

CHAPTER 7

LAW ENFORCEMENT

A psychoactive substance is defined as “an intoxicating, stimulating, or narcotic chemical or drug.”¹²⁴ The federal government categorizes them based on their potential for abuse or addiction; categories range from illegal street drugs to prescription medications.¹²⁵ Drug regulation in Canada goes back to the early 20th century. The first such law was the Opium Act of 1908, which prohibited opium use.¹²⁶ Today the Food and Drug Act and the Controlled Drugs and Substances Act are Canada’s federal drug control statutes, which were developed to comply with three United Nations conventions on substance control established in 1961, 1971 and 1988.¹²⁶

Production, trafficking, importation and use of illicit drugs are associated with crime at all levels of society. Enforcement, recognized as one of the City of Vancouver’s *four pillars of drug strategy*, is an important component to keep public order and safety.² Law enforcement in BC is provided by the Royal Canadian Mounted Police (RCMP) (federal, provincial and municipal forces) and independent police departments, including one First Nations administered police service. The RCMP serves most areas in BC. There are eleven independent municipal police departments which serve twelve municipalities. Vancouver is served by the Vancouver Police Department (VPD), which covers the area from Boundary Road in the east to Point Grey in the west, excluding the University Endowment Lands. Other municipalities include, on Vancouver Island - Central Saanich, Saanich, Oak Bay, Esquimalt and Victoria; and in the rest of BC Abbotsford, Delta, New Westminster, Port Moody, West Vancouver and Nelson.¹²⁷

Data Collection

Data about Criminal Code and Controlled Drugs and Substances Act offences are collected using the Uniform Crime Reporting (UCR2) Survey. Changes made to the UCR Survey that became effective in 2009 enabled police officers to collect more detailed information about each event reported to the police. The three main categories of Criminal Code offences (violent, property and other crime) were revised to better reflect the nature of crime. For example the number of violent crimes now equals the number of identified victims in each violent incident and the number of property crimes and other crimes is equal to the number of distinct incidents.¹²⁸

Since 1997, offences involving drugs have been prosecuted under the Controlled Drugs and Substances Act (CDSA).¹²⁹ Offences arising from this federal statute are categorized by

type of drug: heroin, cocaine, cannabis and other drugs including methamphetamines (crystal meth), methylenedioxyamphetamines (MDMA - ecstasy), and hallucinogens. Drug offences are also classified by type of crime: possession, trafficking, importation/exportation and production. An amendment to CDSA introduced in 2011 added another violation code for precursor/equipment (crystal meth or ecstasy) making it illegal to possess, produce, sell or import anything that can be used in production of crystal meth or ecstasy.¹³⁰

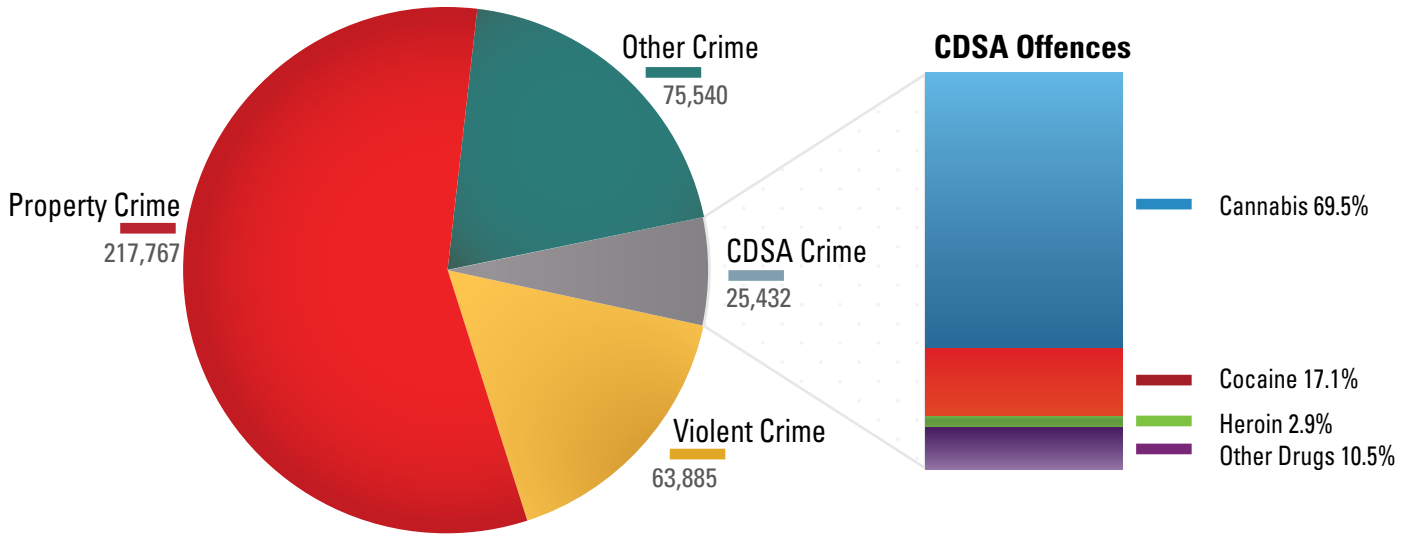
Beside changes in reporting methods, other factors such as demographic changes, police enforcement practices and policies influence the number and rate of Criminal Code and CDSA violations reported by the police.¹²⁸

Crime in BC

According to the latest available publication by Statistics Canada, in 2012 the province of BC had the second highest number of total Criminal Code offences and was ranked sixth by the police-reported crime rate.¹³¹ Drug crime rate in BC was higher than the Canadian average; only Yukon and Northwest Territories had rates higher than BC.¹³²

Figure 7.1 shows overall and drug crime in BC in 2012. While drug crimes account for only 6.6% of overall crime in BC, illicit drugs are associated with a range of criminal offences, including murder, attempted murder, break and enter, robbery, car theft, possession of stolen property, sexual assault, uttering threats, prostitution, etc. These crimes may be committed in order to fund drug habits (gainful crimes), offenders may have been under the influence of a drug when committing the crime, or the criminal activity was part of a business transaction in relation to drugs. Although numerous studies support the strong association between drugs and criminal behaviour, the actual proportion of crimes attributable to illicit drugs is difficult to estimate. A study carried out by the Canadian Centre on Substance Abuse (CCSA) in 2002 estimated that the prevalence of substance use among federal inmates was 40%. Approximately half of violent crimes (e.g. homicide, attempted murder, and assault) and half of gainful crimes (e.g. theft, break and enter, and robbery) were associated with alcohol and/or illicit drugs.¹³³

