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

Quantitative Analyses of People Who Use Drugs (PWUD): Hospitalizations for Opioid Poisonings

Overview

- British Columbia has the highest rates of drug poisoning deaths in Canada, driven largely by an increasingly potent, unpredictable and toxic drug supply.
- To address these risks, decriminalization was introduced as a public health approach aimed at reducing stigma, facilitating engagement with health and social services, and encouraging bystanders to call emergency medical services during drug poisoning events, without fear of legal repercussions.
- Over time, these objectives are intended to contribute to broader reductions in drug poisoning deaths and other drug-related harms.

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)

Around the same time as the amendment, a new **province-wide directive** was circulated, which **prohibited drug use outside of designated overdose prevention services** within hospitals

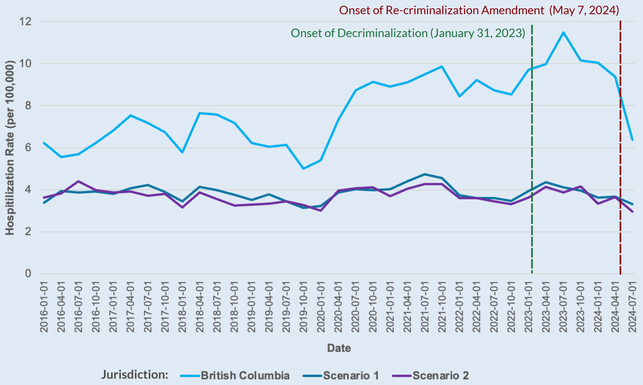
Methods

- This quantitative study examines the association between the implementation of decriminalization, and the subsequent re-criminalization amendment, on **opioid-related poisoning hospitalizations (OPH)**.
- We sourced quarterly counts and computed crude rates (per 100,000) of OPH from **Q1 2016** to **Q3 2024** (**Onset of Decriminalization:** *January 31, 2023*; **Onset of Re-criminalization Amendment:** *May 7, 2024*) using the Discharge Abstract Database through the Public Health Agency of Canada.
- We conducted interrupted time series analyses using Generalized Additive Models based on the log-transformed difference in OPH rates between BC and other provinces in Canada.
  - Two differencing methods were used:
    - **Scenario 1:** Aggregate rate of other provinces subtracted from the BC rate
    - **Scenario 2:** Average of individual rates of other provinces subtracted from the BC rate
- Both immediate-level changes (upshift or downshift in OPH) and slope changes (changes in OPH trends) were tested.

Results

Hospitalizations for Opioid Poisonings

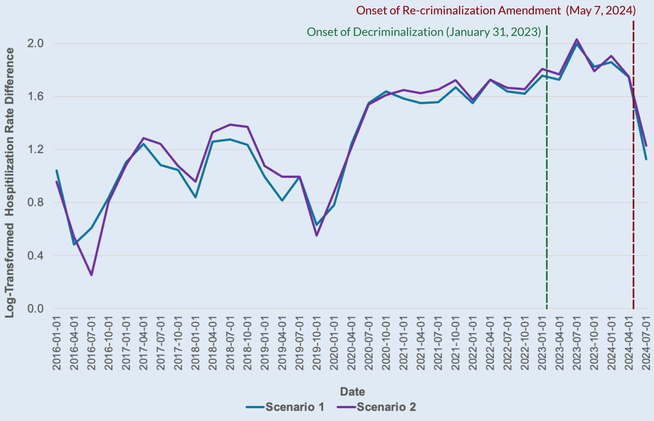
Crude Rates of Hospitalizations for Opioid Poisonings in BC and Other Provinces in Canada (2016 - 2024)*



* **Scenario 1:** Aggregate rate of other provinces subtracted from the rate of BC.
Scenario 2: Average of individual rates of other provinces subtracted from the rate of BC.

- A marked **increase** in crude rates of OPH in BC was observed **after** the initial implementation of decriminalization.
- Following the **third quarter of 2023**, the OPH rate **dropped** sharply.
- Changes in OPH rates were **less pronounced** in other provinces.

Log-Transformed Adjusted Difference in Crude Rates of Hospitalizations for Opioid Poisonings in BC and Other Provinces in Canada (2016 - 2024)*



* **Scenario 1:** Aggregate rate of other provinces subtracted from the rate of BC.
Scenario 2: Average of individual rates of other provinces subtracted from the rate of BC.

- Following the enactment of decriminalization, the differences between BC and the rest of the provinces **initially increased**, then **decreased**.
- In the **third quarter of 2024**, the difference between BC and the other provinces had **narrowed** to levels comparable to those observed in **2020**.
- The original enactment of **decriminalization** was **not associated** with a change in the level of OPH.
- The **re-criminalization amendment** was associated with a small and **insignificant decrease** in the level and trend of OPH.

Implications & Next Steps

- Findings showed **no statistically significant associations** between the decriminalization policy and the re-criminalization amendment and OPH.
- Effects may **not yet be visible**, as changes resulting from reduced stigma and increased treatment engagement—the policy's expected pathways of impact—are expected to emerge **over time**.
- Limited post-amendment data, and quarterly reporting of OPH, may also have impacted the ability to detect any significant effects.
  - **Short observation period** (decriminalization policy was amended after only five quarters) offers a limited window to assess sustained effects on OPH.
- Importantly, OPH metrics reflect only **one of several longer-term policy goals.**
  - Ongoing, comprehensive evaluations of decriminalization across multiple health and justice outcomes, including law enforcement, prosecution, service utilization, and overdose outcomes, are essential to inform evidence-based drug policy and understand the long-term impacts of decriminalization.

Source: Rehm, J., Abdul, S.A., Ali, F., Russell, C., Crépault, J.-F., Elton-Marshall, T., Le Foll, B., Kinniburgh, B., Palis, H., Imtiaz, S. (2025). Decriminalization Of Drug Possession In British Columbia And Hospitalizations For Opioid Poisoning. *Public Health*, *248*:10595. Doi:10.1016/J.Puhe.2025.105915.

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