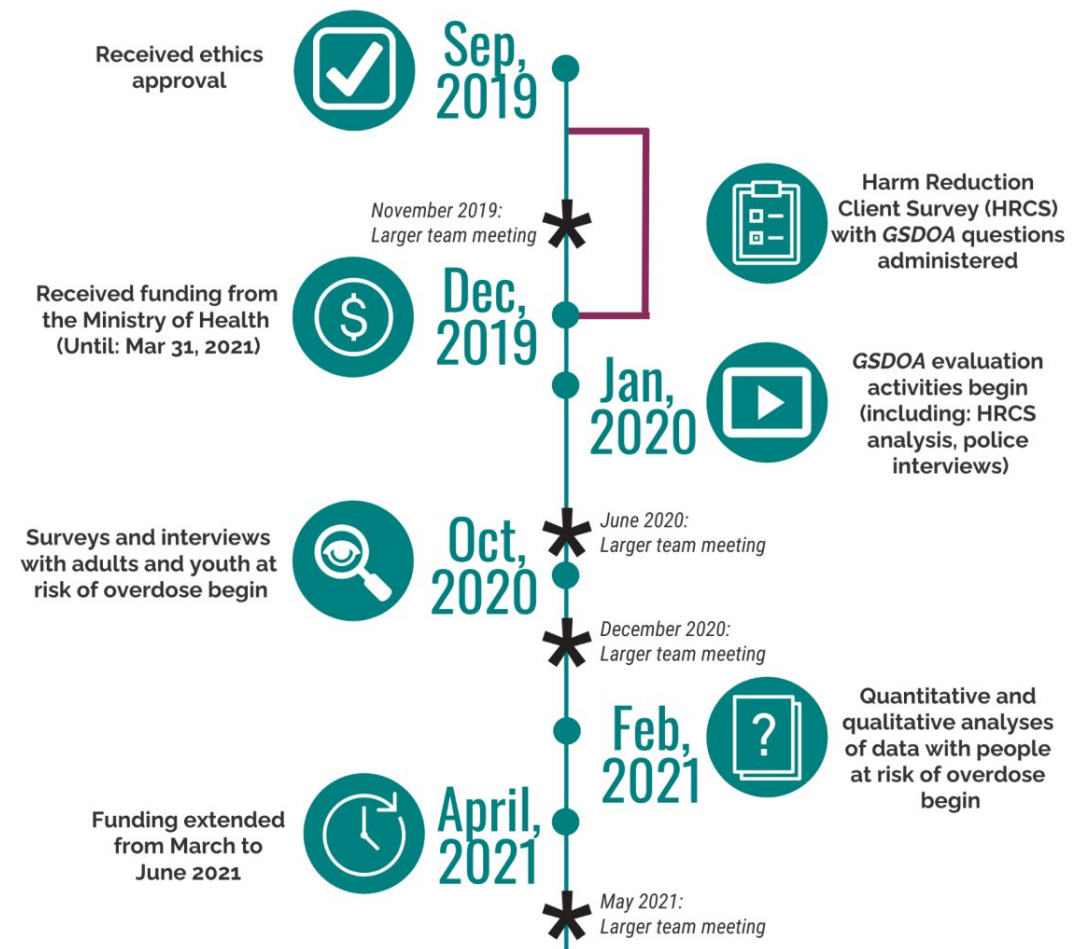
or:
<http://canada.ca/opioids>
September 14, 2017



