Emerging Attitudes Regarding Decriminalization: Predictors of Pro-Drug Decriminalization Attitudes in Canada

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Abstract

Canada and the United States have recently evaluated the decriminalization of drugs as multiple provinces and states put motions forward to consider drug decriminalization legislation. The influence of factors such as demographics, substance use, perceived substance use risk, and personality have not been widely studied in predicting attitudes toward drug decriminalization. A total of 504 participants were drawn from university (n = 269, 53.37%) and community samples (n = 235, 46.63%) through online social media groups and posts (i.e., Facebook, Twitter, Reddit, etc). Analyses indicated that male gender, single or non-married relationship status, living outside of Atlantic Canada, higher problematic alcohol use scores, lower Extraversion, higher Open-mindedness, and lower perceived risk of using substances emerged as significant predictors of support for drug decriminalization. These findings have important implications as public attitudes toward a substance influence drug policy.

Keywords
decriminalization, attitudes, substance use, drug policy

Introduction

According to the United Nations, the global prevalence of illicit drug use is 5.2% (United Nations Office on Drugs and Crime, 2013). The World Health Organization (WHO, 2021) reported that in 2019, approximately 180,000 deaths were related to drug use disorders. In Canada, the number of Canadians that meet lifetime criteria for any substance use disorder is 21.6% (Pearson et al., 2013). Although the use of illicit drugs has a low overall prevalence in Canada (Statistics Canada, 2018), the disproportionate level of harm associated with drug use (Rush & Furlong, 2020) has spurred the Canadian Society of Addiction Medicine (CSAM) to recently recommend decriminalization of drugs combined with enhanced harm reduction and intervention programs (Leger et al, 2020).

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In contrast to legalization, which allows for the production, sale and consumption of substances, decriminalization refers to the removal of criminal “sanctions” for drug use (Svrakic et al., 2012). Both legalization and decriminalization stand in contrast to the more conservative drug policies of criminalization or prohibition (Colson, 2019). The enforcement of prohibitionist drug policies is tied to international drug control treaties such as the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (Hall, 2017). However, the prohibitionist approach to drug policy (“war on drugs”) has been criticized for being ineffective at combating illicit drug use resulting in excessive incarcerations of drug users and potentially restricting a drug user’s access to treatment for fear of legal repercussions (Colson, 2019; Csete et al., 2016). In contrast, decriminalization policies posit drug use as a public health issue rather than as a legal one (Csete et al., 2016). As a result, some countries such as Portugal decriminalized drug use to combat rising HIV infections and injection drug use (Hughes & Stevens, 2012). However, the impact of this policy has been controversial as the policy has been labeled either as a “resounding success” or a “disastrous failure” depending on the report (Hughes & Stevens, 2012).

Recently, Canada and the United States have undertaken measures to partially decriminalize or legalize substance use. In 2018, Canada legalized cannabis use, which allows for the commercial sale of cannabis products as well as the personal production and consumption of cannabis products under the Cannabis Act (Cannabis Act, 2018). As of 2020, several US states have legalized recreational cannabis and medical use is legal in 34 states (Berke & Gal, 2020). Oregon also voted to pass legislation that would decriminalize other drugs such as heroin, cocaine, and LSD to promote treatment of substance use disorders (Levin, 2020). Canadian cities such as Vancouver, Montreal, and Toronto have recently filed motions to press the federal government to consider decriminalizing the possession of drugs due to increasing concerns regarding drug overdoses, drug possession related arrests, and to address substance use as a public health issue (Scott, 2021). Public attitudes toward a substance are predictive of subsequent drug policy changes (Rudy et al., 2020). For example, increased normalization of cannabis use and support for loosened restrictions in the Canadian general population occurred several years before cannabis legalization (Brochu et al., 2011; Hathaway et al., 2007). However, as opposed to cannabis, Canadians appear less supportive of decriminalization of illicit drugs. Although 47% of Canadians indicated support for the decriminalization of possession of illicit drugs, when asked about their views toward the decriminalization of the use of illicit drugs, only 36% of Canadians supported the position (Ipsos, 2020). Given the role of the public’s attitudes in influencing drug policy, it is imperative to consider the factors that influence attitudes toward drug decriminalization. The majority of research investigating factors that influence an individual’s support for legalization has primarily focused on cannabis (e.g., Ellis et al., 2019; Rudy et al., 2020). Vicknasingam et al. (2018) reported in a systematic review that during a two-year period, 57 journal articles had been published about legalization (mostly of cannabis) but only seven had examined decriminalization of drug use.

