

Policing space in the overdose crisis: A rapid ethnographic study of the impact of law enforcement practices on the effectiveness of overdose prevention sites

Alexandra B. Collins^{a,b}, Jade Boyd^{b,c}, Samara Mayer^b, Al Fowler^b, Mary Clare Kennedy^{b,d}, Ricky N. Bluthenthal^e, Thomas Kerr^{b,c}, Ryan McNeil^{b,c,*}

^a Faculty of Health Sciences, Simon Fraser University, 8888 University Drive, Burnaby, BC V5A 1S6, Canada

^b British Columbia Centre on Substance Use, 400 - 1045 Howe Street, Vancouver, BC V6Z 2A9, Canada

^c Department of Medicine, University of British Columbia, St. Paul's Hospital, 608 - 1081 Burrard Street, Vancouver, BC V6Z 1Y6, Canada

^d School of Population and Public Health, University of British Columbia, 2206 E Mall, Vancouver, BC V6T 1Z9, Canada

^e Department of Preventive Medicine Keck School of Medicine, University of Southern California, 1975 Zonal Ave, Los Angeles, CA 90033, United States

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ABSTRACT

North America is in the midst of an overdose crisis. In some of the hardest hit areas of Canada, local responses have included the implementation of low-threshold drug consumption facilities, termed Overdose Prevention Sites (OPS). In Vancouver, Canada the crisis and response occur in an urban terrain that is simultaneously impacted by a housing crisis in which formerly 'undesirable' areas are rapidly gentrifying, leading to demands to more closely police areas at the epicenter of the overdose crisis. We examined the intersection of street-level policing and gentrification and how these practices re/made space in and around OPS in Vancouver's Downtown Eastside neighborhood. Between December 2016 and October 2017, qualitative interviews were conducted with 72 people who use drugs (PWUD) and over 200 h of ethnographic fieldwork were undertaken at OPS and surrounding areas. Data were analyzed thematically and interpreted by drawing on structural vulnerability and elements of social geography. While OPS were established within existing social-spatial practices of PWUD, gentrification strategies and associated police tactics created barriers to OPS services. Participants highlighted how fear of arrest and police engagement necessitated responding to overdoses alone, rather than engaging emergency services. Routine policing near OPS and the enforcement of area restrictions and warrant searches, often deterred participants from accessing particular sites. Further documented was an increase in the number of police present in the neighborhood the week of, and the week proceeding, the disbursement of income assistance cheques. Our findings demonstrate how some law enforcement practices, driven in part by ongoing gentrification efforts and buttressed by multiple forms of criminalization present in the lives of PWUD, limited access to needed overdose-related services. Moving away from place-based policing practices, including those driven by gentrification, will be necessary so as to not undermine the effectiveness of life-saving public health interventions amid an overdose crisis.

Introduction

Although North America's overdose crisis is often framed as a consequence of the over-prescription of opioids (Madras, 2017), it is now understood that the crisis is primarily driven by the proliferation of fentanyl and fentanyl-adulterated drugs (Seth, Scholl, Rudd & Bacon, 2018; Smolina et al., 2019). However, the epidemic is intimately linked with structural inequities (e.g. entrenched poverty, strained health care systems) (Dasgupta, Beletsky & Ciccarone, 2018; Davis, Green &

Beletsky, 2017; McLean, 2016) in ways that disproportionately impact structurally vulnerable populations. Here, we define structural vulnerability as a marginalized position within a social hierarchy that renders particular populations or individuals (e.g. people who use drugs [PWUD], sex workers) more susceptible to forms of suffering due to social and structural violence (e.g. racism, gender inequities, poverty) (Farmer, Connors & Simmons, 1996; Quesada, Hart & Bourgois, 2011). The synergistic relationship between substance use and poverty is reinforced in spaces of advanced marginality (Wacquant, 2007) – that is,

* Corresponding author at: British Columbia Center on Substance Use, 400-1045 Howe Street, Vancouver, B.C. V6Z 2A9, Canada.

