

Evaluation of the Decriminalization of Illegal Drugs in British Columbia

Findings from Year 2

In 2022, the *Ontario Node of the Canadian Research Initiative in Substance Matters (OCRINT)* received a five-year grant from the Canadian Institutes of Health Research (CIHR) to conduct an independent evaluation of Canada's first drug decriminalization policy, implemented in the province of British Columbia (BC).

The evaluation comprises a series of quantitative, qualitative, and mixed-methods sub-studies examining policy design, implementation, outcomes, and unintended consequences across several domains:

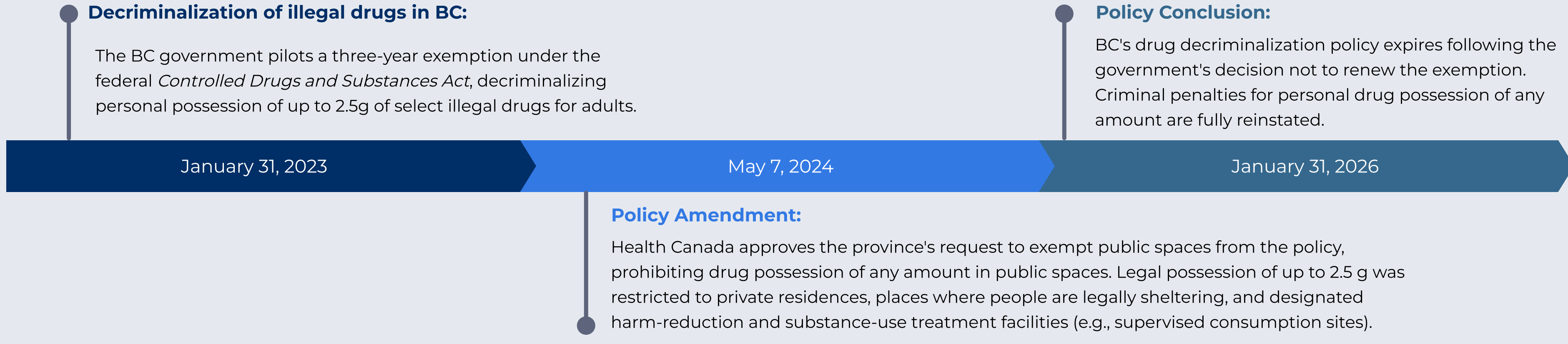


BC DECRIMINALIZATION POLICY OVERVIEW

On January 31st, 2023, BC decriminalized the personal possession of up to 2.5 g of opioids, cocaine, methamphetamine, and MDMA among adults (18+) for a pilot period of three years. This decriminalization initiative aimed to reduce stigma, criminalization, and associated harms for people who use drugs, while improving access to health services, trust in law enforcement, and public awareness of drug use as a health issue.

The policy underwent several changes throughout its three-year trial period. Most notably, on May 7th, 2024, the policy was amended to effectively restore criminal penalties for public possession. The policy expired on January 31st, 2026, and was not renewed.

Key policy milestones are outlined in the timeline below:



Qualitative Interviews with People Who Use Drugs: Substance Use and Related Risks

SUB-STUDY OVERVIEW

This sub-study aims to assess how the decriminalization policy and the subsequent policy amendment has impacted the drug use patterns of people who use drugs and perceived overdose risks

