

DRUG DECRIMINALIZATION IN BRITISH COLUMBIA: A QUALITATIVE STUDY WITH PEOPLE WHO USE DRUGS PHASE 2 RESEARCH REPORT

April 22, 2024

By: Becca Wood, Naomi Zakimi, Dr. Alissa Greer

Prepared for:

BC Centre for Disease Control and

BC Ministry of Mental Health and Addiction

Table of Contents

| | |
|--|----|
| Executive Summary..... | 3 |
| Project Overview and Research Methods | 5 |
| Study Findings..... | 9 |
| 1. DRUG POLICY | 9 |
| Awareness and knowledge of decriminalization..... | 9 |
| Information dissemination and education to PWUD | 11 |
| Information dissemination and education to the broader community..... | 11 |
| Attitudes towards decriminalization and other drug policies..... | 12 |
| 2. POLICING..... | 13 |
| Police interactions..... | 13 |
| Police interactions among ‘socially marginalized’ PWUD..... | 13 |
| <i>Drug seizures among ‘socially marginalized’ PWUD.....</i> | 14 |
| Police interactions from the perspective of ‘socially integrated’ PWUD | 16 |
| Kind and compassionate police interactions | 17 |
| Distrust and fear towards police..... | 18 |
| A sense of relief..... | 20 |
| 3. DRUG USE..... | 20 |
| Drug use and inclusions..... | 20 |
| Drug use purchasing..... | 21 |
| Using drugs away from public gaze and police attention | 22 |
| Views on public drug consumption legislation | 23 |
| The role of businesses and the public..... | 24 |
| 4. HEALTH PATHWAYS..... | 26 |
| Views towards the resource cards..... | 26 |
| Access to health and harm reduction services | 27 |
| Police presence near health and harm reduction services | 28 |
| Stigma in healthcare settings | 28 |
| Stigma as an ongoing barrier in health services..... | 28 |
| A sense of relief in healthcare settings..... | 30 |
| Changes to stigma in healthcare in the long-term | 31 |
| 5. STIGMA AND SOCIETAL ATTITUDES | 32 |
| Public attitudes | 32 |
| Internalized stigma..... | 33 |
| Shifting drug use stigma over the long-term | 35 |
| Communication with family and friends | 36 |

Acknowledgements

We respectfully acknowledge that Simon Fraser University, where this research took place, resides on the unceded traditional territories of the *xʷməθkwəy̓əm* (*Musqueam*), *Skwxwú7mesh* (Squamish), *səlilwətaʔt* (Tseil-Waututh), *qícəy* (Katzie), *kʷikwəłəm* (Kwikwetlem), *Qayqayt*, Kwantlen, Semiahmoo and Tsawwassen peoples.

The authors would like to thank the community advisory board, including those from PEEP, who advised on this study and assisted with the development of study protocols, recruitment of participants, and consultation with findings. We would also like to thank the participants who made time to talk to us about their experiences of policing and views towards drug decriminalization in BC. Also, to the Ministry of Mental Health and Addiction and BC Center for Disease Control for supporting this work and to Dr. Alexis Crabtree for reviewing and providing feedback on drafts of this report.

Funding for this project was provided by the BC Center for Disease Control.

Research Team:

Becca Wood, MA, Research Coordinator

Naomi Zakimi, MA, Research Coordinator

Alissa Greer, PhD, Assistant Professor, Principal Investigator

Contact Information:

Dr. Alissa Greer
School of Criminology
Simon Fraser University
8888 University Drive
Burnaby, BC
Alissa_greer@sfu.ca

Suggested citation:

Wood, B., Zakimi, N., Greer, A. (2024, April 22). Drug decriminalization in British Columbia: a qualitative study with people who use drugs. Phase 2 research report. Simon Fraser University. [Report]

Executive Summary

In this report, we present qualitative findings from interviews with people who use drugs (PWUD) on views, attitudes, and experiences of drug decriminalization in BC. From August 2023 to January 2024, we interviewed 78 PWUD, including PWUD who were 'socially marginalized' (n=38; 48.7%) and those who were relatively more 'socially integrated' (n=40; 51.3%). Specifically, we examined participants' understandings of and views towards drug decriminalization, their recent interactions with police, as well as recent experiences with healthcare and harm reduction services, with careful consideration of potential differences between subgroups based on social positioning. Below, we provide a brief summary of findings.

Drug Policy

- Although nearly all (n=77, 98.7%) PWUD in our study were *aware* of the existence of decriminalization in BC, knowledge on the specific details (e.g., 2.5-gram threshold). PWUD were aware that gaps in knowledge made them vulnerable to criminal penalties. Findings suggest that greater information sharing, through various means, may be needed to enhance the reach, consistency, and depth of knowledge about drug decriminalization in BC. (Page 10-12)
- Although we did not directly ask about the topic of the drug toxicity crisis, participants focused on this issue. Participants doubted the ability of decriminalization to address this issue and felt that other policy responses were needed. Participants emphasized 'safer supply' or regulation, particularly in light of the ever-evolving drug market. Views highlight that some PWUD may not understand the potential benefits of decriminalization, and that the main objectives (and potential successes) of decriminalization may need to be better communicated to PWUD to get 'buy in' or support. (Page 12-13)

Interactions with and attitudes towards law enforcement

- PWUDs' reports of past and recent experiences with police differed between the two subsamples. Reflections on their police interactions suggest that some PWUD may be afforded certain privileges that protect them from police contact, while others experience disadvantages that produce vulnerability to police contact. Specifically:
 - 'Socially marginalized' participants continued to experience negative police interactions and expressed ongoing fear and distrust towards police (and the application of the law) based on experiences and perceptions of police discrimination, harassment, and procedure.
 - 'Socially integrated' participants reported nearly no police interactions following decriminalization. They felt safeguarded by the privileges afforded by their housing and appearance where they could evade police detection. (Page 13-18)
- Instances of recent drug seizures (some under 2.5g) suggest that some drug seizures may be occurring 'off-the-record'. (Page 15-16)
- Although participants from both subsamples of PWUD felt that police interactions were unchanged (in different ways), participants from the entire sample expressed a sense of relief specifically from knowing they could not be charged for personal possession. (Page 20)

Drug use

- PWUDs' life circumstances, rather than the defined threshold limit, shaped their drug purchasing patterns. (Page 21-22)
- PWUD advocated for the decriminalization of (what they considered to be) recreational drug types (e.g., hallucinogenic mushrooms, LSD). Some participants were concerned about the risk of criminal penalties for benzodiazepines and drugs with unknown contents in the illicit drug market. (Page 21-22)

- PWUD believed that public consumption of drugs in view of children was inappropriate; however, they also expressed concerns that additional restrictions that penalize public drug consumption may disproportionately impact unhoused PWUD who have no choice but to use in public spaces. (Page 23-24)
- Participants believed that the public and businesses played an active role in policing by requesting a police response to their drug use and physical presence in public, which may convey stigma and be a mechanism of social exclusion. (Page 25)

Health Pathways

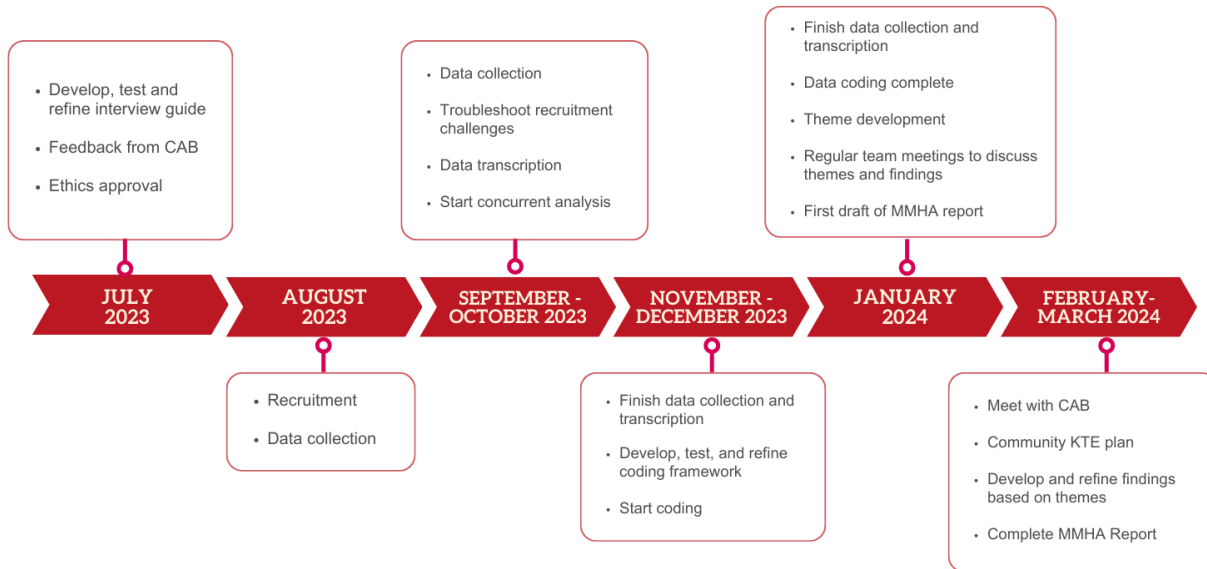
- No participants in our study received or saw resource cards distributed by police. Although some thought the resource cards could be beneficial and better than penalties, participants expressed concerns about the availability of services listed and the role of police officers. (Page 26-27)
- PWUD did not feel that decriminalization substantially impacted their access to health services or experiences of stigma in these settings. PWUD wanted to see other investments made in the health system and, in lieu of this, were not confident that decriminalization could achieve its intended aims. (Page 27-31)

Stigma and societal attitudes towards decriminalization

- PWUD in our study shared a variety of recent experiences (throughout the report) indicating that they still experience drug use stigma in society and internalized stigma. Experiences of stigma were characteristically different based on social positioning: 'Socially integrated' PWUDs' experiences were shaped by internalized and societal shame, fear of being 'outed', and fear of potential police contact (Page 31-34)
 - 'Socially marginalized' PWUD narratives heavily focused on societal stigma, fear of police due to previous negative experiences, and distrust of the law.
- Distinctly for 'socially integrated' participants, social benefits of decriminalization included greater job security, social inclusion, and social connections. (Page 32-36)
- Across the larger sample, participants discussed an increased willingness amongst themselves - as well as friends and family - to openly discuss drug use. (Page 35-36)
- Meaningful social change that alters deeply rooted stigma over the long-term may require additional strategies. (Page 34-35)

Project Overview and Research Methods

Study aim: The aim of the current qualitative study was to examine PWUDs' experiences and perceptions of decriminalization in BC immediately following its implementation (after January 31, 2023). The current report consists of Phase 2 (of 4) findings from data collected in August 2023 to January 2024. The timeline below shows the study progress. The project was granted research ethics approval by Simon Fraser University's Office of Research Ethics (#30001251).



