

# Evaluation of the Decriminalization of Illegal Drugs in British Columbia

## Findings to Date – May 2026

### BACKGROUND

In 2022, the *Ontario Node of the Canadian Research Initiative in Substance Matters (OCRINT)* received a [five-year grant](#) (2022-2027) from the Canadian Institutes of Health Research (CIHR) to conduct an independent evaluation of British Columbia’s (BC) drug decriminalization policy.

The [evaluation](#) comprises a series of quantitative, qualitative, and mixed-methods sub-studies examining policy design, implementation, outcomes, and unintended consequences across five domains: 1) [People Who Use Drugs](#); 2) [Police & the Criminal Justice System](#); 3) [the General Public](#); 4) [the Health Services System](#); and 5) [Economic Outcomes](#).

### POLICY OVERVIEW

On January 31<sup>st</sup>, 2023, BC piloted a three-year drug decriminalization policy through an exemption under the federal *Controlled Drugs and Substances Act (CDSA)*, which allowed adults aged 18+ to possess up to a cumulative 2.5g of select illegal drugs for personal use. Following its implementation, an amendment was introduced on May 7<sup>th</sup>, 2024—approximately 15 months after implementation—which prohibited drug possession in public spaces. The policy expired on January 31<sup>st</sup>, 2026. Key policy milestones are outlined in the timeline below:



## EXECUTIVE SUMMARY

This briefing note synthesizes findings across multiple evaluation domains examining the impacts of drug policy changes in BC, including decriminalization and the subsequent 2024 policy amendment. A more detailed overview of findings from individual sub-studies is presented in the appendix.

### KEY FINDINGS ACROSS EVALUATION DOMAINS

#### Limited short-term impacts on population health outcomes

No statistically significant changes were observed in overdose deaths, hospitalizations, or service utilization following decriminalization, suggesting that broader structural factors (e.g., toxic drug supply, housing instability) continued to be the primary drivers of harms.

#### Criminal justice impacts were immediate but not sustained

Following decriminalization, both police-reported drug possession incidents and the number of individuals charged in drug possession incidents declined, suggesting initial progress toward a core policy objective. However, both indicators returned to near pre-policy levels following the 2024 amendment. Drug possession cases also declined overall across both policy periods.

#### Implementation gaps undermined policy consistency and effectiveness

Gaps in training, communication, coordination, and role clarity among police and service providers contributed to inconsistent application of decriminalization across sectors, limiting overall policy effectiveness.

#### Policy instability disrupted implementation and limited observable effects

The 2024 amendment altered how the policy functioned in practice, interrupted implementation, created uncertainty across sectors, and limited the ability to observe sustained or cumulative impacts.

#### Adverse impacts for people who use drugs

The 2024 amendment reversed early perceived benefits of decriminalization, contributing to reduced trust in government, health, and service systems, decreased service engagement, increased stigma, and more frequent or adversarial interactions with police.

#### Insufficient structural investment constrained impact

The policy was implemented without substantial investments or expansion in treatment, harm reduction, housing, or social supports for people who use drugs, increasing pressure on already strained systems.

#### Public perceptions diverged from policy intent and influenced sustainability

Public opposition to decriminalization increased between 2024 and 2025. Media narratives and concerns about visible public drug use increasingly shaped public discourse, limiting recognition of the policy's intended objectives of reducing criminalization-related harms and supporting health-oriented responses, and contributing to the 2024 policy reversal.

## IMPLICATIONS

Findings to date suggest that decriminalization alone is insufficient to produce sustained population-level improvements in health or justice outcomes in the absence of stable implementation conditions, coordinated health and social system integration, and adequate structural investment. Future reforms should prioritize:

- Policy stability over time
- Integration with health and social systems
- Clear communication and public education
- Realistic timelines for evaluation

APPENDIX: KEY FINDINGS FROM EVALUATION SUB-STUDIES TO DATE

QUANTITATIVE ANALYSES

This sub-study involves yearly quantitative analyses to assess the impacts of decriminalization on health, policing, and criminal justice indicators.

