

# British Columbia trials drug decriminalization

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In a move to reduce the stigma of addiction, British Columbia is decriminalizing the possession of small quantities of illicit drugs, including cocaine, methamphetamine, ecstasy and opioids like heroin, fentanyl, and morphine.

While these substances will remain illegal, as of February, adults possessing less than 2.5 g for personal use no longer face arrest, charges, or the seizure of their drugs. Instead, police will offer information on health and social supports, and help with referrals as requested.

The three-year pilot program is the first of its kind in Canada.

“Substance use is a public health issue, not a criminal one,” said Sheila Malcolmson, B.C.’s minister of Mental Health and Addictions. “By decriminalizing people who use drugs, we will break down the stigma that stops people from accessing life-saving support and services.”

Annual overdoses and poisonings in B.C. have increased 75% since the province first declared the crisis a public health emergency in 2016. In 2022 alone, paramedics in the province responded to more than 33 500 calls related to overdoses and poisonings.

## Pilot sets precedent

Decriminalizing small quantities of illegal drugs is a “baby step in the right direction” to reduce overdoses, said Robert Schwartz, a professor at the University of Toronto’s Dalla Lana School of Public Health.

Health Canada’s approval of B.C.’s pilot could lead to national decriminalization as more municipalities and provinces seek

similar exemptions, Schwartz told *CMAJ*. Toronto Public Health, for example, is in active conversations with the federal regulator about decriminalizing possession of small amounts of illegal drugs in that city.

“The more it becomes something that is publicly acceptable and therefore politically feasible, either the provincial or the federal levels will allow this to happen,” Schwartz said.

Schwartz and others also noted that decriminalization efforts must be paired with access to a safe supply of drugs and robust social supports to reduce substance use.

Meanwhile, some advocates have raised concerns that B.C.’s 2.5 g threshold is too low to meet the daily needs of many people who use drugs — especially those who buy in bulk for affordability. The pilot also excludes youth.

“To be fair, decriminalization must include the removal of criminal sanctions and all other penalties for simple drug possession for all people who use drugs, including youth,” stated the HIV Legal Network. “Half-measures and stop-gap fixes will not end the crisis that drug prohibition has created.”

## Lessons from Portugal

Portugal’s approach to decriminalization is often cited as a best practice model for Canada. The country was the first to decriminalize personal use and possession of illicit drugs more than two decades ago, and has since reported reductions in addiction and drug-related deaths and crime.

However, the architects of Portugal’s successful policy say B.C. is missing the crucial component of a dedicated agency to divert people to treatment and coordinate long-term supports, such as housing and vocational training.

“There’s no point in sending someone for a full month to a detox structure if you do not follow up [with reintegration supports],” Nuno Capaz of Portugal’s Dissuasion Commission told *Global News*. “Because otherwise, people will just go back on the streets and relapse right away.”

The B.C. government said it is “transforming mental health and substance use services in the province,” including by doubling the number youth treatment and recovery beds, adding hundreds of adult treatment beds, and increasing access to safe supplies of drugs.

The federal government will also monitor whether B.C.’s decriminalization pilot achieves its goal of reducing stigma and harms related to substance use and increasing access to health and social services.

**Diana Duong, *CMAJ***

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