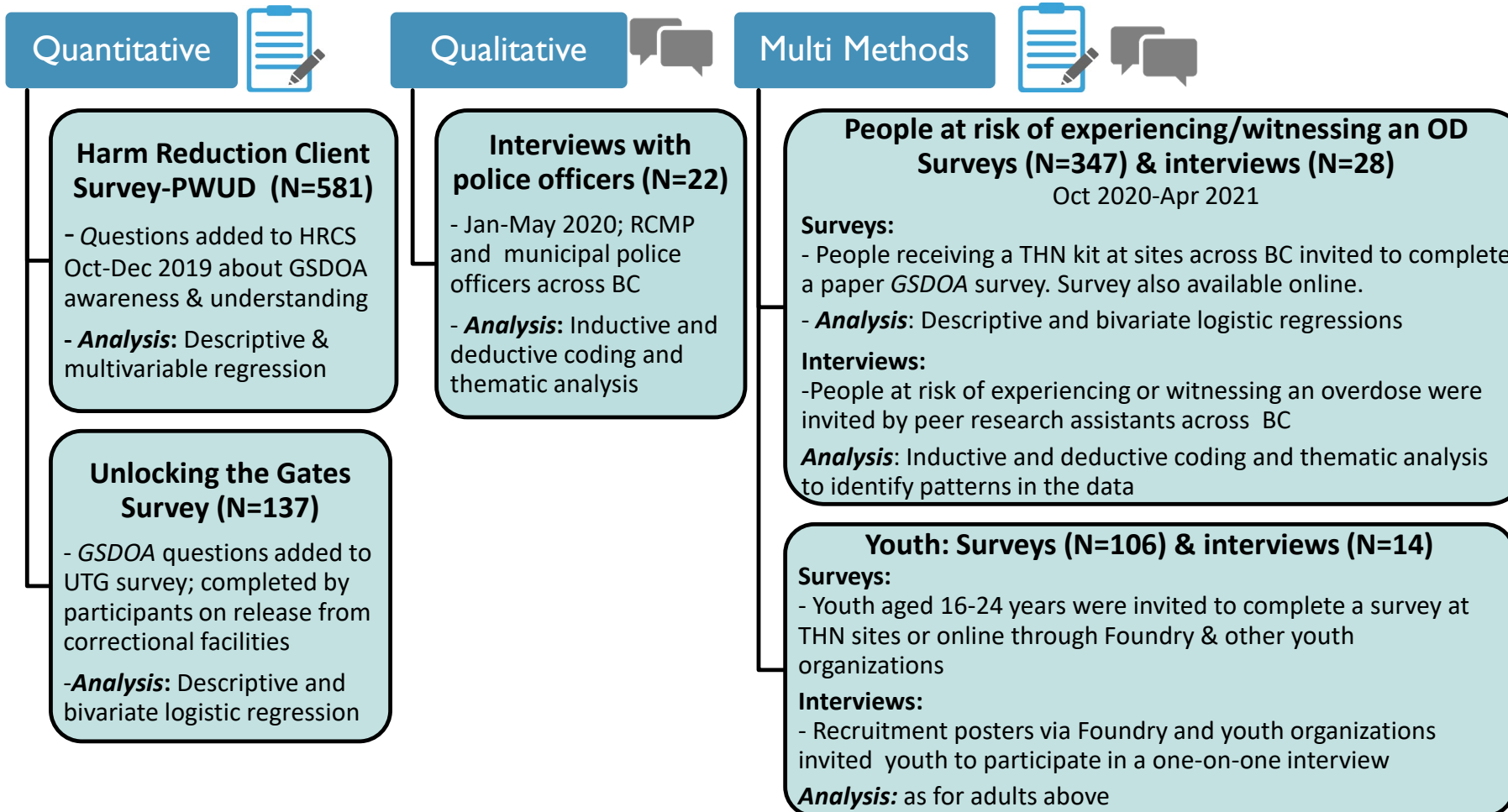

BACKGROUND: MULTI-METHODS GSDOA EVALUATION

Objective:

To assess awareness, understanding, experiences and the implementation of the GSDOA (May 2017) among people at risk of experiencing or witnessing an overdose, including youth; and police officers



GSDOA EVALUATION 2019-2022 (2.5 & 3.5 YRS AFTER IMPLEMENTED)



COMPARING GSDOA AND BC'S DECRIMINALIZATION MODEL

	The <i>GSDOA</i>	BC Decriminalization
Jurisdiction and date of implementation	<ul style="list-style-type: none"> Federal legislation Implemented: May 2017 - is ongoing 	<ul style="list-style-type: none"> Provincial legislation (Federal exemption) Implemented: Jan 31st 2023 - Jan 2026
Objective	Reduce overdose deaths by reducing concerns around police and encouraging people to call 911	Reduce stigma around drug use and concerns around criminalization to encourage people to access healthcare and social services without fear of repercussion
When it applies	<ul style="list-style-type: none"> For people who are experiencing or witnessing an overdose event (whether stay or leave the scene) Simple drug possession (for personal use); no threshold Violations of pre-trial release, probation order, conditional sentence, or parole related to drugs related to simple possession All ages 	<ul style="list-style-type: none"> Any where/time i.e. Not restricted to overdose events Simple drug possession (for personal use) cumulative total of drugs of up to 2.5 grams No mention of violations of pre-trial release, probation order, conditional sentence, or parole related to drugs Adults 18+
When it doesn't apply	<ul style="list-style-type: none"> Drug trafficking (no threshold); includes suspected intent to traffic, sharing, giving away, etc. Any outstanding arrest warrants Offence other than simple drug possession Violation of pre-trial release, probation order, conditional sentence, or parole for an offence other than simple possession 	<ul style="list-style-type: none"> Possession (for personal use) above 2.5 grams Drug trafficking; includes suspected intent to traffic, sharing, giving away, etc. In and surrounding elementary and secondary schools and child care facilities In airports