Summary of Findings

**Methods:** Quantitative analyses draw on available data to examine total and sex-specific age-standardized rates (where possible). Analyses are ongoing, with data currently available from 2013 onward, and additional data to be incorporated as annual updates are received through the end of the evaluation period (2027).

OUTCOME	FINDINGS	INTERPRETATION
<b>Harm reduction &amp; Treatment utilization</b>	<p><b>Decriminalization:</b> Use of opioid agonist treatment (OAT) and visits to supervised consumption and overdose prevention sites remained stable following policy implementation.</p> <p><b>Policy Amendment:</b> A similar pattern was observed, with no meaningful change in OAT use or site visits following the amendment.</p>	<p><b>Neither the policy nor the amendment significantly altered service utilization or treatment patterns.</b></p>
<b>Drug overdose &amp; related health harms</b>	<p><b>Decriminalization:</b> There were no statistically significant changes in paramedic-attended opioid overdoses, drug poisoning deaths, or drug-related hospitalizations following implementation.</p> <p><b>Policy Amendment:</b> A similar pattern was observed, with no statistically significant changes in these outcomes following the amendment.</p>	<p><b>No meaningful changes were observed in key drug-related health outcomes, suggesting the policy did not substantially alter broader patterns of drug-related harms.</b></p>
<b>Criminal justice outcomes</b>	<p><b>Decriminalization:</b> Compared to other provinces, BC saw an immediate 57% reduction in drug possession incidents, a 46% reduction in individuals charged with drug possession, and a 36% reduction in drug possession cases.</p> <p><b>Policy Amendment:</b> Following the amendment, drug possession incidents and individuals charged returned to near pre-decriminalization levels, while drug possession cases declined by a further 42%.</p>	<p><b>Decriminalization was associated with a downward shift in police-recorded possession incidents and persons charged in possession incidents, however, this was reversed following the policy amendment in May 2024. There were reductions in drug possession court cases following both policies.</b></p>

Relevant Publications

Rehm, J., Abdul, S.A., Ali, F., Russell, C., Crépault, J.F., Elton-Marshall, T., Le Foll, B., Kinniburgh, B., Palis, H., & Imtiaz, S. (2025). Decriminalization of drug possession in British Columbia and hospitalizations for opioid poisoning. 248(November 2025):105915. <https://doi.org/10.1016/j.puhe.2025.105915>

Abdul, S.A., Jian, H., Russell, C., Elton-Marshall, T., Ali, F., Henderson, I., Le Foll, B., Kinniburgh, B., Smith, W., Rehm, J., & Imtiaz, S. (2025). The short-term impacts of the decriminalization of illegal drug possession on clients dispensed opioid agonist treatment medications and visits to supervised consumption services and overdose prevention services in British Columbia, Canada (2015-2023). *Journal of Substance Use Addiction Treatment*, 180: 209815. <https://doi.org/10.1016/j.josat.2025.209815>

Imtiaz, S., Abdul, S.A., Jian, H., Russell, C., Ali, F., Henderson, I., Le Foll, B., Elton-Marshall, T., Kinniburgh, B., & Rehm, J. (2025). The Short-Term Impacts of Decriminalisation of Personal Possession of Select Illegal Drugs on Drug Poisonings in British Columbia, Canada (2015-2023). *Drug and Alcohol Review*, 44(7):1856-1865. <https://doi.org/10.1111/dar.70036>

Abdul, S. A., Wu, E., Jiang, H., Russell, C., Ali, F., Rehm, J., ... & Imtiaz, S. (2026). The short-term impacts of the decriminalization of personal possession of select illegal drugs on drug possession criminal incidents and criminal cases in British Columbia, Canada (2013 to 2023). *International Journal of Drug Policy*, 152, 105261.

## QUALITATIVE INTERVIEWS WITH PEOPLE WHO USE DRUGS IN BRITISH COLUMBIA

This sub-study involves yearly qualitative interviews with people who use drugs recruited from across BC, examining experiences of stigma, policing, and drug use over the course of the decriminalization policy.

