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# Evaluation of the British Columbia Exemption to Allow for Personal Possession of Small Amounts of Illegal Drugs Semi-annual Meeting

## WHAT WE HEARD REPORT

**Meeting Date:** November 15, 2024  
**Location:** Virtual Meeting



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# Table of Contents

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<b>INTRODUCTION</b> .....	<b>3</b>
<b>RECENT POLICY AMENDMENT</b> .....	<b>3</b>
<b>OVERVIEW</b> .....	<b>4</b>
<b>PROGRESS SUMMARIES</b> .....	<b>4</b>
Qualitative Findings: Police and the Criminal Justice System .....	4
Qualitative Findings: People Who Use Drugs .....	5
Quantitative Findings: People Who Use Drugs and the Criminal Justice System .....	7
General Public Opinion Findings .....	8
Mixed-Methods Health Services Findings.....	10
Economic Evaluation Findings.....	12
<b>NEXT STEPS</b> .....	<b>12</b>
<b>FOR MORE INFORMATION</b> .....	<b>13</b>

## Introduction

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This funding opportunity was designed to enable an independent evaluation of the British Columbia (B.C.) exemption from subsection 56 (1) of Canada's Controlled Drugs and Substances Act, which came into effect on January 31, 2023. Background information on the funding opportunity and the Canadian Research Initiative in Substance Matters (CRISM) Ontario Node team leading this five-year policy evaluation project can be found on CIHR's website [here](#) and the CRISM Ontario website [here](#).

CIHR-Institute of Neurosciences, Mental Health and Addiction (INMHA) is committed to knowledge mobilization and has generated this report to summarize the study's progress to date, as presented by the research team at an update meeting on November 15, 2024.

Previous updates:

- [May 2024 update](#)
- [Project background and April 2023 update](#)
- [Evaluation goals and November 2023 update](#)
- [Study design can be found here](#)

The next update is expected in spring 2025.

## Recent Policy Amendment

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*On May 7, 2024, the Federal Government* approved the province's request to exempt public spaces from B.C.'s decriminalization policy, essentially recriminalizing the possession of any amount of drugs in public places. Law enforcement now has the authority to seize illegal drugs possessed in public (in any amount) and/or make an arrest.

Possession of illegal substances (opioids, cocaine, methamphetamine and MDMA/ecstasy) below the 2.5g threshold for personal use by adults remains *decriminalized* in private residences, health care clinics as designated by the province of B.C., places where people are lawfully sheltering, and *overdose prevention and drug checking sites*.

Possession of more than 2.5g combined of illegal substances, any amount of other illegal drugs not covered by the exemption, and possession of any amount of drugs among people under age 18 remains illegal.

### *Study Adaptations in Response to the Policy Amendment*

This policy amendment has significant implications for the evaluation project. For example, much of the study's quantitative design relies on analyzing trends and assessing whether patterns continue or shift following policy changes. With the amendment, the study now needs to consider both the original decriminalization intervention and the May 7, 2024, recriminalization intervention, requiring modifications to the research approach.

The study team is revising the evaluation design to account for these changes:

- **Quantitative analysis:** The study will examine the impacts of recriminalization on observed trends, such as overdose rates, substance use patterns, and interactions with law enforcement. Specifically, analyses will incorporate two distinct events: the start of decriminalization (onset: February 2023), and recriminalization (onset: May 2024). Additionally, effects will be estimated for each time point spanning the initial policy and the amendment. This approach will help estimate both the immediate and longer-term effects of these policy changes.
- **Qualitative research:** The research team will investigate perspectives of people who use drugs (PWUD), the public, health care service providers, and police, comparing experiences before and after

recriminalization. Interview questions will be designed to tease apart effects related to decriminalization versus recriminalization, as well as whether and how recriminalization has impacted any of the initial policy impacts identified.

- **Mixed-methods integration:** Findings from both qualitative and quantitative research will be synthesized to provide a comprehensive understanding of how the policy change influences behaviours, service access, and perceptions of safety.
- **Contextual variables and external factors:** The study will document and account for any relevant social, economic, or political shifts that might confound the effects observed during the two phases. This includes consideration of the shifting political landscape, with increasing opposition to harm reduction policies in B.C., Canada, and internationally.

