

# 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.

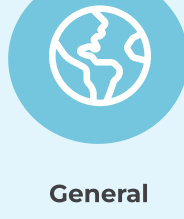
The *Ontario Node of the Canadian Research Initiative in Substance Matters (OCRINT)* is conducting a five-year independent evaluation of the decriminalization policy to assess its impact across the following domains:



People Who Use Drugs (PWUD)



Police & Criminal Justice System



General Public



Health Service System



Economic Impacts



## Health Service System: Survey of Harm Reduction (HR) Site Operations

### Overview

- Ongoing monitoring and evaluation of decriminalization's impact on access to and utilization of health and support services, including **harm reduction (HR) services** across the province is essential to ensure its effectiveness and guide necessary adjustments to meet its goals.
- A comprehensive understanding of the current HR landscape in BC, including how HR sites operate, can provide insights into how these services may have responded to the policy by adapting their operations.
- This sub-study aims to examine how decriminalization has impacted the **service operations of HR sites in BC** using yearly cross-sectional surveys distributed to site representatives from HR sites across BC, supplemented by follow-up qualitative interviews.

### Methods

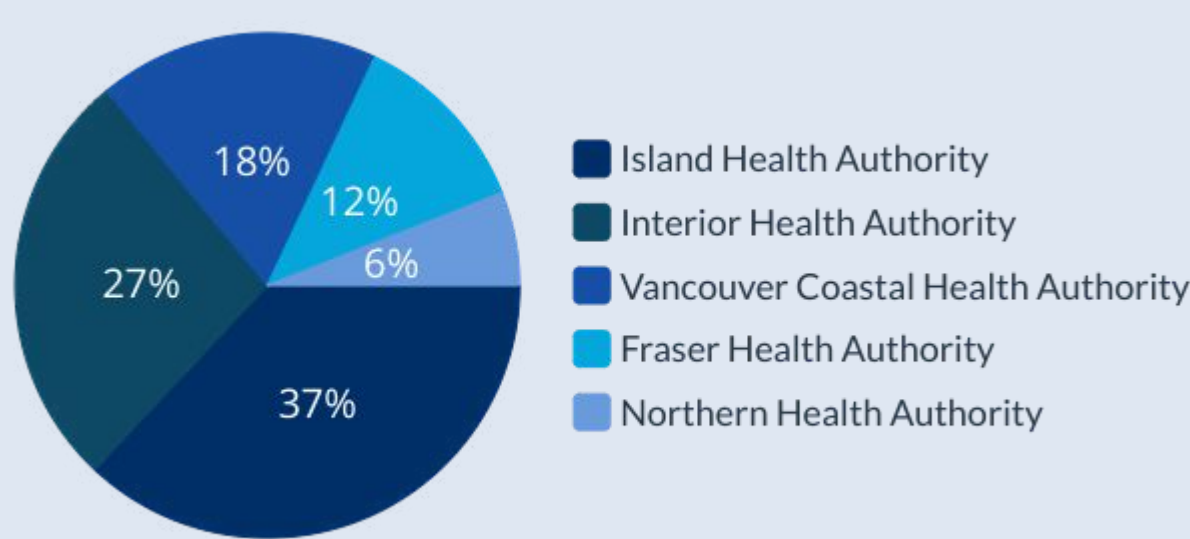
- The first survey was distributed to site representatives from **n = 33** HR sites across BC between March and May 2024.
- The survey explored the operational characteristics of their sites, including the demographics of their primary clientele, and assessed any potential changes following the first year of decriminalization. Results are presented below.
- Sites were identified using online repositories (e.g., 'Toward the Heart'), as well as from contacts through the CRISM network, project working group members, and regional Health Authority Decriminalization Leads.
- Eligible HR sites included: Supervised Consumption Sites (SCS), Overdose Prevention Services (OPS), Rapid Access to Addiction Medicine (RAAM) clinics, Mental Health and Substance Use (MHSU) sites, low-barrier sites offering various HR and treatment services, and shelters and temporary housing settings with registered OPS.
  - Broader community health centres or pharmacies that distributed HR supplies, youth-specific sites, and sites opened after January 31, 2023, were excluded from the survey.
- Survey data were analyzed descriptively to identify trends, both pre- and post-decriminalization.

