Evaluation of the Decriminalization of Illegal Drugs in British Columbia

Findings from Year 1

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

The *Ontario Node of the Canadian Research Initiative in Substance Matters (OCRINT)* is conducting a five-year independent evaluation of the decriminalization policy to assess its impact across the following domains:

People Who Use Drugs (PWUD) | Police & Criminal Justice System | General Public | Health Service System | Economic Impacts

Qualitative Interviews with Harm Reduction and Opioid Agonist Treatment Providers:
Changes to Service Operations and Delivery

Overview of Decriminalization

- Ongoing monitoring and evaluation on decriminalization's impact on **harm reduction (HR)** and **opioid agonist treatment (OAT)** services is essential to examine how the policy is unfolding in practice
- One of decriminalization's key goals is to improve access, engagement and retention in treatment, harm reduction and other health services
- HR and OAT providers can offer insight into preliminary progress to achieve these goals at the service level, especially in light of the amendment

Re-criminalization Amendment

On **May 7, 2024**, the policy was amended to effectively **'re-criminalize' public drug use** and restrict legal possession of 2.5g to the following locations:

- Private residences
- Places where people are legally sheltering
- Overdose prevention, drug checking and supervised consumption sites
- Places that provide out-patient addiction services (e.g. RAACs/RAAMs

Alongside the amendment, a new **province-wide directive** was circulated which **prohibited drug use outside of designated areas** within hospitals and acute care settings with integrated OPS.

Methods

- The current sub-study reflects the **qualitative follow-up** phase of a **multi-method study** that aims to examine the initial impacts of the decriminalization policy on HR and OAT service operations and delivery from the perspectives of service providers
- **Phase 1** involved a quantitative survey with 61 site representatives; 44 (72%) expressed interest in participating in follow-up interviews
- From October 2024 to January 2025, we conducted qualitative telephone and Zoom interviews with a sample of **n=18 key informants** across BC
- Informants also completed an interviewer-administered survey assessing site and informant characteristics (e.g. informant role, services offered)
- Interview data was synthesized using a qualitative thematic analysis approach.

Phase 1 Survey with site representatives → Current study: *Phase 2* Semi-structured interview with key informants → *Phase 3* Interpretation of both datasets

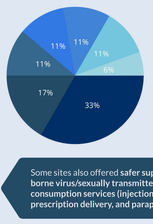
Results

Key Informant Characteristics (n=18)

Types of Services Offered by Sites

Service Type	n	%
HR supply distribution	17	94%
Naloxone distribution	17	94%
Substance use counselling	12	67%
Mental health counselling	12	67%
Drug checking	10	56%
OAT	10	56%
Mobile outreach	10	56%
Peer support	10	56%
Social and family support	10	56%
Health education	9	50%
Overdose prevention services	8	44%
Safe consumption services (injection only)	7	39%
Clinical / wound care	7	39%

Key Informants Roles



Some sites also offered **safer supply prescriptions**, **blood-borne virus/sexually transmitted infections testing**, **safe consumption services (injection and inhalation)**, **OAT prescription delivery**, and **paraphernalia pickup**

Impact of Decriminalization on Service Operations and Delivery

- Key informants reported **no significant operational changes** as a direct result of the decriminalization policy, including funding structures, operating budgets, hours of operation, collaborations, referrals to or from other organizations or the implementation of new services
- Many emphasized that their sites/programs already offered low-barrier and wrap-around supports, having been designed to address the complex and diverse needs of people who use drugs they serve

> *"[We made no changes to our services post-decriminalization], and that was poignant. We made a point of that. We didn't have to change anything. We've always done what we needed to do for clients, right?"*

> *"I don't think the decriminalization policy changed much of our service delivery in terms of OAT and outreach and things like that [...] I think it's because, particularly in the OAT team, that's a very low-barrier team, going to clients, trying to provide them with what they need, bringing them harm reduction supplies and naloxone. So it was kind of stuff that we were already doing."*