Figure 7.1 Total criminal code offences* and CDSA offences in BC, 2012¹³⁴

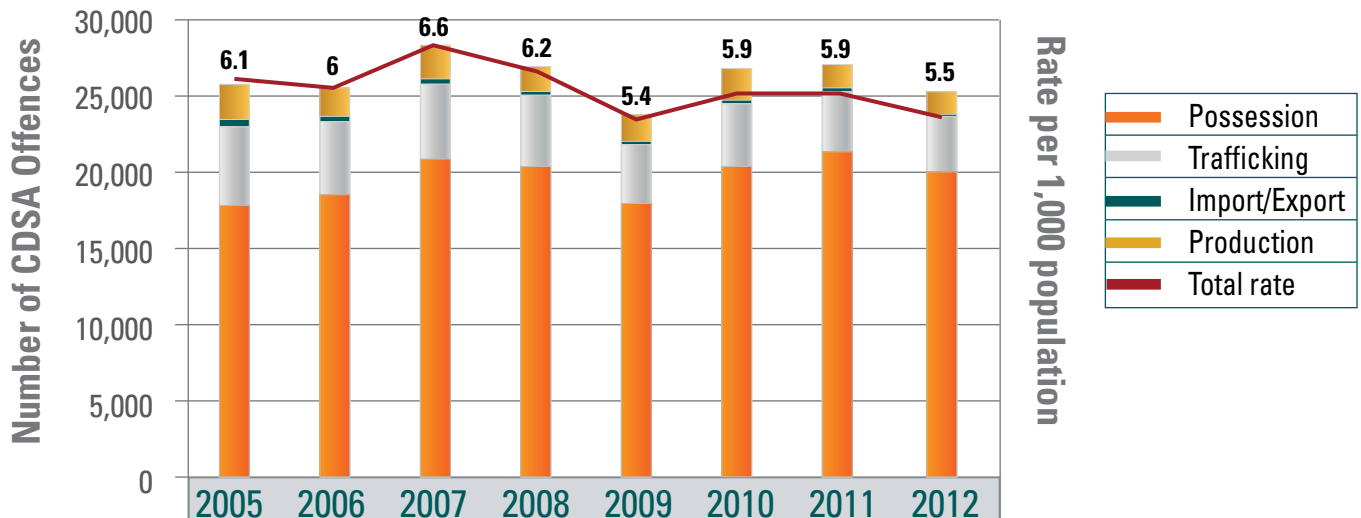


*Total Criminal Code Offences excluding traffic offences

Figure 7.2 shows the number and rate of drug crime in BC from 2005 to 2012, categorized by type of crime. The rate is calculated per 1,000 population using BC Stats population estimates based on 2006 Canada Census data. The rate of drug offences decreased from 6.6 per 1,000 population in 2007 to 5.5 per 1,000

population in 2012. Possession continues to be the main drug offence, comprising almost 80% of all CDSA offences in 2012. In 2012 offences of trafficking represented 14%, importation/exportation 0.5%, and production 6% of all CDSA offences.

Figure 7.2 Number and rate of drug offences in BC by type of crime, 2005-2012¹³⁰



The police consider the offence is cleared when at least one offender in relation to a criminal incident is identified and there is sufficient evidence to solve the case. This may result in the police filing a Report to Crown Council recommending charges be laid and this status is reported in the UCR2 Survey, or despite sufficient evidence to support the charges, the police recommend another course of action, i.e. referral to a diversion program as an alternative to prosecution.¹²⁸ In 2012, out of the total of 25,432 drug offences, 18,363 (72%) were cleared by charge or other means.

The number of persons charged with CDSA offences reached its highest peak in 2007, with 9,919 persons charged, but decreased over the next five years, with 7,634 persons charged in 2012. In 2012, 65% of charges were for possession, 30% for trafficking, 4% for production and less than 1% for importation/exportation offences (Figure 7.3).

The proportion of CDSA offences categorized by type of drug is shown in Figure 7.4. The relative proportion of drug offences involving cocaine decreased from approximately 30% in 2006 to 17% in 2012, while offences involving cannabis increased from 60% to 70%.

Figure 7.3 Number of persons charged with CDSA offences in BC, 2005-2012¹³⁰

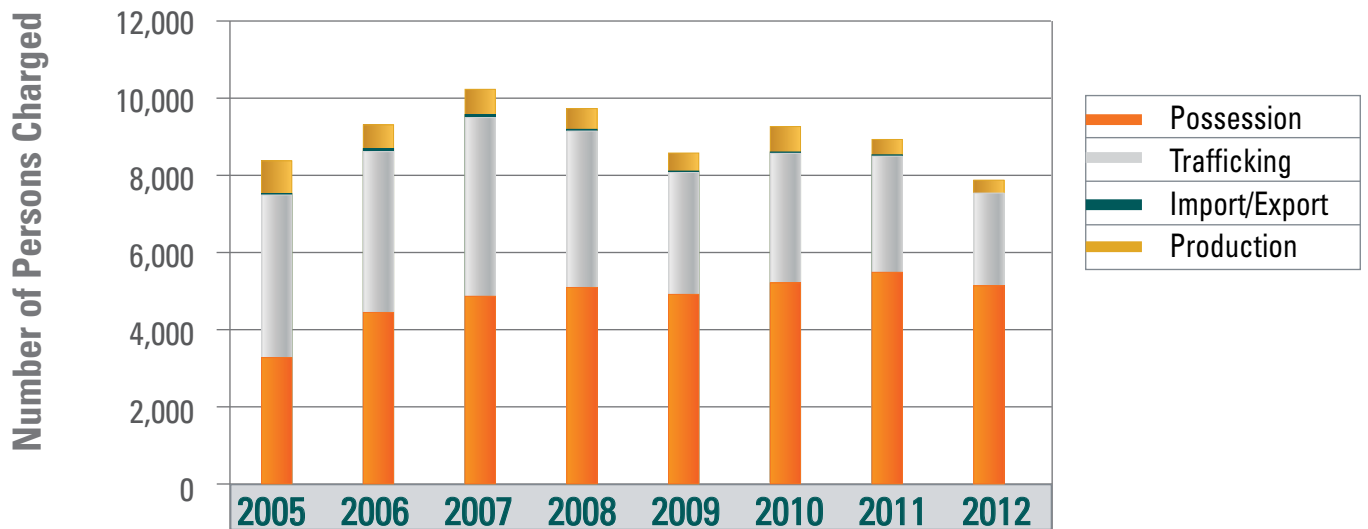
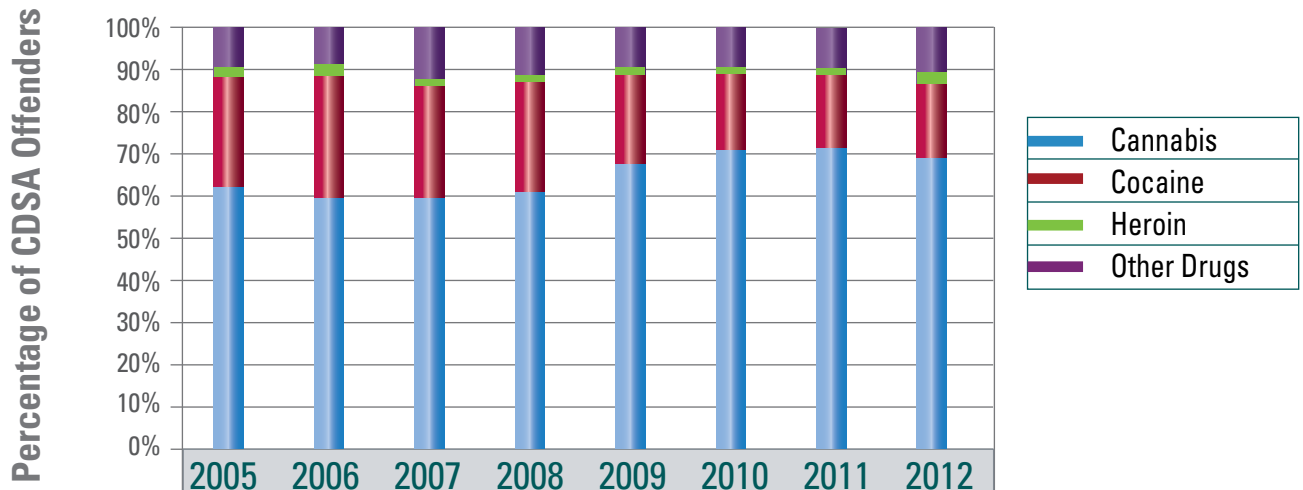


Figure 7.4 Proportion of CDSA offences in BC by type of drug, 2005-2012¹³⁰



Source: Ministry of Justice, Police Services Division. British Columbia Crime Trends, September 2013.

CANNABIS and its derivatives are Schedule II controlled substances. Offences involving cannabis (including hashish or marijuana in powdered, leaf, liquid or resin form) represent almost 70% of all drug offences in 2012. There were 17,670 cannabis offences recorded, with a rate of 3.8 offences per 1,000 population. In 2012, possession represented 86% (15,197) of cannabis offences, cultivation 8.2% (1,449), trafficking 5.7% (1,006) and importation/exportation 0.1% (18). Almost 74% of cannabis offences were cleared. Of the 4,420 persons charged with cannabis offences in 2012, 78% (3,465) were charged with possession, 15% (646) with trafficking, 0.1% (4) with importation/exportation and 7% (305) with production offences.

