

**Law Enforcement and Public Health:  
Vancouver Police and Drug Use in the Downtown Eastside**

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### **Abstract**

Despite international recognition, the intersectional field of “law enforcement and public health” (LEPH) is not referenced by the Vancouver Police Department (VPD) or generally across Canadian policing. This study examines how the Vancouver Police Department (VPD) demonstrates LEPH in the context of drug use in the Downtown Eastside (DTES) through evaluation of strategy, operational actions, residents’ experiences of VPD practices, and police officers’ perspectives. The study uses secondary data analysis, particularly thematic coding and reflexive analysis from a diverse selection of community-based research and police-based sources. Findings indicate that the VPD predominantly demonstrates LEPH through collaborative initiatives and strategic statements, which are generally aligned with LEPH principles identified through an international literature review. However, there is a gap between strategic intentions and the operational realities experienced by people who use drugs in the DTES. Exacerbated by power imbalances and other systemic factors, this endangers lives in the community. This study is significant in improving understanding of LEPH in the DTES, and puts forward recommendations to the VPD and future research.

*Keywords:* law enforcement and public health, harm reduction policing, Downtown Eastside, Vancouver Police Department, drug policing

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### **Law Enforcement and Public Health:**

#### **Vancouver Police and Drug Use in the Downtown Eastside**

“Law enforcement and public health” (LEPH) is a phrase understood internationally and in academia to describe a continuum of interoperability between the two disciplines. Both police and public health actors try to regulate behaviour among populations that are subject to similar social determinants of health and safety, and this shared common ground has identified the need for closer collaboration between police and public health, particularly on joint-interest issues such as drug use (van Djik & Crofts, 2017). However, LEPH is not frequently referenced in Canadian spaces, despite having societal similarities to leading LEPH countries and areas of priority populations.

### **Background**

A key Canadian area that draws heavy police and public health resources is Vancouver’s Downtown Eastside (DTES), unceded territory of the xʷməθkʷəy̓əm (Musqueam), Sk̓wx̓wú7mesh (Squamish), and səlilwətał (Tsleil-Waututh) Nations. The community has a long history of displacement (colonial, gentrification, and political-based), has been impacted by deinstitutionalization in the province, and is grieving years of an international drug poisoning crisis. These examples and more frame a specific dynamic of mutual distrust between the community and law enforcement; in tandem with the strategic securitization (in the lens of state power) of public health issues and poverty, this continues to impact police relations and tactics in the community. Today, prevalent LEPH issues in the DTES include mental health, poverty, gender-based violence, intimate partner violence, sex work, epidemics, youth and elder health and safety, and - notably for this study - high rates of substance use.

The Vancouver Police Department (VPD) tries to balance tactics of enforcement with community policing, and has at times shown highly progressive perspectives within the realm of law enforcement (VPD, 2020). Progressive public health approaches to drug use have also been endorsed at a high level by police strategy in Vancouver and Canada (Canadian Association of Chiefs of Police [CACP], 2020; VPD, 2006). However, it is unclear to what extent a LEPH approach is actually being applied in the DTES due to differences in terminology and a gap in consolidated research on the topic. The purpose of this research study is to begin addressing this gap by exploring the alignment of LEPH in the DTES, with a focus on VPD operations and strategy on drug use.

### **Research Questions**

The main research question is: how does the VPD demonstrate "law enforcement and public health" through the policing of people who use drugs (PWUD) in the DTES? Four sub-questions will be addressed; the main sub-questions to be answered are:

1. What are examples of operational partnerships or applications of LEPH methodology in the DTES to address drug use?
2. How are values or strategy of LEPH integrated in policy and mission by the VPD or in Canadian policing strategy?

Two additional sub-questions considered are:

3. How do residents of the DTES experience VPD practices in relation to public health and harm reduction?
4. What are police officer attitudes towards public health and harm reduction?

Harm reduction is included as it is a main public health strategy in the DTES, and to account for different terminology, including the concept of "harm reduction policing".

The scope of this project has been refined to account for constraints in time and existing research. The initial objective was to examine LEPH in Canada, but a lack of available research narrowed focus to the more heavily-studied DTES. Data are primarily focused on the DTES, but studies are included from broader Canada and, within the literature review, similar areas of other countries. With this scope, there is a huge limitation to the extent of intersectionality and nuance of the DTES that can be addressed in the required time frame. Drug use is focused on as it holds the attention of research, media, and policy; this excludes other prevalent LEPH issues previously mentioned. Poverty and homelessness are impossible to fully exclude in context of the DTES, but are not focused on to control scope. The LEPH focus on COVID-19 is also excluded. Finally, the LEPH landscape is contextualized, but this study does not conduct an in-depth analysis of whether police should be operating as public health actors. Due to time constraints, this paper is unable to meaningfully contribute to debates of police reform, defunding, or the core purpose of law enforcement in society.

Multiple theoretical perspectives are considered through this research, beginning with constructivist and transformative worldviews. Constructivism focuses on how LEPH theory is built in the DTES through social interaction. Within this, grounded theory is considered, using personal perspectives of residents and police where available to create meaning within LEPH (Creswell, 2018). In comparison, the transformative worldview aligns with progressive policy and reform and seeks to account for marginalization and social inequity surrounding the DTES community. The focal point of this worldview from LEPH is considering vulnerability and social determinants within populations to reduce harm and improve community safety and wellbeing.

### **Literature Review**

The primary purpose of this literature review is to ground this study in academic theory of LEPH. Secondly, this review conducts an international scan of leading LEPH drug policing practices in similar policing systems, with sources expanding beyond Canada to the United States of America, Scotland, Denmark, and the Netherlands.

