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ENVIRONMENTAL SCAN

Evidence Scan and Jurisdictional Approaches to the Decriminalization of Drugs

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Key Findings

- Research has demonstrated significant health, social, and economic harms resulting from laws that criminalize people who use drugs, and in particular Black, Indigenous and racialized communities. To reduce harms, countries, states/provinces and municipalities in Europe, Central Asia, South America, North America and Australia have implemented approaches to decriminalize the personal use and possession of drugs, and in some cases cultivation and non-commercial, community-driven distribution. Most jurisdictions have decriminalized drugs through formal legislation change, while fewer have adopted de facto approaches (i.e., non-enforcement or diversion programs).

- The published literature on the effectiveness on decriminalization or legalization primarily focuses on cannabis in the American context, while evidence on the decriminalization of the personal use and possession of other drugs was more limited. Economic savings, as well as modest reductions in opioid prescribing may occur following decriminalization of cannabis use. There have also been reported increases of cannabis-related emergency department visits, detectable THC levels in drivers and calls to poison call centres (exposure); several of these records were of lower quality.

- Evidence from Portugal and elsewhere have reported reductions in drug-related harms (e.g., drug-related mortality, HIV and hepatitis C transmission) and costs following the decriminalization of personal use and possession of drugs. There is inconsistent evidence on the effect of decriminalization on drug use patterns.

- Several factors can influence the effectiveness of decriminalization approaches including the pre-existing context and implementation. Along with the need for high quality scientific evidence, more equitable engagement with people who use drugs is needed in the design, development, and evaluation of decriminalization policies as well as parallel planning for health and social justice.

- There are growing calls for the decriminalization of drugs for personal use and possession in Canada, the United States, and Europe. Vancouver became the first Canadian city to formally request an exemption from the *Controlled Drugs and Substances Act* Section 56(1) in May 2021, and the City of Toronto's Board of Health submitted a request in early 2022. Implementation and evaluation of proposed decriminalization models can further support understanding of implementation and effectiveness to inform evidence-based drug policy in Ontario.

Objectives and Scope

- The objective of this environmental scan is to summarize evidence on the health and social impacts of decriminalization policies. This document will also describe local, provincial/state, national or international examples of decriminalization policies.

- The regulation of controlled substances can take formal (i.e., policy or legal change) or informal approaches (i.e., non-enforcement practices), and occurs across a continuum of categories from criminalization to decriminalization to legalization.[1] This scan will include a range of models ranging from formal, national legislation change to local decisions to not enforce personal possession sanctions within a spectrum of decriminalization approaches.

- Evidence on formal policy to non-legislative decriminalization models will include police diversion, drug treatment courts, formal warning systems, administrative sanctions, and personal use and possession.[1] While personal use and possession of drugs is an offense in several of these models, this scan includes approaches that provide alternatives to incarceration.

- Approaches to legalization (i.e., removal of criminal sanctions and use of regulatory controls) will be briefly summarized in the context of cannabis legalization. Given the legalized status of cannabis in Canada, this scan focuses largely on decriminalization options for other drugs.

- The PHO Library conducted the searched for peer-reviewed literature in November 2021. A grey literature search was also conducted for the same time period, but updated in January 2022. New grey literature resources on decriminalization policies and position statements continue to emerge. The information provided in this document is only current as of the date of the respective literature searches.

Background

Harms Related to the Criminalization of Drug Use

High rates of opioid-related deaths have been and continue to be a significant and longstanding national public health issue in Canada[2], which has resulted in the deaths of more than 24,000 Canadians between January 2016 and June 2021.[3] In 2019, there were almost 4,000 opioid-related deaths across Canada, over 94% of which were accidental.[3] Ontario, there were 2,426 opioid-related deaths in 2020, a 60% rise from 1,517 deaths the year prior.[4] A large proportion of overdose fatalities in Canada and Ontario can be attributed to the increasingly toxic drug supply.[3,4]

There is evidence that suggests policies intended to prohibit or supress drug use contribute directly and indirectly to risks for fatal drug overdose (also referred to as drug poisoning; herein, we use the term overdose as it is a more common term).[5] Research has also demonstrated significant health, social and economic harms resulting from laws that criminalize people who use certain drugs.[6] Furthermore, the development of approaches to drug use in Canada and elsewhere are rooted in and sustain racism and colonialism, and have disproportionately targeted and impacted Black,[7] Indigenous, and racialized people through racial discrimination across the criminal justice system (e.g., policing, arrests, incarceration).[8] Other people who use drugs also experience inequitable negative impacts from drug laws including people experiencing homelessness, people with mental health concerns, youth/children of individuals incarcerated for drug crimes, and women.[9] The Health Canada Expert Task Force on

Substance Use reiterated this in a report to the federal government in May 2021, in which they stated that criminalization of the simple possession of drugs causes harms to Canadians and needs to end.[10]

Given the public health importance of accidental overdose in Canada and Ontario, the health (e.g., infection disease transmission), social, and economic harms related to punitive approaches to drug use, and an interest in expanded policy options to support the health and well-being of people who use drugs, we sought to review the published literature on the decriminalization of drugs for personal use.

Defining Decriminalization

Decriminalization is a policy strategy characterized by the removal of criminal penalties for designated activities related to substance use, possession and sometimes cultivation of drugs for personal use.[1,11]

The decriminalization of drugs for personal use and possession has been proposed as a way to reduce the health and social harms associated with the rising rate of opioid-related deaths.[1,12]

Approaches to the regulation of controlled substances exist on a continuum from criminalization (use, possession, production, distribution of drugs subject to criminal sanctions) to legalization (criminal sanctions removed with regulatory controls often still in place). The decriminalization of drugs exists in the middle of the continuum between criminalization and legalization, and can take on formal and informal approaches. De facto approaches are implemented according to non-legislative or informal guidelines. De jure approaches are reflected in formal policy and legislation.[1,12]

Drug Policy in Canada

The *Controlled Drugs and Substances Act (CDSA)* is administered by Health Canada and establishes the legislative framework that regulates the possession, distribution, and sale of certain drugs in Canada.[13] Section 4(1) of the *CDSA* prohibits possession of any substance included in Schedule I, II or III (which includes substances such as heroin, methamphetamine, cocaine, etc.) with punishment including fines and up to imprisonment for duration up to seven years depending on the substance and the number of offences.

Targeted exemptions can be made under Section 56 of the CDSA (e.g., exempting supervised drug consumption site staff, exempting local police from arresting those attending the site). Canada's Criminal Code and the CDSA also permit the courts to divert adults to an approved drug treatment program to avoid or reduce criminal penalties. However, a recent evidence review states that the most sweeping decriminalization option in Canada is to remove criminal penalties associated with certain drug-related offences such as possession from the CDSA.[1] In May 2021, The City of Vancouver submitted a request to Health Canada for an exemption from CDSA Section 56(1) to allow for the possession of all drugs for personal use, and the City of Toronto's Board of Health submitted a similar request in January 2022.[14-16]

In June 2021, the Health Canada Expert Task Force on Substance Use also recommended an end to criminal penalties and coercive measures for simple possession and consumption of substances. The Task Force recommended that all substances (including substances currently under the CDSA, tobacco, cannabis, and alcohol) be integrated under a single public health framework of legally regulated substances.[10] Several national and provincial governmental and non-governmental agencies have also recommended and supported policy changes (e.g., Canadian Association of Chiefs of Police).[17]

Methods

The methods for this document consist of a rapid review and a jurisdictional scan. The rapid review aimed to summarize peer-reviewed and grey literature on the impact and effectiveness of approaches to decriminalization. The jurisdictional scan aimed to document decriminalization policies at the local, provincial/state and national level.

Public Health Ontario (PHO) Library Services conducted searches for peer-reviewed literature on the effectiveness and models for decriminalization policies published from January 2011 onward in MEDLINE, Embase and PsychInfo on November 25, 2021. We aimed to identify studies that evaluated the effectiveness and/or health and social impacts of decriminalization policies. We also aimed to include evaluation protocols, to document common indicators to monitor approaches to decriminalization. Common in rapid review methodology is the streamlining of processes including having one team member screen for study selection.[18,19] Two team members conducted independent screening of 20% of all indexed literature and resolved differences to ensure inclusion and exclusion criteria was applied in the same manner throughout.

Specific inclusion and exclusion criteria for the indexed literature on decriminalization are as follows:

- Inclusion criteria:

    1. Review-level literature on the impacts of cannabis decriminalization or legalization for non-medical use and drug treatment courts;

    2. Primary or review-level literature on non-cannabis decriminalization (including diversion programs); and

    3. Impact/outcomes of de jure/legal decriminalization and de facto decriminalization (e.g., changes in enforcement practices) of the possession of drugs for personal use. We included review-level literature that provided information on the search strategy and used more than one database to retrieve relevant studies.

- Exclusion criteria:

    4. Primary literature on cannabis legalization or decriminalization policies and drug courts;

    5. Studies that do not examine the impact or outcomes of decriminalization policies;

    6. Evidence on the Good Samaritan Act;

    7. Literature on policing.

In addition to the PHO Library search for peer-reviewed evidence, a jurisdictional scan was conducted using Google Custom Search Engines and relevant government and organizational websites to identify local, provincial/state and national examples of decriminalization policies and future policy directions.

Additional records for the evidence review and jurisdictional scan were also retrieved through referral by subject matter experts. We also conducted a targeted snowball search for review-level literature on drug treatment courts (i.e., criminal offence with alternative to incarceration) to identify additional sources of recently published evidence.

Evidence Review

After title and abstract screening (n=2367 records screened), 169 full text records were reviewed for eligibility (91 primary studies and 78 review-level literature). We identified 8 review-level and 5 primary records that examined the effectiveness of decriminalization policies. An additional five records were identified through subject matter experts (n=4) or targeted and snowball searching from a key reference (n=1). The majority of the studies were conducted in the United States or internationally. Five studies evaluated the effectiveness of cannabis decriminalization or legalization, and examined the impacts of decriminalization approaches of other drugs; three reviewed both. Some reviews separated or combined evidence on the legalization of cannabis for medical and non-medical use. To the best of our ability, we synthesize evidence specific to non-medical cannabis use. A full summary of included records can be found in Appendix A.

Details of the full literature search strategy are available upon request. Quality appraisal was not conducted on the included indexed peer-reviewed literature.

Impact of Cannabis Decriminalization Policies

Eight reviews examined the effectiveness of cannabis decriminalization or legalization (legislation that permits the use and sale of cannabis) mostly from the American context. Overall, the effects of cannabis decriminalization or legalization are highly heterogeneous. All reviews noted methodological issues with the included studies such as inconsistency of results, study designs, and analytical approaches that make some results unreliable.

