



KFL&A community consultation on decriminalization

January 2024



A report on the community's
perspective on decriminalizing
drug possession for personal use.

Abstract

This report explores the perspectives of people in Kingston, Frontenac, Lennox & Addington (KFL&A) on the idea of decriminalization, where possession of small amounts of drugs for personal use would not lead to criminal charges. The consultation findings highlight a sentiment within the community that views substance use as a public health issue rather a criminal act. The report captures the community's thoughts on the perceived benefits and concerns on potential changes in drug policies.

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Executive summary

Introduction

The opioid crisis continues to escalate as a major public health issue in Ontario. In the KFL&A region, opioid-related deaths have increased threefold, from 16 deaths in 2016 to 53 deaths in 2022.¹ This situation, unfolding amid wider public health challenges, brings to light several issues, particularly the risk of drug poisoning. The alarming trend underscores the pressing need to reassess the current drug policies and intervention strategies. Such a substantial rise not only highlights the urgency for a more effective response but also points to the broader socio-economic impact of opioid use, making cooperation across various sectors necessary.

Given this context, the traditional law enforcement approach to drug possession is increasingly being recognized as insufficient and, at times, counterproductive in addressing the complexities of substance use and addiction.² There is a growing call, echoed by health experts including Canada's chief public health officer,³ for a shift towards evidence-based, public health-oriented strategies.

In response to this issue, the KFL&A Community Drug Strategy Advisory Committee (CDSAC) convened the Alternatives to Criminalization (ATC) subcommittee. This subcommittee conducted a community consultation that focused on gathering the KFL&A community's views on decriminalizing drug possession for personal use as an alternative to charging individuals with personal possession.



What are unregulated substances and what is drug poisoning

Unregulated substances are drugs manufactured and distributed outside of Canada's regulatory system. These substances are produced without any government oversight or approval leading to greater risks due to their unknown composition and potency. This uncertainty increases the likelihood of harmful effects, addiction, and overdose. Examples include stimulants like cocaine, methamphetamine and MDMA, as well as sedatives such as heroin and fentanyl.

Drug poisoning, commonly referred to as an overdose, occurs when a person ingests a high quantity of a substance, typically drugs, which is harmful to their body. Such incidents often involve the use of unregulated substances, which may contain unknown or dangerous levels of opioids, like fentanyl, increasing the risk of a fatal overdose.

Objectives

The aim of the consultation was to understand the community’s readiness for policy change, assess its potential implications, identify recommended service changes, and gauge the level of support for decriminalization as an alternative to the criminalization approach. The findings will inform further community discussions about the suitability of pursuing a Section 56(1) exemption under the *Controlled Drugs and Substances Act, SC 1996, c 19 (CDSA)* and will also inform a public education strategy. This exemption would allow individuals to possess a small amount of certain unregulated substances for personal use without facing criminal charges.



Understanding the Controlled Drugs and Substances Act and Section 56(1) exemption

Controlled Drugs and Substances Act:

- **What is it?** It is Canada’s federal law that regulates the possession, production, distribution, and sale of controlled substances and drugs.
- **Purpose:** Its main goal is to prevent illegal drug use and trafficking, while also ensuring that legal and medical use of these substances is safe and regulated.

Section 56(1) exemption:

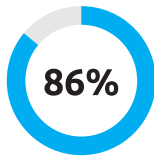
- **The exemption:** Section 56(1) of the CDSA is a special provision that allows the Minister of Health to grant exemptions from certain parts of the Act.
- **Why it matters:** This exemption can be used in specific situations where adhering strictly to the law might have negative health or safety outcomes. For example, it is used to allow research on controlled substances or to permit the operation of supervised consumption sites.
- **Decriminalization context:** In the context of decriminalization, a Section 56(1) exemption could be used to allow people to possess small amounts of certain unregulated substances without facing criminal charges. This approach aims to shift the focus from punishment to health and treatment for substance use.

Methodology

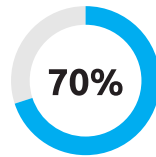
The ATC subcommittee employed a mixed-methods approach to gather diverse perspectives on decriminalization. From April to June 2023, the subcommittee conducted an extensive online survey alongside focus groups, ensuring the inclusion of nuanced views from individuals with lived or living experience and those with limited digital access. To guarantee objectivity in data analysis, a third-party data analyst from Queen’s University, uninvolved in the consultation process, was engaged.

Key findings

Community readiness



of survey respondents expressed concern over the drug poisoning crisis.



agreed that drug possession laws should be changed to better support people who use substances.



Preference for public health approach was evident, though it was varied among community members.

Potential implications



- There was cautious optimism towards decriminalization.
- There was common agreement on the ineffectiveness of the current punishment-based approach to substance use.
- Potential benefits of decriminalization include safer substance use, better access to treatment and support services, and reduced stigma for people who use substances.
- Concerns raised about decriminalization include the potential worsening of the ongoing drug poisoning crisis, the risk of compromising community safety, and the possibility of increased drug use and its normalization.

Decriminalization model development for the KFL&A region

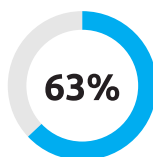
Based on the findings from the community consultation, the development of a local decriminalization model in the KFL&A region should be guided by the following:

Adopt a public health-centered, multi-pronged strategy that also addresses the root causes of substance use.

Involve subject matter expertise and consult with people who use substances on matters relating to possession threshold and what substances to include.

Expand health and social services and explore the concept of 'safe supply'.

Level of support on decriminalization



of survey respondents supported decriminalization, with conditions.



Unified call for improved mental health and addiction services

Discussion

The community consultation had revealed the complexity of community opinions, indicating readiness for policy change but also urging caution in its implementation. It is important to note that these findings reflect the participants' views, which may not always align with empirical evidence. Furthermore, the results had uncovered misconceptions about decriminalization. Addressing and clarifying these misconceptions is crucial, and they are detailed in other sections of the report.

In conclusion, the community consultation in KFL&A found that a nuanced, careful, and detailed approach is essential for drug policy changes. It brought to light the community's understanding that decriminalization should be part of a wider public health strategy. This includes increasing health and social services, and providing public education about substance use. Moreover, it stressed the importance of ensuring community safety and well-being. Working together with different sectors and learning from the experiences of other regions are noted as key steps towards a compassionate and effective way of addressing substance use.

Recommendations for next steps

The community consultation indicated notable support for the decriminalization of drug possession for personal use, while also highlighting concerns about potential unintended consequences. To address these, the recommended next steps are:

1

Engage in in-depth discussions with key sectors. Conduct focused discussions with key sectors such as police, correctional services, health and social services, and community organizations. These conversations will share insights from the community consultation and gather expert opinions on the impact of decriminalization on each sector. They will also help in identifying strategies to mitigate potential challenges.

2

Assess system capacity. Perform a comprehensive assessment of the current capacity of health and social services. This evaluation will pinpoint the system's readiness to support decriminalization and highlight areas requiring improvement, such as harm reduction initiatives, medical treatment availability, and psychosocial support resources.

3

Learn from other regions. Establish connections with regions, both within Canada and internationally, that have implemented decriminalization policies. Learning from their experiences and adapting successful practices can provide valuable insights, allowing for the development of strategies that are specifically tailored to the unique context of the KFL&A region.

Introduction

Background



The opioid crisis, which has led to both fatal and non-fatal overdoses, continues to escalate as a major public health issue in Ontario, as well as across Canada. In the KFL&A region, opioid-related deaths have increased threefold, from 16 deaths in 2016 to 53 deaths in 2022.¹ This situation, unfolding amid wider public health challenges, brings to light several issues, particularly the risks of drug poisoning. The alarming trend emphasizes the critical need to address substance use and its consequences. In addition to the opioid crisis, there has been an increase in harms associated with the use of methamphetamines in the KFL&A area. This is evidenced by a mortality rate from any stimulant of 8.8 per 100,000 population during the second quarter of 2022.⁴ This data underscores that the scope of substance-related issues extend beyond opioids.



