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): Utilization of Treatment and Harm Reduction Services

Overview

- **Opioid Agonist Treatment (OAT)**, **Supervised Consumption Services (SCS)**, and **Overdose Prevention Services (OPS)**, are key evidence-based interventions used to reduce drug-related harms, and improve the health of PWUD.
  - **OAT** utilizes prescribed opioid agonist medications to alleviate withdrawal symptoms and cravings.
  - **SCS** and **OPS** are designated safe spaces where trained staff monitor people using illegal drugs to respond to poisonings, reduce infectious disease transmission, and connect PWUD to health services.
- As decriminalization aims to reduce barriers and enhance access to health services, including treatment and support services, the objective of this quantitative study is to examine the impacts of the policy on the **utilization of OAT and SCS/OPS**.

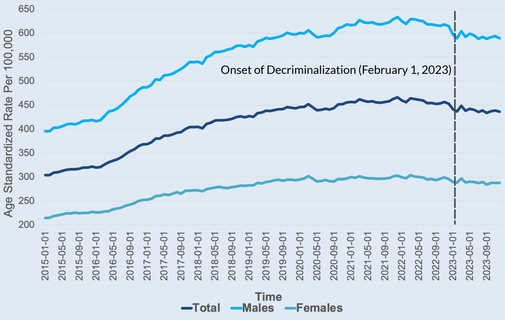
Methods

- Using health administrative databases, we sourced monthly population-based data from 2015 to 2023 (**Pre-decriminalization:** *January 2015 - January 2023*; **Post-decriminalization:** *February 2023 - December 2023*).
- We conducted interrupted time series analyses using Generalized Additive Models to model monthly total and sex-stratified, age-standardized rates of **clients and first-time clients dispensed OAT medications**, and crude rates of **visits to SCS/OPS**.
  - 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

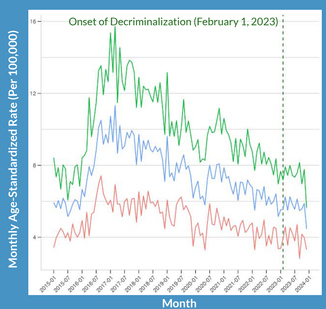
Clients Dispensed OAT Medications

Age-standardized Rates of Clients Dispensed OAT Medications in BC, Canada (2015 - 2023)*



*Included those dispensed dispensed any medication for OAT : Methadone, Buprenorphine, Buprenorphine-Naloxone, Slow-Release Oral Morphine, Diacetylmorphine Injection, Hydromorphone Injection, Hydromorphone Tablets

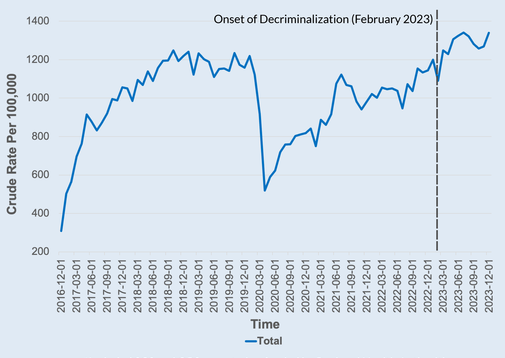
Age-Standardized Rates of First-Time Clients Dispensed OAT Medications in BC, Canada (2015 - 2023)



- There was an **increase** in the rate of clients dispensed OAT **prior** to the onset of decriminalization.
- Decriminalization did **not** result in a significant **immediate-level change** or **trend change** in the rate of clients dispensed OAT.
- An **increase** in unemployment rate was associated with a **lower** rate of OAT medications dispensed.
- The rate of first-time clients dispensed OAT medications experienced **little** to **no change prior** to decriminalization.
- Decriminalization did not result in a significant **immediate-level change** or **trend change** in the rate of first-time clients dispensed OAT.
- The unemployment rate was **not** associated with the rate of first-time clients dispensed OAT medications.
- **Similar lack** of immediate-level and trend changes were found for both the rates of clients and first-time clients dispensed OAT after adjusting for COVID-19 Stringency Index, and after stratifying by sex.

SCS and OPS Visits

Crude Rates of Visits to SCS and OPS in BC, Canada (2016 - 2023)*



*Included SCS and OPS operated or funded by Regional Health Authorities

Note: *The sudden drop in visits to SCS/OPS observed in April 2020 corresponded with the service closures as part of the public health measures enacted in response to COVID-19.*

- The rate of visits to SCS/OPS experienced **little** to **no change** in the lead up to decriminalization.
- Decriminalization did **not** result in an **immediate-level change** or a **trend change** in the rate of visits to SCS/OPS.
- The unemployment rate had a strong **negative** association with the rate of visits to SCS/OPS.
  - **Higher** unemployment was associated with **lower** utilization of these services.
- An **increase** in unemployment rate was associated with a **lower** rate of visits to SCS/OPS.
- Decriminalization was similarly **not** associated with **immediate-level** or **trend changes** in visits to SCS/OPS, after adjustment of the COVID-19 Stringency Index.

Implications & Next Steps

- Findings indicate that decriminalization in BC was **not** associated with **immediate-level changes** or **trend changes** in the rates of clients or first-time **clients dispensed OAT medications**.
- We also found **no evidence** to suggest that decriminalization was associated with **immediate-level** or **trend changes** in the rates of **witnessed consumption visits to SCS and OPS.**
- Our findings were limited to the first eleven months of decriminalization, and are likely insufficient to capture broader or more sustained effects on service utilization.
  - Given the complexity of factors influencing service utilization, longer-term evaluations are needed to understand the policy's full effects.

Source: Abdul, S.A., Jiang, H., Russell, C., Elton-Marshall, T., Ali, F., Henderson, I., Le Foll, B., Kinniburgh, B., Smith, W., Rehm, J., Imtiaz, S. (2025). The Short-Term Impacts Of The Decriminalization Of Illegal Drug Possession On Clients Dispensed Opioid Agonist Treatment And Visits To Supervised Consumptions Services And Overdose Prevention Services In British Columbia, Canada (2015-2023). *Journal Of Substance Use And Addiction Treatment, 180* (2026): 209815. Doi: 10.1016/J.Josat.2025.209815.

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

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