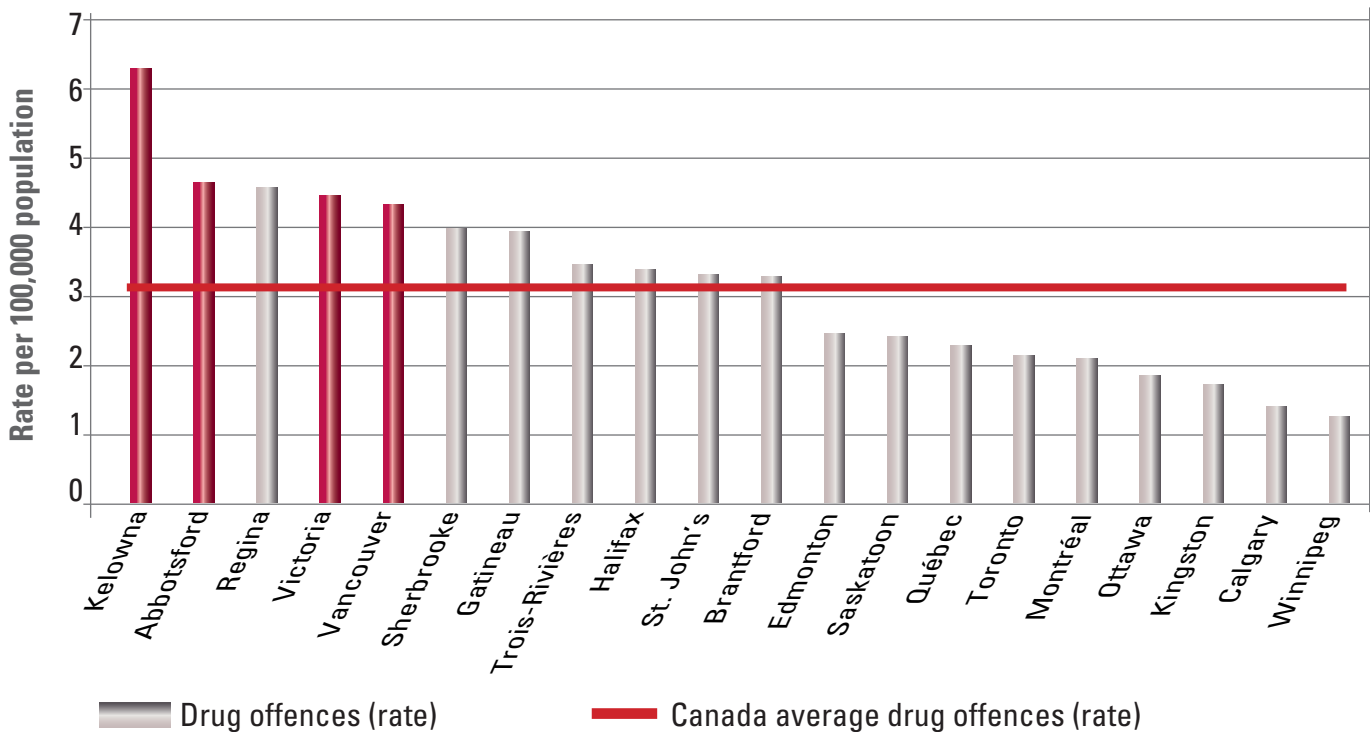
COCAINE and its preparations are Schedule I controlled substances. The number of cocaine offences continues to decrease from its highest point in 2006, with 7,518 offences, to the lowest recorded number of 4,350 offences in 2012. Offences of possession represented 59% (2,572), trafficking accounted for 40% (1,746) and importation/exportation accounted for less than 1% (32) of all cocaine offences. Close to 72% (3,129) of cocaine offences were cleared. Of the 1,997 persons charged with cocaine offences in 2012, 61% (1,216) were charged with trafficking, almost 39% (775) with possession and 0.3% (6) with importation offences.

HEROIN and other derivatives of opium are Schedule I controlled substances. Between 2005 and 2012 the number of offences involving heroin peaked in 2006 with 698 offences, then continued to be stable around 500 for four years, only to increase sharply again in 2012 with 730 offences. Offences of possession accounted for 68% (500), trafficking for 31% (224), and importation/exportation accounted for less than 1% (6) of all heroin offences. Almost 80% of heroin offences were cleared in 2012. There were 376 persons charged with heroin offences: trafficking accounted for 53% (200), possession for 46% (174) and importation/exportation accounted for less than 1% (2) of all charges involving heroin.

Crime in Vancouver

The City of Vancouver is home to more than 650,000 people and is the integral part of the Vancouver Census Metropolitan Area (CMA), which has close to 2.5 million inhabitants.⁷ Vancouver is the economic, transportation and export/import centre of the region, with the largest seaport in Canada and the second largest airport in the country.¹³⁵ According to Statistics Canada, of the five census metropolitan areas with the highest drug crime rate in Canada in 2012, four, including Vancouver, are in BC.¹³¹

Figure 7.5 Rate of CDSA offences by census metropolitan area, 2012¹³¹



Metro Vancouver’s advanced transportation network makes it easy for offenders to commit a crime in one area and quickly move to another. The introduction of Police Records Information Management Environment (PRIME) BC in November 2009, made it possible for police officers to track offenders across different jurisdictions within the City of Vancouver. However, it is challenging to present data for the whole Vancouver CMA because several municipalities within Vancouver CMA are served by independent police departments, which have different practices in publishing their data. Therefore, only Vancouver Police Department (VPD) data is presented in this section.

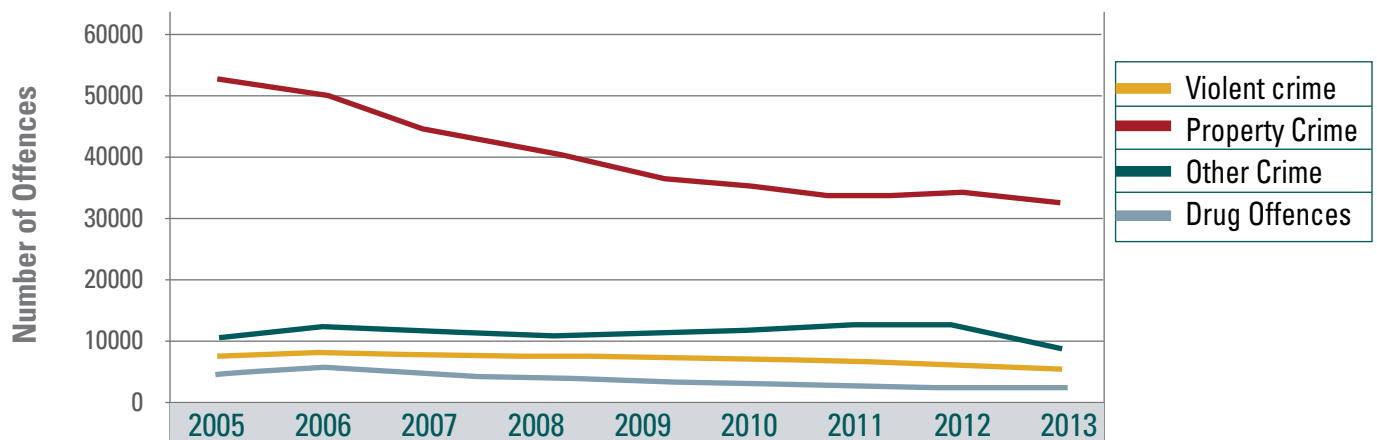
As outlined in the latest Strategic Plan, the major goal of VPD is to make Vancouver the safest major city in Canada.¹³⁶ The continuous efforts and partnership projects with local communities

have resulted in decreasing numbers of Criminal Code offences in all three categories, although this downward trend has been the most significant in the property crime category (Figure 7.6).

