

Evaluation of the Decriminalization of Illegal Drugs in British Columbia

Findings from Year 2

In 2022, the *Ontario Node of the Canadian Research Initiative in Substance Matters (OCRINT)* received a five-year grant from the Canadian Institutes of Health Research (CIHR) to conduct an independent evaluation of Canada's first drug decriminalization policy, implemented in the province of British Columbia (BC).

The evaluation comprises a series of quantitative, qualitative, and mixed-methods sub-studies examining policy design, implementation, outcomes, and unintended consequences across several domains:



People Who Use Drugs



Police & Criminal Justice System



General Public



Health Service System



Economic Impacts



BC DECRIMINALIZATION POLICY OVERVIEW

On January 31st, 2023, BC decriminalized the personal possession of up to 2.5 g of opioids, cocaine, methamphetamine, and MDMA among adults (18+) for a pilot period of three years. This decriminalization initiative aimed to reduce stigma, criminalization, and associated harms for people who use drugs, while improving access to health services, trust in law enforcement, and public awareness of drug use as a health issue.

The policy underwent several changes throughout its three-year trial period. Most notably, on May 7th, 2024, the policy was amended to effectively restore criminal penalties for public possession. The policy expired on January 31st, 2026, and was not renewed.

Key policy milestones are outlined in the timeline below:

Decriminalization of illegal drugs in BC:

The BC government pilots a three-year exemption under the federal *Controlled Drugs and Substances Act*, decriminalizing personal possession of up to 2.5g of select illegal drugs for adults.

Policy Conclusion:

BC's drug decriminalization policy expires following the government's decision not to renew the exemption. Criminal penalties for personal drug possession of any amount are fully reinstated.

January 31, 2023

May 7, 2024

January 31, 2026

Policy Amendment:

Health Canada approves the province's request to exempt public spaces from the policy, prohibiting drug possession of any amount in public spaces. Legal possession of up to 2.5 g was restricted to private residences, places where people are legally sheltering, and designated harm-reduction and substance-use treatment facilities (e.g., supervised consumption sites).



Qualitative Interviews with People Who Use Drugs: Experiences and Perceptions of Stigma

SUB-STUDY OVERVIEW

This sub-study assesses how the decriminalization policy and the subsequent policy amendment has impacted social, structural, and self-stigmatization among people who use drugs to identify drivers of drug use-related stigma during these periods

Between February and April 2025, we conducted qualitative telephone-based interviews with **75 people who use drugs** across BC.

Interviews explored experiences of stigma under both decriminalization and the subsequent amendment. Data were analyzed thematically

FINDINGS

Sample Characteristics (n=75)