Beneficial outcomes included economic savings due to decreases in criminal justice and law enforcement costs,[20,21] and modest decreased rates of opioid prescribing.[22-24] From an economic perspective, however, some authors noted the growth of a black market for cannabis.[24] Two reviews included a historical study that showed decreases in other drug-related emergency department visits following decriminalization of cannabis, but increases in cannabis-related visits in the U.S..[23,25] The evidence for the reductions in opioid mortality following cannabis legalization in the U.S. was inconsistent and inconclusive, especially in the era of fentanyl.[22]

Our review also found inconsistent results among records that reported on the effects of cannabis decriminalization or legalization on cannabis use and criminal justice outcomes, and many noted methodological challenges of lower quality studies. For cannabis use, one review found small, moderate, or no significant association between decriminalization and cannabis use, but reported reductions on the adverse consequences for people.[26] Another review reported no association for most outcome measures related to the prevalence of use, except for increased lifetime use among adults in South Australia following cannabis decriminalization.[23] Other reviews measuring cannabis use among adults found increased prevalence of use in adults in the United States;[24] or mixed or null results.[20] Among youth outcomes, reviews reported increased past-month use among certain grades in California,[23] past month use across several U.S. states that have legalized cannabis,[21]or mixed or null results.[20] Similarly, another systematic review and meta-analysis examining cannabis use among adolescents and young adults found a small increase following cannabis legalization; however, studies with very low/low risk of bias showed no evidence of changes.[27]

Reviews that included criminal justice outcomes identified studies that reported decreased crime rates in Washington and Oregon,[24] cannabis-related arrests among adults,[23,24] and youth,[21,23] and stable or improved police clearance rates (crimes solved by the police).[24] However, some reviews also indicate mixed/null criminal justice outcomes,[20] no association with crime rates,[21]and increases in cannabis-

related prosecutions among youth in the 1970s in Nebraska (no changes in average monthly arrests).[23] While cannabis legalization in several U.S. states have led to reduced cannabis-related arrests of Black and racialized adults, two reviews described no changes in the racial disparities of adult arrests following decriminalization.[21,24]

Reviews also reported some harmful effects. Most often these included increased cannabis-related emergency visits or hospitalization,[21,23,24] the number of drivers testing positive for THC and calls to poison control centres.[21,23] However, reviews highlight several methodological issues with studies reporting these outcomes. [21,23] One review also notes the number of cannabis-related calls make up only a small proportion of the total calls and are lower than those for prescription drugs.[21] For alcohol use, there was both evidence that supported cannabis and alcohol as substitutes (i.e., less alcohol use as cannabis becomes a substitute)[25] and complementary (increases in both alcohol and cannabis use).[21,25] Outcomes such as the prevalence of other drug use, fatal motor vehicle collisions, substance use treatment admissions, and illicit cannabis sales were less commonly reported. Key outcome findings are presented in Appendix A.

Impact of Non-Cannabis Decriminalization Policies

Thirteen records examined the effectiveness of approaches to the decriminalization of drugs beyond cannabis. Of these, eight records specifically reviewed or evaluated the de jure decriminalization of possession of small quantities of drugs.

Two reviews cited reductions in drug-related harms following the decriminalization of drug use. They noted reductions in drug-related deaths,[20,28] HIV infection, viral hepatitis infections,[20] injection drug use,[28] burden on the criminal justice system,[28] social cost of drug use,[20] and increased number of people accessing treatment.[28] The same reviews also described implications for care following decriminalization in Portugal and found deliberate development of prevention, treatment, harm reduction, and social services for people who use drugs before and alongside decriminalization. Similarly, Germany and the Czech Republic showed low rates of drug-related deaths and HIV infections following decriminalization in the context of relatively high access to health and social services.[20]

No notable impacts were reported on drug possession, violent, or non-violent crime arrests in Tijuana, Mexico.[23,29] The authors note that these results coincided with other studies that report on the failures of the street-level implementation of drug decriminalization policies.[29] Another review indicated that Portugal experienced declines in arrests, incarceration, and criminal justice overcrowding after drug decriminalization.[20] These experiences occurred despite the fact that incarceration was imposed only on a small proportion of people before decriminalization.[20]

Reviews and quantitative studies assessing the impact of decriminalization on drug use were inconsistent. For example, in the Czech Republic, trends in cannabis, opioids, and amphetamine use show little relationship with decriminalization.[20] Meanwhile reviews describing drug use outcomes related to the Portugal decriminalization model are mixed, with reported increases in consumption among adults in Portugal,[28] decreased heroin use,[20] and reduced youth drug use,[28] or no difference in cannabis use among youth in comparison to other European countries without decriminalization policies.[20] Another analysis found that while controlling for individual-level predictors, youth had lower odds of last month drug use in countries that had decriminalized the possession of drugs for personal use in the European Union.[30] However, pre and post decriminalization comparisons are more appropriate. Following peyote (cactus containing hallucinogen) decriminalization in the United States, self-reported use of peyote increased among Indigenous peoples.[31]

Results from quantitative studies from Portugal found that drug decriminalization was associated with reduced social cost of drugs,[32] as well as contributing to increased drug prices (e.g., opioids, cocaine).[33] The authors note that this finding is contrary to common arguments that decriminalization leads to lower drug prices, and consequently greater accessibility and higher use.[33] A qualitative study on drug use behaviours in Italy and Portugal (i.e., two countries that have decriminalized personal use and possession of drugs), found differences in drug use attitudes, fears, and behaviour. People who use drugs in Italy feared running into and being caught by law enforcement.[34] Meanwhile, people who use drugs in Portugal were more fearful of overdose and demonstrated more effort to use harm reduction measures. While both countries have implemented de jure drug decriminalization, the authors note that these may be applied differently, with Italy focusing more on decreasing drug use and Portugal on health-related issues.[34]

We also included reviews and evaluations of de facto decriminalization approaches including police diversion programs,[20,35] court diversion,[36] and on-the-spot fines instead of criminal charges for drug possession at music festivals.[37] In the case of police diversion programs, the Law Enforcement Assisted Diversion (LEAD) program in Seattle, Washington offers an alternative to the criminal justice system. Individuals suspected of low-level drug and sex work offenses are provided access to case management, harm reduction, and other social supports.[35] Results from a non-randomized controlled evaluation show that individuals who participated in the LEAD program had lower odds of arrest in the six months following entry to the evaluation compared to control participants; there was both lower odds of arrest and felony charges over the long-term (2 years prior to start date through to July 2014).[35] Included studies in a realist review also provide evidence on other police diversion programs that show similar reductions in recidivism.[20]

The included evidence on the court diversion programs for class A drug (includes heroin, cocaine, ecstasy, magic mushrooms, and crystal methamphetamine) offences found they were associated with a small impact on reduced class A and other drug use.[36] In comparison to individuals using other drugs, people charged for class A drugs had a lower likelihood to complete treatment.[36] There was insufficient evidence on the impact of diversion on court diversion programs reducing offending outcomes among people charged for class A drugs.[36] In Australia, issuing on-the-spot fines instead of criminal charges at music festivals was associated with substantial estimated financial savings to the criminal justice system.[37] However, the authors note potential unintended consequences of issuing fines, such as the disproportionate impact that fines can have on people experiencing oppression (e.g., people experiencing homelessness), ability to pay unexpected financial costs, and additional penalties and criminalization that may arise from unpaid fines and accumulating debt that further exacerbate inequities.[37]

Evaluation Indicators or Metrics

The majority of outcome measures used to examine the effectiveness and impact of de jure and de facto decriminalization related to cannabis use metrics in both adults and youths. This included how prevalent use was, patterns and frequency of use, as well as duration and amount of cannabis used. Other commonly used outcome measures related to health and social costs, health service utilization, and crime (drug and non-drug related). Other drug use, perceived harmfulness, perceived availability, and overdose, poisoning, or mortality were less frequently reported outcome measures across the published literature. For a full list of outcomes and the articles that examined them, please see Appendix D**.**

Jurisdictional Scan

International Decriminalization Policies

Countries, states/provinces and municipalities in Europe, Central Asia, South America, North America and Australia have decriminalized the personal use/possession of drugs, and in some cases cultivation and non-commercial/community-driven distribution (sometimes referred to as "social supply"). This document excludes decriminalization frameworks that focused exclusively on cannabis. A summary of all examples identified through this jurisdictional scan can be found in Appendix B.

Most jurisdictions have implemented a de jure approach to decriminalization by changing legislation to remove criminal sanctions related to the possession of drugs for personal use (other drugs or in addition to cannabis), including: Argentina, Armenia, Bolivia, Chile, Colombia, Costa Rica, Croatia, Czech Republic, Estonia, Germany, Italy, Kyrgyzstan, Mexico, Paraguay, Peru, Poland, Portugal, Russian Federation, Slovenia, Spain, the state of Oregon (United States), and Uruguay.[38] The types of drugs decriminalized in de jure frameworks vary across jurisdictions. Some jurisdictions outline threshold amounts for specific substances to inform police and/or judicial system decision-making regarding whether possession is for personal use. Across the de jure approaches, the thresholds for personal use are commonly enforced by police, who are responsible for determining whether sanctions and/or penalties are warranted.

Fewer jurisdictions use a de facto decriminalization approach. In the Netherlands, the de facto framework has not legally decriminalized drugs for personal use but instead instructs police to not prosecute the possession of up to 5 grams of cannabis and 0.5 grams of "hard drugs" (e.g., heroin, cocaine, ecstasy).[39] Western Australia and New Zealand have implemented police diversion programs, which operate on a case-by-case basis to divert individuals using controlled substances to treatment rather than incarceration.[40-43]

The effectiveness of decriminalization models in diverting people away from the criminal justice system is dependent on a number of factors. Such factors include threshold amounts, the application of proportionality in sentencing for drug offences, ensuring no sanctions for personal use or possession (including actions to expunge previous records), and the decision-maker in the model (i.e., policy, state institutions).[39] Further, the authors highlight the Portuguese experience of positive outcomes in light of significant investments in public health and social services, harm reduction interventions, and treatment (see Portugal Model, below).[39]

PORTUGAL MODEL

Under the 2001 decriminalization law in Portugal, if the police find an individual in possession of up to 10 days' worth of an average daily dose of drugs for personal use, the officer issues the individual a citation referring them to a meeting with a 'dissuasion commission' – a three-person panel made up of medical experts, social workers and legal professionals. This process is designed to be non-adversarial, the panels do not meet in courtrooms and focus on a health-centred approach.[39]

Notably, there has been a significant expansion of harm reduction services in conjunction with Portugal's decriminalization policy including drop-in centres, shelters, mobile health units, low-barrier opioid agonist treatment, and syringe distribution programs, amongst others. Since decriminalization and the associated public health policies, Portugal has reported increases in the number of individuals accessing substance use treatment, reductions in the transmission of HIV and tuberculosis, as well as reductions in the number of people who use drugs newly diagnosed with HIV (from 907 new cases in 2000 to 78 in 2013) and AIDS (from 506,265 to 74,266 new cases over the same period).[39]

Decriminalization in Portugal has also reduced the number of criminal drug offences from approximately 14,000 per year in 2000 to an average of 5,000 to 5,500 per year after decriminalization.[39]

Decriminalizing Drugs for Personal Use and Possession: Plans and Position Statements

There are various international-, national-, state- and municipal-level organizations that have recently published plans and/or position statements supporting the decriminalization of drug possession for personal use. A detailed overview of all plans, statements or positions identified through the jurisdictional scan can be found in Appendix C.

Position statements communicate support for decriminalization policies have been published by non-governmental associations and organizations in Canada (i.e., Canadian and Ontario associations of chiefs of police, professional associations of nurses and social workers, Centre for Addiction and Mental Health),[17,44-49] the United States (i.e., Black Lives Matter, Drug Policy Alliance),[50,51] the United Kingdom (i.e., Scottish Drugs Forum),[52] government committees in Australia and New Zealand, and international agencies.[40,42]

In addition to these position statements, the state of California has introduced Senate Bill 159 to remove criminal sanctions for specified amounts of various drugs,[53,54] and the Province of British Columbia (November 2021) and two Canadian cities recently requested (City of Vancouver in May 2021 and City of Toronto in January 2022) a CDSA exemption to remove criminal penalties for possession of controlled substances for personal use.[14-16] The Vancouver and Toronto models are described briefly below.

Across the position statements and formal requests for decriminalization, a common rationale was to support the health and well-being of people who use drugs and reduce the harms related to criminalization of drugs.