E-mail address: ryan.mcneil@bccsu.ubc.ca (R. McNeil).

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where a dearth of economic opportunity, spatial segregation, and an amplification of the criminal justice system reinforce inequity (Wacquant, 2008).

Areas of advanced marginality are often spatially bound and concentrated in urban neighborhoods that are subsequently stigmatized (Wacquant, 2007). To regulate such marginality, including drug use, local governments have increasingly drawn on mechanisms of urban control (Merry, 2001; Smith, 1996; Wacquant, 2007). Such spatialized practices and strategies have aimed to regulate public spaces and displace, exclude, and incarcerate structurally vulnerable populations, including PWUD, through by-laws (e.g. anti-loitering ordinances) (Beckett & Herbert, 2008), the implementation of urban control strategies (e.g. security cameras, ‘community policing’) (Hermer & Mosher, 2002; Wallace, 1988), and socio-legal mechanisms such as area restrictions (i.e. court-ordered restrictions prohibiting an individual from re-entering an area where they were arrested) (Beckett & Herbert, 2009; McNeil, Cooper, Small & Kerr, 2015; Sylvestre, Damon, Blomley & Bellot, 2015). These mechanisms of urban control, however, are typically more pronounced in areas that are targeted for ‘revitalization’ or gentrification (i.e. the process of transforming vacant or low-income inner-city areas into economic, recreational, and residential use by middle- and upper-income individuals), and are thus intimately linked with broader economic, political, environmental, and social contexts (August, 2014; Blomley, 2004; Hackworth, 2006; Smith, 1996; Wallace, 1990). Given this, there is a need to understand how such mechanisms are connected to and reinforced by broader environmental milieus within the context of an urban public health crisis.

While street-level policing practices in street-based drug scenes are often cited as critical to limiting access to the drug supply and reducing violence and disorder (Aitken, Moore, Higgs, Kelsall & Kerger, 2002; Maher & Dixon, 1999; Werb et al., 2011; Zimmer, 1990), they disproportionately target and impact racialized persons (Beletsky, 2019). Moreover, research has demonstrated how such models are not effective, but rather contribute to additional harms for PWUD, including increased violence (Cooper, 2015; Werb et al., 2011; Wood, Tyndall et al., 2003). An extensive body of research has also highlighted the adverse impacts drug scene policing can have on the health of PWUD (e.g. Bluthenthal, Kral, Lorrivick & Watters, 1997; Cooper, Moore, Gruskin & Krieger, 2005; Kerr, Small & Wood, 2005; Maher & Dixon, 1999). Within this work, street policing has been associated with risks such as reduced access to harm reduction and ancillary services (Bluthenthal et al., 1997; Cooper et al., 2005; Davis, Burris, Kraut-Becher, Lynch & Metzger, 2005; Werb et al., 2015; Wood, Kerr et al., 2003), rushed injections (Cooper et al., 2005; Small, Kerr, Charette, Schechter & Spittal, 2006; Werb et al., 2008), increase risk of overdose (Bohnert et al., 2011; Dovey, Fitzgerald & Choi, 2001; Maher & Dixon, 1999), and an increased risk of disease transmission (Cooper et al., 2005; Friedman et al., 2006; Rhodes et al., 2006; Werb et al., 2008). Given these factors, the continued use of place-based policing practices (e.g. increased police presence in specific areas, street checks, utilization of civil statutes), or policing that targets crime “hot spots” or segments of place (e.g. street blocks, buildings) (Eck & Weisburd, 1995; Weisburd, 2008), particularly within the context of a public health crisis, can negatively impact the health and well-being of structurally vulnerable PWUD and reinforce their susceptibility to harm. Importantly, it has been argued that to be effective, harm reduction interventions should be established in the settings where drug use occurs (Moore & Dietze, 2005). However, research has documented that these same spaces overlap with law enforcement presence (Bluthenthal et al., 1997; Cooper et al., 2005; Davis et al., 2005; Kerr, Small et al., 2005). As such, there is a further need to understand the social-spatial practices of PWUD within these settings and how these spatial practices are altered by broader structural factors that contribute to the making and remaking of space (Duff, 2010).