51% Men



69% White



32% Completed secondary / high school



51% Lived in a private residence, with others



45 Average age

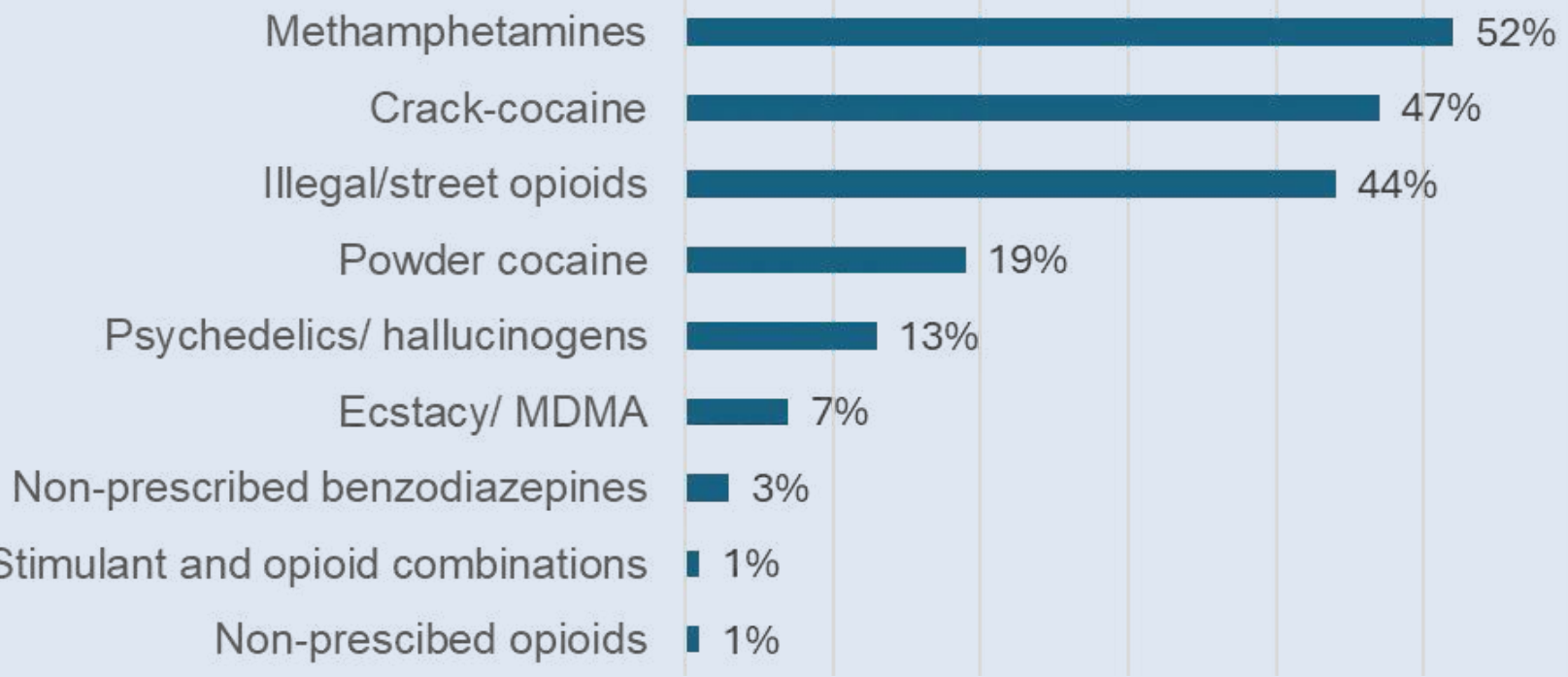


33% Employed



25% Located in the Vancouver Coastal Health Authority Region

Substances Used



83%

Used substances daily

91%

Used inhalation as their primary route of administration

23%

Experienced an opioid overdose in the last 30 days

9%

Experienced a benzodiazepine/tranquillizer overdose in the last 30 days

Experiences of Stigmatization across Policy Periods

Most participants indicated that their experiences of **social stigma had not changed** since decriminalization, describing how negative public attitudes towards people who use drugs and drug use had persisted despite the policy change

"There's still stigma [post-decriminalization]. You're still going to lose your job. People are still going to not trust you. You're still going to lose friends. People are still going to call you a meth head"

Rural participants described how social stigma was typically more acute in small communities, as a lack of anonymity often heightened public stigma

"[I'm] still worried about walking down the street and people seeing me – it's a very small town I live in so they kind of know everything"

Many reported that experiences of **structural stigma** in healthcare settings largely remained unchanged

- Some participants suggested that the policy had **reinforced** pre-existing judgements, stereotypes, and negative biases towards drug use and PWUD among healthcare providers

"[Stigma] got worse [after decriminalization]. Now [healthcare providers] think that we're just all self-entitled drug addicts. So why would they decriminalize it when you should just be going to jail if you're a drug addict?"

Participants shared that self-stigma, marked by internalized shame or self-perceptions, had also **not changed** post-decriminalization, as their internal views were more often influenced by **personal choices and experiences**

"My internal stigma is not born from external messaging because I know that I am not the problem. I know that's systemic. My internal stigma comes from when I use substances and the poor choices I might make, like using substances when my body's telling me this doesn't feel good anymore. So my stigma is kind of internal based on the choices that I make around substance use."

Similarly to experiences post-decriminalization, participants reported that stigmatization **had not improved** following the re-criminalization amendment.

- This was particularly apparent in **interactions with healthcare workers** and **law enforcement**, where participants continued to experience discrimination

"There's so much stigma associated with substance use and drug users' experiences with the police or with emergency services. A lot of people are afraid to put themselves in a position where they're going to have interactions with those officials. And that doesn't seem to me to have changed much at all"

Participants suggested that meaningful stigma reduction might **take longer than the three-year timespan** of the decriminalization pilot, as drug use stigma is deeply ingrained

- Some viewed the introduction of the policy amendment as **hindering initial progress** in reducing stigma that occurred during the initial decriminalization policy

"Didn't they kind of cancel it [decriminalization] out early? So why would they be able to see the effects if they had it cancelled? If they would have kept it the same way, it might have been enough time, but they didn't give it enough time to see anything"

Perceived Drivers of Stigma

Participants identified **two main drivers of stigma** which shaped public attitudes, institutional behaviors, and participants' willingness to engage in services:



POLICY BACKLASH AND PUBLIC FRUSTRATION

- Participants suggested that **decriminalization** created resentment, which led the public to vocalize their often-negative views towards PWUD and drug use:

"I've seen people berating people and freaking out on them [people who use drugs]. They [general public] haven't changed the way they think about it [drug use] due to any of this legislation, right? In fact, they're more frustrated."