Cannabis use is one of the primary factors identified in research that predicts attitudes toward the legalization of cannabis (Ellis et al., 2019; Koval et al., 2019). Current cannabis users appear to view the substance as less risky (Cunningham, 2020; Osborne & Fogel, 2017) and may therefore be more likely to support less restrictive public policies. Of past year marijuana users, 94.1% indicated support for the legalization of cannabis relative to 24.1% of never users (Ellis et al., 2019). Furthermore, past 30-day use of drugs such as alcohol, tobacco, cocaine, heroin, ecstasy, and methamphetamines is also associated with increased support for the legalization of cannabis (Cohn et al., 2017). In stark contrast to the bulk of the research focusing on cannabis, Trevino and Richard (2002) looked at support for legalization of a variety of drugs among users and non-users. Participants who used cannabis were more likely to indicate support for its legalization but were
not as likely to support legalization for other drugs such as cocaine and heroin. Moreover, support for the legalization of cannabis, cocaine, and heroin was higher among participants who used crack, cocaine, heroin, speedball, and methamphetamines (Trevino & Richard, 2002). Similarly, Cruz et al. (2007) conducted a study to evaluate attitudes toward supervised injection facilities and heroin-assisted treatment in Canadians living in Ontario. Overall, previous illicit drug use and positive views toward cannabis decriminalization predicted increased support for these interventions (Cruz et al., 2007). In sum, positive attitudes toward decriminalization/legalization and increased support for public health interventions for drug users may be partially explained by respondents’ substance use.

Perceived risk refers to the amount of risk an individual attributes to a particular activity. Ellis et al. (2019) asked participants to rate agreement with several statements including whether cannabis was addictive and whether it posed mental health or physical risks. The results indicated that those who viewed the substance as being riskier were less likely to support legalization. Individuals who were unsure about legalization rated cannabis as less risky than those who did not support it, but as riskier than individuals who supported legalization (Ellis et al., 2019). Furthermore, participants who had used cannabis in the last year rated their risk of developing an addiction as lower compared to never and ever cannabis users at the time of cannabis legalization in Canada (Cunningham, 2020). In sum, risk perceptions are important in determining an individual’s comfort with cannabis policies. Such perceptions may be tied to norms (Bosari & Carey, 2003) where users may overestimate the prevalence of substance use and as a result find such behavior to be more acceptable (Asbridge et al., 2016). However, to our knowledge, no research has examined the contribution of perceived risk of “hard” drugs in attitudes toward drug decriminalization.

Another understudied area of research is the role of personality characteristics in drug decriminalization attitudes. Research that has examined differences among drug users and non-drug users regarding the five-factor model of personality has found that cannabis users tend to score higher on measures of openness to experience (Fridberg et al., 2011). Openness to experience may contribute to an individual’s willingness to try cannabis (Fridberg et al., 2011). Furthermore, cannabis users scored lower on measures of agreeableness and conscientiousness compared to controls but obtained similar scores on neuroticism and extraversion (Fridberg et al., 2011). This is consistent with other research that has examined personality traits in the context of cannabis use (Terracciano et al., 2008). Current cocaine or heroin users have also been found to score higher on measures of neuroticism compared to controls, but scored lower on conscientiousness (Terracciano et al., 2008). However, former cocaine or heroin users, in comparison to controls, remain lower on measures of conscientiousness, but not neuroticism (Terracciano et al., 2008). It has been hypothesized that drug use may in turn influence personality characteristics, or that personality characteristics may serve as a risk factor for drug use (Stein et al., 1987; Terracciano et al., 2008). Although research that examines personality characteristics among drug users has been conducted (e.g., Fridberg et al., 2011; Terracciano et al., 2008), to our knowledge, no research has examined how personality may be predictive of attitudes toward drug decriminalization.