### Results

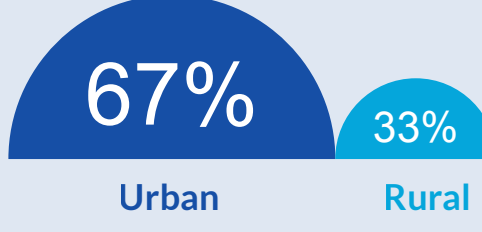
#### HR Site Characteristics (n=33)

##### Site Infrastructure and Operations

##### Site Distribution by BC Health Authority Region (n=33)



##### Location of Sites



- 39% Integrated within a broader organization offering other health/social services
- 33% Affiliated with a broader organization but operated at a separate location

##### 9.43 Average daily operating hours at sites

27% Indicated that they were open past 6pm

48% Indicated that they were open every day of the week

##### Post-Decriminalization Changes

2 Sites

Increased their hours of operations

2 Sites

Decreased their hours of operations

##### Services Offered at HR Sites

##### Types of Services Offered by HR Sites (n = 33)

Service Type	n	%
HR supplies distribution	33	100%
OPS	24	73%
Peer Support	23	70%
Drug Checking	22	67%
Mental Health Counselling	18	54%
Substance Use Counselling	18	54%
Mobile Outreach	18	54%
Opioid Agonist Treatment Prescriptions	17	52%
Clinical/Wound Care	16	48%
Health Education	14	42%
Supervised Injection Services	14	42%
Community Syringe/Paraphernalia Pickup	13	39%
Safer Supply Prescriptions	11	33%
Sexually Transmitted Infections Testing	11	33%
Safe Inhalation Services	8	24%
Withdrawal Management	8	24%
Social and Family Support	7	21%
Other	7	21%

##### Post-Decriminalization Changes

76% Did **not** introduce any new services directly in response to decriminalization

6 sites

Indicated plans to **expand** or **modify** their services due to decriminalization

##### Planned Changes:

- Implementing supervised inhalation services
- Expanding HR supply vending machine options
- Introducing drug-related litter clean-up program
- Relocating to a larger building
- General expansion to meet growing demands

##### Site Uptake and Demand

##### Client Uptake (n = 33)



70% Reported having to turn away clients, or ask them to wait in a waiting room or lineup due to insufficient capacity or resources

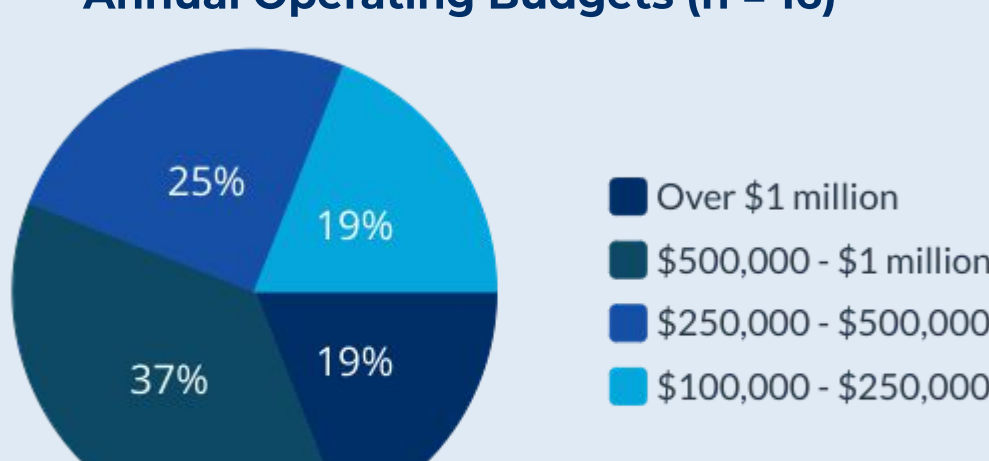
##### Post-Decriminalization Changes

30%

Reported experiencing an **increase** in the number of clients accessing their services