VANCOUVER MODEL

In May 2021, the City of Vancouver became the first city in Canada to formally submit a request to Health Canada for an exemption from the *CDSA* section 56(1). If the exemption is granted, people found in possession of controlled substances under a certain threshold amount within Vancouver's municipal boundaries would not be subject to criminal sanctions (threshold amounts can be found in Appendix C). Instead, people would be offered to voluntarily be connected with services, and their substances for personal use and paraphernalia would not be confiscated.[14,55]

The City of Vancouver also plans to set up an Evaluation Committee, which will implement an evaluation plan with the following four evaluation objectives:

- Objective 1: Does decriminalization of drug possession for personal use reduce interactions between people who use drugs and the criminal justice system?;
- Objective 2: Does decriminalization of drug possession for personal use increase interactions and engagement between people who use drugs and health and services?;
- Objective 3: Does decriminalization of drug possession for personal use coincide with unfavorable changes in the drug supply, substance use patterns or risk behaviours among people who use drugs in Vancouver?
- Objective 4: Does decriminalization of drug possession for personal use reduce stigma?[14,55]

The proposed monitoring and evaluation structure for the Vancouver Model includes: administrative data from the Vancouver Police Department and Vancouver Coastal Health, and data from surveys of people who use drugs (data sources under discussion).[14,55]

TORONTO MODEL

In early January 2022, the City of Toronto submitted an exemption request to the *CDSA* section 56(1) for the possession of drugs for personal use.[16] The proposed model has the two major components. The first component is the design elements for the exemption from criminal penalties for the possession of drugs for personal use. Specifically, the model is intended to operate city-wide, apply to all drugs, determine limited based on community use, ensure timely access to voluntary services, reduce demand on police and court services, and eliminate fines and other penalties. The second component focuses on coupling decriminalization with a comprehensive network of health and social supports to address the needs of people at high risks of harms.[16]

The initial evaluation framework for the Toronto model focuses on both processes and outcomes and was grounded with the input of people who use drugs. The report highlights that further consultation with people who use drugs, service providers, and other stakeholder is still needed for refinement of the evaluation framework. The first phase of the evaluation will focus on the immediate implementation of the change in legal status of drug possession for personal use and the impact on law enforcement and criminal justice engagement. The short-term outcomes being monitored in Toronto include the overall reduction in the number of arrests and charges for personal possession of drugs as well as police encounters and engagement of populations experiencing disproportionate criminalization related to drug possession in the criminal justice system.[16]

Discussion

The majority of the studies included in our review described findings related to the effectiveness of decriminalization or legalization of cannabis. Our review found that the decriminalization or legalization of cannabis is associated with several outcomes. Economic benefits, as well as modest reductions in rates of opioid prescribing. There were reported increases in cannabis-related emergency visits, detectable THC levels in drivers, and calls to poison control centres. Other common indicators for effectiveness were inconsistent including cannabis use, criminal justice outcomes, and opioid-related mortality. When outcomes were available, there was evidence that inequitable impacts of drug arrest persist for Black and other racialized groups.

The literature on the decriminalization of the possession of drugs for personal use was more limited. Common indicators of effectiveness included reduced drug-related deaths, HIV infections, viral hepatitis infections, injection drug use, and economic savings. These benefits are consistent with previous publications.[20] Our review found inconsistent results for drug use following decriminalization, which can in part due to differences in study designs, follow-up period, measurements, or shifts in willingness to report use in surveys.[20] Increases in use may also reflect the time period of assessment as well as national or regional trends. Thus, such trends may not be solely attributable to decriminalization. Meanwhile, the lack of notable impacts on drug possession arrests in Tijuana need to be considered within the broader context of implementation challenges for drug policy reform in Mexico.[56]

De facto approaches such as police diversion were effective in reducing recidivism. Court diversion demonstrated small impacts on reducing drug use. Previous meta-analyses have found the average effect of 12% reduction in general recidivism among adults participating in drug courts, but few studies had rigorous evaluation designs.[57] There is ongoing debates about the interpretation of this research, as well as quality (e.g., access to evidence-based treatment options) and equity concerns of drug treatment

courts (e.g., accessibility, coercive) and the harm they may cause.[58,59] It is important to highlight that within the drug treatment court model personal use and possession of drugs is still an offense but provides alternatives to incarceration. A recent review of evaluations of drug courts found under-reporting of substance use treatment quality measures such as service utilization, mortality, and overdose.[58] Further, there is need to address the lack of culturally responsive police diversion programs and drug treatment courts that could respond to inequities in recidivism and access among Black, Indigenous, and other racialized communities. Lastly, while fines for possession of other drugs were associated with cost savings, there are inherent inequity issues and unintended consequences of issuing fines for communities experiencing oppression including people who use drugs.

Most jurisdictions we reviewed had implemented a de jure approach to decriminalization for the personal use and possession of drugs. Approaches are commonly enforced by police, but with varying thresholds of quantities. The decriminalization model in Portugal was the most cited in the review and jurisdictional scan, with longitudinal data demonstrating several positive impacts as well as the need for drug decriminalization to be augmented by comprehensive investments to public health, health, and social services. Several international and national organizations have published position statements in support of drug decriminalization, and few jurisdictions (e.g., Vancouver, Toronto) have formally requested exemptions to the *CDSA* Section 56(1) to promote the health and well-being of people who use drugs and reduce harms related to criminalization.

It is important to note that the effectiveness of decriminalization models is dependent on a number of factors. There is great variability in the context of drug policies that influence the effectiveness of decriminalization models.[20,28]Existing structural and cultural conditions influence the context in which decriminalization policies are implemented, and in turn can influence and produce differing outcomes than those intended. In the case of Portugal, researchers point to the supportive political, public, and legal conditions in Portugal at the time of drug decriminalization alongside investments into healthcare, harm reduction, and social services for people who use drugs.[20,28,39,60] Second, the stage of implementation, definitions and threshold amounts, and how laws are implemented in practice,[29,61] further influences the effectiveness, fidelity, and comparisons across jurisdictions.[1]

There are also limitations with the literature evaluating the effect of specific drug policies that pose challenges with the interpretation of changes. Included studies were often limited in terms of the years of follow-up length, inclusion of pre-and-post data trends, comparison groups/states/countries, and evaluation designs, amongst others. Further, most included studies on the impacts of drug decriminalization examine the prevalence of use as the main outcome. Narrowly focusing on drug use may not capture broader and more significant intended outcomes and impacts of decriminalization on drug-related harms.[23] For example, this includes access to support services by and reductions to the inequitable harms from drug policies that have been experienced by Black, Indigenous, and racialized communities of people who use drugs. Lastly, there are limited evaluations in the published literature incorporating the perspectives of people who use drugs within decriminalization models to better understand impacts on their health and wellbeing.

Limitations

Our review has several limitations. By limiting our search to English-language literature, it is likely we missed relevant studies published in other languages where drug decriminalization has been implemented. While we included primary studies on de facto police diversion programs identified in our search, we may have missed some relevant studies as this was not the focus of our search. Such programs, drug treatment courts, and administrative sanctions are included in this review as options

within the continuum of decriminalization that offer alternative approaches to incarceration; however there is often some involvement of the criminal justice system. Further, we did not conduct quality assessments of the included peer-reviewed studies, which may introduce bias due to patterns before and after policy changes or confounding. Grey literature records were used solely for the jurisdictional scan rather than evidence on effectiveness. Several included studies examined outcomes related to both medical and non-medical cannabis use. We summarized evidence specific to non-medical cannabis, wherever possible; however, it is likely that we may have included or misinterpreted data where results were not separated for each policy. Lastly, our review does not include the important priorities and considerations of people with living and lived expertise of drug use including Black, Indigenous, and racialized people who use drugs who experience inequitable impacts of criminalization.

Conclusion

In the context of the ongoing overdose crisis and the demonstrated harms of criminalization, many organizations and jurisdictions across Canada have called for the decriminalization of drug possession for personal use on the basis that arresting and charging people is not solving the problem, including Chiefs of Police. The published literature on the effectiveness on decriminalization or legalization primarily focuses on cannabis, while evidence on decriminalization of drug possession for personal use is more limited. Nonetheless, our review and jurisdictional scan highlight various de jure drug decriminalization approaches and valuable insights to inform drug policy planning. The available international evidence suggests drug decriminalization demonstrates several benefits, particularly for reducing drug-related harms and costs. Along with the need for high quality scientific evidence, more equitable engagement with people who use drugs is needed in the design, development and evaluation of decriminalization policies as well as parallel planning for health and social justice. Recent plans for the implementation and evaluation of decriminalization proposed in Canadian jurisdictions can further support understanding to inform evidence-based drug policy in Ontario.

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Appendix A: Summary of Included Articles

Table A1 provides a summary of 18 records that were identified by PHO Library Services, referred by subject matter experts, or targeted snowball searching. The key details of the articles are summarized below including: the decriminalization or legalization model and jurisdiction, study population, indicators or metrics used to examine effectiveness, and the key findings.

Table A1. Summary of included records on the decriminalization of non-medical cannabis or non-cannabis policies (n=18)

Article citation	Decriminalization or legalization model and jurisdiction	Study population	Indicators/metrics	Key findings
Arredondo J, Gaines T, Manian S, Vilalta C, Bañuelos A, Strathdee SA, Beletsky L. The law on the streets: Evaluating the impact of Mexico's drug decriminalization reform on drug possession arrests in Tijuana, Mexico. International Journal of Drug Policy. 2018 Apr 1;54:1-8.	Decriminalization of drug possession below a certain threshold (e.g., 50mg for heroin, 5g for cannabis). Individuals with exceeding amounts are referred to substance use treatment through the justice system Tijuana, Mexico	Population-based data on arrests for drug, violent, or non-violent over January 2009 – December 2014	Monthly number of drug possession arrests (primary) Number of violent (injuries, robbery, homicides) and non-violence (theft, possession of stolen car) arrests	No significant association between drug-possession violent or non-violent arrests following decriminalization of drugs.
Bahji A, Stephenson C. International perspectives on the implications of cannabis legalization: A systematic review & thematic analysis.	Legalization of medical or non-medical cannabis use is permitted in jurisdictions International	Review included studies published since 2018 exploring health and public health implication of cannabis legalization	Prevalence and trends in cannabis use; physical health complications and consequences; healthcare utilization; crime (drug and non-	Prevalence of cannabis use: Increase in prevalence of cannabis use among adults (including among those pregnant and parenting) and undergraduate students Physical health complications and consequences: Decrease in opioid prescribing rates where cannabis

Article citation	Decriminalization or legalization model and jurisdiction	Study population	Indicators/metrics	Key findings
International journal of environmental research and public health. 2019 Jan;16(17):3095.			drug); law enforcement involvement; illicit cannabis sales	dispensaries were legal. Decrease in opioid prescribing. No change in compliance rates among people who were treated for chronic pain with opioids. No change in prevalence of low birth weight or small gestational age births. Healthcare utilization: Increase in the number and rates of cannabis-related ED visits. Higher prevalence of psychiatric comorbidity in adults visiting ED for cannabis-associated visits than other visits. Crime: Decrease in sexual assault (15-30%), property crimes (10-20%), and thefts (13-22%). Decrease in cannabis-related arrests. No changes to racial disparities in cannabis-related arrests (2.7 time more arrests among Black individuals). Law enforcement involvement: Police clearance rates stagnant or improved. Illicit cannabis sales: Increased cannabis sales with legalization (e.g., 80% of all cannabis sales linked to illegal sources in California). This is thought to have occurred as more legal sources are available to sell illegally.

