# 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): Drug 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.
- This quantitative sub-study examines the impacts of decriminalization on **paramedic responses to opioid poisonings** and **drug poisoning deaths**.

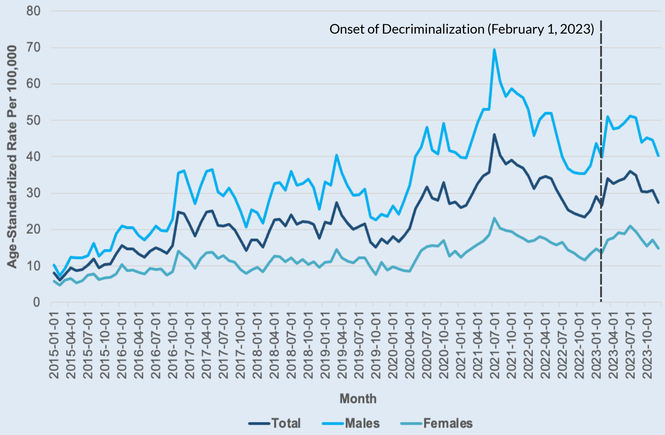
### Methods

- We sourced monthly population-based data from 2015 to 2023 (**Pre-decriminalization:** *January 2015 - January 2023*; **Post-decriminalization:** *February 2023 - December 2023*) from the British Columbia Emergency Health Services and the British Columbia Coroners Services through the BC Centre for Disease Control.
- We conducted interrupted time series analyses using Generalized Additive Models to model monthly total and sex-stratified, age-standardized rates of **paramedic responses to opioid poisonings** and **accidental / undetermined drug poisoning deaths.**
  - Adjustments were made for the unemployment rate and the COVID-19 Stringency Index.
- Both immediate level changes (immediate effect at decriminalization) and slope changes (trend changes post-decriminalization) were tested.

### Results

#### Paramedic Responses to Opioid Poisonings

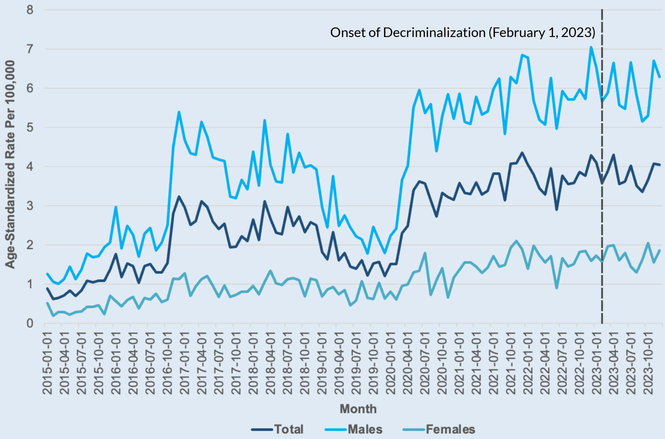
**Total and Sex-Specific Rates of Paramedic Responses to Opioid Poisonings in BC, Canada (2015 - 2023)**




- There was an **increase** in the rate of paramedic responses to opioid poisonings **prior** to the onset of decriminalization.
- Decriminalization did **not** result in a significant **immediate-level change** in the rate of paramedic responses to opioid poisonings
- Similarly, **no change in slope** was detected in the total rate of paramedic responses to opioid poisonings **post-decriminalization.**
- There was **no association** between unemployment rate and the rate of paramedic responses to opioid poisonings.
- The **same** pattern of findings was observed after stratification according to males and females, as well as after adjustment for the COVID-19 Stringency Index.

#### Drug Poisoning Deaths

**Total and Sex-Specific Rates of Drug Poisoning Deaths in BC, Canada (2015 - 2023)**




- The total rate of drug poisoning deaths **increased prior** to the onset of decriminalization.
- Decriminalization did **not** produce an **immediate change** in the rate of drug poisoning deaths in the month following its implementation.
- There was also **no significant trend change** observed in the rate of drug poisoning deaths among both sexes **post-decriminalization.**
- Unemployment rate was **positively** associated with the rate of drug poisoning deaths.
- Findings were **consistent** across sex-stratified analyses, and after adjusting for the COVID-19 Stringency Index.

### Implications & Next Steps

- Decriminalization was **not** associated with a significant **immediate** effect or **trend** change in both the rate of **paramedic responses to opioid poisonings** or the rate of **drug poisoning deaths** in the first eleven months of implementation.
- The **non-significant downward trends** observed in both **paramedic responses to opioid poisonings** and **drug poisoning deaths** may suggest that drug poisonings may be beginning to **decrease in frequency and severity** post-decriminalization.
- Importantly, **neither** paramedic responses to opioid poisonings, nor drug poisoning deaths, **increased** following decriminalization.
- The lack of statistical significance in these findings may potentially reflect a **lag in the long-term effects of the policy**, the **continued presence of criminalization practices**, as well as the **low possession threshold** for decriminalization.
- **Ongoing monitoring** and evaluation of decriminalization are essential to guide policy adjustments, towards reducing drug-related harms.

**Source:** Imtiaz, S., Abdul, S.A., Jiang, H., Russell, C., Ali, F., Henderson, I., Le Foll, B., Elton-Marshall, T., Kinniburgh, B., Rehm, J. (2025). The Short-Term Impacts Of Decriminalisation Of Personal Possession Of Select Illegal Drugs On Drug Poisonings In British Columbia, Canada (2015–2023). *Drug And Alcohol Review*, 0:1-10. Doi:10.1111/Dar.70036.

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

CRISM | ONTARIO Canadian Research Initiative in Substance Matters

View OCRINT's other Decriminalization-related materials here.