



# Possession of Controlled Substances for Personal Use

## 1 Introduction

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### 1.1. Description

The purpose of this policy is to ensure PHC's practices align with British Columbia's [exemption from the Controlled Drugs and Substances Act](#). Under this exemption, police will not confiscate small amounts of certain controlled substances found in the possession of adults (18 years and older), and these individuals will not be arrested or charged for possessing for personal use.

This policy explains the actions Staff must take if they determine a Client has brought any of the following controlled substances ("Controlled Substances") with them into healthcare settings:

- Opioids (e.g. heroin, fentanyl, morphine)
- Cocaine (e.g. crack, powder cocaine)
- Methamphetamine (e.g. meth)
- MDMA (e.g. ecstasy)

### 1.2. Scope

This policy applies to all Staff at all PHC sites.

## 2 Policy

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### 2.1. General Principles

PHC:

- Encourages culturally safe and effective communication between Staff and Clients about the use of non-prescription medications, Traditional Medicines, supplements and substances;
- Recognizes the disproportionate harms experienced by Black, Indigenous, and People of Colour (BIPOC), and racialized and marginalized groups related to the criminalization and prohibition of substances; and
- Respects self-determination and Clients' rights to possession of substances for personal use while supporting access to appropriate care.

Staff must follow these General Principles.

### 2.2. Policy Statement

Staff will neither confiscate nor dispose of an admitted Client's Controlled Substances and unused Substance-Use supplies that are stored in compliance with this policy.

For Clients involuntarily admitted under the Mental Health Act, Staff will hold and store the Client's Controlled Substances and ensure a harm reduction conversation occurs prior to discharge. A decision will be made at the time of discharge as to the return of the Controlled Substances to the Client, or destruction with the Client's consent.



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In the event that the Client is determined not to be capable of appreciating the risk(s) of use of the Controlled Substances at the time of discharge, the responsible clinical team, working collectively, may choose to make a decision to discard the Controlled Substances contrary to this policy. PHC acknowledges that there may be circumstances where the risk of adherence to this policy (for example, a known history of violence related to methamphetamine use) outweighs the harm reduction benefits intended. Detailed documentation of the rationale for the decision to act contrary to this policy is required.

### **2.3. Identifying Controlled Substances**

Staff are not expected to ask every Client if they are in possession of Controlled Substances. Staff may become aware a Client is in possession of Controlled Substances by:

- Observing an item which they believe to be a Controlled Substance within the Client's belongings;
- Learning from a Client that they have brought a Controlled Substance into the healthcare setting; or
- Overhearing any person disclose that the Client has brought a Controlled Substance into the healthcare setting.

Staff are not required to measure, weigh or test the substance for the purposes of determining compliance with BC's decriminalization exemption. If Staff believe a person to be in possession of more than a small amount of a Controlled Substance they should consult their manager for further direction.

### **2.4. Client Information**

When Staff become aware a Client is in possession of a controlled substance, Staff must:

- Inform the Client that they are permitted to bring Controlled Substances into healthcare settings, but must ensure that Controlled Substances and used substance-use supplies are not left out in the open.
- Offer a Secure Storage option, if available.
- Provide the Client information on where to access substance-use supplies, including drug testing (test strips) if available and appropriate.
- Offer the Client safer substance-use education including [Overdose Prevention Safety Planning](#).
- Advise the Client that they are responsible for the storage and security of their own Controlled Substances, and that failure to act in accordance with the information provided in this section will result in the disposal of the Controlled Substances if deemed unsafe for staff or other Clients.

### **2.5. Documentation**

Staff must document relevant factual clinical observations related to implementation of this policy (e.g. "Client informed care team that they are in possession of substances for personal use. Substances stored within Client's personal belongings at the bedside").



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### **2.6. Storage**

In care contexts where a Client's personal belongings, including any Controlled Substances, need to be temporarily removed, Controlled Substances should be securely stored and returned to the Client as soon as feasible or when they leave the healthcare setting.

Where available in healthcare settings, Staff should offer access to Secure Storage. For the purposes of this policy, Secure Storage is a space that is not visible and/or accessible to others.

Unless otherwise specified by the program, Staff must ensure the Client has timely access to their Controlled Substances stored on site.

### **2.7. Safety**

Under the *Controlled Drug and Substances Act*, Staff are permitted to handle substances in the course of their duties; this is not considered to be committing an offence (see Section 10.7 of the [Controlled Drugs and Substances Act](#)).

With respect to the handling of Clients' Controlled Substances and used substance-use supplies in healthcare settings, Staff must:

- Adhere to proper hand hygiene before and after touching substances and used substance-use supplies. Use of nitrile gloves is advised, although substances cannot be absorbed through the skin by touching them directly nor by touching a surface where they are present. No additional PPE is required unless there is a risk of [exposure to blood or other bodily fluids](#).
- Handle used substance-use supplies with care. The improper handling of some used substance-use supplies does pose a safety risk. Refer to existing site procedures.