Community advisement: As with Phase 1 of this project, the community advisory board for the current Phase included members of BC Centre for Disease Control's Professionals for the Ethical Engagement of Peers (PEEP). This network of people with lived and living experience of substance use consists of 1-2 representatives from all regional health authorities spanning BC who are also connected to various harm reduction services and networks.

Prior to collecting data, the research coordinator presented the aims of the current phase to PEEP and discussed what their role would entail. Six interested PEEP members committed to participating in the community advisory board (CAB) for the current phase. The CAB met with the research team intermittently during protocol development, data collection, and analysis to discuss recruitment, data collection materials, findings, and to gather feedback from the members. Each CAB member was paid \$30/hour for their time. This payment was in line with peer engagement best practices.¹

Study sample: The study sample consisted of PWUD from diverse socioeconomic backgrounds across BC. Inclusion criteria stated that participants must (a) be 18 years old or older, (b) self-identify as someone who has used illicit substances included in the decriminalization policy in the past six months,

¹ Greer, A.M., Newman, C., Burmeister, C., Burgess, H., Coll, M., Choisl, P., LeBlanc, B., Lacroix, K., Lampkin, H., Amlani, A., Pauly, B., & Buxton, J.A. (2017). Peer Engagement Principles and Best Practices: A Guide for BC Health Authorities and other Providers (version 2). Vancouver, BC: BC Centre for Disease Control. <https://towardtheheart.com/>

(c) have access to a telephone or Zoom, (d) be able to receive or have someone receive an e-transfer honorarium, and (e) have lived in BC for the past six months.

In addition to the above inclusion criteria, half of the sample was purposefully recruited with the following *additional* inclusion criteria: (a) have lived in stable, private/non-subsidized housing (rent or own/shared or alone) for the past six months, and (b) have had a part- or full-time job and/or been enrolled in college, technical school and/or university for the past six months. This purposeful sampling criteria ensured we captured the views of PWUD who did not experience socioeconomic marginalization (and who are typically not captured in research on PWUD).

As such, our sampling targeted two groups of PWUD to promote diversity of perspectives within the overarching sample: (a) PWUD who were relatively ‘*socially marginalized*’ (n=38) and (b) PWUD who were relatively ‘*socially integrated*’ (n=40), based on degree of housing and employment. Nevertheless, participants themselves regularly spoke about their own and other PWUDs’ socioeconomic positioning, and the impact of this positioning on various topics.

In this report, the findings are presented from the sample as a whole (n=78), with distinct findings highlighted when socioeconomic positioning (i.e., degree of marginalization) is meaningful. All quotes in the findings indicate the subsample and the location of each participant, using the following abbreviations:

| Characteristic | Abbreviation | Definition |
|---------------------------------------|--------------|--------------------------|
| Level of social integration | SI | Socially integrated |
| | SM | Socially marginalized |
| Location (health authority region) | IH | Interior Health |
| | FH | Fraser Health |
| | VCH | Vancouver Coastal Health |
| | ISLH | Island Health |
| | NH | Northern Health |

Recruitment: Participants were recruited by posting fliers in both online and offline spaces, e.g., personal and professional networks and social media. The CAB was critical for recruiting ‘socially marginalized’ PWUD. Interested individuals contacted the research coordinator who subsequently arranged an interview. After the interview, participants were encouraged to pass on study information to other PWUD (i.e., snowball sampling).

Consent and participation: Participants were given a consent form detailing the study purpose and participation details. After reviewing this information and prior to beginning the interview, participants provided verbal consent, acknowledging that their participation was voluntary and confidential. Following informed consent, the interviews were audio recorded and later transcribed verbatim. Each participant

received an honorarium to recognize the time to participate and as a way to thank them for contributing to the study.

| Sample Characteristics | 'Socially integrated' participants (n = 40) | 'Socially marginalized' participants (n = 38) | All Participants (n = 78) |
|---|---|---|---------------------------|
| Age | 18-55 (avg = 35) | 18-71 (avg = 42) | 18-71 (avg = 38) |
| Race/Ethnicity | | | |
| White | 28 (70.0%) | 27 (71.1%) | 55 (70.5%) |
| East Asian | 5 (12.5%) | 1 (2.6%) | 6 (7.7%) |
| Southeast Asian | 1 (2.5%) | 1 (2.6%) | 2 (2.6%) |
| Indigenous | 3 (7.5%) | 8 (21.1%) | 11 (14.1%) |
| Latin American | 1 (2.5%) | 0 (0.0%) | 1 (1.3%) |
| Black | 0 (5.0%) | 1 (2.6%) | 1 (1.3%) |
| No response | 1 (2.5%) | 1 (2.6%) | 2 (2.6%) |
| Gender | | | |
| Cisgender woman | 20 (50.0%) | 17 (44.8%) | 37 (47.4%) |
| Cisgender man | 17 (42.5%) | 20 (52.6%) | 37 (47.4%) |
| Gender expansive | 2 (5.0%) | 1 (2.6%) | 3 (3.8%) |
| No response | 1 (2.5%) | 0 (0.0%) | 1 (1.3%) |
| Living Situation | | | |
| Private residence, alone or with others | 40 (100%) | 14 (36.8%) | 54 (69.2%) |
| No regular place to stay | 0 (0.0%) | 13 (34.2%) | 13 (16.7%) |
| Other residence | 0 (0.0%) | 11 (28.9%) | 11 (14.1%) |
| Region | | | |
| Vancouver | 13 (32.5%) | 10 (26.3%) | 23 (29.5%) |
| Interior | 10 (25.0%) | 5 (13.2%) | 15 (19.2%) |
| Fraser | 9 (22.5%) | 4 (10.5%) | 13 (16.7%) |
| Island | 7 (17.5%) | 10 (26.3%) | 17 (21.8%) |
| Northern | 1 (2.5%) | 9 (23.7%) | 10 (12.8%) |
| Years Living in BC | | | |
| 16+ years | 22 (55.0%) | 25 (65.8%) | 47 (60.3%) |
| 6-15 years | 6 (15.0%) | 10 (26.3%) | 16 (20.5%) |
| 0-5 years | 12 (30.0%) | 2 (5.3%) | 14 (17.9%) |
| No response | 0 (0.0%) | 1 (2.6%) | 1 (1.3%) |
| Illicit drugs used | | | |
| Cocaine | 24 (60.0%) | 5 (13.2%) | 29 (37.2%) |
| MDMA | 23 (57.5%) | 3 (7.9%) | 26 (33.3%) |
| Crack cocaine | 8 (20.0%) | 6 (15.8%) | 14 (17.9%) |
| Methamphetamine | 6 (15.0%) | 19 (50.0%) | 25 (32.1%) |
| Heroin | 5 (12.5%) | 3 (7.9%) | 8 (10.3%) |
| Fentanyl | 3 (7.5%) | 19 (50%) | 22 (28.2%) |
| Other illicit drugs | 34 (85.0%) | 15 (39.5%) | 49 (62.8%) |
| Use of harm reduction services | | | |
| Never | 13 (32.5%) | 8 (21.1%) | 21 (26.9%) |
| Less than once a month | 19 (47.5%) | 3 (7.9%) | 22 (28.2%) |
| A few times a month | 3 (7.5%) | 5 (13.2%) | 8 (10.3%) |
| Once a week or more | 2 (5.0%) | 8 (21.0%) | 10 (12.8%) |
| Daily | 2 (5.0%) | 13 (34.2%) | 15 (19.2%) |
| No response | 1 (2.5%) | 1 (2.6%) | 2 (2.6%) |
| Personal yearly income | | | |
| \$0-\$19,000 | 4 (10.0%) | 25 (65.7%) | 29 (37.2%) |
| \$20,000 - \$39,999 | 14 (35.0%) | 10 (26.3%) | 24 (30.8%) |
| \$40,000-\$59,999 | 8 (20.0%) | 1 (2.6%) | 9 (11.5%) |
| \$60,000-\$79,000 | 7 (17.5%) | 0 (0.0%) | 7 (9.0%) |
| \$80,000-\$99,999 | 4 (10.0%) | 1 (2.6%) | 5 (6.4%) |
| \$100,000+ | 2 (5.0%) | 0 (0.0%) | 2 (2.6%) |
| No response | 0 (0.0%) | 1 (2.6%) | 1 (1.3%) |

Data collection: Interviews took place between August 2023 and January 2024. The interview guides were developed by reviewing past iterations of the project, discussing with stakeholders at MMHA and BCCDC, collaborating with the CAB, knowledge of previous research, and with the aims of the project and decriminalization in mind. Following the first few interviews, we discussed their content and the suitability of the interview guide to target key topics. As the interviews progressed, the guides were amended to include issues commonly introduced by participants or ongoing changes to legislation (such as the *Restricting Public Consumption of Illegal Substances Act*). Across the entirety of data collection, the research team regularly met to discuss interview progress and to ensure the guides were eliciting detailed responses.

Data analysis: Audio tapes of the interviews were transcribed by a professional transcription service. All transcripts were verified and anonymized by the research coordinators, and then uploaded to NVivo - a qualitative data organization software – where a coding framework was applied. The coding framework was developed both deductively, to identify patterns that spoke to the research and Ministry aims, and inductively, by making note and analyzing ideas that were new and unexpected. The framework was created collaboratively amongst the

research coordinators after reading the interviews and identifying key overarching ideas of interest, such as *views about decriminalization* and *experiences with police after decriminalization*. Then, we conducted two rounds of coding to organize the data into these categories and develop more granular codes, such as *impact on stigma* and *privilege and police contact*. Finally, we read all interviews one

last time to ensure all data had been coded and ideas captured. The data analysis progressed by reviewing and discussing the coded data, which were summarized into meaningful categories related to the research aims. The final stage of the analysis involved comparing codes and ideas across participants, finding similarities and differences, synthesizing them into categories, and collaboratively writing about these findings in the report itself. For the current report, findings are presented mainly descriptively under categories and headings that are meaningful to the Ministry and decriminalization in BC, with some interpretation where necessary to emphasize the importance and/or to contextualize the meaning of quotes. The quotes provided in the report below are not exhaustive of our dataset but are a selection of quotes that best exemplify the evidence for the findings provided.

Methodological considerations: The aim of a qualitative study, including this one, is to examine how people (i.e., PWUD) understand, think about, make sense of, experience, and perceive a phenomenon - in this case, decriminalization in BC. Qualitative research requires a certain level of interpretation of observations in the data. Rather than simply description or repetition of an observation, qualitative research is about meaning-making or interpretation. Taking this approach, it is important to consider: What does it mean that PWUD believe, perceive, or experience decriminalization a certain way (or not)?

Given that our study is qualitative, it is *not* our aim to achieve, nor can we achieve, generalizability to or representativeness of PWUD in BC. Instead, our findings provide insights into the complexity of the current context, and nuance PWUDs' experiences and perceptions in this context. The findings herein present some of the distinct patterns evident across the data as well as unique or unexpected ideas. In some sections in this document, we report sample size to highlight a proportion that stood out or that was surprising or meaningful - however, such comments on proportions or differences are without any sort of known statistical confidence.

