



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**

JASON DOUGLAS MOODY

**HELD AT: Harbour Towers Hotel & Suites
Victoria, BC
June 16, 2016**

**BEFORE: ALTERNATE CHAIRPERSON: A. MacPhail
MEMBERS: Dr. R. Stevenson, psychiatrist
A. Markwart**

**APPEARANCES: ACCUSED/PATIENT: Jason Douglas Moody
ACCUSED/PATIENT COUNSEL: M. Mulligan
DIRECTOR AFPS: Dr. R. Miller
DIRECTOR'S COUNSEL:
ATTORNEY GENERAL: S. Fudge**

***Pursuant to s.672.501(1) of the Criminal Code, the British Columbia Review Board hereby prohibits the publication, broadcasting or other transmission of any information that could identify a victim or a witness under 18 years of age in this matter. Failure to comply with this order is an offence.**

INTRODUCTION AND BACKGROUND

[1] On June 16, 2016 the British Columbia Review Board (the Board) held an annual hearing to review the disposition of Jason Douglas Moody. At the conclusion of the hearing the Board granted Mr. Moody an absolute discharge.

[2] The accused is before the Board as a result of a verdict of not criminally responsible on account of mental disorder (NCRMD) on June 1, 2015, in relation to one charge of dangerous operation of a motor vehicle and one charge of assault with a weapon. The offences occurred in June 2014.

[3] The offences were serious. Mr. Moody rammed his car into other vehicles, drove towards and narrowly missed pedestrians, and drove over curbs. It was extremely fortunate that no one was seriously hurt. One of the victims in a car suffered whiplash. Mr. Moody had been experiencing psychiatric difficulties since 2007, including depression, paranoia, delusions and hallucinations. He stopped taking his medication about a week before the index offence and was experiencing paranoia and delusional beliefs.

[4] Mr. Moody has a distant criminal record, having been convicted in youth court in 1991 when he punched another boy who he believed was sleeping with his girlfriend. He was sentenced to five months probation. He was convicted of impaired driving in 1994 for which he received a fine and a driving prohibition for one year. With respect to driving offences, he had a speeding ticket in 2010 and a ticket for failing to wear a seat belt in 2012.

[5] Mr. Moody has a history of substance abuse, including alcohol, marijuana and cocaine. He has a history of using and self-adjusting the dosage of prescription drugs, including dexedrine and percocet. He had not used substances for about a week prior to the index offence.

[6] Mr. Moody has a close relationship with his mother and sister. He had a difficult time in school but eventually graduated in 1991. He has had a variety of jobs over the years and appears to have no difficulty being consistently employed and maintaining stable housing.

[7] Mr. Moody was out on bail for two weeks after the index offence until the finding of NCRMD. He resumed psychiatric treatment and his psychotic symptoms resolved quite quickly. He complied with all of the conditions of his bail, which were in force until the initial Review Board disposition of July 9, 2015. He was precluded from driving until he

could provide a medical certificate confirming that he was fit to drive. This was completed shortly after his release on bail and he has been driving without incident since then.

EVIDENCE

[8] Mr. Moody has had a very positive year. He has been fully compliant with his psychiatric medication, he has not taken any other prescription medicine including dexedrine or percocet, and he has not used street drugs including marijuana or cocaine. He has not had any psychotic symptoms in the past year, and his physical health “has never been better”. He no longer suffers from the back pain that led him to use medical marijuana. He has more energy and has no problems with sleep.

[9] Mr. Moody has regular employment as well as running his own landscaping business on the weekend. He is hoping to buy a house in the Cowichan Valley and has a new relationship. He says that he knows that he needs to take his psychiatric medication, which is prescribed by his family doctor, in order to stay well. He has decided not to use medications such as dexedrine, or street drugs, again. He recognizes that dexedrine can precipitate psychotic symptoms.

[10] With respect to risk, Dr. Miller said that Mr. Moody has reasonably good insight into his mental disorder. He has adhered to his treatment regime and has not posed any management or supervision problems. He has not disclosed any violent ideation, and there is no evidence that he is psychotic now. He has not shown any evidence of mood instability. His employment and living situation is stable. He has friends in the Cowichan Valley and a positive connection with his family in Ontario. He is highly motivated not to have a relapse into psychosis and not to have any further contact with the criminal justice system. If Mr. Moody were to receive an absolute discharge, it was Dr. Miller’s view that he would continue to adhere to his prescribed treatment and that he is not likely to return to using dexedrine and marijuana. Based on his analysis of risk, Dr. Miller was not of the opinion that Mr. Moody poses a foreseeable risk of violent re-offending.

ANALYSIS AND DISPOSITION

[11] All of the parties submitted that the appropriate disposition was an absolute discharge.

[12] Despite the submissions of the parties, the Board must independently consider whether Mr. Moody constitutes a significant threat as defined by Section 672.5401 of the