VANCOUVER CDSA OFFENCES

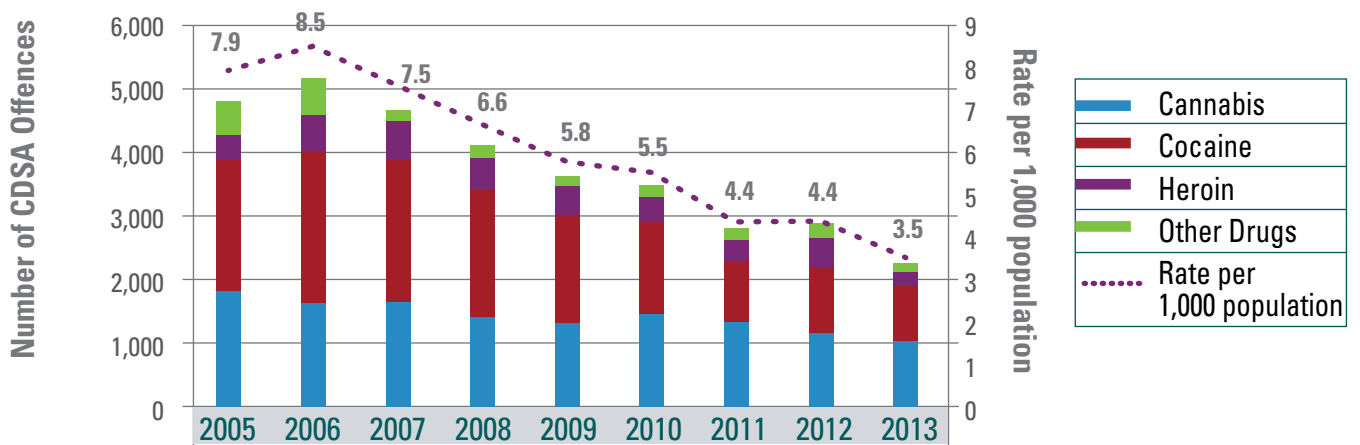
A downward trend is also seen when looking at the CDSA offences separately (Figure 7.7). The highest number of CDSA violations was recorded in 2006 (5,183 violations) with the rate of 8.5 per 1,000 population. Since 2006, the number and rate of CDSA offences continued to decrease, reaching the lowest point in the last 15 years in 2013 (drug crime rate was 3.48 per 1,000 population in 1999).¹ From the highest point in 2006, offences involving cannabis decreased by 36%, offences involving cocaine decreased by 64%, offences involving heroin decreased almost 60% and offences involving other drugs decreased by close to 75%.

Figure 7.6 Trends in number of criminal code and CDSA offences in Vancouver, 2005-2013¹³⁷



*Total Criminal Code offences excluding traffic offences

Figure 7.7 Number and rate of CDSA offences in Vancouver by type of drug, 2005-2013¹³⁷



VANCOUVER DRUG EXHIBITS SEIZED

More than one drug 'exhibit' may be seized at one occasion and not all drugs seized lead to prosecution. The probable drug seized is reported by the VPD member and is not routinely confirmed by testing (only drugs seized where a person is prosecuted and pleads not guilty are tested). Data prior to the introduction of PRIME is not comparable to subsequent data. Table 7.1 shows total number of 'exhibits' seized 2006-2009;

cocaine and crack exhibits are combined. The number of exhibits seized recorded by the VPD from 2010 to 2013 is seen in table 7.2. Table 7.3 shows the weight of each drug seized by year. This should be viewed with caution; the reported weights combine different drug formulations e.g. powder, leaves, resin, tablets and liquids; the weight is estimated and sometimes missing; finally the potency of the drug is unknown.

Table 7.1 Vancouver Police Department number of exhibits seized of specific drugs 2006-09*

Drug	2006	2007	2008	2009*
Cocaine (including crack)	3886	3480	3533	2753
Ecstasy	278	277	741	288
Hashish	58	52	61	24
Heroin	878	918	828	561
Ketamine	6	18	35	25
Marijuana	2144	2432	2052	1397
Methamphetamines	570	536	340	269
Psilocybin	35	27	44	29
Total exhibits seized	8154	7990	8145	5139

+All 2009 data is up to November 17th 2009¹²

Table 7.2 Vancouver Police Department number of exhibits seized of specific drugs 2010-13*

Drug	2010	2011	2012	2013
Cocaine (including crack)	2,079	1,293	1,372	1,795
Ecstasy	187	151	57	37
Hashish	48	41	38	66
Heroin	369	482	746	906
Ketamine	22	24	7	8
Marijuana	1853	1443	1451	2150
Methamphetamines	258	370	355	757
Psilocybin	31	36	21	19

Table 7.3 Vancouver Police Department weight in grams of seizures of specific drugs 2010-13*

Drug	2010	2011	2012	2013
Cocaine (including crack)	19,716	19,811	19,285	91,169
Ecstasy	3604 (567)	5217 (275)	269 (65)	289 (12)
Hashish	460	1834	1728	2884
Heroin	766	1221	3217	4297
Ketamine	9081	3136	103	115
Marijuana	999405	330260	842850	208510
Methamphetamines	1356	4065	4367	31491
Psilocybin	1911	1181	3538	978

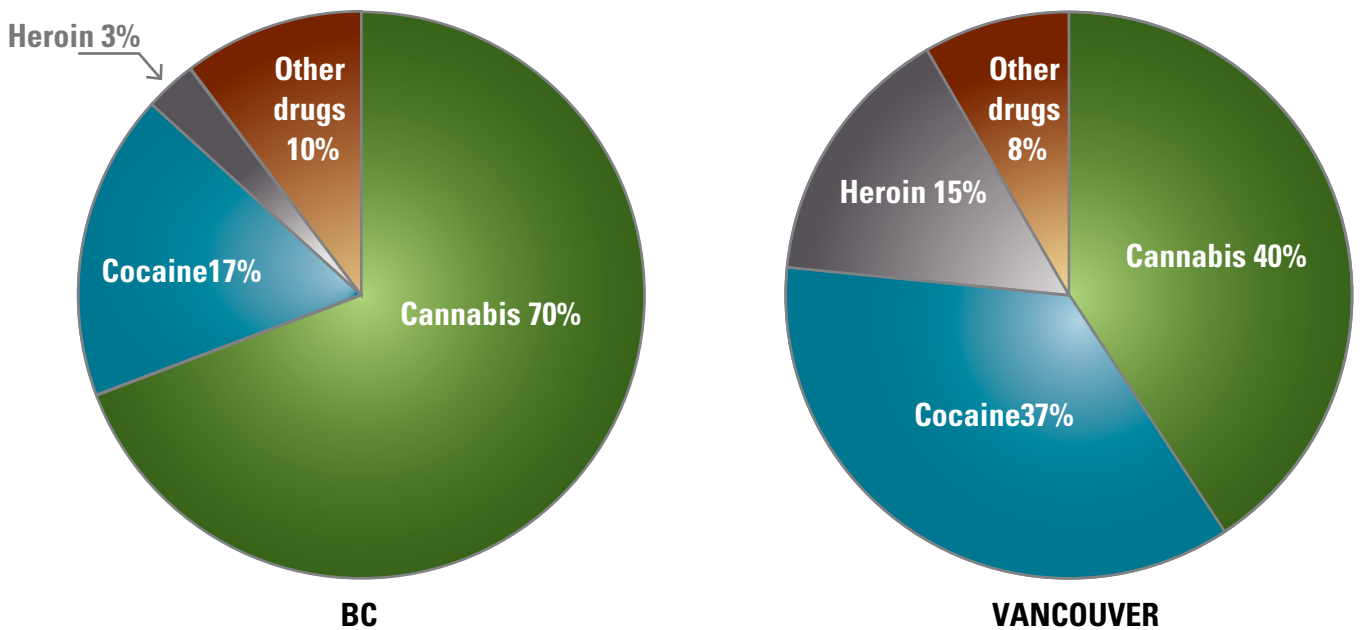
++Some ecstasy exhibits were recorded as dosage not grams; both are reported. (Organized Crime Section, Vancouver Police Department, personal communication, September 17th, 2014)

Comparison CDSA Offences BC and Vancouver

When comparing drug crime in Vancouver and in BC overall, there are some substantial differences (Figure 7.8). Cannabis was involved in the great majority (70%) of CDSA offences at

the provincial level compared to only 40% of drug offences in Vancouver; thus a larger proportion of drug offences involved heroin and cocaine in Vancouver compared to BC.