Article citation	Decriminalization or legalization model and jurisdiction	Study population	Indicators/metrics	Key findings
Chihuri S, Li G. State marijuana laws and opioid overdose mortality. Injury epidemiology. 2019 Dec;6(1):1-2.	Legalization of medical or non-medical cannabis use permitted in jurisdictions United States	Review included quantitative U.S. studies that were based on population data with appropriate exposure and comparison group	Opioid-related mortality, rate of opioid prescribing	Opioid-related mortality: Non-medical cannabis legislation associated with a 6.5% reduction in opioid-related mortality. Rate of opioid prescribing: Non-medical cannabis legislation associated with a 6% decrease in the rate of opioid prescriptions (95% CI = -0.122 to -0.006)
Collins SE, Lonczak HS, Clifasefi SL. Seattle's Law Enforcement Assisted Diversion (LEAD): program effects on recidivism outcomes. Evaluation and program planning. 2017 Oct 1;64:49-56.	Law Enforcement Assisted Diversion (LEAD) program that diverts people suspected of low-level drug and prostitution offences to social and legal supports instead of incarceration Seattle, Washington, US	318 people suspected of low-level drug or prostitution, 203 LEAD participants and 115 participants that experienced control conditions	Arrests (e.g., being taken into police custody for a crime, new offenses, warrant arrests), criminal charges (e.g., felonies)	Arrests: When compared to control participants, people who participated in LEAD had lower odds of arrest during the (60%) short and (58%) longer-term Criminal charges: When compared to control participants, people who participated in LEAD had lower odds of being charged with a felony (39%) long-term
Félix S, Portugal P. Drug decriminalization and the price of illicit drugs. International Journal of Drug Policy. 2017 Jan 1;39:121-9.	Decriminalization of the use, possession, or acquisition of all drugs up to a 10 day supply Portugal	Difference-in-differences approach with 13 countries in the European Union (EU) and Norway as the control group (1990 and 2010)	Price of drugs (opioids, cocaine)	Decriminalization of drugs contributed to higher prices of opioids (average 38.2% higher than they would in the absence of decriminalization policy) and cocaine. No evidence for a slope change in the trend of prices.
Gonçalves R, Lourenço A, da Silva SN. A social cost perspective in the wake of the Portuguese strategy for	Decriminalization of the use, possession, or acquisition of all drugs up to a 10 day supply.	Data from 1999-2010	Health-related direct costs (e.g., treatment, prevention, harm reduction, treatment for hepatitis, HIV/AIDS),	Health-related direct costs: 12% increase in the first five years after decriminalization, and 18% decrease in the first 11 years.

Article citation	Decriminalization or legalization model and jurisdiction	Study population	Indicators/metrics	Key findings
the fight against drugs. International Journal of Drug Policy. 2015 Feb 1;26(2):199-209.	Portugal		health-related indirect costs (e.g., lost income and production due to addiction, substance use treatment, or drug-related death), non-health related direct costs (e.g., social rehabilitations, drug-related legal system cost), non-health related indirect costs (e.g., lost income and production of drug-related arrests)	Health-related indirect costs: 37% reduction in the first five years after decriminalization, and 29% reduction in the first 11 years. Non-health related direct costs: 17% reduction in the first 11 years of decriminalization. Non-health related indirect costs: 5% reduction in the first five years after decriminalization, and 24% reduction in the first 11 years.
Guttmannova K, Lee CM, Kilmer JR, Fleming CB, Rhew IC, Kosterman R, Larimer ME. Impacts of changing marijuana policies on alcohol use in the United States. Alcoholism: Clinical and Experimental Research. 2016 Jan;40(1):33-46.	Decriminalization or legalization of cannabis for medical or non-medical use. United States	Review of US studies examining cannabis-related policy changes in US on alcohol use	Cannabis: prevalence or frequency of use, healthcare utilization (e.g., number of cannabis-related ER visits) Measures of alcohol use: prevalence or frequency of use, alcohol-related driver fatality rates; healthcare utilization (number of visits with alcohol is	Cannabis use: Mixed. Some show no relationship among high school students and youth. Other included studies suggest decriminalization is associated with higher prevalence of cannabis use among youth (not related to alcohol use). Alcohol use: Mixed - some studies show no statistically significant relationship between decriminalization and alcohol use. Others show decriminalization associated with less frequent alcohol use or higher prevalence of alcohol use (not related to cannabis).

Article citation	Decriminalization or legalization model and jurisdiction	Study population	Indicators/metrics	Key findings
			involved with other drugs)	Alcohol-related driver fatality rates: Decriminalization associated with decreases in alcohol-related driver fatality among youth. Healthcare utilization: Decriminalization associated with an increase in the number of cannabis-related visits and decreases in visits mentioning other drugs.
Hayhurst KP, Leitner M, Davies L, Millar T, Jones A, Flentje R, Hickman M, Fazel S, Mayet S, King C, Senior J. The effectiveness of diversion programmes for offenders using Class A drugs: a systematic review and meta-analysis. Drugs: Education, Prevention and Policy. 2019 Mar 4;26(2):113-24.	Diversion of individuals from criminal justice proceedings to a court-supervised treatment program, after entry of a guilty plea. United States	A review of publicly available drug court evaluations published between Jan 1, 2008 and July 1, 2018	Rate of court program completion, rate of recidivism, participant all-cause mortality and drug overdose-related deaths, utilization of treatment services after completion	Use of other drugs: Greater likelihood of reduced primary Class A drug use (OR 1.68, 95% ci: 1.12-2.53) associated with diversion programs. Court appearances: Individual studies show minimal impact on diversion programs on offending. Treatment completion: When compared to other drugs, people who used Class A drugs less likely to complete treatment (OR 0.90, 0.87-0.94).
Melchior M, Nakamura A, Bolze C, Hausfater F, El Khoury F, Mary-Krause M, Da Silva MA. Does liberalisation of cannabis policy influence levels of use in adolescents and	Decriminalization or legalization of cannabis for medical or non-medical use. International	A review of studies that quantitatively assess the impacts of cannabis policy change on cannabis use among individuals younger than 25 years.	Frequency of cannabis (range from lifetime use to 30-day use)	Decriminalization of cannabis use: With the exception of one study, studies show no statistically significant change in youth's patterns of use following the decriminalization of cannabis. High heterogeneity of studies.

Article citation	Decriminalization or legalization model and jurisdiction	Study population	Indicators/metrics	Key findings
young adults? A systematic review and meta				Legalization of cannabis for non-medical purposes: Small increase in use of cannabis use following the legalization of non-medical cannabis (average standardised mean difference of 0.03 (95% CI –0.01 TO 0.07). However, there was high heterogeneity of studies and they had a very low or low risk of bias.
Mendes RD, Pacheco PG, Nunes JP, Crespo PS, Cruz MS. Literature review on the implications of decriminalization for the care of drug users in Portugal and Brazil. Ciencia & saude coletiva. 2019 Sep 9;24:3395-406.	Decriminalization of drug possession based on amount (Portugal) and judge's subjective interpretation (Brazil) Portugal and Brazil	A review describing the scientific literature on the implications of decriminalization on the care of people who use drugs	Implications of care, number of people in treatment for substance use, drug use (adult, youth), burden on justice system, HIV transmission, mode of use	Parallel expansion of care services for people who use drugs with the decriminalization of drugs in Portugal. Describe outcomes related to the Portugal model including: increased number of people in treatment, increased use among adults, reduced used among youth, reduced burden on the justice system, and reduced HIV transmission among people who use drugs, and injection drug use.
Pavarin RM, Rego X, Nostrani E, De Caro E, Biolcati R, Canêdo J, Sanchini S. Differences between subjects with socially integrated drug use: a study in Italy and Portugal. Journal of Substance Use. 2020 Jul 3;25(4):449-55.	Decriminalization of use, acquisition, and possession of drugs for personal use (do not exceed quantity for average use for 10 days in Portugal). Italy focused more on decreasing substance use, meanwhile Portugal focused on health-related issues.	Convenience sample of 88 people (44 Italian, 44 Portuguese) who use drugs between the ages of 18 and 64, who have used drugs in the previous year on a weekly basis and never been referred or sought out substance	Drug use (e.g., dose, frequency, duration, daily amount, degree of contact with other people who use drugs), behaviour, social life (e.g., time spent dedicated to their interests), positive identity	People who use drugs in Italy: Higher percentage of people practicing less safe practices (82% vs. 55% P<0.1) and violent behaviours (55% vs. 34% P<0.05). More intense pattern of use. Greater inclination to buy drugs at the same place they will use. High percentage of people who check the quality of drugs before use. Greater fear of running into issues with the law (71% vs. 34% P <0.01) or being caught with drugs (86% vs. 59% P <0.05)

Article citation	Decriminalization or legalization model and jurisdiction	Study population	Indicators/metrics	Key findings
	Portugal and Italy	use treatment services		People who use drugs in Portugal: Higher percentage of people with a positive identity (86% vs. 55 P<0.05). Higher prevalence of use in outdoor or open-air places with trusted individuals and observe the effects on others before using. Greater fear of overdose (34% vs. 16% P<0.05). Higher tendency to avoid specific methods of use and mixing of different drugs. Both keep substance use hidden, report fear of suffering from mental health or physical issues.
Prue B. Prevalence of reported peyote use 1985–2010 effects of the American Indian Religious Freedom Act of 1994. The American journal on addictions. 2014 Mar;23(2):156-61.	De jure decriminalization of peyote. United States	886,077 surveys from 1985-2010, of which 12, 749 were Indigenous	Age of first use of peyote, prevalence of peyote and all other hallucinogen use	Age of first use of peyote: No significant change of age of first use after decriminalization for both Indigenous and non-Indigenous people. Prevalence of peyote use: Peyote use increased from 1.14% in 1994 when the American Indigenous Religious Freedom Act to leveling at around 10% in 1999, where it remains. Stable use among non-Indigenous people (1-2%).
Scheim AI, Maghsoudi N, Marshall Z, Churchill S, Ziegler C, Werb D. Impact evaluations of drug decriminalisation and legal regulation on	De jure criminalization or legalization of drugs. International	A review of quantitative studies reporting data before and after the implementation of	The most common metrics used were primarily substance use related, such as prevalence and frequency of the	Non-medical cannabis lifetime use increased among adults in South Australia following cannabis decriminalisation. Past-month use increased among 12th graders in California. After peyote use was decriminalized in the USA, self-reported

Article citation	Decriminalization or legalization model and jurisdiction	Study population	Indicators/metrics	Key findings
drug use, health and social harms: a systematic review. BMJ open. 2020 Sep 1;10(9):e035148.		decriminalization or legalization of drugs.	decriminalized or legally regulated drug. Prevalence or frequency of tobacco, alcohol, or other drug use. Perceived harmfulness of cannabis. Health service utilization (ER visits, hospitalization, etc) and criminal justice involvement.	use increased among American Indians. Small increase in use following non-medical legislation reported in lower quality studies. Arrests for cannabis possession decreased among US youth and adults in five states.
Stevens A, Hughes CE, Hulme S, Cassidy R. Depenalization, diversion and decriminalization: A realist review and programme theory of alternatives to criminalization for simple drug possession. European journal of criminology. 2019 Nov 28:1477370819887514.	De facto and de jure alternatives to criminalization for dealing with simple possession of drugs. International	Not specified	Level and type of drug use, other crime, health harms, total social costs, social integration of people who use drugs	Structural and cultural conditions of systems influence the institutional contexts and the implementation of policies in these context triggers three potential mechanisms: normative, criminal justice, and health and social services. Mechanisms and context interplay to produce outcomes. There is not strong evidence that reducing punishment for drug possession consistently increases drug use. Little evidence that alternative measures increase health harms related to drug use, scale or violence of organized crime. Some alternative measures in some context can reduce health and crime harms, and possible to reduce the social costs of drug use.

