# An evaluation of the implementation of decriminalization in British Columbia, Canada



Jürgen Rehm, Cayley Russell, Farihah Ali, Sameer Imtiaz, and the Decriminalization Evaluation Research Group

Institute for Mental Health Policy Research & Campbell Family Mental Health Research Institute, Centre for Addiction and Mental Health (CAMH), Toronto, Canada;

Ontario Node, Canadian Research Initiative in Substance Matters (CRISM), Toronto, Canada

Dalla Lana School of Public Health and Department of Psychiatry, University of Toronto (UofT), Canada; PAHO/WHO Collaborating Centre, CAMH, Toronto, Canada;

WHO Collaborating Centre, Agència de Salut Pública de Catalunya, Barcelona, Spain;

Center for Interdisciplinary Addiction Research (ZIS), Department of Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf (UKE), Hamburg, Germany

# Background



#### Original exemption (31.1.2023)

On January 31, 2023, a subsection 56(1) **exemption** under the *Controlled Drugs and Substances Act* (CDSA) related to personal possession of certain controlled substances came into effect in the province of British Columbia (BC). After a thorough assessment, this exemption was granted by the federal Minister of Mental Health and Addictions and Associate Minister of Health to support the province in implementing its **comprehensive public health response** to the overdose crisis. The pilot project was planned to be in effect until January 31, 2026.

Under the original exemption, adults aged 18 years of age and older in BC could not be arrested or charged for the possession of a cumulative amount of up to 2.5 grams of opioids (e.g. heroin, morphine, and fentanyl), cocaine (including crack and powder cocaine), methamphetamine (meth), or MDMA (ecstasy) for personal use.

#### **Amendment – September 18 2023**

At the request of British Columbia, the original exemption was amended to prohibit possession in additional areas designed primarily for youth including, within 15 metres of a public outdoor playground, spray pool or wading pool, or skate park.

BC's request to prohibit possession of controlled substances in public spaces (submitted April 26 2024)

As of May 7, 2024, we are granting BC's request to prohibit possession of controlled substances in public spaces.

Exemptions will continue to apply in private residences, healthcare clinics as designated by the province of BC, places where people are lawfully sheltering, and overdose prevention and drug checking sites.



# **Evaluation Design**

The final overarching evaluation design, based on the logic model and indicators, includes several quantitative and qualitative sub-studies designed to evaluate key areas of research



People Who Use Drugs (PWUD)

Examines health impacts and experiences with decriminalization among PWUD

- Quantitative analyses
- Qualitative interviews



Police & Criminal Justice System

Examines
criminal justice
impacts and
experiences with
decriminalization
among the
police and
criminal justice
system

Quantitative & qualitative analyses



**General Public** 

Evaluates impact of decriminalization on the general public

Population
 Opinion Polling
 (POP) Survey



Health Services
System

Monitors impacts
of
decriminalization
on harm
reduction and
treatment
services

- Quantitative surveys
- Key informant interviews



**Economic Impacts** 

Evaluates the economic impact of decriminalization

 Return on Investment (ROI) analyses



Knowledge Triangulation

Increases the integrity, transparency, validity, and accuracy of the evaluation and the data collected within each sub-study

- Focus groups
- Jurisdictional bylaw policy analyses

People Who Use Drugs (PWUD)	Police & Criminal Justice System	General Public	Health Service System	Economic impacts	Knowledge Triangulation
--------------------------------	----------------------------------	----------------	--------------------------	------------------	----------------------------

#### Qualitative Interviews with PWUD

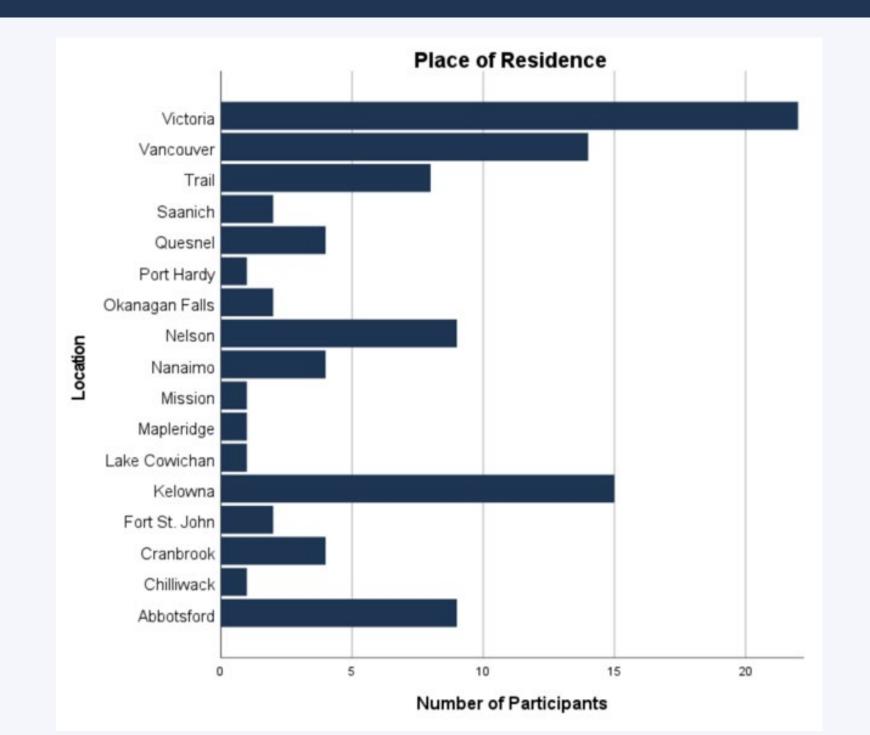
#### Recruitment:

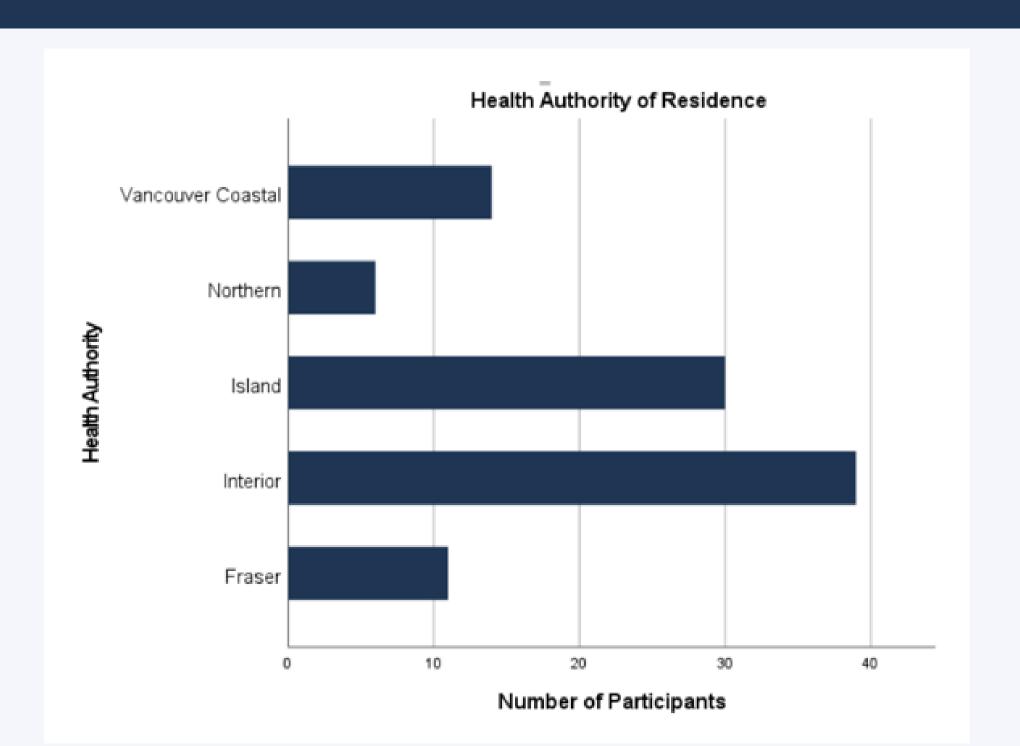
- Undertook first round of qualitative interviews with PWUD to gain an in-depth understanding of their experiences
- Facilitated through CRISM network, working group members, and associations with harm reduction and peer organizations (e.g., PEEP, BCCDC, CAPUD, VANDU, AVI, KANDU, NANDU, REDUN, Cool AID); targeted and snowball sampling

#### **Progress:**

- Completed data collection (October 23<sup>rd</sup> 2023 February 14<sup>th</sup>, 2024)
  - Reached data saturation around 70 interviews; initiated targeted recruitment efforts in under-represented communities (e.g., northern and rural/remote communities)
- Drawing on memos and notetaking, drafted preliminary coding framework
- Shared coding framework with working group for feedback
- Completed high-level ('big bucket') coding
- Currently exploring data for nuances and depth and drafting several manuscripts

# Qualitative Interviews with PWUD: Participant Locations (n=100)





Police & Criminal Justice System

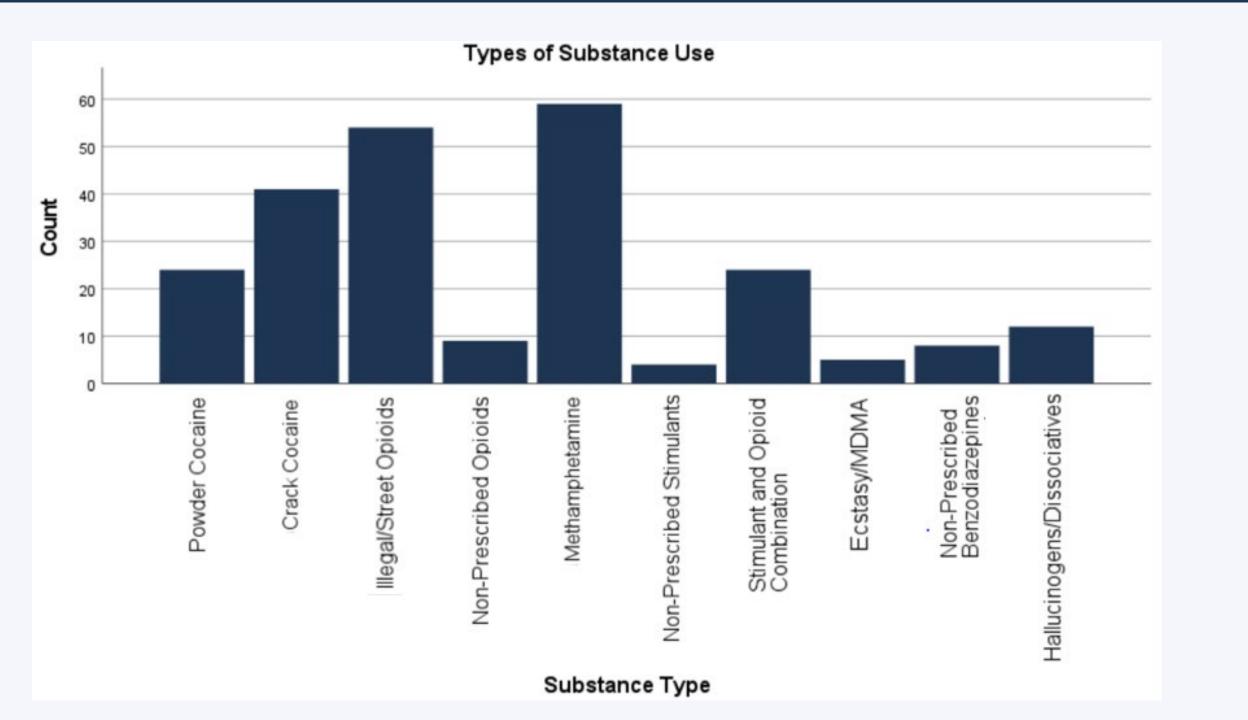
**General Public** 

Health Service System

**Economic impacts** 

Knowledge Triangulation

# Qualitative Interviews with PWUD: Substance Use Characteristics (n=100)



#### **Substances Used**

- Methamphetamine: 59%
- Illegal/street opioids: 54%
- Crack-cocaine: 41%
- Powder cocaine: 24%
- Hallucinogens: 12%
- Non-prescribed opioids: 9%
- Non-prescribed benzodiazepines: 8%
- Non-prescribed stimulants: 4%
- Ecstasy/MDMA: 5%
- Polysubstance use: 57%
- Primary Route of Administration
- Inhalation: 88%
- Frequency of Substance Use
- Daily: 84%