### **Literature Review Methodology**

Literature searches for this review were focused on identifying scholarly sources that are widely cited or on the leading edge of the LEPH field. Searches were conducted through the Justice Institute of British Columbia (JIBC) Library and Google Scholar, and the software Litmaps was used to help identify the most relevant and additional articles. 20 articles were initially identified for abstract review and seven were chosen for final review and analysis. These were chosen for their intersectional perspective of LEPH, influence or critique to the LEPH field, and relevance to policing the DTES or policing drug use. To account for the rapidly evolving subject area, strong consideration was given to whether the articles were recently studied or a cornerstone article within the field. Of the seven articles included, more than half focus on the broader academic and professional field of LEPH, with one being a critique of the parallels drawn between policing and public health. The remaining focus on the policing of drug use.

### **Description of Literature**

“Researching Law Enforcement and Public Health” frames a special edition of the journal *Policing and Society* published in 2017, during a strong emergence of LEPH discourse and literature. In this article, Punch and James discuss the development, focus areas, and research of LEPH. Although attention to LEPH is relatively new, its concepts are not; parallels are drawn to common community policing methods and to early representations of police as a social

service. Some LEPH issues mentioned are mental health, sexual offences, domestic violence, and abuse in care. Ultimately, Punch and James assert that “addressing the LEPH area raises the question as to what sort of society [we] live in and what sort of society [we] wish to live in” (2017, p. 259).

A cornerstone article relating to the emergence of LEPH is written by Auke van Djik and Nick Crofts from the Netherlands (2017). It is a widely cited overview of LEPH foundations, shortly after its emergence as an academic and professional field, as demonstrated by increased publication and the establishment of an international conference series. Van Djik and Crofts advocate for LEPH collaboration, including partnerships and the police application of public health methodology. The article provides examples of effective LEPH initiatives and context for the broad extent of dual-interest issues in LEPH.

Another study goes beyond collaboration to analyze the value of applying a public health-based prevention typology to police practice, considering “A Journey Upstream” of the issues that police typically react to (Bland et al., 2021). The authors assert that innovative police initiatives can be measured empirically using the public health-based theory of primary, secondary, and tertiary prevention. Using examples from Police Scotland, it was found that most upstream police activities fall under secondary prevention; the initiatives aim to reduce the impact of harm and prevent the harm from reoccurring. This article demonstrates that there can be strategic and methodological alignment between policing and public health.

Conversely, Anderson and Burris argue that policing and public health is “Not Quite the Right Analogy” in their analysis article of that name, and draw insightful parallels between law enforcement and acute medicine (2017). They focus on how police, like doctors, have little capacity to engage in prevention-based activities, how both disciplines can inflict severe



unintended harm, and they discuss the internal culture of both practices. This is an interesting counterpoint to the LEPH narrative but has become less relevant in recent years with public and leadership outcries for a broader and more nuanced scope for police work (Clover, 2022).

James Clover, an editor of *Law Enforcement and Public Health: Partners for Community Safety and Wellbeing*, discusses recent demands and scrutiny of police in the chapter “Defund, Dismantle, or Define” (2022). Clover states that in the conversation of police reform, “policing for the public health—or *public health policing*—may be the start to realizing a replacement institution” (2022, p. 49). The chapter speaks to how although the core function of police is believed to be the “enforcement of laws and criminalization of people”, police report that much of their work is most strongly focused on public health, community safety and social wellbeing (Clover, 2022, p. 50).

Although LEPH language is most used in academia, the same themes are discussed under terminology of ‘harm reduction’, particularly in reference to policing drug use. Tobias Kammergaard authored “Harm Reduction Policing: From Drug Law Enforcement to Protection”, a study conducted in Denmark around their safe consumption sites (SCS) and drug decriminalization initiatives similar to those in British Columbia (2019). The article discusses how marginalization and criminalization of people who use drugs (PWUD) perpetuates distrust of the police and makes PWUD less safe. Most importantly, the study shows how decriminalization and a focus on harm reduction can shift police perspective of PWUD from being criminals to being “citizens with rights”, who deserve respect and protection from victimization (Kammergaard, 2019, p. 18).

Other research shows how, despite police’s beliefs or intention, mere police presence can be a barrier to health-based harm reduction services among PWUD. Greene et al. (2022)

interviewed PWUD in Calgary about how compounding surveillance and social control (including police, cameras, and the broader community) limit access to services such as SCS. This study builds on research showing how police deter safer drug use practices, increase violence and victimization, and discourage other medical care access (Greene et al., 2022, p. 2). Notably, this study found that PWUD's perception of compounding social control strongly dissuaded service access despite whether social control actors intended to or were actually working together.

### **Literature Analysis**

Despite the different focuses of these sources, multiple themes emerge relating to LEPH as a discipline, the community being served, and the profession of policing. A main theme within LEPH is collaboration. Although Bland et al. (2021) and Clover (2022) show that strategically, the application of LEPH methodology can push traditional boundaries of police practice towards innovation, the strongest focus, and a foundational element of LEPH is strong cooperation between police and public health partners working in their traditional roles together (Punch & James, 2017; van Dijk & Crofts, 2017). Anderson and Burris even assert that “greater cooperation and even integration between health and law enforcement systems might lead to new and better approaches” (2016, p. 2). However, research focused on PWUD shows that despite police cooperation and buy-in to public health or harm reduction initiatives, police cause unintentional harm to already marginalized populations (Kammersgaard, 2019). Furthermore, without intention, police presence interacts with other social control actors to impede access to public health services, which increases victimization, healthcare barriers, and death (Greene et al., 2022).