Understanding these dynamics is particularly important across North America, where the current overdose crisis has led to the

retrenchment of tactics utilized in the War on Drugs. This has included strategies targeting both the legal and illegal drug markets to reduce supply, such as prescription opioid monitoring systems, increased border policing, and an intensification of prosecuting and incarcerating drug dealers and other PWUD (e.g. drug-induced homicide charges) (Beletsky & Davis, 2017; Davis et al., 2017; Werb, 2018), which systematically target racialized persons (Beletsky, 2019). However, this supply-side focus, largely spurred by the view that the current overdose crisis is a ‘white opioid epidemic’ (Netherland & Hansen, 2016), is occurring alongside the implementation of – or in some instances, efforts to implement – overdose prevention interventions and evidence-based public health initiatives (e.g. widespread naloxone distribution, expanded access to opioid agonist therapies). Examining how these factors intersect given the potential for policing practices to shape the effectiveness of such interventions (Cooper et al., 2005; Werb et al., 2015; Wood, Kerr et al., 2003) is thus needed.

These dynamics are particularly relevant in Vancouver, Canada, which has rolled out a robust overdose response effort, spearheaded by community activists, since December 2016. As part of these efforts, low-threshold drug consumption facilities – termed overdose prevention sites (OPS) – have been rapidly implemented (Collins, Bluthenthal, Boyd & McNeil, 2018). OPS are staffed by peers or support workers, who administer naloxone and, in some locations, oxygen in the event of an overdose. Unlike sanctioned supervised consumption sites (SCS), OPS do not require federal approval as these have been implemented as temporary public health interventions amid a public health emergency by order of the provincial Ministry of Health. By pushing for overdose prevention interventions, and specifically OPS, activists, drug user-led groups, and public health officials have sought to create neighborhood conditions that improve the ability for PWUD to use in safer environments in the context of a public health emergency (Boyd et al., 2018). Five OPS were opened in Vancouver by December 2016, all in the Downtown Eastside neighborhood, with additional OPS opening in subsequent months.

Vancouver's OPS are largely clustered within the street-based drug scene, most visible through income generating activities (e.g. vending, drug selling, sex work). During the course of this study, all OPS established in Vancouver were situated in the most visible area of the drug scene and the epicenter of Vancouver's overdose crisis, which also contains one of city's SCS (see Fig. 1). In addition to their close proximity to the SCS, three of the city's OPS were integrated within existing services within an approximate one-block radius from the Street Market – a daily, community-driven vending space and one of the central points of the street economy. The Street Market acts as a social hub for many neighborhood residents, in that it provides a space for income generating activities and socializing, while geographically overlapping with primary drug purchasing and consumption locales.

In addition to the robust public health response in the Downtown Eastside and the location of OPS in this study, the neighborhood is also the site of increasing gentrification and ‘revitalization’ efforts aimed at meeting the growing demand for housing amid an ongoing housing crisis driven by factors such as external capital flows, an increasing population, and weak housing policies (Bardwell, Boyd, Kerr & McNeil, 2018; Collins, Boyd et al., 2018; Lee, 2016). Specifically, the Downtown Eastside is experiencing an influx of high-end condominiums whose placement overlaps with the main economies of the drug scene. Such gentrification efforts have also been paired with mechanisms of urban control, including private security guards, security cameras, and local policing (Kerr, 2018; Markwick, McNeil, Small & Kerr, 2015). Given these overlapping practices, as well as inadequate social assistance rates (Klein, Ivanova & Leyland, 2017), and the gentrification of low-income neighborhoods like the Downtown Eastside, PWUD have experienced increasing housing instability (Bardwell, Fleming, Collins, Boyd & McNeil, 2018; Collins, Boyd et al., 2018; Fleming et al., 2019), with Vancouver's homelessness rate having increased over 60% from 2005 to 2018 (Urban Matters CCC & BCNPHA, 2018). However, no research to

