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.

Substance Matters (OCRINT) is conducting a five-year independent evaluation of the decriminalization policy to assess its impact across the following domains:

The **Ontario Node of the Canadian Research Initiative in**











Health Service System: Survey of Opioid Agonist Treatment (OAT) Site Operations



Police & Criminal Justice System

Public

Health Service System

Impacts



(OUD) in Canada.

Overview • Opioid Agonist Treatment (OAT) is currently the gold standard pharmacotherapy treatment for opioid use disorder

OAT involves the use of prescribed opioid agonist medications to prevent withdrawal and reduce cravings.

- Engagement in OAT services has been shown to decrease drug-related harms, criminality, and healthcare costs, significantly improving the quality of life for PWUD.
- As such, ongoing monitoring and evaluation of decriminalization's impact on access to and utilization of health and support services, including opioid agonist treatment (OAT) services across the province, is essential to ensure its
- effectiveness in meeting its goals. • A comprehensive understanding of the current landscape of OAT service provision in BC can provide insights into
- how the operation of these vital services may change in light of the decriminalization policy. • This sub-study aims to examine how decriminalization has impacted the service operations of OAT sites in BC using yearly cross-sectional surveys distributed to OAT site representatives, with follow-up qualitative interviews.
- **Methods**

• Between March and May 2024, we distributed the first cross-sectional survey to site representatives from n=28 OAT

- sites across BC. Results are presented below. • The survey explored the operational characteristics of their OAT sites, including the demographics of their primary clientele, and assessed any preliminary operational changes following the first year of decriminalization.
- network, project working group members, and regional Health Authority Decriminalization Leads. • We included both public and private standalone OAT clinics whose primary purpose was addiction treatment,

• Broader community health centres or pharmacies that distributed OAT medications, primary or emergency

care settings, youth-specific sites, and sites opened after January 31, 2023, were excluded from the survey.

including harm reduction sites that had integrated OAT services.

Site Distribution by BC Health Authority Region (n=28)

Average daily operating hours at sites

Indicated that they were open

at least five days of the week

• Sites were identified using online repositories (e.g., 'Toward the Heart'), as well as from contacts through the CRISM

Results

• Survey data were analyzed descriptively to identify trends, both pre- and post-decriminalization.

HR Site Characteristics (n=28) Site Infrastructure and Operations

Island Health Authority

Vancouver Coastal Health Authority 43% Fraser Health Authority

Staffing, Training, and Resources

Post-Decriminalization Changes

OAT Medications Offered

Sublocade

Reported methadone as the most frequently

prescribed OAT medication at their site

Transdermal fentanyl

Injectable hydromorphone

29%

Site

Sites

11%

38%

46%

Sites

Interior Health Authority

Northern Health Authority

Post-Decriminalization Changes

operated at a separate location

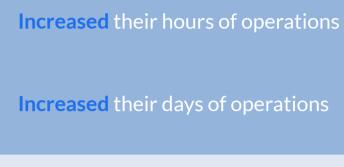
Location of Sites

Rural

Integrated within a broader organization

Affiliated with a broader organization but

offering other health/social services



Staff Decriminalization Training

Among sites that did not receive training (n = 24).

training on decriminalization

Indicated that their staff received

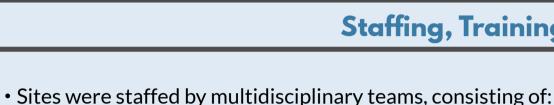
formal training on decriminalization

felt that their staff would benefit from

Felt that their current resources were

insufficient to meet client demands

Urban



35%

25%

8.5

89%

11%

11%

18%

• All sites had either physicians, nurse practitioners, and/or registered nurses available to prescribe OAT.

Broader health and social support workers

Some sites also had a pharmacist on staff who

Administrative personnel

OAT prescribers

dispensed OAT medications.

