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# **DRUG DECRIMINALIZATION IN BRITISH COLUMBIA: A PRE-IMPLEMENTATION QUALITATIVE STUDY WITH PEOPLE WHO USE DRUGS**

## **RESEARCH REPORT**

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# Executive Summary

In this study, we aimed to establish a qualitative baseline of people who use drugs' (PWUDs') experiences in police interactions as well as assess their attitudes towards decriminalization, and expectations and concerns about the incoming model pre-implementation. In September to December 2022, we interviewed 38 people across BC who had recently used illegal substances and wanted to talk about decriminalization and their interactions with police officers. In this report, we present the main thematic findings from this data as it relates to the incoming decriminalization policy in BC.

## PWUD Experiences with Police

- PWUD in our study overwhelmingly did not experience arrests for simple possession, although some had been arrested for other criminal offenses (e.g., drug trafficking, sex work, violence, theft).
- While arrests for possession was reported as uncommon, interacting with police was an 'everyday' occurrence for most participants.
- In lieu of arrest, police often confiscated both legal and illegal drugs.
- Impacts of drug confiscation included emotional distress, financial impacts, housing precarity, violence, and replacement crime.
- People continue to experience a high degree of discrimination, harassment, targeting, and violence from police officers due to being identified as a PWUD, particularly in certain circumstances and among certain officers.
- PWUD were deeply concerned about the ongoing role of police officers in their lives and a lack of police accountability post-decriminalization.
- The bounds of the decriminalization model (e.g., drug trafficking, threshold amount, locations) and intersecting social positionings (e.g., homelessness, disability) suggest that PWUD may continue to be criminalized for a range of reasons that do not include drug possession.
- PWUDs' long history of conflict, harassment, violence, and distrust with police officers and other areas of the criminal legal system reverberated throughout all aspects and topics of this study.

## Awareness and Understanding of Decriminalization

- While most participants were aware of the incoming decriminalization policy in BC, their understanding of the model and details, such as threshold quantity and substances, varied and was often lacking or inaccurate.
- Decriminalization and other models of reform, such as legalization and 'safer supply' were often conflated.
- Overall, greater knowledge translation efforts about decriminalization to PWUD is needed.
- PWUD identified several groups that require greater and more targeted knowledge translation efforts about the incoming policy, including unhoused individuals, people with disabilities, and those who are visually impaired.
- PWUD felt strongly that information about decriminalization could be shared through peer workers and peer-based groups, as well as harm reduction organizations and media.

## Views towards the Features of BCs Decriminalization Model

- The threshold policy was the most talked about detail of decriminalization; PWUD held strong but mixed views about the decriminalized amount (2.5g) that were mainly based on concerns for ongoing criminalization of PWUD and for whom the threshold did not apply.
- Due to entrenched distrust towards government policies, as well as uncertainty of the details of the threshold itself (e.g., weighing of drugs), PWUD had a sense of distrust and fear towards the implementation and practices surrounding the threshold policy.

- PWUD held strong concerns and uncertainties about drug trafficking charges and were worried about its potential impact on the ongoing drug toxicity crisis.
- People were generally optimistic about the information cards that would be distributed, but there was great concern that the resources offered would lead to 'dead ends' and disappointment.
- PWUD were strongly disagreed with police officers distributing information cards and were concerned that this role may anchor policing in their lives.
- The fears about the information cards suggested that the mechanism of distributing cards via police officers may produce points of conflict between these two groups.

### **Hopes and Concerns for Decriminalization in BC**

- Attitudes towards decriminalization were mixed: some PWUD were optimistic about decriminalization and saw it as an incremental step in terms of drug policy reform, whereas others were skeptical that other forms of criminalization and interactions with police would change under decriminalization.
- Participants believed they would continue to not be arrested for simple possession, but still be harassed by police due to structural inequities (e.g., homelessness) and charged for drug-adjacent crimes, such as sex work, theft, and drug trafficking.
- PWUDs' hopes were linked to de-stigmatization, social inclusion, and reduced fear of police.
- Some PWUD were hopeful that decriminalization can reduce stigma and, subsequently, provide benefits to PWUD – particularly if there are resources and interventions available.
- Perceived benefits of decriminalization went beyond simply health outcomes and included mental wellness and wellbeing, access to health and harm reduction services, socioeconomic benefits (e.g., employment) and social inclusion.
- PWUD had mixed views towards public drug consumption, but most narratives provided a sense of social responsibility and norms amongst the community.
- Participants worried about police procedural or 'off the record' tools being used to continue to penalize PWUD. Some worried that decriminalization may 'backfire' and that police may even be *more* punitive or harassing of PWUD.

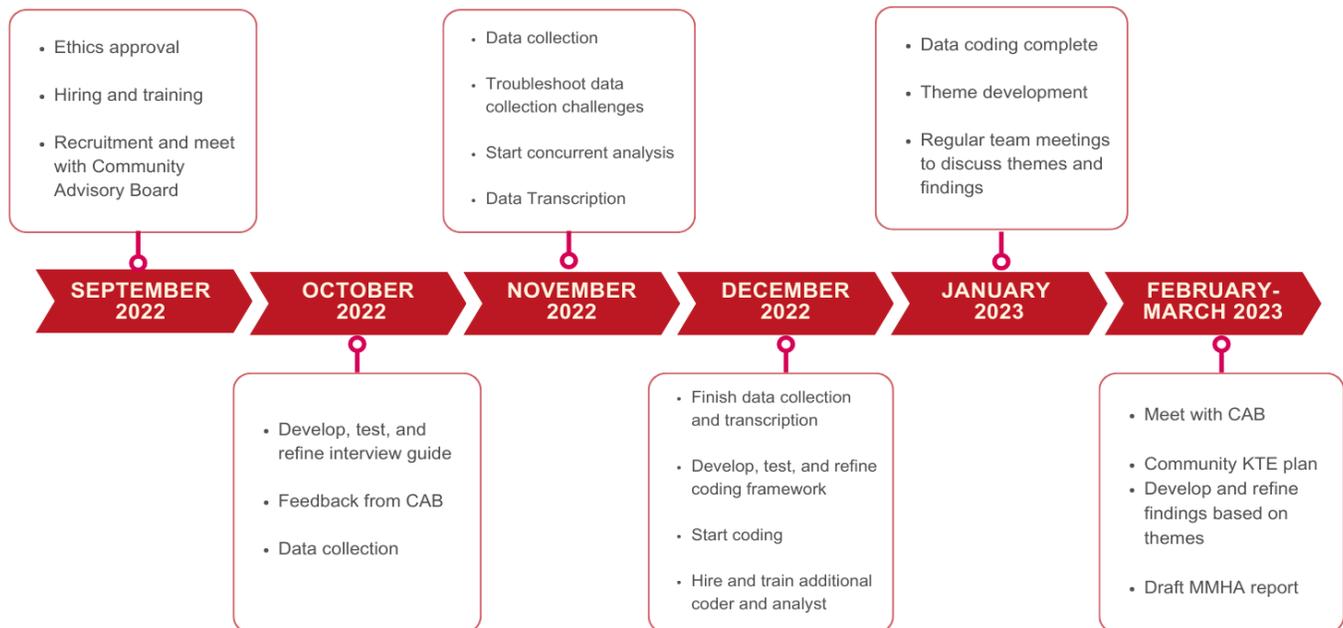
# Project overview and research methods

## Study objective

This report presents the findings from qualitative research conducted in British Columbia (BC) with people who use illegal drugs prior to the implementation of drug decriminalization in the province. The aim of this study was to establish a qualitative baseline of PWUDs' experiences in police interactions, attitudes towards decriminalization, and expectations and concerns about the incoming model pre-implementation. The study was conducted between September 2022 and March 2023 through Simon Fraser University (ethics protocol #30001251).

## Project overview

This rapid qualitative study took place over six months, between September 2022 and March 2023. A brief timeline of the work undertaken and tasks completed is provided in Figure 1.



**Figure 1: Timeline of Project**

## Community advisement

Prior to collecting data, our team connected with the BC Center for Disease Control's Professionals for the Ethical Engagement of Peers (PEEP), with whom we had a pre-existing relationship with. We presented the project aims, structure, and expectations, and invited members to join an advisory committee that was separate from PEEP. The advisory group was comprised of six people with lived or living experience of illegal drug use who are well-connected with other networks and groups of PWUD in BC. Members were compensated for their involvement at a rate that aligns with best practices<sup>1</sup>. Over multiple meetings, the group advised on the recruitment and sampling strategy, questions asked (interview guide), and facilitated recruitment for the piloting of the question guide and subsequent recruitment of participants. Members of the group were also involved in reviewing the question guide and discussing themes and sampling as the study unfolded. After the data were coded and analyzed, the findings and this report were presented back to the group for feedback. Members

<sup>1</sup> Greer, A., Newman, C., Burmeister, C., Burgess, H., Coll, M., Choisl, P., LeBlanc, B., Lacroix, K., Lampkin, H., Amlani, A., Pauly, B., & Buxton, J. (2017). *Peer engagement principles and best practices: A guide for BC health authorities and other providers*. BC Centre for Disease Control.

were made aware of the expediency of the project and level of involvement before starting. We aim to involve the group in additional knowledge translation efforts, including presentations and papers.

**Developing and Revising the Question Guide:** The interview guide was developed in collaboration with the research team and multiple members of peer working and outreach groups, including people with lived and living experience. The guide is included in Appendix 1. This team held regular meetings to discuss and revise the interview guide prior to recruitment efforts. The guide was also reviewed by collaborators including researchers at the BC Center for Disease Control and Ministry of Mental Health and Addiction. The guide was comprehensive and covered all important discussion topics. The

interview guide consisted of three sections: (a) personal experiences with police officers around drugs, (b) awareness and knowledge of decriminalization, (c) relationship between police and people who use drugs. A series of demographic questions were also asked to track the sample and inform the sampling strategy. Participants were asked for their age, gender, sex, ethnic/racial identity, living situation, length living in B.C., drug type used, and the frequency of harm reduction service use. During the interview and data collection process, regular meetings were held with the research team to ensure that the guide was cohesive. The interview guide was revised, as necessary, to promote the relevance and depth of the interviews.