Article citation	Decriminalization or legalization model and jurisdiction	Study population	Indicators/metrics	Key findings
Strang J, Babor T, Caulkins J, Fischer B, Foxcroft D, Humphreys K. Drug policy and the public good: evidence for effective interventions. The Lancet. 2012 Jan 7;379(9810):71-83.	Non-criminal penalties for cannabis use and possession, reduction of the level of criminal penalties for cannabis use offenses, diversion to mandated education or treatment, or legalization of cannabis International	Not specified	Cannabis use, 'cannabis-related' problems, separation of cannabis market from other drug markets	Cannabis use: Small or no effect of non-criminal penalties on cannabis use. Moderate or no effect of reduction of criminal penalties on cannabis use (but reduced adverse consequences). Cannabis-related problems: Little effect of diversion to mandated treatment/education on cannabis-related problems. Separation of cannabis market from other drug markets: Some evidence from the Netherlands that legalization may be effective in having a controlled cannabis market.
Sutherland R, Weatherburn D, Degenhardt L. A trial of Criminal Infringement Notices as an alternative to criminal penalties for illicit drug offences in New South Wales, Australia: Estimated savings. Drug and alcohol review. 2021 Jan;40(1):93-7.	Issuing of Criminal Infringement Notices (on-the-spot fine value of 400 Australian Dollars) for the possession of drugs other than cannabis. Thresholds of drugs (e.g. 1 g of MDMA in capsule form and not more than 0.75g in any other form) New South Whales, Australia	Data on fines issued in music festivals from January 25, 2019 to Aug 1, 2019	Number of fines issued, costs (criminal justice system)	Number of fines issued: 300 issued, with the majority for ecstasy use. Decrease in ecstasy possession offences that proceeded to court (75.8% compared to 96.3% in the same period in the preceding year). Costs: Estimated savings of 194 400 UD to the criminal justice system (increases to 314 400 if including generated revenue). Estimated that issuing fines for all drug possession offenses (all settings) would result in savings of over 5 million AUD or about 1.7 million AUD if only issued to people who no prior convictions.

Article citation	Decriminalization or legalization model and jurisdiction	Study population	Indicators/metrics	Key findings
Vuolo M. National-level drug policy and young people's illicit drug use: A multilevel analysis of the European Union. Drug and alcohol dependence. 2013 Jul 1;131(1-2):149-56.	Decriminalization, change of criminal status of possession offences from that of a crime to that of a non-criminal offense	15 EU countries with national representative samples of individuals aged 15-24, 2002-2004	Drug use other than cannabis over the last month, offense rate per 100,000 for trafficking/dealing and possession for use, number of new treatment clients per 100,000 aged 12 and older, number of clients on OAT, harm reduction policies (e.g., syringe distribution programs)	Drug use other than cannabis: In countries where possession for personal use was decriminalized, youth had a 79% lower odds of last month drug use (OR = 0.21, $p < 0.001$).
Zvonarev V, Fatuki TA, Tregubenko P. The public health concerns of marijuana legalization: An overview of current trends. Cureus. 2019 Sep;11(9).	Legalization of non-medical cannabis use United States	States with legalized non-medical cannabis use	Cannabis use (before and after legalization, among youth), violent crime rate, fatal car crashes and accidents, admissions to substance use treatment facilities, drug-related ED visits, alcohol and drug-induced death and suicide rate, cannabis revenues	Results unreliable due to poorly designed studies. Cannabis use among adults and youths is higher in cannabis-legalized states. Crime rates were not decreased after cannabis legalization. Cannabis legalization and commercialization was associated with increased homelessness in Colorado. Intake of alcohol in Colorado grew by a small margin since cannabis legalization.

Appendix B: Description of International Policies Decriminalizing Drugs for Personal Use and Possession

Table B1. Summary of international policies decriminalizing drugs (except for cannabis-only decriminalization policies)

Jurisdiction					
De jure decriminalization frameworks					
Argentina[62]	2009	All substances	Possession of any drug for personal use, and cultivation of cannabis only.	Confiscation of drugs, Fine, Referral to education course.	Prosecutors or the judiciary will decide on whether possession is for personal use.
Armenia[62]	2008	Small quantity of a prohibited drug	Possession of any drug for personal use, social supply of any drug (i.e., non-commercial drug distributions between community members), including the delivery or supply of 'small quantities of drugs' in which there is no financial gain.	Confiscation of drug, Fine (of up to $400 USD and can result in incarceration if unable to pay, or can be waived if seeking voluntary drug dependence treatment), Voluntary referral.	Threshold for determining decriminalized activity is determined by police and is dependent on quantity as well as whether there is any financial gain.
Bolivia[62]	2009	Coca (1-15 pounds)	Possession of coca for personal use only, Cultivation of coca only, Social supply of any drug.	None.	Threshold for determining decriminalized activity is determined by police.
Chile[62]	2005	All substances	Possession of any drug for personal use, Cultivation of cannabis only.	Public consumption can result in: a fine (equivalent to 10 tributary units), compulsory treatment programmes, mandatory civil	The judiciary will decide on whether possession or

Jurisdiction	Date	Thresholds	Directives	Sanctions/penalties	Enforcement
				service; and/or suspension of the drivers' licence for 6 months (1st instance), a year (2nd instance), or 2 years (3rd instance).	cultivation is for personal use.
Colombia[62]	1994	Cannabis (herbal) 20g, or up to 20 plants for cultivation Cannabis (resin) 5g Cocaine 1g Methaqualone 2g	Possession of any drug for personal use, Cultivation of cannabis only.	Carrying or using substances in public spaces (i.e. in the immediacies of parks, schools and education centres, sports centres and other areas determined by local authorities) can attract penalties such as fines or confiscation. Alternatively, participation in an educational course is a means to fulfil the fine.	Threshold for determining decriminalized activity is determined by police, prosecutors and/or the judiciary.
Costa Rica[62]	1988, with further reform in 2001	All substances	Possession of any drug for personal use, Cultivation of cannabis only.	Confiscation of drug, Voluntary referral to treatment (mandatory for those aged 18 and under).	Prosecutors and/or the judiciary will decide on whether possession is for personal use, given that there is no evidence of intention to supply.
Croatia[62]	2013	Small quantity of a prohibited drug	Possession of any drug for personal use.	Confiscation of drug, Fine between EUR 650-2,600 (or mandatory treatment in medical or social care institutions for a period of 3 to 12 months, in lieu of fine). Drug use in public spaces is sanctioned by a fine of EUR 100.	Prosecutors decide on whether possession is for personal use and what is considered as a 'small quantity'.

Jurisdiction	Date	Thresholds	Directives	Sanctions/penalties	Enforcement
Czech Republic[62]	1990	Cannabis (herbal) 10g, if it contains at least 1g of effective substance, i.e. delta-9-THC Heroin 1.5g, if it contains at least 0.2g or 0.22g (hydrochloride) of effective substance Cocaine 1g, if it contains at least 0.54/0.6g of effective substance Methamphetamine 1.5g, if it contains at least 0.5/0.6 of effective substance Ecstasy/MDMA 4 tablets/capsules or 1.2g of powder/crystal, if it contains at least 0.34/0.4g of effective substance	Possession of any drug for personal use, Cultivation of cannabis only.	Confiscation of drug, Fine of up to 15,000 CZK.	Threshold for determining decriminalized activity is determined by police.
Estonia[62]	2002	Small quantity of a prohibited drug, which is considered to be 10 times a single dose generally consumed by a person who uses drugs	Possession of any drug for personal use.	Confiscation of drug, Fine (of up to EUR 1,200), or administrative detention of up to 30 days. Alternatively, participation in social programmes including voluntary referral to social services, is a means to fulfill the fine.	Threshold for determining decriminalized activity is determined by police.

Jurisdiction	Date	Thresholds	Directives	Sanctions/penalties	Enforcement
Germany[62]	1992	Cannabis (herbal) 6-15g Cocaine 1-3g Ecstasy/MDMA 5g	Possession of any drug for personal use.	None.	Threshold for determining decriminalized activity is determined by police.
Italy[62]	1990	Small quantity of a prohibited drug. A distinction is made between 'less dangerous drugs' in Schedules II and IV, and more dangerous drugs in Schedules I and II.	Possession of any drug for personal use, Cultivation of cannabis only, Social supply of cannabis only.	Confiscation of drug, Warning, Fine, Suspension of driver's license or other privileges, Voluntary referral to treatment.	Threshold for determining decriminalized activity is determined by police.
Kyrgyzstan[62]	2019	Heroin 1g Cannabis (resin) 3g Cannabis oil 2g Coca 15g Cocaine (powder) 0.03g MDMA, MDA or analogues 1.5g	Possession of any drug for personal use.	Fine (30,000 - 50,000 soms which is equivalent to roughly USD 360 - 725), Compulsory treatment, Referral to an educational course, Restrictions to freedom of movement (between 3-6 months) under the surveillance of 'probation' authorities. Additional sanctions can include: restrictions to meet certain individuals, mandatory treatment, mandates to compensate 'injured parties', and compulsory attendance to 're-socialisation programmes'.	Threshold for determining decriminalized activity is determined by the judiciary.

Jurisdiction	Date	Thresholds	Directives	Sanctions/penalties	Enforcement
Mexico[62]	2009	Heroin 50mg Cannabis 5g Cocaine 0.5g Ecstasy/MDMA 40mg (powder) or 200mg (pill or tablet) Opium 2g	Possession of any drug for personal use, Cultivation of cannabis only.	Voluntary referral to treatment, which is mandatory on the 3rd occasion of getting caught in possession.	Threshold for determining decriminalized activity is determined by police, prosecutors and/or the judiciary.
Paraguay[62]	1988	Cannabis 10g Cocaine 2g Heroin 2g	Possession of any drug for personal use.	None. Compulsory treatment can be applied by the courts if a person has been 'proven' to be dependent on drugs.	Threshold for determining decriminalized activity is determined by the judiciary.
Peru[62]	1991	Cannabis 8g Cannabis derivatives 2g Cocaine (base paste) 5g Cocaine (powder) 2g Opium 'latex' 1g Opium derivatives 0.2g MDMA, MDA or analogues 0.25g	Possession of any drug for personal use.	None.	Threshold for determining decriminalized activity is determined by the police.
Poland[62]	2011	Small quantity of a prohibited drug, excluding new psychoactive substances.	Possession of any drug for personal use.	Confiscation, Fine, Referral to education course, Voluntary referral to treatment.	Prosecutors decide on whether possession is for personal use; taking into account the quantity,

Jurisdiction	Date	Thresholds	Directives	Sanctions/penalties	Enforcement
					circumstance, and whether social harm was done.
Portugal[62]	2001	Cannabis (herbal 25g, resin 5g, oil 2.5g) THC 5g Ecstasy/MDMA 1g Heroin 1g Cocaine 2g	Police decide on whether possession is for personal use via binding thresholds, equating to 10 days-worth of drugs for personal use (average use).	Confiscation of drugs, Suspension of proceedings, Fine, Seizure of documents (e.g. driving license, passport), Referral to education course, Voluntary referral to treatment, harm reduction services and/or social services.	Threshold for determining decriminalized activity is determined by police.
Russian Federation[62]	2004	Cannabis (herbal) 6g Cannabis (resin) 2g Heroin 0.5g Ecstasy/MDMA 0.3g	Possession of any drug.	Voluntary referral to treatment, Suspension of proceedings, Fine (of up to 5000 roubles), Administrative detention up to 15 days (which is equivalent to imprisonment). Those who are caught in possession of drugs above the threshold can face up to 3-10 years in prison, depending on the amount seized.	Threshold for determining decriminalized activity is determined by the police.
Slovenia[62]	1999	Small quantity of a prohibited drug.	Possession of any drug.	Possession for personal use does not warrant any sanctions. Confiscation, Fine (between EUR 42 and EUR 209), Voluntary referral to treatment, harm reduction and social services.	Threshold for determining decriminalized activity is determined by the judiciary.