KEY TAKEAWAYS AND IMPLICATIONS

I. LACK OF AWARENESS AND UNDERSTANDING

I. Lack of awareness and understanding of GSDOA among people who use drugs and the police

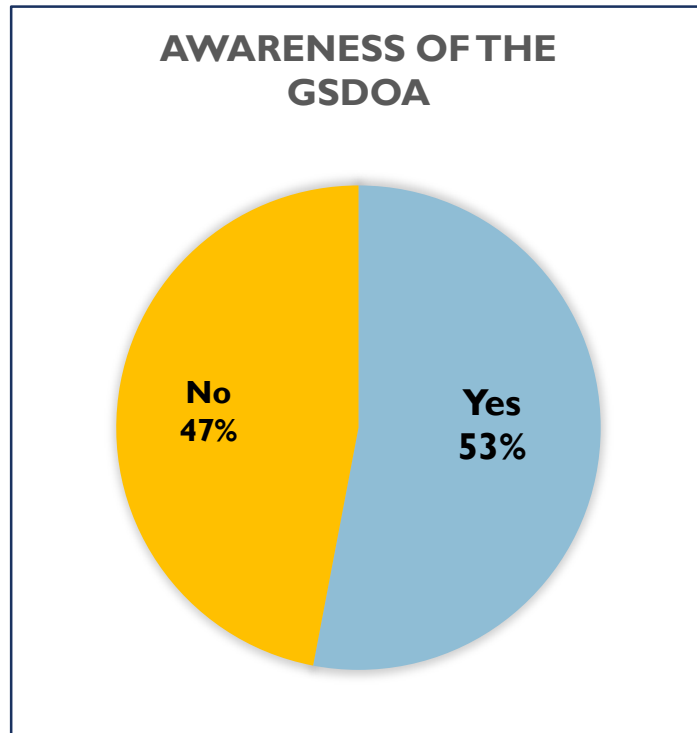
The GSDOA is only as effective as people's awareness and understanding of it. We found considerable gaps in awareness and understanding of the legislation among people it was intended to benefit and police officers.



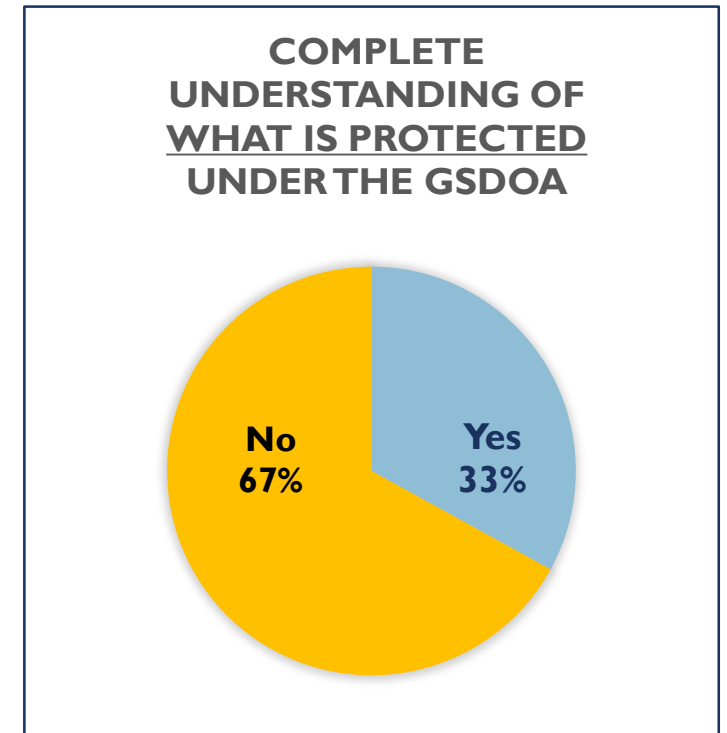
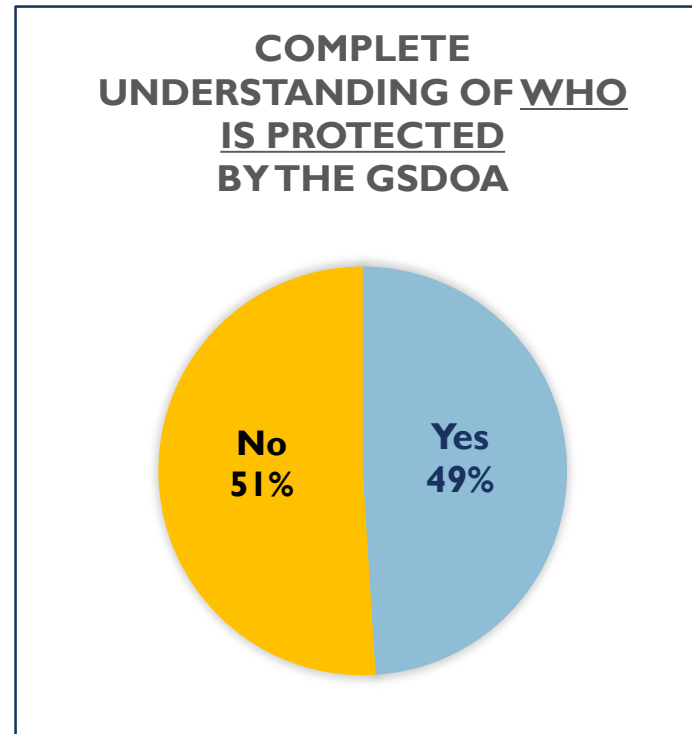
KEY TAKEAWAYS AND IMPLICATIONS:

I. LACK OF AWARENESS AND UNDERSTANDING (HRCS 2019)

Among all participants



Among participants who were aware of the GSDOA



KEY TAKEAWAYS AND IMPLICATIONS:

I. LACK OF AWARENESS AND UNDERSTANDING

Many people who use drugs overestimated the legal protections provided:

‘So the Good Samaritan Drug Act is you don’t have to worry about when you phone and there’s an overdose. They won’t ever check you for your drugs. They’ll never charge you for anything if you’re trying to save a life and– yeah. So you won’t be searched. You won’t be charged. You won’t be taken away.’

Police officers' knowledge of GSDOA varied; of those aware of GSDOA, many couldn't clearly articulate its tenets or when/for whom it applies; some underestimated its legal protections:

‘I know actually very little about this Good Samaritan thing. Like, I actually was just told kind of what it was all about by a few co-workers around here before– when I got the email originally this morning.’

‘I’ve heard of it and I knew that it would protect the user. I didn’t know about, like, callers and things like that as well.’

‘Probably this Act went out in some sort of email saying the law has now changed, make sure you know this. Which probably didn’t have a whole lot of impact.’

In response to these findings:

Reminder to HR supply and THN sites re GSDOA poster and wallet cards

RCMP developed a training presentation for roll call and online for refresher

KEY TAKEAWAYS AND IMPLICATIONS:

I. LACK OF AWARENESS AND UNDERSTANDING

IMPLICATIONS:

It is not sufficient to implement decriminalization, there needs to be substantial education and knowledge dissemination to ensure the public and police understand the specifics of the legislation i.e. when it applies and when it does not.

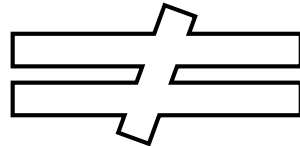
- **Public** needs accurate knowledge about decriminalization to avoid over estimation of protection, so can effectively advocate for self and others, and avoid mistrust
- **Police** need comprehensive, mandatory training, regular refreshers and knowledge assessment re decriminalization



KEY TAKEAWAYS AND IMPLICATIONS

2. LIMITATIONS OF THE GSDOA LEGISLATION

2. Limitations of the GSDOA exemption and its design; GSDOA doesn't reflect the diverse realities of how drugs are used



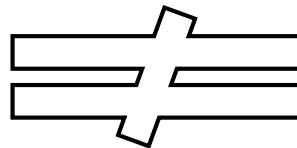
KEY TAKEAWAYS AND IMPLICATIONS:

2. LIMITATIONS OF THE GSDOA LEGISLATION

We found how the GSDOA exemption is written, limits and compromises it's ability to reach it's objective and GSDOA doesn't reflect the diverse realities of how drugs are used

People shared:

- Drugs could still be confiscated under the GSDOA
- People could be arrested for drug trafficking at an overdose event if police determined their belongings (e.g. scales, baggies) and drug use (larger amount) suggested they were trafficking
- People with a history of involvement with the criminal legal system for low-level or drug-related offences e.g. warrants, court ordered conditions, were not legally protected by the GSDOA



KEY TAKEAWAYS AND IMPLICATIONS:

2. LIMITATIONS OF THE GSDOA LEGISLATION

	The GSDOA
Jurisdiction and date of implementation	<ul style="list-style-type: none"> Federal legislation Implemented: May 2017
Objective	Reduce overdose deaths by reducing concerns around police and encouraging people to call 911
When it applies	<ul style="list-style-type: none"> For people who are experiencing or witnessing an overdose event (whether stay or leave the scene) Simple drug possession (for personal use) (no threshold) Violations of pre-trial release, probation order, conditional sentence, or parole related to drugs related to simple possession All ages
When it doesn't apply	<ul style="list-style-type: none"> Drug trafficking (no threshold) (includes suspected intent to traffic, sharing, giving away, etc.) Any outstanding arrest warrants Offence other than simple drug possession Violation of pre-trial release, probation order, conditional sentence, or parole for an offence other than simple possession

'If I have a half ball on me, I can probably get charged for something other than just personal use. But that's how I buy it usually.'

'I had three people OD in my room 'cause I told them, if you're going to do it, come to my room. And then the cops came and tried to investigate me for fucking giving it to them.'

'Crack shacks or houses where, you know, a bunch of people and friends sit around – there's often more than just possession amounts...'

'She just went boom with her head right on the table. And I was, like, uhm, what's going on? Her husband goes, oh, she did a rail of heroin half an hour ago. Uhm, I got to go. I got warrants. Bye.'

KEY TAKEAWAYS AND IMPLICATIONS:

2. LIMITATIONS OF THE GSDOA LEGISLATION

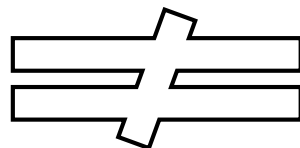
Reality of drug use:

- People use together to be safer and look out for each other
- Over COVID-19 people bought larger amounts for self or friends to reduce contact
- Person may leave the site of an overdose if concerned re arrest

Implications

Similar limitations have been identified with BC's model of decriminalization by advocates, people who use drugs and researchers.

- **low cumulative simple drug possession threshold** putting people at risk of being arrested for intent to drug traffic
- **lack of legal protection for people with certain vulnerabilities** (e.g., people with conditions and warrants, public consumption bylaws and people who are unhoused) contributing to continued criminalization for marginalized people who use drugs



KEY TAKEAWAYS AND IMPLICATIONS:

3. IMPLEMENTATION AND POLICE DISCRETION

3. Police discretion (the freedom to decide what should be done in a situation) shaped if and how the GSDOA was implemented and contributed to inconsistent applications of the legislation.

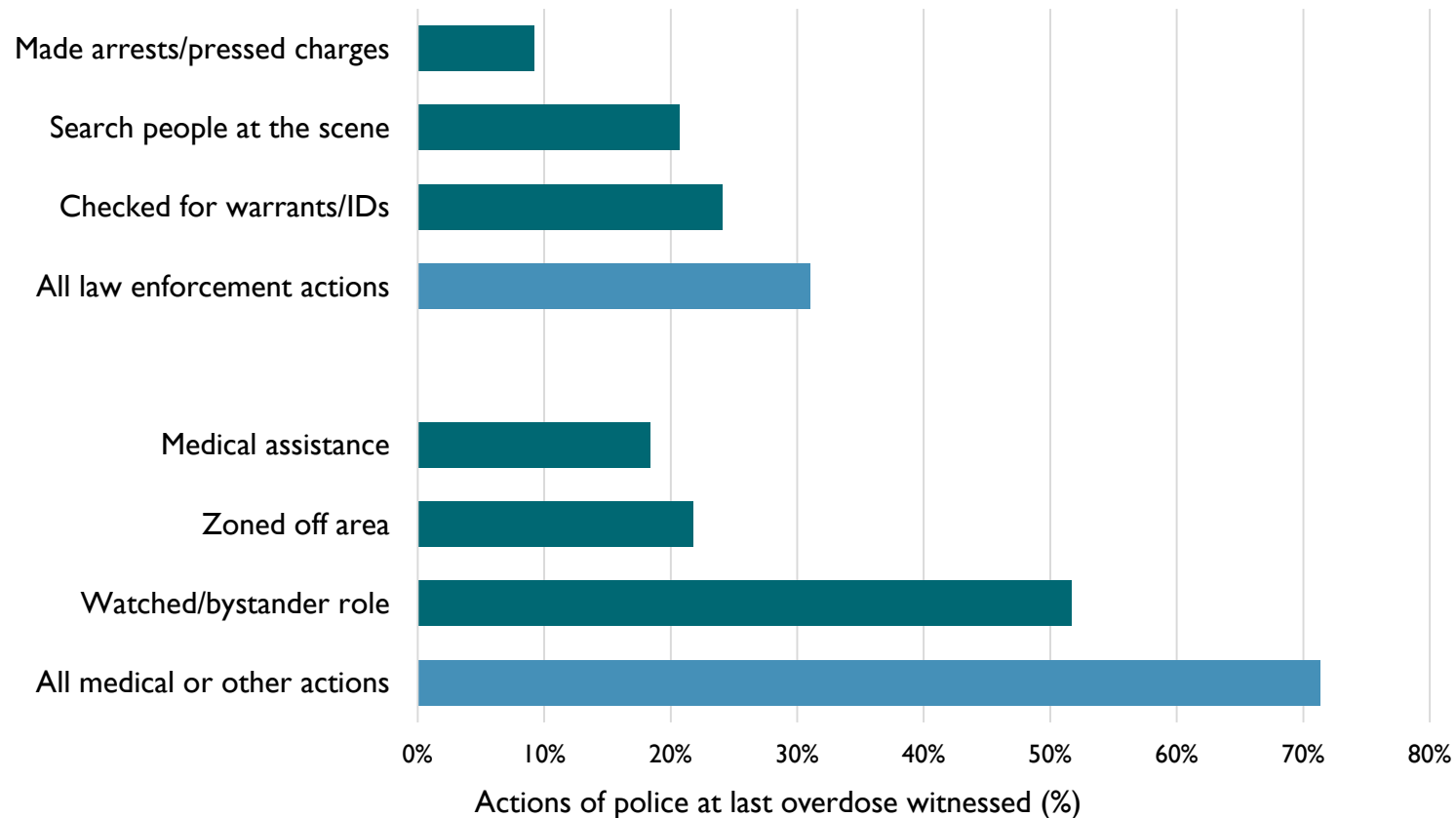
These inconsistencies can lead to public distrust of the police and the Act