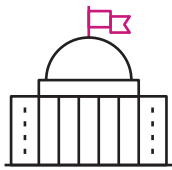
The financial burden of substance use is also substantial. In 2020, opioid use alone accounted for \$2.73 billion in healthcare, lost productivity, and criminal justice costs in Ontario. Additional expenses linked to the use of other substances totaled \$3.26 billion; this does not include expenses related to tobacco, cannabis, and alcohol.⁵



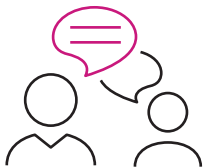
Addressing substance use and drug addiction necessitates a comprehensive approach that goes beyond punitive measures. Canada's current drug possession policies, which primarily rely on criminalization, have proven insufficient in decreasing drug use and inadequately address addiction as a health issue. This approach has exacerbated harm to those using substances and the wider community.² This perspective is supported by the chief public health officer of Canada, who has asserted that arrest-centric approaches are not a viable solution to the substance use crisis.³ A holistic strategy that integrates prevention, treatment, harm reduction, and social support is crucial for addressing the multifaceted challenges posed by substance use and addiction.⁶



The need for evidence-based drug policy reform, which might include decriminalization strategies, is becoming increasingly clear. Such reforms should champion principles of social justice, human rights, and equity and should also tackle the root causes that impact health outcomes. Decriminalization, by definition, entails the removal of criminal penalties on drug possession for personal use, treating it as a health issue rather than a criminal offense³. Furthermore, available evidence indicates that decriminalization neither promotes drug use nor exacerbates related harms.^{7,8,16,17,18,22}



Efforts to address the opioid and broader substance use crisis are underway at different levels of government. In September 2016, the KFL&A Board of Health advocated for the establishment of a national advisory committee to consider drug policy reform, inclusive of a range of decriminalization options. By April 2021, the KFL&A Board of Health had endorsed the statement on the decriminalization of drug possession for personal use, made by the KFL&A Community Drug Strategy Advisory Committee (CDSAC). This statement also received support from the KFL&A municipalities, indicating broad support for a public health approach to drug policy. A significant increase in opioid-related deaths in 2022 compelled the KFL&A Board of Health to pass a motion reaffirming their support for decriminalization and access to an uncontaminated supply of drugs.



In support of the KFL&A Board of Health's resolution, the KFL&A CDSAC established the Alternatives to Criminalization (ATC) subcommittee. Tasked with conducting a community consultation, this subcommittee sought to understand community perspectives and experiences concerning the decriminalization of drug possession for personal use. The consultation engaged a diverse array of interested parties, including equity-deserving groups, individuals with lived experience and their loved ones, individuals with a history of incarceration, and service providers. This initiative marks an important step in advancing a public health strategy to reduce substance use-related harms in the community.

Community consultation objectives

Health Canada emphasized the necessity of assessing community readiness, potential risks and benefits, recommended service changes and the level of community support for decriminalization. This includes considering the perspectives of people who use substances (PWUS) and members of the Indigenous community. Alongside this broader community consultation, a separate and parallel process has been established, specifically tailored, and led by the Indigenous community for individuals of Indigenous ancestry. This initiative is designed to ensure that their unique perspectives are inclusively and respectfully integrated into the policy recommendations.

This consultation sought answers to the following questions:

- 1** How prepared is the community for a policy change concerning substance use?
- 2** What implications might emerge from the decriminalization of drug possession for personal use?
- 3** Are there recommendations for service adjustments or new policy models that merit consideration?
- 4** What is the level of community support for decriminalization in the KFL&A region?

The insights from this consultation will:



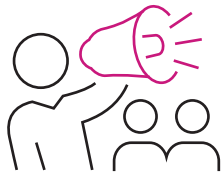
Collecting community feedback is an essential first step in determining the suitability of applying for an exemption under Section 56(1) of the *Controlled Drugs and Substances Act*.

Under Section 56 of the *Controlled Drugs and Substances Act*,⁹ the possession of unregulated substances for personal use is currently deemed unlawful. However, a Section 56(1) exemption for the KFL&A region would decriminalize personal possession of these substances by eliminating associated criminal penalties. It remains crucial to note that activities like trafficking, production, and sale would continue to be criminalized.

The federal Minister of Health has the authority to grant exemptions under Section 56(1) of the *Controlled Drugs and Substances Act (CDSA)* to individuals or groups, enabling legal activities with specific controlled substances for reasons like medical, scientific, or public interest. For exemptions based on public interest, there is no structured application process, making each case unique. The key to obtaining approval is demonstrating that the exemption will serve the community's health, safety, and well-being.

Methodology

To gain a comprehensive understanding of community perspectives on drug decriminalization, the ATC subcommittee employed a mixed methods methodology. This included both quantitative and qualitative research methods tailored to assess viewpoints from various sectors of the KFL&A community.



Recruitment and eligibility

The recruitment approach was designed to attract a broad range of participants, encompassing KFL&A residents, service providers, and individuals with lived or living experience with substance use.

The community consultation was organized into two components:

Online survey

The survey sought insights from individuals (16 years of age and older) who live, study and/or work in the KFL&A area. Available from April 4 to May 17, 2023, it was promoted through various channels including social media, posters, a dedicated website, and traditional media.



Focus group

Conducted to gain deeper qualitative insights, the focus groups particularly targeted people with lived or living experience and those less inclined to participate in an online survey, aiming to amplify the voices of those most impacted by the current criminalization legislative framework. A total of ten focus groups, eight in Kingston and two in Greater Napanee, took place between April 14 and June 9, 2023. These sessions were designed to discuss themes aligned with the community consultation framework.



Compensation

Focus group participants were compensated, recognizing their time and expertise. Compensation was provided regardless of the extent of their participation in the discussions.



Data collection

Data from the online survey were collected through the Qualtrics platform, and focus group discussions were audio-recorded, with demographic information also being gathered. The group discussions were led by harm reduction workers from KFL&A Public Health, who are experienced in engaging with people with lived and living experience in substance use. This approach helped ensure that participants felt comfortable sharing their thoughts openly. To accurately capture the content of these discussions, KFL&A Public Health staff took detailed notes during the sessions.



Data analysis

An independent data analyst from Queen's University's Public Health Sciences Department analyzed the data. For the survey, only responses from individuals aged 16 or older who live, study, or work in the KFL&A area, referred to as 'eligible responses,' were included in the analysis. For the number-based part of the survey, the data was sorted and looked over using Microsoft Excel. This involved checking how often certain answers appeared. The analyst also compared this data between different groups to get a fuller picture. For the word-based portion of both the survey and focus groups, a method called thematic analysis was used. This involved identifying and examining common themes and ideas within the participants' responses.