- Informants expressed a **desire to expand service capacity** to support anticipated increase in client demand, but noted **no additional funding or resources from** the government alongside decriminalization

> *"I also think it's about [the site's] lack of sustainable funding. It's also impossible to hire, we are really struggling with hiring professionals into the roles [...] because we don't have sustainable funding [...] also funding to be able to be open more hours and to offer additional services. We would have loved to have been able to expand, and always be able to expand services, but it's about funding."*

- Specifically, they noted difficulties **securing staff with specialized expertise in addiction**, such as nurses and clinical support workers due to a limited pool of candidates, insufficient funding and high burnout rates

> *"We're having challenges with hiring and maintaining staff for sure. Definitely on the nursing side, it has been quite challenging. [...] I think there is a high occurrence of burnout and moral distress experienced by health care workers [...] Not having the resources that you need to support your clients really wears on folks [...] and the loss too. There's so much loss."*

Broader Systemic Issues Impacting Service Engagement

- Key informants reported a **continued increase in client engagement and volume post-decriminalization**, however, they suggested this rising demand was not attributable to the policy, but to broader, interconnected issues, such as the **toxic drug supply**, **rising homelessness**, and **heightened drug use stigma**

TOXIC DRUG SUPPLY

- Informants described the increasingly toxic and unpredictable drug supply and the concerning emergence of **xylazine** ('tranq dope') and **benzodiazepines** (e.g. etizolam) in the supply
- These substances introduced complex and unfamiliar medical challenges (e.g. necrotic wounds) and overdoses that were unresponsive to naloxone

> *"Xylazine is a bit more common [since decriminalization]. The wounds are extensively worse and they don't heal because they don't get as much blood flow [...] Also, you can use Narcan for opioids, but then benzodiazepines have been available on the street far before this whole [decriminalization], [recriminalization], but I think xylazine came out in that [decriminalization] period."*

- Informants described that xylazine-related wounds burdened sites with **limited clinical capacity** due to **insufficient funding for medical staff**, such as clinicians and nurses

> *"Our number one demand is nursing. [...] we need more clinical oversight and general medical response. Roughly 70% of our population is dealing with intractable wounds. [Our] communicable disease nurse spends an enormous amount of time dealing with wound care, and that's not his mandate."*

- Informants also reported difficulties **engaging and retaining clients on OAT**, as the drug supply made standard OAT dosing insufficient

> *"I've definitely seen some folks who don't realize that they might be experiencing benzo withdrawal and are saying like, "Oh my methadone just isn't holding me", , "I still feel dope-sick", and I wonder if part of that is benzo withdrawal [...] folks are perceiving that their OAT isn't effective."*

RISING HOMELESSNESS

- Informants noted a **long-standing increase in clients experiencing homelessness** and described the critical role of housing insecurity

> *"The unhoused population that's using substances, that's been on a continuous upward trajectory for at least five years [...] I think there's far more substance use out in public than there was five years ago, and that is the lack of housing for people [...] That's all missing in our community."*

- Informants suggested this housing gap has led to a **perceived increase in public drug use** and public frustration post-policy
- As a result, informants stressed the need for more **supportive housing infrastructure** to provide clients with safe spaces to use drugs and take shelter

> *"You can't simply decriminalize drugs and public drug use but not open spaces for people to safely do it or for people to go during the day so that they're not out on the street doing it. If you're so upset by people using publicly, then build spaces for them to go to use. And they didn't do that."*

DRUG USE STIGMA

- Informants also noted a **shift from inhalation to injection** among clients, suggesting that this shift amplified misguided **public perception of increased public drug use post-decriminalization**

> *"People now smoke their substances overwhelmingly compared to injection [...] that change has had a compounding effect where people's use more directly impacts those around them. I think there's a perceived increase of public use, and not so much an actual increase in public use, because of the change"*

- Alongside increasing homelessness, the perceived increase in public drug use has **increased stigma** and contributed to **growing opposition to the policy**, threatening its ability to achieve its public health goals