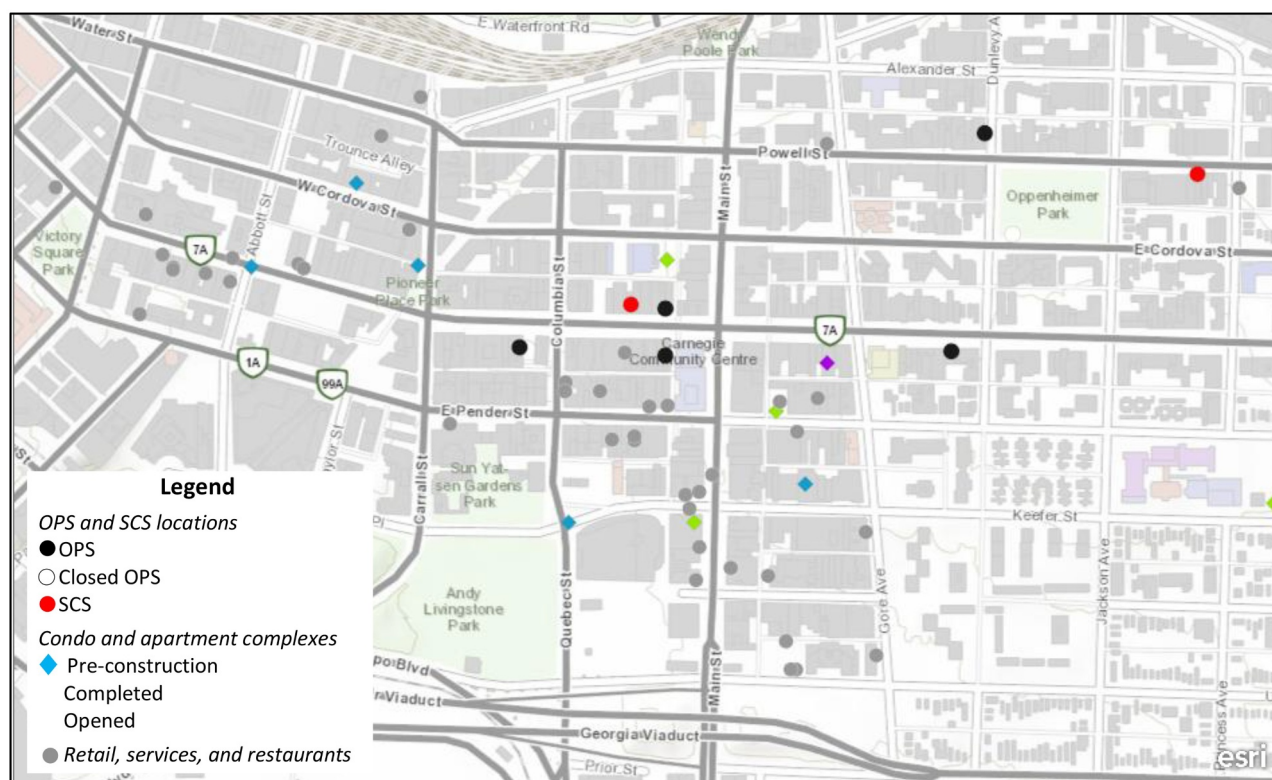


Fig. 1. Overdose prevention interventions in relation to gentrifying businesses.

City of Vancouver, Province of British Columbia, Esri Canada, Esri, HERE, Garmin, INCREMENT P, Intermap, USGS, METI/NASA, EPA, USDA, AAFRC, NRCAN

*Map only includes a subsection of businesses, condos, and services opened in 2016 or later.

date has examined the impact of neighborhood-level policing on OPS utilization within the context of overlapping housing and overdose crises. Understanding the impacts of such urban social-spatial control is imperative to increasing the effectiveness of OPS as a response to a public health emergency.