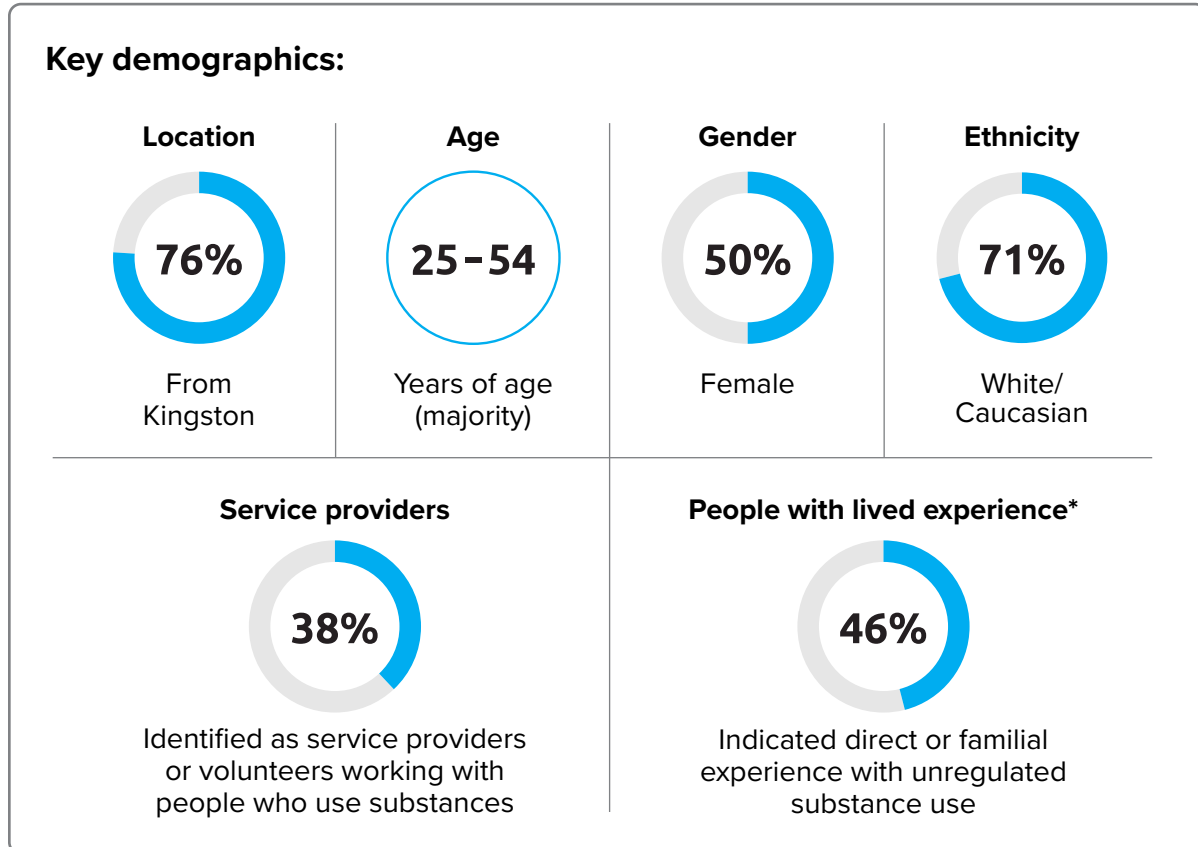
Limitations

The consultation's findings, limited to those who participated, cannot be generalized due to the methodology used. The online survey format may have excluded individuals without internet access, potentially introducing selection bias. Additionally, the higher participation of service providers and individuals with lived or living experience might have influenced the results in specific ways. Moreover, the sample's representativeness of the KFL&A community may be limited due to the self-selection sampling method, where participants joined the community consultation voluntarily, driven by their own interests and motivations, rather than through random selection. As such, interpretations of these findings should consider these limitations.

Results

Online survey demographics

A total of 1,860 responses were collected in the online survey; however, only 1,775 were considered eligible responses and were included in the analysis for this report.



*The respondents indicating lived or living experience with unregulated substances include both personal and familial experiences. The survey did not ask about the specifics, severity, or nature of the substance use, and as such, it is not possible to distinguish between these experiences or to classify the substance use as problematic or not.

Focus groups

A total of 10 focus groups were conducted, involving 100 participants who ranged from 25 to 54 years of age and included individuals from equity-deserving groups. The main aim of these sessions was to collect in-depth insights and opinions on the topic of decriminalization from individuals who have lived or living experience with substance use. This group was specifically targeted as they are likely to be the most directly affected by changes in substance use policy. Sessions lasted between 50 and 60 minutes.

Key findings

This report outlines key findings organized according to the four objectives: community readiness, potential implications, decriminalization model development for the KFL&A region, and level of support. These findings, derived from both survey data and focus group discussions, aimed to provide comprehensive insights to inform community members and interested parties, facilitating informed discussions and decisions.

I. Community readiness

Community readiness is a construct that gauges a community's collective willingness and preparedness to address specific issues.¹⁰ This metric has dual functions: it measures the community's recognition of an issue and evaluates the level of urgency attributed to it. The importance of assessing community readiness goes beyond theoretical considerations; it offers essential insights that guide the planning and implementation of targeted public health interventions.

Data from the online survey component revealed a heightened sense of community awareness and concern regarding the ongoing drug poisoning crisis. Specifically, 86 per cent of respondents expressed varying levels of concern about this issue.

The survey data were complemented by qualitative insights from focus group discussions, enriching the community's collective understanding of current drug use approaches and their implications. When combined, both qualitative and quantitative findings confirmed a similar narrative: the existing approach to drug use, the consequences of this approach, and the systemic barriers to accessing

services were not just recognized but also seen as urgent matters requiring immediate intervention. Themes emerging from the focus group discussions offered a nuanced perspective into the tangible and emotional sides of this complex public health issue.

1. Current approach to drug use and its implications

The general opinion, as revealed by both the survey and focus group data, was one of skepticism towards the effectiveness of the current criminal approach to drug use. This skepticism was found to have far-reaching implications for health, safety, and overall well-being. From the data, two key themes emerged:

Criminalization and its adverse consequences

Over two-thirds of survey respondents (67 per cent) expressed disagreement with the approach of criminalizing individuals for possessing drugs for personal use. The focus group discussions offered insights into the detrimental effects of this approach. One focus group participant summarized the immediate and extensive repercussions, stating:

“Well, you get arrested, you go to jail, you lose your place to live, you lose your job, you lose everything you own, you lose your clothes, you lose everything, you gotta start over and what do you do? You got nothing.”

This comment highlighted that criminal charges could trigger a series of adverse consequences such as homelessness, unemployment, and loss of personal belongings. These outcomes were

believed to perpetuate a cycle that severely hampered reintegration into society. Focus group participants emphasized that such challenges escalated the likelihood of reoffending, thereby accumulating additional charges and perpetuating this cycle of adversity.

In addition to material losses, participants indicated considerable mental health implications stemming from criminal charges. One participant encapsulated this sentiment by stating:

“Realistically, it causes stress and stress, let’s face it, affects you entirely. So, stress itself is a whole list of health and wellbeing problems. Stress is a mess.”

The focus group discussions suggested that the stress from the threat and reality of criminal charges had pervasive mental health ramifications, such as anxiety, depression, thoughts of self-harm, and even post-traumatic stress disorder (PTSD).

Furthermore, the stigma attached to criminal charges for drug use compounded existing societal prejudices. One participant described the emotional and psychological toll, noting:

“I think it feels demoralizing. It really, like, it hurts your self-esteem, like, makes it feel like the world is against you.”

Negative interaction with law enforcement and service providers

Analysis of the focus group data revealed a complex and often tense relationship

between PWUS and first responders, particularly law enforcement officers, and healthcare professionals.

Focus group participants shared narratives of negative interactions with law enforcement, often describing feelings of being targeted, disrespected, and set up for failure. One participant elaborated on this sentiment, stating:

“You gotta listen to the way the cops word things to you when they got you pulled over on a RIDE program ‘cause the way they word it, they’re already setting you up to fail.”

This sentiment extended to healthcare professionals as well. Participants reported that a history of substance use could trigger stigmatizing behaviour, even when seeking care for unrelated issues. One focus group participant illustrated this point:

“I’ve never had any [unregulated substances] on me when I went to the hospital, for example. I just said the history and they still treat me like shit.”

2. Systemic barriers to accessing services

Survey data and focus group discussions revealed a variety of systemic barriers hindering access to essential services for PWUS. These barriers can be broadly categorized into three key themes:

Stigma

Stigma, defined as the negative view or unfair treatment of people based on certain

characteristics or group associations,¹¹ remains a formidable barrier, discouraging PWUS from seeking necessary support and services. This stigma could be manifested in various forms, including negative attitudes from healthcare providers, family members, and the broader community. The impact of stigma was evident in the words of one survey respondent who stated,

“Yes, because of the social stigma that comes with substance use, people are less likely to seek these services.”

Resource inadequacy and logistical challenges

The lack of sufficient funding and staff for services, including treatment centers, harm reduction facilities, and mental health support was identified as a significant barrier to obtaining necessary care. This shortage was seen as not only hampering access to help but also worsening health outcomes and perpetuating the cycle of substance use. Additionally, logistical issues, such as inconvenient service locations, limited hours of operation, and poor public transportation options, were considered to further obstruct access to assistance. These challenges were detailed more by a survey respondent saying,

“Access can be complicated. Takes knowledge, energy and money. Not able to physically get to these places, no transportation, no cell phone, not able to pay for bus. May live in rural area, no bus, etc. May not have any network, no built-in supports.”

Motivational hurdles and legal deterrents

Another theme that emerged focused on the psychological dimensions of access, particularly the readiness or willingness of PWUS to seek help. Multiple factors, such as the denial of the severity of their condition or past negative experiences with services, might have deterred engagement. A survey respondent observed:

“The services are there, but people have to want to use them.”

Moreover, the fear of legal repercussions was considered a substantial obstacle. The criminalization of substance use not only deterred PWUS from seeking help but also encouraged riskier behaviors to avoid law enforcement. One survey respondent echoed this sentiment:

“Yes, I think there is a stigma that exists for many drug users and criminalization forces many who might otherwise try to access help into the shadows.”

3. Majority support for drug possession law reform

Seventy per cent of survey respondents in the KL&A region agreed that drug possession laws in the area should be changed to better support PWUS. The prevailing sentiment was that this policy change would enable PWUS to access essential services without the fear of legal repercussions.