Jurisdiction	Date	Thresholds	Directives	Sanctions/penalties	Enforcement
Spain[62]	1983	Cannabis (herbal) 100g Ecstasy/MDMA 2.4g Heroin 3g Cocaine 7.5g	Possession of any drug for personal use, cultivation of cannabis only, and social supply of any drug.	Public use and/or possession are subject to an administrative fine (EUR 601 to 30,000 and seizure of documents), which can be waived for minors (i.e. attend treatment, rehabilitation or counselling activities).	Threshold for determining decriminalized activity is determined by police.
United States: State of Oregon[62,63]	2021	Drug: small amount; large amount (see associated directives in "directives/details") LSD: <40 units; ≥40 units. Psilocybin and Psilocin: <12g; ≥12g. Methadone: <40 units; ≥40 units. Oxycodone: <40 pills, tablets, or capsules; ≥40 pills, tablets, or capsules. Heroin: <1g; ≥1g. MDMA/Ecstasy, MDA, MDEA/Eve: <1g or <5 pills, tablets or capsules; ≥1g or ≥5 pills, tablets or capsules. Cocaine: <2g; ≥2g. Methamphetamine: <2g; ≥2g.	For possession of small amounts of controlled substances, the penalty is reduced from criminal misdemeanor to a new, Class E violation. For possession of large amounts, the criminal penalty is reduced from felony level to a Class A misdemeanor. Measure 110 also established a grant program to create Addiction Recovery Centers with specific required services to address acute and ongoing needs of people who use drugs.	A Class E violation is punishable by a $100 fine. In lieu of the fine, a person may instead complete a health assessment at an Addiction Recovery Center. A Class A misdemeanor is punishable by up to 364 days of imprisonment and a fine of up to $6,250. Measure 110 also removes penalty enhancements for possession of smaller amounts of controlled substances where the individual has a previous felony conviction or multiple previous convictions for possession.	Threshold for determining decriminalized activity is determined by police. The Secretary of State is required to conduct financial and performance audits on the use of funds (i.e., grant program).

Jurisdiction	Date	Thresholds	Directives	Sanctions/penalties	Enforcement
Uruguay[62]	1974 (updated 1998)	All substances	Possession of any drug for personal use, Cultivation of cannabis only.	None	Threshold for
De facto decriminalization frameworks					
Australia: Western Australia[40,41]	2004 (revised 2015)	Non-cannabis drugs, but includes cannabis resin, oils and synthetic cannabinoids. Possession of less than 25% of deemed weight for possession with intent: 0.5g for heroin, methamphetamine and cocaine. Eligibility: Adult No prior drug offences (excluding cannabis intervention requirement [CIR]) No prior ODIR No convictions for violent or other serious specified offences	A police officer may give an Other Drug Intervention Requirement (ODIR) to a person believed to have committed a simple drug offence in relation to a drug other than cannabis (but including cannabis resin, oils and synthetic cannabinoids).	Prosecution may be avoided by completing three Other Drug Intervention Sessions (ODIS) within 42 days. The 90-minute sessions aim to inform participants about drug-related laws, adverse health and social consequences of drug use and effective strategies to address drug use.	This is a non-legislative police diversion program. Threshold for determining decriminalized activity is determined by police. Can be used by an individual one time only.

Jurisdiction	Date	Thresholds	Directives	Sanctions/penalties	Enforcement
Netherlands[39]	1976	Possession, cultivation and regulated sale: Cannabis 5g or 5 plants Possession: All other drugs 0.5g	Possession of any drug for personal use, Cultivation and regulated sale of cannabis only.	None	Threshold for determining decriminalized activity is determined by police.
New Zealand Alcohol and Other Drug Treatment (AODT) Court[43]	2012 (Pilot); 2019 (Made permanent)	Eligibility: Be 17 years or older Be a New Zealand citizen or permanent resident Be likely to have an alcohol and/or other drug substance use disorder (active addiction for alcohol and/or other drug use) that is driving their offending Not appear to have a serious medical or serious mental health condition that would prevent meaningful participation Have resolved all active charges or is currently in the process of doing so Have a ROC*ROI (Risk of Re-conviction x Risk of Re-imprisonment) score which is considered generally within the range of 0.5 – up to, but	For individuals whose criminal offending is driven by alcohol and/or drug substance use disorders, the AODT Court involves intensive therapeutic interventions as an alternative to imprisonment. A maximum of 50 participants is allotted to each Court per year. Participation in the program is voluntary and may take between 1-2 years to complete.	Participants who do not comply with the requirements of the program or those who choose to withdraw will proceed for sentencing following the standard District Court processes.	The judiciary, Ministry of Justice, Ministry of Health, Department of Corrections and New Zealand Police work in collaboration to formulate and support a customized treatment program for each participant. During the program, sentencing is deferred and progress is documented by means of regular Court appearances every 2-4 weeks. Upon successful completion, participants are sentenced to a community-based, rather than custodial, sentence. Probation

Jurisdiction	Date	Thresholds	Directives	Sanctions/penalties	Enforcement
		not including, 0.9 (exceptions to this include where the defendant is being charged with their third or subsequent drunk driving offence in the aggravated form – these defendants can still be considered) Be willing to take part in the AODT Court and able to attend program sessions, which could include residential treatment, and attend AOD testing, and other requirements			officers continue to ensure compliance with sentence conditions as prescribed by the Judge.

Appendix C: Decriminalization Plans and Position Statements

Table C1. Summary of plans, statements and positions on decriminalization from international associations, organizations and governments

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
Canada Health Canada Expert Task Force on Substance Use[10,64] 2021	End criminal penalties for simple possession and end all coercive measures related to simple possession and consumption. Thresholds for simple possession should be based on presumption of innocence, and thresholds should be set high enough to account for purchasing and consumption habits of all people who use drugs. Criminal records from previous offenses related to simple possession should be fully expunged.	The Task Force found that criminalization of simple possession causes harms to Canadians and needs to end. The Task Force focused on addressing five core issues with their recommendations: Stigma Disproportionate harms to populations experiencing structural inequity Harms from the illegal drug market Financial burden on the health and criminal justice systems Unaddressed underlying conditions	In addition to recommending an end to criminal penalties and coercive measures for simple possession and consumption of substances, the Task Force recommended that all substances - including substances currently under the CDSA, tobacco, cannabis, and alcohol - be integrated under a single public health framework of legally regulated substances.	Implementation considerations include: Significant investments for a full spectrum of supports for people who use substances or who are in recovery; A more comprehensive system to gather, use and disseminate evidence relate to substance use should be implemented; and the creation of a new committee to facilitate people with lived and living experience of substance use to provide advice related to the implementation of

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
				new policies and support systems.
Canada Alliance for Healthier Communities[65] 2019	The Alliance calls for Canada's federal government to decriminalize activities related to person drug use; advancement of safe and regulated drug supply; support and funding community-led organizations to implement life-saving services; and anti-stigma and anti-discrimination education.	Current drug laws and policies are based on racist and discriminatory assumptions about people who use drugs which contributes to poverty, homelessness, incarceration, trauma and death. Criminalization has not led to reduced drug use, and has caused harm to vulnerable populations through insufficient harm reduction programs, barriers to services, stigma, criminal records, forcing drug activities to occur in unsafe spaces, increasing risk of contaminated drugs, and unnecessarily overloading jails, courts and the justice system.	Decriminalize the personal possession and use of all drugs.	The Alliance is committed to: Be a reasoned source of information on the decriminalization of drugs and safe supply. Support calls for the decriminalization of possession of illicit drugs for personal use.
Canada Canadian Association of Chiefs of Police (CACP): Special Purpose Committee on the Decriminalization of Illicit Drugs[17,48]	The Committee recommends the CACP advocate for a national task force to be created to research Canadian drug policy reform. Specifically, reform to the *Controlled Drugs and Substances Act* section related to simple possession, and to recommend alternatives to criminal sanctions that promote a health-based diversionary approach. The Ontario Association of Chiefs of Police (OACP) released a statement of	CACP recognizes substance use as a public health issue. Evidence suggests, and numerous Canadian health leaders' support, decriminalization for simple possession as an effective way to reduce the public health and public safety harms associated with substance use. Evidence from around the world suggests our current criminal justice system approach to substance use could be enhanced using health care diversion approaches proven to be effective.	Not reported.	Recommendations emphasize the need for increased community capacity and resources to support the availability and integration of health, social programs and enforcement required for effective diversion. Specific monitoring plan not described.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
2020	support for this CACP Report in 2020.[45] A 2021 rapid review was submitted to the Saskatoon Board of Police Commissioners also supporting decriminalization.[63]			
Canada Canadian HIV/AIDS Legal Network; Canadian Drug Policy Coalition; Pivot Legal Society; and numerous additional national and international agencies[66,67] 2020	This letter to Canada's Minister of Health, Minister of Public Safety and Emergency Preparedness and Minister of Justice and Attorney General of Canada asks for the immediate decriminalization of simple drug possession in Canada by issuing a federal exemption to all people in Canada from section 4(1) of the *CDSA.*	Concurrent crises are occurring in Canada, the overdose crisis and he COVID-19 pandemic. Criminalizing simple drug possession does not protect public health or safety, and has not reduced substance use. Criminalization is also associated with harms by increasing stigma, creating barrier to services, and most recently increasing the risk of exposure to COVID-19. In 2016, Canada declared drug use as a public health rather than criminal justice issue, yet it remains criminalized.	Exemption from section 4(1) of the *CDSA*: criminal prohibition on simple possession of controlled substances.	Not reported.
Canada Canadian Association of Social Workers (CASW) [44,45]	CASW's position is strongly in support of the CACP recommendation to the Government of Canada to decriminalize simple possession of illegal drugs.	Substance use is a public health issue, and the opioid crisis is heightened by the COVID-19 pandemic. Criminalization does not reduce substance use, and it worsens health outcomes. The opioid crisis needs to be approached with principles of social justice and human rights, equitable access to	Not reported.	Not reported.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
2020	CASW also encourages the Government of Canada to uphold its commitment to eliminate mandatory minimums specific to drug-related charges in order to adopt harm reduction and public health approaches.	evidence-informed treatment, and ways to address underlying determinants of health. Mandatory minimum sentences for drug-related charges have not reduced crime or worked to rehabilitate people who use drugs, disproportionately impact Indigenous people in Canada and contradict recommendations of the Truth and Reconciliation Commission.		
Canada Canadian Society of Addiction Medicine[68] 2020	This policy statement calls for the decriminalization of drug possession for personal use. This statement specifically cites the CAPC, BC Provincial Health Officer, Toronto Board of Health, CAMH and WHO as other agencies who recently also called for decriminalization.	Substance use is a health issue requiring evidence-based treatment and support from harm reduction services, and is not appropriate to be addressed by the criminal justice system. Criminalization of substance use disproportionately harms racialized and marginalized populations through incarceration, overdose deaths, and lack of access to health services.	Not reported.	Decriminalization must be combined with other health services including harm reduction services and recovery-oriented systems, and efforts to address social determinants of health that influence substance use.
Canada Families for Addiction Recovery[69] 2021	This letter calls on the federal government to: Decriminalize possession of all drug for personal use Scale up prevention, harm reduction and treatment services Grant exemption from section 4(1) of the *Controlled Drugs and Substances*	This letter lists four key reasons to decriminalize: Substance use is not inherently criminal behaviour. The vast majority of people can use legal, illegal and prescribed substances without developing a problem.	All drugs, amounts not reported.	Not reported.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
	Act to decriminalize possession of controlled substance for personal use for all people in the City of Toronto.	Criminalization is not preventing Canadians, especially our youth and young adults, from using illegal substances. Criminalization maximizes harms to those who use illegal substances.		
British Columbia City of Vancouver[14,55] 2021	In May 2021, a request was submitted to Health Canada for an exemption from the *Controlled Drugs and Substances Act* to facilitate the decriminalization of simple possession of illicit drugs in Vancouver. If granted, this exemption would mean that people found in possession of controlled substances under a certain threshold amount within municipal boundaries would not be subject to criminal sanctions. Instead, people would be offered to voluntarily be connected with services, and their substances for personal use and paraphernalia would not be confiscated. The proposed Vancouver Model is based on three main components: Personal use threshold. A voluntary referral system to services: Voluntary referrals will be made to Vancouver Coastal Health's	Decriminalization is part of a comprehensive effort to responding to the overdose crisis, which resulted in more than 1,500 deaths in Vancouver over the last five years.	Proposed thresholds for decriminalized possession of illicit drugs: Opioids*: 2g Cocaine: 3g Crack Cocaine 10 rocks** (1g) Amphetamine: 1.5g MDMA: 2g LSD: 30 units Psilocybin Mushrooms: 20g Ketamine: 3g GHB: 5g *includes heroin, fentanyl, and	Evaluation is emphasized as an important component of the implementation of decriminalization in Vancouver. A well-funded, mixed-methods evaluation will be important to assess benefits and unintended outcomes of decriminalization, allowing adjustment to the approach as needed. Evaluation should involve health economists, criminologists, addiction and substance use epidemiologists, clinician-scientists, qualitative and community ethnographic