These adjustments are essential to ensure the study accurately captures the evolving impacts of decriminalization and subsequent policy changes on affected communities.

## Overview

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During this reporting period, the research team finalized the first round of qualitative PWUD and police sub-study analyses and submitted several papers for publication. The results suggest that decriminalization has not substantially affected PWUD's substance use patterns, overdose risk, or experiences of stigma; police use of discretion continues to impact outcomes of interactions with PWUD.

The team also completed the harm reduction (HR) and opioid agonist treatment (OAT) survey, which was distributed to all HR and OAT sites across B.C. The results indicate minimal decriminalization-related impacts but highlight a greater overall demand on staff and resources. The follow-up qualitative phase of this study will be launched in the fall of 2024.

Additionally, the team received initial quantitative data. Data analyses reveal no significant impacts of decriminalization on supervised consumption site visits, opioid-related poisoning paramedic responses, and drug-related poisoning deaths, but a decreasing trend in the number of clients dispensed OAT medications post-decriminalization. These data are being drafted into manuscripts.

The team also finalized a public opinion poll, analyzed the results, and submitted a manuscript for publication; findings suggest that the public is not overly supportive of the policy.

Lastly, the team spent considerable time engaging with partners and participating in knowledge dissemination activities, including presenting data at several conferences.

## Progress Summaries

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### QUALITATIVE FINDINGS: POLICE AND THE CRIMINAL JUSTICE SYSTEM

Yearly interviews with police (including police from municipal departments as well as RCMP in rural areas) are being conducted to gain an in-depth understanding of their experiences. The first round of interviews with 30 police officers has been completed and data has been analyzed.

A revised interview guide for the second phase of interviews focusing on police officers' experiences with and perceptions of the policy amendment has been developed. Phase two of this sub-study launched in November 2024 and will include a new cohort of police officers.

Findings from this sub-study were not presented at this meeting and are expected in the next update.

## QUALITATIVE FINDINGS: PEOPLE WHO USE DRUGS

Yearly interviews with approximately 100 PWUD from across the province are being conducted to gain an in-depth understanding of their experiences with decriminalization. The first phase of interviews has been completed, data analyzed, and manuscripts have been published<sup>1</sup> or are being reviewed for publication. The interview guide for the second phase is being revised, with the next round of interviews expected to launch in January 2025.

Recruitment has been extensive, leveraging harm reduction and peer organizations, as well as the CRISM network. Efforts have been made to include participants from remote and underserved areas through targeted sampling techniques.

### *Findings:*

#### **Policy impact on drug use patterns**

Most participants reported no change in their substance use patterns, though some noted a slight increase in use due to feeling safer using drugs in public.

#### **Policy impact on purchasing and carrying patterns**

Purchasing and carrying behaviours remained largely unchanged. Among participants, there was an even split between those who purchased or carried amounts below and above the 2.5g threshold. Those who purchased above the threshold cited factors such as the common availability of larger quantities, cost-effectiveness, convenience, established relationships with trusted suppliers, and the ability to share with others. In contrast, those who purchased below the threshold often did so due to financial limitations or to avoid the risk of criminalization.

#### **Policy impact on overdose risk**

Participants highlighted that the toxicity of the drug supply remained the primary risk factor for experiencing an overdose, but this is an issue that predated decriminalization and had not been alleviated by the policy. Some participants reported an increase in inexperienced, low-level drug dealers since decriminalization, which they believed led to a higher risk of adulterated drugs and increased risk of overdoses.

#### **Overdose mitigation strategies**

Most participants engaged in harm reduction strategies, including testing their drugs by starting with a small dose and relying on trusted suppliers. Several participants noted that post-decriminalization, they were more likely to use drugs with others due to reduced stigma and increased awareness, which helped reduce the risk of overdose.

#### **Benefits and concerns with the policy, as suggested by PWUD**

The policy was viewed positively by most participants, who cited increased safety and a reduced risk of criminalization. Many believed the policy was long overdue and argued that drug use should be a personal choice without legal consequences.