4. High level of awareness on decriminalization

The survey data indicated a notable level of familiarity with the term ‘decriminalization’

among participants. Approximately half of the respondents claimed strong familiarity with the term, while another third believed they are moderately familiar. Conversely, less than 10 per cent reported only slight familiarity, and a mere one per cent were unfamiliar with the term. While these results cannot be assumed to reflect the awareness levels of the general community, they provided valuable insights for educational initiatives. The data suggested that among the respondents, there was a foundational level of knowledge about decriminalization, which could serve as a beneficial starting point for future educational efforts and discussions on policy changes related to substance use.

However, the qualitative responses revealed a notable issue: the terms ‘decriminalization’ and ‘legalization’

were frequently confused, leading to misunderstandings. Each term carries distinct implications: decriminalization implies that personal drug use will not result in criminal charges, though the production and sale of drugs remain illegal. In contrast, legalization denotes a framework that regulates the manufacture, possession, and sale of drugs. Some survey responses show that this confusion exists. For example, one survey respondent remarked,

“Legalizing normalizes a bad thing...how is that a good thing?”

Another stated emphatically,

“This should NOT be legalized.”

Understanding decriminalization versus legalization

Decriminalization

- You will not be charged for having a small amount of drugs for personal use.
- It is about helping people who use drugs, not treating them like criminals.
- It does not make drugs legal, but it is about giving support instead of punishment.

Legalization

- Making it legal to make, possess, and sell drugs, under specific rules.
- Just like buying alcohol or cigarettes, there are laws on how and where you can buy and use these drugs.
- It is about controlling and regulating drugs, not just allowing them freely.

These qualitative insights highlighted the need for targeted community education to differentiate these frequently interchanged terms. Doing so would not only help the community have a clearer and more informed discussion about drug policies but also assist policy makers in coming up with more effective ways to improve public health outcomes.

II. Potential implications of decriminalization

As the community considers a decriminalization approach for substance use, it is crucial to explore the potential effects this policy shift may bring. The effects could be many and touch on different areas like public health, police work, and the way people interact with each other. Understanding these potential outcomes is crucial for making well-informed decisions and guiding future intervention strategies. This section explores various perspectives on how decriminalization might personally affect individuals and their families. It also examines both the potential benefits and risks of decriminalization, including its impact on healthcare systems and broader societal attitudes toward substance use.

1. Varying personal impact of decriminalization

When considering the personal impact of decriminalization, the responses from the community showed a wide range of expectations. Approximately 30 per cent of survey respondents expected that decriminalization would yield benefits for themselves, their families, or their friends. Conversely, about 25 per cent predicted negative consequences. A notable 40 per cent predicted that the policy shift would have a neutral impact on their lives, neither benefiting nor harming them. A small fraction, around five per cent, expressed uncertainty about the direct outcomes that decriminalization might have on their lives.

2. Perceived risk and negative consequences

While 58 per cent of survey respondents did not expect negative outcomes for the community from decriminalization, about one-third disagreed. Common

concerns among these survey respondents and focus group participants included the potential worsening of the drug poisoning crisis, communities becoming less safe, and the risk of increasing or normalizing drug use in the community.

It is important to note that these perceived risks and negative consequences were based from individual opinions, and in some cases, these opinions do not align with the evidence regarding the impact of decriminalization. In regions of the world where unregulated substances have already been decriminalized, there has been no increase in drug use or a decrease in community safety and well-being. However, as more regions gradually adopt decriminalization strategies, there is a need for more extensive and diverse research to fully comprehend its impact. For additional information, please refer to the Addendum.

Exacerbating the drug poisoning crisis

The survey showed that about 29 per cent of respondents were worried that decriminalizing drugs might make the drug poisoning crisis worse. British Columbia, where decriminalization of personal possession came into effect in 2023, was often mentioned in these discussions, with one survey respondent noting,

“...Decriminalization of possession of illicit drugs would make the opioid crisis worse than it is now. The decriminalization of possession of small amounts of illicit drugs in British Columbia has only worsened their crises in drug addiction.”

Another survey respondent warned about a potential influx of drug dealers, stating,

“Don’t test decriminalization in Kingston. It will worsen the crisis as dealers from Toronto, Ottawa and Montreal will swarm here to ‘give away’ (i.e., not selling) drugs and increase the number of people that will become addicts.”

Societal concerns on community safety

The societal implications of decriminalization, especially those concerning community safety and the strain on public services, generated divergent viewpoints. One survey respondent explicitly communicated the fear that decriminalization might attract more people who use substances to the area, saying,

“...Drug users are more likely to move here under decriminalization. Drug users are more likely to make my family feel unsafe... Others are considering moving out of the downtown area.”

Similarly, a focus group participant escalated this concern by stating,

“More crime will occur when drug addicts can’t afford it and then they will resort to theft/ robbery, potentially murder.”

Concerns about substance use and its normalization

Although half of the survey respondents believed that decriminalization would not lead to increased drug use, a third held a contrasting view. This disagreement centered on the potential for decriminalization to influence social norms and attitudes towards substance use. Some respondents expressed concern that decriminalization might inadvertently normalize or even promote drug use, especially among younger populations. One survey respondent argued,

“It’s ridiculous to think that decriminalization is going to help anything. But push the younger generation into using.”

Another added,

“I am also cautious as I believe it could lead to an increase in drug use in my community.”

3. Perceived benefit and positive outcomes

Approximately 55 per cent of survey respondents expected positive community impacts from decriminalization, while a third remain skeptical. Qualitative data from both the survey and focus groups highlighted the following key themes relating to the perceived benefits of decriminalization:

Criticism of the “War on Drugs” and the call for a public health approach

A prevalent theme centered around the critique of the conventional “war on drugs” strategy. Survey respondents argued that this punishment-based approach had failed to address addiction

effectively and supported a shift to a data-driven, public health approach instead. One survey respondent noted,

“We have the years of data and research on how the ‘war on drugs’ worked and clearly it did not work. We need to give decriminalization of drugs a chance and collect the data on it.”

This sentiment was often paired with a call to treat addiction as a public health crisis rather than a criminal issue. One survey respondent argued,

“The addiction crisis needs to be treated as the public health crisis it is, and not as a criminal one. The war on drugs is a failure.”

Stigma reduction

Around 59 per cent of survey respondents believed that decriminalization could help in alleviating the societal stigma associated with drug use. This shift in societal belief was viewed as an essential step for encouraging individuals to seek help. One survey respondent noted,

“Decriminalization of drugs will help reduce stigma, which may result in an increase in uptake to health/social services.”

In addition, there was a belief that criminalization fuels a cycle of shame that hampers individuals from seeking help, a perspective supported by most of

the survey and focus group participants. This transformative viewpoint was considered crucial for the well-being of PWUS, as well as for the community at large. Another survey respondent cited,

“[Decriminalization] would reduce stigma for people who use drugs, and reducing stigma may aid in [patients’] recovery, improve their ability to access to medical services for treatment of addiction, mental health issues and other underlying medical problems.”

The financial and life-saving benefits

Contrary to those who raised concerns about the societal drawbacks of decriminalization, such as potential risks to community safety and increased pressure on public services, some survey respondents highlighted the potential financial and life-saving benefits of decriminalization. They believed that decriminalization could help both individuals suffering from substance use issues and the community.

Addressing the life-or-death stakes involved, one survey respondent emphasized,

“I know for a fact that people experiencing or witnessing an overdose do not call an ambulance because they fear facing criminal charges and would rather risk death. I am certain that removing this threat would therefore save lives.”

This statement revealed the deeply ingrained fear that the criminalization of drug use generated, effectively discouraging individuals from seeking urgent, potentially life-saving medical assistance during overdose emergencies.

Notably, many responses highlighted the potential for substantial financial savings as a direct result of decriminalization. This was illustrated by a survey respondent who said,

“As someone who sees various addicts daily—being a client of the methadone clinic in Brockville—I think decriminalization would alleviate court costs, costs of policing, etc., which in turn could be better spent utilizing the resources on people who need/want the help.”

This view suggested that the money currently spent on the criminal justice system could be better used for healthcare and rehabilitation services for those dealing with addiction.

Expanding upon this financial perspective and its linkage to broader societal gains, another survey respondent asserted,

“Decriminalization would not only reduce crimes of possession/trafficking, but we would also see a decrease in other crimes such as theft, break-ins, and fraud. These crimes often happen because

people, upon being arrested/detained, have their substances and money seized by police.”

This viewpoint suggested that decriminalization could start a ripple effect, decreasing the amount of crimes and thus contributing to a safer and more stable community environment.