Figure 7.8 Comparison between CDSA Offences in BC and Vancouver, 2012^{134,137}



Alternatives to Incarceration

Despite the reductions in property crime and drug offences, Vancouver rates are still among the highest in Canada and in BC. A large proportion of property crime is associated with substance use, which is prominent in the Downtown Eastside (DTES) and there are a high number of chronic offenders. In 2004, the Vancouver Police Department created the Chronic Offender Program (COP) to better understand socioeconomic and health issues that led to their criminal behaviour. They found that 379 individuals had more than 12 charges in the past 12 months and 78% of them had drug and/or alcohol addictions. In the follow-up period from 2001 to 2006, one hundred of them (more than 25%) had more than 54 convictions each.¹³⁸

Chronic offenders with a range of health and socioeconomic problems represent a challenge to the justice system and a different approach to address their complex needs and interrupt the so-called “revolving door phenomenon” (imprisonment-> discharge from prison-> involvement in street crime-> conviction->

imprisonment) was needed. Addressing the root causes of criminal behaviour, namely addiction, homelessness, low education level, unemployment and mental health, is thought to have more sustainable effects on rehabilitation of chronic offenders. Frequent re-offending creates a backlog of adult



criminal cases in the Provincial Court, so it may take from six weeks to six months for an offender to appear in court. This can lead to a termination of cases due to extensive delays, which further reduces chances for an offender to access treatment and social services and start the path towards recovery.¹³⁹

Problem-Solving Courts were developed with the main goal to reduce recidivism and drug use through offering specialized programs instead of imprisonment. Repeat offenders are dealt with in a timely manner and provided with addiction treatment, healthcare, and social support. Of five problem-solving courts in BC, two operate in Vancouver and will be described in the following sections. These are the Drug Treatment Court of Vancouver (DTCV) and the Downtown Community Court (DCC).

DRUG TREATMENT COURT OF VANCOUVER

Drug Treatment Courts (DTCs) were developed based on the integration of addiction treatment services with justice system case processing. The first DTC opened in the US in Florida (1989), and the first Canadian court opened in Toronto in 1998, followed by Vancouver in December 2001. The Federal Department of Justice, through partnership with Health Canada, subsequently provided funding for an additional four sites in Edmonton (2005), followed in 2006 by Winnipeg, Ottawa, and Regina. There are also DTCs in Calgary (AB), Moose Jaw (SK), London (ON) and Durham (ON), which are funded by their municipal governments.¹⁴⁰

The common objectives for all DTCs are reducing substance use, offending and re-offending through the rehabilitation of persons who commit crimes to support their drug addiction. The Crown prosecutor determines eligibility after reviewing applications submitted by offenders. Individual assessment is conducted by treatment personnel who put forward an admission plan to the DTC team. The interdisciplinary team consists of provincial and federal Crown prosecutors, trained judges, court registry staff, defense counsel, psychologists, addiction therapists, case managers, financial assistance workers and probation officers. An offender can start the program after pleading guilty, but has 30 days to withdraw the guilty plea and enter the traditional court system. The program requires intensive participation, including weekly court attendance and counselling sessions, and respecting the strict bail conditions. Over 14 months participants receive 265 clinic hours of addiction treatment that is tailored to their individual needs. Random urine drug testing, incentives and sanctions are used to ensure compliance. Program graduation criteria include abstinence from drugs for three months preceding graduation, no new offences for the last six months, and evidence of social stability

(stable housing, school enrolment, employment or volunteer work). The graduate returns to court for sentencing – usually a suspended sentence and a term of probation. Participants are removed from the program if there is a pattern of repeated positive drug testing and lack of compliance with the program. If an offender is not successful in completing the program, he/she is sentenced as part of the regular court process.¹⁴⁰

The first evaluation of the DTCV was carried out in 2006 by the National Crime Prevention Centre. From December 2001 to March 2005, 322 individuals participated in the program, but only 43 (14%) completed it. After six months, among those who completed the program, 30% tested positive for drugs and 10% had new charges; among those who did not complete the program, all had positive urine drug test and 35% had new criminal charges. Results for a comparison group consisted of 166 offenders with a history of drug addiction and were in custody for various reasons, not only drug offences, were not reported.¹⁴¹ The study was criticized for the lack of randomization, poorly selected comparison group and failure to provide an intention-to-treat analysis.¹⁴² In 2006 Vancouver Coastal Health took charge of the treatment component and full-time staff members providing Aboriginal care, housing, and financial support were added to the team.

A subsequent evaluation looked at 180 DTCV participants enrolled between December 2001 and March 2008, regardless of whether they graduated from the program compared to 180 propensity score matched participants sentenced through the Provincial Court between April 2003 and March 2009. A ‘before-after’ analysis showed a significant decrease in the percentage of offenders who committed a new offence in both groups, but no differences between the DTCV (78% to 51%) and the matched comparison (72% to 49%) groups. CDSA offences pre-treatment (pre-sentencing) differed between groups (DTCV was 63% and matched comparison 21%); new CDSA offences were 28% and 14% respectively.¹⁴³ Drug use in the follow-up period and costs associated with DTCV enrolment versus traditional sentencing were not reported. Debate continues regarding the effectiveness and costs of DTCV.

Allared et al. present a comprehensive analysis of methodological issues in DTC evaluation studies, as well as legal and ethical concerns that arise from DTCs in general. Introduction of DTCs as an alternative to incarceration represents an important step forward in the reform of the Canadian justice system, but there are still many opportunities to improve their functioning in order to reduce drug-related crime and improve public safety.¹⁴⁴

DOWNTOWN COMMUNITY COURT

While DTCs focus primarily on offenders whose chronic reoffending is perpetuated by substance use, community courts focus on the integration of the justice system with the local social and health care services within clearly defined geographical boundaries. They apply problem-solving approaches to the street-level crime and safety matters in a neighbourhood, with emphasis on addressing the crime where and when it happens. An offender has the opportunity to see the consequences of his/her behaviour and make immediate compensation to the community in the form of community service. This model was developed in New York City at the Midtown Community Court, which opened in 1993. In the next 15 years community courts sprang across the US and were introduced in other countries such as the UK, Australia, New Zealand, and South Africa.¹⁴⁵

The first Canadian community court opened in September 2008 in Vancouver DTES. It is funded by the BC government and represents the partnership between the Provincial Court of BC and 15 agencies and organizations, including Ministry of Social Development, BC Housing, Legal Services Society, Public Prosecution Service, Vancouver Coastal Health, Vancouver Police Department, Elizabeth Fry Society of Greater Vancouver, Vancouver Aboriginal Transformative Justice Services Society and Watari Counselling and Support Services Society.¹⁴⁵

The team includes a defence lawyer (available at all times), a Provincial Court judge, a case manager, a Crown counsel, court clerks, police officers, probation officers, an occupational therapist, a licensed practical nurse, social workers, employment and income assistance workers, a BC housing support worker, native court workers, and forensic liaison workers. A victim service worker is also available onsite to assist victims through the community court process. Community partners include local residents, merchants, faith groups and schools.¹⁴⁶ The court now processes about 2,500 cases per year, addressing various low-profile offenders in the central business district, Chinatown, Coal Harbour, Downtown Eastside, Gastown, Strathcona, Yaletown, the West End and Stanley Park.¹³⁹