**Recruitment and Sampling:** Inclusion criteria were: (a) 18 years or older, (b) self-identify as someone who has used illegal drugs in the past six months, (c) have access to a telephone or Zoom, (d) are able to receive or have someone able to receive the e-transfer honorarium (e) interested in discussing decriminalization and recent police interactions. If participants did not have access to a telephone or Zoom, the researchers presented the option of having a peer worker facilitate technology for the interview, or for the interview to take place in person.

PWUD were recruited for this study using purposive and snowball sampling approaches. To recruit participants, community advisory members and peer workers distributed recruitment fliers and facilitated scheduling. Initially, due to snowball sampling many participants were well connected to peer-based organizations and networks and knew each other and the drug policy landscape in BC. However, to reduce bias and gain diversity in perspectives, we also purposefully sampled certain groups to ensure diverse perspectives were captured, such as unhoused people, racialized individuals, and gender diverse individuals. Recruitment and data collection continued until the research team felt they had met saturation for the aims of the study ( $n = 38$ ).

Eligible and interested participants were provided with a consent form that explained the purpose of the study and the requirements of participation. Verbally and through the consent form participants were informed that their

Sample Characteristics ( $n = 38$ )	n
<b>Age</b>	31-58 (avg = 40)
<b>Race/Ethnicity</b>	
White	18
Indigenous	17
Black	1
Southeast Asian	1
East Asian	1
<b>Gender</b>	
Cisgender Man	19
Cisgender Woman	17
Gender Expansive	1
Two Spirit	1
<b>Living Situation</b>	
Private residence, with others	13
No regular place to stay	7
Other residence	18
<b>Region</b>	
Vancouver	10
Fraser	6
Northern	8
Island	7
Interior	7
<b>Years Living in BC</b>	
20+ years	28
10-19 years	4
10 years or less	6
<b>Drugs Used*</b>	
Stimulant	33
Opioid	23
Depressant	6
Other	24
Polysubstance Use	36
<b>Use of Harm Reduction Services</b>	
Daily	7
Once or a few times a week	2
Less than once a month	5
Never	5

\*This total was calculated by drug type mentioned, rather than per participant as most participants used more than one substance

participation was voluntary and confidential. At the beginning of the interview, participants were asked to provide informed consent – after which the interview proceeded and was audio recorded.

**Data Management and Analysis:** After the interview was completed, the audio recording was transcribed verbatim and verified by multiple researchers. Any personally identifying information was removed or anonymized during the transcription process. The de-identified transcripts were uploaded to NVivo (a qualitative data coding software) to be organized and analyzed.

Bi-weekly research team meetings were held to develop a coding framework. A preliminary framework was applied to five transcripts to ensure that participant perspectives were encapsulated by the codes, and revisions to the framework were made when necessary. Then, the coding framework was applied to all transcripts. Regular meetings were held to ensure consistency and reliability across coders and any necessary revisions to the framework and coding were made.

To analyze the data, the research team engaged in a collaborative thematic analysis, guided by the aims of the project. In this report, we present the themes organized into four broad categories: (1) PWUDs' experiences with police, (2) awareness and understanding of decriminalization, (3) views towards features of decriminalization, (4) hopes and concerns for decriminalization. For each theme we provide an explanation of findings and a selection of exemplary quotes that support these findings. Note: The number of quotes provided under each theme does not reflect the total number of quotes for a particular theme or the importance of that theme.

Additional feedback from community and additional collaborators (including BCCDC, PEEP and collaborators) was sought and integrated into the current report.

**Ethical Considerations:** Ethics approval was granted by Simon Fraser University's Office of research Ethics on September 13<sup>th</sup>, 2022, under Dr. Alissa Greer (ethics protocol #30001251). The study was deemed minimal risk. The study followed the ethical principles outlined in the Tri-Council Policy Statement 2. Participants were provided with a consent form that detailed the study purpose and procedures. An explanation of confidentiality was provided, informing participants that their data will only be identified through a pseudonym and any identifying information discussed through the interview would be removed. Prior to the interview commencing, the participants were asked if they reviewed the consent form, had any questions relating to their participation in the study, consented to participating, and provided verbal consent for audio recording. All data related to the study was kept on a secure, password-protected, and encrypted folder and was only accessible to the research team.

# Study Findings

## 1. PWUDS' EXPERIENCES WITH POLICE

### Recent police interactions and arrests

Interactions with police were very common for participants; an 'everyday' occurrence for most: *"All the time. I get stopped everyday by the cops. Everyday."* (Participant 2) *"I mean, I've had many, many in the last few years. Probably at least 30 interactions."* (Participant 17). For many participants, regular police interactions and police presence in the community was simply part of the social environment in which they lived.

However, participants' examples of police interactions were resoundingly **not** based on possession for personal use; we found only one reference to a potential arrest charge for personal possession alone. Participants attributed this lack of recent arrests for simple possession to a change in policing culture and discretion, and provided numerous examples of where police chose not to arrest and detain individuals for possessing illegal (or legal) substances. Given simple possession arrest and charges were so uncommon, some were skeptical about the impact of the incoming decriminalization policy.

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*So, they're [police are] more liberal, more at ease and they're not so tense. And they're not so fast to get out and kick your teeth down your throat and stuff like that. Like, they used to be so rough and gruff like that. That's-- they used to be so like that. They'd just jump out of the car, and they got you, right. "Get that out of your mouth. You just swallowed it." And they'll shove the flashlight down your throat, right. And that's the way they used to react. But now they just say, listen, there's places where you can go to do that.* (Participant 39)

*"I don't think things will change that much. Like it's not really an issue of people going to jail or getting arrested."* (Participant 4)

*"I thought it [decriminalization] was already happening until me and you talked...And I thought it was already up and running. But, apparently, it's not and they can still charge you. But they haven't."* (Participant 21)

*"I don't think decriminalizing it is really going to make that much of a difference...I don't think it's gonna affect the levels of crime much because I think the crimes that are being charged were already, aren't drug...drug-related crimes."* (Participant 3)

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In other words, participants shared their view that policing practices had already changed prior to the decriminalization even being announced and that arrests for simple possession were rare. However, importantly, in most of these cases, police would still take other action, such as confiscate or, arrest for other intersecting forms of criminalization – most often drug trafficking. Other examples of arrest amongst the sample were attributed to homelessness and poverty, theft, or other crimes of participants or others they had seen – underscoring that if the intersecting structural vulnerabilities for many PWUD remain the same, then so will arrests.

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*"Even though they decriminalized the drugs, people are still going to be doing the crime to get the drugs. And the crimes might not have nothing to do with drugs. Right? So they're committing, say, a robbery or they steal from a store or whatever. They're still gonna be*

*charged with that, whether it, really, truly is drug related that they're only doing it because they need to pay for their drugs, right?" (Participant 3)*

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In addition to drug-related crimes, police had many procedural, as well as 'off the record' tools, to be punitive towards PWUD. Some worried that decriminalization may 'backfire' and that police may even be *more* punitive or harass PWUD, particularly due to the defined threshold amount. Such insights underscore the history of policing among PWUD and ongoing distrust that they hold towards the law and law enforcement:

*"You'd think that because of the decriminalization that they [police officers] would pay less attention to the drug addicts? Like, it's not as important because it's now not a crime. But I think they're going to be on us more...I think they'll want to nail us even more, in a way." (Participant 3)*

*"They [police officers] don't do fuck all...they're either harassing people by taking their shit, and not even drugs. Or just fucking not doing anything. It [decriminalization] just gives them [police officers] more power over us. It's not even about the drugs, really." (Participant 35)*

*"I think that's [decriminalization] going to fucking backfire. Now you're going to get these cops arresting everybody for fucking stupid ass little amounts of drugs. Taking it away from them, harassing them more than they are." (Participant 35)*

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In summary, PWUD were skeptical that things would 'change' under BC's new decriminalization model: they believed PWUD would continue to **not** be arrested for simple possession, but they were confident that they **will** continue to be harassed by police due to structural inequities (e.g. homelessness), and charged for other drug-adjacent crimes, such as sex work, theft, and drug trafficking.

### **The nature of police encounters and police violence**

When asked to talk about their recent encounters with police officers, PWUD reports varied. Some reports were recent whereas others were from years prior. Regardless, their encounters with police left a lasting impression. Overarchingly, PWUD shared negative experiences with police; however, there were variations and nuance in the data. Experiences hinged on the officer, situation, and how they were treated. As participants described: *"some are very understanding, and some are very intolerant." (Participant 17); "It really depends on who the cop is. If that cop's in a good mood or not and how the person's interacting." (Participant 8)*. Some shared that PWUD experiences also varied due to positive changes in recent years and that PWUDs' experiences likely varied by region. *"Yeah, it's changed a lot. They don't just run up and tackle you to the ground anymore. Like I said, they released the guy on the spot. (Participant 32)*. Some people viewed police from some departments as harder on PWUD, such as in Victoria and Prince George, whereas police in other places, such as Vancouver, were seen as *"being more lenient with these concentrated areas of drug use" (PWUD 01-12)*. However, there were inconsistent and varied reports across these regions too, suggesting that interactions may be situational and officer dependent.

Regardless of these variations, across the interviews PWUD narratives reflected a sense of distrust toward police and subsequent insecurity and uncertainty of officers' future actions. PWUD were skeptical about any interaction with police and assumed it would be negative. These attitudes were rooted in a long history of conflict and injustice within the legal system. Much of the descriptions of

police behaviors during interactions were described as “unnecessary”, “reckless,” and “irresponsible”. The stories participants shared with us were difficult to hear; they were marked by reports of verbal abuse, hatred, and discrimination, being mocked/demeaned, physical violence, sexual violence (including reports of rape), abuses of power, and lack of communication about process/procedure.