Some participants had mixed feelings, recognizing both benefits and unintended consequences. Concerns included the potential for increased drug use among youth, greater public drug consumption and visibility of drug use, and skepticism about government motives. Some feared that the policy could inadvertently increase overdose deaths by diminishing fear of legal consequences.

#### **Perceptions of police post-decriminalization**

Most participants had not engaged with police regarding their drug use since decriminalization. Among those who had, perceptions of the police had not improved, with many remaining cynical and untrusting.

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<sup>1</sup> Ali, F., Russell, C., Lo, M. et al. Unpacking the Effects of Decriminalization: Understanding Drug Use Experiences and Risks among Individuals Who Use Drugs in British Columbia. *Harm Reduct J* 21, 190 (2024). <https://doi.org/10.1186/s12954-024-01108-5>

Some participants were cautiously optimistic that the policy could improve police-PWUD relations. A few noted that officers were more approachable and less inclined to criminalize them.

Despite a policy requirement for police to provide resource cards with health and social service information, nearly all participants were unaware of this provision. Those who interacted with police reported not receiving resource cards or verbal service information but endorsed the idea, believing it could humanize police interactions and make them more likely to access supports.

### **Police enforcement practices post-decriminalization**

Participants reported that police discretion remained unchanged post-decriminalization, with enforcement outcomes varying by officer and context. Unhoused individuals were more likely to experience a drug-related police interaction. Some individuals noted it was common for police to overlook their drug use and ask them to relocate to a less visible area rather than penalize them.

Six participants described instances where police seized and destroyed their drugs, even when carrying amounts below the 2.5g threshold. Many questioned officers' ability to accurately assess drug quantities without proper tools and noted that discretion and officers' drug-related knowledge and training influenced enforcement.

### **PWUD experiences with and perceptions of stigma**

Experiences with stigma persisted post-decriminalization, with mixed perspectives on whether stigma had increased or decreased. Some reported heightened stigma due to increased visibility of drug use, while others experienced reduced stigma, which encouraged service access. Participants were hopeful that, over time, stigma reduction efforts could positively shift societal attitudes and reduce barriers to support.

### **Policy recommendations from participants**

Participants emphasized that decriminalization alone may not be sufficient to address stigma. They recommended increasing public education, expanding harm reduction services such as safer supply programs and supervised consumption services, and prioritizing housing for PWUD. Overall, findings suggest that PWUD's experiences with police, stigma, and drug-related behaviors have remained complex post-decriminalization, with both positive and negative effects emerging.

### **Overall conclusions and implications**

Findings suggest that PWUD's drug use, purchasing and carrying patterns have not changed post-decriminalization. PWUD have historically had an extensive and tumultuous relationship with police, and negative perceptions remained unchanged in the first year of decriminalization. Overall, participants had minimal interactions with police. When they did interact, the police largely turned a blind eye or did not seize their drugs, suggesting that this part of the policy is being realized. Experiences with societal stigma, structural stigma, and self-stigma were pervasive among PWUD, both pre- and post-decriminalization. Most were hopeful that stigma would decrease over time.

### *Summary of group discussion*

The PWUD sub-study research team is collaborating with the police sub-study team to compare findings from both studies, aiming to identify any opposing or complementary perspectives on the decriminalization policy. This comparative analysis is ongoing, and further insights are expected in the next update meeting.

Regarding differences between rural and urban settings, the study has disaggregated findings based on geography, with some results included in upcoming publications. The research team has collected extensive data on police interactions and experiences of stigma, including insights from individuals who travel between communities and how their experiences differ across locations. More details on these findings will be shared in future updates.

## QUANTITATIVE FINDINGS: PEOPLE WHO USE DRUGS AND THE CRIMINAL JUSTICE SYSTEM

This sub-study is examining key indicators related to PWUD and their interactions with the police and criminal justice system, comparing trends before and after decriminalization, between 2013 and 2027.

To date, the research team has received and analyzed the first round of quantitative data for select health-related outcomes covering the initial 11 months of decriminalization (February to December 2023). This data does not reflect the effects of the May 2024 policy amendment, which reintroduced criminal penalties for public drug possession.