KEY TAKEAWAYS AND IMPLICATIONS:

3. IMPLEMENTATION AND POLICE DISCRETION

If police were present, what did they do at the overdose scene (Select all that apply)?



KEY TAKEAWAYS AND IMPLICATIONS:

3. IMPLEMENTATION AND POLICE DISCRETION

Police reported that they were using their discretion before the GSDOA was implemented to not arrest for simple possession (similar to what we are hearing in relation to decriminalization):

‘We didn’t need the Act for it anyways. There’s no way our Crown[prosecutors in Canada] would— accept a charge of possession for that individual for— when they’ve over-dosed.’

Police discretion after the GSDOA implementation led to inconsistencies in its application:

‘The law tends to like to be grey ‘cause that’s how it works the best around interpretation.... So I think that’s the way these sorts of laws should be developed...it works well. It’s more up to the individual officer how they kind of see themselves applying those sorts of things.’

People who use drugs were at risk of interrogation and arrest, resulting in lack of trust in the legislation:

‘You know what that Act means? It’s something on paper to appease the public and appease parliament and whatnot. Because when it comes down to it, it don’t mean jackshit when a cop pulls up on you. [...] Overdose, you got dope on you, you’re going to fucking jail.’

KEY TAKEAWAYS AND IMPLICATIONS:

3. IMPLEMENTATION AND POLICE DISCRETION

Police used their discretion to determine what was sufficient evidence of drug trafficking:

'...possession for the purpose of trafficking.... there's lots of ways to work with that definition if you're the kind of cop that wants to do that.'

'[The police officer] reads him his fucking rights and tells him he's under arrest...he had seven points that were wrapped up in individual points. He wasn't selling or anything. That's how he bought it.'

No clear line between personal possession and trafficking made some vulnerable:

- (1) Low-level drug traffickers
- (2) Those needing to buy larger amounts for personal use
- (3) When using together to be safe

Police also used their discretion to determine whether to enact law enforcement activities at overdose events (e.g. seizing drugs, running names and checking identification, searching people):

'The guy had just gotten out of prison, so he was on probation and stuff. So right after [the overdose event], they locked him up.'

KEY TAKEAWAYS AND IMPLICATIONS:

3. IMPLEMENTATION AND POLICE DISCRETION

IMPLICATIONS:

Law on books \neq law on street:

The application of the law is not always applied or put into practice as it was intended.

Police discretion could shape how decriminalization is implemented.

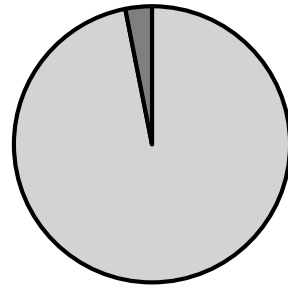
There is a need to monitor police discretion and structural context, including other laws, in which drug policy is enacted (e.g., less charges for possession but more for trafficking etc.)