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*“You’d be amazed what they’re allowed to do...And what they get away with, you know. They treat most people down here like absolute crap.” (Participant 20)*

*“In my community I hear awful stories about the interactions with the police. It’s always that they’re coming on too strong or that they like to abuse their power. People in this community seem to get no respect from the police, is what I hear.” (Participant 28)*

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Many of these experiences were characterized by perceptions of undue use of force, ridicule, or power abuses. In some of the examples, police officers would resort to violence in lieu of arrest or legal procedures related to drugs.

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*“She has a ton of dope on her, but they didn’t charge her. They didn’t even take her dope. They just got a thrill out of fucking pretty much stomping the shit out of her.” (Participant 9)*

*“I’m like ‘why are you doing this to us? We haven’t done anything wrong, we’re not hurting anybody.’ Yeah, maybe we shouldn’t have our dope out, but I said ‘you have no right to be doing this to us.’ And that’s when I got hit in the back.” (Participant 26)*

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Certain situations also seemed to contribute to the experiences of PWUD. For example, police officers being undercover and/or PWUD feeling ambushed or surprised aggravated participants. Under these circumstances, many had experiences of police officers taking drugs and money. Most conflicts with police were in the context of homelessness, drug trafficking charges or other criminalized activities, such as driving intoxicated, theft, or domestic violence cases. Police violence was an important topic as it had a strong and lasting impression on PWUD. Some of the encounters that stuck in people’s minds were from 10 or 20 years prior. The use of violence in lieu of arrest suggests a potential continuation of these behaviours despite the removal of arresting for simple possession under decriminalization.

### **Being identified by the police as a person who uses drugs**

Participants reflected on their regular interactions with police and often attributed this contact to discrimination as a PWUD and therefore subject to greater harassment and targeting. Participants’ perceptions of being identified by officers was often through physical characteristics, community visibility, or being known by police. Discrimination was a strong theme throughout the interviews:

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*“They see a drug addict and so then they automatically treat us a certain way... If you don’t look the part, then they treat you a little bit better.” (Participant 17)*

*“It was wintertime. Snow on the ground. Threw me into the ground. Boot fucked me with his, like, work boots, like, beating me really bad. For no reason. And I kept saying the entire time, I’m not resisting. I’m cooperating. I’m not resisting. I’m cooperating. But I’m just a stupid fucking*

*drug addict that likes to steal vehicles. And this is what I get for that. Useless piece of shit that deserves, you know, deserved it in their eyes.” (Participant 13)*

*“They find reasons to pull you over especially when it comes, like, if you’re a known drug addict they harass you instead of trying to offer support or be supportive in any way.” (Participant 13)*

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### **Concerns about police corruption and lack of accountability**

Negative views towards the police also stemmed from participants observations and examples of police corruption; the view that *“We got crooked cops in all branches”* (Participant 5) was present and a strong theme throughout the interviews. Many participants provided examples (unprompted), recalling some officers working in the drug market, both undercover and in uniform, who were engaging in illegal and corruptive behaviors that distorted their view of police and the criminal legal system. There was further discussion of police officers stealing money and drugs, purchasing criminalized services from sex workers, and profiting from the drug market and organized crime.

Importantly, PWUD experiences and beliefs about police corruption eroded PWUDs’ trust and confidence in the role of police and the criminal legal system. It seemed that voluntarily sharing, and emphasizing, these examples stemmed from their concern for police accountability in the context of decriminalization. PWUD felt strongly about the need for formal structures in place to promote police accountability, such as mandatory paperwork, body cams, and oversight of reforms, as mechanisms to rebuild confidence amongst PWUD as decriminalization unfolds.

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*“They didn’t give a fuck about the drugs I was doing. They didn’t give a fuck about the drugs I had. And when they did, you know, spot me around the corner and I wasn’t doing deals and they were just like casual meet and greet, like what’s up. Then they would be fucking, like, oh, get out of the car and take my shit. Don’t take me to jail. They take all my money. Take all my dope. Push me, you know, get the fuck out of here. If I see you on the block or I see you around here for the next 24 hours I’m taking you to jail... No [paperwork]....A lot of that shit goes on all over.... What are you really doing with our money, what are you really doing with our shit?” (Participant 35)*

*“But they’re not charging you, so there’s no record of that, right? So then they can use that drugs, like I said... it’s all done off, off the record, right?” (Participant 3)*

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## **2. AWARENESS AND UNDERSTANDING OF DECRIMINALIZATION**

### **Awareness of decriminalization**

Most (but not all) PWUD in the sample had heard of BC’s decriminalization policy. Considering that PWUD were recruited into the study based on their interest in discussing decriminalization, this finding was not surprising. For a few, however, the interview was the first time they were made aware of the policy change itself and found the interview to be a clarifying experience.

Regardless of whether they personally knew about decriminalization, many participants were concerned about other PWUDs’ lack of awareness about it: *“Nobody really even knows about decriminalization.”* (Participant 2); *“nobody’s really talked about it.”* (Participant 35). Participants noted, the benefits of decriminalization can only be fully realized if PWUD know about the policy change and what this means for their day-to-day lives.

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*“I don’t think a lot of people are aware of decriminalization at all. Like, they don’t even know it’s a topic, right?...not a lot of people, when I was talking about it yesterday, had even heard of decriminalization, much less knew that it’s going to go through in January.” (Participant 3)*

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In combination, a lack of information dissemination for PWUD is concerning given the potential impact of this policy on their lives. Although most participants were aware of decriminalization more generally, the specifics of the policy were less clear – as described next.

### **Understanding decriminalization vs. other legal frameworks**

PWUD had varied understandings of decriminalization as an overarching policy framework. Of concern, many participants used the term or idea of decriminalization interchangeably with ‘safer supply’ or regulation, and legalization, often implying that they were the same policy framework. They identified that this confusion across models was commonplace amongst other PWUD.

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*“[Safer supply program] come in... they have clean fentanyl...that’s good. It’s the dirty shit that’s killing everybody – so yeah, if we get it decrimmed that means that maybe we can open a [safer supply] site up and have more people...We need a lot more of those places and that’s probably what’s going to happen.” (Participant 36)*

*“The word on the street is that it [decriminalization] is going to help the toxic drug supply decrease. [Interviewer: How do you think that will happen?] Participant: I’m not really sure...I don’t really see how legalizing a certain amount of it is going to fix the problem.” (Participant 1)*

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Conflating the policy models – decriminalization and various forms of safe supply and/or regulation – falsely produced high expectations that decriminalization in BC was a drug market intervention that could address the toxic drug supply. Such insights also indicate that safer supply and the overdose crisis was top of mind for most participants – as discussed in greater detail later in this report. This finding highlights a need for more communication of policy details for those who are directly impacted i.e. people who use illegal substances.

### **The power of knowledge**

Importantly, PWUDs’ understanding of the fine details of decriminalization was important to participants in terms of their rights and empowerment. Several participants expressed concerns around the perceived lack of knowledge that PWUD had surrounding BCs model of decriminalization. Misunderstanding decriminalization might lead to individuals being unclear about what behaviours are permitted.

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*“Well, they need to clarify... the fine points of it [decriminalization]. Because it might cause a lot of problems for people, thinking they’re ok and they’re not, right...a lot of people...think it’s, you know, a golden ticket -- and it’s not.” (Participant 11)*

*“I didn’t really know anything...I think it’s pretty important that they know all of what you said. Like, if they’re just coming out of jail or if they got court orders or anything like that this decriminalization isn’t going to work in certain cases like that...” (Participant 14)*

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A prominent concern for participants was that PWUDs' lack of knowledge about decriminalization would be used against them or give them a false sense of security. *"It's going to be difficult for people to understand...they're going to learn the hard way by getting arrested or whatever."* (Participant 18) Participants were worried that poor understanding of decriminalization would limit its effectiveness or benefits as police may negate the legal protections it affords.

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*"If they've [PWUD] never heard of decriminalization and they've never heard that there's a threshold, they [police officers] can do whatever they want to...I think [police officers] [are going to] be on people more because now they're going to think, oh, in fact we are informed about decriminalization, then people are...gonna not know about the threshold... trying to catch people that are ignorant and ill-informed"* (Participant 3)

*"I'll be interested to see if they're still harassed by the cops. Will the cops test them...And that's a big thing because I didn't know my legal rights."* (Participant 20)

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Such findings highlight the potential for continued criminalization of PWUD through misinformation and misunderstanding of the decriminalization model, which was a point of concern for many of the participants.

### **Sources of information**

Given PWUD concerns about knowledge and empowerment, it was important for them to see better education and awareness about the model in their community: *"It should be on TV, commercials, everybody should know about it."* (Participant 2). For many, the interview themselves was the first opportunity to hear about some of the model details: *"No one has ever explained it like that before. Wow."* (Participant 4). It was clear that information was still scarce and that access to social media or news outlets, and the internet was not the same for all PWUD. Examples of uninformed groups included people who are homeless or precariously housed or who had visual impairments.