Two themes that emerge around the community are vulnerability and marginalization. Across literature, both terms are used to describe PWUD, and generally, people caught in the intersection of LEPH. Vulnerability is a construct that, in a public health context, can relate to the social determinants of health and adverse childhood experiences, which are also understood to be a contributor to crime and disorder (Clover, 2022). In policing, there is a push to protect the vulnerable, but as our systems operate, vulnerable people are often marginalized and vice versa. Police engage with these priority populations but, as described above, are ultimately a strong contributor to their marginalization (Clover, 2022; van Dijk & Crofts, 2017). Through research with PWUD in Calgary, Greene et al. state that “paradoxically...structural marginalization is also what makes some of our participants more vulnerable to...surveillance, social control, and harassment” (2022, p. 6). Although marginalization and vulnerability are not synonyms, there are many interdependencies, and both are related to victimization across literature. Perhaps, as Kammersgaard (2019) leans toward in discussing citizen rights, if police-inflicted marginalization and criminalization is removed, people under that label can be seen as deserving protection and thus become less vulnerable.

Finally, literature demonstrates that the institution of policing is in an important transitional time, and this can not be taken lightly. The core mission and scope of law enforcement is up for debate and, although outside of the scope of this study, this deserves significant further research (Anderson & Burris, 2016; Clover, 2022; van Dijk & Crofts, 2017). Furthermore, an unexpected theme emerged around mental wellbeing and occupational health within law enforcement culture. Considering the scrutiny and possible expanding mission of policing personnel, it is noted that a “culture of health” must be instilled to protect the members paving a road to reform (Anderson & Burris, 2016, p. 11; Clover, 2022).

The literature reviewed in this report shows that LEPH is a relevant and important field. Although it only emerged strongly within the last 10 years, LEPH research overwhelmingly supports the strategic reform and repositioning of police toward a preventative, nuanced, harm-reduction focus. Such changes can not be taken quickly, but should be prioritized in complexly marginalized areas such as the DTES. Considering these themes and existing literature, it remains unclear to what extent and how the VPD's approach to drug use in the DTES demonstrates current LEPH wise practices.

### **Design and Methodology**

To explore how LEPH is aligned in the DTES around drug use, this study used qualitative secondary research design and drew on multiple secondary data analysis techniques. Qualitative design is consistent with the study's constructivist and transformative worldviews, as well as ethnography and grounded theory (Creswell, 2018). Data collection and analysis were also guided by the four sub-questions.

### **Data Collection**

The search methodology employed key search terms, shown below in Table 1, run through the JIBC library (EBSCOhost) and Google Scholar. Other web-based databases used include Sage Open, PubMed, and ProQuest's Criminal Justice database.

**Table 1**

#### *Key Search Terms*

"Law enforcement" Police Policing "Public safety"	AND	"Public health" "Harm reduction" <sup>a</sup>	Optional 1	"Downtown Eastside" "British Columbia"	Vancouver Canada
			Optional 2	"Substance use"	"Drug use"    Addiction

*Note.* <sup>a</sup>Harm reduction is included as a main public health strategy in the DTES, and to account for different terminology use within LEPH.

Numbers of results from these searches depended on the combination of search terms and search engine, ranging from hundreds to thousands. Focusing on peer-reviewed articles since 2010 and excluding studies on similar LEPH issues or COVID-19, articles for title review ranged from 80-200. Additional sources were identified by citation chaining (manual and using the software Litmaps) and from searches using the software Consensus. Grey literature was retrieved from the VPD and Canadian Association of Chiefs of Police (CACP). From title review across search engines and citation chaining, 28 sources were identified for abstract review. 12 were ultimately chosen for analysis, listed below in Table 2. These were chosen for their primary research methods and ability to address at least one of the research questions. Sources include police publications (4 sources) and policy (1 source), interview-based research with community members (4 sources) or law enforcement (1 source) focused on drug use, and other highly relevant peer-reviewed research (2 sources). All sources are connected to the policing of drug use and all but one are specific to the DTES or Vancouver (police perspectives are collected from multiple jurisdictions across BC).

**Table 2***Sources for Secondary Data Analysis*

<i>Author(s) (year)</i>	<i>Title</i>	<i>Type</i>	<i>Source data collection</i>	<i>Source data analysis</i>	<i>Notes</i>
Butler et al. (2022)	Total systems failure: police officers' perspectives on the impacts of the justice, health, and social service systems on people who use drugs	Journal article	Semi-structured interviews	Inductive and deductive thematic analysis	
Buxton et al. (2019)	The British Columbia Drug Overdose and Alert Partnership: Interpreting and sharing timely illicit drug information to reduce harms	Journal article	Health and public safety agencies in BC	Use of USCDC framework to evaluate system effectiveness	Evaluates a specific example of LEPH collaboration
Canadian Association of Chiefs of	Canada's police leaders recommend adopting a public health led diversionary	Grey literature	N/A	N/A	Statement from collective police leadership in