Safer drug use, and increased access to treatment and support services

The majority (67 per cent of survey respondents) believed that decriminalization could facilitate safer drug use. Echoing this sentiment, 68 per cent also believed it would create a supportive environment that enables PWUS to access the help they needed more readily. One online survey respondent commented,

“I think it’s great that KFL&A is looking into this approach as a means of harm reduction. The war on drugs was never the right way to solve this problem, and it’s time we do more to help people experiencing addiction.”

Among service providers, a similar optimism was evident. Two-thirds anticipated that the policy change would positively affect their clientele. One respondent, identifying as a service provider in the online survey, remarked,

“The decriminalization would allow the clientele I work with the freedom to use safely, seek services for addiction if they do choose.”

Another added,

“I could refer people to services without fear of reprisal.”

Employment opportunities and the role of criminal records

Survey respondents also viewed decriminalization as a potential means to remove employment barriers caused by drug-related criminal records.

One survey respondent stated,

“I believe we need more harm reduction and assistance for people struggling, criminal charges will only make it harder for them to obtain employment,

housing, etc and has not made a difference in reducing usage. Decriminalization would be a huge benefit for the community.”

Lessons from the Portugal model

[Portugal’s drug decriminalization model](#)¹²

was often cited as an example to follow due to its success in reducing overdoses and implementing health-centered interventions. This view was echoed by a survey respondent who noted,

“The Portugal model is what we should follow.”

Portugal’s decriminalization model

- **Decriminalization approach:** People carrying small amounts of unregulated substances are not sent to jail. They might get a fine or do community service instead.
- **Help, not jail strategy:** Instead of jail, people get the health and other support services that they need.
- **Commissions for dissuasion:** Legal, health, and social work professionals talk to people found with drugs. They help these individuals get healthcare and support services if they want it, emphasizing health rights and education.
- **Fewer drug-related deaths:** Significant initial decrease in drug deaths; rates remain below pre-reform levels and are among the lowest in Europe.
- **Less people in jail for drugs:** Dramatic decrease in prisoners sentenced for drug offenses, now below European average.
- **Drug use did not go up:** Not many people started using drugs. Drug use stayed low, especially in youth.
- **Fewer HIV cases:** Strong decline in new HIV and hepatitis cases among drug users due to needle and syringe programs.
- **Better treatment and harm reduction services:** Expansion of treatment services and harm reduction measures, such as opioid substitution treatment and syringe distribution.
- **Social and economic benefits:** Reduction in social costs related to drug use, including criminal proceedings and incarceration.

Decriminalization

III. model development for the KFL&A region

A primary objective of the community consultation was to collect feedback from the KFL&A community to shape a potential decriminalization model. This blueprint would guide the implementation and evaluation of the potential decriminalization policy. This multi-step process included defining personal possession, determining which substances to include, outlining policy implications for youth, establishing education and training strategies, and assessing the readiness of health and social systems.

1. Implications for youth

When asked if individuals 19 years of age and older should be able to decide if and what substances they use, 55 per cent of survey respondents agreed. However, there were varied opinions regarding a decriminalization framework for minors (under 19 years of age). Of the respondents, 36 per cent believed substance use by minors should remain prohibited, 22 per cent felt that minors should be subject to the same decriminalization policies as adults, and 28 per cent suggested that the decriminalization guidelines should be different for minors compared to adults. Additional insights from both the survey and focus group discussions highlighted several key themes:

Mandated counselling and therapeutic interventions

There was substantial support for mandatory counselling or therapeutic interventions for minors engaged in substance use. One survey respondent stated,

“There should be a mandatory

counselling period so that the risks and repercussions are fully explained to them, but after they are free to choose how they continue.”

This perspective aligned well with focus group recommendations, which emphasized harm reduction, education, and counselling to address the root causes of substance use. One focus group participant noted,

“They should get more help, they should get rehab not a jail.”

Similarly, another survey respondent stated,

“There should be therapeutic plan to address why a young person is using and what environmental factors are playing into it.”

Educational outreach and early intervention

Survey respondents highlighted the critical need for educational outreach initiatives aimed specifically at minors. One survey respondent succinctly captured this need, stating,

“Perhaps more outreach to minors is necessary for educational purposes and because some grow up in households where there’s a lot of drug use and may have no sense of life without the drugs.”

Another survey respondent emphasized the importance of prioritizing education over criminalization, articulating,

“I feel like the effects of some substances on minors’ development makes us need to take a different approach - but one that focuses on education and support, not on criminalization or punishment.”

Additionally, the significance of parental involvement in harm reduction strategies was highlighted. An observation from a focus group articulated this sentiment as follows:

“If the parents can’t help them then the kids can’t help [themselves] and it’s more of an incentive for them to help each other instead of letting it become two problems.”

Legal benchmarking and age consideration

Survey respondents generally agreed on the need for age-specific legislation, potentially using existing regulations for alcohol and cigarettes as a model. One survey respondent offered the following advice:

“Use cigarettes and alcohol rules as a benchmark when deciding youth laws. Any changes should be young offender based as well, so the negative impact is mitigated after adulthood.”

This perspective gained support in focus

groups, where participants advocated for age-specific decriminalization policies. Another viewpoint emphasized the importance of education, stating,

“I don’t think it should be decriminalized for minors. Implement the same laws as alcohol and tobacco or have stricter laws for minors, as a way to maybe steer them away from drug use even though its decrim.”

Criticism of harsh penalties

On the other hand, a notable portion of survey respondents criticized the use of harsh penalties, like imprisonment, for minors caught using substances, viewing these measures as counterproductive. A common sentiment was that criminalization does more harm than good, failing to serve as an effective deterrent. One survey respondent emphasized,

“The ‘penalty’ should be less severe. Placing these minors in detainment facilities will only increase their chances of being stigmatized and more likely for them to keep using and worsening their habits possibly creating worse ‘criminal’ habits.”

2. Substances to be included

The decision regarding which substances to decriminalize exposed a complex range of public opinion, as shown by both survey data and focus group findings. While a majority—59 per cent of survey respondents—supported a broad approach

to decriminalization encompassing all substances, a notable minority (23 per cent) preferred a more selective strategy. Key themes emerge in this discussion, including the role of expert versus public opinion, concerns about safety, particularly around high-risk substances, and the potential therapeutic benefits of psychedelics.

Expert opinion versus public opinion

The issue of balancing public opinion and expert advice in policy decisions was clear in the feedback. A survey respondent expressed,

“The community should not be the one to decide; this should be determined by experts.”

This perspective emphasized the importance of expert knowledge in shaping policy while acknowledging the potential contributions of the broader community.

High-risk substances: a word of caution

Concerns about high-risk substances like fentanyl, opiates, and methamphetamines were evident in both survey responses and focus group discussions. One survey respondent highlighted the dangers of fentanyl, stating,

“Fentanyl intoxication can occur simply from coming into contact with it, and so decriminalizing it offers the risk of [it] becoming more prevalent with greater inadvertent exposures. Dangerous drugs should remain illegal.”

Focus group discussions echoed

this cautious approach, with one participant remarking,

“No, [cocaine should not be included] it is too chemical, there’s too much chemicals in cocaine. It’s super addictive.”

Psychedelics: seen in a different light

Interestingly, psychedelics received more favourable attention, mainly due to their perceived therapeutic benefits. A focus group participant noted:

“Just because in a micro dose form people have been looking for [psychedelics] for mental health issues, right?”

3. Personal possession threshold

This consultation aimed to gather opinions from the KFL&A community, particularly in light of [British Columbia’s current decriminalization policy](#)¹³ that permits personal possession of up to 2.5 grams of decriminalized substances. According to the survey data, 25 per cent of respondents found the limit acceptable, 36 per cent supported a revision, and 39 per cent were undecided. Qualitative insights drawn from both surveys and focus group discussions converged around several emergent themes, each providing a distinct perspective to analyze public sentiment and potential policy implications.

Substance-specific considerations

A common opinion stressed that “appropriate thresholds for personal possession should vary depending on the specific substance.” One survey respondent stated,

“It depends on the drug. A couple of grams of coke is enough for a party weekend. A couple of grams of heroin or fentanyl is enough to kill everyone at the party. They are very different drugs and thus the maximum for each should reflect that.”

This perspective challenged British Columbia’s 2.5 gram limit, proposing a nuanced approach that considers the unique risk profile and potency of each substance.

Consultation with subject matter experts and individuals with lived experience

Another recurring theme highlighted the importance of consultation with subject matter experts and individuals with lived or living experience. Survey respondents suggested that such consultations could lead to policies that are not only good in theory but also proven to work in real life. As one survey respondent articulated,

“The possession limit should be decided in consultation with people who use substances.”