DCC operates based on three guiding principles:

- ▣ **Timeliness** – reduction of time from charge to conviction (offenders are heard within 2 to 14 days and if assigned to do community service, they start within 24 hours)
- ▣ **Integration** – partnership between the justice system, health-care and social services and the community to address the complex needs of offenders
- ▣ **Connection to community** – local businesses and organizations provide opportunities for offenders to do community

service helping them gain new skills and work experience and develop pro-social behaviour, which increases offender accountability

A person charged with an offence discusses the case with a defence lawyer and has an interview with a community court staff. If the accused pleads guilty, the case can be dealt with in the DCC. The judge has several options depending on the severity of the current offence, history of re-offending, and personal history. For minor offences, an “alternative measure” in the form of community service may be appropriate or an offender may be referred to addiction/mental health treatment or employment programs. For more serious offences, an accused might be sentenced to probation, a fine, time in jail or any combination of these.¹⁴⁵

The effectiveness of DCC was evaluated by researchers from the Faculty of Health Sciences and School of Criminology at Simon Fraser University and by an independent evaluator, R.A. Malatest & Associates. The evaluation focused on three areas:

- 1. DCC efficiency.** Implementation of DCC had neither positive nor negative effect on several measures of efficiency (the average number of appearances per concluded case, the median time to disposition, the proportion of individuals dealt with through alternative measures, the number of post-sentence court appearances, the number of cases awaiting trial, etc.)¹⁴⁷
- 2. Offender outcomes** were evaluated only on the subset of DCC participants who were assigned to the Case Management Team (CMT) because of their higher risk of re-offending and high needs (n=279, which is 9.5% of total DCC cohort processed between 2008 and 2011). The comparison group consisted of individuals sentenced through the Provincial Court in the same time period (n=4,377). A total of 249 individuals were selected in CMT group and the same number was selected in the matched comparison group (MCG). The greater reduction in total number of offences and property offences was seen in the CMT group compared to MCG, but drug offences were not reported.¹⁴⁸
- 3. Community engagement** was assessed through a series of qualitative studies, focus group discussions and surveys. The results showed that representatives from the community service agencies were supportive of the vision and goals of the Downtown Community Court, but many expressed concerns regarding the commitment of stakeholders, decision-making process within DCC, long term support for clients after their court obligations finish, and transparency about the court’s impact in the community.¹⁴⁶

■ Drug Thefts From Pharmacies

According to Health Canada, all people involved in legal distribution of controlled substances must take appropriate security measures by providing designated space for storage of such substances (i.e. the pharmacy narcotic vault and locked cabinets) and keeping prescriptions and orders for Schedule I, II and III drugs in a secure space, inaccessible and invisible to the public.¹⁴⁹

Each case of theft, loss or forgery must be reported to the police immediately and to the Health Canada, Office of Controlled Substances within 10 days. The College of Pharmacists of BC has collected this information since 2009; however data from 2009, 2010 and 2011 are inconsistent and unreliable (for example, there are only 3 entries for all 2010). In the first six months of 2014, there were more robberies/break-ins than in the whole previous year (36 vs. 32). Opioids (oxycodone, Percocet, methadone) were involved in 126 out of 135 cases. When sold on the street, these substances can cause serious problems for people who use who are not aware of the drug content or potency.

From March 2009 to July 2014 there were 135 events;

- 53 armed robbery
- 42 robbery
- 30 break and enter
- 10 attempted robbery or break and enter

About half (68) of the events occurred in Fraser Health: Surrey (24); Burnaby (10); Langley (7); Maple Ridge (5); Coquitlam (5); Abbotsford (4)

Vancouver Coastal Health had 51 reports: the majority were in Vancouver (46) and two each North Vancouver and West Vancouver and one in Richmond

VIHA had 4 reports –Victoria (2), Nanaimo (1) and Qualicum Beach (1)

Interior Health had 11 reports; 4 of these were in Kelowna and the rest distributed across the health authority. Northern Health had 1 report which was in Fort St John.

DOAP collaboratively developed recommendations to respond to pharmacy break-in or robberies. If the police have concerns about the pharmaceuticals stolen and possible action or interactions they are advised to contact the BC Drug and Poison Information Centre which has a 24-hour phone line with pharmacists available. As on all occasions when it is determined necessary to issue a media

release or local alert, it is suggested the police (or other alerting authority) discuss with the corresponding medical health officer who in turn may seek input from service providers and PWUD to ensure the wording is appropriate.

■ Drug Trafficking

Drug trafficking is a lucrative business on an international scale. Distribution of plant-based substances follows well-established drug-trafficking pathways from their geographical region of cultivation to the consumer markets around the world, including Canada. An important part of law enforcement at the national, regional and international level is to interrupt these trade pathways, including eradication of cultivating crops, dismantling of manufacturing labs and seizure of shipments at international borders. UN Office on Drugs and Crime (UNODC) collects data about cultivation, production, distribution and sale of illicit drugs, which is published each year in the World Drug Report. Data presented in this section are from the latest report published online in 2014.²⁴ The Canada Border Services Agency reports drug seizures and estimated value of drugs arriving from other countries through air, sea and land routes. Drugs that are trafficked across borders are usually concentrated to reduce the volume necessary to transport.

OPIUM AND HEROIN

Heroin (diacetylmorphine) is manufactured from raw opium. In order to produce 1 kg of heroin, 7-10 kg of raw opium is needed. Afghanistan continues to be the world's largest producer of opium with an estimated production of 5,500 tons in 2013 (about 80% of global opium production). The second largest producer of opium is Myanmar, with an estimated production of 870 tons of opium (12.6% of global production) in 2013. In recent years, Mexico has emerged as the third largest producer of opium.²⁴

The latest available data about drug seizures in Canada are from the RCMP Report on the Illicit Drug Situation-2009.¹⁵⁰ In 2009, a record of 213 kg of heroin was seized in Canada, plus an additional 6 kg seized abroad en route to Canada; 339 kg of opium and 17 tons of dried opium poppy pods were seized. Despite unavailability of forensic profiling to determine the geographical origin of the seized opiates, it is believed that the majority of shipments originated in Afghanistan and only 2% from Southeast Asia and Latin America.¹⁵⁰

COCAINE

The three South American countries – Colombia, Peru and Bolivia – are the world’s largest producers of cocaine. According to the UNODC World Drug Report 2014, the cultivation and production of cocaine are in decline due to eradication of coca bush plantations and seizures of illicit laboratories that manufacture cocaine. In Colombia, the area under the coca bush cultivation decreased from 135,000 ha in 2012 to 89,000 ha in 2013, and also decreased in Peru and in Bolivia. Consequently, the estimated production of cocaine chlorohydrate fell from 405 tons in 2012 to 331 tons in 2013 in Colombia. Along with the decline in cocaine production, the decline of cocaine purity was noted in major consumer markets of North America and Europe. Commonly used adulterants are levamisole (anti-parasitic), lidocaine, procaine, benzocaine, caffeine, hydroxyzine (antihistamine) and phenacetin (analgesic). Levamisole has been associated with severe neutropenia and other harms as described in the morbidity section.

Trafficking of cocaine flows through the Pacific and Caribbean maritime routes to Mexico and then to the US and Canada. Smaller quantities are transported by air cargo, commercial trucks and private vessels. In 2009, law enforcement agencies across Canada seized 2,373 kg of cocaine and 15.6 kg of crack cocaine.¹⁵⁰

CANNABIS

Cannabis can be cultivated indoors or outdoors and the scale ranges from a few plants for personal use to thousands of plants intended for exploitation and drug trafficking. There are several varieties available on the market: herb, resin, plant, oil and seed. Cannabis is the most frequently used substance in the majority of countries in the world, including Canada. Cultivation in Canada happens mostly in BC, Ontario and Quebec, predominantly in indoor marijuana grow operations (MGOs). Despite domestic production exceeding demand, different cannabis preparations (marijuana herb, hashish, hash oil) continue to be imported into Canada from Jamaica, the US, the Netherlands, Thailand, Pakistan, Afghanistan, Morocco, Lebanon, South Africa, Mozambique and Kenya.¹⁵⁰ Organized crime groups use mostly air cargo and passenger flights to bring cannabis into Canada, while hashish is usually smuggled concealed in containers on large commercial boats. Canada is also a source country for cannabis intended for trade in the US market.²⁴

In 2009, Canadian law enforcement agencies seized 34,391 kg of marijuana, 1,845,734 marijuana plants, 9,666 kg of hashish and 241 kg of hash oil.