People Who Use Drugs (PWUD)	Police & Criminal Justice System	General Public	Health Service System	Economic impacts	Knowledge Triangulation	
O., alitativa latamiano viith DW/HD. Dualimia and Thanaa						

## Qualitative Interviews with PWUD: Preliminary Themes

#### Awareness & Knowledge of the Policy

# Awareness of the policy

- Most PWUD were aware of the policy, but many of the specifics (e.g., threshold amount, drugs included, cumulative nature, etc.) were unknown
- Some PWUD were misinformed (e.g., erroneous threshold amounts, public consumption is legal, conflated decriminalization with legalization or safe supply)
- Five PWUD were completely unaware of the policy

# **Knowledge Sources**

- Most PWUD had heard about the policy through word of mouth, followed by the news
- Some had directly heard about it from harm reduction sites or through drug advocacy groups

#### Need for More Knowledge & Education

- PWUD expressed confusion around what was and was not legal
- Despite some level of awareness, PWUD suggested there is a lack of knowledge and understanding of policy specifics, indicating more education and awareness is required

People Who Use Drugs (PWUD)	Police & Criminal Justice System	General Public	Health Service System	Economic impacts	Knowledge Triangulation		
Qualitative Interviews with PWUD: Preliminary Themes							
Perceptions of the Policy							
Support for the • The majority of PWUD were supportive of decriminalization, suggesting that it is beneficial							

# **Policy**

- and a 'positive step forward in the right direction', and 'long overdue' PWUD suggested it could help reduce criminalization and increase access to harm reduction
- and treatment services

# Arrest

**Reduced Fear of** • Many PWUD expressed they are less concerned about being arrested and feel more comfortable to carry the substances they need without fear of repercussions

# Concerns About the Policy

- Some PWUD were concerned that the policy would enable and normalize drug use and make drugs more accessible, particularly for youth
- Some questioned the link between decriminalization and any expected reduction in overdose deaths, indicating that it would likely not have any impact
- A few PWUD expressed skepticism that the policy was done in bad faith (e.g., threshold too low, only in place for three years), and suggested it was 'set up for failure'

People Who Use Drugs (PWUD)	Police & Criminal Justice System	General Public	Health Service System	Economic impacts	Knowledge Triangulation		
Qualitative Interviews with PWUD: Preliminary Themes							
		Drug Use and Pure	chasing Behavior	S			
Public	Many PWUD sugg decriminalization, The majority were	and that it was beco	oming normalized				
Purchasing • Behaviors	Most PWUD indicated had not changed	ated their purchasin	g behaviors (amou	nts, frequency, distr	ribution channels)		
	• Participants were nearly evenly split on whether they typically purchased/carried above or						

People Who U Drugs (PWUI		Police & Criminal Justice System	General Public	Health Service System	Economic impacts	Knowledge Triangulation	
Qualitative Interviews with PWUD: Preliminary Themes							
		Deal	er Interactions ar	nd Drug-Related F	Risks		
Dealer Interactions	<ul> <li>The majority of PWUD indicated their interactions with their dealers had not changed</li> <li>They met and interacted with them in the same ways, in similar frequencies, and in the same locations as they did before</li> </ul>						
Increased Low-Level Dealers	<ul> <li>Several PWUD indicated an increase in 'low-level' or 'amateur' dealers due to decriminalization and the reduced fear of arrest</li> <li>These dealers were perceived to be inexperienced, often cutting/buffing the supply with additives and ultimately increasing PWUD's risk</li> </ul>						
Trust in	• P'	WUD often indicate	d they trusted their	r dealers to give the	em a reliable supply	, and would	

# Overdose Risk

a 'safe' supply

**Dealers** 

 Most PWUD indicated they were unconcerned with overdosing, and that this had not changed since decriminalization

purchase larger quantities at a time if possible to maintain access to what they considered to be

• Reasons included knowing their tolerance, trusting their dealer, engaging in risk mitigation practices (e.g., starting 'low and slow', testing their drugs)

People Who Use Drugs (PWUD)	Police & Criminal Justice System	General Public	Health Service System	Economic impacts	Knowledge Triangulation		
Qualitative Interviews with PWUD: Preliminary Themes							
Police Interactions							
<ul> <li>Limited police</li> <li>Most PWUD had not had any interactions with police related to their drug use</li> <li>PWUD with interactions mostly described police not confiscating their drugs, not arresting</li> </ul>							

them, or returning their drugs to them after the interaction

- Police discretion
- Many PWUD suggested that police discretion still plays a large role in their interactions
- Whether or not interactions were respectful 'depended on the specific police officer'
- Police resource cards
- Nearly all PWUD who interacted with police described that they had not offered resource cards or any verbal information on health and treatment services in the community
- PWUD suggested they would be open and accepting of resource cards and associated support, indicating that it would be 'humanizing'

# Jurisdictional differences

- Police interactions, presence, and treatment of PWUD appears to differ by jurisdiction
- There was an increase in police presence or PWUD-police interactions in some communities and a decrease in others
- Differences between police forces (e.g., RCMP vs. Municipal, as well as Urban vs. Rural)

People Who Use Drugs (PWUD)	Police & Criminal Justice System	General Public	Health Service System	Economic impacts	Knowledge Triangulation	
Qualitative Interviews with PWUD: Preliminary Themes						
Decriminalization Goals						
<ul> <li>Reduction in</li> <li>Most PWUD were hopeful that decriminalization would reduce overdose deaths</li> <li>A few PWUD indicated that it may inadvertently increase overdose deaths</li> </ul>						
Reduction in	<ul> <li>Most PWUD reported experiences of being judged and shamed for their drug use and</li> </ul>					