Inadequacy of the 2.5 gram limit

Many individuals with lived experience expressed concerns that the current 2.5 gram limit was insufficient. A common suggestion from focus group participants was to increase this limit to 3.5 grams, colloquially known as an ‘8-ball’. This perspective was largely influenced

by economic considerations. One focus group participant mentioned,

“I think it should be 3.5 grams because on the street that’s a ball, right? And it’s like going to Costco, you buy more because you save more.”

Another participant emphasized the risks associated with frequent interactions with dealers, saying,

“Something important to note here is that just like people who use [legal] substances wouldn’t prefer to visit a pharmacy every single day to pick-up the drugs that we are prescribed, people who use illicit drugs also don’t typically want to see their dealer every single day either; especially considering this interaction is inherently more dangerous than just visiting a pharmacy.”

Need for clear distinction between personal use and trafficking

The final key theme revolved around the necessity of establishing a clear distinction between personal use and trafficking. Participants from both the survey and focus groups supported the idea of setting a possession limit that clearly differentiated personal use from criminal activity. One survey respondent summarized this,

“The limit should be variable based on the substance [for criminal charges], there should be a clear indication that there is intent to distribute.”

4. Stigma, education, and public awareness

Stigma associated with substance remains a major barrier that affects both the willingness to seek help and the quality of care provided. Quantitative survey data revealed that 59 per cent of respondents believed that decriminalization could help reduce this stigma.

The imperative of comprehensive education

A prominent theme that emerged from focus groups was the necessity for multi-level education targeting various interested groups. This call for education goes beyond simple public awareness campaigns and includes policymakers, healthcare providers, the police, and other key sectors. As one focus group participant said,

“[Decriminalization] is all useless if we don’t have education to the policy makers, the politicians, and the police who are the ones who are the catalysts for why we are even doing decriminalization... our police system needs to be overhauled and there needs to be education on [that,] anti-stigma education, harm reduction education.”

This sentiment emphasized the crucial role

of comprehensive education in dismantling structural barriers that perpetuate stigma and hinder effective policy implementation.

Public awareness: a key aspect of educational efforts

While educating policymakers, healthcare providers, the police and other key sectors is crucial, there was also a strong need for increased public awareness. Participants in both surveys and focus groups agreed that an informed public could play a critical role in combating stigma and facilitating the successful implementation of policy changes. Though public awareness is a part of broader educational efforts, it deserves specific attention due to its direct impact on the general population. One survey respondent emphasized this point,

“I don’t think the general public is fully aware of the issue in KFLA related to substance use, nor fully understand the benefits of decriminalization.”

5. Health and social system readiness, harm reduction program and strategies

Survey respondents and focus group participants expressed support for decriminalization, emphasizing its integration within a comprehensive public health strategy. Many saw decriminalization as a means to promote safer drug use and enhance access to treatment, acknowledging the significance of addressing the root causes of addiction and allocating resources effectively.

A comprehensive public health strategy

A prevalent sentiment that emerged from the data underscored the need for a comprehensive public health strategy that addressed not only

decriminalization but also the underlying issues related to substance use. One focus group participant emphasized:

“Taking policy steps towards a safe drug supply should be a public health priority.”

This perspective aligned with the broader call for a ‘safe supply’ program, which emphasizes secure production processes, licensed distributors, and drug checking services. Another focus group participant elaborated, saying,

“I think if they’re gonna legalize it they should go a step further to have a safe supply and have people that are licensed to supply, that do have a conscience.”

Another noted,

“I think discussions and further research about a safe supply need to take place in order to reduce the toxicity of street drugs.”

The broader spectrum of needs also includes the expansion of mental health and addiction services, an increase in safe consumption facilities, including inhalation sites, and improved access to inpatient treatments such as detoxification centers and rehabilitation services. One online survey respondent mentioned,

“Safe injection sites need to be expanded, alongside

addiction counseling services and treatment centers.”

Additionally, the importance of addressing the underlying causes of addiction, such as trauma, housing, and employment, was evident. An online survey respondent remarked,

“...Therefore, decriminalization cannot be the only approach taken; it must be accompanied by a solution to produce a cleaner drug supply as well as increased services that address upstream risk factors associated with substance use disorder.”

Housing emerged as a concern, with many survey respondents identifying the lack of housing as a barrier to accessing other essential programs and services. One respondent noted,

“Housing. Homelessness exacerbates addiction. Supportive and transitional housing, both for people who use substances and those who do not, is essential.”

Resource allocation and system readiness

Concerns about resource allocation were raised. Survey data showed that while half of the service providers anticipated improved service quality after decriminalization, approximately one-fifth expected a decline, and 28 per cent anticipated no change. These concerns revolved around the possibility of staff becoming overwhelmed

and resources being stretched because of an increase in people who move around a lot and use the service from outside areas. One online survey respondent provided more details, stating,

“It would likely result in an increase in people seeking support. This could be good for clients but may overwhelm staff.”

Another survey respondent highlighted the potential for resource strain,

“[There is] risk of resources being overwhelmed. Transient users might be attracted from outside the city and stay as treatment and stigma are reduced, increasing patient load and reducing services.”

6. Reconsidering first responder roles in non-violent substance use situations

Determining the appropriate first responder for non-violent substance use situations requires a well-informed and thoughtful approach. Survey data revealed that 42 per cent of respondents preferred mental health and social workers as the first responders, indicating that the police should only intervene when their presence is crucial for safety. This perspective aligned with broader reservations about the role of the police in such sensitive situations. A comment from a focus group participant echoes this viewpoint:

“I think having social workers

present would be a good idea and I know what they’re saying but right now the police [inaudible]. Having someone else there representing [inaudible] would eventually get the police to change their attitude.”

Skepticism and safety concerns

Despite the preference for a multi-disciplinary response, there was skepticism about its effectiveness, especially regarding the ability of social workers to change police conduct and reduce confrontational interactions. One survey respondent expressed this doubt by considering the perspective of the arrestee:

“Yeah, like, if they’re still charging you then it really doesn’t make a difference whether there’s a social worker present or not. If you’re gonna f*ckin’ wild out and flip out at the cops for arresting you you’re gonna do that either way, honestly.”

This response suggested that the presence of social workers might not fundamentally change the immediate reaction of those being arrested. It highlighted the complexity of integrating multi-disciplinary approaches into law enforcement scenarios and indicated a need for further examination of how such collaborations could function optimally in different situations.

Safety remained a key concern. Some

survey respondents believed that due to the potential for situations to escalate, police presence might still be necessary. Another survey respondent expressed this perspective:

“The safety of the social worker is still important when dealing with mental health situations. Police need to be there in order to assist in case of violent reaction.”

The importance of specialized training

There was a strong demand for specialized training for all responders involved in these calls. Training based on harm reduction and trauma-informed care principles could be crucial in de-escalating potentially volatile situations. One survey respondent emphasized the importance of training:

“This really depends on the training of mental health and social workers. Most instances can be handled without police, by workers grounded in harm reduction and trauma-informed care. If poorly trained, or trained with flawed principles, the ‘police if needed’ component means they will be ‘needed’ too often.”

Alternative perspectives on police involvement

Some participants proposed alternative viewpoints, suggesting that police involvement could inherently escalate situations and should therefore be entirely

excluded from non-violent substance use calls. Some even suggested that no external intervention should be necessary for such scenarios. One participant voiced this perspective:

“Cops always have a negative connotation associated with people that use. Most have been involved with criminal activity to support their habits, as well as charges for drugs. If it is non-violent, a cop is completely unnecessary.”

IV. Level of support for decriminalization

The level of community support for decriminalizing drug possession for personal use provides an invaluable metric for assessing community sentiment. According to survey data, approximately 63 per cent of respondents were in favour, while 34 per cent opposed it.

1. Demographic variations

Data showed that public opinion varied depending on geographic location, service provider status, and personal experience with substance use. Specifically, support for decriminalization was at 65 per cent among Kingston residents, compared to 58 per cent outside of Kingston. Additionally, 65 per cent of service providers supported decriminalization, a figure that slightly rose to 69 per cent for those who were not service providers.

2. Conditional support and concerns

While the number-based data from the survey showed support for decriminalization, the word-based data from

both the survey and focus groups provided additional insights by revealing conditions for support and specific community concerns. Four main themes emerged.