SYNTHETIC DRUGS

‘Synthetic drugs’ refers to psychoactive substances synthesized in the laboratory from precursor chemicals that are normally used in the production of legitimate industrial and household goods. In general, synthetic drugs are classified into two major groups:

1. Amphetamine-type stimulants (ATS) include amphetamine, methamphetamine, methcathinone, 3,4-methylenedioxyamphetamine (MDMA, i.e. ecstasy) and its analogues (3,4-methylenedioxyamphetamine (MDA) and N-ethyl- α -methyl-3,4-methylenedioxyphenethylamine (MDE).
2. New psychoactive substances (NPS) are substances “that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic substances, but which may pose a public health threat”.¹⁵¹ They are often referred to as “legal highs”, “herbal highs”, “bath salts”, “research chemicals” or “designer drugs” and are marked with labels ‘not for human consumption’ in order to avoid detection and control.

Virtually endless possibilities exist for the alteration of chemical structure and synthesis of new molecules. This is supported by the fact that the UNODC identified 348 NPS by 2013, although this number does not take into account substances that are on the market but are not reported.¹⁵² The growing demand for ATS and NPS has led to the expansion of ATS trafficking routes and manufacturing labs to all six continents. Of all ATS, amphetamine and methamphetamine remain the most commonly manufactured substances worldwide, while the manufacture of ecstasy and its analogues is less widespread. Since 2008, seizures in ATS have increased globally. This prompted UNODC to initiate the Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme, which now monitors the synthetic drug situation all over the world. Globally, seizures of ATS reached almost 140 tons in 2012. Although the highest number of dismantled ATS-manufacturing laboratories was reported in 2004 (19,799), in 2009 10,598 labs were dismantled.¹⁵³

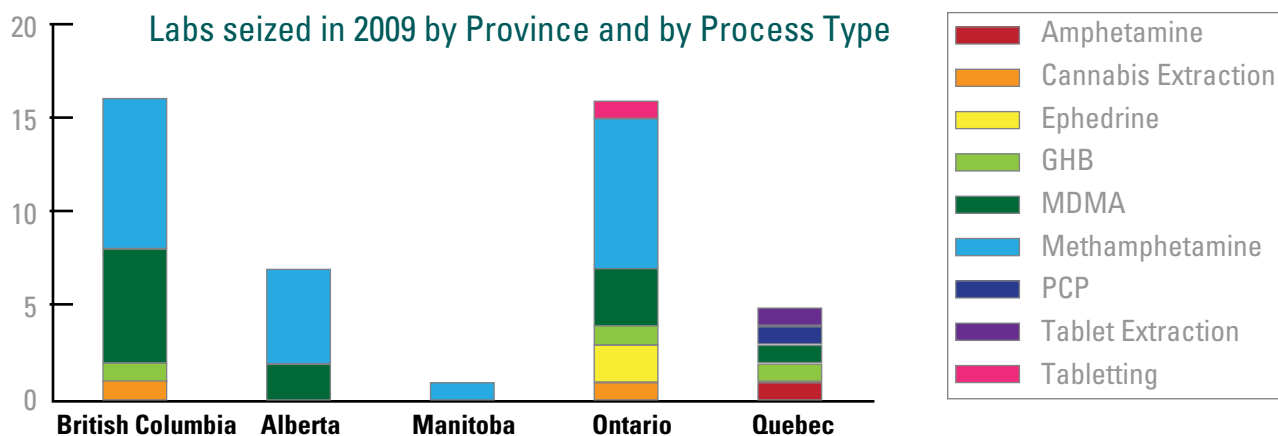
Table 7.4 Seven main categories of NPS

Category	Controlled Substance (natural or synthetic)	Synthetic Analogues	Street Names
synthetic cannabinoids	tetrahydrocannabinol (THC)	aminoalkylindoles	'spice', 'K2', 'moon rocks', 'Mr. Smiley'
synthetic cathinones	cathinone	4-methylmethcathinone (mephedrone) and 3,4-methylenedioxypropylamphetamine (MDPV)	'm-cat', 'meph', 'drone', 'top cat'
ketamine	phencyclidine	ketamine	'special K', 'kit kat', 'vitamin K', 'cat valium', 'super K'
phenethylamines	mescaline	benzodifuranyl aminoalkanes, p-methoxymethamphetamine (PMMA), p-methoxy-alpha-methylphenethylamine (PMA)	'methyl-MA'
piperazines	N/A	1-benzylpiperazine (BZP), m-chlorophenylpiperazine (mCPP), 1-(4-fluorophenyl)piperazine (pFPP)	'legal E', 'legal X', 'pep X', 'Benny Bear', 'Flying Angel', 'party pills'
plant-based substances	cathinone	Khat	'Arabian tea', 'chat'
	N/A	Kratom	'ketum'
	N/A	Salvia	'magic mint', 'sallyD'
miscellaneous substances	N/A	Aminoindanes	'pink champagne'
	rolicyclidine (PCPY), eticyclidine (PCE)	Phencyclidines (PCPs) 3-methoxyeticyclidine (3-MeO-PCE)	'research chemicals'
	psilocybin	Tryptamines	'foxy-methoxy', 'alpha-0'

It is estimated that Canada produces 0.6-4.6% of the global ATS supply.¹⁵⁴ Besides domestic production and distribution, organized crime groups in Canada are involved in international MDMA and methamphetamine trade. In 2009, the RCMP reported seizure of 954,929 units of MDMA, 78.79 kg /62,307 tablets of methamphetamine, 36 kg of ketamine and 210,151 tablets of BZP.

Data about ATS lab seizures (45 labs in 2009) indicate that the majority of them are located in BC and Ontario, in urban areas of Metro Vancouver and Greater Toronto. Figure 7.9 shows the number of clandestine labs seized in 2009 by province and type of manufacturing process.¹⁵⁰

Figure 7.9 Number and type of clandestine labs seized in Canada, 2009¹⁵⁰



CANADA BORDER SERVICES AGENCY

The Canada Border Services Agency (CBSA) was created in 2003. Details regarding prosecutions can be found at <http://www.cbsa-asfc.gc.ca/media/prosecutions-poursuites/pac/2013-12-16-eng.html> this includes individual's body packing small amounts of heroin and methamphetamine, larger seizures for example 130Kg of cocaine was seized from a large marine container from Russia in September 2013; and precursor chemicals.

Data regarding seizures for 2008 to 2013 was obtained from the CBSA, Pacific Region. This data includes estimated monetary street value of the drugs seized. Where drugs are reported as grams and as dosage e.g. ecstasy and methamphetamine and amphetamine or as solid, liquid or residue events are summed but no weight or volume amounts are included. See Table 7.5. In 2013 the total street value of drugs seized was estimated as \$47 million.