Police (2020)	approach to illicit substance use				Canada
Cohen & Csete (2006)	As strong as the weakest pillar: Harm reduction, law enforcement and human rights	Journal article	Literature review	Literature review	Specific operational and strategic examples excluded from data analysis due to time range
Collins et al. (2019)	Policing space in the overdose crisis: A rapid ethnographic study of the impact of law enforcement practices on the effectiveness of overdose prevention sites	Journal article	Ethnographic: observation, unstructured discussions, semi-structured interviews	Thematic analysis: coding	
Landsberg et al. (2016)	Declining trends in exposures to policing among people who inject drugs in Vancouver, Canada	Journal article	Interviewer-administered questionnaire	Analysis using multivariable generalized estimating equation models	
Scher (2020)	Biopower, disciplinary power and surveillance: An ethnographic analysis of the lived experience of people who use drugs in Vancouver's Downtown Eastside	Thesis / journal article	Ethnographic observation, focus group discussions, semi-structured interviews, document review	Ethnographic analysis (framed by existing theories of power)	
Small et al. (2006)	Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation	Journal article	Semi-structured interviews and ethnographic observation	Thematic analysis: coding	Specific operational and strategic examples excluded from data analysis due to time range
Spearn & Gill (2019)	Journey to hope: An update report on the VPD's continued fight against the opioid crisis	Grey literature (VPD report)	Internal data	Unknown	
Vancouver Police Department (2006)	Vancouver Police Department drug policy	Grey literature (VPD policy)	N/A	N/A	Outside of time range, but included because the policy is still in force
Vancouver Police Department (2020)	Our community in need: The VPD's community-focused safety strategies	Grey literature (VPD report)	Internal data	Unknown	
Vancouver Police Department (2022)	Serving the community: Vancouver Police Department 2022-2026 strategic plan	Grey literature (VPD report)	N/A/	N/A	Influence on VPD operations, priorities, and direction

*Note.* Creation of this table was guided by *Secondary Analysis of Qualitative Data: A Valuable Method for Exploring Sensitive Issues with an Elusive Population?* By Long-Sutehall, Sque, & Addington-Hall, 2010.

**Data Analysis**

This study used secondary data analysis techniques to code and interpret the sourced literature. Consistent with grounded theory, thematic analysis was used to identify emerging themes and, where possible, direct quotes and perspectives from DTES residents were highlighted through data analysis to further ground findings. Data were extracted from the sources and coded using Excel spreadsheets. Codes were first identified under the four sub-questions respectively. These codes were validated using themes identified in broader LEPH scholarship through the literature review. Once all data points were extracted, a comprehensive analysis of the validated codes was conducted to identify overall themes and sub-themes, considering interdependencies, duplications, and contradictions across the four sub-questions. The analysis took a reflexive approach through ongoing acknowledgement of how the researcher's personal experiences in the DTES influenced interpretation of the findings.

**Ethical Considerations**

Despite using secondary data, this study maintains a duty of care to the original research participants, particularly considering studies within the DTES and with PWUD. As outlined by Boilevin et al. in their collaborative report the "Manifesto for Ethical Research in the Downtown Eastside", research has a powerful potential to perpetuate stigma, trigger trauma, misrepresent communities, and serve as an excuse to delay action in favour of searching for studied findings (2019). There are also potential ethical issues when research can impact vulnerable populations. In this study, conclusions and recommendations toward policing policy could cause direct and vicarious harms to residents of the DTES. This issue deserves particular consideration as research is conducted from an institution with deep links to systems of justice and public safety that can victimize marginalized groups. This study has been unable to follow the community-

based guidelines set forward for ethical research by Boilevin et al. because the research is limited to secondary data. While the use of secondary data mitigates some potential of direct harm to participants, it also asserts that original participants have been unable to provide free, prior, and informed consent to this current study (Long-Sutehall et al., 2010). From Boilevin et al.'s report, this study specifically commits to the following items:

- Working from a trauma-informed perspective and not perpetuating stigma (2019, pp 17-19): this study commits to avoiding stigmatizing language and acknowledging where stigmatizing language occurs in analyzed literature. Furthermore, this study commits to seeking nuanced datasets and including discussion that highlights trauma-informed and systemic considerations.
- Making the study “a celebration of community strength, resilience, and dignity” (2019, p. 22): this language resonates with the author from my grateful witness to the compassion, determination, and capacity within the DTES community. This study commits to celebrating these qualities through conscious literature selection and discussion.
- Making it “clear how research can lead to action” (2019, p. 22): this study commits to developing clear recommendations for policing in the DTES and for future research.

### **Findings**

Table 3 below notes the coding of significant data under each sub-question, including all preliminary codes identified. Data were coded under the most applicable question; however, strong overlap was noted between questions. For example, police perspectives often included opinions of operational LEPH examples, and some anecdotal statements published by the VPD could be interpreted as police attitude or as strategic integration. Further, the distinction between operational and strategic actions is less black and white and more of a spectrum, with much of



the influential LEPH actions occurring in the grey area at an operational leadership level.

Notably, although the three areas just mentioned were largely interdependent, nearly no overlap was observed between the experiences of residents and any other question, and contradictions were particularly present between strategic ideology by police and the community's experiences of VPD actions.

**Table 3**

*Preliminary Codes*

<i>Sub-question</i>	<i>Preliminary codes identified</i>
What are examples of operational partnerships or applications of LEPH methodology in the DTES to address drug use?	Collaboration
	Harm reduction initiatives (SCS or OPS, decriminalization, safe supply)
	Drug policing with reduced harm
	Incorporation of public health in policing
How are values or strategy of LEPH integrated in policy and mission by the VPD or in Canadian policing strategy?	Collaboration
	Harm reduction in policy
	VPD/Canada strategic statements
	Vancouver as a leader in progressive policing
	Police attitude shift
How do residents of the DTES experience VPD practices in relation to public health and harm reduction?	Displacement from physical harm reduction services
	Intimidation from harm reduction services or safe practices
	Rights violations or direct harm
	Distrust
What are police officer attitudes towards public health and harm reduction?	Collaboration
	Here to help
	Harm reduction
	Social service or social issues
	Public health methods
	Police attitude shift
	Pro-enforcement

*Note.* Codes are not listed in order of significance.