Study Findings

1. DRUG POLICY

Awareness and knowledge of decriminalization

Following the implementation of decriminalization, participants were aware of it in general terms, but typically heard or read about it in passing. PWUD first became aware of decriminalization from different sources, such as from friends, news, or social media accounts:

It's something that, you know, I just kind of heard through the grapevine of the communities. Like, I heard it from people, like, more people around me are just, like, [...] it's going to be decriminalized or whatever. I may have read a news article or two but nothing-- I would say that the main way I knew about it was through other people saying things about that. (Participant 16, SI, ISLH)

It [hearing about decriminalization] was just word of mouth through a friend who is very on top of all of these things. I think it was probably her that told me about it. (Participant 36, SI, IH)

Something on the Internet probably. Like a news article or something. Like a lot of people that I know are pretty invested in this stuff, so posted on social media or maybe talked about. (Participant 27, SI, VCH)

Conversations with other people seemed to be important for developing an understanding of decriminalization. Similarly, conversations with other PWUD produced a sense that the broader community of PWUD remained largely uninformed.

I've found in conversations that I've had to correct people in a lot of ways and there's a very strong misunderstanding, like I said, right across the board. And I do believe that we, like, provincially have an obligation to educate people, and I don't see that happening. And so, there's a lot of confusion and misunderstanding which potentially puts people at risk. (Participant 2, SI, NH)

A very limited amount [of people] would have a basic knowledge of their rights with the decriminalization. (Participant 60, SM, NH)

There's misconceptions. They don't know what that [decriminalization] really means. What it was intended for the people who use the drugs. But also, for the people who are maybe, you know, against it and don't really understand why the government would do something so stupid, and blah, blah, blah. They don't understand because they don't have that proper information of why it was put in place. Same with the addicts who are doing it. Both sides don't really know why it was put in place. They don't. They have no idea. So, I think a little more information, proper information, to go with that would have been good. (Participant 28, SI, ISLH)

Quotes about the perception that the community of PWUD remain uninformed or misinformed about decriminalization emphasize a concern for people who are potentially not fully protected due to not knowing about their rights under the exemption.

For example, when discussing the threshold quantity, participants were often unclear or unable to cite the exact amount of drugs allowed for possession under decriminalization, believing it was either lower or higher than 2.5 grams. Some were also uncertain about the drugs included.

I'm not sure [about decriminalization] because I didn't really look into it, but isn't it 20 grams of anything? (Participant 18, SI, ISLH)

I think there is confusion around what is 2.5 grams, right? Is 2.5 grams of drugs in a cut? Or is it 2.5 grams of the raw drug itself? (Participant 49, SM, FH)

However, while many participants were unclear on the threshold limit, some participants accurately recalled some of the model details:

A list of drugs, I believe meth, coke, MDMA, heroin, all the opiates in general, have been made so you can have up to 2.5 grams on you and the police won't arrest you for it...it is a three-year trial I believe. I think a couple year trial anyways. (Participant 50, SM, VCH)

So, most drugs are decriminalized. There's a few that aren't. I know ketamine, like I was saying, that's kind of my favourite and I know that's one of the ones that is not. So, it's mostly the stuff that's really high risk right now. And then MDMA as well because that comes to-- while it is more associated with the party scene, I'd say they included it because it is a cheaper alternative. Well, not necessarily a cheaper alternative to meth, but it's something that's similar that people can find if they can't find that. So, I would see why-- I definitely see why they included it in that. And then the limits on how much you can have are 2.5 grams. (Participant 8, SI, VCH)

Reinforcing the importance of knowledge, people who knew their rights exuded confidence and comfort in police interactions and felt better equipped to assert such rights during these encounters. For example:

I am pretty well informed about my rights. I am pretty, like, steel walled with them when they approach me. Like, is this an official investigation? No? Do you have anything else to say to me? No? Fantastic, carry on. (Participant 41, SM, IH)

I would feel more confident interacting with them [police] and not afraid. [...] Because now, I don't know, just-- okay, like, you can't be held wrong against anything. So, it's just knowing that fact and-- makes you more confident interacting with them. (Participant 40, SI, IH)

These findings suggest that there may be a greater need for information dissemination of the policy details to ensure greater consistency and depth of knowledge, as well as to prevent misinformation about decriminalization rights in BC.

Information dissemination and education to PWUD

Some participants suggested that decriminalization could be partnered with more effective communication and information dissemination regarding the policy. They believed information should be shared through multiple avenues, and not rely simply on word-of-mouth. Suggestions of how to go about building knowledge of decriminalization included through media (TV, newspapers), social media (YouTube, Facebook, Twitter), and non-electronic forms of knowledge sharing such as forums or discussion groups. Knowledge sharing beyond TV and social media was important particularly for marginalized PWUD who may not have access to phones or the internet.

Be cool if they put it more on the news or on social media and things for other people to see and the Internet. Just make it easier to access. (Participant 21, SI, FH)

Is it [decriminalization] getting enough air time? [...] my friends get their news on social media. My friends aren't [...] reading the newspaper. They're not watching the news on their cable subscriptions. (Participant 7, SI, FH)

Always you hear about by word of mouth. But to hear it on, you know, other forms of - make it through a general forum or through, you know, something that you can hear or watch on like TV or radio. I mean it would be good to have better knowledge. (Participant 60, SM, NH)

I would say attaching it [information about decriminalization] to places where people go for safe supplies and resource centres that people at risk are going to [...] and then public postings at universities and union halls, I think, would be huge. (Participant 41, SM, IH)

There's a lack of education around it [decriminalization][...] part of it is that we think about people who are, you know, potentially street entrenched, homeless, don't have access to electronic devices, those type of things. Like, how do we get that information out to people, and that's been part of the challenge is having dialogues and conversations, when and where we can, around what decrim actually looks like. (Participant 2, SI, NH)

To hear it [information about decriminalization] on, you know, other forms of - make it through a general forum or through, you know, something that you can hear or watch like TV or radio. I mean it would be good to have better knowledge (Participant 60, SM, NH)

Information dissemination and education to the broader community

Participants also wanted more information to be given to the wider population who do not use drugs. However, the information they wanted to be shared was less about decriminalization details, and more about drug use itself. *"It is more of an information thing. People need to know more about drugs and why people are using drugs"* (Participant 67, SM, IH). They wanted to see greater efforts to educate the public as a means to destigmatize drugs. As well, they believed that such information could promote more buy-in of decriminalization itself.

But we actually need to move decrim forward in a way that is more helpful, and that people are well educated. [...] The harms associated with substance use under decrim or not are still so immense that this does not really protect people and it really needs to be advanced. (Participant 2, SI, NH)

Just straight decriminalization [...] like, the government have to do a lot of education on just -- public education too -- 'cause a lot of people are still under that old mindset that just addiction is a choice and people choose to do this and whatnot. (Participant 26, SI, FH)

Decriminalization with a lot of public education around substance use, like, all of those things together do have the power to destigmatize. But it's really about education and conversation. So, something in isolation isn't going to change popular opinion, but it can help. (Participant 24, SI, FH)

These quotes suggest that public awareness campaigns were about de-stigmatization. Furthermore, in each of these quotes, decriminalization on its own was not enough to be effective in terms of shifting how drugs are perceived and treated in society. PWUD wanted to see that governments were taking other actions towards destigmatizing drug use.

Attitudes towards decriminalization and other drug policies

Many of the main objectives (and potential successes) of decriminalization were not evident in PWUDs' narratives; participants were mainly focused on how drug policies, including decriminalization, addressed the drug toxicity crisis. This focus therefore elicited a sense of disappointment and lack of support for decriminalization as a dominating drug policy reform.

I was hoping that people would be able to access clean drugs through the, like, correct system [...] 'cause that is what is killing everybody is like, the toxic drug supply. So, it doesn't matter how much you're carrying. It is what is in the stuff that you're carrying and if they don't give a shit about that, then, what's the fucking point?" (Participant 54, SM, VCH)

I would like to see organized crime put out of business. I would like to see access to safe, regulated supply like my other privileged Canadians have with alcohol and tobacco and cannabis. (Participant 2, SI, NH)

It's a really good step to move away from criminalizing people for using drugs. But I do think that it needs to go further in terms of legalizing the supply, regulating it better, and not criminalizing people who also sell drugs. Because, you know, fair, a lot of them are very shitty people. But I think a lot of that comes from prohibition and not the fact that they sell drugs. It's the fact that it's an illegal market like anything, right? I mean, there's not going to be the same amount of control. There's not going to be the same amount of restriction on use of violence or-- you can't go through a court system to address issues with your rival business or, you know, so it's very unregulated. (Participant 31, SI, FH)

Participants believed decriminalization was limited in its capacity to curb the overdose crisis and address the toxic drug supply without regulation or other drug market interventions. Such views highlight that lack of information about the potential benefits of decriminalization and its objectives

may be behind a lack of support for the policy for some PWUD. The main objectives (and potential successes) of decriminalization may need to be better communicated to PWUD to get 'buy in' or support.

2. POLICING

Police interactions

Participants reported recent police encounters following decriminalization for various reasons, including drug-related interactions. However, no participants in our study reported being charged for drug possession (*under* 2.5g) following decriminalization. Some participants reported hearing about other people being arrested and/or detained (but not charged) for simple possession, and a few participants themselves had recently been arrested and charged for possession *over* the threshold limit of 2.5g.

Across the entire sample, we noted a considerable divergence in police encounters based on social positioning of PWUD. Among the 38 'socially marginalized' subsample, over half (n=27; 71.1%) had police encounters following decriminalization and some believed these to be more frequent and intense after its introduction. Of the police interactions this group described, most (but not all) were linked to drugs. Circumstances included public intoxication, public drug consumption, and being known to the police for being affiliated with drugs. These encounters had various outcomes, including PWUD having their drugs taken/seized and destroyed (including instances of under 2.5g – see pages 16-17), and being handcuffed and/or detained. None of the instances where participants were holding under 2.5g resulted in possession charges.

In contrast, of the 40 participants of higher socioeconomic status ('*socially integrated*' subsample), only two participants had police contact after decriminalization, neither of which experiences were drug related.

The difference in police encounters between the two subsamples highlighted how social positioning and drug use patterns may impact PWUD risk of policing, emphasizing the role of privilege in determining how PWUD experience decriminalization. These ideas are further unpacked across the following section. We also examine police encounters among the two subsamples of PWUD separately, below.

Police interactions among 'socially marginalized' PWUD

'Socially marginalized' PWUD experiences and beliefs suggested that they continue to experience ongoing fear, insecurity, and distrust towards police. In examples specific to police interactions after the exemption was implemented, some police encounters seemed to still be directed at drug possession.