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
	Overdose Outreach Team (OOT) at the scene. Frontline decision-making.		other powder street opioids ** 1 rock = 0.1g	researchers, and people who use drugs.
British Columbia/ Canada Canadian Drug Policy Coalition, and multiple additional public health agencies.[59] 2021	This letter calls on the City of Vancouver and Health Canada to address three main concerns related to its application to decriminalize simple drug possession: Calls for more meaningful and equitable engagement with people who use drugs in the design and planning of decriminalization. Calls for the City and Health Canada to amend the proposed drug amount thresholds which are currently too low, after consultation with people who use drugs. Calls for the City to remove police services' input into the submission, and for Health Canada to stop insisting on police involvement.	Decriminalization in BC will be the first in Canada, and will likely become a precedent for other jurisdictions. There is concern that an ill-conceived or poorly implemented policy can create a meaningless or even harmful situation (e.g., current proposed thresholds undermine the potential benefits of decriminalization). Insufficient processes and mechanisms at the outset will not help people who use drugs, and may create a pattern that other jurisdictions will follow or have imposed on them. The proposed model does not adequately address the intergenerational and disproportionate harms caused by criminalization for Indigenous people and people of colour. It also excludes young people under age 19 from the benefits of decriminalization.	The letter calls for the amendment of thresholds proposed by the City as the proposed thresholds are too low, set a dangerous precedent, and were decided without the input of people who use drugs.	Not reported.
British Columbia British Columbia Centre on Substance Use (BCCSU)[70,71]	The BCCSU is fully supportive of the call for decriminalization of people who use drugs. They also strongly believe any approach to decriminalization requires input from the lived experiences of people who	Refers to the 2019 Provincial Health Officer's Special Report (below) as evidence of the harm caused by the "war on drugs" approach, and the necessity of a public health approach to substance use which promotes health and equity.	Not reported, though it is noted that examination of proposed thresholds should invite input of people with lived	Emphasizes decriminalization must be accompanied by investment in an evidence based substance use system of care.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
2020, 2021	use drugs along with the best scientific evidence.		experiences using drugs.	
British Columbia British Columbia Provincial Health Officer's Special Report[72] 2019	The Provincial Health Officer of BC recommended an urgent decriminalization of people who possess controlled substances for personal use. Ideally, the Canada's *Controlled Drugs and Substances Act* would be changed to decriminalize simple possession offences. In the absence of federal legislative change, options at the BC provincial level: Amend provincial policing *policy*: set broad priorities with respect to people who use drugs including linking to health services and administrative rather than criminal charges for possession of set amounts of controlled substances. Amend provincial policing *regulation*: restrict members of the police force form expending resources on enforcement of simple possessions offences.	This Special Report written under the authority of the *Public Health Act* provides an urgent recommendation to reduce the harms associated with the toxic street drug supply and the criminalization of people who use drugs in BC. This is following illegal-drug-related overdose deaths being declared a public health emergency in 2016 in BC, and minimal success in mitigating the continued rise in overdose deaths. Decriminalization is evidence-based and effective when complemented by other harm reduction, prevention, enforcement, social support and treatment measures.	Not reported.	Continue to scale up evidence-based supports (including opioid-assisted therapy, overdose prevention sites, supervised consumption services, distribution of naloxone, treatment, provision of pharmaceutical alternative to street drugs, and other health services) to improve the health and safety of people who use controlled drugs. No specific decriminalization monitoring plan reported.
British Columbia First Nations Health Authority	FNHA's policy statement supports conversations on the decriminalization of people who use substance, and will	Prohibition of drugs has not prevented harms related to substance use, and contributes to a considerable amount of	Not reported.	Not reported.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
(FNHA): Policy on Harm Reduction[73] 2020	engage with First Nations communities and health system partners to ensure decriminalization policy development involves and responds to the needs and preferences of First Nations people.	First Nations people being over-represented in the prison system.		
British Columbia Nurses and Nurse Practitioners of British Columbia (NNPBC)[47] 2021	NNPBC supports the decriminalization of drugs for personal use and fully endorses the province's request for a federal exemption to decriminalize personal possession of drugs in BC.	NNPBC notes the criminalization of drug use significantly contributes to risk of overdose. Also, it has been five years since BC declared the overdose crisis as a public health emergency, and more than 7000 lives have been lost to overdoses. Decriminalization allows an opportunity to stop punishing people who use substances, and rather promote health and well-being, and values in line with a just and equitable society.	Not reported.	Not reported.
Ontario City of Toronto/Toronto Public Health[15,74,75] 2021	In November 2021, the Toronto Board of Health voted to request the federal government to decriminalize the possession of small amounts of illegal drugs in the city to help tackle the worsening opioid overdose crisis. In January 2022, the Toronto Board of Health submitted the exemption request. Toronto Public Health's recommendations include:	To improve the overall health outcomes of people who use drugs, their families, and communities, decriminalization must be accompanied by new provincial and federal investments and improved access to safer supply programs, harm reduction, and treatment services. As a result, the Board of Health report also includes recommendations for all levels of government to immediately scale-up critical life-saving programs, including evidence-	Decriminalize the personal possession and use of all drugs.	The initial evaluation framework assesses processes and outcomes, with the first phase focusing on evaluating the impacts of the decriminalization of possession of drugs for personal use on law enforcement and

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
	Increased federal and provincial investments in critical health and social supports including, prevention, harm reduction and treatment services A national framework to decriminalize the simple possession of all drugs for personal use An approach towards decriminalization within the city's boundaries, while keeping illegal and maintaining legal penalties associated with drug trafficking, such as production and sale. The exemption model includes two components: The design of the decriminalization approach intended to operate city-wide, apply to all drugs, determine limits based on community use, ensure timely access to services, reduce demand on law enforcement and court services, and eliminate penalties A health and social equity pathway to address the needs of people at high-risk of drug-related harms	based treatment and supervised consumption services.		criminal justice engagement.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
Ontario Centre for Addiction and Mental Health (CAMH)[49] 2021	CAMH supports the recommendations of Health Canada's Expert Task Force on Substance Use related to decriminalization, and offers additional considerations: Implement decriminalization of all drugs nationwide. Do not replace criminal sanctions with administrative ones. Design possession thresholds carefully to effectively prevent criminalization. Work with provinces to scale up treatment and harm reduction services. Replace unregulated toxic drug supply. Meaningfully include people who use drugs in the development of all drug policy reform measures.	Criminalization is not effective to address substance use, and has created disproportionate social and health harms for racialized people and communities. Administrative sanctions are likely to be inequitably applied in practice and should not be implemented. The historic and ongoing over-policing and over-incarceration of Black and Indigenous people and communities must be addressed, as well as the recommendations of the Truth and Reconciliation Committee.	All drugs, amounts not reported.	A key consideration related to decriminalization in Canada is to ensure an evaluation plan is in place in advance, and ongoing monitoring and evaluation of the social and health impacts of decriminalization takes place.
Ontario Registered Nurses' Association of Ontario (RNAO)[46] 2021	A resolution passed in 2021 which states the RNAO advocates that municipal, provincial and federal governments take action to decriminalize the possession of drugs for personal use.	Advocate for decriminalization to reduce the harms of the opioid crisis.	Not reported.	Not reported.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
Ontario Ontario's Big City Mayors (OBCM)[76] 2020	Various recommendations are proposed to support and complement Ontario's Roadmap to Wellness plan, including: Work with OBCM and the federal government to decriminalize more controlled substances to better protect people struggling with substance use, reduce societal trauma associated with deaths, and take profits away from criminal syndicates.	Addiction and opioid poisonings are continuing to rise in Ontario, and there remain significant gaps in services available to people in need of mental health and addiction support. In general, the OBCM support legislative and regulatory changes that reduce the harm of substance use and support system change.	Not reported.	Not reported.
United States: California Legislative process (on hold until 2022)[54]	Amendments to *Senate Bill 519* are proposed which would allow the possession, personal use, facilitated or supported use, or prescription by a physician, pharmacist, or other authorized healing arts licensee, of select hallucinogenic substances. Amended *Senate Bill 519* would remove criminal penalties for people age 21 or older, given possession/use is not on schools grounds or being shared with anyone under age 21. Those with prior criminal offenses for possession and use would have also have their records expunged.	This Bill works towards ending the war on drugs, taking a health and science-based approach to drug use, and moving away from criminalization of drugs. Additionally, it will improve the opportunity to use select substances therapeutically, such as for people who suffer from PTSD.	Psilocybin, psilocyn, dimethyltryptamine (DMT), ibogaine, mescaline, lysergic acid diethylamide (LSD), and MDMA. Allowable amount means 4g per person or, in the context of facilitated or supported use involving multiple persons, the aggregate of	It is proposed that decriminalization will allow scientific institutions to develop studies around the use to hallucinogenic substances to better understand their benefits, safety and risks.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
			allowable amounts per participant.	
United States Drug Policy Alliance, Summary of the Drug Policy Reform Act[51] 2021	The Drug Policy Reform Act is a framework proposed by the Drug Policy Alliance. It calls for: Elimination of criminal penalties for personal use possession of all drugs. Elimination of the possibility for states and localities to maintain criminalization. Establishment of a Commission on Substance Use and Safety to determine amounts for personal possession, which must include members: who currently use drugs; who lived or live with a substance use disorder; of communities disproportionately impacted by arrest, prosecution or sentencing for drug offences; who represents the needs and concerns of Indigenous communities; and from numerous other health and social services providers. Expungement and sealing of previous drug offence records. Investment of funds to promote health and safety; and to increased	The US and Congress should shift to a health-focused and evidence-based approach to drug policy.	All drugs, amounts not reported.	Not reported.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
	education and research related to substance use and impacts of criminalization.			
United States Black Lives Matter[50] No date	Decriminalization would ensure people who use, possess or sell drugs are not punished with arrest, detention or conviction. Decriminalization also eliminates the need for police to enforce drug laws, and replaced with more effective approaches to address addiction, including safe supply, stigma-free healthcare services, and safer injection and inhalation sites. Drug offenders should be retroactively pardoned.	Drug laws have consistently criminalized Black, Indigenous and poor communities, and led to racial profiling and disproportionate incarceration of people from these communities. Research has shown drug-related incarcerations does little to impact whether people continue to use drugs.	Not reported.	Not reported.
Australia Drug Policy Australia[77] 2017	Submission to the Victoria Parliament Law Reform, Road and Community Safety Committee calls for: Immediately legalise the possession and use of cannabis, and allow home cultivation. Consider legalizing MDMA, making it available by prescription and dispensed by pharmacies. Consider the decriminalization all illicit drugs and enhance the capacity of the public health system.	Without drug decriminalisation, individual users and their families will continue to suffer. Overburdened law enforcement operations will remain impotent against a very buoyant market. Organised crime will continue to thrive and the taxpayer will continue to fund ineffective and feeble weapons in a war on drugs which has already been lost. Drug Policy Australia believes that drug policy and regulation should be driven by an overarching “ethics of effectiveness” and	Not reported.	Not reported.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
		underwritten by objective, scientifically-proven health management principles.		
Australia: Western Australia Select Committee into Alternate Approaches to Reducing Illicit Drug Use and its Effects on the Community.[40,41] 2019	The Committee reviewed Australian and international approaches to reduce drug-related harm and recommendations related to decriminalization include: Drug use be treated primarily as a health issue. Criminal penalties for the use and possession of drugs for personal use be replaced with administrative penalties.	The recommended way forward means accepting several facts: Some people will always use drugs, regardless of the legal frameworks in place. Not everyone who uses drugs does so in a harmful way. For those people addicted to drugs, complete abstinence will not always be a realistic goal. Removing criminal penalties for drug use and possession for personal use is unlikely to significantly impact drug use, but it will decrease drug-related harm.	In reviewing the *Misuse of Drugs Act 1981*, recommend the Western Australia Police Force consult the Mental Health Commission and examine contemporary evidence to review the current threshold limits giving rise to intent to supply.	Evaluation is recommended every two years.
Australia: New South Wales Possession and Use of drugs: Options for changing the law[78,79]	This discussion paper reviews options for drug policy reform in NSW. Recommends a comprehensive decriminalization model which: Applies to all drugs. Does not apply civil sanctions. Removes eligibility criteria. Utilizes a combination of alternatives to sanctions, including taking no	Various decriminalization policies in place in Australia are limited in some cases by application only to cannabis and retaining criminal sanctions for other drugs, complex eligibility criteria, and inconsistent use by police among different populations. A health and wellbeing response is needed to address the social and health problems associated with the use of “harder” drugs like methamphetamine and opioids.	All drugs, amounts not reported.	In December 2020, the government decided not to move forward with this particular framework for decriminalizing drugs.[78]