Table 7.5 Canadian Border Services Agency, Pacific Region, Drug Seizure Report

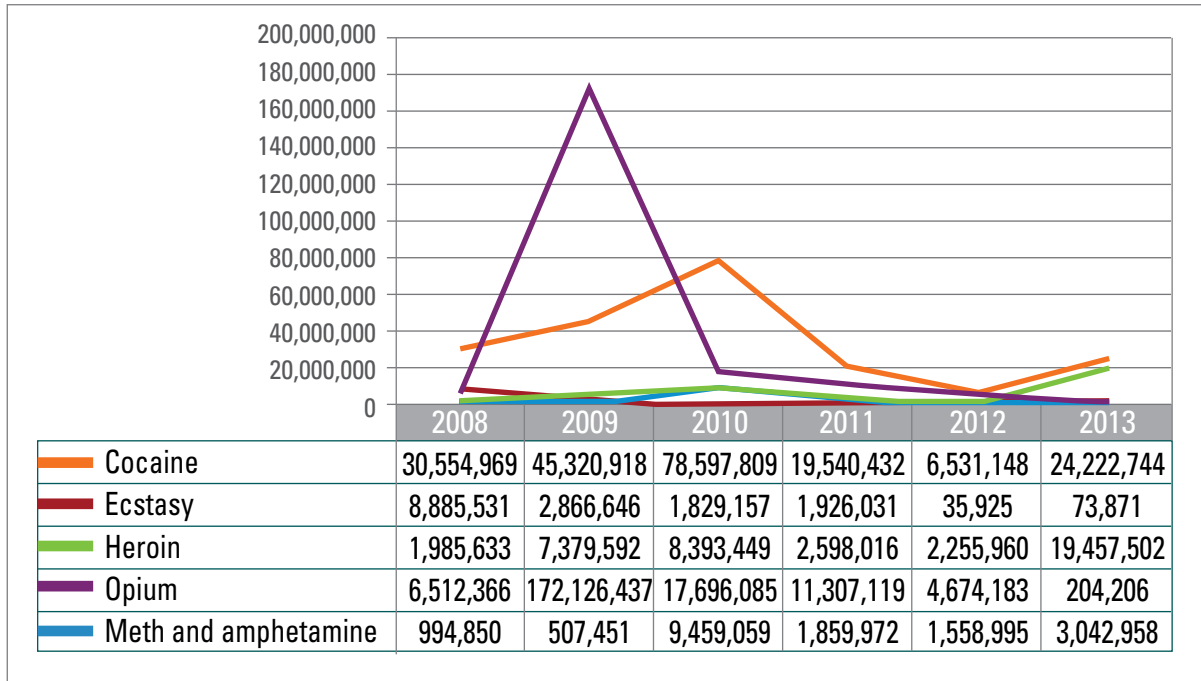
DRUG	2008	2009	2010	2011	2012	2013
COCAINE (gm)	244,440	362,567	628,784	156,323	52,249	193,782
Seizure events	20	51	44	71	46	24
Estimated value \$CDN	30,554,969	45,320,918	78,597,809	19,540,432	6,531,148	24,222,744
CRACK (gm)	2	13	0	40	142	12
Seizure events (incl. residue)	9	21	20	20	23	13
Estimated value \$CDN	320	2,648	64	7,903	28,440	2,301
ECSTACY*						
Seizure events	8	59	46	63	22	36
Estimated value \$CDN	8,885,531	2,866,646	1,829,157	1,926,031	35,925	73,871
HASHISH**						
Seizure events (incl. residue)	14	45	34	48	79	64
Estimated value \$CDN	3,185	27,707	5,532	153,531	9,531	22,570
HEROIN (gm)	4,964	18,449	20,983	6,495	5,640	48,643
Seizure events	12	18	23	19	20	36
Estimated value \$CDN	1,985,633	7,379,592	8,393,449	2,598,016	2,255,960	19,457,502
KETAMINE (gm)	26	1,507	1,808,131	33	103,391	46
Seizure events	1	6	6	5	8	8
Estimated value \$CDN	1,305	75,373	126,569,191	2,338	7,237,341	3,217
MARIJUANA (gm)	5,406	26,188	85,397	35,363	62,963	14,263
Seizure events (incl. residue)	225	727	680	863	1,186	711
Estimated value \$CDN	108,123	523,755	1,707,955	707,243	1,237,713	285,261
METHAMPHETAMINE & AMPHETAMINES***						
Seizure events	13	47	46	94	119	119
Estimated value \$CDN	994,850	507,451	9,459,059	1,859,972	1,558,995	3,042,958
OPIUM (gm)	130,247	3,442,531	304,402	188,543	77,903	3,403.43
Seizure events	10	28	51	41	33	24
Estimated value \$CDN	6,512,366	172,126,437	17,696,085	11,307,119	4,674,183	204,206
PSILOCYBIN (dosage)	9	13	18	22	17	23
Seizure events	9	13	18	22	17	23
Estimated value \$CDN	2,672	3,426	6,426	2,690	4,449	66,971
TOTAL SEIZURE EVENTS	321	1,015	968	1,246	1,553	1,058
TOTAL ESTIMATED VALUE	49,048,954	228,833,953	244,264,727	38,105,275	23,573,685	47,381,601

*Ecstasy includes dosage and grams **Hashish and hashish liquid including residue ***Methamphetamine and amphetamine include dosages and grams (Canada Border Services Agency, Pacific Region Enforcement and Intelligence Division, Intelligence Section, September 24, 2014)

The estimated value of selected drugs seized is shown in Figure 7.10. It shows cocaine seized peaked in 2010 and consistently has the greatest value of drugs seized each year by CBSA. In 2013 although the number of seizures of cocaine

was less than the previous year the value was higher as larger volumes were seized. Heroin also increased in 2013. Methamphetamine and amphetamine together and ecstasy have remained consistently below \$10million per year.

Figure 7.10 Value of Canadian Border Services Agency, Pacific Region, selected drug seizures (\$CDN)



(Canada Border Services Agency, Pacific Region Enforcement and Intelligence Division, Intelligence Section, September 24, 2014)

PRECURSOR CHEMICALS

The 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances regulates the trade of chemicals that can be used in the process of manufacturing drugs (plant-based or synthetic). Health Canada implemented the Precursor Control Regulations in January 2003. In 2011 amendments were made to the CDSA to include possession and trafficking of precursor chemicals and/or equipment as a new violation code. Currently only 23 chemicals are under strict international control, although the list is constantly monitored and updated. Controlled precursor chemicals are classified as Table I (substances that become incorporated into a new drug at the molecular level during the manufacturing process) and Table II substances (reagents and solvents used in the process of production which do not become incorporated into the newly synthesized molecule). The list is shown in Table 7.6.

Table 7.6 The list of internationally controlled precursor chemicals²⁴

Table I	Table II
Acetic anhydride	Acetone
Alpha-phenylacetoacetonitrile	Anthranilic acid
N-acetylantranilic acid	Ethyl ether
Ephedrine	Hydrochloric acid
Ergometrine	Methyl ethyl ketone
Ergotamine	Piperidine
Isosafrole	Sulphuric acid
Lysergic acid	Toluene
3,4-methylenedioxyphenyl-2-propanone	
Norephedrine	
Phenylacetic acid	
1-phenyl-2-propanone	
Piperonal	
Potassium permanganate	
Pseudoephedrine	

The International Narcotics Control Board (INCB) monitors the legal and illegal trade of precursor chemicals. The Precursor Incident Communication System (PICS) was implemented in 2012 as an international monitoring system and source of information about trends, amounts and types of precursors legally and illegally transported around the world. In response to stricter control measures and amendments to legislation, drug traffickers and clandestine lab operators continue to introduce new chemicals (precursors and pre-precursors) into the market and move their operations into countries previously unaffected by synthetic drug trade.¹⁵²

Land cross-border routes are the primary ways of transportation of precursor chemicals and/or lab equipment to and from Canada. The RCMP launched a Synthetic Drug Initiative in 2008 and, with partners from the industry, developed a program called ChemWatch to monitor and investigate incidents of diversion and theft and develop preventative measures. In 2009, most commonly seized chemicals in Canada were ephedrine (92 kg), pseudoephedrine (118 kg) and gamma-butyrolactone (GBL) (close to 2,000 litres), but considerable amounts of other chemicals, such as safrole and L-phenylacetylcarbinol (L-PAC) were seized as well.¹⁵⁰