They'll find someone and they'll mention that they have, like, suspicion of possession, and usually that is enough for them to be able to search you. Even though they're not supposed to do that, like, what is your suspicion? I look like someone who does drugs? And then they'll search you and if you resist that search then that is when they'll start, like, hitting you, throwing you on the ground, yelling at you to stop resisting even though you're not moving.
(Participant 73, SM, VCH)

Notably, many participants interpreted police interactions as discriminatory and targeted; they believed officers intentionally used methods to harass and penalize PWUD even in this context of decriminalization. For example:

Usually, it is just like passing on the street or it might be with a group of people and they're looking to talk to somebody in that group [...] they try to use that as a stepping stone or a foothold into infringing other people's rights and getting their name and their information, searching them and that is just illegal first off, and it is rude. (Participant 41, SM, IH)

I've heard of people being harassed by the police since the rollout of this new legislation [...] the police are tormenting people who are low-income drug users. I work at overdose prevention, right, so they just torment people. They poke people. They push them to the point where they can arrest them and things like that. I have witnessed it with my own eyes, like, police stamping on people's pipes and just doing really provoking behaviour and enticing people to the point where they can arrest them, and search them, and find the drugs. (Participant 54, SM, VCH)

Across these experiences, participants believed that officers had personally chosen to target them and use tactics to 'provoke' marginalized PWUD.

Drug seizures among 'socially marginalized' PWUD

Some participants from the 'socially marginalized' subsample reported incidents of drug seizures occurring in the context of decriminalization ($n=17$). Although drugs under the 2.5g threshold should not be seized (with the exception of drug production, trafficking, and possession in certain locations and settings), some PWUD in our study reported experiencing, witnessing, and hearing about seizures post-decriminalization. None of these instances were specified to have occurred in vehicles or other areas where drugs can still be seized by police.

Sure, they are [drugs being seized], yeah. Sure, they are. The only time I've ever seen it was working at the overdose prevention site. I would see it outside the overdose prevention sites all the time. They would drive up in the alleys and people - if there is a long waitlist for the overdose prevention site, they'd just use right outside cause they know if they overdose, we're coming to save them. So, they're using in the alleys and then the cops drive up in the alley and they'd see somebody using drugs and they'd jack them up right there. And if it is a known dealer, even better because then they know everybody's probably got money on them and they just pocket the money and they take the dope. I don't know what they do with the dope, cause they can't sign it into evidence. (Participant 52, SM, VCH)

They took our drugs lots. All the time. All the time they magically disappeared. Yeah, they've taken the drugs [...] we don't get charged. We don't get nothing, but all that stuff is gone. (Participant 47, SM, NH)

They're not charging them with possession, they just pull you aside, search you, take your dope, put them in their pocket, and let you go. (Participant 73, SM, VCH)

In these instances, PWUD reported that they were not charged with possession, but their drugs (of an unknown quantity) were seized. Some participants were unsure what happened to the drugs and/or if the officer reported the drug seizure and handled the drugs under proper protocol.

We clarified with some participants whether the amount of drugs seized and/or destroyed by police officers was under the 2.5g threshold. In our data, there were several reports of seizures where the drugs in possession were *under* 2.5 g. For example, we clarified:

Interviewer: *Do you know if they're still taking people's drugs from them?*

Participant 65 (SM, NH): *Oh, yeah. Mine was taken from me...that was this year.*

Interviewer: *Do you know if it was under 2.5 grams?*

Participant 65: *Oh, for sure it was.*

In such instances, participants did not report officers formally recording occurrences of drug seizures (or recording destroying drugs). Notably, some participants described officers simply destroying drugs in possession (under the 2.5g limit), rather than formally process or record this action:

They [police] stopped me and they took my drugs. Even - it was under - and they just threw it on the ground, spilled water over it, and let me go. I didn't get charged that time because it was under [2.5g], but they still got rid of it. (Participant 58, SM, NH)

They'll [police] make accidental mistakes on the form, so if there is a mistake on the form then the charges are not valid [...] so they lock them [PWUD] up for one day and they can clean up all the tents and their stuff that they have built up in the dumpster truck and dispose of all of their drugs and take their cash. (Participant 48, SM, VCH)

Collectively, participants' reports suggest that drug seizures under the 2.5g threshold may still be occurring, but they are 'off-the-record'. The MMHA's (2023) *Decriminalization 2nd Quarterly Report (February to July 2023)*² shows a large decrease of 96% in *drug seizures below 2.5 grams that were formally recorded by police officers* relative to the four years prior (p. 18) (n=1,962 average seizures between 2019 and 2022 vs. n=86 in 2023). However, reports and descriptions of drug seizures in our data suggest that drug seizures may still be occurring 'off-the-record' and may not be captured in police data/statistics.

We also asked about whether police officers were seizing prescribed drugs and a few people reported that, indeed, police officers specifically seized PWUDs' 'safer supply'.

I have heard of people having safe supply drugs seized yes, just that they were, like, detained and they had the drugs seized and when they got them back they were, it was like minus the drug, safe supply or not, every time...my own experience they took everything.

² Ministry of Mental Health and Addictions. (2024). *Decriminalization 2nd Quarterly Report (February to July 2023)*

They didn't give me any of my paraphernalia or drugs back. Even cannabis which is legal. (Participant 54, SM, VCH)

Interviewer: *We'd heard some reports of people having their safe supply or prescribed drugs seized. Have you heard of that happening?*

Participant 64: *Oh yeah, if you let them search you or whatever they will take whatever you've got. (Participant 64, SM, ISLH)*

In these instances, PWUD believed that seizing drugs is not within the bounds of the law but that police will do it anyway, acting outside of their authority. For example:

Just grabbing people by the arm [...] seizing the dope they have in their pocket and then releasing them into the public -- that's fucked up. At least charge me. Give me something to fight against [...] They'll just seize it, let you go, and what are you going to do? Go complain to the police? (Participant 73, SM, VCH)

They're not charging with possession. What they do is they just pull you aside, search you, take your dope, put them in their pocket and let you go. I have seen people attempt to bribe cops. I met a guy who successfully bribed police multiple times to leave him alone. There is a lot of corruption in the VPD and I don't know what they're doing with all the dope, but we never hear about like, 'oh we seized this amount'. (Participant 73, SM, VCH)

These beliefs and/or views of procedural *injustice* are important -- they can produce an erosion of trust in the drug laws and policing and can potentially undermine PWUDs' confidence in decriminalization (findings echoed across pages 19-21).

Police interactions from the perspective of 'socially integrated' PWUD

In contrast to more 'socially marginalized' participants, 'socially integrated' PWUD often had little to no recent drug-related police encounters. Of the past encounters with police amongst this subsample, many were related to cannabis whilst driving or in vehicles.

The lack of police encounters was a privilege that participants themselves often attributed to their social positioning, talking about their appearance of "*not looking like a drug user*", or their housing status and ability to evade police attention. Participants spoke directly about intersecting social conditions of housing, employment, physical appearance, and ethnicity as grounds for avoiding police attention:

I've also been very privileged to move to a place of being middle-class and today am, like, personally more financially stable than I've ever been in my life. Own my own home. All those pieces. And so, I've never been at the same risk as others and I've been extremely lucky with not having encounters with police. (Participant 2, SI, NH)

[I evade police] because of, like, assumptions and biases and stigma and racism. Like, I said, I'm white. I hold a lot of privilege. You would never look at me and say "you do any drugs". Probably I think I would surprise people and they just wouldn't, like, people don't associate my profile with someone who uses drugs. [I don't] openly use drugs in public

because I will not-- police are never going to interact with me about it. (Participant 25, SI, VCH)

If you have money, it's a lot easier to hide whether you're using [...] and you're a lot less likely to be targeted too. If we're out-- even if we're kind of like in the corner of an alley, if you're dressed nicely, you're probably less likely to be bothered, you know, honestly. (Participant 8, SI, FH)

Quotes suggest that *not* being socially coded as a 'drug user' or having physical markers of social marginalization and drug use, may have provided a level of protection from police interactions.

For 'socially integrated' PWUD who had *any* interactions with police (all but 2 occurred prior to decriminalization), encounters were rarely characterized as negative nor had major consequences (e.g., being arrested, harassed, mistreated, etc.).

I've been to so many road stops that they just smell your breath and let you go and I'm a pretty girl that looks well-kept [...] the way that I carry myself has probably led me to not feel like being in possession has ever been a problem or I have to avoid the cops or it's something to be worried about. (Participant 7, SI, VCH)

I've had a couple overdose situations where the police were present, but they didn't go through pockets, anything like that. I mean, I think they were just there to be witness to the situation. Not really to intervene in any sense. But no, I've never experienced that. I've never had anything confiscated. I've never had, you know, possession or distribution charges. (Participant 31, SI, FH)

I tried to sell drugs to an off-duty police officer once, that's about it. [...] He told me to get out of here because he called his buddies. So, I just went home and I threw my drugs away and I dyed my hair black and then I went back to selling drugs the next day. (Participant 34, SI, IH)

Aside from the advantages afforded by some participants' social positioning, it is important to note that police contact may also have been related to frequency of drug use amongst this subsample. Only 6 (15%) of 'socially integrated' PWUD in our study reported using illicit drugs every day. As such, they may also be less exposed to such encounters.

Kind and compassionate police interactions

Despite 'socially marginalized' PWUD consistently describing continued negative interactions with police, others shared a relatively more optimistic outlook and provided examples of positive experiences with officers since drug decriminalization was implemented. One example was from an unhoused participant who, when asked about life changes since decriminalization, shared a positive encounter with law enforcement:

I was in a hotel and I was using drugs when the police came, of course immediately I was pretty scared because I thought I was going to be arrested and put in jail like they have in the past, and the RCMP was actually very polite and told me, don't worry, just leave my drugs where they were and I could just use them elsewhere being that I was in a hotel and

there is a no-smoking policy, so I said yeah that's fine [...] that was the first time in my life I was treated with respect and kindness by the RCMP when it came to illicit drugs. (Participant 43, SM, NH)

Other positive interactions were marked with kindness and compassion from officers. These participants observed a *change in attitudes* among police -- “*they’ve come around*” -- beliefs related to the way PWUD see police officers responding to drug use. For example, when asked what police interactions were like following January 2023, some participants responded:

Yeah, I’ve seen a few positive experiences, I guess. They’ve [police have] come around, make sure that people are safe without harassing people. They’ll-- I’ve seen them give out cigarettes. I’ve seen them give out water. Asking people if anybody needs somebody to talk to, I’ve seen that before. Is everything okay here? Do you need to talk to someone? Lots of positive experiences with police. (Participant 48, SM, VCH)

In urbanized cities I think, Vancouver police have kind of, you know, recognized that they got to stand down. Some really understand the context of how their process of criminalization is actually further harming people. (Participant 42, SM, NH)

I think ‘cause of the decriminalization now the police have left the little guys alone, you know. They’re not going to shake them down for-- when they know they’re only going to have a couple grams on them, right. (Participant 43, SM, NH)

Experiencing or seeing other PWUD being treated with kindness by police was important for people believing interactions with them could improve.