The preliminary findings have been used to draft two manuscripts for submission to peer-reviewed journals, and further analysis is ongoing as additional data becomes available. Data have been analyzed for several indicators, which are summarized below.

### *Prescriptions of Opioid Agonist Treatment (OAT) medications*

Data show that the number of patients receiving OAT prescriptions increased until early 2022, followed by a gradual decline that continued into the decriminalization period. While decriminalization did not lead to an immediate decline in the number of patients receiving OAT prescriptions, it was associated with a significant decline over time. When looking separately at males and females, the same pattern was observed, with no immediate changes in OAT prescriptions after decriminalization, but a significant downward trend in both groups over time. There were no significant changes in first-time patients receiving OAT prescriptions.

Since the decline in OAT prescriptions began before decriminalization, other factors likely influenced it, though decriminalization may have contributed to the trend. One possible explanation is a shift in drug use patterns in B.C., with increased stimulant use (such as amphetamines and cocaine) beginning around early 2023. Stimulant use is associated with lower OAT engagement, which may partly explain the reduction. Additionally, the increasing toxicity of the drug supply, particularly the widespread presence of fentanyl, has made OAT medications less effective in managing withdrawal symptoms. As a result, some individuals may no longer seek OAT, as it may not adequately address their needs in the current drug landscape.

### *Utilization of overdose prevention services and supervised consumption sites (SCS)*

Data from health authority-operated or funded services show an overall increase in visits to overdose prevention services and supervised consumption sites (SCS) until the onset of COVID-19, after which there was a sharp decline. Following this drop, visits began to rise again, a trend that has continued into the post-decriminalization period.

There is no evidence that decriminalization has influenced the rate of visits to these services, as utilization patterns have remained consistent with pre-existing trends.

### *Paramedic-attended illicit drug overdoses*

Paramedic response data, including opioid poisoning cases identified through paramedic impression codes and 911 dispatch data, showed an overall increasing trend until mid-2021, followed by a decline. Although there appeared to be a general trend towards increased paramedic-attended overdoses post-decriminalization, this was not a statistically significant finding. Therefore, based on current available data, decriminalization has not been found to be associated with changes in the rate of opioid poisoning paramedic responses. Findings were consistent across both males and females.

It is important to interpret these results with caution, as the data covers a short timeframe. Decriminalization is intended to reduce opioid poisonings over the long term, and ongoing analysis will be needed to assess its full impact.

### *Deaths due to illicit drug overdoses*

Data on accidental or undetermined drug poisoning deaths, based on toxicological testing, showed an overall increasing trend until 2018, followed by a decline in 2019, and then a sharp increase with the onset of COVID-19. This upward trend continued in the period leading up to decriminalization.

There were no significant changes in overdose death rates following decriminalization, and the policy was not associated with shifts in the overall trend of drug poisoning deaths.

### *Load per capita of drugs in wastewater*

Wastewater analysis measures levels of various substances, including opioids, stimulants, and ecstasy, specifically in the city of Vancouver. While data collection began in 2019, a methodological change in mid-2021 limits comparability over time, and therefore, the analysis for this study focuses only on data from 2022 and 2023.

Due to data limitations, the study does not directly assess the impact of decriminalization but instead examines overall trends. There was a decreasing trend in methadone and fentanyl levels, while morphine and cocaine levels increased. No significant changes were observed for oxycodone, codeine, amphetamine, methamphetamine, or ecstasy. Similar declines in methadone and fentanyl were observed in other cities, though morphine and cocaine levels remained stable.

### *Summary of group discussion*

Most indicators presented showed no significant changes, suggesting that decriminalization has not had an immediate effect. It is important to note that this analysis is based on limited data from one province, and therefore, causality cannot be determined. As of December 2023, trends remained stable across most indicators, except for a decline in OAT dispensation, which requires more data and further analysis to better understand whether this trend is directly linked to decriminalization.

Given that most indicators show little or no change, it is valuable to have this data early. However, it raises the question of what expectations existed for decriminalization in the first place. From an outside perspective, the lack of immediate impact may suggest the policy is not working. This also prompts discussion on whether these are the right indicators to measure the policy's effectiveness. The research team is engaging with various partners from within the province, including PWUD, to better understand long-term expectations and ensure results are interpreted within the appropriate context.