The current study is a novel examination of factors that influence adult Canadian’s views toward the decriminalization of drugs in Canada, including demographic variables, self-reported substance use, perceived risk of use, as well as personality. This study is exploratory in nature, based on limited prior research, but it is hypothesized that substance use will be associated with increased support toward drug decriminalization. Moreover, higher perceived risk of using “harder” drugs (i.e., stimulants, opioids) will be related to more negative attitudes toward decriminalization. As personality has not been previously examined in relation to decriminalization attitudes, no formal hypotheses will be formulated.
Method

Participants

Following data cleaning procedures, a total of $N=504$ participants recruited from two populations were retained in the current study. Undergraduate student participants were recruited from an Atlantic Canadian University ($n = 269, 53.37\%$). Community participants were recruited via social media (e.g., Facebook, Twitter, Reddit; $n = 235, 46.63\%$). The study was open to Canadian residents over the age of 18 years. Participants were mostly Caucasian ($n = 436, 86.51\%$), female ($n = 317, 62.90\%$), approximately half resided within Atlantic Canada (Prince Edward Island, New Brunswick, Nova Scotia, Newfoundland and Labrador, $n = 242, 48.11\%$), and the mean age was 28.30 years ($SD = 10.68$, see Table 1).

Measures

Demographics. Demographic variables were measured via a self-developed questionnaire that assessed participant’s age, gender, ethnicity, primary occupation, education, geographic location, relationship, and parental status.

| Table 1. Demographic Descriptive Variables. |
|---------------------------------------------|
| **Variable** | **M** | **SD** | **Min** | **Max** | **%** | **n** |
|---------------|-------|--------|---------|---------|------|------|
| Age (in years) | 28.30 | 10.68 | 18.00 | 74.00 | 504  |      |
| Gender        |       |        |         |         |      |      |
| Male          | 34.92 | 176    |         |         |      |      |
| Female        | 62.90 | 317    |         |         |      |      |
| Non-binary/Other* | 2.18 | 11    |         |         |      |      |
| Ethnicity     |       |        |         |         |      |      |
| White/Caucasian | 86.51 | 436   |         |         |      |      |
| Non-white/Caucasian | 11.31 | 57   |         |         |      |      |
| Employment status |       |        |         |         |      |      |
| Student       | 53.37 | 269    |         |         |      |      |
| Employed, unemployed, retired, and other | 46.63 | 235 |         |         |      |      |
| Education     |       |        |         |         |      |      |
| High school or less | 14.48 | 73 |         |         |      |      |
| Post-secondary | 85.52 | 431 |         |         |      |      |
| Marital status/common-law |       |        |         |         |      |      |
| Yes           | 35.91 | 181    |         |         |      |      |
| No            | 64.09 | 323    |         |         |      |      |
| Children      |       |        |         |         |      |      |
| Yes           | 19.64 | 99     |         |         |      |      |
| No            | 80.36 | 405    |         |         |      |      |
| Area of Canada |       |        |         |         |      |      |
| Eastern Canada (PE, NS, NB, NF) | 48.11 | 242 |         |         |      |      |
| Central Canada (ON, QC) | 27.63 | 139 |         |         |      |      |
| Western Canada (MN, SK, AB, BC) | 24.25 | 122 |         |         |      |      |

*Note. $N = 504$. Some totals do not sum to $N = 504$ due to missing values. * Excluded from analyses due to the small size of the subsample.*
Substance Use. Substance use was assessed by using three well-established measures: The Addiction Severity Index (Rosen et al., 2000), the Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 2001), and the Drug Use Disorders Identification Test (DUDIT; Berman et al., 2005).

The Addiction Severity Index (Rosen et al., 2000) asks participants to indicate their frequency of use of substances such as alcohol, tobacco (e.g., cigarettes, e-cigarettes), opioids (e.g., heroin, “Oxy,” Dilaudid, Fentanyl, T3/4s), cocaine (e.g., freebase, powder, “crack”), amphetamines (e.g., crystal meth, “speed,” “ice,” Adderall), cannabis (e.g., plant, oil, shatter, edible, hash), hallucinogens (e.g., ecstasy, MDMA, PCP, LSD), and inhalants/solvents (e.g., nitrous oxide, gas, glue, paint thinner). For the purposes of this study, the instrument was modified to rate frequency of use on a scale ranging from never, less than once a year, past year, past 30 day, and daily/almost daily use. Substances were further classified as legal (alcohol, tobacco, cannabis) or illegal (opioids, cocaine, amphetamines, hallucinogens, inhalants) and a cumulative score was generated for both the number of legal and illegal substances used. The score for legal substances ranged from 0 (had never used any currently legal substances) to 3 (had ever used all three of the substances). The score for illegal substances ranged from 0 (had never used any currently illegal substances) to 5 (had ever used all five of the illegal substances).