### Summary of Findings

**Methods:** 100 people who use drugs were interviewed between October 2023 and February 2024, followed by an additional 75 interviews conducted between February and April 2025. Findings presented below draw on data from both phases and focus on the impacts of each policy period.

DOMAIN	FINDINGS	INTERPRETATION
<b>Drug use, carrying, &amp; purchasing</b>	<p><b>Decriminalization:</b> Most participants reported no changes to their drug use or purchasing patterns. Some adjusted carrying quantities and purchased drugs more frequently to remain within the 2.5g threshold.</p> <p><b>Policy amendment:</b> Minimal additional behavioural shifts in drug use, carrying, and purchasing patterns were reported.</p>	<p><b>Drug use behaviours remained largely unchanged. Behavior was shaped primarily by long-standing patterns and broader structural factors rather than either policy change.</b></p>
<b>Drug market, public use, &amp; overdose risk</b>	<p><b>Decriminalization:</b> Some participants perceived an influx of inexperienced dealers entering the market due to reduced fear of arrest. Participants reported these dealers often cut the drug supply with adulterants, increasing unpredictability and overdose risk. Many also reported feeling more comfortable using drugs in public, however, this did not translate into reported increased public drug use.</p> <p><b>Policy amendment:</b> Increased dealer arrests disrupted trusted supply networks, raising concerns about drug quality, personal overdose risk, and increased reliance on private or unsafe consumption spaces.</p> <p>Drug supply volatility was perceived to drive overdose risk across both periods.</p>	<p><b>Overdose risk remained primarily driven by the toxic and volatile drug supply. The amendment may have increased risk by disrupting trusted supply sources and pushing use into less safe environments.</b></p>
<b>Stigma</b>	<p><b>Decriminalization:</b> Participants reported modest decreases in perceived societal, structural, and self-stigma.</p> <p><b>Policy amendment:</b> Experiences of all forms of stigma increased. Public backlash regarding public drug use and misinformation surrounding the policy underpinned stigmatizing narratives.</p>	<p><b>Decriminalization produced limited improvements in stigma, while the amendment reversed gains and reinforced stigmatizing narratives and experiences.</b></p>
<b>Police interactions</b>	<p><b>Decriminalization:</b> Participants reported fewer police interactions and modest improvements in perceived police behaviour, though some unlawful enforcement (e.g., seizures below the 2.5g threshold) occurred. Trust in police remained low, and interactions were shaped by social identity and structural vulnerability (e.g., among individuals who were unhoused, racialized, or residing in rural/remote communities), resulting in disproportionate surveillance and contact for marginalized individuals.</p> <p><b>Policy amendment:</b> Increases in searches, threats of arrest, detainment, and a return to more overtly punitive and hostile policing were reported, with marginalized individuals experiencing intensified harms.</p>	<p><b>Decriminalization modestly reduced enforcement intensity but did not improve relationships between police and people who use drugs. The amendment reinstated punitive policing practices and amplified inequitable policing patterns, particularly for individuals facing structural marginalization</b></p>
<b>Access to health services</b>	<p><b>Decriminalization:</b> Some participants felt greater comfort accessing health and support services due to reduced fear of criminalization and diminished structural and self-stigma.</p> <p><b>Policy amendment:</b> Comfort accessing services declined; however, some participants described increased use of supervised consumption sites, where drug use remained protected from criminalization.</p> <p>Structural barriers to care (e.g., housing instability, geography, stigma) persisted across both periods.</p>	<p><b>While decriminalization improved willingness to engage with services for some, these gains were fragile. Following the amendment, comfort accessing most services declined, except in protected environments such as supervised consumption and overdose prevention sites. Across both periods, systemic barriers such as housing instability continued to limit access to care, constraining the policy’s overall impact.</b></p>