Future updates will include data on drug possession, trafficking, importing/exporting, and related charges to assess whether these activities have increased or decreased post-decriminalization. Quantitative data is only available at the provincial level, and qualitative data will be used to help provide additional geographic context. Finally, attempts will be made to examine data on drug confiscations, though inconsistencies in reporting and challenges in obtaining data may limit data accessibility and comparability across regions.

## **GENERAL PUBLIC OPINION FINDINGS**

This sub-study is evaluating the impact of decriminalization policy on the public through public opinion surveys distributed to a representative sample of adults in B.C.

A yearly survey conducted among approximately 1,200 adults across B.C. aims to assess public awareness, understanding, and perceptions of decriminalization, including levels of support or opposition. The first round of public opinion polling was completed between March 26 and April 1, 2024, just before the policy amendment. The next survey is expected to launch in December 2024.

While the main results were previously discussed in depth at the May 2024 update meeting and summarized in the *What We Heard report* from that meeting, a recap and additional context (summarized below) were provided at this meeting.



## Overview of results

When asked about the benefits of decriminalization, most respondents either saw no clear benefits or were unsure. Among those who did identify benefits, the most cited were reduced strain on the police, courts, and prison systems, increased support for PWUD, fewer criminal records and reduced stigma, and the potential for lower crime rates.

Concerns about the policy followed a similar pattern, with many respondents unsure or reporting no concerns. For those who did express concerns, the most frequently mentioned were a perceived increase in addiction and the number of PWUD, easier access to drugs (especially for youth), the normalization of drug use, increased public visibility of drug use, and the belief that decriminalization does not address the root causes of the overdose crisis.

Demographic factors were associated with levels of support. Older individuals (aged 40+) were less likely to support the policy. Additionally, female and other-gender respondents were also less likely to support decriminalization.

## Conclusion

Overall, public opinion on decriminalization remains largely negative, with more people opposing than supporting the policy. Further details on these findings can be found in the *What We Heard report from the May 2024 meeting*.

## Summary of group discussion

There may be a disconnect between public perception and objective evidence, particularly regarding policy changes like decriminalization.

An example from Oregon illustrates this issue: while data showed that decriminalization did not affect overdose rates, the simultaneous rise in overdoses elsewhere led to media misrepresentation. This narrative was used in election campaigns, shaping public perception despite conflicting evidence.

This highlights the need for stronger communication strategies when implementing policies like decriminalization. Public opinions may not always align with reality, but they can also reflect shortcomings in how policy makers, scientists, and decision makers communicate policy goals, expected outcomes, and key indicators. Clearer public messaging is essential to ensure scientific findings and policy intentions are accurately understood.

The next round of public opinion polling will include questions about where people get their information on decriminalization to better understand how public opinions are shaped. Several factors influencing perceptions were identified:

- **Stigma and misconceptions:** Many people misunderstand the goals of decriminalization and the motivations behind drug use. These issues are also being explored in qualitative studies.
- **Media influence:** Early media discussions about the amendment before it was officially announced may have shaped public responses.
- **Political leanings:** Future surveys will examine whether political affiliation affects views on decriminalization.

A key challenge is separating public perception from actual policy effects. For example, concerns about increased public drug use may stem from broader societal issues like the housing crisis. Some data suggests that the public may conflate rising homelessness with decriminalization despite these being separate issues. Future research will explore this further, including integrating questions on housing and homelessness into qualitative studies.

## MIXED-METHODS HEALTH SERVICES FINDINGS

This sub-study is conducting a yearly survey with site representatives from harm reduction (HR) and opioid agonist treatment (OAT) services across the province to assess the impacts of decriminalization on service operations. This includes examining changes in clientele demographics, service uptake, and funding.

The most recent survey was finalized in May 2024. Data analysis has been completed, and two manuscripts are in development. A follow-up qualitative component has been launched, with an interview guide finalized and interviews underway.