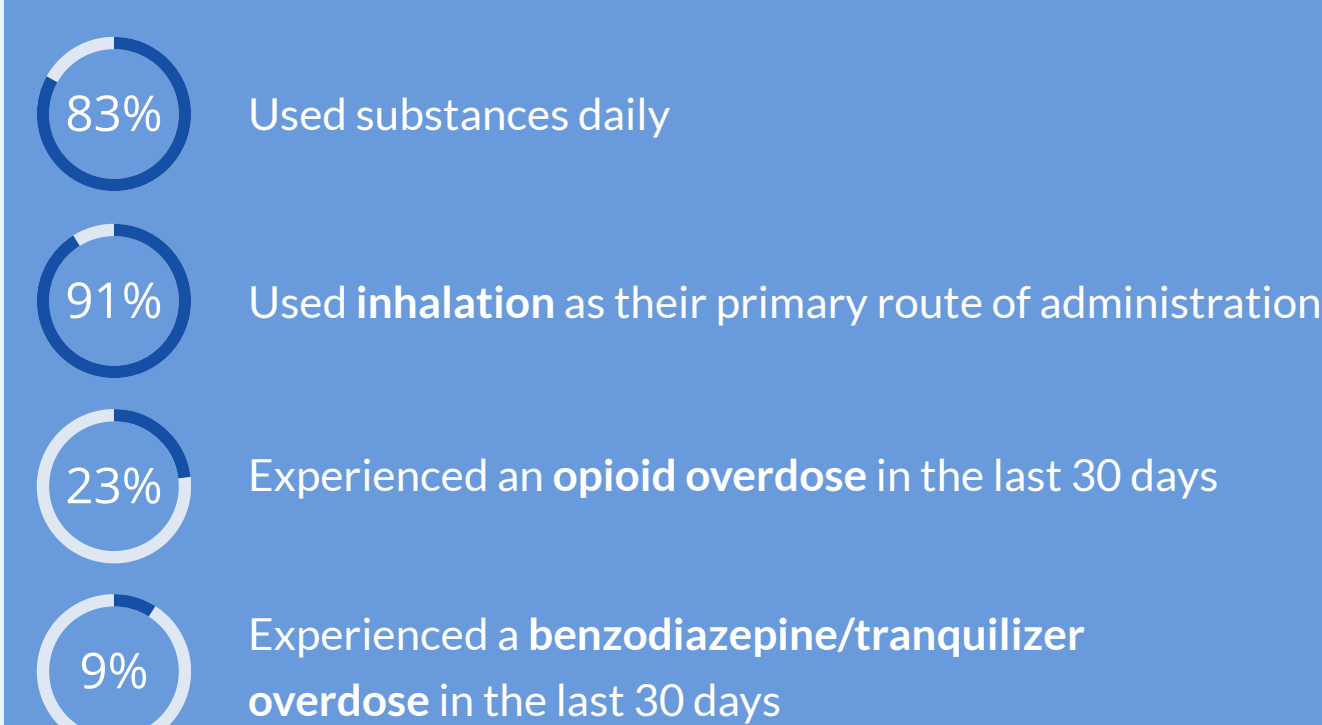
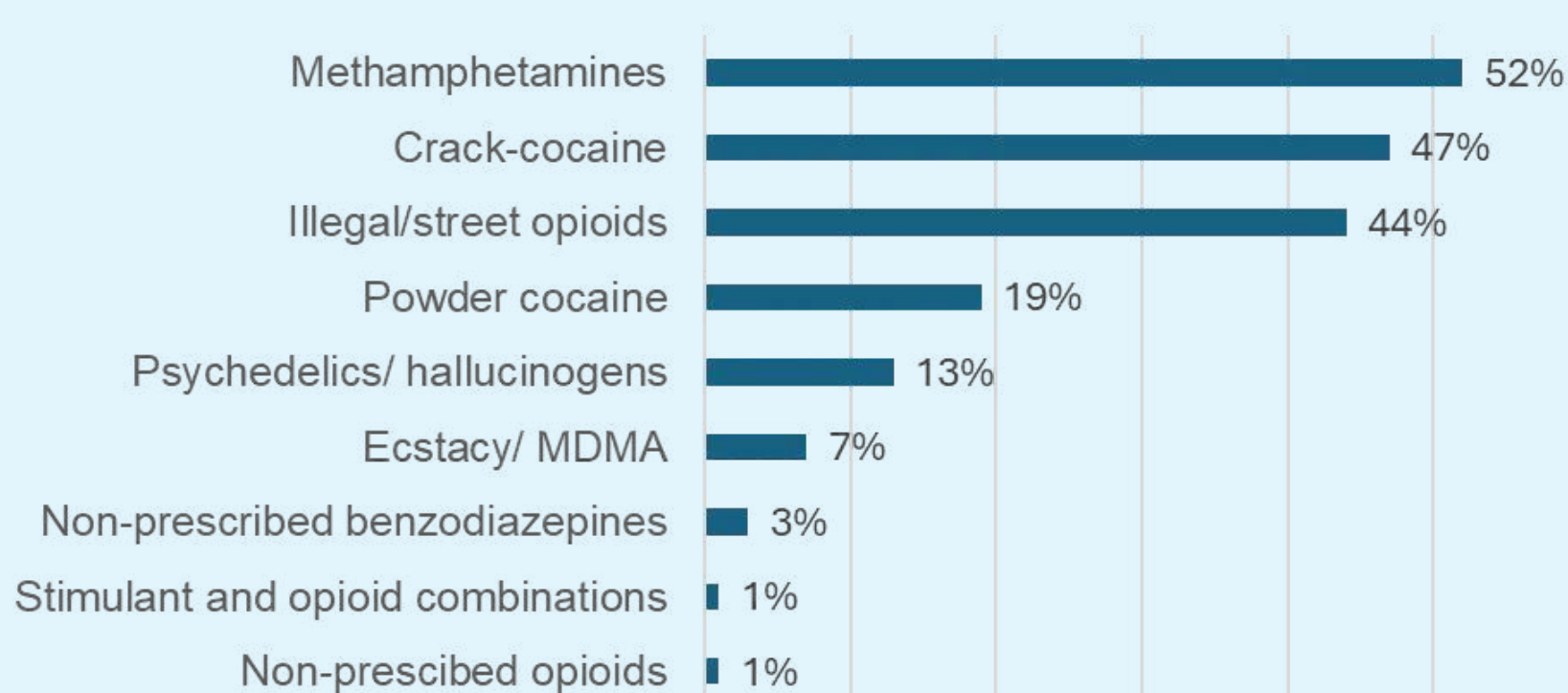
Between February and April 2025, we conducted qualitative telephone-based interviews with **75 people who use drugs** across BC. Interviews explored aspects related to their drug use experiences and related risks, and included a survey assessing socio-demographics, drug use, and overdose history. Data were analyzed thematically.