The AUDIT (Babor et al., 2001) consists of ten items designed to assess participants’ problematic alcohol use. Questions include frequency and quantity of alcohol consumed when drinking and questions that assess disordered use or excessive drinking (e.g., “How often during the last year have you found that you were not able to stop drinking once you had started?”) and the impact alcohol use may have on others (e.g., Have you or someone else been injured as a result of your drinking?). This scale had good internal reliability (α = .81). The DUDIT (Berman et al., 2005) consists of 11 items designed to assess drug use and drug-related problems. The DUDIT includes questions that assess the frequency of drug use, how many times drugs are used on a typical day, and problematic use. The internal consistency of the DUDIT was good (α = .87).

Personality. The Big Five Inventory 2 Short Form (BFI-2-S; Soto & John, 2017) was used to measure personality characteristics. The BFI-2-S is used to assess five major domains of personality: Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. This measure consists of 30 items that are scored on a scale ranging from 1 (disagree strongly) to 5 (agree strongly). Internal consistency was acceptable for the Extraversion domain scale (α = .75), Agreeableness (α = .74), Conscientiousness (α = .76), and Openness (α = .73) and good for Neuroticism (α = .84).

Perceived Risk. A self-developed questionnaire consisting of four items was used to measure perceived risk of “hard drugs” (e.g., cocaine, opioids, methamphetamine, etc.), on a 5-point Likert scale (strongly disagree, disagree, neutral, agree, and strongly agree). Questions were modeled on previous research (e.g., Ellis et al., 2019) and included statements related to the risk of using “hard drugs” [i.e., using “hard drugs” is harmless], the addictiveness of hard drugs [i.e., using “hard drugs” is addictive], and the mental and physical health risks of those drugs [i.e., using “hard drugs” poses serious mental health/physical health risks]. Higher scores indicate more perceived risk associated with using substances. Scores may range from four (lowest perceived risk) to twenty, which indicates the highest perceived risk associated with using substances. Cronbach’s Alpha was within satisfactory range (α = .82).

Decriminalization. Views toward decriminalization were assessed using a question that queried “How much overall do you support decriminalization of all drugs.” Participants rated their responses on a 5-point Likert scale, ranging from 1 = Strongly Disagree to 5 = Strongly Agree. Higher scores indicated more support for decriminalization.
Procedure

Participants from the student population who were interested in participating in the study signed up by using the online SONA registration system and used the link to access the questionnaires which were hosted on the Qualtrics survey platform. Community participants were notified of the study using posts on social media (e.g., Facebook and Twitter groups, Reddit, and other community groups). Participants could use the link on the posts to access the survey on Qualtrics, which took approximately 15 min for participants to complete. The study was approved by the research ethics board of the participating institution.

Results

Preliminary Analyses. Before beginning analyses, missing data, responses that were completed in an unreasonably short amount of time, and responses from participants who were below the ages of 18 and directed to the end of the survey were removed. Overall, data from 121 participants were removed from the data set. Multicollinearity was assessed by examining Tolerance and VIF values. Tolerance values did not fall below .10, and there were no VIF values above ten indicating no collinearity issues (Pallant, 2020). The outcome variable, support for decriminalization, was normally distributed. Multivariate outliers were assessed using Mahalanobis distance values. These values were assessed using the chi-square distribution table with a cut-off value of 37.57, \( p < .001 \) (Field, 2018). A total of 26 participants had Mahalanobis distance values that fell outside of the critical value, but a decision was made not to exclude these from the analysis due to the values not being discontinuous with the rest of the data and the size of the data set. Furthermore, all analyses reported below were conducted excluding outliers and it was found the outliers had no significant effect on the findings.