### *Results from OAT services survey:*

A total of 28 OAT sites participated in the survey (88% response rate), with 68% located in urban areas and 32% in rural communities. Nearly half (43%) were part of broader organizations providing wraparound health and social services. Responses represented sites across the province.

#### **Operating hours and capacity**

On average, sites operated 8.3 hours per day, with 89% open at least five days a week. Following decriminalization, one site extended its hours, and another increased its operating days. More than half of the sites served over 100 clients per month, and none reported waitlists for OAT access. Most (75%) offered same-day drop-in services, with wait times typically under an hour. Post-decriminalization, three sites reported an increase in client volume, while three reported a decrease, showing no clear trends.

#### **Staffing and resources**

Nearly a third (29%) of sites reported insufficient staffing to meet demand, and 21% noted increased staffing pressures after decriminalization. Additionally, 46% reported inadequate resources such as supplies, space, or equipment, with 29% experiencing greater demand post-decriminalization.

#### **Treatment retention**

Clients' length of treatment varied widely, from one week to over ten years. At 34% of sites, the average treatment duration was over a year. Post-decriminalization, two sites saw a decrease in treatment duration, while one reported an increase, with no clear trend emerging.

#### **OAT medications offered at sites**

Methadone was the most prescribed OAT medication (61%), followed by Suboxone (25%) and slow-release oral morphine (7%). The majority (78%) of sites offered take-home doses, and after decriminalization, 14% reported an increase in the frequency of take-home dose prescriptions.

#### **OAT referral pathways**

Most sites (89%) had formal referral partnerships with other organizations, and 88% actively referred clients to a wide range of services. These included residential treatment programs, social and family support services, inpatient and outpatient withdrawal management, mental health counselling, drug checking services, substance use counselling, overdose prevention sites, general practitioners, naloxone distribution, Indigenous-specific services, peer support, sexually transmitted and blood-borne infections (STTBI) testing, and safe supply prescribers.

Additionally, 84% of sites received referrals from other services. Post-decriminalization, one site reported an increase in the frequency of referrals made to other services.

#### **Staff decriminalization training**

Three sites reported that their staff had received decriminalization training, while 38% of sites without training felt their staff would benefit from it.

## **Police activity/presence around sites**

More than half (57%) of sites reported police presence in or near their facilities. After decriminalization, two sites saw an increase in police activity, while two saw a decrease, with no clear pattern observed.

## **Results from Harm Reduction Services Survey**

This survey followed a similar design to the OAT services survey, with responses from 33 HR sites across the province, resulting in a 23% response rate. The response rate was lower than that of the OAT survey due to the larger number of HR sites. Among the respondents, 67% were in urban areas, while 33% operated in rural communities.

### **Site infrastructure and operations**

Harm reduction sites varied in their organizational structure, with 39% being fully integrated within a broader organization that offered wraparound care and 30% affiliated with a larger organization. On average, sites operated for 9.43 hours per day, and nearly half (48%) remained open seven days a week. Following decriminalization, there was no clear trend in operational changes; two sites increased their hours of operation, and two sites reported reduced hours.

### **Services offered at HR sites**

All sites provided HR supplies, and the majority also offered overdose prevention services (73%), peer support (70%), and drug checking (67%). Approximately half of the sites provided mental health counseling (54%), substance use counseling (54%), mobile outreach (54%), OAT prescriptions (52%), and clinical/wound care (48%). Additional services included health education (42%), supervised injection services (42%), and community syringe or paraphernalia pick-up programs (39%). About one-third of sites provided safer supply prescriptions (33%) and STI testing (33%). A few sites offered services, including supervised inhalation services (24%), withdrawal management (24%), and social and family support (21%).

Following decriminalization, most sites (76%) did not introduce any new services directly in response to the policy. However, six sites indicated plans to expand or modify their services, including implementing supervised inhalation services, expanding HR supply vending machine options, launching a clean-up program to address drug-related litter around the site, relocating to a larger building, and making general expansions to meet growing demand.

### **HR service uptake**

Most HR sites served over 200 clients per month. Unlike OAT sites, which did not report a substantial increase in client volume post-decriminalization, 30% of HR sites reported an increase in the number of clients accessing their services.