## Relevant Publications

- Ali, F., Mende-Gibson, J., Russell, C., Torres-Salbach, S., Bardwell, G., Bonn, M., Budau, J., Ivsins, A., & Rehm, J. (2025). Stable patterns, shifting risks: the impact of British Columbia's decriminalization and recriminalization policies on drug use behaviours. *Harm Reduction Journal*, 22(168). <https://doi.org/10.1186/s12954-025-01322-9>
- Russell, C., Bardwell, G., Bonn, M., Boyd, J., Hyshka, E., Rehm, J., & Ali, F. (2025). Perceptions and experiences with police among people who use drugs in the initial year of British Columbia's decriminalization of illegal drugs policy. *Criminology & Public Policy*, 24:473-497. <https://doi.org/10.1111/1745-9133.12700>
- Ali, F., Russell, C., Torres-Salbach, S., Lo, M., Bonn, M., Bardwell, G., Budau, J., Hyshka, E., & Rehm, J. (2025). Experiences of stigmatization among people who use drugs in the initial year of British Columbia's drug decriminalization policy: A qualitative study. *International Journal of Drug Policy*, 139(May 2025):104791. <https://doi.org/10.1016/j.drugpo.2025.104791>
- Ali, F., Russell, C., Lo, M., Bonn, M., Bardwell, G., Boyd, J., Hyshka, E., & Rehm, J. (2024). Unpacking the Effects of Decriminalization: Understanding Drug Use Experiences and Risks among Individuals Who Use Drugs in British Columbia. *Harm Reduction Journal*, 21(190). <https://doi.org/10.1186/s12954-024-01108-5>
- Ali, F., Russell, C., Greer, A., Bonn, M., Werb, D., & Rehm, J. (2023). "2.5 g, I could do that before noon": a qualitative study on people who use drugs' perspectives on the impacts of British Columbia's decriminalization of illegal drugs threshold limit. *Substance Abuse Treatment, Prevention, and Policy*, 18(32). <https://doi.org/10.1186/s13011-023-00547-w>

## QUALITATIVE INTERVIEWS WITH POLICE

This sub-study involves qualitative interviews with police recruited from across BC, exploring their experiences and perceptions of decriminalization.

**Methods:** 30 active police officers were interviewed from November 2023 to March 2024, followed by an additional 17 interviews conducted between November 2024 to March 2025. Findings presented below draw on data from both phases and focus on the impacts of each policy period.

### Summary of Findings

DOMAIN	FINDINGS	INTERPRETATION
<p><b>Policy perceptions, legal complexity, &amp; operational impact</b></p>	<p><b>Decriminalization:</b> Most officers were not opposed to the idea of decriminalization itself and generally viewed substance use as a health and social issue. However, many raised concerns about how the policy was designed and implemented in practice. Officers described difficulties applying the possession threshold, fewer opportunities to use possession-related interactions to support broader investigations (e.g., trafficking), and limited guidance, communication, and training. These challenges created uncertainty about how the policy should be enforced and increased reliance on individual officer judgment.</p> <p><b>Policy amendment:</b> Mixed messaging from government and police oversight bodies, combined with ongoing gaps in training and communication, further increased uncertainty among officers—particularly regarding how and when drugs could be seized and the legal liability they may face for returning drugs.</p>	<p><b>While some officers saw the potential merits of decriminalization, many viewed the policy as poorly implemented and inadequately supported. Persistent communication gaps and mixed messaging generated sustained operational uncertainty and elevated liability concerns across both policy periods, producing inconsistent and inequitable outcomes.</b></p>
<p><b>Managing public drug use &amp; occupational demands</b></p>	<p><b>Decriminalization:</b> Many perceived a loss of discretion and reduced authority to intervene in public drug consumption, despite growing public scrutiny and pressure to respond to visible drug use in the interest of public safety. These dynamics, combined with unclear expectations, contributed to frustration and demoralization.</p> <p><b>Policy amendment:</b> Discretion and authority to manage public spaces were restored; however, officers continued to feel “caught in the middle”, navigating public expectations for order, while respecting the rights of people who use drugs amid ongoing structural challenges.</p>	<p><b>Despite policy shifts, officers’ experiences with managing public drug use remained structurally complex. Officers experienced sustained role strain tied to competing public expectations for enforcement and the limits of policing as a response to health and social crises.</b></p>

### Relevant Publications

Butler, A., Ferencz, S., Agnew-Pauley, W., Russell, C., Ali, F., & Greer, A. (2026). Doubts and disconnection: Police reflections on drug decriminalization in British Columbia in the first year of implementation. *International Journal of Drug Policy*, 151:105211. <https://doi.org/10.1016/j.drugpo.2026.105211>