### **2.8. Disposal**

Staff may dispose of Controlled Substances that are left behind and/or are not returned to the Client.

Staff will follow existing facility procedures ([PHC Illicit \(Suspected\) Drugs Policy](#)) regarding the disposal of Controlled Substances and are not to contact law enforcement for disposal.

### **2.9. Responsibilities**

#### **2.9.1 Staff**

Staff must report to Program Leadership any concerns arising from Clients' possession of Controlled Substances.

Staff who have Workplace Health concerns must contact [Workplace Health](#).

#### **2.9.2 Most Responsible Provider**

MRPs must discuss the use of Controlled Substances with Clients as appropriate.



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### **2.9.3 Program Leadership**

Program Leadership and management must follow up on any Staff reports about concerns arising from the Client's possession and use of Controlled Substances, and work to resolve any challenges or concerns involving Staff with the Client.

### **2.9.4 Client Relations, Risk Management, Professional Practice and Ethics Services**

Client Relations, Risk Management, Professional Practice and Ethics Services, as appropriate, will assist Program Leadership and management with follow up or handling of situations that arise with respect to compliance with this policy.

## **2.10. Compliance**

Staff are expected to notify their supervisor of situations where they perceive non-compliance with this policy. Failure of Staff to comply with this policy may result in disciplinary action up to and including termination of employment or privileges.

## **3. References**

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### **3.1. Related Policies**

- [PHC Philosophy of Care of Patients and Residents Who Uses Substances](#)
- [PHC Illicit \(Suspected\) Drugs Policy](#)
- [PHC Smoke and Vape-free Premises](#)
- [PHC Cultural and Ceremonial Use of Indigenous Traditional Medicines, Foods, and Practices](#)

### **3.2. Related Guidance**

- [Exemption for Personal Possession of Small Amount of Certain Illegal Drugs in British Columbia](#)
- [PHC Harm Reduction and Managing Substance-use in Acute Care](#)
- [PHC Indigenous Cultural Safety](#)
- [Opioid Overdose \(Suspected\): Management, Including Naloxone Administration without a Provider Order](#)
- [Supporting choices through informed decision-making and collaboration](#)

### **3.3. References**

Government of Canada (2022). Exemption from Controlled Drugs and Substances Act: Personal possession of small amounts of certain illegal drugs in British Columbia (January 31, 2023 to January 31, 2026). Retrieved from <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/exemption-personal-possession-small-amounts-certain-illegal-drugs-british-columbia.html>



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Government of Canada (2022). Subsection 56(1) class exemption for adults in the province of British Columbia to possess small amounts of opioids, cocaine, methamphetamine, and MDMA. Retrieved from <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents/exemption-personal-possession-small-amounts-certain-illegal-drugs-british-columbia/subsection-56-1-class-exemption-adults-18-years-age-older.html>

Government of Canada (2022). Controlled Drugs and Substances Act (S.C. 1996, c. 19) Retrieved from Justice Laws Website <https://laws-lois.justice.gc.ca/eng/acts/c-38.8/fulltext.html>

### **3.4. Keywords**

Controlled substances, substance-use, harm reduction, substance-use supplies, possession, possession for personal use, exemption

## **4. Definitions**

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**“Clients”** means all people receiving care or services from PHC, and includes patients and residents.

**“Cocaine”** is a stimulant that includes crack and powdered cocaine.

**“Controlled Substances”** refers to the four non-prescribed substances included in BC’s Decriminalization Exemption: opioids, cocaine, methamphetamine or MDMA.

**“Decriminalization Exemption”** means that from January 31, 2023 to January 31, 2026, adults (18 and over) in BC will not be subject to criminal charges for possession of a cumulative total of up to 2.5 grams of certain controlled substances for personal use.

**“Healthcare setting(s)”** means any/all sites where PHC Staff provide care to Clients.

**“Methamphetamine”** is a stimulant that includes crystal meth.

**“MDMA”** is both a stimulant and psychedelic commonly referred to as “ecstasy.”

**“Most Responsible Provider (MRP)”** means the physician, nurse practitioner, or other healthcare provider on record as responsible for the Client’s care.

**“Opioids”** includes heroin, morphine, and fentanyl.

**“Substance-use Supplies”** includes any device used to facilitate the consumption of controlled substances (e.g. pipes, syringes, lighters).

**“Secure Storage”** means placing an item away to not be visible and/or accessible to others. This includes any fixed, fastened, protected or locked storage that both protects the contents from interference/tampering and prevents exposure, danger or risk (e.g. locked drawer or cabinet, bedside safe). Secure Storage or securely stored also includes Client storing items themselves.

**“Staff”** means all employees (including management and leadership), Medical Staff Members (including nurse practitioners, physicians, midwives, and dentists), residents, fellows and trainees, healthcare professionals, students, volunteers, contractors, and other services providers engaged by PHC.

**“Visitors”** mean persons attending PHC sites with Clients for social or essential reasons and excludes Staff and volunteers.



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