Public safety and community impact

Survey respondents considered public safety and its impact of community well-being to be of paramount importance. They expressed concerns about potential increases in property crime and changes in communal spaces. One survey respondent summed up this concern, stating:

“Those who are addicted to drugs and live on the streets live by committing offences to support their drug addiction. More lawful citizens will be affected.”

Another survey respondent mentioned,

“Decriminalization is a terrible social experiment. Drug use is now rampant and acceptable. Aside from creating more addicts, rampant drug use means rampant property crime to support the habits.”

These views indicated that many people were concerned that decriminalization might lead to an increase in crime rates and potentially pose a greater public safety concern.

Economic considerations

Concerns also extended to the economic consequences of decriminalization. Survey respondents raised questions

about the efficient use of taxpayer money and the potential long-term financial impacts. The overall sentiment seemed to indicate that public resources could potentially be more effectively allocated to areas other than supporting drug use through harm reduction approaches. This sentiment was encapsulated by one survey respondent who stated:

“If someone would like to risk their own life to use drugs, I am not in support of my tax dollars making that easier or safer for them.”

Common thread: comprehensive healthcare services

Interestingly, the idea of prioritizing healthcare was a common point of agreement among various perspectives on decriminalization. Both proponents and opponents of decriminalization emphasized the importance of comprehensive healthcare services.

Those in favour of decriminalization argued that robust healthcare services were essential for the success of this policy change. They believed that decriminalization should be coupled with patient-centered health and social services, including harm reduction initiatives. As one survey respondent stated,

“Decriminalization of drugs should be coupled with the scale-up of health and social services (including harm reduction initiatives) that are patient-centered.”

Another survey respondent added,

“Open free rehab centers, have more doctors, [and provide] more psychologists to all citizens.”

The main idea expressed was that decriminalization alone was not enough; it should also be combined with substantial healthcare and social support to effectively tackle the complexities of substance use and achieve lasting, positive results.

Conversely, those against decriminalization argued that focusing on healthcare should come before any decriminalization efforts. They highlighted the importance of including addiction support and related services, along with educational efforts to reduce stigma, as part of regular healthcare services. According to one survey respondent,

“Decriminalization is not the answer. More addiction and related supports, as well as education to reduce the stigma of addiction are needed to help those affected and to prevent the numbers from climbing even higher”

This convergence of views underscored a notable area of agreement: regardless of their position on decriminalization, many survey respondents concurred on the urgent need for comprehensive mental health and addiction services.

Skepticism on the policy effectiveness

Skepticism about the effectiveness of decriminalization often arose, with some citing perceived risks observed in other jurisdictions. One survey respondent questioned,

“This is not working in Vancouver or Seattle in the U.S. What makes you think it would work here in this area?”

Another expressed concern, stating,

“Decriminalize appears like you don’t care about people if they use. Because there is a good chance many will die.”

These viewpoints highlighted the need for strategies that can be tailored to the specific needs and nuances of each community, rather than adopting approaches from other regions without considering local characteristics.

Discussion, recommendations and next steps

Discussion

The community consultation in the KFL&A region revealed diverse perspectives on decriminalizing drug possession for personal use. These insights showcased the community’s growing awareness and willingness to reconsider the current approach to substance use. However, it is important to acknowledge that these findings represent participants’ views, which may not always align with empirical evidence.

A notable 86 per cent of survey respondents expressed their concern about the drug poisoning crisis, underscoring its significance in the community. Additionally, 70 per cent of respondents agreed that drug possession laws should change, indicating a clear and strong desire for change.

In contrast to the current criminalization model, which often leads to stigma and social isolation, respondents showed a preference for a public health approach. This approach prioritizes individual and community well-being, focusing on health and social support instead of punitive measures. It recognizes substance use as a health issue requiring comprehensive strategies, including prevention, treatment, and recovery support, as a more effective and humane response.⁶

While acknowledging the limitations of punitive models like the “war on drugs”, respondents expressed a collective desire for a health-centered drug policy similar to Portugal’s decriminalization model. Portugal’s approach is known for promoting safer substance use, expanding treatment access, and reducing societal stigma. Respondents also recognized the potential economic benefits and life-saving implications but raised concerns about unintended consequences. This complexity highlights the need for a well-rounded, evidence-based decriminalization strategy capable of anticipating and mitigating potential setbacks.

Specific preferences in the decriminalization model for the KFL&A region included:

- Favouring therapeutic and supportive interventions instead of criminal penalties, especially for youth.
- Recognizing the importance of setting clear possession limits, informed by input from experts and individuals with lived or living experience.
- Considerable support for the “safe supply” concept, and expanded health and social services.
- Suggestions for the potential involvement of mental health professionals and social workers as first responders in non-violent drug-related incidents, subject to further discussion on feasibility and benefits.

With 63 per cent of survey respondents favouring decriminalization, it is evident that support is tempered by factors like public safety and economic implications. This underscores the need for a tailored strategy, that addresses the unique needs of the KFL&A region. Regardless of their stance on decriminalization, there was a unified call for improved health and social services, highlighting a desire for an integrated approach that includes mental health and addiction services.

In conclusion, the community consultation highlighted the necessity for a careful, well-informed and thorough approach to potential drug policy change and their local impact. Any proposed policy changes must strike a balance between the welfare of individuals who use substances and the overall safety and well-being of the community. Recognizing the role of drug policy changes as part of a broader public health strategy, the consultation has led to the following guiding principles:

- **Shift focus to a public health approach:** Instead of criminalizing drug possession for personal use, focus on treating it as a public health issue. The aim is to understand and address the root causes of substance use, providing support tailored to individual needs.
- **Emphasize education:** Given the community's varied reactions to decriminalization, education is key. Public campaigns should clear up misunderstandings, particularly around the differences between legalization and decriminalization. These campaigns need to provide the best available evidence about the impact of these types of policies on drug use and community safety.
- **Expand health and support services:** Improving the health and well-being of people who use substances, as highlighted in the consultation, requires expanding health, treatment, harm reduction, and support services, especially in underserved rural and remote areas. A comprehensive healthcare system providing non-judgmental services is essential. These services should cover all aspects of substance use and be available to people of all ages and backgrounds.
- **Keep community safety in mind:** When exploring decriminalization of drug possession for personal use, it will be important to integrate this with broader community safety and well-being strategies. Collaboration between health services and law enforcement is crucial, especially in areas with safety concerns, to minimize harm and protect the community.
- **Work across sectors and include diverse voices:** In any drug policy change, involving a wide range of experts is crucial. This includes healthcare and social service professionals, police officers, and those affected by these changes. Crucially, it should also involve people who use substances, Indigenous community members, and representatives from other equity deserving populations.
- **Create plans to manage risks:** Addressing the community concerns raised during the consultation will be vital. Detailed plans to manage risks, particularly those worsening drug issues or affecting public safety, should be developed. Collaboration with various experts, community members, and those with lived experience is essential to identify and mitigate potential problems.
- **Maintain ongoing community dialogue:** Keeping open communication with the community throughout policy development is crucial. Consistent engagement ensures that community perspectives, concerns, and suggestions are always

considered, leading to more relevant and effective policies. This continuous dialogue also strengthens the relationship between decision-makers and the public.

- **Learn from others and adapt:** Observing places where drug possession has been decriminalized provides valuable insights into balancing public health and community safety. These experiences offer lessons that can be adapted to fit the specific needs of the KFL&A region.
- **Recognize decriminalization as one part of a larger strategy:** Decriminalization can reduce the immediate strain on the criminal justice system and lessen social stigma, but it does not address deeper issues like poverty, systemic inequality, and limited access to education and healthcare. Decriminalization should be part of a broader public health strategy that includes harm reduction programs, expanded treatment options, and community education to enhance overall health of the public.

These principles are meant to guide further discussions and actions as the KFL&A community strives for a compassionate and effective approach in addressing substance use, prioritizing the well-being of all its members.

Recommendations for next steps

The community consultation has shown notable support for changing drug policies, alongside concerns about possible unintended consequences. To address these concerns, it is crucial to conduct a detailed examination of the impact of decriminalization as an alternative to the current criminalization approach. This process should involve key sectors, including the police, correctional services, health and social services, as well as community organizations. The objective is to assess how decriminalizing drug possession for personal use would affect these sectors and determine the readiness of the current system to adapt to this potential policy shift.

Inclusion and collaboration are vital aspects of this process. Engaging in ongoing Indigenous-led discussions and involving other equity-deserving groups ensures a diverse range of perspectives and unique needs are considered. This inclusive approach is essential for developing a well-rounded and effective strategy for addressing substance use within the KFL&A community.