KEY TAKEAWAYS AND IMPLICATIONS:

4. DECRIMINALIZATION, ALONE, WILL NOT SOLVE THE CRISES

4. Decriminalization alone won't end the drug poisoning crisis, structural & systemic factors need to be addressed

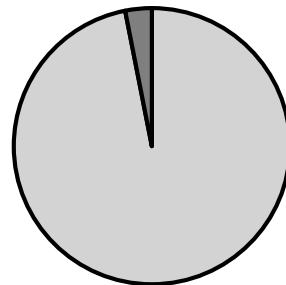


KEY TAKEAWAYS AND IMPLICATIONS:

4. DECRIMINALIZATION, ALONE, WILL NOT SOLVE THE CRISES

The GSDOA was an important step that moved towards broader decriminalization in BC. However, decriminalization won't end the drug poisoning crisis and, alone, it will not be enough to eliminate stigma and discrimination for people who use drugs.

Structural and systemic factors need to be addressed



KEY TAKEAWAYS AND IMPLICATIONS:

4. DECRIMINALIZATION, ALONE, WILL NOT SOLVE THE CRISES

GSDOA didn't address systemic discrimination, we heard from people who use drugs that those with other marginalized identities (e.g. BIPOC, sex workers) continue to face discrimination:

"Cause being POC [Person of Color] myself, and then a lot of the people that I used with being POC. When it comes down to, like, okay, we have to contact the cops...that's like last resort. Even given the Good Samaritan Act...you get treated differently. We could go into the semantics of brutalization of minority communities by police. But it's kind of common knowledge at this point.'

'The one girl was a working girl and the guy overdosed when they were doing it. And so she just left the guy to his own devices and took off. Didn't call because she didn't– couldn't– didn't want the attention, right.'

The GSDOA did not directly address issues of how some police perceive people who use drugs and police practices, such as coercion or attempting to force people into treatment:

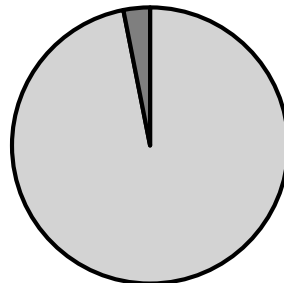
'I made him go [to the hospital]. So he didn't want to go but I told him, honestly, I was going to arrest you for some reason that I could just to get him there.'

KEY TAKEAWAYS AND IMPLICATIONS:

4. DECRIMINALIZATION, ALONE, WILL NOT SOLVE THE CRISES

The GSDOA did not address the various ways people who used drugs are criminalized within the current system, beyond simple possession:

'The nature of drug use these days is that kind of criminality goes hand in hand with a lot of people who are chronic and habitual users, right. So when you have that added element, I mean, if you're partying with lawyers all weekend, you know, somebody overdoses 'cause they're on their weekend cocaine trip, I think that they would be more likely to call 9-1-1 than someone who has criminal involvement.'



KEY TAKEAWAYS AND IMPLICATIONS:

4. DECRIMINALIZATION, ALONE, WILL NOT SOLVE THE CRISES

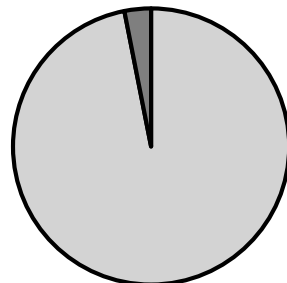
IMPLICATIONS:

BCs model of decriminalization does not separate people from the toxic illicit drug supply, or make services and service providers, including policing, 'safe' for people who use drugs

e.g. trauma-informed, person-centered, culturally safe, eliminate racial profiling from police officers.

Decriminalization needs to be coupled with a regulated supply of substances to:

- ...effectively reduce or eliminate stigma and recognize the rights of people who use drugs
- ...end the drug poisoning crisis
- ...disrupt the link between drug use and criminal activities that exist because people are forced to acquire sufficient purchasing power and are often denied other employment opportunities



CONCLUSIONS

Lessons learned from the GSDOA and implications for decriminalization in BC

1. **Implementation matters:** drug laws and policies are only as good as knowledge/awareness of them among the audience they are intended for.
2. **The details matter:** The model features can undermine the aim of the policy, including threshold amounts that defines personal possession, ability to seize/confiscate etc.
3. **Law on books \neq law on street:** The application of the law is not always applied or put into practice as it was intended. Need to monitor police discretion and structural context, including other laws, in which drug policy is enacted.
4. **Decriminalization does not address the drug poisoning emergency and systemic issues:** Under decriminalization, people continue to have to rely on an unpredictable, toxic supply of drugs. The effectiveness of decriminalization is linked to addressing other systemic issues e.g. racism and discrimination among service providers, coercive treatment, minimizing inequities in the criminal legal system

THANK YOU FOR LISTENING!