Ferencz, S., Greer, A., & Butler, A. (2025). Drug decriminalization and policy alienation among frontline police in British Columbia: A qualitative study. *Criminology & Public Policy*, 2025:1-26. <https://doi.org/10.1111/1745-9133.70007>

**HEALTH SERVICES SYSTEM:  
MIXED METHODS STUDY**

This sub-study involves yearly quantitative surveys and follow-up key informant interviews with harm reduction (HR) and opioid agonist treatment (OAT) service providers to assess the impacts of decriminalization on health service operations.

**Methods:** 33 HR and 28 OAT sites were surveyed between March – April 2024, with 18 follow-up interviews conducted from October 2024 to January 2025. An additional 45 HR and OAT sites were surveyed between October to December 2025. Findings presented below draw on data from Phase I and II of our survey and Phase I of our follow-up interviews, and focus on the impacts of each policy.

**Summary of Findings**

DOMAIN	FINDINGS	INTERPRETATION
<p><b>Service operations, demand, &amp; capacity</b></p>	<p><b>Decriminalization:</b> Most sites reported no major changes to core operations, programming, or service models, though a small number of sites expanded hours or service capacity alongside rising demand for services.</p> <p><b>Policy amendment:</b> A few sites reduced hours or scaled back capacity of services, while demand remained high.</p> <p>Demand pressures pre-dated decriminalization and continued throughout.</p>	<p><b>Despite rising demand across both periods, sites made only minimal changes to their core service operations. Entrenched funding and resource constraints impeded sites' ability to adapt to shifting policy conditions or meet evolving client needs.</b></p>
<p><b>Staffing &amp; workload</b></p>	<p><b>Decriminalization:</b> Staffing levels remained insufficient, and few sites hired additional staff. Staff took on expanded responsibilities related to client support, crisis management, de-escalation, outreach, and education.</p> <p><b>Policy amendment:</b> Staff workload increased further as client engagement and service delivery became more challenging.</p> <p>Ongoing increases in overdose risk and complex health needs associated with the toxic drug supply (e.g., wound care) and homelessness further increased strain on staff and services across both periods</p>	<p><b>Longstanding staffing challenges persisted as sites absorbed growing workload associated with shifting policy expectations, alongside rising client complexity driven by broader structural pressures. These pressures intensified strain on staff and limited sites' ability to respond to escalating needs.</b></p>
<p><b>Resources, funding &amp; system support</b></p>	<p><b>Decriminalization:</b> Few sites received targeted funding tied to the policy, despite increased demand for supplies, physical space, and wraparound supports. Persistent funding and resource constraints limited sites' ability to implement desired service adaptations and respond to evolving client needs. Existing infrastructure gaps (e.g., limited supervised inhalation sites) remained unaddressed, contributing to public drug use, community complaints, and elevated client overdose risk.</p> <p><b>Policy amendment:</b> Funding insecurity increased at several sites. alongside ongoing resource constraints.</p>	<p><b>Decriminalization and the subsequent policy amendment were not matched with sufficient investment to support anticipated increases in demand. Structural service gaps, infrastructure limitations, and funding insecurity constrained sites' ability to adapt and respond to evolving service demands.</b></p>
<p><b>Training, guidance, &amp; communication</b></p>	<p><b>Decriminalization:</b> Most sites did not receive direct training or guidance from the government. Sites described developing their own internal training, protocols, and client materials regarding decriminalization, which increased workload and burnout.</p> <p><b>Policy amendment:</b> Sites similarly did not receive training or guidance, contributing to staff and client confusion and difficulties responding to policy changes.</p>	<p><b>Limited policy guidance shifted training and communication burdens onto sites, increasing operational load without additional external support.</b></p>
<p><b>Community &amp; policing impacts</b></p>	<p><b>Decriminalization:</b> Ongoing police presence near some service sites and rising community concerns, often linked to misinformation and visible drug use, contributed to increased tension in surrounding areas.</p> <p><b>Policy amendment:</b> Increased enforcement activity near supervised consumption sites and overdose prevention sites—where clients were legally permitted to possess drugs under the policy—created additional barriers to service access and continuity of care. Many sites also reported growing community complaints, stigma, and public pressure related to their operations.</p>	<p><b>External pressures such as police visibility and community backlash remained significant challenges throughout both policy periods. These dynamics reinforced stigma and undermined service engagement among clients.</b></p>