Distrust and fear towards police

Echoing the findings in the Phase 1 report, the PWUD and police relationship continued to be shaped by a long history of experiences of violence and injustice. Participants’ past experiences with police, which were perceived to be unlawful, further eroded their trust in law enforcement. Participants also expressed a diminished ability to place trust in laws designed to protect them given the ability of police to use their discretion to determine the extent to which laws are implemented and followed. Fear of police made some PWUD avoidant of law enforcement altogether: “*They’re [police] really scary. Yeah, it would be really fucking scary to encounter a cop here for anything*” (Participant 4, SI, IH); “*I honestly-- people are quite suspicious in general, right? We work with mostly street entrenched. So I-- a lot of these people have been unlawfully screwed around by police officers for a majority of their lives.*” (Participant 54, SM, VHA). Comments such as this indicated that a history of negative police contact continued to shape perceptions of law enforcement. They still feared police contact in the context of decriminalization.

When there is fear, trust is impacted. Many participants commented on the distrust towards officers *and the application or use of the law itself in policing practice.*

The general consensus is the police aren’t that trustworthy. I find that they, like, I know for instance the Downtown Eastside, like, the police have made it very difficult for people to trust them in a lot of ways [...] I have seen people overdosing and the police are ten feet

away from them just standing there looking away, aren't you supposed to be help these people? (Participant 50, SM, VCH)

Some of them [police] are not entirely lawful, right? So, I mean, generally speaking, most people are pretty standoffish and they have a reason to because they have reason to fear something, right? I don't really see that improving a great deal. (Participant 41, SM, IH)

I don't like it [interacting with police]. I mean, even if there is a situation where I am caught with under 2.5 grams of a drug, I don't trust that the police aren't still going to be complete assholes about it and take advantage of, you know, me or anyone else, take advantage of people not knowing their rights. (Participant 25, SI, VCH)

What they do is they make mistakes [...] like they'll charge people with stuff [...] they make intentional mistakes on their paperwork. So then the charges get thrown out, so they have to - the Crown doesn't have to prosecute, they use their force to get them off the street, but they don't really want to tie up the courts with it. (Participant 48, SM, VCH)

In these quotes, PWUD are concerned about police officers overstepping their authority and/or purposefully using tactics to interfere with procedural justice. As a result, the perception that police officers act unlawfully in practice has the potential to erode trust towards policies, the law and law enforcement.

PWUD fear and distrust towards police was also discussed in the context of decriminalization specifically, in that these feelings seemed to impact PWUDs' confidence that decriminalization would be applied as intended.

That is one less thing that they could hold against you [since decriminalization] [...] I don't know what situation, but they can't recommend or press charges against you because you have X, Y, or Z drugs on you. But maybe there's something they don't like about you, and they'll find another reason to get you off the street. (Participant 15, SI, IH)

I still don't trust them [after decriminalization]. I've heard-- still stories of people getting robbed and-- I don't know. I don't trust them at all. (Participant 19, SI, ISLH)

Especially people who are living in poverty on the street. I don't think that they trust decriminalize-- the decrim model to save them if they want to be persecuted. I think they know that law enforcement will figure out a way to do it or just do it anyways. (Participant 54, SM, VHA)

The presence of police in the context of substance use still strikes fear into people, even if they are well informed and are within the guidelines. There's still this inherent they're going to fuck with me because they do. (Participant 2, SI, NH)

In these examples, distrust of police and fear towards the outcomes of interactions interrupted the potential for decriminalization to completely alleviate some PWUDs' anxiety about police contact.

However, these feelings were not universal - other PWUD felt a sense of relief from decriminalization through knowing that criminal penalties could no longer be applied to simple possession (see findings in next section).

A sense of relief

Although many participants feared and distrusted law enforcement, there was also a sense of relief that decriminalization provided in terms of possessing drugs. Given that criminal penalties no longer applied to simple drug possession itself, decriminalization brought a sense of relief. This feeling was exemplified by some people across the sample who felt less worried with drugs around police: *“If I was being searched by police or something like that, it would probably give me some peace of mind”* (Participant 27, SI, VCH); *“It is good to have the pressure come off. Just like, you know, being in possession. There is less hiding”* (Participant 53, SM, VCH). This idea of ‘peace of mind’ and having the ‘pressure come off’ was linked to the belief that PWUD could no longer face criminal punishment for simple possession:

It [decriminalization] makes it less nerve wracking, that’s for sure. It is nerve wracking getting caught by the cops and then you have to deal with them, especially as an adult now. It’d feel a little-- I wouldn’t really enjoy it. (Participant 21, SI, FH)

Having less stress in my world is definitely a bonus. I’m grateful for it. But yeah, that’s the only thing I’ve really noticed the change of. I don’t have to be so worried about having even like an empty baggie with residue in it or something, ‘cause I used to get in a lot of trouble, even something small like that. (Participant 69, SM, ISLH)

I’ll be not scared. I’m not getting worried about anything else ‘cause sometimes it just scares you for nothing. Makes you act a little bit even guilty, just -- I feel like I’ll be more comfortable, more aware that I’m not doing anything wrong. (Participant 22, SI, VCH)

A lot more feeling of freedom and empowerment and lack of fear, I’ve noticed [...] lack of fear of being woken up with just a small amount in your pocket and your entire day or two or three days is destroyed because you’re in city cells and detoxing and all these other nasty things that come along with what somebody can do to you if they find a small amount on you. (Participant 41, SM, IH)

Each of these quotes shows relief from past fear and stress of potentially being stopped, arrested, and charged for drug possession - although, in many quotes, some degree of avoidance of police. This finding suggests that although some participants felt relieved about not facing criminal repercussions under decriminalization, the policy did not completely (or at all) improve trust towards police.

3. DRUG USE

Drug use and inclusions

Study participants reported using a variety of drug types that were decriminalized (e.g., cocaine, methamphetamine) and others that were not (e.g., ketamine, benzodiazepines). Several participants provided reactions to the substances included under decriminalization - views that seemed to differ based on subsample and drugs used.

Some ‘socially integrated’ PWUD regularly used drugs that were not decriminalized (e.g., hallucinogenic mushrooms and ketamine), and therefore questioned if and how BC’s exemption impacted them. For many ‘socially integrated’ PWUD, drug use was seen as therapeutic or ‘recreational’, as such they were

surprised about some drugs like hallucinogens not being included under decriminalization and hoped that this would change.

It [decriminalization] doesn't go far enough with including other drugs [...] it should have included psychedelics, for sure. It should have included ketamine. Probably benzodiazepines as well. (Participant 31, SI, FH)

I am still a bit weirded out they don't have shrooms on that list or acid or anything like that. But I guess it's a start. (Participant 30, SI, FH)

In contrast, the subsample of 'socially marginalized' PWUD were concerned about the drugs included in the exemption, but emphasized the exclusion of benzodiazepines, particularly amid perceived recent shifts in the drug market: "They've increased the benzodiazepines and the tranquilizers and things that aren't protected by the legislation in the drugs" (Participant 54, SM, VCH). Given that participants believed the decriminalized drugs they used were typically cut with other, non-decriminalized, substances (such as benzodiazepines), they felt at greater risk of arrest and less protected by the decriminalization model.

Finally, some were concerned about the penalties for criminalized substances that could be unknowingly cut with other drugs in the illicit market.

They're [benzodiazepines are] not included in decriminalization [...] I mean, fentanyl is presented as a multi-colour, interesting powder now, right? But when the police - do the police test it for benzos? (Participant 49, SM, FH)

No officer in their right mind is going to say, "oh, yeah. That looks like MDMA. I'm just going to take your word for it. Keep on driving, sir. I'm not going to take that. I'm not going to test that." You can purchase something and this is-- goes back to these substances still being bought off the street. It's not your fault if you ask for A and you get A cut with a little bit of B. [...] Now all of a sudden, you know, you have a little bit of MDA in your MDMA. That makes you a criminal now. "Oh, but officer, the person I bought it off of said that it was MDMA. I didn't know." Doesn't fucking matter. "Here's your fine. Here's as much as we can lay on you as possible because you're a drug user. And you don't have one of these decriminalized substances on you. You have something else." You're not getting this from a pharmacy. These laws, like, I don't know how you can-- how they can enforce these laws when there's no way of knowing what is in your pocket." (Participant 37, SI, IH)

Mostly, it was unclear to participants how decriminalization may apply in these situations (e.g., unknown drugs cut into the drug supply), producing a sense of uncertainty about how decriminalization would play out in practice, especially amid the everchanging drug market.

Drug use purchasing

In the interviews, we asked participants to share their reflections and beliefs about changes to purchasing and using drugs following the implementation of decriminalization. Largely, participants felt that these patterns were unchanged, with most commenting on their intent to acquire similar quantities of drugs, regardless of the 2.5-gram threshold.

I don't think [it has impacted me] at all. I think whether or not drugs are criminalized or not I'm just going to use-- I'm going to do what I want to and that's just going to ebb and flow based on what's going on in my life. (Participant 25, SI, VCH)

It's the willingness to take that risk, be it with decrim or not. For many people, just - it is a non-issue, right? They're making the purchase that they're going to make anyways, right? [...] most people make the purchase that they're going to make anyways because that is what they feel the need for that period of time. So the criminality is an associated accepted risk. (Participant 41, SM, IH)

[My drug use] has been steady, hasn't changed at all. I pretty much have been spending most of my financial resources that have been coming in too. So it hasn't changed at all, it didn't make a difference. (Participant 48, SM, VCH)

Usually I don't have money for that much drugs or -- to go over the [threshold] limit anyways. (Participant 29, SI, FH)

Mainly, participants' quotes suggest that drug purchasing patterns hinged on PWUDs' personal circumstances (i.e., convenience, income, needs), rather than drug possession parameters defined in BC's exemption.

Using drugs away from public gaze and police attention

For participants who were 'socially integrated' (stably housed and employed), many labeled themselves as recreational or social users, and mainly used drugs at festivals, parties, or at home -- settings where PWUD could 'blend in' amongst others or conceal their use; the settings themselves helped PWUD evade the public gaze and police attention.

