BEYOND THE POLICY:

How Implementation Shaped British Columbia's Drug Decriminalization Pilot

THE POLICY

On January 31st, 2023, the province of British Columbia decriminalized the personal possession of up to 2.5 g of opioids, cocaine, methamphetamine, and MDMA among adults (18+) for a pilot period of three years.

This decriminalization initiative aimed to reduce stigma, criminalization, and associated harms for people who use drugs, while improving access to health services, trust in law enforcement, and public awareness of drug use as a health issue.

STUDY OVERVIEW

Decriminalization is a complex public health reform whose outcomes depend not only on legal change, but also on how the policy is designed, communicated, resourced, and implemented. Understanding implementation helps explain why policies succeed, struggle, or produce unintended outcomes.

This review synthesized peer-reviewed evidence to identify implementation factors that shaped British Columbia's drug decriminalization pilot.

Systematic Review

Six databases searched for peer-reviewed studies published during the policy (2022-2026)

Narrative Synthesis

Compared findings across studies to identify recurring implementation barriers and facilitators

FINDINGS

443 records identified » **27** studies included

Four Implementation Themes

1 Pilot Design Features

27/27 studies · 100%

- Three-year pilot timeframe constrained implementation and limited assessment of longer-term impacts
- 2.5 g possession threshold often misaligned with real-world purchasing patterns
- Removing arrest authority for possession of ≤ 2.5 g required substantial changes to frontline policing practices
- Mid-pilot amendment in 2024 reduced implementation stability

2 System-Level Funding & Infrastructure Constraints

21/27 studies · 78%

- Pilot was implemented within already-strained health and social service systems
- No dedicated funding or commensurate system investments accompanied implementation activities
- Broader structural challenges (e.g., housing instability, stigma, toxic drug supply) shaped implementation and outcomes

3 Gaps in Public Communication & System-Level Guidance

15/27 studies · 56%

- Limited government communication contributed to confusion about the policy's purpose and scope
- Confusion about possession limits, eligible substances, legal protections commonly reported
- Implementation guidance was fragmented and inconsistent across organizations and sectors

4 Limited Police & Service Provider Training

11/27 studies · 41%

- Training varied widely across police services and service providers
- Police officers and service providers often relied on self-directed or informal learning and communication

No common implementation facilitators were identified across studies

KEY IMPLICATIONS

Early outcomes reflected implementation conditions—not legal reform alone

The **pilot's short timeframe** limited assessment of longer-term impacts

Policy design, communication, training, and **system capacity** shaped implementation

Successful drug policy reform requires **coordinated implementation, sustained investment,** and **institutional readiness**

SOURCE: Ali, F., Chellew Paternostro, S., Imtiaz, S., Crépault, J.-F., Le Foll, B., Russell, C., Degenhardt, L., Alsheikh, H., Smith, W., & Rehm, J. (2026). Implementation factors shaping British Columbia's drug decriminalization pilot: A systematic review with narrative synthesis. *International Journal of Drug Policy, 156*(2026): 105431. https://doi.org/10.1016/j.drugpo.2026.105431

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