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Evaluation of the British Columbia Exemption to Allow for Personal Possession of Small Amounts of Illegal Drugs Semi-annual Meeting

WHAT WE HEARD REPORT

Meeting Date: May 3, 2024
Location: Virtual Meeting



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Introduction

This funding opportunity was designed to enable an independent evaluation of the British Columbia (B.C.) exemption from subsection 56 (1) of Canada's Controlled Drugs and Substances Act, which came into effect on January 31, 2023. Background information on the funding opportunity and the Canadian Research Initiative in Substance Matters (CRISM) Ontario Node team leading this five-year policy evaluation project can be found on CIHR's website [here](#) and the CRISM Ontario website [here](#).

CIHR-Institute of Neurosciences, Mental Health and Addiction (INMHA) is committed to knowledge mobilization and has generated this report to summarize the study's progress to date, as presented by the research team at an update meeting on May 3, 2024.

Previous updates:

- [Project background and April 2023 update](#)
- [Evaluation goals and November 2023 update](#)
- [Study design can be found here](#)

The next update is expected in fall 2024.

Progress Summary

During this reporting period (October 2023 to May 2024), the team completed two qualitative studies, recruited and interviewed 100 people who use drugs and 30 police officers from across B.C. They have drafted and submitted a protocol paper outlining the goals and methods of the evaluation, as well as a paper weighing the potential impacts of Bill C34 (Restricting Public Consumption of Illegal Substances Act). The team also launched the health service study and public opinion survey, and submitted Freedom of Information (FOI) requests to police departments across B.C. to access drug seizure data. They have further presented the evaluation design and preliminary results to various audiences.

The overarching evaluation design includes several sub-studies designed to evaluate key areas of research. Progress updates and results (where available) for each of the sub-studies are summarized below.

IMPACT OF DECRIMINALIZATION ON PEOPLE WHO USE DRUGS

This sub-study is using quantitative analyses and qualitative interviews to examine health impacts and experiences with decriminalization among people who use drugs (PWUD).

Qualitative Sub-Study

PWUD perceptions on decriminalization after the policy came into effect

Between October 2023 and February 2024, 100 PWUD from across B.C. were interviewed to understand their experiences with decriminalization.

Individuals interviewed were recruited from across the province, with the majority residing in Victoria, Kelowna, and Vancouver and additional targeted recruitment of individuals from northern and rural/remote communities.

Socio-demographic characteristics of participants:

Most participants were men (56%), heterosexual (87%), white (70%) and unemployed (82%). Housing status of participants varied and included living in a private residence with others (32%), unhoused (28%), living in a private residence alone (19%) and living in another residence such as a hotel or motel (15%) or other (6%).

Participants reported varying levels of education, with 33% having completed secondary/high school and 36% having completed at least some college/university, vocational/trade/technical degree/apprenticeship or graduate school. Some participants were accessing opioid agonist treatment (33%) or safer supply (26%) and 9% reported having an overdose experience in the past 30 days.

Substance use characteristics of participants:

The primary route of administration for most participants was inhalation (88%) and most participants (84%) reported daily substance use. Polysubstance use was common (57% of participants).

Substances used included: methamphetamine (59%), illegal/street opioids (54%), crack-cocaine (41%), powder cocaine (24%), hallucinogens (12%), non-prescribed opioids (9%), non-prescribed benzodiazepines (8%), non-prescribed stimulants (4%) and ecstasy/MDMA (5%).

Preliminary themes that have emerged to date:

- **Awareness of the policy:** Most PWUD were aware of the policy, but many of the specifics were unknown or misunderstood. Most people heard about the policy through word of mouth/from peers, though some reported hearing about the policy on the news or from harm reduction sites or through drug advocacy groups. Despite some awareness, many PWUD expressed confusion about the policy, suggesting that more education and improved communications are needed.
- **Perceptions of the policy:** Most PWUD were supportive of the policy, and felt it could reduce stigma, reduce criminalization and increase access to harm reduction and treatment services. People reported being less concerned about being arrested. Some PWUD worried that the policy would enable and normalize drug use and make drugs more accessible, particularly to youth. Some questioned whether the policy would have an impact on the overdose crisis, which is being driven by toxic supply.
- **Dealer interactions and drug-related risks:** Overall, substance use patterns did not change post-decriminalization, although a few PWUD reported increased use due to a reduced fear of criminalization. An increase in amateur/inexperienced dealers was reported, increasing the risk of harms to PWUD. People trust their usual dealers to give them a reliable supply, and would purchase larger quantities at a time if they were able to and the supply was perceived as safe, despite the policy threshold. Individuals who reported purchasing amounts below the 2.5g threshold did so for economic reasons and not because of the policy. Most PWUD reported being unconcerned about overdosing, which has not changed since decriminalization. PWUD observed that the policy had resulted in increased public drug use, which they felt was problematic. The majority of PWUD were supportive of public consumption bylaws.
- **Police interactions:** Most PWUD had not had interactions with police related to drug use. When PWUD did have interactions with police, officers typically did not confiscate drugs, nor did they offer resource cards or information on support services. PWUD reported being open to receiving support and treatment information. Police interactions, presence, and treatment of PWUD differed by jurisdiction and individual officers, and was perceived as dependent on police discretion.
- **Decriminalization goals:** Most PWUD hoped that decriminalization would reduce overdose deaths, although some felt that the increased prevalence of amateur dealers may contribute to increased harms. Many PWUD were hopeful that the policy would reduce stigma, but most reported no change to date. Several PWUD felt that the policy would contribute to increased stigma due to increases in public drug use. Some PWUD felt more comfortable accessing harm reduction services following decriminalization, and noticed an increase in available services within their community. PWUD recommended several policy improvements, including an increased possession threshold, more harm reduction services, and regulated drug supply.

Quantitative Sub-Study

Quantitative data is being collected from a variety of data sources from 2013 to 2027 to examine the impacts of decriminalization on PWUD using health-related indicators pre- and post-policy implementation.

- Data is currently being processed for health-related indicators including Opioid Agonist Treatment medication prescriptions, utilization of overdose prevention services, deaths due to illicit drug overdoses and paramedic-attended illicit drug overdoses. Data is expected in fall 2024 for indicators including hospitalizations due to illicit drug use.

POLICE AND THE CRIMINAL JUSTICE SYSTEM

This sub-study is using qualitative interviews and quantitative analyses to examine criminal justice impacts and experiences with decriminalization among the police and criminal justice system.

Qualitative Sub-Study

Qualitative interviews with police will be conducted over five years with samples recruited from across the province to gain an in-depth understanding of police experiences with decriminalization. The first round of interviews was conducted with 30 participants between November 2023 and March 2024. High-level data analysis is complete, and findings are summarized below. The research team is continuing to thematically analyse the data and are drafting several manuscripts.

Socio-demographic characteristics of participants

Participants ranged in age from 27-51 and were majority male (80%) and white (80%). Participants were recruited from the RCMP (60%) and municipal forces (20%), and sampling included officers from various ranks, including constable (66%), supervisor (20%) and management (13%). Some (33%) were assigned to organized crime/drug units. Officers from across the province were interviewed, representing rural and urban settings and every health region.

Preliminary themes that have emerged to date:

- **Views of the exemption:** Police felt there was a lack of readiness and investment in resources before implementing the policy. Many felt that the policy would fail to achieve its stated objectives, in particular reducing stigma and diverting people out of the justice system. Police noted that officers were not charging PWUD for possession prior to decriminalization, and the policy only represented the formalization of an already existing informal process (i.e., the policy was implemented in the context of *de facto* decriminalization). Some felt that the policy was not sufficiently evidence-informed and did not equitably consider all relevant perspectives (e.g., rural/remote areas).
 - o **Police who were in favour of drug decriminalization** felt that the previous enforcement approach was not working, and formalizing the practice of not arresting PWUD or seizing drugs was the right approach to achieve consistency in enforcement procedures across the province and improve interactions with police.
 - o **Police who were open or indifferent to drug decriminalization** felt that this particular policy was not thoughtfully planned. They would be more in favour of a multi-pronged policy that included expanded resources for substance use treatment, mental health care, and housing. Most police interviewed fell into this category.
 - o **Police who were against drug decriminalization** expressed strong feelings and described being against decriminalization “in any shape or form” given their belief that it normalizes harmful behaviour in society.