I mostly do drugs at events where a lot of people do drugs, and so I definitely am cautious that people don't see me [...] it kind of depends where I do it [...] I feel like it wouldn't change [after decriminalization] based on what I was doing before. (Participant 1, SI, VCH)

Well, I generally would use [drugs] in my house with my partner and that would be about it [...] [occasionally] when I was younger, I might have done something in parkades or a bathroom stall somewhere. But there's never a comfortable aspect with that, particularly the walking out afterwards. (Participant 13, SI, FH)

Some participants, like Participant 1 above, pointed out that the desire to go undetected or to 'blend in' had not recently changed. The desire to use drugs out of sight from others was not unique to 'socially integrated' participants, many 'socially marginalized' participants also described their efforts to use drugs in isolation to avoid the public gaze and police contact. Quotes echoed a pattern of using drugs in isolation, e.g., "I don't use with anybody" (Participant 57, SM, NH) due to comfort levels, and fear of detection by friends or family:

I usually just, like, it's a mix of doing it socially and then just doing it alone at home. [...] And also like the one thing about this too is that, like, nobody in my life knows. (Participant 2, SI, NH)

I used to use cocaine as a social thing. I used to go to parties all the time and stuff like that. And eventually it just became kind of a thing that I do by myself. I get very paranoid on it now and I get very bad come downs [...] It sucks having to hide it because I guess that's where a lot of my paranoia comes from is from being found out and from being kicked out of my house. (Participant 30, SI, FH)

When I use opioids that's pretty much entirely on my own. I've never used with anybody else, really. [...] Just because it's so stigmatized, right? I mean, I've got a pretty decent [job] [...] So it's just something I wouldn't want really getting out because of the whole trust issue. I mean, people think you steal, right? That's never been an issue for me. I've always had employment. And then other than that it's just typical judgemental people who, you know, will kind of pass over you because you do that or think less of you. (Participant 31, SI, FH)

These participants were acutely aware of and commented on the potential social and economic repercussions for being 'outed' as a PWUD so they deliberately used in private settings -- evidence that stigma may still exist and continue to influence people to use drugs alone or conceal their use. As noted, this tendency to use in isolation was mainly present among the 'socially integrated' subsample, which may be linked to their ability to use in private homes.

However, other participants had a different perspective. For some, they felt a greater sense of social connection and communication - see Pages 36-37.

Views on public drug consumption legislation

Mostly, participants had not heard of the *Restricting Public Consumption of Illegal Substances Act*. However, many still shared their views on the introduction of new public consumption restrictions, such as legislation and/or bylaws. Views on restrictions were mixed and revealed that the basis for support or opposition is nuanced and could be based on social positioning.

Participants who were 'socially integrated' (i.e., stably housed and employed) were largely in favour of public consumption restrictions and thought that using drugs in front of children and non-PWUD could be harmful and normalize drug use. They thought that using drugs was a personal matter and should be used out of sight of other people. This perspective may speak to continued within-group stigma and their ability to use drugs privately.

People will get more comfortable about doing drugs in public, to be honest... that's why I think that the law with the playgrounds and stuff was a good idea. (Participant 30, SI, FH)

I mean, the government just put out this thing about, you know, using in public. So, I think that's great because really, no one wants to see that. If you're going to do that, do that privately. (Participant 28, SI, IH)

This perception of needing to hide drug use was consistent with participants' social positioning. 'Socially integrated' participants were able to easily hide that they used drugs. Having the privilege of accessible private spaces to consume drugs fundamentally protects some PWUD from police interactions and

penalties resulting from public consumption legislation - a privilege that unhoused, or more marginalized, PWUD may not be afforded.

However, other participants - particularly those who were 'socially marginalized' - opposed the introduction of restrictions. Although many commented on the unacceptability of using drugs in public view of children, they also expressed concerns about the impact on the community and potential for inequity -- particularly for unhoused PWUD who had no choice but to use in public spaces. The impact on unhoused PWUD was echoed by participants from all socioeconomic backgrounds, who recognised that some were constrained to public use:

In certain areas like schools, you know, you shouldn't be doing it [...] it is a give and take but at the same time they have to give us areas where we can [...] because you can't use here, you can't sit there, you can't do this. Well, where can we use? At night -- I mean, during the day there are places that are, you know, we have. We don't have any places at night. So where can we legally use at night? (Participant 62, SM, ISLH)

There definitely needs to be [...] maybe a little bit more decency with people who are drug users not using in front of children and people who don't use. But I also understand a lot of people are unhoused and it's not something they really can do privately. (Participant 31, SI, FH)

A lot of people can't meet at home doing drugs. A lot of people can't, you know, people will get kicked out of their house or people - so you need to go to the park. Or you need to go, like -- yeah, a lot of people are homeless. They don't have anywhere else to go. (Participant 50, SM, ISLH)

In addition to equity concerns, participants expressed disappointment as they considered the possibility of new public consumption restrictions:

It doesn't even matter if possession is decriminalized because then you're criminalizing people for possession or use in the places that people normally use. It is just the most useless, pointless - it is sort of like you're untying one knot, and then you're tying another one. You take away one thing that you have to be worried about in terms of having a negative interaction with law enforcement and then you're introducing another thing that people have to be worried about regarding negative interactions with law enforcement. It doesn't really matter what the reason is that police are getting involved with people who use. The end result is that nothing has really changed, it is the same thing but in a different form. (Participant 53, SM, VCH)

Here the participant believes that new restrictions could make drug decriminalization 'useless' and 'pointless', only giving law enforcement new mechanisms through which PWUD could be targeted and criminalized.

The role of businesses and the public

Participants held a strong belief, often from their own experiences, that businesses and the public played a central and active role in policing in their lives. Participants provided examples of where they saw

business owners or other people in the public react to their physical presence (e.g., “just standing”) or other actions (i.e., loitering, tents, trespassing), calling on the police to respond.

The only time they [police] come and bother people is when someone doesn't like something a person is doing in public, and they'll call and the cops will come and they'll, you know, usher them off. Or if they're too drunk or stoned, I mean, they'll arrest them and put them in city cells. (Participant 57, SM, NH)

If you have a house, yeah, I'd say it definitely makes a difference if you're not loitering around businesses and things. Cause I think a lot of the time, it is business owners calling the police and, like, over and over again that people are loitering in front of their place. And then they have to do something about it, cause they keep getting called [...] If you have a place to be, you don't have to be loitering, and I feel like it definitely makes a difference. I think there is a stereotype around people that -- just 'cause you're hanging out in front of businesses you must be homeless or a drug addict. (Participant 50, SM, VCH)

In these experiences, PWUD were being identified or stereotyped as a drug user in public space which, evidently, had consequences. Moving PWUD out-of-sight (‘ushering off’, ‘put them in city cells’) seemed to be a mechanism of social exclusion, sending the message to PWUD that they did not belong in spaces where other people in public could be. Such feelings may indicate that the *actions* of business owners may convey stigma to PWUD, and related outcomes produce feelings of social marginalization and exclusion.

Additional evidence of these sentiments and potential mechanisms of social exclusion were evident among some participants who commented on the role of businesses and the public in policing public drug consumption specifically in reference to decriminalization. One PWUD explained that since January 2023, police interactions have occurred: “[...]mostly for business owners” and that as a result of such actions, “well, you just don't feel like part of society” (Participant 64, SM, IH) - pointing to feelings of social exclusion even in the context of decriminalization. Similarly, another PWUD, when asked about how they thought decriminalization specifically might impact stigma in society, pointed to the role of the public in policing PWUD in public spaces. They said:

I think a lot of people just assume, too, [that if] you're in an area, you know, you can just be in an area where people use drugs and if you're in that area automatically you're a druggie. People definitely put stigma on people (Participant 66, SM, NH)

In these quotes too is evidence that stigma towards drug use following decriminalization might be playing out in public spaces. Alternatively, reports of the public and businesses policing PWUD in public space may indicate a lack of knowledge about decriminalization *among the public* (hence, why they are calling for a police response).

4. HEALTH PATHWAYS

Views towards the resource cards

No participants in our study reported being given, seeing, or hearing about the distribution of resource information cards since the implementation of decriminalization. As well, many participants did not know that resource cards were even a component of BC's decriminalization model prior to the interview.

I've never seen them [police officers] try to advocate, like, healthcare for people who use drugs. I don't know anyone personally that has been handed that card by a police officer at all. I don't even know if they do that often. (Participant 50, SM, VCH)

Despite no experiences of receiving resource cards, participants shared their attitudes towards this feature of BC's decriminalization model. Participants' attitudes towards them echo those from the baseline pre-implementation findings³. PWUD were receptive to this intervention - e.g., *"I'd rather be handed an information card than arrested"* (Participant 32, SI, IH) - but they were still concerned, and even suspicious or distrustful, about the role of police:

I don't see how they [officers] could be offering useful resources that anyone would be interested in actually pursuing. There is such a level of suspicion, you know, towards the police and I really don't see how anyone would be eager and willing and interested to follow up with anything that police offered. There's such a - you know - the relationship between people who use and law enforcement is at that level of dysfunction that even if the police were to offer something. I don't see most people taking them up on that. (Participant 53, SM, VCH)

PWUD were uncomfortable, scared, and mistrustful of interacting with police, putting into question the appropriateness of relying on police officers to administer the cards.

If a cop came to me and told me, like, hey, this is a harm reduction location I wouldn't trust it. Even if I knew it was for real, I wouldn't trust it. It's not something that I would think is trustworthy coming from them [police]. If they had been doing it for a long time and they didn't have this image, then maybe. (Participant 73, SM, VCH)

I don't see there being a lot of trust just because they have a business card in their back pocket. There is nothing to say or give anybody any sort of trust. Trust is earned and when you are used to being tackled, searched, seized, arrested, detoxed forcibly - yeah, there is not really any reason to trust. (Participant 41, SM, IH)

³ Greer, A., Xavier, J., Wood, B., McDerimid, J., & Zakimi N. (2023). *BC's decriminalization policy: A pre-implementation qualitative study with people who use drugs*. Preliminary research report prepared for BC Ministry of Mental Health and Addictions.

Participants were also concerned about the availability of the services listed. Some stated that they either already knew about the ones listed e.g., “everybody knows all those resources already. It’s nothing new.” (Participant 19, SI, ISLH), or that there were still simply too many barriers, such as wait times, to accessing services.

It is semi-pointless because they give you the card for, like, mental health help and you call the number and it’s like, a month or more wait most of the time. I have called this number before... it would be like I haven’t called it in a while, but I remember I did call and it’s like a month or more wait. It’s like, what is the point of this then? (Participant 50, SM, VCH)

The perception that the health system was not equipped or prepared to address the needs of PWUD produced a sense of uncertainty and inadequacy towards the resources cards.

Access to health and harm reduction services

Amongst the sample, no participants were aware of health system and service investments alongside decriminalization. Some participants felt that there was a missed opportunity to strengthen access and availability to health and harm reduction services in the province. This shortcoming felt like a letdown and participants pointed out where they saw gaps: “they’re [drug maintenance programs are] very few and very far between and they’re not getting any more funding to my knowledge than they have over the last 10 years so-- to expand in any sort of way” (Participant 5, SI, VCH) and “There’s definitely not enough government-funded counselling available” (Participant 30, SI, FH). Alternatively, investing in interventions addressing the wellbeing and health of PWUD were seen as a complement and enhancement to decriminalization.