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*"What worries me is not everybody knows and a lot of people that don't know don't have a way to really find out, they don't have internet or whatever."* (Participant 20)

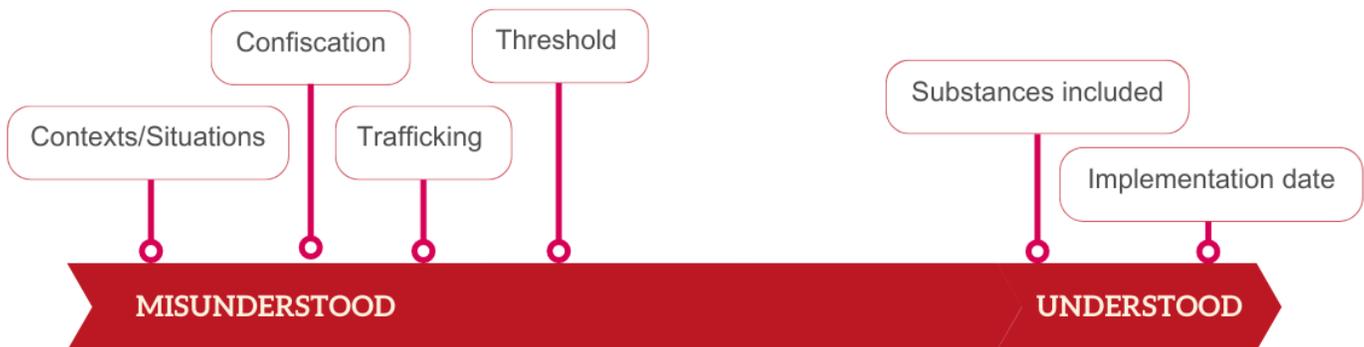
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Participants also talked about options for distributing information to PWUD. Distributing information through peer workers was talked about at length. For them, peer workers had credibility and strong relationships to the community and therefore were well poised to engage in knowledge sharing with PWUD. It is also important to note that several participants in our sample identified as peer workers themselves, and some had been involved in consultations on the decriminalization model. They had first-hand experience and insight into the effectiveness of peer workers and networks, and clearly valued this avenue of knowledge sharing.

### **Knowledge of the tenets of BCs model of decriminalization**

Among participants who were aware of the decriminalization policy in BC, there was varying degrees of knowledge about the specific model details (see Figure 2), including the bounds of legal protections it afforded. *"I've heard the basic framework of it, I don't know the details"; "I've heard about the word decriminalization lots, but I never really got informed of what it was"*. The model details that participants described included the date of implementation, substances included, the threshold quantity, and confiscation. The first two details – implementation date and the substances included – were known and understood. However, knowledge about the other details was less clear and varied widely amongst the sample, including threshold quantity, confiscation, arrests for trafficking and the

contexts or situations where decriminalization could be applied. Views towards these specific aspects are explored elsewhere in this report.



**Figure 2: Spectrum of Understanding BC's Model**

### 3. VIEWS TOWARDS FEATURES OF DECRIMINALIZATION

#### Age limit

PWUDs' views were varied regarding the age limit of 18 years set in the decriminalization model. Some thought that limiting the model to adults-only could discourage youth from using drugs and suggested that criminalizing young people for possessing illegal substances would be effective in deterring use.

For other participants, however, it was important to acknowledge the reality of drug use among young people and not penalize them. Some participants shared examples of how their own illegal drug use started prior to the age of 18 and/or shared that they knew youth who used illegal drugs. Some participants were also concerned that the ongoing criminalization of youth would stigmatize and distance them from services.

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*"I think there's going to have to be something with the youth allowed in it [decriminalization], cause there's a lot of youth who are addicts on the street too. Like, in treatment and whatnot, you see a lot of younger guys in there.... man, I was a youth when I started using..." (Participant 14)*

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#### Substances

Although we asked about all aspects of BCs decriminalization model, there was minimal commentary provoked about the substances included in the exemption. Many listed or were knowledgeable about which substances were included. This limited discussion about substances was somewhat surprising as participants did not express concerns for those excluded, such as benzodiazepines. However, it is important to note that while participants did not spontaneously offer an opinion, we did not pointedly ask about the inclusion or exclusion of substances in the framework.

## Threshold

### *The threshold policy*

Unlike the substances themselves, BC's decriminalization threshold policy was a topic that participants talked about at length in the interviews. Generally, having a defined amount that removed police discretion provoked uncertainty, fear, and mistrust. For instance, participants were unsure and unclear about whether the threshold would impact drug trafficking charges, lead to more searches from officers trying to find 2.5g, and/or lessen police discretion given that they had a defined amount. They were also untrusting of its implementation, including how police may apply it, or measure the threshold amount in practice – aspects of the policy that were thus far not communicated to PWUD. Part of PWUDs' fear was also based on distrust towards governmental policies and systems, as well as past experiences with police and the insecurity during police interactions – rooted in a history of conflict, police violence and lack of accountability.

For some participants, having a defined threshold could make their social circumstances worse by creating more police contact and interactions. Participants felt more fearful of police attention or conflict than before decriminalization. They believed that officers may need to regain their power to charge and that having a threshold defined in the decriminalization model may be a tool or policy that they could lean on to make contact with and harass PWUD.

Participants also thought that the threshold could introduce and/or exacerbate other harms, by driving the drug market further underground due to fear of trafficking charges or other police attention.

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*“Unless they want to go back and forth...And that's more traffic, that's more risk, that's more everything, right. It's more – something could happen on the way, you know, there's lots of factors...” (Participant 7)*

*“I think it [threshold] forces people to put themselves in dangerous positions everyday. Because you know, someone that maybe would buy all their stuff in one day would be able to and would have to continue to go to their same dealers and access the same dangerous sorts of positions. Or places that they go to.” (Participant 22)*

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Participants views, uncertainties, and fears towards the threshold underscore the need for knowledge sharing about the threshold and application of the exemption so PWUD feel empowered and know their rights.

### *The 2.5g threshold amount*

Participants held mixed opinions about the 2.5g threshold amount, and these views were based on their knowledge of the threshold (and model overall), positioning, location/region, and personal use and purchasing patterns. For instance, if someone's own use pattern fell under the amount, they expressed stronger support for the 2.5g threshold or believed it was 'enough'.

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*“For myself, I think it's a reasonable number. I don't ever-- I don't think I ever carry that much at a time that I can think of. But I think other people would think that it would probably be too small of a number depending on their, like, how much they use in a day. It depends on what their tolerance is and what they're using too, right. Is it 2.5 for every drug? 'Cause they're all different” (Participant 18)*

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*“2.5 grams for something like down is – for me, it’s a lot but for some people it isn’t. That’s a small amount. That’s what they use in a half day or something, right.” (Participant 8)*

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However, many participants criticized the threshold amount and believed that it was too low: “2.5 grams is, like, tiny -- super tiny.” (Participant 7). Importantly, participants narratives collectively underscored that drug use and purchasing patterns among PWUD was diverse and was not necessarily equitably captured in the blanket threshold amount, exemplified by numerous examples that participants shared. A summary of the groups, based on these many examples, is in Figure 3.

**Figure 3: Groups that PWUD report as typically possessing more than the threshold amount**

Population	Description	Quote
Financial disadvantage	Purchasing substances in bulk is often cheaper, as such, the threshold disadvantages those already struggling financially	"That tiny, little bag, that costs, y'know, ten times would it would cost if you bought it in bulk, right?"
Rural/remote/ Indigenous communities	People in remote, rural, and Indigenous communities are disadvantaged when travelling by having to purchase a lower quantity to meet the threshold	"For more rural and remote settings...they come in and they pick up a large quantity because it's medication for them"
Unhoused/ precariously housed individuals	People who are unhoused/precariously housed are limited in their ability to hide their drugs, or separate them out to carry within the threshold	"There's lots of people who are street entrenched and don't have a home and they can't just leave it, right?"
People without regulated supply	The threshold may put those not connected to regulated supply at a disadvantage as they will need to continue purchasing more drugs from the illicit supply	"2.5 grams might work for somebody who is trying to cut down and taking a pharmaceutical safer supply"
People with disabilities	People with mobility issues often have to buy drugs in bulk to limit their movement and as such will be disadvantaged by the threshold	"I think it [threshold] limits someone with mobility issues"
People who use multiple/varying substances	The threshold may disadvantage people who use multiple and/or different substances as they will be required to limit their cumulative amount	"I know people who are multi-drug addicts...they do speed and down and crack...all three are gonna add up to more than 2.5 grams"
Various methods of use	The threshold may provide inequities for various modes of use, for example, smoking, ingesting, etc whereby some methods require a larger amount	"Maybe you could do 2 grams in a day...it also depends on whether they're shooting it or smoking it or whatever"
People with a higher tolerance	People with a higher tolerance may be disadvantaged by the allotted threshold. For example, people who have used drugs for longer, or engage in higher levels of drug use	"People have tolerance, right. So I got picked up with six grams on me and that was just for me and to me it seems low"

## Drug confiscation

Drug confiscation was one of the predominant topics discussed by PWUD, largely due to the ways in which it impacted their lives. Nearly all participants shared that police discretion not to charge for simple possession was regularly paired with drug confiscation: "All I hear is that they don't really charge you, if they catch you with a small amount, they'll just take it." (Participant 4). However, this practice was inconsistent; it seemed that police could use their discretion to confiscate, depending on the circumstance, and that it did not always occur. "...during the overdose epidemic they give people more leeway. Like, let hold onto their drugs so they didn't have to find new ones." (Participant 3).

Most evidently, participants offered many tangible examples of the impacts of drug confiscation— most of which related to the need to purchase replacement drugs after they were taken or destroyed, but

also related to the unsafe situations that confiscation put them in. Impacts of drug confiscation included emotional distress, financial impacts, housing precarity, violence, and replacement crime.