The recommended next steps include:

1

Engage in in-depth discussions with key sectors. The immediate action involves conducting focused discussions with key sectors such as police, correctional services, health and social services, and community organizations. These conversations will share insights from the community consultation and gather expert opinions on the impact of decriminalization on each sector. They will also help in identifying strategies to mitigate potential challenges.

2

Assess system capacity. Performing a comprehensive assessment of the current capacity of health and social services is essential. This evaluation will pinpoint the system's readiness to support decriminalization and highlight areas requiring improvement, such as harm reduction initiatives, medical treatment availability, and psychosocial support resources.

3

Learn from other regions. It is important to establish connections with regions, both within Canada and internationally, that have implemented decriminalization policies. Learning from their experiences and adapting successful practices can provide valuable insights, allowing for the development of strategies that are specifically tailored to the unique context of the KFL&A region.

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Addendum

Harms associated with prohibition-based drug policies

In Canada, drug use is treated as a crime and has not stopped people from using drugs.² This criminal approach overlooks why people might use drugs in the first place (e.g., dealing with hard life situations, trauma or stress) and fails to treat drug use as a health issue.¹⁴ There is evidence that suggests policies intended to prohibit or suppress drug use contribute directly and indirectly to risks for fatal overdose. Criminalizing people who use drugs can lead to negative outcomes, such as:^{2,15}

- **Stigma:** people avoid seeking help for fear of judgment.
- **Unsafe drug use:** Unsafe drug use: fear of possession charges encourages risky practices, like using alone, leading to more overdoses and the spread of diseases such as HIV and hepatitis.
- **Fear of getting help in emergencies:** people might not call for help like 911 because they fear legal trouble.
- **Life challenges:** criminal records make it hard to find jobs, education, or housing.
- **Dangerous drug supply:** illegal markets create unpredictable and toxic drug supplies.
- **Too much focus on legal issues:** prison gets overcrowded, and a lot of time and money go into the criminal justice system instead of helping people through treatment, harm reduction and crime prevention programs.

It is important to note that poor and racialized communities often face these harms disproportionately.³ Additionally, the current criminalization of drugs fuels an illegal and unpredictable market. During the COVID-19 pandemic, an increase in the presence of more dangerous drugs became evident. This situation raised the risk of overdose and created difficulties in getting help and support for individuals dealing with substance use challenges. These difficulties could include limited access to healthcare resources, disruptions in community services, and increased health risks associated with drug use due to the changing nature of available substances.

Understanding decriminalization

Decriminalization refers to the reduction or removal of criminal penalties for specific acts. In this context, it implies that individuals are not criminally punished for possessing small quantities of certain drugs for personal use.¹⁶ Instead, the emphasis is placed on providing health and support services to these individuals. Decriminalization differs from legalization, which creates a regulated system for the production, sale, and use of a drug (e.g., cannabis), as the drug remains illegal under decriminalization. Under this approach, personal possession of drugs does not lead to criminal sanctions; however, activities such as production and distribution of drugs continue to be illegal.^{14,16}

Drug policy in Canada

The *Controlled Drugs and Substances Act, SC 1996, c 19 (CDSA)*, administered by Health Canada, sets the legislative guidelines for regulating the possession, distribution, and sale of specific drugs in Canada.⁹ Under Section 4(1) of the CDSA, it is illegal to possess any substance listed in Schedule I, II, or III, which includes substances like heroin, methamphetamine, and cocaine. Violators face penalties, including fines and imprisonment for up to seven years, depending on the substance and number of offenses.

A significant shift in this policy landscape occurred on January 31, 2023, when Health Canada granted British Columbia a Section 56(1) exemption under the CDSA. This exemption, effective until January 31, 2026, permits adults 18 years of age and older in British Columbia to possess small amounts of specific illegal drugs for personal use without fear of arrest or criminal charges. The substances covered under this policy include opioids, methamphetamine, cocaine, and MDMA. Under this policy, adults found with a total of 2.5 grams or less of these drugs are not subject to arrest or seizure of the drugs but are instead provided information on health and social support services, including referrals to local treatment and recovery services upon request.¹³

While British Columbia is the first province to receive such an exemption, the City of Toronto has also submitted an exemption application to Health Canada. There is growing support for the decriminalization of personal possession and use of drugs across Canada. Many organizations, including the Canadian Public Health Association, the Canadian Drug Policy Coalition, the Canadian Mental Health Association, the Canadian Nurses Association, and the Canadian Association of Chiefs of Police, endorse decriminalization.^{3,14}

Empirical evidence on decriminalization

The evolving landscape of global drug policy, influenced by the growing evidence on decriminalization's impacts, is redefining discussions on drug laws and public health. Contrary to common concerns, extensive research reveals that decriminalization does not lead to increased drug use or associated harms.^{16,17} This is supported by studies from countries like the Netherlands, Portugal, the United States, and Australia, which demonstrated that removing criminal penalties for drug possession does not result in a rise in drug use.^{7,18} In fact, there is no association between the severity of a jurisdiction's enforcement of drug possession and levels of drug use.¹⁷ This includes a more comprehensive focus beyond drug use prevalence to encompass health and social domains like human rights, social inclusion, peace and security, and clinically significant health metrics.¹⁹ This approach, in line with public health goals and United Nations Sustainable Development Goals, advocates for a more comprehensive evaluation of drug policies.²⁰ The outcomes in various countries with decriminalization policies demonstrate the effectiveness of this holistic perspective.

In Oregon, Measure 110, implemented in February 2021, changed the possession of small amounts of drugs from a crime to a non-criminal Class E violation. This change in policy led to a marked reduction in arrests for possession of controlled substances, shifting the legal approach from criminalization to issuing citations with potential fines.²¹ Importantly, there was no observed increase in arrests for violent crimes, indicating that decriminalization did not lead to a rise in violent criminal activity.²² This change alleviated the burden on the criminal

justice system and the individuals involved. Additionally, Measure 110 channeled substantial funding into health services for people who use drugs, including harm reduction services and substance use disorder treatment, embodying a more health-centered approach.

The best-studied example of decriminalization of drug possession for personal use is in Portugal. Portugal's policy, implemented in 2001, redirects individuals found with small amounts of drugs to "dissuasion commissions" where proceedings are often provisionally suspended. This approach led to reduced drug use among vulnerable groups, increased treatment access, and significant drops in HIV transmission and drug-related deaths.⁷ Following decriminalization in Portugal, overdose deaths decreased by 80 per cent and the percentage of people who use drugs accounting for new HIV/AIDS diagnoses decreased from 52 per cent to six per cent over a 15-year period.²³

Similar positive results are evident in other regions. The Czech Republic's long-standing decriminalization policy is associated with one of the lowest HIV rates among people who inject drugs.²⁴ In Australia, diversion programs away from the criminal justice system have improved both physical and mental health outcomes.²⁵ The Netherlands, which decriminalized drug possession in the mid-1970s, has lower rates of hard drug use compared to many Western countries and one of the lowest rates of opiate-related deaths globally.²⁶

Decriminalization of drug possession offers significant health, social, and economic benefits. However, it's important to note that while decriminalization contributes positively to public health, its impact should not be overstated. The primary means of addressing health issues associated with problematic drug use lie in substantial investments in prevention, harm reduction and treatment services. Decriminalization supports these efforts by reducing stigma and the fear of prosecution, thereby encouraging individuals to seek help.⁸

Decriminalization offers notable social and economic benefits as well. For example, in Australia, individuals not criminalized for drug possession fare better employment outcomes and relationships.²⁷ In Portugal, decriminalization led to reduced social costs and direct savings in the criminal justice system. Between 2000 and 2010, the social costs related to drug use dropped significantly, initially due to a decrease in drug-related deaths and later from reduced criminal justice expenses and the economic impact of incarcerating individuals for drug offenses.²⁸

The accumulated evidence, including Oregon's recent outcomes, suggests that decriminalizing drug possession for personal use can yield substantial public health and societal benefits, especially when combined with strong health and social support. While not a standalone solution, this shift from a criminal to a public health perspective in addressing drug use reduces judicial system burdens, improves community-police relations, and enhances the health and quality of life of those affected by drug use. However, as more regions slowly implement decriminalization strategies, there is a need for more extensive and varied research to fully understand its impact. The diverse global experiences highlight the need for a nuanced, comprehensive approach to drug policies, favouring an empathetic, health-focused strategies over punitive measures.