To discern the impact of these neighborhood changes, we undertook this study to examine how drug-scene policing practices intersected with the social-spatial practices of PWUD to shape the utilization of OPS implemented as part of a public health response. In doing so, we explore how law enforcement practices within a street-based drug scene contribute to the making and remaking of space, and the impact such space-making has on the health and well-being of PWUD.

Methods

We undertook rapid ethnographic research between December 2016 and April 2017 as part of an established community-based research program in Vancouver. This research examined the implementation and utilization of OPS, focusing on structural forces (e.g. policing, territorial stigmatization) and the implications of such factors on the implementation and operation of OPS services within the broader neighborhood. Conducting rapid ethnographic research has been highlighted as an important methodological adaptation within the context of public health emergencies (Johnson & Vindrola-Padros, 2017; Pink & Morgan, 2013). Further, when paired with community-based research methods, rapid qualitative research can more adequately advance understanding of concerns within the communities under study (McNall & Foster-Fishman, 2007).

The larger study included over 200 h of observational fieldwork at OPS and surrounding areas conducted by team members and peer researchers. During fieldwork, informal and unstructured conversations occurred between team members and individuals accessing the OPS. After each session, detailed fieldnotes were written, which documented

observations and interactions in relation to the implementation of OPS. Additional fieldwork was conducted by the lead author and two peer researchers during October 2017, to further elucidate social-spatial practices of PWUD in and around five OPS as part of this analysis. Fieldwork sessions were conducted in close proximity to OPS, including adjacent alleys and streets, and lasted between 2 and 3 h. These sessions were spread out to cover various days of the week as well as times of day, including evening sessions. Fieldwork observation sheets specific to each location were developed to record physical and social information about the sites, including presence of security cameras, lighting, social-spatial practices of individuals in the area (e.g. sleeping, socializing, working), presence of police and first responders, as well as documenting overdose-related events. Each team member completed fieldwork observation sheets, which were reviewed together after the fieldwork session and used to construct more robust fieldnotes.

Additionally, semi-structured, qualitative interviews were conducted with 72 PWUD who were engaged in the street-based drug scene. Participants were recruited by team members, including peer researchers, directly from four OPS during fieldwork. After recruitment at the OPS, a peer researcher walked each participant back to our field office for the interview. An interview guide was used to facilitate discussion on topics such as experiences at OPS, overdose-related events, the impact of housing on OPS access, interactions with police, and income generating activities. Interviews lasted approximately 30–60 min, were audio recorded, and transcribed verbatim by a transcription service. After the interview, participants received \$30 CAD honoraria for their time. Of the 72 participants, 43 identified as women (including three transgender and Two Spirit persons), 33 identified as Indigenous, and the average age was 42 years old (see Table 1). Additionally, 44 participants reported experiencing an overdose event in the last year and 13 participants reported being incarcerated in the two weeks prior to interview.

Written fieldnotes and interview transcripts were imported into

Table 1
Participant demographics (n = 72).

Participant characteristic	n (%)
Age	
Mean	42
Range	20–64 years
Ethnicity	
Indigenous	33 (45.8%)
White	32 (44.4%)
Other (Hispanic, Black)	7 (9.8%)
Gender^a	
Women	43 (59.8%)
Men	29 (40.2%)
Transgender persons	3 (4.2%)
Two Spirit persons ^b	1 (1.4%)
Overdoses in past year	
One	15 (20.8%)
Two	10 (13.9%)
Three or more	19 (26.4%)
Incarceration^c	
In the two weeks prior to interview	13 (18.1%)
In the six months prior to interview	10 (13.9%)
In the last year prior to interview	9 (12.5%)
Current housing	
Apartment	8 (11.2%)
Unstably housed ^c	40 (55.5%)
Unsheltered	24 (33.3%)

^a Participants could select more than one response.