- **Arrests, seizures and charging practices:** When considering amounts under 2.5g, most police agree on a strict non-enforcement approach unless there are indicators of trafficking. For amounts over 2.5g, there was greater variation in responses. Officers reported being encouraged by management to use a commonsense approach to making enforcement decisions. Factors that influenced discretionary decisions on whether to arrest, seize drugs, or recommend charges included:
 - o Whether the drugs were involved in an overdose incident (i.e., to remove a toxic drug)
 - o Trafficking indicators (e.g., drug packaging)
 - o Location (e.g., more likely to remove drugs in a business district than the general public frequent and less likely to remove drugs in an area with more prevalent harm reduction resources)
 - o The role of the drug in the offence committed (i.e., less likely to seize drugs if the offence is unrelated to substance use)
 - o How much over the threshold (i.e., amounts over but close to the 2.5g limit were less likely to be enforced)
 - o Consideration for Crown prosecutors' practices (i.e., perceived likelihood of a charge being accepted)

Quantitative Sub-Study

Quantitative data is being collected from a variety of data sources from 2013 to 2027 to examine the impacts of decriminalization on police and the criminal justice system.

- Data is expected in fall 2024 for indicators including police-reported incidents involving illicit drug-related offenses and police and criminal courts-based illicit drug-related criminal charges.
- Additional indicators are being explored for future data collections, including police drug seizures, and persons imprisoned for drug-related charges.

Quantitative results are expected to be shared in future updates.

GENERAL PUBLIC

This sub-study will evaluate the impact of decriminalization policy on the public through public opinion surveys distributed to a representative sample of adults in B.C. The first round of public opinion polling was completed between March 26 and April 1, 2024.

Public Opinion Poll

Sample characteristics: A total of 1,202 adults (18+) living in B.C. were surveyed. Respondents were evenly split between male (48%) and female (51%) and aged 18-27 (14%), 28-43 (26%), 44-59 (25%) and 60+ (36%). Respondents represented all health authorities in B.C. and had varying educational backgrounds and income levels. Most respondents were white (63%), followed by Chinese (11%) and South Asian (7%).

Preliminary results

- **Awareness and understanding of policy:** Most people have an accurate understanding of the decriminalization policy details (e.g., threshold), but there is some confusion about whether public drug use is legal and if police can still confiscate any amount of drugs found in someone's possession.
- **Perceptions of impacts of policy:**
 - o **Drug use experimentation:** Over half (53%) of people surveyed believed the policy would increase drug use experimentation, 20% did not believe the policy would increase experimentation, 17% felt neutral and 10% were unsure.

- **Reducing criminalization:** Half (50%) of people believed that the policy would reduce the criminalization of people who use drugs, 28% did not believe the policy would reduce criminalization, 16% were neutral and 6% were unsure.
 - **Community impacts:** Just under half (43%) of respondents reported that the policy made them feel less safe in their communities, compared to 28% who did not feel less safe, 23% who were neutral, and 5% were unsure. Half of people surveyed did not feel that decriminalization would decrease drug-related crimes in their communities, 25% felt that the policy would decrease drug-related crimes in their communities, 16% were neutral and 8% were unsure.
 - **Stigma:** Almost half (45%) of people did not feel that decriminalization would reduce the stigma associated with drug use, compared to 28% who felt the policy would reduce stigma, 18% who were neutral, and 8% who were unsure. More than half (52%) of people did not feel the policy has positively influenced their views of PWUD, 16% reported that the policy has positively influenced their views of PWUD, 25% were neutral and 6% were unsure.
 - **Overdoses:** More than half (52%) of people surveyed did not feel decriminalization would reduce rates of overdoses, 21% felt that the policy would reduce overdoses, 15% were neutral and 8% were unsure.
- **Perceptions of impacts and support of policy:** Most people were split on whether the policy will reduce policing costs and resources, improve access to treatment and supports for PWUD and change perceptions of drug use from a criminal to a health issue. Slightly more people were opposed to the policy (41%) than in support of it (33%).
 - **Main benefits of policy:** Most people either did not feel there were benefits to the policy (32%) or were unsure (28%). Among those that did indicate benefits of the policy, they reported primary benefits including less strain on court resources (7%) or police resources (7%), increased support or reduced barriers to treatment for PWUD (6%), less strain on prison resources (4%), less criminal records (4%), less stigma (4%), an increase in safety (3%) and a reduction in crime (2%).
 - **Main concerns of policy:** Most people either were unsure if they had concerns about the policy (21%) or did not have concerns (15%). Some people reported concerns including an increase in addiction or PWUD (16%), easier access to drugs, especially among youth (9%), the normalization of drug use (7%), public visibility of drug use (7%) and that the policy doesn't address the root cause of the problem (7%). Some felt the policy would increase crime or violence (6%) or increase overdoses (4%).