Relevant Publications

Russell, C., Law, J., Hodgson, K., MacKinnon, L., Shahin, R., Crichlow, F., Patenaude, S., Imtiaz, S., Rehm, J., & Ali, F. (2025). Examining opioid agonist treatment (OAT) site operations and early signals of change in the first year of British Columbia’s drug decriminalization policy: Insights from a provincial survey. *Canadian Journal of Public Health*, 116(2025):518-530. <https://doi.org/10.17269/s41997-025-01060-2>.

Ali, F., Russell, C., Law, J., Imtiaz, S., Budau, J., Shahin, R., MacKinnon, L., Griffith, S., Patenaude, S., Xavier, J., & Rehm, J. (2025). Characterizing changes to harm reduction site operations in British Columbia following the implementation of the decriminalization of drugs: Findings from a provincial survey. *Harm Reduction Journal*, 22(122). <https://doi.org/10.1186/s12954-025-01276-y>.

Russell, C., Torres-Salbach, S., MacKinnon, L., Shahin, R., Griffith, D., Hodgson, K., Burmeister, C., Amoraal, C., Crichlow, F., Imtiaz, S., Rehm, J.... & Ali, F. (2025). Exploring the Early Impacts of Drug Decriminalization on Harm Reduction and Opioid Agonist Treatment Service Operations and Delivery in British Columbia: Insights from Key Informant Interviews. *BMC Public Health*. <https://doi.org/10.1186/s12889-025-25479-x>.

PUBLIC OPINION POLL

This sub-study involves yearly public opinion polls, distributed by a third-party polling company (Ipsos), to assess public awareness, understanding, and attitudes toward decriminalization among a representative sample of BC adults.

**Methods:** 1,202 respondents were surveyed between March and April 2024, and an additional 1,200 respondents were surveyed in February 2025. Findings presented below draw on data from both phases, and focus on the impacts of each policy

Summary of Findings

DOMAIN	FINDINGS	INTERPRETATION
Policy support	<p><b>Decriminalization:</b> Public support for decriminalization was limited from the outset and declined overtime. Opposition increased from 41% to 47% between 2024 and 2025, and nearly half of respondents supported repealing the policy.</p> <p><b>Policy amendment:</b> Support for the amendment (61%) reflected growing dissatisfaction with decriminalization; public support for the overall policy framework did not improve post-amendment.</p>	<p><b>Public support for decriminalization eroded over time, contributing to pressure for policy reversal. However, support for the amendment did not translate to renewed confidence in the broader policy approach.</b></p>
Perceived policy & public safety impacts	<p><b>Decriminalization:</b> Skepticism about the policy’s ability to reach its goals increased over time, alongside heightened concerns about public disorder, visible drug use, and community safety. Limited confidence in the policy’s ability to address drivers of drug use or improve access to care.</p> <p><b>Policy amendment:</b> Although viewed as a corrective response, the amendment did not reduce skepticism about the policy’s ability to achieve its goals. Public safety concerns around visible drug use and disorder remained high.</p>	<p><b>Public skepticism of the policy persisted across both periods, driven by limited confidence in its ability to address underlying issues related to drug use or access to care. Concerns about visible drug use, public disorder, and safety further contributed to negative perceptions of the policy’s effectiveness.</b></p>

Relevant Publications

Ali, F., Russell, C., Henderson, I., Elton-Marshall, T., Lock, K., Patenaude, S., Shahin, R., Smith, W., Rehm, J., & Imtiaz, S. (2026). Shifting views on decriminalization in British Columbia: insights from public opinion polling, 2024–2025. *The American Journal of Drug and Alcohol Abuse*, 1–12. <https://doi.org/10.1080/00952990.2026.2612977>.