> *"It's a scary time. Currently, the loudest voices that we're hearing right now are the ones full of hate and stigma. [...] so I think that it's an almost impossible time for [decriminalization] to be successful."*

Need for Decriminalization-Specific Training and Guidance

- Many informants described a **lack of sufficient guidance and training** from the provincial government and health authorities on how to adapt services and orient staff and clients to decriminalization and the amendment
  - Most **received informal communication** about the policy and what it meant for service provision via memo, flyers, mass emails and word-of-mouth from colleagues

> *"There was a distinct lack of knowledge on how decriminalization would happen in terms of best practices in our clinic, what that would look like. We purely were told, 'Oh, hey, there's policies on the intranet that we have, go look them up'"*

- As a result, many described an **unspoken responsibility** to quickly become knowledgeable about the policy in order to:
  - **Educate clients** on their rights under the policy
  - **Support and train their staff** and teams in service delivery
  - **Develop internal and external resources** to bridge knowledge gaps

> *"The amount of demand that we got from [other organizations] [...] to come and train everybody on what [decriminalization] meant. [...] The demands on us were overwhelming and we felt so unsupported. [...] I felt like we didn't have anywhere near enough resources or things that we could share that would reassure people"*

- Several informants described this responsibility as **overwhelming and burdensome**

> *"When re-criminalization came, the staff became much more rigid in putting bans in place for people attending the site, and it doesn't really matter for a person if you tell them you're banned from coming back here for 24 hours, they hear the word 'banned' and they don't return [...] and would disengage from care entirely"*

Impact of Re-criminalization and Hospital Directive

- The May 2024 re-criminalization amendment restricting public drug use further **exacerbated challenges related to training gaps**
  - Informants received virtually **no communication about the policy reversal**, leading to uncertainty about its enforcement
  - This ambiguity led some sites to **revise internal policies** in ways that ultimately **reduced service accessibility**
- The province-wide hospital directive restricting drug use in hospitals and acute care sites **expanded authority for on-site security personnel to intervene** and use force in cases of drug use or possession
  - Informants noted how this **disrupted service engagement** and **compromised patient safety**

> *"Our security officers were given the mandate of preventing anyone from using substances anywhere. And so we've seen an increase of physical violence both directed towards patients and towards security guards who have been given this impossible task of intervening whenever they suspect somebody of using drugs and so it's just constant conflict"*

- Key informants emphasized the urgent **need for clear, actionable guidance on both decriminalization and re-criminalization**, along with any associated internal or site-specific directives or policies
  - They expressed a strong desire for **consistent, accessible information** outlining **how evolving policies affect service delivery**

> *"It would be helpful to maybe have like a blurb attached of how [the policy is] going to impact each service and how this is relevant to you and your clients, if that makes sense. Like if there's any way that it's going to impact how we're going to do things, if we could have a heads up."*

Implications & Next Steps

- Findings suggest that **decriminalization did not lead to immediate changes** in HR and OAT operations
- Instead, informants emphasized that **longstanding systemic barriers**, such as the toxic drug supply, rising homelessness and drug use stigma, continued to **limit service capacity and policy impact**
- Our findings highlight important implementation gaps, including a lack of consultation with service providers, and standardized training and education delivered prior to and throughout the policy rollout
- **Sustained investment in housing, staffing, and supervised spaces** (especially inhalation services) **are essential** to supporting meaningful engagement and reduce drug use stigma
- Informants suggested that without these improvements, decriminalization won't have the necessary conditions to achieve its public health goals

Source: Russell, C., Torres-Salbach, S., MacKinnon, L., Shahin, R., Griffith, D., Hodgson, K., Burmeister, C., Amoraal, C., Crichlow, F., Imtiaz, S., Rehm, J., & Ali, F. Exploring The Early Impacts Of Drug Decriminalization On Harm Reduction And Opioid Agonist Treatment Service Operations And Delivery In British Columbia: Insights From Key Informant Interviews. *Bmc Public Health (Special Edition On Reducing Opioid-Related Harms*. Under Review.

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View OCRINT's other Decriminalization-related materials here.