



Decriminalization of Drugs in British Columbia: Evaluating Challenges and Sustainability

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ABSTRACT

To alleviate the substance use emergency in British Columbia, the possession of illegal drugs under 2.5 g for those over the age of 18 was decriminalized (BC Centre for Disease Control, n.d.; Duong, 2023). However, on May 7, 2024, the Government of Canada recriminalized some aspects of drug possession, namely possession of illicit substances in public spaces, due to concerns about heightened visible public use (Hendry, 2025). It will be vital for British Columbia to take a page from other decriminalization models implemented around the world and ensure that their harm reduction approaches are closely monitored and adjusted with increasing evidence. In particular, Portugal has successfully pioneered drug decriminalization practices, while Oregon is one of the first North American examples of such a policy. As such, they can be used to inform better policy practices in British Columbia. Ultimately, while the decriminalization policy has shifted the focus to the destigmatization of drug use, more refinements and resources (e.g., improved infrastructure and health-focused rehabilitation programs) for long-term support are required before this policy can be enacted nationwide.

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Introduction

With the exception of cancer, the largest cause of potential years of life lost in British Columbia (B.C.) between the ages of 10 and 59 is illegal drug toxicity. In 2016, British Columbia declared substance use to be a public health emergency (Duong, 2023). To help overcome this challenge, on January 31, 2023, possession of illegal drugs under a 2.5 g threshold was decriminalized in British Columbia, Canada, for those over the age of 18 (BC Centre for Disease Control, n.d.). B.C.'s decriminalization intended to reduce stigma against drug users looking to seek out healthcare and other services, as well as reduce the likelihood of individuals consuming drugs alone, where there is a greater risk of overdose from the inability to call emergency services. The decision was also made with consideration of the disproportionate effect of drug criminalization on marginalized communities (BC Centre for Disease Control, n.d.). This pilot exemption to the Controlled Drugs and Substances Act (BC Centre for Disease Control, n.d.) is planned to run for three years, at which point the successes and challenges of the program will be evaluated (Russel et al., 2024).

Following decriminalization, multiple health services were utilized at a higher rate. B.C.'s Overdose Prevention Service and Supervised Consumption Sites saw an increased number of visits in the months following decriminalization, as did the demand for naloxone kits (British Columbia Ministry of Mental Health and Addictions, 2024). In the first year following decriminalization, stimulant and opioid deaths and hospitalizations did not significantly change in comparison to values in the two years prior to decriminalization (Gaudreault et al., 2025). This suggests that no statistically significant change in overdose-related harms was observed following decriminalization in B.C. (Gaudreault et al., 2025).

However, on May 7, 2024, certain key aspects of this exemption were modified following concerns about visible public drug use, especially in hospitals (Hendry, 2025). At the request of British Columbia's provincial government, the Government of Canada announced that the possession of illegal drugs in public spaces in any quantity is illegal. At the same time, police officers are guided to use their judgment to consider if an arrest or an alternate course of action is most worthwhile (BC Centre for Disease Control, n.d.). Police officers will also be expected to provide information on potential health and social services to support the individuals, as well as provide referrals, as opposed to making arrests (Duong, 2023). These decisions were further supported by a variety of other programs implemented in the province, such as 'Take-Home Naloxone' kits (BC Centre for Disease Control, n.d.), as well as the doubling of youth treatment and recovery beds and the implementation of additional adult treatment beds (Duong, 2023).

Policy Analysis

Decriminalization has been described by some public health experts as a step in the right direction (Baig, 2022). Nevertheless, it may not be a perfect policy; it fails to address concerns about the exclusion of youth and those who purchase a larger supply of drugs at once (Duong, 2023). According to interviews conducted by Ali et al. (2023), those who use multiple substances often said that they had high drug tolerances, and as such, consumed larger amounts of substances or purchased different amounts of multiple substances. Some also reported purchasing in bulk to get a better deal, particularly in Northern or smaller, more remote communities where bulk-buying may be more convenient. As such, the 2.5 g threshold did not account for their individual tolerance, nor their purchasing habits (Ali et al., 2023).

British Columbia has previously taken steps to tackle the substance abuse crisis. In 2017,

the Good Samaritan Drug Overdose Act was implemented to aid with concerns bystanders may experience before contacting emergency services during drug overdoses (Xavier et al., 2022). This policy failed to account for drug users who did not wish to contact medical services due to fears of having their illicit drugs taken away, being perceived as drug dealers when sharing drugs, and concerns about being implicated in overdose-related deaths (Xavier et al., 2022). Similar pitfalls could impact the success of the new decriminalization policies. Participants of interviews conducted regarding B.C.'s policy have expressed apprehension about the potential inconsistent use of police discretion, especially between different locations (Ali et al., 2023). Moreover, there were concerns that the arrest of dealers who are trusted by their community of clients could inadvertently be detrimental by eliminating the drug supply that is trusted to be safe (Ali et al., 2023).