- Many reported that the **policy amendment** reinforced **public backlash** towards the policy, emboldening the public to express hostile attitudes towards PWUD:

"I think that stigma increased because [the amendment] once again brought it [public drug use] to the limelight, created controversy with people who supported it and people who didn't. After the law was reversed, there was more attention to [public drug use], more so than ever before"

- This increased hostility **deterred** some participants from **accessing harm reduction services**:

"When [drug possession is] criminalized, PWUD don't want to be seen in public and going out to [harm reduction services], so they're not going to get their supplies. When it was decriminalized and they were allowed to have their own possession, they're going to be more acceptable to going into those places."



LACK OF EDUCATION AND AWARENESS

- Participants suggested that **knowledge gaps** across public discourse and media coverage allowed **misinformation** related to PWUD, drug use, or the policy itself to flourish:

"I would hear from people that they were frustrated and scared or confused because their perception was drugs had been legalized. I think their perception was that it was kind of just passive permission or encouragement from the government to continue to openly engage in destructive drug use"

- Others described a critical **gap in drug use education** among healthcare workers, noting the need for more advocacy and anti-stigma training:

"[Healthcare providers] was a group that was missed in terms of education. It was kind of just taken as a given that people working in healthcare must feel sympathetic towards drug-using people and they must want more drug-using people to be connecting in for care. We found in a lot of cases that wasn't the case"

- Participants also emphasized the importance of broader **educational and anti-stigma campaigns** to spread awareness on drug use and harm reduction:

"I wish the community itself could understand that people need their medicine to not get sick or numb themselves because they have trauma [...] Having seminars and workshops for them to listen to the panel [of] drug users, and let them explain to the community why it's necessary for this to happen."

Symbolic Policy Messaging across Policy Periods

Participants described that decriminalization and the subsequent amendment represented **symbolic turning points** with several key impacts on stigma:

"When things are decriminalized, then people [are] not feeling [like] they're interacting with a criminal, and they're not afraid. When something's illegal, it's bad. Decriminalization helps people relax. It helps services and service providers and even family members and friends relax around you and see your issue as not something that makes you a bad, scary, dangerous person"

Perceived Impacts of Policy Changes

Decriminalization

- Reframed drug use from a criminal matter (i.e. moral issue, inherently "bad") to a public health issue
- Reduced stigmatizing language (e.g. "junkie", "crackhead")
- Reframed harm reduction as health-promoting
- Challenged some stigma associated with accessing harm reduction services

VS

Re-criminalization

- Undermined policy reform and cast PWUD in an even more negative light
- Reversed modest progress in stigma reduction made by decriminalization
- Amplified social and self-stigma
- Heightened anti-drug attitudes

"[Re-criminalization] undid a lot of the positive change that I associate with decriminalization [...] A lot of people perceived that as the government admitting that it [decriminalization] was a mistake. And it created an opportunity for people to say decriminalization was harmful"

"I felt more accepted after decriminalization. It had given me some sense of freedom and acceptance amongst law enforcement and organizations, the healthcare system. If we're talking about internalization, it felt like something I didn't have to be concerned about anymore. With access to safe harm reduction supplies, I felt more comfortable accessing them now."

"I've lost some power through [re-criminalization]. I lost power by being criminalized, because I lose credibility in everything again. And I lose my own self-worth through all that too."

CONCLUSION & IMPLICATIONS

- Participants reported that their experiences of social, structural and self-stigma **largely persisted** following decriminalization and the policy amendment, demonstrating the **deeply entrenched** nature of drug use stigma
- Experiences of stigma across both periods demonstrate the impact of **broader social and structural factors**, including public discourse and sentiment and the need for drug use-related education and awareness among the public, healthcare providers, and law enforcement
- Some participants perceived **modest improvements** in stigma under decriminalization, reflecting the positive, **symbolic role of policy** beyond immediate legal consequences
- However, the amendment signalled sentiments of **policy failure**, reducing the impact of modest gains under decriminalization and reinstating fears of surveillance and punishment among PWUD
- Our findings suggest that policy change is **not enough** to meaningfully affect individual and community experiences of stigma without **significant investment in education, communication, training, and systemic reform**

Source: Ali, F., Mende-Gibson, J., Russell, C., Lo, M., Bardwell, G., Budau, J., Ivins, A., Mitra, S., & Rehm, J. (2025). Experiences Of Stigmatization Among People Who Use Drugs During Shifting Decriminalization Policies In British Columbia. *BMC Public Health*. Under Review.