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*“That’s my dope, I need that. They take it, you’re fucked. And now you have to go out and commit crime and now you’re fucking all the way down the list again, enough to try to get a pay for the cops doing this, because everybody pays for someone that doesn’t have....dope...they’ll do whatever they can to get this fucking dope. Whether it be take your purse, take your fucking car, or take your whatever...it effects everybody.” (Participant 2)*

*“There was a time where we finally just got enough money to rent, you know, and we found a space to rent. And the cops pulled us over and they took it and I was, like, crying and, like, pleading with them that that’s my rent money. And they just didn’t care. And they-- I feel like it’s targeted when they do that as well because they take your drugs, they take your money. But they don’t charge you or give you a court date for an appearance or anything. And it sets somebody up for, like, if somebody was cuffed or fronted these drugs to try and make some money with it or support their habit, they’re now in trouble and in debt.” (Participant 13)*

*“When they’ve done that, that person that maybe worked all day to get that twenty bucks to get that down or whatever so they wouldn’t be sick, is now gonna have to go out and do something else to get, get it again...They don’t know that by taking that person’s drugs, what path they just put that person on...people get desperate...they know they’re going to get sick. They know they’re going to have seizures...So, they start doing things maybe that they wouldn’t do.” (Participant 3)*

*“And that fear, that fear of it getting taken away is just – and people like swallowing it, swallowing a whole bunch of it, just so they don’t get caught with it and then getting really sick after...like they panic...they just inject it all or whatever, eat it all, or whatever.” (Participant 4)*

*“They [police] really put the worker [street level dealer] in an unsafe situation because they’ll take all the drugs and they’ll take all the money. And I didn’t realize that – when they get released they could get the shit kicked out of them. And they actually have to pay for the drugs that they lost. They have to pay back the dealer.” (Participant 20)*

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Conversely, PWUD suggested a variety of perceived benefits of decriminalization by removing the power of police to confiscate drugs. Benefits included reducing health and overdose risks, improving relationships, and crime reduction that can be associated with otherwise needing to repurchase drugs.

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*“I think there will be less crime for one thing. Because I mean if it gets taken away there obviously going to be going right back to -- however, they can get some more. You go into a panic mode at that point, when you don’t have any and you know you need it. And there’s something that I see people do like even in, to their own friends and family, they’ll steal anything and they go – like that’s all they think about all day until they’re able to get it. Once they have it, then they’re a lot better, but soon as someone takes it or steals it from them and it’s gone they just go right into survival mode, where they, you know, think who they’re going to steal from, who they’re going to rob, how do you get – and if they don’t have that stress and that fear, yeah I think it would be a lot better, a lot less, you don’t have to worry as much. It would just be a lot better.” (Participant 4)*

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However, based on a long history of witnessing drug confiscation and lack of trust of police and the legal system, several participants were still skeptical that officers would not confiscate drugs. Part of this skepticism was based on PWUDs' concerns for police accountability and weariness that police officers would not give up their power or find replacement strategies for asserting power.

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*"It'd be very hard for them [police officers] not to take away people's drugs when they become used to being a power and authority that has to do that, that are able to do that. It seems to me, very hard for them to stop doing that." (Participant 3)*

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### **Information cards and the role of police in distribution**

Overall, PWUD were positive and optimistic about the information cards and believed that access to information and, potentially, resources, including harm reduction, treatment, and other services, were beneficial.

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*"That I agree with. Because some people do want to go to treatment, they don't know how to do it, they don't want to ask people to help them, right. So having those cards I think will be good." (Participant 26)*

*"I don't think it's [information cards] a bad idea. Like, it couldn't hurt.... maybe when they are [PWUD] ready they'll find that card that they stuck in their wallet" (Participant 3)*

*"I certainly think that they should, I mean, probably people would kill me for saying that, but I think that it's an important thing for people to be referred to services. A lot of people don't even know they exist. You'd be surprised at how many people on the street don't know." (Participant 18)*

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While participants believed the information cards were a good idea, many were skeptical and concerned about the potential impact of these cards. Many argued the cards would not make an impact, a notion rooted in their views – and recent efforts – in accessing health and social services and expressed a deep sense of concern and disappointment that the cards would simply lead to 'dead ends'. For example, participants talked about recent experiences of long wait times, high barrier program policies and intake criteria, and people being denied or not followed up.

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*"You can't just give them the card and say here...it has to be available when they decide that's what they need...Because it's kind of frustrating for people when they do decide that that's what they want to do...and then...like it's not available. So, then they'll just give up on trying to recover." (Participant 15)*

*"Cause if police are going out and handing out...a card, go to this treatment – and they go to treatment and say, oh, we don't have space. Or it's a six-month waiting list. So, we need to kind of hopefully expand..." (Participant 36)*

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Participants underscored the importance of health system readiness and ensuring that there were resources to support the services listed on the cards. Some were hopeful that additional resources

may become available with the incoming decriminalization policy, to ensure people could access them if and when they were ready, whereas others were more skeptical or pessimistic.

PWUDs' experiences in the health and social system shaped their views on decriminalization, and as such, many questioned the integrity of information card distribution. They wondered if the information cards were more of an "idea" meant to "appease" the public or people in governance, rather than to truly help PWUD. For them, an information card alone was too simple when not paired with additional supports and system resources.

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*"They have to have something; they can't just say ok everyone can walk away with drugs. There's no way the community would be ok with that at all .... [for] people who don't do drugs, it makes them more comfortable about this happening...It's just smoke and mirrors...if you actually ask people [PWUD] or whatever...maybe 1 in 20 if that, would probably call a number on there." (Participant 4)*

*"Anybody who's an addict, they know where to find help. They know about detox. They know about the hospitals. They know about [harm reduction sites]. They know – I think that [information cards] will just make the cops feel better...when you want to get healthy, you know how to do it. You have to do it on your own. So, the cop giving out a smile – oh, here's...you can contact these people – just fuck off." (Participant 33)*

*"Do they [PWUD recipients of information card] have a cell phone? No. Do they have access to a pay phone? No. Do they have anybody to speak on their behalf? No. So it's great that they're going to offer it [information cards]. But a lot of addicts have a hard time with follow through...I don't know." (Participant 32)*

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### ***The role of police in distributing information cards and redirecting PWUD to services***

The role of police officers in distributing information cards was problematized. While participants liked the idea of receiving information, most were not receptive to the positioning or role of police in this policy. "A cop handing out anything other than a ticket is silly." (Participant 30). Specifically, concerns included the potential for increased police contact and conflict, ongoing reliance on policing as an institution, and the effectiveness and receptivity of this intervention.

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*"I wouldn't come up to a police officer and ask, it doesn't make sense...I mean the card is needed, it's just the question earlier, is about the police..." (Participant 5)*

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Importantly, several participants believed that relying on police officers for the distribution of information cards created a point of conflict for both officers and PWUD. Several participants suggested that PWUD would "throw it in their [police officer's] face." (Participant 33). Given the possibility of increased police conflict with PWUD, particularly if police react to potential dismissiveness from PWUD, these participants believed that police officers distributing the information cards was simply not a good idea.

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*"I could see it [information card] being ripped up and thrown in their [police officers] faces. If they [PWUD] rip it [information card] up and throw it at the ground, at their feet, is that going to*

*be an excuse to say oh, they're [PWUD] being aggressive. Especially if they [police officers] don't like substance users to start with." (Participant 1)*

*"They probably [will] just crumple it [information card] up and throw it away right then and there. Throw it right at them [police officers] ...I don't think that's a good idea. I think maybe if they have somebody in – not in uniform." (Participant 25)*

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### **Trust and receptivity towards police officers**

In relation to the appropriateness of the role of police, PWUD also expressed concerns around the effectiveness of relying on police to distribute the cards, and whether the community would even be receptive to this approach. There was a deep sense of distrust towards police amongst PWUD and their community and this impacted their relationships and overall avoidance of officers. Several commented on how this distrust would impact the receptivity of receiving information cards from officers.

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*"If a police gave me something...personally I don't pay attention to what police officers have to say...they never helped me in any way...I don't trust police...sorry. They're very untrustworthy." (Participant 19)*

*"There's a different way other than police giving me that information, because that's not a good community, you don't want information from police, you don't want to see them." (Participant 2)*

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Distrust in police was also present in the belief that some officers may hold back or selectively distribute the cards – raising equity, gatekeeping, and power concerns – particularly for groups who were less comfortable with or more targeted by police.

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*"Police should be wanting to help people anyway...not because you have drugs or whatever...Everybody should know...So you won't have to be picked up or seen by a cop in order to get that information." (Participant 2)*

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Participants exemplified the potential inequities of information card distribution, specifically: racialized groups who have a long history of structural violence, and people with disabilities who may not be able to read the cards. They also noted that people with a criminal record or who did not want to be 'known' by police may avoid law enforcement and therefore do not have the same access to the resources on the cards.

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*"Like think of all the people, like the young Black guys getting shot in the back...as they're trying to run away from police...Because they're terrified...If police are going to be giving out like information cards and stuff...I think that like, groups that already have privilege are most likely going to be given the cards, but they already have the privilege...the system is just already so fucked up." (Participant 10)*

*"As soon as – the cop's going to be, like, oh, here's a card...The person's going to be, like, what the fuck...? Oh, there's this – and they [police officers] start reading off...an addict's going*

*to be, like, I don't fucking – from a cop, like, what do you mean? ...that's not their job.” (Participant 35)*

*“It's not so much what police do if they're trying to connect people to services or whatever. It's just who they are sort of thing. Like, police make people uncomfortable.” (Participant 9)*

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Considering the distrust that PWUD had towards police officers, a few participants worried that some people would not take the cards seriously or begin to associate the services listed on the info card as 'police affiliated' – which could ultimately impact peoples' willingness to access these important services.

*“I mean if it had their logo [police officer logo] on it then I would probably not hand it out...Because I don't want to be associated with them...you know and what they stand for.” (Participant 11)*

*“Where I work, they [PWUD] sometimes will think that I'm working with police just because we work parallel to police at times. Um, so often I get even accused of being with the police, and I think if they see this name on a card, given to them by the police, they'll think that these agencies are sponsored by the police.” (Participant 22)*

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However, some participants were hopeful or optimistic that police officers distributing information cards could shift perspectives and relationships with PWUD, in that police officers could be helpful.

*“That's [police officers] the frontline of people who...like, hurt you...and they're actually giving you something that will essentially help you instead. That could change a lot of people's views on the police.” (Participant 27)*

*“I mean, it [information cards handed out by police officers] would help the police's image I think, right. That they're there not to just fucking be an asshole to people who use drugs, right.” (Participant 28)*

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### **Alternative models for distributing information cards**

Most did not see a role for police officers beyond offering a referral and, even then, some questioned the appropriateness and effectiveness of officers in this position – stating that it was simply not their job: *“If you're a police officer your job is not to sit there and inform people about their drug habits, your job is to enforce the law.” (Participant 2)* *“I think they [police officers] have enough on...It's not their job to help people get housing.” (Participant 20)*. As such, PWUD suggested a reassignment of this role, emphasizing the need for alternative sources of information, such as through peer workers, and not relying on the police – instead, truly decoupling policing from the health system.