But if you guys bring this information, health centres, testing drug centres, like if you bring it hand-by-hand, not just, like, decriminalization, I think it will be better for the society. Because this is happening. And it’s been happening years before, before this. So you guys want to improve, there’s several ways. Not just, like, decriminalization. (Participant 12, SI, VCH)

Without such investments, PWUD were worried that the current state of the overdose crisis and other drug-related issues may go unaddressed. For them, decriminalization was only one part of the ‘puzzle’, with “a lot of things missing”:

I’ve discussed it with a couple of friends and they’ve brought up the same kind of worry that some of the younger, newer into the scene, that they’re a little more worried that they might go without the support of having OPS’s in the area. So, they may make bigger purchases and then they want to use alone because they don’t want to - they financially can’t share or they don’t want to, or don’t want to get robbed, or they don’t have a safe place to go. So they’re making larger purchases than using alone - because, for fear of many things. But yeah, I think decrim is the right direction but with a lot of things missing. Like OPS funding for smaller communities and more information possibly. (Participant 41, SM, IH)

Like this participant, some expressed concern about the areas where decriminalization simply did not address drug use and market risks. Participants expressed distinct concerns for people who may continue to use drugs alone and be at greater risk of overdose due to the lack of available and accessible harm reduction services. This finding suggests that a perceived lack of health systems investments by the government obscured PWUDs' view that decriminalization could achieve its intended aims; ultimately, this view degraded PWUDs' confidence in the policy and the design and implementation of a well-intentioned intervention.

Police presence near health and harm reduction services

Participants located in the Vancouver Coastal Health region reported an ongoing police presence near health and harm reduction sites that impeded their access to services. This was a topic that researchers did not directly ask about, but that participants themselves felt the need to bring up. Participants who worked at or used these services described continued or even worsened police presence that, some felt, had not changed from decriminalization. When talking about their recent experiences with accessing harm reduction, a few participants recalled and reflected:

Just the amount of police that are around the OPS. And yeah, it is just intimidation tactics yep... an increase in police presence and an increase of negative reactions with the public I would say. Just with the service user. (Participant 54, SM, VCH)

Clients that I work with still having those negative experiences [with police]. And when I work, I don't work exclusively at [harm reduction site], but that's a place where I pick up casual shifts. And there's still a huge police presence like, on the block which deters people from coming to the site. And there's still the street sweeps that happen every day. So, the police are already supporting city workers to take everyone's belongings away from them. (Participant 24, SI, VCH)

As described, interactions with police continued to occur in spaces that PWUD relied on for safer drug use, producing discomfort accessing them. This finding indicates an ongoing need to address fear and distrust towards police given the power that the sheer presence of officers can still have on PWUD and their access to services. It also indicates that, in the context of decriminalization, other interventions to remove police presence around health services may be needed.

Stigma in healthcare settings

Stigma as an ongoing barrier in health services

When considering their use of health and harm reduction services following decriminalization, participants framed stigma as a persisting issue and had ongoing fears of negative social consequences. Related to health and harm reduction services, PWUD continued to feel stigmatized in such settings, which also made some of them hesitant to access these services in the first place. People described not wanting to be seen accessing health and harm reduction services out of fear of being 'outed' or seen in the community: "*Since it's so judged, no one really wants to be seen going to those injection sites and stuff*" (Participant 25, SI, VCH). Similarly, others explained:

They [harm reduction services] should be in everybody's area because drug users are in every area. But they should also be in an area where people can feel safe to access them, because I think a lot of people right now are going to avoid that area like the plague.

Because again, it's all these neighbours who just can't wait to take a picture of somebody who's at their most vulnerable state and put it on social media and say that they don't want this in their area, right. So I think even though there are a lot of overdose prevention services available, are people really going to use them when it's so visible to everybody else when they're using them. (Participant 5, SI, VCH)

The issue here was that stigma continued to occur in health settings. Participants explicitly identified negative labeling and stereotyping of PWUD by healthcare providers as an ongoing issue. Some were reluctant to disclose their drug use due to fear of multiple repercussions (social, healthcare, employment). For example:

This is something I've been thinking a lot lately, is that healthcare workers [who are PWUD] are a very specific demographic of people that can't always access those services precisely because we work in them. And our colleagues work in them and our bosses work in them. And unfortunately, even though something is decriminalized, it's still extremely stigmatized and there still is a prohibitionist attitude especially for healthcare workers. [...] Healthcare workers are also impacted by the crisis and are dying and stuff. And it's unfortunate that, like, fear about losing your job or social repercussions or stuff like that. That shouldn't be an impediment to accessing services when we know that these services can be the difference between life and death for people. (Participant 24, SI, VCH)

Echoing these concerns, 'socially integrated' PWUD also explained that they still felt hesitant to disclose their drug use history to healthcare providers -- reluctance often stemming from experienced or anticipated stigma. For example, when talking about their reluctance to seek healthcare in the near future, one participant said: "*I just don't want to be looked at in that perspective*" (Participant 9, SI, VCH). Another participant described a similar sentiment:

It's very difficult to get in [to see a doctor] and nine times out of ten the minute you say you use drugs, like, do you use drugs? You're just treated like crap. The way they treat you changes. (Participant 19, SI, ISLH)

Fear of being treated differently because of drug use stigma and negative stereotypes were barriers to discussing drug use with their healthcare providers. Absent from these narratives was reference to being seen as a 'criminal' per se by their provider. Instead, it was a sense of shame embedded in these interactions.

It is important to remember that experiences in healthcare settings also may be different for different social groups of PWUD. For instance, in our sample, participants described Indigenous-specific concerns relating to racism, discrimination, and marginalization in addition to their substance use:

The last time with them [healthcare provider] I had a health issue and they denied that I've had it, which is making it worse [...] I see that as discrimination alone in there, my being Aboriginal, being a drug user, it is awful, it has been a year and three months and I've not been getting any help. (Participant 63, SM, IH)

They [healthcare providers] were okay for me, but my wife is a Native lady and they were pretty negative towards her [...] a lot of racism, treated really different than a white person. (Participant 64, SM, IH)

A sense of relief in healthcare settings

Despite some evidence of reluctance to disclose using drugs, some 'socially integrated' PWUD participants described a sense of relief and more comfort in healthcare settings. These participants felt comfortable disclosing their drug use to healthcare providers. Reflecting on the context of decriminalization, one participant said:

If I would need to go to the hospital for that, for example, I feel I would feel less stigmatized and also, "oh, god, what did I do? Now those people have to deal with me and I kind of, like, take away another person's spot." I mean, that's always-- that's a whole other different discussion. But on the paper, it's okay, and it is-- it [decriminalization] makes it easier. Even though I'm already in a very privileged situation towards taking drugs and all of that, and also towards police, but...even for me I can feel a little relief. (Participant 3, SI, VCH)

Some also felt comfortable with healthcare providers specifically because of decriminalization. For example, when reflecting on how decriminalization impacted them, one participant anticipated that they would be more honest about their drug use:

It [decriminalization] probably makes me be more honest, which is good. If you go see your healthcare professional it's good to be honest so that they know how to treat you. Or what's potentially up with you. So yeah, it's probably going to make me more honest. Yeah, and less apologetic, I guess. 'Cause when I say I don't feel ashamed, it's still like I'm still not walking in and being, like, oh, yeah, no, I do this. [...] it's still like you kind of say it in a quiet voice. And carefully [...] definitely, yeah, that would change. I haven't seen a healthcare professional in a while. (Participant 4, SI, ISLH)

Participants attributed this sense of relief and more honesty or openness with healthcare providers to feeling that they would not be judged and feeling less ashamed about drug use in the context of decriminalization.

As well, PWUDs' fears about legal repercussions eased, allowing them to focus more on seeking help from healthcare services. Speaking specifically to the impact decriminalization on reduced fear and seeking healthcare, the following participants said:

It [decriminalization] made it easier for me to be able to deal with my addictions and not have additional concerns of being punished for those addictions. And made it easier to go seek help and get help knowing that I wouldn't be arrested and put in jail and my life ruined because of an addiction that I can't control. (Participant 29, SI, FH)

It [decriminalization] kind of eased up people's minds and the fear factor was lessened really...it helps people have a look at themselves, really, and if the resources are there then maybe people are more apt to come in our doors and get some help. (Participant 51, SM, VCH)

Changes to stigma in healthcare in the long-term

Across the sample, views and experiences were diverse - some participants were pessimistic about the stigma in health and harm reduction services, whereas others were more optimistic about acceptance of drug use in the long-term. First, some did not feel confident that decriminalization had or would ever have a positive impact on stigma in healthcare settings. This sentiment was especially evident among participants who were more 'socially marginalized' and structurally vulnerable (i.e., unhoused). In fact, some felt that decriminalization had increased stigma:

I feel like there has been an increase in the stigma and the way that you get treated by healthcare professionals since decriminalization rather than the other. Which is obviously a goal of decriminalization, right, so I feel like it is not working [...] my most recent experience at Vancouver detox was, like, one of the worst experiences that I've ever had in healthcare. And it was totally through, I feel, discrimination based on my drug use, that's a real shame actually. (Participant 54, SM, VCH)

The people who are using on the street are not treated very well by the medical system by and large. So I think that ship has sailed when it comes to the stigma that they face in the medical community. (Participant 49, SM, FH)

For participants who continued to experience stigma in healthcare settings, their negative or more pessimistic outlook was rooted in feelings of shame, discrimination, and mistreatment by healthcare providers.

In contrast, other participants believed the effect of decriminalization on healthcare access and experiences would be seen long-term. They often reflected on what they hoped would happen:

I think that decriminalization will allow people to access these [harm reduction] services without stigma, for sure. And hopefully increase their availability and visibility, accessibility, all that kind of stuff. 'Cause I think everybody likes to get high to some degree, and I think that-- why can't we just admit that and deal with it instead of just denying it. Yeah, I hope it does. I hope it increases the-- or reduces the stigma around it. (Participant 14, SI, ISLH)

I'm hoping that it gives all doctors that would have previously been a little judgemental more of an open mind. And then that way they'd, like, maybe more people that when it is important for them to disclose drug use will actually do so. (Participant 32, SI, IH)

Participants were hopeful and optimistic that availability and access to services, as well as compassion amongst healthcare providers, would improve. These participants also hoped that healthcare workers would be more accepting of drug use, "instead of just denying it", as Participant 14 explains above.

5. STIGMA AND SOCIETAL ATTITUDES

Drug use stigma was evident both subtly and overtly in the data. It was evident through participants' reflections about themselves and other PWUD, narratives on recent social interactions, and beliefs about the impact of decriminalization. For instance, most participants, but particularly 'socially integrated' PWUD, were fearful of being "found out" as a drug user by their employer or social circle and felt the need to hide their drug use -- sentiments that they believed had not changed since decriminalization. Negative stereotypes about PWUD and internalized stigma also weaved themselves through narratives, whereas others commented on drug use stigma amongst friends, family, and society at large.

Public attitudes

Participants were acutely aware of public attitudes towards drugs and stereotypes of PWUD. They consistently commented on their belief that drug use was still largely stigmatized in society. Talking about decriminalization, one participant said: "*I don't think public attitudes about that have shifted much because of this change in policy*" (Participant 55, SM, ISLH). Narratives gleaned what they thought these negative stereotypes about PWUD were.