The final thematic analysis examined all codes and supporting data outside the silos of specific questions to account for these spaces of overlap and contradiction. Table 4 below summarizes the three main themes and five sub-themes that emerged from this comprehensive analysis; these are detailed in the following sections.

**Table 4**

*Themes and Sub-themes*

<i>Theme</i>	<i>Sub-theme</i>
Collaboration is the most common occurrence of LEPH	Officers are unable to handle LEPH issues alone
VPD is positioned as a leader in progressive policing	More progressive applications of LEPH appear to be demonstrated strategically over operationally
	Police attitudes are shifting
Intention does not cause effect	There is a disconnect between strategic statements and operational actions or perceptions
	Perceptions can cause as much harm as actions

**“It Doesn’t Need to Be Siloed”**

Collaboration is the most common occurrence of LEPH by the VPD to address drug use. This is consistent with the theme of collaboration from this study’s literature review, reinforcing that collaborative initiatives bringing police and public health together actors are the most manageable within the LEPH spectrum for both the VPD and internationally. Collaborative LEPH initiatives are particularly strong at operational and operational leadership levels in Vancouver within the context of drug use. A main focus of these is diverting people in addiction toward health treatment, as demonstrated through partnerships with health authorities. As detailed in police publications, VPD officers can be a connection and referral point between PWUD and Vancouver Coastal Health (VCH) outreach teams, and the VPD has also partnered with VCH for educational drug use prevention initiatives (Spearn & Gill, 2019; VPD, 2020;

VPD, 2006). A physical demonstration of LEPH collaboration is the St. Paul's Hospital Emergency Department HUB and Vancouver Police Foundation Transitional Care Centre (TCC). The HUB is a 10-bed treatment facility for people living with mental health and/or substance use disorders, and the TCC is a short-term accommodation facility to connect people to community services post-discharge. The partnership includes the VPD, Vancouver Police Foundation, Ministry of Health, and Providence Health Care (Spearn & Gill, 2019).

Another key focus of LEPH collaboration is information-sharing. The VPD sits on many working groups, including BC's Joint Task Force on Overdose Response and Vancouver's Community Action Team (CAT) (Spearn & Gill, 2019). Lastly, the VPD supports lifesaving public alerts to poisoned drug supply, including VCH's Real-time Drug Alert and Response (RADAR, now transitioned to the provincial Toxic Drug and Health Alerts system) and the provincial Drug Overdose and Alert Partnership (Buxton et al., 2019; Spearn & Gill, 2019). These partnerships involve coordination and communication at an operational leadership level.

### ***Officers Unable to Handle LEPH Issues Alone***

A logical driving factor for collaboration is that police are unable to handle LEPH issues, including drug use, alone. Frontline officers recognize that they do not have the training to support PWUD; in an interview about the impacts of health, justice, and social systems on PWUD, one police officer in BC states:

I think that a better partnership should be set up ... and I love working with social workers, and mental health workers. I think they're great, they're the people who are trained to do those things, but it doesn't need to be siloed...police can work alongside these people to get the benefits that we need, right. (Butler et al., 2022, p. 8)

In the same publication, officers refer to the same “revolving door” that the St. Paul’s HUB tries to address; another officer says, “I think we’re getting a failing grade on how we deal with addictions in BC, and Canada, and we definitely need to be doing better”, further explaining that there is a lack of supports within the justice system (p. 6). Within the VPD, late Superintendent Bill Spearn, a leader in progressive drug policing, acknowledged how traditional policing systems are unable to support PWUD, saying:

When somebody is using ...contaminated drugs and they are overdosing, being Narcan’d back to life, and then they are out of money.... they have to go commit crimes in order to get their drugs, like breaking into cars, assaulting people... It’s just a revolving door. Really, it’s much more humane and much more cost-effective to provide services to people. (Spear & Gill, 2019, p. 11)

Overall, police officers note limitations in their training, mandate, and capacity to address the complex issue of drug use, and increasingly acknowledge the issue as being in the realm of health authorities or public health actors.

### **Vancouver as a Leader in Progressive Policing**

Although presented this way by police groups and leaders, the VPD is positioned as a progressive leader of drug policing. Operationally, in 2020, the VPD jail was “the only short-term facility in Canada to provide a complete addiction response” (VPD, 2020, p. 20). Supports for PWUD at the jail are reported to include overdose response and opioid agonist therapy while in custody, and take-home Naloxone kits and referrals to the VCH outreach team upon release.

A particular space of leadership for the VPD is sharing operational initiatives in collaborative strategic spaces with other police leaders and decision-makers. The VPD has presented at several conferences, including ‘Outside the Box Strategies for Policing the Opioid

Crisis’ at the Ninth Annual Law of Policing Conference and ‘Pillars of Change - Priorities for Addressing the Opioid Crisis’ on behalf of the CACP and co-facilitated by Health Canada (Spearn & Gill, 2019). Similar leadership is demonstrated by contributing to committees such as the CACP’s Drug Advisory Committee. In this collaborative way, the VPD has also sought to learn from other regions and state they remain “receptive to new approaches to these multifaceted issues and regularly [examine their] own service delivery, as well as those of other police agencies, throughout the world, to continually improve public safety” (VPD, 2020, p. 5). An example of this is the VPD sponsoring a representative travelling to Portugal to study their drug policy and diversion initiatives; this experience contributed to a position paper on decriminalization for the CACP (Spearn & Gill, 2019).