*“I mean their [police officers] job is to police things, they're not really...they don't really care about people's health or anything...I don't think they're in the healthcare area anyway...They're not like an ambulance.” (Participant 7)*

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*“If they could even refer like people to a peer worker...like “I don’t have a lot of resources or information on this cause I’m a cop, but, hey...if you got a hold of this girls”...people will take advice or resources, I think, from another peer in the community more seriously than they will from a cop.” (Participant 3)*

*“It’s not the police that are helping these mental health patients [people with mental health issues] or these people that are suffering from addiction. They just make things worst almost. If they’re called, they shouldn’t be called first thing. It should be the paramedics or – I don’t think they should have a say in anything really about someone’s personal life and shit, about their problems and stuff. Cause they know nothing about it.” (Participant 19)*

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Several suggested PWUD, outreach workers, and/or peer workers - peer workers were especially seen as knowledgeable, experienced, trustworthy, and supportive of PWUD, and participants recognized that peer workers already have experience and networks for information-sharing with the community.

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*“I would prefer to get it [information card] from an outreach worker. You know, people in general don’t really want to interact with police, people that are using drugs.” (Participant 15)*

*“I think it gives people – the idea that they’re [police officers] are actually trying to help them rather than trying to harm them. Because often because we get – we’ve been criminalized and treated the way we’ve been treated...it might kind of change the view of they’re [police officers] evil...like, oh, you know, they’re more helping rather than harming.” (Participant 18)*

*“There’s lots of peers out working, you know...people who are out there doing outreach, and I think you know, they could carry it [information cards] on them...the frontline workers could hand them out and have them sitting by the door when people come in and out...lot’s of people that are better suited to hand them out...police is the last resort. It’s better the information gets out there period, but I think that there’s lots of people better to hand them out than police.” (Participant 11)*

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## **4. HOPES AND CONCERNS FOR DECRIMINALIZATION**

### **Wellbeing and mental wellness**

Views towards decriminalization were nuanced. Many PWUD expressed a sense of relief that drugs would be decriminalized in BC. Participants spoke to a “weight off of peoples’ shoulders” – a sense that life will not be so difficult for PWUD – “It’ll impact everything that addicts do. Because they won’t be in jail rotting or anything” (Participant 29). More specifically, PWUD were relieved about the decrease in stress and worry about criminal penalties, interactions with police, and being seen as a ‘criminal’. Some PWUD were hopeful that their wellbeing would improve: “I see mental health wise, I definitely see benefits coming that way...not being as paranoid.” (Participant 16). For people who had used drugs for a long time or deeply internalized the shame associated with criminalization, there was an immense sense of relief.

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*“It’s going to affect people in a positive way – maybe a headache is gone off of a lot of people’s shoulders and things...a lot less tension...It’ll just be better for everybody.” (Participant 2)*

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*"I just think there will be less – like, [inaudible 47:42] oh my god there's a cop, I gotta put it in my pocket, we got to run. Like you know, like they're going to be a lot more calm" (Participant 4)*

*"It's comforting to know that if I have 2g of heroin on me, that I'm okay. Police call me over, I'll walk over...And not have to worry about oh my god, can he smell it, or whatever, right. It's that anxiety. It takes the anxiety out so then at least you know, like, you're confident to know you're okay with that. That's a big relief." (Participant 36)*

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Participants felt that reduced anxiety or increased comfort in interactions with police would have positive health impacts and reduce high-risk behaviour. Such findings point to a potential shift in PWUDs' feelings of shame and criminality associated with being policed.

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*"You wouldn't get charged or do erratic things... aren't so tense, they aren't so willing to do bad, illegal stuff. It gives them more chance to maybe to think about, the work behind themselves....it's just this feeling of, it just seems like you're so bad that you can't even carry it...you are so worried that someone is going to find it or get in the way...I've been around it enough and I know the panic modes...and that fear... swallowing a whole bunch of it just so they don't get caught with it and then getting really sick after." (Participant 4)*

*"I think that when we keep anything secret it makes you sick. They say secrets make you sick...And if you're out more in the open with it it doesn't have as much hold on you..." (Participant 18)*

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### **Reducing drug use stigma**

A main hope for PWUD was that decriminalization would reduce drug use stigma. *"Maybe the stigma and shit would fucking be less." (Participant 19)*. Participants provided many examples of how they experienced drug use stigma in their day-to-day lives and what that experience was like. Participants reflected on deeply engrained narratives, both societally and amongst themselves, about drug use, addiction, and criminality, which may be improved through decriminalization. For example:

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*"I was always raised to believe that drugs are evil and they're bad that you're a criminal if you do them. And then I ended up on this road and so then you're always thinking you're bad...a bad person. So, it [decriminalization] might take that stigma that we have on ourselves...where we think we're bad because we use." (Participant 18)*

*"By decriminalizing, all of a sudden you're not saying: 'you're an addict and you're not an addict.' Then it becomes: 'you're a person and you're a person.' And I think that's what we need more of." (Participant 16).*

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People were hopeful that the negative narratives and ideas about drugs and people who use them could change. They also saw the benefits going both ways: *"Decriminalization might just – propel people to...see okay, we're not being treated badly...Now we're being treated with respect and so we want to be respectful back." (Participant 18)* – indicating a hope for greater social inclusion, integration, and respect.

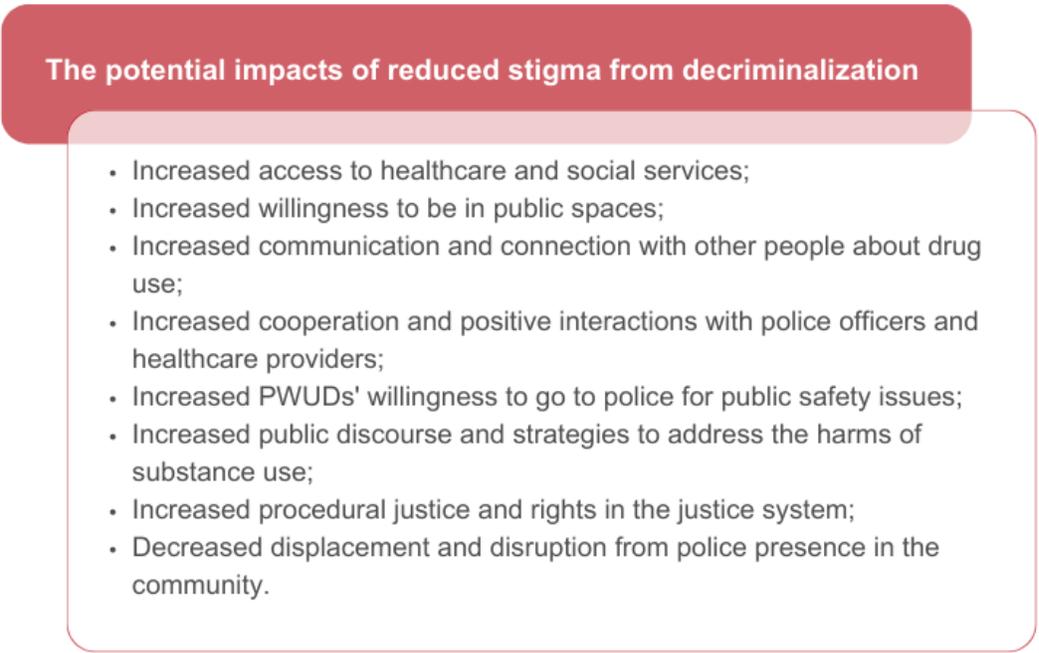
While participants did not describe the mechanisms through which decriminalization would reduce stigma and/or promote inclusion among PWUD in detail, there was generally a consensus that decriminalization was an “important step”, conceptually, for dissociating PWUD with criminality and moral wrong.

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*“I think it’s a huge step. Hopefully it’ll stop or change the stigma of what people have against us. And what we have against ourselves. And how we view them too. Because, you know, being judged all the time doesn’t feel very good and so we all have our, you know, back at them. We judge them too, right. So-- to change all that, that would, I mean, I think it’s going to be great.” (Participant 18)*

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In addition to recognizing the potential reduction in drug use stigma that decriminalization may generate, participants also provided numerous examples of how destigmatization could impact their lives. Much of this optimism went beyond imaging increased access to health and social services and indicated greater social benefits and wellbeing. The range of hope for the impact of reduced stigma are provided in Figure 4.



**Figure 4: The potential impacts of reduced stigma from decriminalization**

**Public consumption**

The topic of public consumption was discussed in many of the interviews but only briefly. Interestingly, many of these participants thought that public consumption *should* be limited and were not in support of using openly. There was a sense of responsibility in many of these narratives and social norms amongst the community.

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*“Just ‘cause it’s being decriminalized, doesn’t mean that you can just do what you want to do openly, do stuff like selling and using on the streets. Still needs to be somewhat-- like you said,*

*you can't do it in front of a church or a daycare or school or anything. I think that's awesome because those are safe places." (Participant 32)*

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Most of these narratives that opposed public consumption were based on fears of youth witnessing use and the perceived impact of it: *"People shouldn't be using around kids in public...it could be very traumatizing for little kids."* (Participant 19). Such beliefs echoed public discourse in needing to shield youth from observing drug use, drug use equipment, and overdose, as well as internalized stigma among participants themselves. Other examples include:

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*"I don't think it's ok to do it in public in my opinion. Because like there's kids rolling, like walking around and stuff like that, you never know right. It's just, I don't think in public areas is good, but in harm reduction areas maybe it's ok." (Participant 7)*

*"I don't think you should be able to use in public. I don't even think people should be able to smoke in public. I smoke cigarettes but I don't smoke around other people." (Participant 18)*

*"I don't think it's [public consumption] right personally, myself, because there's children around. Older people...I personally don't think it's appropriate." (Participant 21)*

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While some people expressed discomfort with public use, other participants did not openly express their support for it either. Regardless, many talked about using designated spaces e.g. overdose prevention sites, where people could use their drugs – particularly for people who otherwise have no choice but to use in public, such as people who are unhoused. *"Some of them [PWUD] don't have a place to stay, so they just use it wherever they are."* (Participant 7). In this regard, participants expressed the need for an increase in safer spaces to consume substances, so they did not have to rely on public consumption.