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
2020	action and/or referral to education or treatment. Abolishes threshold quantities in a staged approach. Opposes drug possession/ use being an aggravating factor in other crimes.	The prosecution of those who seek to profit from the large-scale trafficking of illicit drugs is supported, and decriminalization would free up policing resources to do so in a manner that does not rely only on thresholds to determine intent to traffic and instead requires more comprehensive investigation.		
Australia Drug Policy Modelling Program, NDARC, UNSW Australia[80] 2017	This briefing note reports several options to improve decriminalization in Australia, including: Adoption of de jure decriminalisation for cannabis in all jurisdictions. Adoption of de jure decriminalisation for drugs other than cannabis. Amendment of de jure decriminalisation to remove criminal sanctions for noncompliance. Amendment of de facto decriminalisation by removing strict eligibility requirements. Amendment of de facto decriminalisation to remove criminal sanctions for noncompliance.	Decriminalization does not mean legalization. There is strong public support for decriminalization. Research evidence has shown health, social and economic benefits of decriminalization. Current decriminalization policies are mixed and inconsistent across Australia.	All illicit substance, amounts not reported.	Not reported.
New Zealand	Replace criminal sanctions for the possession for personal use of controlled drugs with civil responses (e.g., a fine, a referral to a drug	Criminalization of drugs has failed to decrease drug use or drug related harms, and has contributed to social harms including gang involvement, prison	Not reported.	Not reported.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
Government inquiry into mental health and addiction[42] 2018	awareness session run by a public health body or a referral to drug treatment). Support the replacement of criminal sanctions for the possession for personal use of controlled drugs with a full range of treatment and detox services. Establish clear cross-sector leadership and coordination within central government for policy in relation to alcohol and other drugs.	overcrowding, unemployment and family separation. It also creates barriers to people who use drugs seeking support and treatment. New Zealand's current National Drug Policy is based on harm minimisation, but this needs to be extended given it is still underpinned by the criminalization of drug use.		
United Kingdom Director of Public Health for Portsmouth and Southampton Annual Report[81] 2019	This report includes several key recommendations related to substance use, the first being: Decriminalize possession of drugs and investigate models of drug regulation. Other recommendations refer to increasing resources dedicated to drug treatment services, other interventions to reduce drug-related harm, social services and mental health services. It is also recommended to ensure the Department for Health oversees future drug strategies with harm reduction as a key principle.	Enforcing current drug policy is expensive and is likely exacerbating and causing more harm than it is preventing. Decriminalizing will reduce spending on current efforts that are not effective at reducing drug use, drug related harms and wider social harms. Over recent years the amount of people using drugs has not dramatically increased, but drug related mortality has significantly increased, indicating current policies are not effective. Enforcement of drug laws is variable, impacting racialized communities to a greater extent. Overall, need to shift to helping rather than punishing people who use drugs.	Not reported.	Not reported.
Scotland	This press release reports the Scottish National Party unanimously passed a	Criminalization of drugs has led to unnecessary harm to people who use drugs	Not reported.	Not reported.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
Scottish Drugs Forum[52] 2019	resolution labelling current drug control legislation as "not fit for purpose". The Party supports decriminalizing the possession of all drugs. Possible administrative sanctions could be a find, suspension of driving or firearms license or a simple warning.	and others, stigma, barriers to seeking support, negative health harms and further marginalization of vulnerable people. Decriminalization aims to improve relations with police and allow police resources to focus on other public concerns.		
International Global Commission on Drug Policy[82,83] 2019	Since its establishment, the Global Commission on Drug Policy has been calling for the decriminalization of illegal drug consumption, as well as for alternatives to incarceration for low-level non-violent offenders. This position paper includes four main recommendations related to prison overcrowding and inadequate health care for people who use drugs: States must end all penalties – both criminal and civil – for the possession and cultivation of drugs for personal consumption. States must end disproportionate sentencing and punishment for drug-related offenses, and recognize that over-incarceration impacts negatively on public health and social cohesion. States must ensure primary health care is available and the right to health is applicable to all people on a	There is over-reliance on incarceration globally to address drug use, which negative impacts public health, social cohesion and other global development objectives. Many people who use drugs do so without causing any harm to other people, and criminalization of these people is harmful and undermines principles of human dignity. Incarceration disproportionately impacts people from poor and marginalized communities, and is associated with higher rates of morbidity and mortality, and higher vulnerability to infections and injuries.	Not reported.	Not reported.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
	non-discriminatory basis, including people detained against their will. Practices that violate human rights of people deprived of liberty must be forbidden, their perpetrators brought to justice, and compensation awarded to victims as provided for in human rights law.			
International United Nations Office on Drugs and Crime (UNODC) and United Nations Task Team on the Implementation of the UN System Common Position on Drug-related Matters[84] 2019	The UN system's position is committed to promote the decriminalization of drug possession for personal use support public health and administrative measures to address substance use. The principle of proportionality is promoted. The UN commits to addressing prison overcrowding and over incarceration of people accused of drug crimes. In general, it also calls for changes in laws, policies and practices that threaten the health and human rights of people.	Drug markets are increasing rapidly, and the opioid epidemic is ongoing. The Sustainable Development Goals 2030 Agenda aims to focus on dignity, health, and rights of people and the planet. Abusive, repressive and disproportionate drug control policies and laws are counterproductive and violate human rights, undercut public health and waste public resources. People who use drugs, especially women, face stigma, barriers to accessing health and social services (e.g., HIV testing and treatment), and may be pressured or forced to have their children separated from them. Policing practices related to drug use disproportionately targets vulnerable and marginalized populations, which may increase the risks of physical and mental health issues for people who use drugs.	Not reported.	It is noted that up-to-date, comprehensive and transparent data are essential to understand drug use, its impact on health and development, drug supply, the dynamics of drug markets, and to evaluate drug control efforts.
International	This report explores principles and practices for decriminalization, with a	Overall, governments should commit to legal and policy responses to drugs that are based on evidence and comply with the principles	If thresholds are prescribed, the quantity must be	Healthcare and community workers should play roles in

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
International Drug Policy Consortium; International HIV/AIDS Alliance; Asian Network of People who Use Drugs[85,86] 2016	focus on drug use in Asia. Recommendations include: Work towards the removal of criminal penalties and other punishment for drug use, possession of drug use equipment, and possession and cultivation of drugs for personal use. Develop processes to divert people who use drugs away from the criminal justice system and towards harm reduction, health and social services. Expand and strengthen harm reduction services and community-based drug treatment services.	of harm reduction, human rights and social inclusion. Governments should not endeavor to achieve a drug free society, and instead focus on enhancing public health, minimizing harms of substance use, and supporting the inclusion of vulnerable and marginalized people who use drugs.	realistic and based on evidence of patterns of use and patterns of purchasing, accounting for supply for a reasonable number of days. Thresholds should only be considered indicative, and criminal justice actors should retain discretion to use all available evidence beyond only drug quantity to make decisions and ensure people who use drugs are not mistakenly sentenced for drug supply offences.	the monitoring and evaluation of decriminalization and diversion programs.

Association/ Organization	Position/Recommendations	Purpose/Rationale	Type and amount proposed for decriminalization	Implementation/ Monitoring Plan
International Penal Reform International[87] 2016	This plan details how states can effectively and appropriately address substance use through a health and human-rights based approach rather than criminal justice. The first of ten key points is to decriminalize personal drug use, cultivation and possession. Alternatives to criminal sanctions include: Referrals to health and social services; Administrative sanctions (provided such sanctions are less severe punishment than those imposed under criminalization); or Removing all sanctions.	Decriminalization paired with harm reduction principles can support for people who use drugs to access health services without fear of stigma or criminal sanctions. Criminalization of drugs has primarily impacted the lowest levels of all parties involved in the illicit drug market such as drug couriers and people who use drugs, leading to increased drug-related violence, corruption, mass incarceration and prison overcrowding. In the meantime, those responsible for drug production and trafficking tend to evolve to evade law enforcement.	Not reported.	Not reported.

Appendix D: Decriminalization Outcome Measures

Table D1 lists all outcome measures that were used to examine effectiveness or impact decriminalization approaches across the 18 articles included in this review. We follow much of the categorization previously used in a systematic review.

Table D1. Outcomes measures used to examine effectiveness or impact of decriminalization in included articles

Outcome Measure	References
Use of decriminalized/legalized drug (e.g., prevalence/patterns, frequency, duration, and amount used in adults or youth)	20,23-27,30,31,34
Criminal justice involvement (e.g., arrests, convictions, criminal records, and probation and dismissal)	20,23,24,28,29,37
Costs (other)	20,21,23,24,32,37
Health service utilization (ED visits, hospitalization)	20,21,23-25
Prevalence or frequency of other drug use (including alcohol)	21,23,25,34,36
Overdose, poisoning, or mortality metrics of cannabis, or other drugs	20-23,28
Crime (non-drug)	20,21,23,24
Health policy changes and implications for care	20,24,28,30
Perceived harmfulness/consequences of drug use	23,30,34
Costs (health)	20,23,32
Observed rates of opioid and other drug prescribing or filling	22-24
Substance use treatment services utilization	21,23,28
Recidivism (police diversion program, drug treatment courts)	20,35,36
Price of drugs (e.g., opioids and cocaine)	20,23,33
Motor vehicle collisions and accidents (cannabis, other drugs/alcohol)	21,23
Driving with detectable concentrations of THC	21,23
Age of first use	23,31
Mode of use	20,28
HIV infections and mortality	20,28

Outcome Measure	References
Mental health conditions, suicide	21,23
Physical health complications and consequences	23,24
Opioid therapy compliance (pain)	23,24
Treatment completion (drug treatment court)	33,36
Self-satisfaction	34
Perceived availability of cannabis	23

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