### ***More Progressive Applications of LEPH Demonstrated Strategically***

A trend noted in this data analysis is that the more highly progressive applications of LEPH theory or methodology are more frequently documented in strategic spaces rather than at an operational level, another finding consistent with the literature review. This is highlighted in the VPD’s 2022-2026 Strategic Plan, where the need for holistic partnerships with community partnerships is emphasised alongside the VPD’s goal to continue advocating for harm reduction and treatment solutions within the opioid crisis (VPD, 2022). In addition to lofty statements within VPD publications, policy does clearly state a focus on harm reduction policing in Vancouver. In the VPD Drug Policy (2006), the department makes several strong statements, including that harm reduction “requires a broader scope and should include all practices and initiatives that reduce harm” (p. 7), and “should not be perceived as solely within the realm of health authorities” (p. 8), hinting strongly that police have a responsibility to pursue harm reduction for PWUD. The VPD has also formally endorsed Vancouver’s four pillars drug

strategy, which supports harm reduction alongside prevention, treatment, and enforcement (VPD, 2006; VPD, 2020). Finally, a highly progressive approach within policing described by the VPD is their involvement in implementing a safe drug supply. In addition to work with the BC Centre for Disease Control on a hydromorphone dispensing project, the VPD has reportedly advocated for safe supply to government partners as a member of the CAT (Spearn & Gill, 2019).

Contributors to the phenomenon of more progressive statements in strategic spaces may include the fact that strategic publications are inherently documented, whereas individual officer actions are not published. Alternatively, day-to-day operational priorities may limit officer capacity to undertake complex LEPH tasks, and/or referral options may be unavailable, as police in BC expressed to Butler et al. (2022). Lastly, resident distrust of the police, which is expanded on in a subsequent theme, limits radical change in operational LEPH effectiveness overnight.

### ***Police Attitudes Are Shifting***

Provincial Health Officer Dr. Bonnie Henry states that “there has been a shift in focus for police to support a harm reduction approach” (VPD, 2020, p. 19), and this shift can be seen from operations to strategy and policy. Although Landsberg et al. (2019) note that individual police officers within and outside of the VPD may oppose harm reduction policies based on personal beliefs, this analysis showed that officers generally see drug use as an issue of health and structural vulnerability rather than an issue of criminality (Butler et al., 2022; Spearn & Gill, 2019). VPD Chief Constable Adam Palmer even stated:

The traditional role of frontline policing has fundamentally shifted to harm reduction when interacting with people experiencing addiction... Frequently, our officers are the first point of contact and the ones who will assist individuals in accessing appropriate services and pathways of care (CACP, 2020, p. 1)

In this statement, Chief Palmer uses people-first language, highlights harm reduction as a policing duty, positions police in a continuum of care supporting PWUD, and references partnerships with health as detailed in the previous theme of collaboration.

This is a stark evolution in perspective since just the 2006 VPD Drug Policy, and certainly since before then. Landsberg et al. studied trends in harmful policing exposure among PWUD in Vancouver and noted a significant decline in drug paraphernalia confiscation and police violence after the drug policy was implemented (2016). Furthermore, this analysis found a strong shift in VPD language and focus even since 2006. Notably, the VPD used the term drug ‘abuse’ in their 2006 drug policy, asserting that past campaigns to dissuade harmful behaviour such as smoking and drunk driving were successful because they “judged and stigmatized” undesirable behaviour (VPD, 2006, p. 2). As shown in recent publications, the VPD’s language has shifted to “substance use” and even to people-first language by 2019 (Spearn & Gill, 2019; VPD, 2020).

### **Intention Does Not Cause Effect**

Unfortunately, significant datasets highlighted a distinct difference between seemingly well-intentioned statements from police and the daily realities of policing operations experienced by residents of the DTES. Ultimately, good intentions are not a substitute for, and will not result in, effective action. This finding corresponds with themes of unintended harm from the literature review, and goes further to explore and validate harms caused by perceived intimidation.

### ***Disconnect Between Strategic and Operational***

Although police attitudes are shifting and individual officers want to help people, policing practices on the block within the DTES can distinctly contradict ideological strategic statements by the VPD and Canadian policing leadership. Looking at the impact of policing

tactics on Overdose Prevention Sites (OPS), Collins et al. found that “despite the VPD’s open support of evidence-based harm reduction...our findings underscore how police efforts to increase neighbourhood safety reinforce the marginalization of PWUD in the same neighbourhood as they sought to avoid police” (2019, p. 205). Observational data in the same study noted VPD officers “regularly stopping and searching individuals, particularly Indigenous and people of colour, within the drug-scene and within the immediate areas surrounding OPS, including blocking OPS alley entrances with a police car while searching individuals” (p. 203). Space-based policing practices physically displace people away from or intimidate people from accessing harm reduction services. The VPD’s pervasive Beat Enforcement Team (BET) patrols also create a barrier to safer drug use practices through fear of police disruption and harassment (Scher, 2020). Safer drug use practices include phasing consumption starting with smaller amounts to verify strength, and using in well-lit and populated areas to not cause undue injury and have people around for potential overdose (Small et al., 2006). Through community-based research, Collins et al. found:

The majority of participants described having negative interactions with police in the neighborhood at some point, which created a lack of trust. Such interactions were linked to participants’ structural vulnerability – including being harassed while using outside, being forcefully displaced while sleeping outside, and having tents, tarps, and other belongings disposed of while unhoused – and reinforced their marginality and drug-related risks. (2019, p. 203)

This articulates a strong distrust of police that is observed throughout this analysis.