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*"I feel like if you're not going to give people a place where they can communally use safe, then you can't, you shouldn't say that it's against the law to do it in public because you're pushing that person back into the closet, back into that loneliness or isolation, where they're going to die because no one's there keeping an eye on them." (Participant 32)*

---

PWUD also talked about differences in public consumption norms and enforcement across neighborhoods and jurisdictions, where they viewed policing and social acceptance in specific areas, such as the downtown east side of Vancouver, as related to having more or less leniency towards public consumption.

In the interviews, we asked some participants about their thoughts on municipal bylaws for public consumption. While some viewed them as "unethical" – especially if they are not paired with resources for more equitable spaces and places to consume drugs – participants did not comment or talk about them at length. Regardless, there was still a recognition of the harms of bylaws restricting public consumption resulting in pushing consumption back underground or out-of-sight.

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*"I feel like if there's a, if there's a law that says you can't use drugs in public, then they should provide a safe use site...If you're not going to give people a place where they can communally*

*use safe, then you can't, you shouldn't say it's against the law to do it in public because you're pushing that person back into the closet...where they're going to die because no one's there keeping an eye on them." (Participant 3)*

*"A lot of people are homeless you know, where else are they going to use, you know at a safe injection site, or you know, there's not enough services around. There's no 24 hours OPS' and there's only one smoking site...It just means that there's no change...yeah sure they can have it on them but they can't use it...It makes no sense...Well then we need a fucking place where we can legally use them." (Participant 11)*

*"So many people go off to go hide and do their stuff so that they're not in plain view. And they overdose, and they're there by themselves. So being able to use and possess on the street is a lot safer. Cause you got a whole bunch of people there for you, watching for you." (Participant 32)*

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### **Access to health and harm reduction services**

Drug use stigma and criminalization had an impact on PWUDs' access to health and harm reduction services. Participants provided examples and reflections on these impacts, particularly in relation to their experiences in healthcare. For instance, people talked about hesitance or barriers to hospitals, primary care, and harm reduction services.

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*"Sometimes I don't go to places that I could go. Or like, sometimes I'm scared to, like, walk in the streets because to get pulled over and stuff like that." (Participant 7)*

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The ongoing and unresolved barriers or 'dead ends' that PWUD experienced sent them a message about the importance or priority of their wellbeing, and the degree of care that they are afforded in society.

Conversely, participants reflected on the hopes they had for the impact of decriminalization on access to services. Many of these hopes were linked to destigmatization, respect, social inclusion, and reduced fear of police: *"I think it would...just not having the fear...the fear of going and reporting something because you're high, right?" (Participant 17).*

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*"If it's decriminalized to a certain point, you'd get better treatment in the hospital. Like the minute I told them I smoke meth -- I may as well have told them I was a leper. Like, they actually didn't give me the medication I needed that, and my medical surgeon he was livid and actually wrote a letter to the [hospital]." (Participant 4)*

*"If you're a drug addict or a street person and you get hurt, like my friend he got hit by a car...and opened up his head. They sewed it back together and they sent him out within three, four hours with a major concussion. Sent him home to his tent...So they [healthcare workers] treat us...like the plague...We might become drug addicts if we hang around with them. Or if we touch them, they're going to be infected." (Participant 5)*

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### **Socioeconomic benefits**

In addition to better access to health and social services, a few participants spoke about the potential impact of decriminalization on socioeconomic determinants of health such as employment and housing. These topics were not directly probed for in these interviews, however, they came up organically or spontaneously in participants narratives and reflections. Generally, PWUD were hopeful that they would have greater social integration opportunities, including employment, due to a reduction in stigma, discrimination, and criminalization. However, some were also skeptical that decriminalization could stop workplace discrimination towards PUWD, particularly among certain groups such as parents who use drugs. Most of these narratives pointed to structural issues that could be changed through high-level policies (that will still exist under decriminalization).

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*“I’d like to see more options out there with the decriminalization so that companies can be able to hire people who use drugs, obviously you can’t go to work high, like you can’t go to work drunk, but you should be able to hire people who use street drugs as long as...[they’re] not showing up to work high.” (Participant 10)*

*“And nobody’s going to hire them. Even if they have the credentials to do the job, they’re going to judge them immediately. And with their harassment of charging them constantly and then you get a criminal record, like, most places that you go to rent do a criminal record check now, never mind jobs.” (Participant 13)*

*“There’s been a number of places I haven’t been able to rent because of being a known user....I don’t even know – myself being a known user if that’s going to change anything for me if it becomes decriminalized...I’m a drug user, can I rent a place from you?” (Participant 14)*

*“What does that look like for moms or what does that look like for people who are, again, like I said, working and working in trades or working in the oil field? Are they allowed to be a little bit open about it...?” (Participant 13)*

*“I don’t see why they don’t try to get like schooling or get them jobs, you know, lots of people that are selling drugs are actually trying to make money and they can’t make money any other way because they have a criminal record or they have a reason, right. And so, they sell drugs because it’s something they can do without, you know, getting a criminal record check or whatever. Maybe take a look at that too, right. Let’s get these people working and maybe they won’t want to sell drugs. They can make money another way, right. It’s hard to get a job if you have a criminal record. And, you know, things like that.”. (Participant 17)*

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## **The drug toxicity crisis**

Although the interview questions were focused on BC’s decriminalization policy and experiences with police, the topic of overdose and BC’s drug toxicity crisis was top-of-mind – participants brought it up often. Many speculated about the potential impact of decriminalization on overdose deaths specifically, and these opinions varied. Some participants held expectations about the ability of BC’s decriminalization policy to address overdose deaths. These participants assumed that the policy was intended to directly address the crisis, although these views were often paired with assumptions that the supply itself was being addressed or that ‘safer supply’, drug checking services, and other resources were being coupled with decriminalization. However, part of this expectation seemed to relate to conflating the terms ‘decriminalization’ and ‘safe supply’ or ‘legalization’ (see Category 2).

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*"I mean there's always that hope that it's [decriminalization] going to eliminate the toxic drug supply... The word on the street is that it [decriminalization] is going to help the toxic drug supply decrease." (Participant 1)*

*"From my understanding, decrim was around, like, their response to a toxic drug supply. It has no fucking relation to it, excuse my language. It's just absolutely ridiculous." (Participant 13).*

*"I personally think it's [decriminalization is] a good thing cause... people will have access to cleaner dope, and we wouldn't be losing as many friends and stuff out there, right... It would all be tested, so there would be nothing that would potentially kill somebody, right?" (Participant 17)*

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### **The future of drug policy reforms in BC**

Participants reflected on the broader picture of drug policy reform and interventions. Several PWUD were positive and hopeful that decriminalization was a "step in the right direction" in terms of drug liberalization, and a sign of more supportive and humane drug policies.

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*"It [decriminalization] makes me feel like... they're [policymakers are] starting to maybe come along here, they're starting to... get the hint that we need more recovery-related, or safer supply-related help, right?" (Participant 12)*

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However, other participants were skeptical and suspicious about the intent and trajectory of drug liberalization policies in BC, including the provincial government's next steps and priorities for addressing the overdose crisis. Some participants suggested that decriminalization would be more beneficial for "political optics" than tangible change for PWUD; they questioned the ability to substantially address the multiple harms and disadvantages that they experienced.

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*"I feel like they're probably doing it because of just like, the pressure to socially do it, not because they actually believe it's going to make any difference." (Participant 3)*

*"What is it going to do for people? Nothing. That won't do anything for the people out there. It's going to do everything for organizations and people that are fucking dealing with that type of shit... for the government." (Participant 35)*

*"Like I don't know if it's really is going to make that much of a difference to the people living the life down here, you know. It's not going to, you know, be any great game changer you know, really. So yeah, I see it as more of a publicity stunt than anything else." (Participant 11)*

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For participants, it was important to see other supports – not just a policy change, but tangible outcomes.

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*“It makes more sense to give a complete, holistic, wraparound approach where, hey, not only are we decriminalizing it, we’re also gonna offer resources and help. That makes more sense to me than “Hey, we’re just gonna decriminalize it. (Participant 3)”*

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PWUD also questioned the impact of decriminalization on the trajectory of other drug policies. While most saw decriminalization as a positive step, a few participants were concerned that decriminalization would lead to inaction on other fronts, such as expanding ‘safer supply’ and support for harm reduction. They had a hard time trusting or believing that power could be relinquished and PWUD could experience social inclusion.

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*“You’re going to read about, you know, the diehard anti-substance users...anti-harm reduction...They’re going to be angrier and there’s obviously going to be a big push of people, of police officers, that don’t believe in harm reduction and are completely against it. And so, what’s the aftermath going to be of that? ...they’re going to turn their control and power – how they’re going to maneuver their power at that point is really scary.” (Participant 1)*

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# Appendix 1

## PWUD INTERVIEW QUESTION GUIDE

Thanks for taking the time to talk with me today. As a reminder, your responses today might be shared, but your identity will be kept confidential. You don't have to answer any questions that you don't want to or that may cause you discomfort. Information about support services can be provided if you'd like. The interview will take about 45 minutes to one hour of your time. At the end of the interview I'll ask you five short questions about your age, gender, that sort of thing.