Substance Use and Drug-Related Attitudes. All analyses were conducted using the Statistical Package for the Social Sciences Software, version 27 (SPSS 27). Although few participants reported a personal history (\( n = 28, 5.56\% \)) of SUD, the prevalence of legal and illegal substance use was relatively common (Table 2). Scores on the legal substance score indicated that few participants had never used legal substances (\( n = 29, 5.84\% \)) compared to those who had used one substance (\( n = 115, 23.14\% \)), two substances (\( n = 203, 40.85\% \)), or all three substances (i.e., alcohol, nicotine, cannabis; \( n = 150, 30.18\% \)). In comparison, the majority of participants indicated they had never used an illegal substance (\( n = 341, 68.75\% \)), compared to those who had used one substance (\( n = 64, 12.90\% \)), two substances (\( n = 49, 9.88\% \)), three substances (\( n = 21, 4.23\% \)), four substances (\( n = 17, 3.43\% \)), or all five substances (i.e., opioids, cocaine, amphetamines, hallucinogens, inhalants/solvents; \( n = 4, .81\% \)). On the AUDIT as well as the DUDIT, a cutoff score of 8 is usually used to indicate alcohol or drug problems (Conigrave et al., 1995; Voluse et al., 2011). The mean scores for the AUDIT (\( M = 5.73, SD = 4.61 \)) and DUDIT (\( M = 4.07, SD = 5.89 \)) show that overall, participants had a low likelihood of alcohol or drug use disorder (Babor et al., 2001; Berman et al., 2005). On average, participants indicated that they perceived high risk associated with illicit substance use (\( M = 18.06, SD = 2.36 \)). Most participants indicated they strongly agreed (\( n = 210, 42.51\% \)) or agreed (\( n = 132, 26.72\% \)) with drug decriminalization, compared to those who were neutral (\( n = 50, 10.12\% \)), disagreed (\( n = 62, 12.55\% \)), or strongly disagreed (\( n = 40, 8.10\% \)).

Predictors of Pro-Decriminalization Attitudes. A multiple linear regression analysis was conducted to assess attitudes toward decriminalization (see Table 3). The first block included the variables of age, gender (Male, Female), occupation (Student, Employed/Other), relationship status (Single,
Table 2. Descriptive Data for Study Measures.

| Variable                        | M    | SD   | Min | Max | %   | N   |
|---------------------------------|------|------|-----|-----|-----|-----|
| SUD personal history            |      |      |     |     |     |     |
| Yes                             | 5.56 | .56  | 5.00| 5.00| 94.44| 476 |
| No                              | 94.44| 44.44| 0.00| 0.00| 5.56 | 28  |
| SUD family history              |      |      |     |     |     |     |
| Yes                             | 44.44| 44.44| 0.00| 0.00| 44.44| 224 |
| No                              | 55.56| 55.56| 0.00| 0.00| 55.56| 280 |
| SUS                             |      |      |     |     |     |     |
| Legal Substance Score           | 1.95 | .88  | 0.00| 3.00| 1.00 | 3   |
| Illegal Substance Score         | .63  | 1.12 | 0.00| 5.00| 0.00 | 5   |
| AUDIT Cumulative Score          | 5.73 | 4.61 | 1.00| 34.00| 1.00 | 441 |
| DUDIT Cumulative Score          | 4.07 | 5.89 | .00 | 40.00| 0.00 | 494 |
| Perceived Risk Cumulative Score | 18.06| 2.36 | 8.00| 20.00| 1.00 | 497 |
| BFI-S-2 Domain Scales           |      |      |     |     |     |     |
| Openness to Experience          | 21.98| 9.00 | 30.00| 495 |
| Conscientiousness               | 20.26| 4.58 | 7.00 | 30.00| 2.00 | 494 |
| Extraversion                    | 17.93| 4.71 | 6.00 | 30.00| 2.00 | 495 |
| Agreeableness                   | 22.70| 4.06 | 10.00| 30.00| 2.00 | 495 |
| Neuroticism                     | 18.70| 5.50 | 6.00 | 30.00| 2.00 | 495 |

Note. N = 504. Some totals do not sum to N = 504 due to missing values. SUD = Substance Use Disorder; SUS = Substance Use Screening; AUDIT = Alcohol Use Disorders Identification Test; DUDIT = Drug Use Disorders Identification Test; BFI-S-2 = the Big Five Inventory-2 Short Form.

Not Married/Common-Law), children status (Yes, No), region of Canada (Atlantic/Eastern Canada vs. Central and Western Canada), ethnicity (Caucasian vs. non-Caucasian), and education (less than High school vs. more than High school). Block 2 included personal SUD history, family SUD history, legal substance use score, illegal substance use score, AUDIT and DUDIT total scores, BFI-S-2 Extraversion, Agreeableness, Conscientiousness, Negative Emotionality, and Open-mindedness, and total perceived risk score. The dependent variable was how much overall participants supported the decriminalization (i.e., removing all criminal sanctions for using drugs) of all drugs (Table 3).