***Perceptions Can Cause as Much Harm as Actions***

Police intimidation as a barrier to harm reduction services or practices was particularly noted in how residents experience VPD practices, both through concrete examples of specific police tactics and within a general theme of the community's distrust of police. This is particularly significant with the VPD's history of documented human rights violations around drug use and health services before the 2006 drug policy (Small et al., 2006). Through ethnographic research on power and surveillance in the DTES, Scher noted:

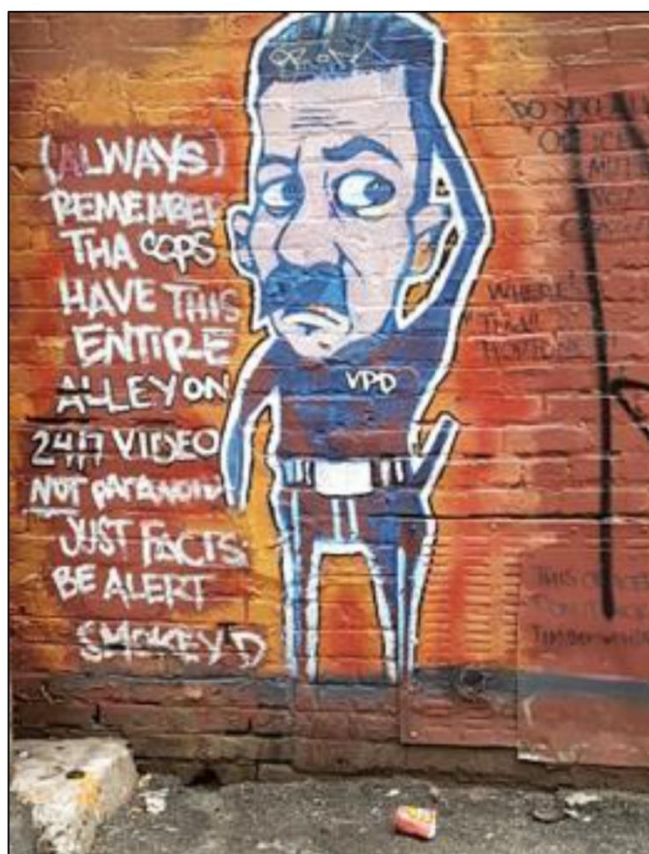
Perceptions of police rely on both individual and collective community experience with police and are influenced as much by modes of policing within a neighbourhood as they are by the individual treatment of citizens. This collective negative discourse of fear towards law enforcement then manifests in a collective distrust towards law enforcement. (2020, p. 8)

Scher compares persistent policing tactics in the DTES, such as the BET, to the panopticon model of surveillance, in which subjects "are unable to see whether they are being observed or not", and thus live within the threat and perception of surveillance 24/7 (2020, p. 22). This panoptic presence of the VPD is noted in Figure 1, street art in the DTES by Smokey D., which states "remember tha [sic] cops have this entire alley on 24/7 video... Not paranoid...Just facts...Be alert". Within SCS, Scher (2020) specifically found that the perception of VPD's presence and access does not reflect the relatively low numbers of calls for service. This perception of constant police overwatch is correlated with a deterrence from harm reduction facilities and practices, including being a barrier to lifesaving actions. For example, Collins et al. noted:

Although the Vancouver police have a policy of non-attendance at overdoses unless advised to do so by emergency services...their existing, heavy presence in various spaces left participants to choose between responding to an overdose alone, not responding, or responding with the assistance of emergency medical staff and potentially being arrested. (2019, p. 203)

## Figure 1

*Smokey D. on VPD Surveillance*



The pervasive, implied, and feared presence of the VPD throughout the DTES, amplified by individual and community experiences and the phenomenon of compounding surveillance, actively results in harm and death to PWUD because fear dissuades harm reduction practices and service access. The quantitative occurrence or risk of police activity does not impact residents' perceived risk and efforts to evade it.

*Note.* From *Policing Space in the Overdose Crisis*, by Collins et al., 2017. Art by Smokey D., Photograph by Jade Boyd and Ryan McNeil. Alley behind the street market.

## Discussion

Longstanding community experiences of displacement at the hands of police continues today without conscious police effort. Furthermore, securitization and gentrification validate the

VPD's presence through calls for service for behaviour associated with poverty and houselessness rather than criminality (Collins et al., 2019). This presence, and the good intent by individual officers, is validated under the guise of upholding safety but further endangers the lives of PWUD. Distrust between the community and law enforcement is held up by individual and collective perception, and reinforced every time harassment and harm occurs by the VPD. This relationship already limits LEPH in the community and will continue to be a complicating factor, but this should not allow the VPD to dismiss the evidence-based purpose and potential effectiveness of LEPH.

Broader conversations across society are already prompting re-evaluation of the core role of policing. This deserves focused academic and professional attention within the DTES and across Canadian policing, including considerations of LEPH integration into operations and strategy. Many officers in BC are already advocating for more progressive initiatives in policing, but this is a source of role tension across the profession. Butler et al. (2022) found that although some officers feel that police have been wrongly compelled to take on health issues beyond their appropriate scope, other officers believe they should be trained and supported to respond to these calls effectively. For example, one officer suggested that police position their mandate to include health and social support. The officer asserts that "there needs to be a new kind of police officer.... Could follow the same thing in harm reduction... having a kind of a social worker class of police officer, or mental health police officer, something new" (Butler et al., 2022, p. 9). The exploration of what radical application of public health principles to policing in the DTES would look like, in coordination with an intersectional and systemic understanding, is critical to evolving LEPH in the area and transforming the dynamic between the VPD and the community.