29%

demand on their **staff**

• Sites offered a range of OAT medications, including:

Suboxone (buprenorphine/naloxone)

Slow release oral morphine (SROM)

21% Reported an increase in

Felt that their current staffing levels were

insufficient to meet client demands

29% Reported an increase in demand

on their site's **resources**

Post-Decriminalization Changes

prescriptions

Services That OAT Sites Referred Clients To (n = 28)

Service Type

Safe Consumption/Overdose Prevention Services

Residential Treatment Programs

Social and Family Support Services

Inpatient Detoxification Programs

Mental Health Counselling

General Practitioners

Safer Supply Prescribers

Reported an **increase** in the

frequency of take-home dose

20

19

18

18

17

17

14

14

13

12

12

10

8

7

71%

68%

64%

64%

61%

61%

50%

50%

46%

43%

43%

36%

29%

25%

Offered take-home doses of OAT

Site Referral Pathways

89%

Methadone

61%

78%

medications

88% Referred clients to other services Were referred clients from other 84% services

Reported having formal

organizations/services

Post-Decriminalization Changes

had increased

Average Number of Clients Engaged in OAT Across Sites (n = 28)

referral pathways with other

Site

50 - 100 clients per month < 50 clients per month</p> I don't know

> 100 clients per month

75%

50% **No Sites** Reported currently having a waitlist for clients to access OAT Indicated that they offer same day or dropin services, most with < 2 hour wait times

> 1 year 6 months - 1 year **Police Activity Around the Site**

Indicated that they

57%

Average Length of OAT Engagement

Drug Checking Services Substance Use Counselling

Site Uptake and Demand

24%

7%

29%

Naloxone Distribution Services Indicated that the **frequency** of Outpatient Detxofication Programs referrals made to other services Indigenous-Specific Services Peer Support Services Sexually Transmitted Infections Testing

Saw an **increase** in the average number Sites of clients accessing their site Saw a **decrease** in the average number **Sites** of clients accessing their site Observed a **decrease** in the average length of OAT engagement **Sites** among their clients Observed an **increase** in the average length of OAT engagement among Site their clients

Post-Decriminalization Changes

around their site

around their site

Reported an **increase** in police activity

Reported a **decrease** in police activity

Post-Decriminalization Changes

Noted an **increase** in men

homelessness

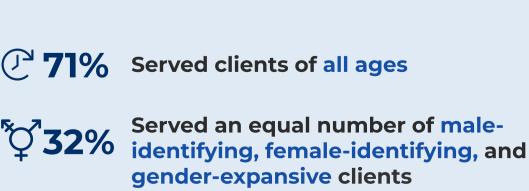
Saw an **increase** in youth (< 18 yrs)

and particularly those experiencing

Post-Decriminalization Changes

7% experienced police activity on or near their site's premises

7%



Site **82%** Indicated that white individuals made up the primary clientele at their site

Implications & Next Steps

Site Clientele Demographics (n=28)

accessing their site Site

- There have been minimal changes to OAT site operations within the first year of the decriminalization policy. • However, some sites reported early signals of change related to clientele socio-demographics, as well as an increase
- Findings suggest the need for increased staff training and continued investments into OAT to better support the anticipated demand on services, in order to effectively increase access to treatment among PWUD under the policy.
- Follow-up qualitative interviews with key informants from select OAT sites have been conducted to further explore

• Results will be used as a baseline to monitor key impacts of decriminalization and related polices going forward.



Source: Russell, C., Law, J., Hodgson, K., Mackinnon, L., Shahin, R., Crichlow, F., Patenaude, S. Imtiaz, S., Rehm, J., Ali, F. (2025). Examining Opioid Agonist Treatment (OAT) Site Operations and Early Signals of Change in the First Year of British Columbia's Drug Decriminalization Policy: Insights from a Provincial Survey. Canadian Journal of Public Health. https://doi.org/10.17269/s41997-025-01060-2

in **demand** on their staff and resources.

the direct impacts of decriminalization.