The overall model emerged as significant, $F(21, 400) = 9.33, p < .001$ and accounted for 32.90% of the variance for support for decriminalization. Block 1 emerged as significant $F(9, 412) = 12.77, p < .001$ and accounted for 21.81% of the variance while Block 2 accounted for the remaining 11.10% of the variance. Significant predictors from Block 1 included male gender, $\beta = -.27, p = .04$, being single, $\beta = -.50, p < .001$, and living within Central, $\beta = .70, p < .001$, or Western, $\beta = .72, p < .001$ Canada. Significant predictors from Block 2 included higher AUDIT scores, $\beta = .03, p = .02$, lower Extraversion, $\beta = -.03, p = .03$, higher Open-mindedness, $\beta = .03, p = .01$, and lower total perceived risk, $\beta = -.11, p < .001$. No other variables significantly contributed to the model.

Discussion

The aim of the current study was to examine the various factors that contribute to attitudes toward decriminalization of drugs, including demographics, substance use variables, as well as personality factors. Few studies have examined attitudes toward decriminalization and the majority of
research that has been conducted has largely examined attitudes toward cannabis legalization (i.e., Rudy et al., 2020; Williams et al., 2016). Within the current context of increased discussion surrounding the decriminalization of drugs in Canada (Paperny, 2021), it is imperative to examine the variables that may impact attitudes. Individual attitudes may not only affect one’s behavior, but governmental policy as well (Rudy et al., 2020).

The linear regression analysis in the current study revealed that gender was a significant predictor of support for drug decriminalization, with male participants being more supportive of decriminalization compared to females. Previous research has also suggested that males may be more likely to support recreational cannabis legalization compared to females (Ellis et al., 2019). A recent Canadian poll also revealed that men were more likely than women to support decriminalization of narcotics (Ipsos, 2020). According to Elder & Greene (2018), the differences in views toward cannabis legalization by men and women is not significantly accounted for by parenthood, but rather may be partially explained by the greater religiosity among women which is tied to more conservative attitudes toward decriminalization. In addition, the gender gap in decriminalization attitudes may be further explained by gender differences in drug use, with males

Table 3. Hierarchical Linear Regression Assessing Demographics, Substance Use, Personality, and Perceived Risk on Support for the Decriminalization of Drugs.

| Predictors                      | ΔR2  | B   |
|--------------------------------|------|-----|
| Step 1                          |      |     |
| Age                            | .218** | -.003 |
| Gender                         |      | -.274* |
| Occupation                     |      | -.20 |
| Relationship status            |      | -.502** |
| Children                       |      | .239 |
| Central Canada                 |      | .700** |
| Western Canada                 |      | .724** |
| Ethnicity                      |      | .077 |
| Education                      |      | .194 |
| Step 2                          |      |     |
| Personal SUD history           |      | .023 |
| Family SUD history             |      | -.046 |
| Complete Legal Substance Score |      | .051 |
| Complete Illegal Substance Score|     | .022 |
| AUDIT Score                    |      | .032* |
| DUDIT Score                    |      | .015 |
| BFI-S-2 Extraversion           |      | -.028* |
| BFI-S-2 Agreeableness          |      | .016 |
| BFI-S-2 Conscientiousness      |      | -.014 |
| BFI-S-2 Negative Emotionality  |      | .007 |
| BFI-S-2 Open-mindedness        |      | .032* |
| Total perceived risk           |      | -.110** |
| Total R²                       | .329** |     |
| N                              | 421  |     |

Note. * Denotes significance at p < .05; ** denotes significance at p < .001; SUD = Substance Use Disorder; AUDIT = Alcohol Use Disorders Identification Test; DUDIT = Drug Use Disorders Identification Test; BFI-S-2 = The Big Five Inventory-2 Short Form. β values represented in the table are those at the point and step that variable was entered into.
more likely to use drugs such as cannabis (Lowry & Corsi, 2020). Thus, secondary variables such as increased conservativism and religiosity among women may partially explain gender differences in attitudes toward decriminalization.

Relationship status also emerged as a significant contributor within the model. Single individuals were more likely to indicate support for decriminalization compared to those who reported being in a common-law relationship or married. Previous research has indicated that single status was predictive of support for the legalization of cocaine and heroin (Trevino & Richard, 2002). Participants who are unmarried are also more likely to report marijuana use compared to those who are married (Elder & Greene, 2018). It could be theorized that individuals who are not yet married may be younger than those who are married or more likely to use drugs. Past research has shown that older respondents were less likely to support cannabis use (Rudy et al., 2020) and more likely to perceive marijuana use as being risky (Ellis et al., 2019).