The war on drugs said so much misinformation as absolute truth for so many years, people hold it as part of their moral code: "Drugs are bad and drug users are violent, mentally ill criminals that belong behind bars. They do not deserve compassion. And god forbid if you have one in your family, you better outcast them under the guise of tough love or else you're enabling their addiction." (Participant 52, SM, VCH)

Negative stereotypes of PWUD as violent, mentally ill, and criminal were framed as deeply ingrained ideas amongst society. They felt that negative attitudes towards drugs and negative stereotypes of PWUD were entrenched in people's minds and questioned whether drug policy reform could alter (or even worsen) this. Participants believed the policy shift had aggravated negative views towards drugs and people who use them.

It [decriminalization] hasn't removed the stigma thing. It's made it worse if anything. Yeah, now that it's legal-- they decriminalized, the fact that we don't have to hide, you do see it now and -- just like, disgusted, the looks and stuff [...] I don't see how it would ever be able to help stigma. It's always going to be there. (Participant 29, SI, FH)

For some, stigma was heightened in certain areas of the province, with Vancouver framed as much more accepting of drug use. As one person described:

A lot of people don't understand the island and the Lower Mainland are a very different mentality than northern BC or eastern BC where [...] there's a lot of people who hate addicts and think they're scum. And they just see people decriminalizing drugs and think that just means that survival meth-head or crackhead now gets to smoke their pipe in their kids' elementary school and cops can't do anything about it. There has to be a more realistic picture to get a shift from decriminalization. (Participant 15, SM, IH)

This perspective suggests that more work may need to be done in certain communities that are traditionally more conservative. As such, it is important to consider how the attitudes and experiences of both the public and PWUD specifically vary across BC.

Removing the 'mark' of a criminal record

The main benefit around employment after decriminalization was a shift in what it meant to be identified by employers or others as a PWUD – “*something like that can come out*”. Amongst the ‘socially integrated’ participants, some explained that decriminalization eased their worries about being labelled as a PWUD through the ‘mark’ of a criminal record, given the negative impacts it could have.

If that policy [decriminalization] didn't exist it's also, like, what is the state going to gain by criminalizing me, right? If I get-- if I have a bag in my pocket and I get charged, then I couldn't [...], I'd lose my job, lose my-- I'd lose my livelihood, I'd lose my house. I lose social connections so then, like, it's just a very selfish state view. Why would-- what would the state gain, you know what I mean? (Participant 4, SI, ISLH)

That's where it's [decriminalization is] helpful because otherwise you have to tell them [employer]: "I was arrested." It's on your record. If you go for your job and people look into it, it's there. So it's, like, you know what I mean? It comes out. Something like that can come out and it's fucked. (Participant 6, SI, VCH)

The ‘mark’ of a criminal record can have devastating effects, including job loss. Given the potentially damaging impact of being ‘found out’ and having a criminal record or simply being known/labelled as a PWUD, decriminalization presented a sense of relief and socioeconomic security.

Internalized stigma

Participants often commented on or shared views about themselves as a person who uses drugs. Specifically, the more ‘socially integrated’ PWUD seemed to hold particularly negative beliefs and attitudes towards their own and others’ drug use. These views were evident of internalized stigma.

We're always hardest on ourselves. So, kind of no matter what's happening outside of our own head, we're always the hardest on ourselves. So even though it's decriminalized, because... my brain's been trained my whole life to think of it in a negative way, I kind of have to even unlearn some of those thoughts and some of those stigmas myself. Even towards myself, if that makes sense. (Participant 5, SI, VCH)

I don't think drugs are bad and, at the same time, like, quite interesting because I do drugs. When I do drugs, without fail I feel shame the next day. (Participant 25, SI, VCH)

I don't want to have to hide it [that I use drugs] from a lot of people, so I don't feel the greatest when having to do that. I mean, it feels kind of shitty. (Participant 19, SI, ISLH)

I would not like to see fentanyl decriminalized or made legal. Because fentanyl is ridiculous. [...] I think it's too dangerous. And same with meth. I think meth is crazy. Meth is a little bit too much. Because the people that I know who've done meth it changes who they are. It changes what they do. And I feel like it's not a good drug to have legal. But something like

ecstasy, you know, you want to take it at the club and cocaine, I think that should be legal.
(Participant 23, SI, ISLH)

Some of these participants associated their drug use with shame and negative feelings. For some, PWUD who used drugs that were considered more dangerous (e.g., fentanyl, methamphetamine) were seen as less trustworthy and in need of more protectionist or prohibitive drug policies.

Some participants reported specifically that decriminalization had not altered how they viewed or thought about themselves or other PWUD, regardless of how negatively or positively they perceived themselves or others.

There's no positive to it [drug use] so I can never see a positive to it. I only ever see my usage of it as a negative. So it doesn't matter, I don't really think, if it's decriminalized -- I know it's still a bad thing to do. I know it's not good for my life and it's not doing anything good for me. (Participant 6, SI, VCH)

I still feel the shame of it. I don't think that that will ever go away just because the law says that it's okay. But no, it definitely hasn't changed anything in that view [...] I also look at drug addicts and think that, you know, they're kind of gross. And that they're irresponsible, certain drug addicts. There's some that hold it together pretty well. But the fact that even I view that and I've been a drug addict for 10 years is-- I think shows that people are not going to change their views on that [because of decriminalization]. Because I can't even change my views on that. (Participant 30, SI, FH)

I don't think it would impact how I view myself. I'm kind of at peace with myself, you know.
(Participant 17, SI, FH)

However, when prompted, some believed that decriminalization had begun to slightly change their self-perception; similarly, others were hopeful that drug use stigma might change over time even if they had not yet noticed any changes to their self-perception.

Maybe eventually [decriminalization will impact how I view myself]. But I have a pretty negative view of myself because I do it [drugs]. I don't think it's a good thing. I think it's a terrible thing that I do it. (Participant 6, SI, VCH)

I think in time, you know, it's not like this is an immediate-- you can see results from necessarily. So I think maybe in time that [self-stigma and societal stigma] would change.
(Participant 38, SI, IH)

It's [decriminalization] going to make you less guilty about yourself, 'cause we already deal with a lot of mental health. I feel like it's better for you, for your health. So you don't feel, like, that's-- the effect of it makes you, like, sad and judged and feel bad about yourself. I think that that [decriminalization] would help in that case. (Participant 22, SI, VCH)

For sure, like, I feel less criminal if I do have those [drugs] with me. (Participant 41, SM, IH)

Shifting drug use stigma over the long-term

Despite believing that societal attitudes towards drugs were not substantially shifting, many participants still thought that decriminalization was a “*step in the right direction*”. They saw governments and people as becoming somewhat more accepting of drugs and drug use over time.

These people are set in their ways and they're set in their views. Until they learn about the person and why they are using, you know, drugs or whatever. Like I was saying before, we have a city councillor that works with us that has done a 180 on her views once she got more information and got to know a few different individuals. Some of these individuals she's gotten to know are homeless and things like that. Yeah, she understands. She is a good model for learning and yeah, once people can understand, maybe they will, you know. (Participant 67, SM, IH)

A few participants reflected on what this government action symbolized and its potential impact on both acceptance and normalizing drugs in society (e.g., “*people that don't use, I've noticed they're coming around to it too. They say, oh - that's okay, they're allowed to have it*”, Participant 65, SM, ISLH), as well as potentially shifting negative beliefs about PWUD relating to crime and disorder.

Drug use is a lot more prevalent than people think that it is, maybe. I think that lots of people use drugs in lots of different contexts in a spectrum. And decriminalization can help take a certain aspect of stigma away because that criminality that everyone who uses drugs is this, like, thieving, no-good, amoral criminal, like, ridiculous antiquated narrative, I think that decriminalization has a lot of potential to change the narrative and also create safety where safety doesn't currently exist. So I am really hopeful that it-- that's the direction that it goes in. I just think that there needs to be a lot of policy support in place and right now I don't see that existing. (Participant 24, SI, VCH)

I noticed it with pot, for instance, like, you know, I mean, if I smoke pot and people know it's legal, I don't feel bad. I don't know if there's not much proof because how can I gauge somebody's look or the way I feel that they're perceiving me. But it seems like it's a lot less stigmatized in that realm. So I feel like drug use-- and getting that out there that people should be able to do what they want as long as they're not harming another person. That is a better mentality to have in the general public. And that in itself will kind of trickle down as to how people maybe feel perceived. (Participant 14, SI, IH)

In line with the idea that decriminalization may ‘normalize’ drugs in society, one participant in our sample did not see this as a benefit to them personally. They felt that a *lack* of stigma or shame attached to using drugs could make them feel more comfortable buying and using drugs.

It [decriminalization] creates too much of a-- it facilitates my-- to buy. I prefer feeling the shame attached with it [using and buying drugs]. (Participant 9, SI, VCH)

Other participants, particularly those who were marginalized, described a change in the level of stigma in terms of understanding and compassion. As one person reflected:

People are aware of substance abuse in the community and people that are really struggling with it. The stigma around it is changing with people learning to be more understanding and that it is a disease process, and it is really difficult and people are really, truly, suffering. So, there has been a lot of change in the way people perceive it and the stigma is not as bad. (Participant 51, SM, VCH)

As some of these participants point out, there is a sense that this shift towards more positive perceptions of PWUD and drug use will take time and resources: “*I just think that there needs to be a lot of policy support in place and right now I don’t see that existing.*” (Participant 24, SI, VCH). In describing it as an ongoing process and as something that is “changing” and that will “trickle down”, PWUD are optimistic about the long-term impact of decriminalization on stigma.

Communication with family and friends

Some participants commented on perceived changes in communication about drug use amongst family and friends following decriminalization. PWUD talked about it more openly and frequently, and saw others being more open about it too.

It [decriminalization] will make people more willing to actually talk about their use without fear of repercussions. At least, you know, coming forward and saying like, yeah, I use and I would like to feel less alone. (Participant 53, SM, VCH)

When I started six years ago there was no talking about it, or you were put down because you brought it up or, you know, like you were frowned upon or however you say it. [...] it is more positive now. I feel like people are, just, it’s more easier to open up to people asking about it more than you wanting to tell somebody about it. (Participant 58, SM, NH)

So, I guess, socially, decriminalization has opened those conversations up a little bit. And with MDMA I’ll talk about that a little more openly with people and there’s less judgement. (Participant 25, SI, VCH)

Key to this openness was PWUDs’ social circle of friends and family wanting or being willing to have conversations about drugs and drug policy. Such conversations produced a sense of connectedness and social inclusion, rather than isolation and exclusion.

Although some felt like there were immediate impacts on their communication and relationships, others believed more time was needed to feel the impact of decriminalization on improved communication and relationships with family and friends.

I mean, it’s a very new policy, so over time it might definitely influence my relationship with my family, sure. I think it’s-- like I have friends who are very open about their drug use with their family, and I think that’s very nice. And it leads to really good conversations, and I think ultimately, we get closer if we don’t hide things from one another? (Participant 4, SI, ISLH)

There was a sense of optimism that they would eventually feel more comfortable being open about their drug use, and transparency was thought to help strengthen interpersonal relationships.