# Reduction in Stigmatization

- Most PWUD reported experiences of being judged and shamed for their drug use and indicated that this had not changed since decriminalization
- Many were hopeful that decriminalization would eventually reduce stigma, but several thought it may have the opposite effect

#### Access to Harm Reduction Services

- Some PWUD felt more comfortable to access harm reduction services since decriminalization and had noticed an increase in available services within their community (e.g., more advocacy groups, mobile outreach, etc.)
- PWUD commonly suggested there are not enough supports and services available

# Suggestions for improvement

Policy improvements were often suggested, including calls to revise the threshold, to implement more harm reduction services and places for PWUD to safely use drugs (particularly in light of Bill 34), and to extend the policy to provide a regulated drug supply

Health Service System

**Economic impacts** 

Knowledge Triangulation

#### Qualitative Interviews with Police

#### Recruitment:

- Undertook first round of qualitative interviews with police to gain an in-depth understanding of their experiences with decriminalization in relation to their views on the policy and its features, the policy implementation process, relation to other laws, public consumption, interactions with PWUD (arrests, seizures, and charging), impacts on organized crime, and operational impacts
- Facilitated through SFU network and established connections with police officers and chiefs of police, as well
  as snowball sampling

#### **Progress:**

- Completed data collection (November 16<sup>th</sup> 2023 Mach 2<sup>nd</sup> 2024)
- Drew on memos and notetaking to draft preliminary coding framework
- Completed high-level ('big bucket') coding
- Currently exploring data for nuances and depth and drafting several manuscripts

People	Who Us
Drugs	(PWUD

Police & Criminal Justice System

**General Public** 

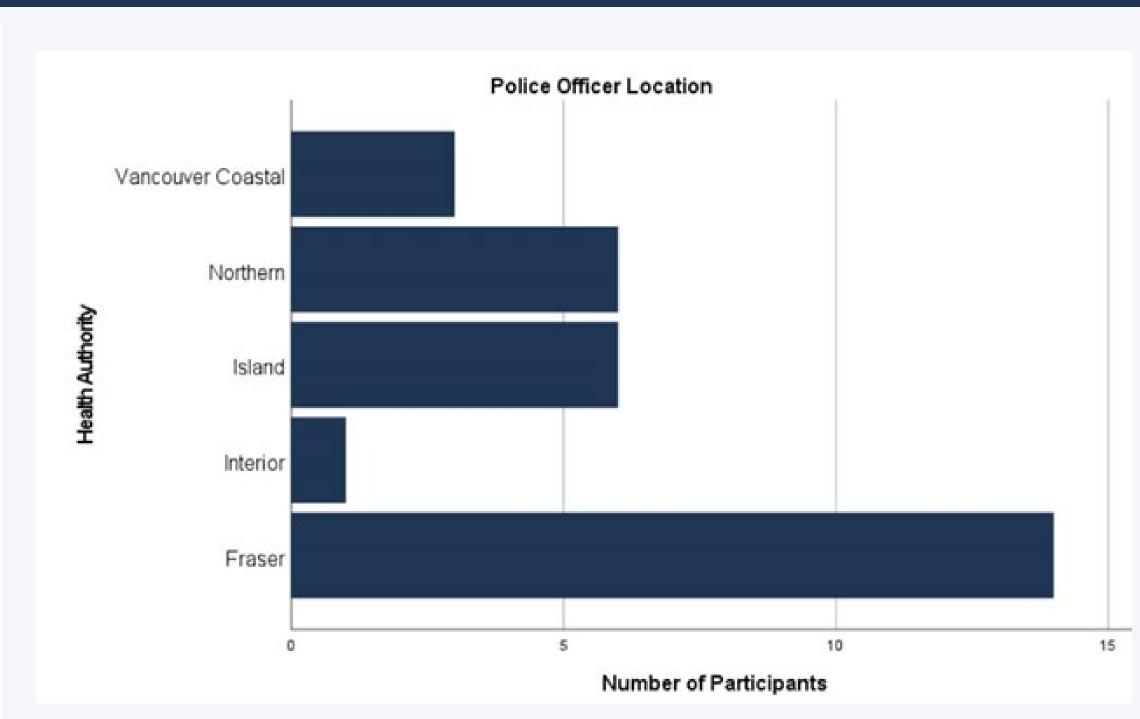
Health Service System

**Economic impacts** 

Knowledge Triangulation

# Qualitative Interviews with Police: Socio-Demographic Characteristics (n=30)

Socio-Demographic Characteristic (n=30)	Full Sample
	n (%)
Age (range)	27-51
Years employed as an officer (range)	1-28
Sex	
Male	24 (80%)
Female	6 (20%)
Ethnicity	
White	24 (80%)
Ethnic Minority	6 (20%)
Police Force	
RCMP	18 (60%)
Municipal	12 (40%)
Organizational Role	
Constable	20 (66%)
Supervisory	6 (20%)
Management	4 (13%)
Specialty	
General/other	20 (66%)
Organized Crime/Drug Units	10 (33%)



People Who Use Drugs (PWUD)	Police & Criminal Justice System	General Public	Health Service System	Economic impacts	Knowledge Triangulation		
Qualitative Interviews with Police: Preliminary Themes							
		Views of the	e exemption				
A lack of readiness	"The cart is not ready and we sent the horse running"						
Will not achieve its objectives	<ul> <li>"I think they're going to see that it's going to be a bit of a failed experiment. It's not going to have the effect that was intended"</li> <li>Expectation that charging practices will not change because officers already did not charge for possession</li> <li>"I've never put in charges in nine years for criminal possession of a narcotic. Never. In [city] we just don't have the time"</li> </ul>						
Politically Based, Not Evidence-Based	<ul> <li>were at the table</li> <li>"And it was very without conduct</li> </ul>	e wasn't the whole clear that it was m	picture of communitore of a political pulinto the efficacy of	activist driven and the ity" ush to have drugs de decriminalization an	ecriminalized		