***WE WOULD LIKE AUDIO RECORD THE INTERVIEW. IS IT OKAY IF WE BEGIN RECORDING NOW?***

***DID YOU GET A CHANCE TO REVIEW THE CONSENT FORM?***

***DID YOU HAVE ANY QUESTIONS ABOUT THE CONSENT FORM OR THE STUDY?***

***DO YOU GIVE CONSENT TO PARTICIPATE IN THE CURRENT STUDY?***

***INDICATE WHETHER THE RESPONDENT/PARTICIPANTS HAS/HAVE PROVIDED VERBAL CONSENT FOR AUDIO RECORDING. Yes No***

Ok, so the purpose of our conversation today is to understand your views and experiences with police around simple drug possession but also more generally and hear what you know and think about BC decriminalizing simple drug possession . Any questions before I begin?

### **Personal experiences with police officers around drugs**

First we will start by asking some questions about your experiences with police officers related to simple drug possession.

1. To start, could you tell me about an experience with police officers related to drugs? What happened?
  - i. Was that experience positive or negative for you? Why or why not?
  - ii. What about this experience stands out to you?
  - iii. Have you ever been stopped by police with a drug related issue? What was that like for you?
  - iv. Have police ever confiscated or destroyed your drugs? Can you tell me about that time?

2. Can you tell me about a time where police officers didn't charge you for simple drug possession, when you had drugs on you. What did they do instead?

- a. What was that like?
- b. Do you wish anything went differently?

### **Awareness and knowledge of decriminalization**

Next, I will ask you some questions about what you know about drugs being decriminalized in BC and what you think about the protections included.

3. I was wondering if you have heard about drugs becoming decriminalized in BC.

IF YES: What do you think about it?

IF NO: read):

Starting in January 2023, British Columbia will be decriminalizing simple drug possession (having or using small amounts of drugs) for adults 18+. This will apply to: opioids (heroin, fentanyl, morphine), cocaine, crack, methamphetamines, MDMA. Decriminalization is not the same as legalization. Legalization would be, like cannabis, having dispensaries/a legal supply you can buy from. That is not what's happening. Decriminalization (what BC will have) means not being punished for having or using small amounts of drugs but people will still need to buy their drugs from the illegal market. What do you think of this idea?

- a. Do you foresee any benefits regarding decriminalization in BC?
    - i. (If prompt needed): Do you foresee decriminalization impacting peoples' use of healthcare services or other services?
  - b. Do you have any concerns about decriminalization in BC?
    - i. (If prompt needed): Any limitations to it?
4. What do you know about what is protected and what is not under decriminalization?
- a. Under decriminalization in BC, what do you think are your legal rights when it comes to police confiscating drugs? (If don't know or wrong, tell them: BCs model of decriminalization does not give police the power to confiscate drugs – meaning with decriminalization in place police should not be arresting for simple drug possession and they also should not be taking small amounts of drugs from you) What do you think about that?
  - b. How do you understand the possession laws relating to how much people are legally allowed to carry? (If don't know or wrong, tell them: BCs model of decriminalization offers legal protection for a total of 2.5 grams of drugs i.e. you cannot have over 2.5 grams in total across all drugs) Thinking about the amount of drugs you carry at one time, would this limit protect you? What about other PWUD you know?
  - c. Under decriminalization in BC, what do you think are your legal rights when it comes to using drugs in public (in the allowable amount)? (If don't know or wrong, tell them: BCs model of decriminalization doesn't mention anything about public drug use (in the allowable amount), other than people will not be protected if they have 2.5 grams of drugs or less around schools or child care services or in airports) What do you think about that?
  - d. Under decriminalization in BC, what do you think are your legal rights if you are using drugs (in the allowable amount) but have court ordered conditions that prohibit you from using drugs? (If don't know or wrong, tell them: BCs model of decriminalization doesn't mention anything about drug possession (in the allowable amount) for people with court-ordered conditions) What do you think about that?
  - e. Do you have any concerns, that you haven't mentioned, about what is included or not included in the exemption?
5. So thinking about all these details about decriminalization that we just talked about, how do you think it might impact your life?

Decriminalizing drugs can be different from one place to another and how they do it. For example, in Portugal, they have decriminalized simple drug possession but police have to direct people to services i.e. it's not just that people won't be arrested, they will have to go through a process of getting connected to services and programs. BCs decriminalization policy does not come with instructions for police on connecting people to health and social services, the BC decriminalization model is only or primarily focused on removing penalties around simple possession.

6. So, one feature of the new decriminalization policy in BC is that police cannot force people into treatment or healthcare i.e. but can do so if people ask. What do you think of that? How do you think this will play out?

- a. What are the benefits of not making it mandatory for police to connect people to healthcare?
- b. What about the shortcomings or weaknesses of this approach?

7. One of the things that police officers will be obligated to do is provide an information card with resources, such as places to seek harm reduction services or treatment. What do you think about this? Would you ever use a card like this? Why or why not? Is trusting or not trusting police officers a factor in whether you would use a card like this?

- a. If you did, what type of information would you like to see on it?
- b. If you would not, where would you get information? Or, how would you seek out services or supports?
- c. Is there anything missing in your community that you wish you had access to?
- d. What do you think makes it hard for people to access harm reduction or treatment services? Is it getting information or something else?
- e. Do you think the needs might differ based on whether someone is marginalized more than others, like due to their race or ability?
  - i. (If prompt needed): Do you think these cards would be helpful for everyone or do you think there are specific groups of people that this would be more or less helpful for?

### **Relationship between police and people who use drugs**

Now let's talk a little more about how PWUD and police officers interact in your community.

8. How do you think the role or presence of police in your life will shift with decriminalization? How so? What about other PWUD's lives?

- i. (If prompt needed): Do you have any concerns about how decriminalization might impact interactions between people who use drugs and police? If yes, what are they?
- a. How do you think particular groups or people who use drugs might be impacted differently by decriminalization? How so?
  - i. (If prompt needed): Are there people you think are more or less likely to be stopped or searched by police?

9. Tell me about interactions you've seen between PWUD and police in your community (does not have to be interactions related to drugs).

a. What about this experience stands out to you?

10. Do you have any other ongoing concerns you'd like to share about interactions between people who use drugs and police? If yes, what are they?

- i. (If prompt needed): Does police presence interfere with or impact anything (e.g. access to services)?
- ii. (If prompt needed): How do you think your concerns apply differently to different groups of people?
- iii. How do you think your concerns apply to different regions in BC, or are they specific to the area that you live in? Explain.

11. What would you like to see change in police practices with people who use drugs? How do you think this change would impact your health/safety/well-being?

'Prescribed safer supply' allows doctors and nurses to prescribe opioids, stimulants, and benzodiazepines as substitutes for unregulated drugs people would usually buy from the street. This

includes substances like: hydromorphone (Dillie 8s), M-Eslon, fentanyl patches, Dexedrine, Ritalin... One of the goals of prescribed safer supply is to reduce overdoses and other harms from the unregulated drug supply.

12. Do you think safe supply has influenced how police are interacting with PWUD at all? If yes, in what ways? If no, why not?

a. Can you tell me about any interactions you've had or heard of?

i. (If prompt needed): Have you ever heard of someone's' safe supply being confiscated?

13. Is there anything else we haven't talked about today that you'd like to say? Or anything that you're surprised I didn't ask you? How about anything that you think we should ask other people in future interviews?

14. Is there anyone you know, who has used illicit drugs in the past 6 months and has had interactions with police in the past year, who might be interested in an interview?

Ok, I'm now going to turn off the audio recording and ask you five short questions:

1. Can you tell me how old you are in years? \_\_\_\_\_ years. Prefer not to answer

2. What is your gender identity?

Woman

Man

Gender expansive (e.g. non-binary, gender queer, gender fluid)

Other: \_\_\_\_\_

Prefer not to answer

3. What was your sex assigned at birth? We know that this question might be uncomfortable for some people, but we are asking this question so that we can use the information we get to better inform services and policy for trans people.

Female

Male

Intersex

4. Which ethnic or racial group(s) best describes you?

Indigenous (First Nations, Metis, Inuit/Inuk, other)

White (European descent)

Black (African or Caribbean)

East Asian (e.g. Chinese, Japanese, Korean, Taiwanese)

Southeast Asian (e.g. Vietnamese, Cambodian, Thai, Malaysian, Filipino)

South Asian (e.g. Indian, Pakistani, Sri Lankan)

Latin American/Hispanic

Middle Eastern (e.g. Arab, Persian, Iranian, Afghani)

I prefer to describe myself as: \_\_\_\_\_

Prefer not to say

5. Which of the following options best describes where you currently live:

In a private residence (rent or own), alone

In a private residence (rent or own), with others

In a band-owned home, alone

In a band-owned home, with others

In another residence (hotel/motel, rooming house, SRO, social/supportive housing)

I have no regular place to stay (homeless, houseless, couch surf, tent, no fixed address)

I prefer to describe where I live as: \_\_\_\_\_  
Prefer not to say

6. How long have you lived in BC?  
\_\_\_\_\_ years or months  
Prefer not to answer

7. What drugs have you used in the past month?

Heroin  
Fentanyl  
Hydromorphone (Dilaudid, dillies)  
Oxycodone, OxyNeo  
Morphine (Kadian, M-Eslon)  
Methadone (methadose, methadol)  
Buprenorphine/naloxone (suboxone, sublocade)  
Crystal meth/methamphetamine  
Cocaine (powder)  
Crack cocaine  
Methylphenidate (Ritalin)  
Dextroamphetamine (Dexedrine)  
Concerta  
Adderall  
MDMA/Ecstasy  
Other psychedelics, hallucinogens and dissociatives (acid/LSD, magic mushrooms, ketamine, PCP)  
Cannabis, weed, hash, shatter,  
Tobacco  
Alcohol  
Other: \_\_\_\_\_

8. How frequently do you use harm reduction services?  
Never  
Less than once a month  
A few times a month  
Once or a few times a week  
Daily  
Prefer not to say