FINDINGS

Sample Characteristics (n=75)



Substances Used



Impact of Decriminalization on Drug Use Patterns

60% of participants indicated that their drug use patterns (i.e. drug of choice, frequency, method of drug use) had **not changed** since the implementation of the decriminalization policy

- Drug use patterns were commonly **long-standing** and **habitual**, shaped by dependence, rather than the policy

"I'm an addict, right? I need [drugs]. So [decriminalization] doesn't affect [my use patterns] now. Just because you say that's what I can carry, that doesn't mean that's what I need"

Impact of Decriminalization on Carrying and Purchasing Patterns

72% of participants indicated that their carrying and purchasing patterns had **not changed** since decriminalization

60% of participants typically **carried less than 2.5g**, so they didn't feel the need to change their carrying habits

"Pretty much since I started consuming, that's the most amount that I carry. So I don't think it has changed, even after decriminalization"

Financial circumstances largely drove purchasing patterns, for example:

- Only buying as much as they can afford
- Buying in bulk as it more cost-effective and convenient, and participants could 'split and share' with friends or peers

Some participants described **changing** their carrying and purchasing approach to remain under the 2.5g threshold. However, these strategies were described as **inconvenient** and **expensive**

Although few participants reported changes in their drug use, carrying, and purchasing patterns, many described a deep sense of **psychological relief** and **protection** under the policy

- This feeling was especially common among PWUD **experiencing homelessness** or **precarious housing**, who often experienced increased criminalization and police engagement

While most participants **disagreed** with the threshold, some felt it was reasonable. Perspectives from both sides are summarized below:

Opinions on 2.5g cumulative limit

Disagree	vs	Agree
- Too low - Doesn't reflect differences in tolerance / poly-substance use - Doesn't reflect typical drug purchase amounts (e.g. 3.5 g [an '8-ball'], 7 g [a 'quarter'], or more)		- Reasonable - Enough for personal use - Reduces likelihood of over-use - Prioritizes drug trafficking/dealing

"[Decriminalization] didn't change how much I carried, but it changed how I felt about it. I wasn't so sketched out and worried, and I didn't feel like I was so bad. It kind of felt like I was part of society for a bit. [...] It's changed how I felt as a person."

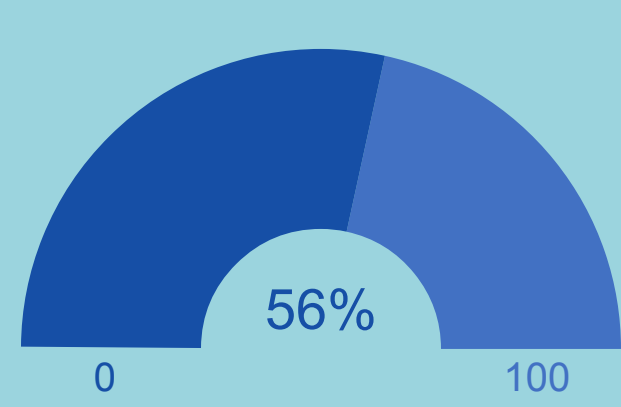
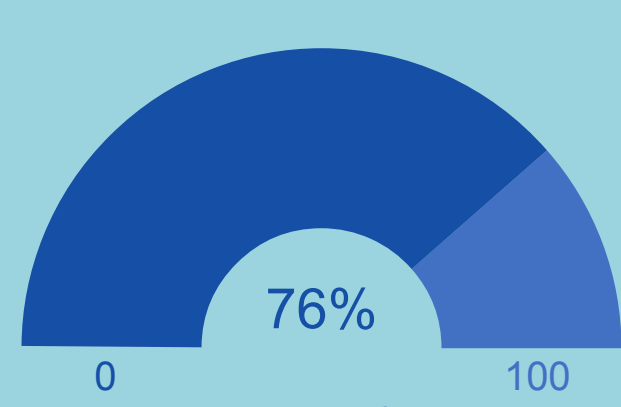
"Most people that are buying larger amounts than a gram, in this case usually like 1.75g or 3.5g, which is a half [ball] and [a] ball. It just seems really strange that it's stuck at 2.5 [g]"

While participants described feeling **more comfortable** carrying drugs under decriminalization, this **did not translate** into increased public drug use, despite widespread public perceptions

"I just felt more comfortable that this [decriminalization] law was keeping us safe. My friends were kind of bugging me to kind of use in public, but I'm like guys, we shouldn't really be doing this in public. It's not safe. We ought to be at the OPS or a safe injection site or whatever."

Impact of Decriminalization on Overdose Risk and Dealer Interactions

Participants' Overdose Mitigation Strategies



"I tend to be careful about my dosage. I think some people use much larger doses at one go than I do. And that's just been how I use my substances. I try to be careful about not putting myself at greater risk"

"So if we're using together me and my partner would, one of us would go first with a naloxone kit ready for the other. I've also used a 1-800 number where they'll stay on the line with you while you're using and ask for a response and if you don't give that response, then they would call 911."

Many participants reported that they made **no changes** to their risk mitigation strategies post-decriminalization, for example, they continued to rely on trusted dealers. However, some participants described changes in their interactions with their dealers, including changing the location of purchases, increasing the price of drugs, and increased use of "cutting" the drugs into smaller quantities to make them more potent

- "Cutting" drugs was perceived by participants as a **deliberate strategy** for dealers to operate within the legal possession limit, while maintaining a profit

"[Dealers] would pick up a lower amount and then cut it to be more [potent] than what it was"

"A few [dealers] have expressed feeling a little bit more cautious about behaving as a distributor because it seems like decriminalization, we're lenient towards individuals who use drugs so that we can focus our [police] resources towards stopping the people who sell them."