Health Service System

**Economic impacts** 

Knowledge Triangulation

## Qualitative Interviews with Police: Preliminary Themes

Spec	trum of views: Ranged from fully in favor, to open/indifferent, to fully against
In Favour	<ul> <li>Enforcement approach was not working and formalizing the practice of not charging or seizing is the right approach to achieve consistency for all officers throughout the province</li> </ul>
Open or Indifferent	<ul> <li>Most officers we spoke with had views along these lines</li> <li>Good, but not fully thought out</li> <li>Would have been more in favour if the policy was multi-pronged. This is a complex problem and decriminalization is on piece of a larger response that is needed.</li> <li>If it genuinely stops people from dying, then "not against it on paper"</li> </ul>
Against	<ul> <li>"I generally vote no to decriminalizing"</li> <li>Some officers expressed stronger feelings against decriminalizing drugs "in any shape or form"</li> </ul>

People Who Use Drugs (PWUD)	Police & Criminal Justice System	General Public	Health Service System	Economic impacts	Knowledge Triangulation		
Qualitative Interviews with Police: Preliminary Themes							
Arrests, Seizures, and Charging Practices							
Amounts under 2.5g	<ul> <li>Recognition</li> </ul>	<ul> <li>Generally strict non-enforcement approach</li> <li>Recognition that they can still exercise enforcement for amounts below 2.5g if there are indicators of trafficking</li> </ul>					
Amounts over 2.5			riation in responses				
Factors influencing discretionary decisions on whether to arrest, seize, or recommend charges	<ul> <li>• Whether the drugs are involved in an overdose incident</li> <li>• Trafficking indicators (e.g. how drugs are packaged)</li> <li>• Location of town (e.g. DO NOT enforce in areas where people are street entrenched, but DO enforce in business areas)</li> <li>• The role of the drug in the offence committed</li> <li>• How much over the threshold (e.g. 3g vs. a kilo)</li> <li>• Consideration for whether they think prosecutors would approve the charge in the</li> </ul>						

## Quantitative Analyses: PWUD and Police & Criminal Justice System

#### **Interrupted Time Series Analyses (2015-2023):**

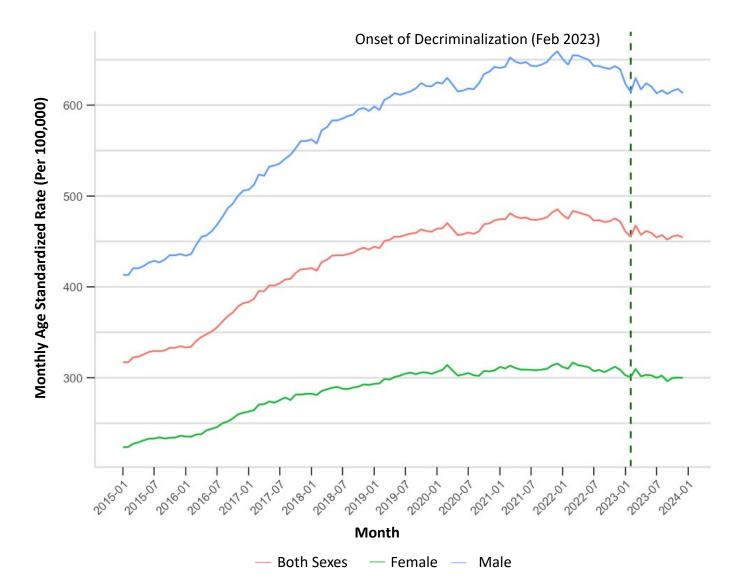
- Outcomes included: (1) Clients dispensed medications for OAT (PharmaNet); (2) First-time clients dispensed medications for OAT (PharmaNet); (3) Supervised consumption services visits; (4) Opioid poisoning paramedic calls (BC Emergency Health Services); (5) Drug poisoning deaths (BC Coroners Service). All data were sourced from BC Centre for Disease Control.
- Analyses were conducted using Generalized Additive Models (GAMs).
- Total and sex-specific age-standardized rates were calculated and log-transformed.
- Onset of decriminalization was coded as February 01, 2023.
- Unemployment rate and COVID-19 (COVID-19 Stringency Index) were modeled as confounders.
  - Included separately in models due to multicollinearity.

Domain	Comparative Data	Design*	Data Available
Prescriptions of Opioid Agonist Treatment (OAT) Medications	×	ITS	
Utilization of Overdose Prevention Services	×	ITS	<b>✓</b>
Paramedic-Attended Illicit Drug Overdose	×	ITS	<b>✓</b>
Deaths Due to Illicit Drug Overdoses	×	ITS	<b>✓</b>
Load Per Capita of Drugs in Wastewater	<b>✓</b>	JPR	<b>✓</b>
Police-Reported Incidents Involving Illicit Drug- Related Offenses		DiD	Est. Oct 2024
Hospitalizations Due to Illicit Drug Use	$\checkmark$	DiD	Est. Nov 2024
Police- and Criminal Courts-Based Illicit Drug-Related Criminal Charges		DiD	Est. Oct 2024 and Nov 2024

<sup>\*</sup> DiD: Difference-in-Difference; ITS: Interrupted Time Series; JPR: Joinpoint Regression

#### Clients Dispensed Medications for OAT (2015-2023):

• Included those dispensed any medication for OAT (including Methadone, Buprenorphine, Buprenorphine, Buprenorphine-Naloxone, Slow-Release Oral Morphine, Diacetylmorphine Injection, Hydromorphone Tablets).



#### Clients Dispensed Medications for OAT (2015-2023):

 Models did not suggest level changes for total, males or females irrespective of adjustment for unemployment rate or COVID-19. However, models suggested a decline post-decriminalization in the trend of clients dispensed medications for OAT.