As with previous attempts to overcome the “war on drugs,” decriminalization would have to overcome the barrier of the stigma associated with drug use. By shifting the framing of drug use from a criminal issue to a public health issue, it indirectly encourages individuals to seek support without fear of judgment or legal repercussions. Based on this, experts presumed that this policy would help increase awareness and openness to psychedelics-based clinical care (Baig, 2022). In the first year of the pilot, a qualitative study reported mixed experiences related to stigma, with some people finding reduced stigma and more humanized interactions with police (Ali et al., 2025). On the other hand, others found that the heightened public visibility of the drugs actually amplified societal stigma, perhaps due to increased resistance towards the policy (Ali et al., 2025). These experiences highlight that the effects of decriminalization on stigma are not uniform, but they have the potential to foster reductions in negative perceptions in the long term. However, the amendment of the policy to recriminalize

public spaces represents a move back towards a more criminalized view of drug use. According to experts, including the B.C. Chief Coroner and Human Rights Commissioner, this shift is strongly influenced by stigma and risks functioning as a self-fulfilling prophecy, where public concerns can reinforce and exacerbate stigma rather than reduce harm (CBC News, 2025).

Furthermore, the early amendment casts uncertainty on the longevity of this model in a Canadian setting and encourages using other successful models to evaluate where the policy can improve. The model of drug decriminalization in British Columbia can be compared to policies enacted in the country of Portugal, as well as in Oregon, USA. These two locations experienced starkly different outcomes following historic changes to their drug decriminalization policies. Portugal has been cited as a “best practice model” for drug decriminalization (Duong, 2023), whereas Oregon ultimately repealed decriminalization in 2024 (Baker, 2024). These contrasting outcomes in varying circumstances (i.e., Oregon in a North American context, or Portugal with substantial institutional support) are relevant examples in anticipating potential difficulties in B.C.

Portugal, in particular, was one of the first countries to implement a drug decriminalization act, successfully reducing drug-related deaths in the country (Duong, 2023). Experts from Portugal have criticized B.C.'s model for not having adequate long-term support through dedicated institutions for drug users. This factor was paramount to the success of Portugal's policies as it prevented relapse in the long run (Duong, 2023). Such changes would require stronger structural support in areas such as housing and addiction recovery

services to create a more sustainable and effective policy. However, some recent trends have emerged suggesting that Portugal's initial success is now slowly reverting to its previous state, with overdoses and drug use increasing (Balch, 2024). This raises extensive concerns about whether British Columbia may also undergo the same fate and challenges with maintaining success over the long run.

Decriminalization of drugs has previously been attempted in different parts of North America as well. In 2021, Oregon became the first U.S. state to implement decriminalization of illicit substances, specifically for small amounts of non-prescribed drugs for individual use (Pozo et al., 2021; Rouhani et al., 2024). Nonetheless, it is crucial to note that in the year of implementation, the rate of fatal overdoses in Oregon had increased by about 50%, in comparison to the previous year (Terry, 2024), and researchers have come to conflicting conclusions about the role of Oregon's law in this. Spencer attributes 182 additional deaths in Oregon in 2021 as a result of this policy (Spencer, 2023), while Joshi et al. do not attribute any change to decriminalization (Joshi et al., 2023). Both studies similarly utilize synthetic control methods; however, the differences in conclusions may be attributed to the use of different datasets with distinct timelines (Joshi et al., 2023; Spencer, 2023). The policy was repealed in March 2024, and the effects of the repeal went into effect in September 2024 (Baker, 2024).

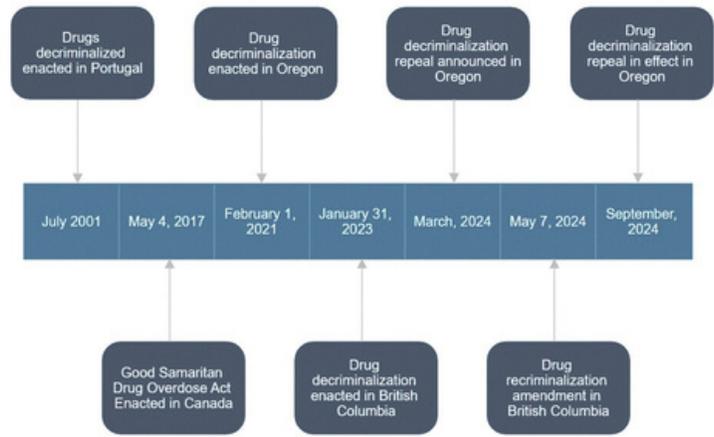


Figure 1: Timeline of Drug-Related Policy Enactments. This diagram displays when drug decriminalization and recriminalization, along with other related policies, were enacted in British Columbia, Portugal, and Oregon.

Conclusion

Ultimately, while the decriminalization approach in British Columbia is an important shift toward reducing the stigma surrounding drug use, its success will depend on continuous adaptation and improvement. It will require close monitoring, evaluation of long-term outcomes, and adjustments based on emerging evidence. With the expansion of support programs and resources, as well as further refinement of harm reduction models over time, this project may serve as a valuable reference for other provinces, contributing to a more humane and effective national approach to substance use.

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