



BRITISH COLUMBIA REVIEW BOARD

**IN THE MATTER OF PART XX.1 (Mental Disorder) OF THE CRIMINAL CODE
R.S.C. 1985 c. C-46, as amended S.C. 2005 c. 22**

**REASONS FOR DISPOSITION
IN THE MATTER OF**

PAUL GARNET BUGG

**HELD AT: BC Review Board Offices
Vancouver, BC
27 May 2008**

**BEFORE: CHAIRPERSON: C. Sweeney, Q.C.
MEMBERS: Dr. W. Warrian, psychiatrist
 N. Avison**

**APPEARANCES: ACCUSED/PATIENT: Paul Garnet Bugg
ACCUSED/PATIENT COUNSEL: D. Nielsen
HOSPITAL/CLINIC: P. Sewell Dr. J. Levy
ATTORNEY GENERAL: L. Hillaby**

[1] CHAIRPERSON: On May 27, 2008 the British Columbia Review Board held a hearing in the matter of the accused, Paul Garnet Bugg, to review its disposition made June 18, 2007 discharging the accused subject to conditions. At the conclusion of the current hearing, for the following reasons, the Review Board discharged Mr. Bugg absolutely.

[2] Mr. Bugg became subject to the jurisdiction of this tribunal on June 23, 1994 upon being found not criminally responsible on account of mental disorder of two index offences: using a weapon in committing an assault, and assault causing bodily harm. Both offences stemmed from a single incident on October 31, 1993 when Mr. Bugg, without warning or provocation, struck a male on the crown of his head with a bladed weapon. The victim was a stranger to Mr. Bugg. The assault caused superficial injury to the victim but was of sufficient shock to him that he lost consciousness.

[3] When he committed these offences Mr. Bugg was acutely psychotic, suffering from a severe mental disorder, the diagnosis of which is chronic schizophrenia, complicated by substance abuse. On AXIS II he is said to suffer from antisocial personality traits. The material also indicates that Mr. Bugg is HIV-positive.

[4] In the years before Mr. Bugg committed the index offence he had amassed an unenviable record of criminal convictions for robbery (x7), attempted robbery, threatening and assault causing bodily harm.

[5] Mr. Bugg's progress over the years has been uneven. On two occasions (1994 and 1997) the Board permitted Mr. Bugg to proceed on conditional discharges. During the course of those orders Mr. Bugg relapsed to drug use and bank robbery, incurring nine charges in 1995 and two in 1998. These offences were not linked to his mental illness. They were disposed of in criminal court. On five of the nine counts from 1995 he pleaded guilty and was sentenced to one day in jail on each to be served concurrently. The Crown did not proceed on the remaining four counts. On the latter two robbery charges he pleaded guilty and was sentenced to two years in jail followed by three years probation. These were significant failures in community supervision on Mr. Bugg's part.

[6] Upon release from prison Mr. Bugg was again subject to custody orders of the Review Board until November 17, 2004 when the Board discharged him subject to

conditions. He resided at Coast Cottages for a spell, and then moved to a hotel accommodation in the Eastside of Vancouver.

[7] On October 25, 2005 the Board again discharged Mr. Bugg subject to conditions. However, about a month later he was returned to the Forensic Hospital for noncompliance with his oral antipsychotic medication. In addition, Mr. Bugg had returned to intravenous use of cocaine despite his previous comments that he did not intend to use drugs.

[8] On July 10, 2006 the Board discharged Mr. Bugg subject to conditions. He resided at Coast Cottages. He continued periodically to use cocaine and marijuana. In April 2007 he suffered a mild heart attack. He continued with his longstanding, injected antipsychotic medication. A further conditional discharge was granted on June 18, 2007.

[9] In preparation for the current hearing the Board received reports from Mr. Bugg's case manager, Mr. Sewell, and his psychiatrist, Dr. Levy.

[10] Mr. Sewell chronicles Mr. Bugg's progress since the last hearing. Mr. Bugg continues to live at Coast Cottages. He has applied for accommodation through BC Housing and with the semi-independent living program at the Fraser Health Authority.

[11] Mr. Bugg reports occasional auditory hallucinations, usually in the form of a female voice. Mr. Sewell notes that Mr. Bugg continues to occasionally abuse illicit substances. Mr. Bugg admits smoking marijuana at least once per week though saying he would try to stop using it. Mr. Bugg participates in programs at Coast Cottages. He has attended meetings in the Start Clean program designed to discourage substance abuse.

[12] Dr. Levy reports that Mr. Bugg is stable and has shown a moderate response to treatment, has some insight and no apparent negative attitudes. What residual symptoms of his schizophrenia remain do not impact his behaviour. Dr. Levy includes the following comments touching on the issue of risk Mr. Bugg presents:

“In my opinion, at the present time, and likely for at least the immediate future, Mr. Bugg is a low physical risk for violence. His age serves as a factor which will likely lead to diminishing risk. My only concern, if he is given an absolute discharge, is the possibility of future non-compliance with treatment and follow-up. Without monitoring, follow-up, and treatment, there is always a possibility he could become psychotic again and in that state his behaviour would be unpredictable and possibly violent.”

[13] The documentary evidence was augmented at hearing by testimony from Dr. Levy, Mr. Sewell and Mr. Bugg. The principal issue was whether Mr. Bugg continues to pose a significant threat to the safety of the public. In this regard we noted that Mr. Bugg has remained stable over the reporting period; there have been no reports of aggressive or violent behaviour on his part. He intermittently reports some symptoms of his mental illness but those have not impacted his behaviour.

[14] Though he has continued to use marijuana from time to time, he appears to have ceased using cocaine which figured so prominently in his past. He has not been violent in a physical sense since committing the index offences which were quite out of character for him and a product of his despair at the time and his mental illness.

[15] Mr. Bugg's principal source of risk in the past has been associated with criminal conduct aimed at obtaining money to purchase drugs. It has been ten years since he engaged in any such conduct. It is clear that as he has aged and matured he has moved on from that previous life marked by drug use and robberies.

[16] Some concerns continue to exist. Mr. Bugg's insight is to some extent superficial and there is some concern that he might, if discharged absolutely, drift away from treatment which could ultimately lead to deterioration in his mental state. This could theoretically occur if he were to find himself without any proper accommodation and find himself back in the same type of living situation he experienced at the time he was using cocaine and committing robberies.

[17] However, it is clear that he intends to lead a different life. He has applied to obtain a supported living situation in the Tri-City area. He has been compliant with his intramuscular antipsychotic medication for some time and assured the Board that he would continue with it as he perceives a benefit from it.

[18] His allegiance to his oral antipsychotic medication, Olanzapine, is less firm; however, Dr. Levy suggested that were Mr. Bugg to taper off that oral medication it may not result in any significant deterioration.

[19] All evidence points to the fact that Mr. Bugg now 46 years of age is not the same person who was so involved in a criminal lifestyle as to accumulate the criminal record noted in his file. He is adamant he will not return to the drug environment. He asserts he will continue with psychiatric follow-up and there is no indication from the treatment team that he is not sincere regarding that intention.