	Total		Male		Female			
	Estimate	P-Value	Estimate	P-Value	Estimate	P-Value		
Adjustment for Unemployment Rate								
Intercept	5.820	< 0.001	6.097	< 0.001	5.453	< 0.001		
Time	0.004	< 0.001	0.004	< 0.001	0.003	< 0.001		
Unemployment Rate	-0.003	0.036	-0.004	0.003	-0.001	0.494		
Level Change	-0.013	0.452	-0.018	0.304	0.000327	0.984		
Slope Change	-0.005	0.001	-0.006	0.001	-0.005	0.002		
R-Squared	0.984		0.986		0.978			
Adjustment for COVID-19								
Intercept	5.798	< 0.001	6.064	< 0.001	5.447	< 0.001		
Time	0.004	< 0.001	0.004	< 0.001	0.003	< 0.001		
COVID-19 Stringency Index	0.000	0.240	0.000	0.156	0.000	0.606		
Level Change	-0.013	0.436	-0.020	0.282	-0.0000334	0.998		
Slope Change	-0.005	0.002	-0.005	0.002	-0.005	0.002		
R-Squared	0.984		0.985					

# Decriminalization Evaluation Updates

#### **Quantitative Sub-Study:**

- We received quantitative health-related data from BCCDC which included the following outcomes: clients dispensed Opioid Agonist Treatment (OAT) prescriptions (ever and first-time); supervised consumption site visits; paramedic-attended overdoses; deaths due to illicit drug overdose; and load per capita of drugs in wastewater (codeine, morphine, oxycodone, methadone, fentanyl, ecstasy, amphetamine, methamphetamine, and cocaine)
  - Conducted Interrupted Time Series and JoinPoint Regression analyses, stratified by age and sex, controlled for unemployment rate and COVID-19

#### **Results:**

- Only statistically significant finding was a declining trend in clients dispensed OAT
- All other outcomes had null findings, suggesting decriminalization has not had a significant impact on these outcomes to date

#### **Next Steps**

 Receive and analyze criminal justice-specific outcomes (e.g., arrests and charges related to illicit drug possession, trafficking, importation and exportation) from Statistics Canada

Health Service System

**Economic impacts** 

Knowledge Triangulation

## Public Opinion Poll (POP)

#### **Progress:**

- Undertook first round of our repeated cross-sectional public opinion polling (POP) surveys in collaboration with Ipsos (POP specialists) to evaluate the BC public's awareness, understanding, perceptions, and support or opposition to decriminalization
- Survey fielding occurred between March 26<sup>th</sup> and April 1<sup>st</sup>, 2024
- Survey included 1,202 adults (18+) from BC; responses were weighted to reflect the BC population age 18+ based on census data for region, age, gender, and education
- The poll is accurate to within +/-3.3 percentage points, 19 times out of 20, had all BC adults been polled
- We will undertake additional statistical analyses to ascertain potential differences between characteristics of individuals who endorse specific survey questions (e.g., support or opposition to the policy)

**General Public** 

Health Service System

**Economic impacts** 

Knowledge Triangulation

## Public Opinion Poll (POP): Implications

#### Implications:

- Results are largely negative in that more people appear to oppose than support the policy, and most feel
  that it will increase drug use experimentation
- Most participants were also split on whether they believe the policy will reach its intended goals (e.g., reducing policing costs, improving treatment, changing negative perceptions of PWUD)
- Less than 10% of participants perceived and provided benefits of the policy
- Open drug use in public spaces was listed as a concern, and 43% of participants indicated the policy has made them feel less safe in their community, which may have relevance for evolving public consumption legislation
- Results will be used as a baseline to monitor key outcomes and perceptions of the policy going forward

People Who Use Drugs (PWUD)

Police & Criminal Justice System

**General Public** 

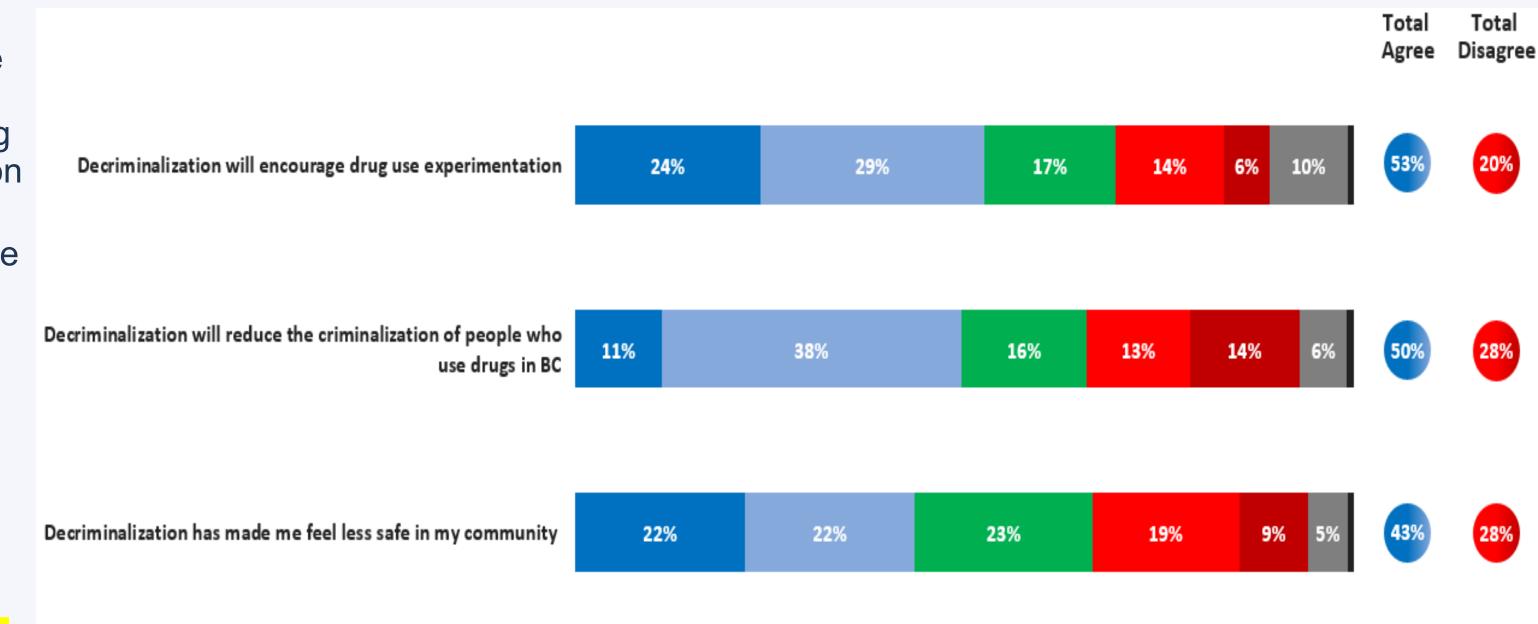
Health Service System

**Economic impacts** 

Knowledge Triangulation

## Public Opinion Poll (POP): Perceptions of Impacts of Policy

- Over half of people believe the policy will encourage drug use experimentation
- About half of people believe that the policy will meet its intended goal of reducing criminalization
- Just under half indicated that the policy has made them feel less safe in their community