Participants who resided in Central (Ontario and Quebec) and Western (Manitoba, Saskatchewan, Alberta, British Columbia) Canada were more supportive of drug decriminalization compared to participants who resided within Atlantic Canada (Prince Edward Island, Nova Scotia, New Brunswick, and Newfoundland and Labrador). This is consistent with the findings of Savas (2001), who demonstrated that attitudes toward the decriminalization of cannabis were most positive among those who resided in British Columbia. Atlantic Canadians were deemed the most conservative in their attitudes, indicating the least support for cannabis decriminalization (Savas, 2001). However, more recent studies have reported that Atlantic Canadian participants expressed the most acceptance of cannabis legalization compared to other provinces when surveyed in 2019 as opposed to 2 years prior when Ontarians and British Columbians indicated more acceptance compared to Atlantic Canada (Charlebois et al., 2020). This may be partially explained by changes in cannabis use. The highest prevalence of use is in British Columbia; however, cannabis use has increased in Atlantic Canada, especially in Nova Scotia (Lowry & Corsi, 2020). This increased prevalence in cannabis use may be associated with gradually more positive attitudes toward drug decriminalization.

In the current study, higher AUDIT scores were found to be associated with higher support for the decriminalization of drugs; however, DUDIT scores and number of legal and illegal substances used did not emerge as significant variables in the model. Previous research has suggested that participants who have used cannabis within the past 30 days were more likely to be in favor of recreational, private, and public cannabis use (Rudy et al., 2020). Support for cannabis legalization has also been found to be higher in participants who had used alcohol and other drugs (i.e., heroin, cocaine, methamphetamines, ecstasy) in the past 30 days (Cohn et al., 2017). Using a sample of past 30-day drug users, Trevino & Richard (2002) indicated that the majority of drug users supported the legalization of marijuana (68%), although support for the legalization of heroin was lower (12.3%). Past year opioid and stimulant users are also less in favor of the legalization of those substances in comparison to the support for the legalization of cannabis in cannabis users (Hammond et al., 2020). Interestingly, in the same study, meeting criteria for a SUD did not result in more positive attitudes toward drug decriminalization when compared to drug users not meeting SUD criteria. Thus, although substance use has been identified as a major predictor of cannabis legalization and decriminalization attitudes, use and misuse of “harder” substances appears less predictive of pro-decriminalization attitudes of such drugs. This may be due to the way users perceive their experience with the substance (Hammond et al., 2020). However, it is important to note that DUDIT scores may not have emerged as a predictor of drug decriminalization attitudes due to the low prevalence of severe drug use in the current sample. With regards to AUDIT scores emerging as a significant predictor of drug attitudes in the current study, higher consumption of alcohol has also been linked to increased support for the legalization of substances such as cocaine and heroin (Trevino & Richard, 2002) and cannabis Cohn.
et al., 2017), which is consistent with the findings of the current study. Future research should continue to examine the views of individuals in treatment for SUD’s or who meet the criteria for SUD’s as they may be able to provide unique perspective toward drug policy.

Lower harm perceptions have been linked to increased support for the legalization of recreational cannabis (Ellis et al., 2019; Rudy et al., 2020). Consistent with prior research, the current study also found that lower scores on perceived risk of drug use were linked to increased support for decriminalization. Cannabis users are also more likely to perceive using the substance as less risky compared to non-users (Williams et al., 2016). Hence, personal experience with the substance and evaluation of that experience may affect perceived risk ratings associated with use (Trevino & Richard, 2002). It is worthy of note that overall, participants rated the risk associated with “hard” drugs as high. This is consistent with older research that found that participants rated substances such as cocaine and heroin as more harmful compared to cannabis (Weisheit & Johnson, 1992) and may explain why, overall, individuals are more supportive of cannabis decriminalization than that of other drugs. However, it should be noted that the harms associated with drug use have commonly been used to justify harsh measures for possession and use of illicit drugs (Csete et al., 2016). However, it has been suggested that prohibitionist drug policies do not effectively combat the harms associated with drug use and may instead act as a barrier between drug users and health services (Csete et al., 2016). Finally, Heidt & Wheeldon, 2021 have proposed that individuals currently opposed to cannabis legalization have focused on the harms associated with cannabis without further analyzing the harms associated with prohibition and inequalities associated with relying on the criminal justice system to combat drug crises.