Participants also noticed an increase in **low-level** or **amateur dealers** hoping to capitalize on the increased demand since decriminalization

- This influx of inexperienced distributors was perceived to be a contributor to a decline in **product quality** and increase in **overdose risk**

"My only concern is what [dealers are] putting in [the drugs] that's not fentanyl. The tranqu and those sorts of things. [...] But it's hard to when they're buying on the streets [...] I think [decriminalization has] brought more [dealers] out [...] I'm not sure why, but it just seems like there's a lot more dealers than there used to be."

Impact of the Policy Amendment on Drug Use Risks

Similarly to decriminalization, participants reported that the policy amendment had **little to no bearing** on their drug use, carrying, and purchasing patterns

- Some reported that this was because they rarely had encounters with law enforcement, as they **used their drugs indoors** or in **private spaces**, such as their own residence or SCS/OPS
- These participants perceived the amendment as **targeting public drug use** and felt largely protected from criminalization under the amendment

"[The amendment] hasn't really affected how much I carry because I haven't had any interactions with the police. I try not to use [drugs] out in public"

"Well, I think [the amendment didn't affect me] because I don't possess or appear to possess the attributes of what most people consider problematic substance users. So, homeless population, sometimes people make assumptions by how someone presents as whether they have clean attire."

- They suggested that the amendment mostly affected people who have no choice but to use drugs in public, such as **people experiencing homelessness**

- Participants described a perceived **increase in societal and self-stigma** related to public drug use, pushing people who use drugs to engage in **risky drug use practices**, such as using drugs alone

"People have to hide [following the amendment] [...] when people drive by, they yell out graphic things to drug users. People are just hiding now because they don't want to get their stuff taken down from them for the cops. Then that's why people are doing because they do it by themselves now because they have to hide."

Some participants experienced increased police enforcement activity, such as **arrests** or **displacement of regular dealers**, leading them to seek out unfamiliar dealers, where product quality was uncertain and the **risk of contamination or overdose was higher**

- Some reported this led to dealers being more cautious during drug purchases, by changing the location of deals or scaling back their sales

"Before decriminalization I had always really been buying from the same people, and [the amendment] came in, I couldn't buy from the same people anymore because they were busted, or they were selling less [...] I had to go look around other places. And it's a scary thing [...] I would say that it did raise my chance of overdose quite a bit because I was buying from people that I didn't know very well yet."

- This led clients to more risky environments and unfamiliar suppliers, further increasing overdose risk

CONCLUSION & IMPLICATIONS

- Decriminalization had **minimal significant impact** on participants' drug use, carrying, and purchasing behaviors, however, it did offer a **profound sense of relief, comfort**, and **protection** from the fear of criminalization
- Findings underscore a key **disconnect** between aspects of the policy (e.g., the 2.5g limit) and the lived experience of people who use drugs, particularly among long-term or polysubstance users
- Both decriminalization and the amendment presented **unique risks** related to stigma, police engagement, drug market trends, and dealer interactions, with important implications for people who use drugs living in rural areas or experiencing homelessness
- These findings further support evidence in the literature demonstrating the **ramifications of prohibitionist drug policies**, including exacerbating existing inequities
- Broader changes to the supply under these policies also underscore the need for consistent monitoring on a national scale alongside decriminalization

Source: Ali, F., Mende-Gibson, J., Russell, C., Torres-Salbach, S., Bardwell, G., Budau, J., Ivins, A., & Rehm, J. Stable Patterns, Shifting Risks: The Impact Of British Columbia's Decriminalization And Recriminalization Policies On Drug Use Behaviours. *Harm Reduction Journal*, 22 (168). Doi: 10.1186/S12954-025-01322-9