■ Strongly agree Somewhat agree Neutral Somewhat disagree Strongly disagree Not sure Prefer not to answer

People Who Use Drugs (PWUD)

Police & Criminal Justice System

**General Public** 

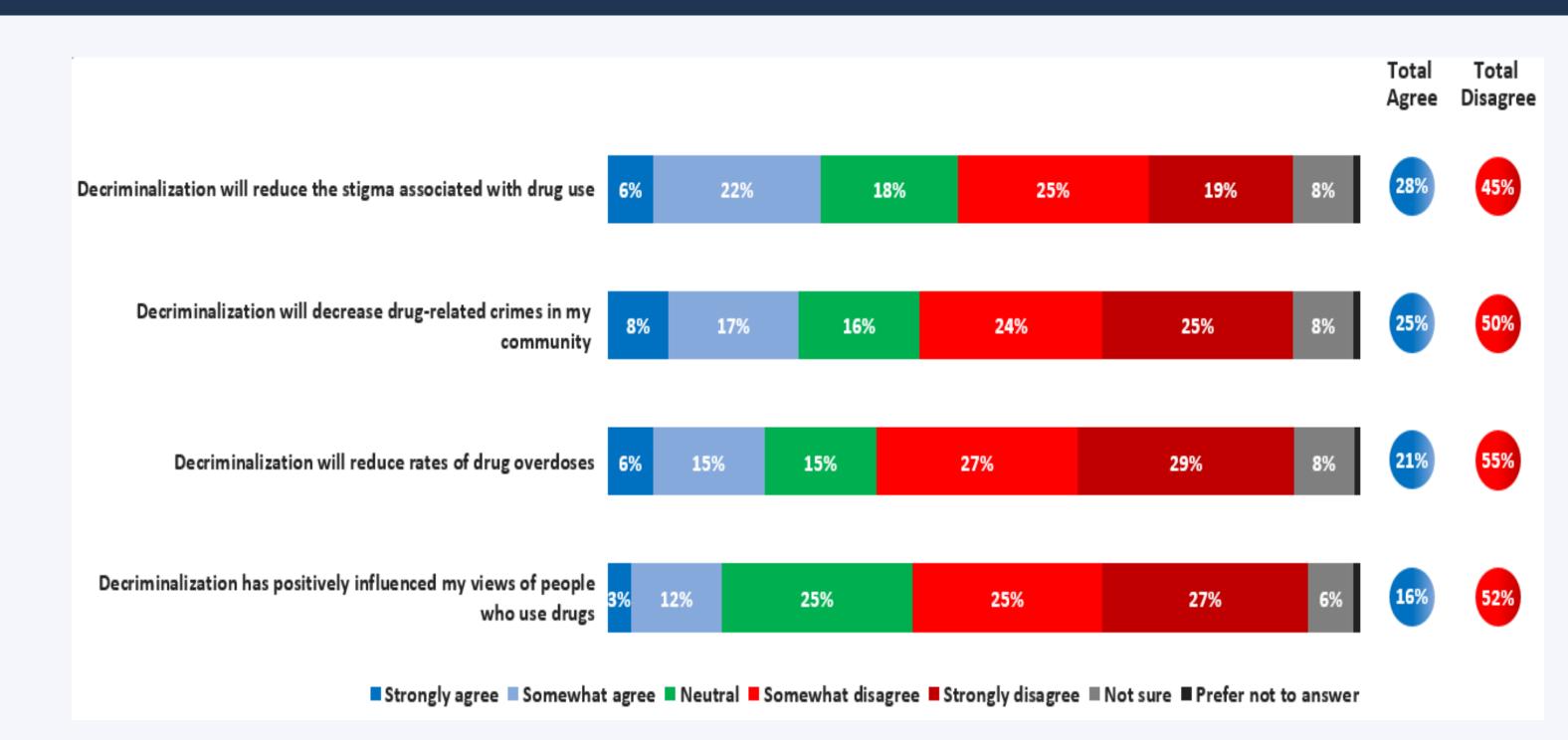
Health Service System

**Economic impacts** 

Knowledge Triangulation

## Public Opinion Poll (POP): Perceptions of Impacts of Policy

- Around half of people disagree that the policy will reduce stigma, reduce drug related crimes in their community, and reduce rates of overdoses
- Over half of people do not agree that the policy has positively influenced their views of PWUD



People Who Use Drugs (PWUD)