Imtiaz, S., Russell, C., Ali, F., Elton-Marshall, T., Patenaude, S., & Rehm, J. (2025). Public support of and attitudes toward decriminalization of possession of illegal drugs among the general population in British Columbia. *Substance Abuse Treatment, Prevention, and Policy*, 20(50). <https://doi.org/10.1186/s13011-025-00680-8>.

**MEDIA NARRATIVE  
CONTENT ANALYSIS**

As part of the decriminalization policy, the BC government was required to implement public education tools to raise awareness and build understanding. We conducted a media narrative content analysis to understand the scope and impact of these public education efforts.

**Methods:** Systematic analysis of 1) n=98 government resources; 2) n=301 media articles; and 3) a cross-sectional public opinion survey of n=1,200 BC residents to examine how the information environment shaped public perceptions and attitudes toward the policy.

**Summary of Findings**

DOMAIN	GOVERNMENT RESOURCES & COMMUNICATIONS	MEDIA COVERAGE & PUBLIC DISCOURSE	INTERPRETATION
<b>Scope &amp; type of content</b>	Fewer than one-third of government materials were educational (i.e., they explained the policy’s goals, rationale, or how it would be implemented). Nearly three-quarters were formal or technical in nature, with little adaptation for non-specialist or general audiences. There was also limited communication of evaluation findings on policy outcomes.	Media coverage largely consisted of national and provincial news (69%); commentaries and opinion pieces accounted for 11% of articles.	<b>Media and government communications about the policy were largely technical and formal with little educational content, resulting in a narrow framing of the policy across both official and public channels, and contributing to limited public understanding.</b>
<b>Timing &amp; accessibility</b>	Public communication was limited and fragmented. Only 10% of resources were released prior to policy implementation, limiting opportunities for expectation-setting and early stigma reduction. Knowledge translation materials were not widely visible or accessible.	News media were more visible and accessible than government resources, becoming the default information source, and shaping early public understanding and opinions of the policy. Individuals who accessed information from multiple sources were less likely to feel neutral about the policy and more likely to either support or oppose it, compared to those with no information on the policy.	<b>Timing and accessibility of information were key determinants of public understanding. Government communications were limited and delayed, and news media became the dominant information source, shaping and sustaining early and increasingly negative perceptions of the policy.</b>
<b>Accuracy &amp; misinformation</b>	Misinformation was identified in 9% of government resources. This most commonly involved unclear or inaccurate descriptions of the policy’s intent and goals, for example, implying that the policy permitted drug use.	Misinformation was present in 34% of media articles. These articles most often took an oppositional stance toward decriminalization and tended to reinforce or amplify misunderstandings about the policy’s purpose and effects.	<b>The prevalence of misinformation and unclear framing across both media and government channels contributed to widespread confusion about the policy’s intent and impacts, highlighting the need for clear, accessible and accurate communication.</b>
<b>Representation &amp; intent</b>	Communication was largely reactive, with few visible efforts to proactively counter emerging misinformation or adapt messaging to respond to shifting public concerns.	Media narratives increasingly favoured oppositional framing. Neutral coverage nearly quadrupled after policy implementation, then declined following the amendment, while oppositional coverage grew more than tenfold, peaking around the amendment. Supportive coverage declined steadily following the initial policy rollout.	<b>As oppositional media coverage intensified and overshadowed neutral representations of the policy, government communications were unable to counter emerging narratives. Without proactive, adaptive messaging, oppositional narratives shaped public perceptions, weakening policy support.</b>

**Relevant Publications**

Ali, F., Chellew-Paternostro, S., Imtiaz, S., Russell, C., Asbridge, M., Degenhardt, L., Hyshka, E., Lock, K., Socías, M.E., Werb, D., & Rehm, J. (2026). Framing decriminalization: A mixed-methods study on media narratives, government resources, misinformation, and public support of British Columbia’s drug decriminalization policy. *International Journal of Drug Policy*, 148(2026):105123. <https://doi.org/10.1016/j.drugpo.2025.105123>