No formal hypothesis was formulated about the impact of personality on decriminalization attitudes in the current study due to a lack of available research. However, lower Extraversion and higher Openness to Experience were significant predictors of pro drug decriminalization attitudes. Past research has shown that current users of cannabis score higher on measures of Openness to Experience compared to participants who have never used the substance (Fridberg et al., 2011; Terracciano et al., 2008). The emergence of Openness to Experience as a predictor of decriminalization attitudes is consistent with findings that those who score higher on Openness to Experience may be more open to trying drugs such as cannabis (Terracciano et al., 2008) or express creativity (Soto & John, 2017). In general, individuals who are more liberal politically as opposed to conservative are more in support of decriminalization of cannabis (Ellis et al., 2019). Interestingly, participants who are more conservative have been found to score lower on measures of Openness (Schlenker et al., 2012) which may be linked to decreased support for decriminalization. It is unclear why, in the current study, lower Extraversion was associated with increased support for drug decriminalization as no research has examined the role of Extraversion in decriminalization attitudes. Further research is needed to replicate these findings.

Limitations

The limitations of the current study include a primarily female sample. However, this gender gap is typical of survey studies (Ryan et al., 2019) and nevertheless, sufficient male participants were recruited for gender to emerge as a significant predictor. Additionally, although efforts were expended to recruit individuals with a wide range of substance use practices, the study did not include many problematic drug users, which may have contributed to DUDIT scores not emerging as a contributor to pro-decriminalization attitudes. Although cannabis was categorized in the current study as a legal substance, cannabis has only been legal in Canada since 2018, so it is possible that participants had used or began using cannabis prior to legalization. However, this is
unlikely to have impacted the findings of the current study as the response to cannabis use by Canadian law enforcement has been more consistent with decriminalization for several years prior to legalization. The rate of police-reported cannabis offences had been steadily dropping prior to legalization (Statistics Canada, 2019), and Brochu et al. (2011) reported that cannabis users believed existing Canadians laws to be more lenient than they actually were based on their own experiences with cannabis and the law. Furthermore, participant’s views toward the effectiveness of prohibitionist policies could have been included as a variable predicting drug decriminalization attitudes. However, when asked to contextualize their views toward decriminalization, a total of 77.19% of participants \((n=176)\) mentioned health reasons for their support of decriminalization (i.e., harm reduction, addiction as a disease) and 59.65% \((n=136)\) mentioned the ineffectiveness of the current criminal justice system. These responses, overall, suggest a dissatisfaction with prohibitionist policies in those supportive of drug decriminalization. Finally, the study is not generalizable to all Canadians as self-selection bias and over representation of certain geographic locations (e.g., Atlantic Canada) may affect findings. Further research is needed to replicate these findings.

**Conclusion**

In 2020, the Canadian Association of Chiefs of Police (CACP) released a report that identified the current criminal justice system as ineffective for combating the use of illicit substances and offered decriminalization as an alternative that frames substance use as a public health rather than enforcement issue (Special Purpose Committee on the Decriminalization of Illicit Drugs, 2020). Similarly, CSAM has recommended decriminalization of drugs with harm reduction programs to combat harms associated with illicit drug use (Leger et al., 2020). Participants in the current study had positive attitudes toward drug decriminalization, with 69% either strongly agreeing or agreeing with drug decriminalization. Public opinion can influence policy (Rudy et al., 2020), and as noted by Vicknasingam et al. (2018), the implementation of decriminalization policies may largely depend on the public shifting their attitudes from viewing drug use and addiction as a crime, to viewing addiction as a disease and a public health issue. Thus, understanding the various factors that influence attitudes toward decriminalization can have wider implications for policy makers. In the current study, male gender, single relationship status, living outside of Atlantic Canada, having higher problematic alcohol use scores, lower perceived risk of drug use, lower Extraversion, and higher Openness to Experience were significant predictors of increased support for decriminalization. Therefore, information campaigns may need to differentially target these demographic segments of the population or take into consideration factors such as personality when developing public information messages. Past research has found that tailoring messages to participants and considering the situation and context of the individual reduced intentions to drink (York et al., 2012). Considering increased discussion in Canada regarding the decriminalization of drugs (Paperny, 2021), further research is needed to determine how the variables emerging in the current study as predictive of decriminalization attitudes may affect the implementation of drug policies.

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