^b A non-binary and fluid term denoting Indigenous persons with both a masculine and feminine spirit, used to describe one's gender or sexuality (Ristock, Zoccole & Passante, 2010).

^c Defined as currently living in a single room accommodation hotel, shelter, hostel, or having no fixed address.

NVivo qualitative software, where they were analyzed using the same coding framework. Initial coding frameworks were comprised of a priori categories derived from fieldnotes and the interview guide and emergent themes identified by the research team (Creswell, 2009). Throughout the analytical process, data were interpreted by drawing on structural vulnerability frameworks (Quesada et al., 2011) and elements of social geography related to the 'disciplining' of populations (Beckett & Herbert, 2008; Merry, 2001) to better understand the ways in which space was made and remade, and how this impacted the social-spatial practices of PWUD (Deleuze & Guattari, 1987; Duff, 2007). Pseudonyms were created using an online pseudonym generator and assigned to participants. ArcGIS online software by Esri was used to create the map, with geographic coordinates sourced from Google Maps. Ethical approval for this study was received from the Providence Healthcare/University of British Columbia Research Ethics Board.

Findings

Shifting social-spatial practices of daily life

Given their location within the larger drug scene, OPS were situated within the established social-spatial practices of structurally vulnerable PWUD as they overlapped with existing drug selling and consumption locations, low-income housing, health services, and other resources (e.g. food services, drop-in centers). Simultaneously, however, OPS locations also intersected with place-based policing efforts occurring within the same spaces, driven in large part, according to participants, by the rapid gentrification of the Downtown Eastside neighborhood. As a result, space immediate to OPS was continuously being constructed and reconstructed in ways that altered the 'boundaries' of the street-based drug scene. Strategies used to secure space in the neighborhood included relocating PWUD further from areas where OPS were readily accessible through the displacement of dealers by law enforcement and a persistent police presence that participants described as "pushing" people back into alleys. Many participants described these place-based

policing practices as producing new "hotspots" of drug use and overdose risk as the drug scene was pushed eastward by new, gentrifying businesses entering the area. Additionally, changes to neighborhood environment, including the installation of multiple, large flood lights in the alley behind the Street Market, also deterred people from accessing particular spaces as it increased their visibility. These intersecting policing and gentrification practices thus created additional displacement and barriers for certain participants, and contributed to the ever-evolving boundaries of the drug scene. In describing neighborhood-level changes and their impact on PWUD, one participant explained:

There's people being displaced all the time. They're [i.e. cops] pushing us all – I don't know where they're going to put us, right? ...Go down there and start walking up this way. You'll see it. All brand new, all brand new, new and old mixed. And pretty soon that'll be all – there'll be no more old. ('Matthew,' 44-year-old Indigenous man)

Similarly, 'Jason,' a 56-year-old white man, described the impact of gentrification he saw within the neighborhood in relation to the housing and overdose crises:

Part of what is going on...is that gentrification is happening. Things are changing and a new attitude moving in, new people and things like that. They don't want things openly out there...open drug use around the park up and down the street, you don't see that anymore. It's in the alleys and the police will tolerate that more. [...] I think there is a more overriding long-term agenda of moving people out of this area or at least making it so that they're not as visible and stuff like that.

Both of these examples highlight the ways in which participants' daily activities both constructed space and were shaped by the construction of space in the neighborhood.