Police & Criminal Justice System

**General Public** 

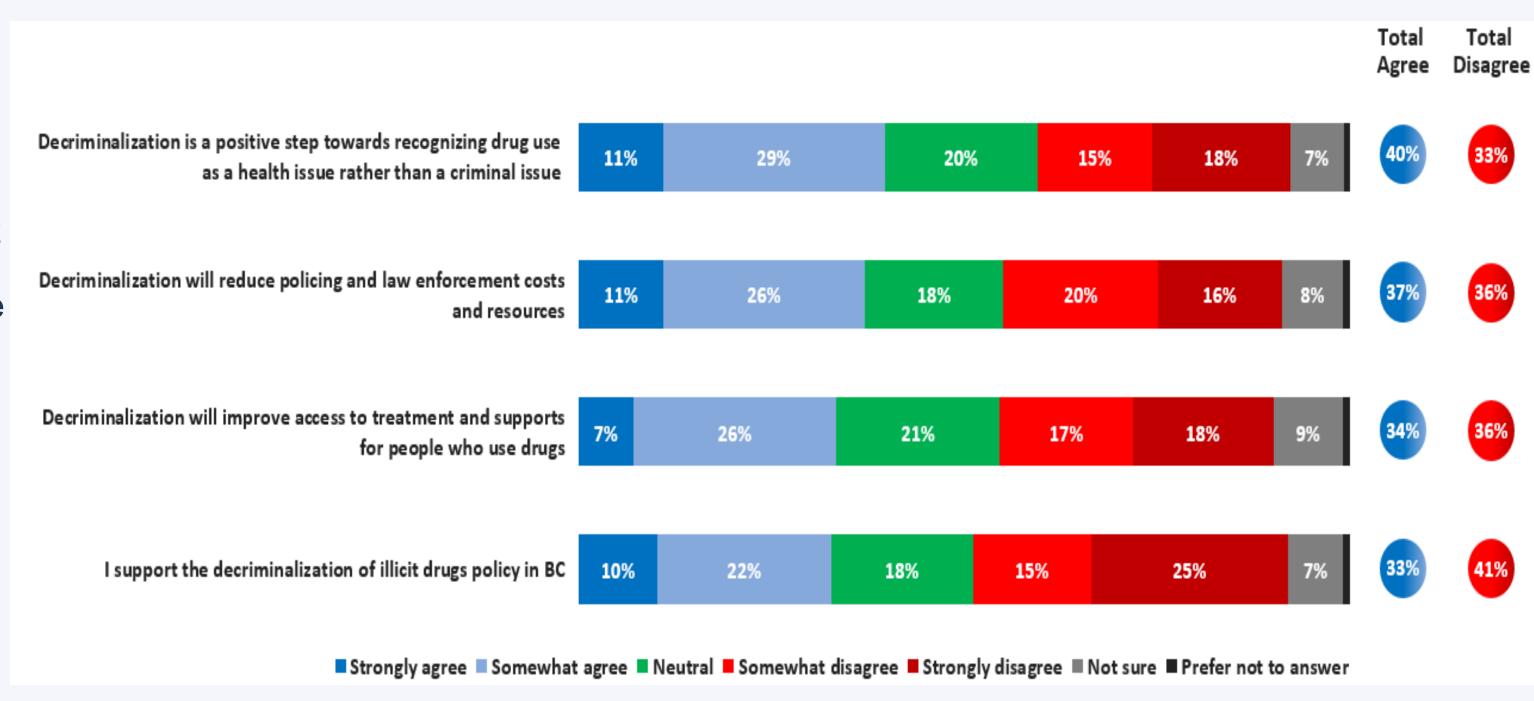
Health Service System

**Economic impacts** 

Knowledge Triangulation

## Public Opinion Poll (POP): Perceptions of Impacts and Support of Policy

- Most people were split on whether the policy will reduce policing costs & resources, improve access to treatment and supports for PWUD, and change perceptions of drug use from a criminal to a health issue
- Slightly more people opposed than supported the policy



# Like Oregon: perception is key

Failure to get public support!

In a democracy, any high impact political interventions needs to convince the public. Facts are one thing, but perception is another. Crime rates may go down, but if public perception has them going up, there is a problem!

## Harm Reduction (HR) and OAT Services: Mixed-Methods Study

#### Harm Reduction (HR) and Opioid Agonist Treatment (OAT) Services Surveys:

 We launched, completed, and analyzed our HR and OAT surveys, distributed to all HR/OAT services across BC

#### **Results:**

 Decriminalization has not substantially impacted service operations at HR and OAT sites, but has resulted in an increase in demand on staff and resources

#### **Next Steps**

Launch the follow-up phase of this study with in-depth interviews with key informants

# Knowledge Translation Activities

#### **Presentations**

Title: Evaluation Design: British Columbia's Decriminalization of Possession of Illegal Drugs Policy

- Presented virtually for the Regional Health Authority Decriminalization Leads, March 7th 2024
- Presented virtually at the BCCDC Grand Rounds, March 12<sup>th</sup> 2024
- Presented virtually at the CAMH Addictions Rounds, February 9<sup>th</sup> 2024

#### **Articles**

Russell, C., Ali, F., Imtiaz, S., Butler, A., Greer, A., Rehm, J., & Decriminalization Evaluation Research Group (2024). The decriminalization of illicit drugs in British Columbia: a national evaluation protocol. <u>BMC Public Health</u>, <u>24(1)</u>, 2879. doi: 10.1186/s12889-024-20336-9

Ali, F., Russell, C., Lo, M., Bonn, M., Bardwell, G., Boyd, J., Hyshka, E., & Rehm, J. (2024). Unpacking the effects of decriminalization: understanding drug use experiences and risks among individuals who use drugs in British Columbia. <u>Harm Reduction Journal</u>, <u>21</u>, 190.

doi: 10.1186/s12954-024-01108

Ali, F., Law, J., Russell, C., Crépault, J.-F., Goulão, J.A.C., Lock, K, & Rehm, J. (2024). Navigating the nexus between British Columbia's public consumption and decriminalization policies of illegal drugs. Health Research Policy and Systems, 22(1), 60. doi: 10.1186/s12961-024-01150-6

Ali, F., Russell, C., Greer, A., Bonn, M., Werb, D., & Rehm, J. (2023). "2.5 grams, I could do that before noon": A Qualitative Study on People Who Use Drugs' Perspectives on the Impacts of British Columbia's Decriminalization of Illegal Drugs Threshold Limit. Substance Abuse Treatment, Prevention, and Policy, 18(1), 32. doi: 10.1186/s13011-023-00547-w

# Thank You

#### Acknowledgements

We would like to acknowledge the people who have contributed to this project, including our participants with lived and living experience with drug use, without whom we would not be able to undertake this important work

#### **Contact information**

Dr. Jürgen Rehm, OCRINT NPI, jtrehm@gmail.com

Dr. Farihah Ali, OCRINT Manager and Scientific Lead, farihah.ontcrism@gmail.com

Ms. Cayley Russell, Decriminalization Research Manager, Cayley.Russell@camh.ca

Dr. Sameer Imtiaz, Decriminalization Quantitative Lead, Sameer.Imtiaz@gmail.com

Dr. Alissa Greer, Assistant Professor, Simon Fraser University, Alissa Greer@sfu.ca

Ms. Sara Ferencz, Research Coordinator, Simon Fraser University, Sarah ferencz@sfu.ca

Website: <a href="http://crismontario.ca/home">http://crismontario.ca/home</a>

