Evaluation of the Decriminalization of Illegal Drugs in British Columbia

Findings from Year 2

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 People Who Use Drugs (PWUD): Substance Use and Related Risks

Overview of Decriminalization

- Evaluations of decriminalization's impact on drug use patterns and perceived risks among people who use drugs (PWUD) are crucial to understand whether the policy is meeting its intended goals and to inform potential policy adjustments, especially in light of the re-criminalization amendment
- This sub-study aims to assess how the decriminalization policy and the re-criminalization amendment has impacted the drug use patterns of PWUD and perceived overdose risks and determine areas for policy improvement

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)

Methods

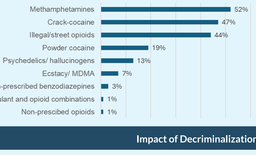
- Between February and April 2025, we conducted qualitative telephone-based interviews with a diverse sample of **n=75 PWUD** across BC, exploring aspects related to their drug use experiences and related risks
- Participants also completed an interviewer-administered survey assessing socio-demographics, and drug use and overdose history
- Interview data were synthesized using a thematic analysis approach

Results

Sample Characteristics (n=75)

51% Men
45 Average age
69% White
33% Employed
32% Completed secondary / high school
25% Located in the Vancouver Coastal Health Authority Region
51% Lived in a private residence, with others

Substances Used



83% Used substances daily
91% Used **inhalation** as their primary route of administration
23% Experienced an **opioid overdose** in the last 30 days
9% Experienced a **benzodiazepine/tranquilizer overdose** in the last 30 days

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

"[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."

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	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

"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"

Used **self-directed strategies**:

- Only consumed small amounts
- Monitored tolerance
- Purchased from trusted dealers
- Used with others

Used **harm reduction services**:

- Safe consumption or overdose prevention services/resources (e.g. naloxone)
- Safer supply
- Drug checking services
- Syringe exchange
- Lifeguard app or 9-1-1

"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 tranq 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 Re-Criminalization on Drug Use Risks

Similarly to decriminalization, participants reported that the re-criminalization 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

"[Re-criminalization] 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 [re-criminalization 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 **PWUD experiencing homelessness**
- Participants described a perceived **increase in societal and self-stigma** related to public drug use, pushing PWUD to engage in **risky drug use practices**, such as using drugs alone

- Many participants believed that re-criminalization was driving people to **use drugs in isolation** to avoid stigma or police interactions, thereby **increasing their risk of overdose**
  - These shifts were especially concerning amid a **limited harm reduction service infrastructure**, especially in rural and remote communities

"People have to hide [following re-criminalization] [...] 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 from them for the cops. Then that's why people are dying 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**

"Before decriminalization I had always really been buying from the same people, and re-criminalization 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."

- Some reported this led to dealers being more cautious during drug purchases, by changing the location of deals or scaling back their sales
  - This led clients to more risky environments and unfamiliar suppliers, further increasing overdose risk

Implications & Next Steps

- Findings suggest that decriminalization had **no 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
- These findings underscore a key **disconnect** between aspects of the policy (e.g. the 2.5g limit) and the lived experience of PWUD, particularly among long-term or polysubstance users
- Both the decriminalization, and especially the re-criminalization period, presented **unique risks** related to stigma, police engagement, drug market trends and dealer interactions, with important implications for rural and unhoused PWUD
- 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., Ivsins, 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

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

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View OCRINT's other Decriminalization-related materials here.