### **Demand on staffing and resources**

More than half (52%) of HR sites reported that their staffing levels were insufficient to meet client demand. Additionally, 45% of sites reported an increase in demand on staff following decriminalization. Resource constraints were also a concern, with 65% of sites indicating that their current resources were inadequate to meet client needs. Among sites that reported changes in resource demand, the majority (72%) experienced an increase post-decriminalization. Furthermore, 70% of sites reported having to turn away clients or ask them to wait for services due to insufficient capacity or resources.

### **Staff decriminalization training**

Some sites (21%) had received formal decriminalization training. Among sites that had not received training, 62% indicated that their staff would benefit from it.

## Police activity around sites

Most HR sites (70%) experienced police activity on or near their premises. Unlike OAT sites, which did not show a clear trend in changes to police activity post-decriminalization, 43% of HR sites reported an increase in police activity.

## Funding

Harm reduction sites reported receiving full or partial funding from a combination of public and private sources. The majority (79%) were funded at the provincial level, while other sources included federal funding, municipal funding, donations and fundraising, research grants, and funding from universities. Most sites operated on annual budgets between \$500,000 and \$1 million (37%), while 19% had operating budgets exceeding \$1 million. Additionally, 25% of sites had budgets between \$250,000 and \$500,000, and 19% operated with budgets between \$100,000 and \$250,000.

Following decriminalization, no sites reported changes in their funding sources. However, one site noted an increase in funding opportunities but stated that their overall funding remained insufficient to meet demand. Five sites reported an increase in their operating budgets.

## *Overall conclusions and implications for both OAT and HR surveys*

These survey findings suggest that, within the first year of decriminalization, most OAT and HR sites did not experience substantial changes in their service operations. However, there was a noticeable increase in the overall uptake/utilization of HR services post-decriminalization, whereas no clear trend emerged for OAT services. Both HR and OAT sites reported an increase in demand on staffing and resources, indicating that current levels are insufficient to meet client needs.

The data also highlight minimal additional funding available for HR services, which has impacted their ability to respond to growing demand. There is a demonstrated need for increased staff training on decriminalization and further investments to support both OAT and HR service delivery. Finally, efforts to decrease police presence near sites may increase clients' desire to access sites.

## ECONOMIC EVALUATION FINDINGS

The research team has not yet completed the economic evaluation but plans to conduct a return on investment (ROI) analysis using data from all sub-studies. This analysis will quantify the costs associated with decriminalization and assess any changes in the economic burden of drug use. If there are no significant shifts in outcomes, the findings will primarily be driven by changes in possession charges.

Preliminary analysis suggests that possession charges have decreased, and if this trend continues, the overall cost-benefit analysis may indicate an economic success. Further updates will be provided as more data becomes available.

## Next Steps

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The research team is actively conducting follow-up qualitative interviews with HR and OAT service providers, with analysis expected to be completed in time for the next update. A new round of the public opinion survey will be launched in December 2024, and the results are anticipated at the next update.

Quantitative analyses are ongoing, with the first set of data from Statistics Canada on police-reported drug offences and charges now available for analysis. These findings will also be shared in the next update. As new data become available, continuous analysis will be conducted across all study components.

In qualitative research, interview guides are being revised, with recruitment for the next round of interviews with PWUD expected to begin in early 2025. The second phase of police interviews is already underway. A key challenge moving forward is balancing the continuation of existing research themes with capturing the impact of

new political actions, such as recriminalization. While the original study design focused on repeat measurements for scientific rigor, evolving policy changes require adjustments to interview guides and research questions to ensure both continuity and relevance.

## For more information

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Additional information about this project can be found on the [OCRINT webpage](#) as well as the [CIHR website](#).

More information on [CIHR's Research in Substance Use initiative](#) can be found online or email [rsu-rst@cihr-irsc.gc.ca](mailto:rsu-rst@cihr-irsc.gc.ca).

For more information, visit [CIHR's Institute of Neurosciences, Mental Health and Addiction](#) or email [INMHA-INSMT@cihr-irsc.gc.ca](mailto:INMHA-INSMT@cihr-irsc.gc.ca).

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