##### Funding and Operating Budgets

##### Annual Operating Budgets (n = 16)\*



\* n=17 sites were unsure of their site's operating budgets

Sites received funding from a combination of public and private sources, such as:

- Federal funding
- Municipal funding
- Provincial funding
- Donations
- Universities
- Research grants

79% Received provincial funding to operate

##### Post-Decriminalization Changes

31%

Of sites who provided their annual operating budgets reported that their total budgets had **increased**

- No sites experienced changes in their funding source since decriminalization.
- One site commented that there had been an **increase in funding opportunities** due to their site's growing credibility and capacity
  - However, their funding was still **insufficient** to meet demands

##### Staffing, Training, and Resources

Sites were staffed by multidisciplinary teams, consisting of:

- Administrative personnel
- Managers
- Medical Practitioners
- Peer support providers
- Behavioural or social support staff



52% Felt that their current staffing levels were **insufficient** to meet client demands



67% Felt that their current resources were **insufficient** to meet client demands

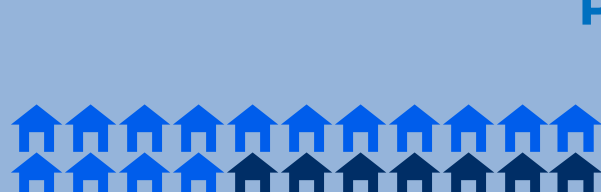
##### Staff Decriminalization Training

27%

Indicated that their staff received **formal training** on decriminalization

Among sites that did not receive training (n = 21), 62% felt that their staff would benefit from training on decriminalization

##### Post-Decriminalization Changes



45% Reported an **increase** in demand on their **staff**



30% Reported an **increase** in demand on their site's **resources**



1 site Reported a **decrease** in resource demand

##### Police Activity Around the Site



70% Indicated that they experienced **police activity** on or near their site's premises

##### Post-Decriminalization Changes

43%

Of the sites that experienced police activity around their site (n=23) reported an **increase** in police activity around their site

##### Site Clientele Characteristics (n=33)

82% Served clients of **all ages**

48% Served an equal number of **male-identifying, female-identifying, and gender-expansive clients**

70% Indicated that **white** individuals made up the primary clientele at their site

##### Clientele Substance Use Practices

61% Reported that the most frequently used substance among their clients were **illegal/street-sourced opioids**

- Inhalation was the primary route of administration reported among all commonly used substances at sites

##### Post-Decriminalization Changes

3 Sites

Noted **changes** in clientele demographics

- One reported serving a **broader** age range of clients (16 to 70 years old)
- One saw an **increase** in transgender clients
- One saw an **increase** in Indigenous clients

3 Sites

Noted **changes** in the primary substances used by clients

3 Sites

Observed **increases** in the frequency of substance use among clients

4 Sites

Reported seeing **different** clients than before decriminalization

##### Implications & Next Steps

- There is a **positive trend** in the overall **uptake and utilization of HR services** post-decriminalization.
- However, HR sites experienced an **increase in demand** on staffing and resources post-decriminalization, suggesting their current staffing levels and resources are **insufficient** to meet client needs.
- Our data also indicate **minimal additional funding** allocated to meet the rising demand, along with the absence of sufficient staff training on decriminalization, further impacting the ability for these services to meet client needs.
- There is a need for targeted investments into HR services to better support the increase in demand.
- Moreover, steps are necessary to address the continued police presence near sites, which may hinder service uptake and perpetuate stigma along with steps to address the continued police presence near sites.
- Follow-up qualitative interviews with key informants from select HR sites have been conducted to further explore the direct impacts of decriminalization.
- Results will be used as a baseline to monitor key impacts of decriminalization and related policies going forward.
- The second round of surveys was launched in February 2025.

Source: Ali, F., Russell, C., Law, J., Imtiaz, S., Budau, J., Shahin, S., Mackinnon, L., Griffith, D., Patenaude, S., Xavier, J., Rehm, J. (2025) Characterizing Changes To Harm Reduction Site Operations In British Columbia Following The Implementation Of The Decriminalization Of Drugs: Findings From A Provincial Survey. *Harm Reduction Journal*. Under Review.