WE WELCOME HEARING YOUR INSIGHTS AND WISDOM



GSDOA EVALUATION 2019-2022 RESOURCES

Knowledge translation

- Educational materials (posters, wallet cards, self-quiz)
- Police and correctional staff training materials
- Policy brief
- ~9 peer reviewed publications
- Presentations: at conferences, BCCDC grand rounds, to BC MMHA etc

More information: <https://towardtheheart.com/research-projects>

Test your knowledge about Canada's Good Samaritan Drug Overdose Act!

- The Good Samaritan Drug Overdose Act (GSDOA) can protect people at the scene of an overdose from being arrested for simple possession of illicit substances.
- The GSDOA protects some people at the scene of an overdose from liability if they attempt to help the person overdosing and cause harm or do something wrong.

The GSDOA can protect the following people from being arrested for simple possession of illicit substances at the scene of an overdose:

- The person who calls 9-1-1
- The person who overdoses
- Anyone at the scene of an overdose

When there is an overdose in a public place, 9-1-1 is called and the police come to the scene – the police can legally arrest a person if they:

- Have a larger quantity of drugs on them or there is evidence that they are involved in drug dealing
- Are in a red/no-go zone they received in relation to a previous charge that was not simple drug possession (e.g., theft)
- Are in a red/no-go zone they received in relation to a previous charge that was simple drug possession
- Have an outstanding warrant concerning an offence other than simple drug possession (e.g., theft)
- Are in violation of a probation order concerning simple drug possession

See next page for correct answers

POLICY BRIEF

Synthesis and Analysis of the Literature and Findings from an Evaluation of Canada's Good Samaritan Drug Overdose Act in British Columbia

MARCH 2022
Prepared by Maxine Marezki, Jessica Xavier, and Jane Buxton

BC Centre for Disease Control
UBC

Journal of COMMUNITY SAFETY & WELL-BEING ORIGINAL RESEARCH

Good Samaritan Drug Overdose Act awareness among people who use drugs in British Columbia, Canada

Amiti Mehta,* Amina Moustaqim-Barrette,* Kristi Papamihali, Sierra Williams,* and Jane A. Buxton*†

Substance Abuse Treatment, Prevention, and Policy (2022) 17:42
<https://doi.org/10.1186/s13011-022-00472-4>

RESEARCH Open Access

Awareness and knowledge of the Good Samaritan Drug Overdose Act among people at risk of witnessing an overdose in British Columbia, Canada: a multi-methods cross sectional study

Emma Ackermann^{1†}, Bradley Kievit^{1†}, Jessica Xavier², Skye Barbic^{3,4,5}, Max Ferguson², Alissa Greer⁶, Jackson Loyal^{2,7}, Zahra Mamdani⁷, Heather Palis^{2,8}, Bernie Pauly⁹, Amanda Slaunwhite^{1,2} and Jane A. Buxton^{1,2*}

International Journal of Drug Policy
journal homepage: www.elsevier.com/locate/drugpo

Research Paper

“There are solutions and I think we’re still working in the problem”: The limitations of decriminalization under the good Samaritan drug overdose act and lessons from an evaluation in British Columbia, Canada

Check for updates

Intention to seek emergency medical services during community overdose events in British Columbia, Canada: a cross-sectional survey

Bradley Kievit¹, Jessica C. Xavier², Max Ferguson², Heather Palis^{2,3}, Soroush Moalle^{4,5}, Amanda Slaunwhite^{1,2}, Terri Gillis⁶, Rajmeet Virk⁶ and Jane A. Buxton^{1,2*}

International Journal of Drug Policy
journal homepage: www.elsevier.com/locate/drugpo

Research paper

Police officers' knowledge, understanding and implementation of the Good Samaritan Drug Overdose Act in BC, Canada

Check for updates

Police officers' perceptions of their role at overdose events: a qualitative study

Jessica Xavier^a, Alissa Greer^b, Alexis Crabtree^c and Jane A. Buxton^{a,c}

^aBritish Columbia Center for Disease Control, Vancouver, BC, Canada; ^bSchool of Criminology, Simon Fraser University, Burnaby, BC, Canada; ^cSchool of Population and Public Health, University of British Columbia, Vancouver, BC, Canada

DRUGS: EDUCATION, PREVENTION AND POLICY
<https://doi.org/10.1080/09687637.2022.2070057>

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Police attendance and perspectives

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