Summary

The results of the public opinion polling are largely negative. More people oppose than support the policy, and most feel that it will increase drug use experimentation. Most participants were split on whether they believed the policy would achieve its intended goals, and less than 10% of participants perceived benefits of the policy. Open drug use in public spaces was identified as a concern, and 43% of participants indicated that the policy has made them feel less safe in their communities, which should be considered as public consumption legislation evolves. These results will be used as a baseline to monitor outcomes and perceptions of the policy going forward.

HEALTH SERVICES SYSTEM

This sub-study will examine the impacts of decriminalization on harm reduction and opioid agonist therapy (OAT) services by collecting province-wide survey data on harm reduction and OAT service operations (e.g., service utilization, clientele socio-demographics, referral pathways, funding, etc.). Surveys will be completed by service representatives. In-depth follow-up interviews will also be conducted with a subset of participants.

The first round of cross-sectional surveys has been distributed to site representatives from harm reduction and OAT sites across BC. Questions focused on the impacts of decriminalization on service operations (e.g., clientele sociodemographics, service uptake, funding). Out of 165 sites identified, 48 completed surveys had been received by May 1, 2024. The team is continuing to collect surveys and will begin data analysis in the coming months. This will inform the second phase of this sub-study (key informant interviews), which is expected to begin in summer 2024.

ECONOMIC IMPACTS

There is no update on this sub-study currently. Information on this sub-study can be found in the *November 2023 What We Heard Report*.

KNOWLEDGE TRIANGULATION

There is no update on this sub-study currently. Information on this sub-study can be found in the *November 2023 What We Heard Report*.

Knowledge Mobilization

CURRENT PUBLICATIONS

- Ali, F., Russell, C., Greer, A. et al. *“2.5 g, I could do that before noon”: a qualitative study on people who use drugs’ perspectives on the impacts of British Columbia’s decriminalization of illegal drugs threshold limit*. *Subst Abuse Treat Prev Policy* 18, 32 (2023).
- Ali, Fariyah & Law, Justine & Russell, Cayley & Crépault, Jean-Francois & Goulão, João & Lock, Kurt & Rehm, Jürgen. (2024). *Navigating the nexus between British Columbia’s public consumption and decriminalization policies of illegal drugs*. *Health Research Policy and Systems*. 22. 10.1186/s12961-024-01150-6.

Challenges and Next Steps

The team has experienced difficulties accessing some quantitative data (e.g., drug seizure data). Although this is mostly resolved now, there also continue to be considerable time lags in the availability of quantitative data.

The team has also received lower than anticipated survey responses, even after targeted efforts to increase the incentive to participate, as well as drawing on the support of key organizations (e.g. BC Centre for Disease Control and specific health authorities). With the experience gained through the first round of data collection, the team is confident that they will receive more responses to future survey requests. Importantly, many respondents are interested in participating in follow-up key informant interviews, which will likely provide additional insights in the next phase of the study.

The team will continue to progress on the sub-studies highlighted in this update, conducting interviews, surveys, collecting data and analyzing and submitting results for publication when available.

The next update is expected in fall 2024.

For More Information

For more about this project visit [CIHR's website](#) or the [CRISM Ontario website](#).

More information on CIHR's Research in Substance Use initiative can be found [here](#) or by email: rsu-rst@cihr-irsc.gc.ca

More information on the CIHR Institute of Neurosciences, Mental Health and Addiction can be found [here](#) or by email: INMHA-INSMT@cihr-irsc.gc.ca

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