LEPH in the DTES must also be framed in the broader context of the Four Pillars Drug Strategy, which acknowledges similarities between police and public health realities and sets the principles of harm reduction, prevention, treatment, and enforcement. However, how this strategy and LEPH are demonstrated operationally will always be imbalanced due to the inherent amount of power held by law enforcement, and the systemic marginalization and securitization of PWUD. An advocate once described the strategy as “three toothpicks and a tree trunk” (Cohen & Csete, 2006, p. 102). To move toward more effective LEPH work in the DTES, policy and training must show a deep understanding of this power imbalance, systemic factors, and the unintended impacts of policing practices. A possible framework for drug policy is based on a human rights approach. This reframes PWUD as people with rights, as remarked in the literature review around harm reduction policing, and importantly focuses the VPD on upholding human rights, thereby limiting harmful policing actions.

### **Limitations**

The main limitations of this study are time and data. Data are limited to secondary sources, and police resources are limited to publicly available content. Sources are not exclusively peer-reviewed because police policy and other grey literature were needed to answer the research questions. The combination of these limitations restricts the most important voice of lived experience, though effort was made to highlight ethnographic, community-based, and interview-based sources wherever possible. Furthermore, this study can not determine causation, and generalizability is limited from the specific sampling and lack of variable control across secondary data groups. Although primary data collection methods have mitigated this where possible, response bias and participant self-selection may have influenced data (Landsberg et al, 2016).

These overlapping limitations unfortunately restricted fulsome considerations of intersectionality in this study, particularly of the intersections with other LEPH issues and initiatives in the DTES. As Butler et al. describe:

Discussions about the drug–crime relationship often fail to consider the intersectional structural vulnerability of PWUD who face multiple, overlapping inequities that contribute to the ongoing harms that they experience... PWUD experience stigma, housing unaffordability, poor therapeutic relationships, and lack of trust in the health care system to a greater extent than those who do not use drugs... The trauma inflicted through colonial violence in Canada has also been associated with overdose, for example, Indigenous women who had experienced child removal had over twice the odds of an unintended overdose than non-Indigenous women who had not lost custody. (2022, p. 2)

More comprehensive exploration of these intersectional issues and systemic influences beyond this study will be vital to understanding the nuance required for successful LEPH application in the DTES.

## **Recommendations**

### **Recommendations to the Vancouver Police**

The following recommendations to the VPD focus increasing the effectiveness of LEPH in the DTES, and aligning operational practices with strategic direction:

- Day-to-day policing practices of the BET should be evaluated to assess barriers they affect to evidence-based harm reduction. Police should also be trained on unintended public health consequences of hotspot policing, and the practice should be discouraged (Collins et al., 2019).

- To address the gap in operational capacity, training in trauma-informed care, harm reduction, cultural safety, and community competency in the DTES should be enhanced, through collaboration and engagement with police, public health, and harm reduction services (Landsberg et al., 2016).
- Police partnerships with public health services and support of harm reduction services should be continued and enhanced, as these services have been shown to benefit PWUD (CACP, 2020; Landsberg et al., 2016). Expanded police engagement with harm reduction services may improved understanding of police impacts on public health and PWUD.
- The VPD should adopt LEPH terminology in reports, policy, and internal communications to align with international practice.

### **Recommendations for Future Research**

Findings from this study highlight the following recommendations for future research endeavors:

- Future research should evaluate the effectiveness of policing drug policies and practices alongside their operational effects on the health and safety of PWUD (Scher, 2020).
- For this study, the decision was made to focus on the policing of PWUD based on high levels of research in this area compared to other LEPH issues, and therefore better availability of quality secondary data; thus, it is recommended that future research explores other LEPH issues and the intersectionality of LEPH issues in the DTES.
- Future research should explore whether and how policy changes impact daily policing practices, and further, whether the department's strategic direction influences individual officer perspectives (Landsberg et al., 2016).

- As highlighted in the literature review and discussion, future research should explore the core mission and scope of law enforcement.

### **Conclusion**

This study shows that LEPH is applicable to the VPD's work in the DTES. Further, LEPH is already demonstrated by the VPD, but is disproportionately evidenced between strategic statements and operational realities. Strategically, the VPD and CACP support LEPH and harm reduction with some language in policy and endorsement of the Four Pillars Drug Strategy, and further demonstrate a shift toward less stigmatizing language use in official reports. Operationally, by the VPD and beyond, collaboration is a common LEPH initiative, and should continue to be supported and enhanced due to its evidence-based effectiveness and appreciation from police officers, who feel unprepared to support LEPH cases alone. Although officers have differing opinions of harm reduction, they are generally supportive of LEPH partnerships. More comprehensive training may improve police understanding of harm reduction, public health principles, and systemic factors around the DTES and PWUD.

Despite strategic support, and a trend of police officers shifting from pro-enforcement towards a more nuanced perspective of drug use, residents and PWUD in the DTES find that police actions are a barrier to harm reduction and public health. The pervasive influence of institutional power, through individual and collective experiences in the DTES, is a barrier to operational effectiveness of the VPD. Further, role tension within policing limits efficient LEPH progress and could create a divide between officers. More research should be conducted to explore these outstanding areas, and the VPD should pursue this evidence-based approach but should not delay recommended changes and effective action through excuses of waiting for research findings.

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