Given participants' structural vulnerability, there was a need to regularly access public spaces which became more problematic as the neighborhood changed. Specifically, the influx of high-income apartment complexes and condominiums, cafés and restaurants, and other retail spaces in the neighborhood contributed to pervasive surveillance and place-based policing practices, which placed a strain on individuals who regularly engaged with this particular space as visible drug use became more contentious. As one participant described:

People are kind of getting pushed. Like they closed down one side of the street, but everybody just moved to the other side. ...Now they started the little market for people to go there and sell their stuff, but you still see people out on the sidewalks selling all their shit. [...] It's hard to kind of put your finger on exactly what is going on. But I think also, with a lot of the trendier stores and stuff coming, like they don't want people standing in front of your store, you know, smoking a crackpipe or shooting up or something, right? So you know, they frown upon that, which is understandable. But...people aren't able to be as open about it as they used to be. ('Laura,' a 52-year-old white woman)

As Laura highlighted, the decreasing of accepted locations for these street-based economies by gentrification created challenges for participants who had to navigate this area to meet basic needs (e.g. food services, health services). Such efforts aimed at redefining the Downtown Eastside necessitated a renegotiation of participants' social-spatial practices. It also underscores what participants described as a city-wide effort driven by policing practices and gentrification to dismantle their sense of place within the neighborhood as their ability to access and engage with needed services became more challenging.

As made evident within these examples, the overlapping housing and overdose crises shifted the environment of the Downtown Eastside neighborhood in a way that was at times contradictory to the overdose response. In particular, media coverage of the overdose crisis had spotlighted the neighborhood, while additional city efforts (e.g. urban redevelopment, increased police visibility) simultaneously created barriers to particular spaces that could exacerbate drug-related harms. Importantly, gentrification practices in the Downtown Eastside

neighborhood were intimately linked with policing. Specifically, an increase in complaints from surrounding businesses, residents, and visitors, incited heightened foot patrol within a main area of the street-based drug scene (Eagland, 2018; Kerr, 2018; Rabinovitch, 2018). Such policing practices by law enforcement, while implemented to increase a sense of safety for condo-owning residents, visitors, and business owners (Eagland, 2018; Rabinovitch, 2018), represent a more modern approach to urban policing in street-based drug scenes, aimed at altering the spatial patterns of PWUD. As such, the increased visibility of the neighborhood due to its high-volume of overdoses and rapid response to the crisis through the implementation of OPS was often undermined by the proliferation of law enforcement in the same area.

Zones of surveillance – policing around OPS

Mistrust and potential arrest

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. However, it is important to note that the City was complicit in such efforts, as municipal workers were often tasked with removing and disposing of individuals' belongings as police stood by; a practice we regularly observed across the neighborhood in parks, alleys, and on sidewalks. We also observed police regularly stopping and searching individuals, particularly Indigenous people and people of color, within the drug-scene and within the immediate areas surrounding OPS, including blocking OPS alley entrances with a police car while searching individuals. For many participants, these interactions reinforced their mistrust of law enforcement, including their view that they disproportionately target particularly groups, and extended to their perceptions of the role of police within the overdose response. As one participant explained:

I think they're [cops] a bunch of hypocrites. They'll say one thing and then say something else, or do something else, when there's no cameras around, right? ... They just think of themselves better and us as just waste of space, waste of taxpayers' money, just a waste. Right? For the most part, that's the attitude that I get from them. ('Mark,' 53-year-old Black man)

As such, police surveillance created space in ways that was deemed unsafe by participants given the criminalization of drug use, which impacted how participants responded to overdoses and utilized OPS. Several participants recounted interactions they had with police during an overdose response, underscoring the potentially negative consequences such policing strategies could have for PWUD. This included leaving someone who was overdosing for fear of arrest or being the “fall guy” (i.e. blamed for someone's overdose and facing subsequent legal consequences) in the case of a fatal overdose, with such narratives particularly common among racialized PWUD and those with histories with the criminal justice system. Additionally, participants described hesitation in engaging emergency medical services during overdose situations as they were uncertain whether police would also attend, and if they would run a warrant search upon arriving. ‘Brad,’ an OPS peer worker, explained:

I've seen people leave [the site] and then they come back into [the OPS] and then they're like, 'This guy OD'd outside, but his friends left.' ... They know that the police are going to show up. Maybe they have warrants. They just don't want to be jacked up [i.e. searched by police] ... so they just leave. (56-year-old Indigenous man)

Other participants reported aggressive interactions with police following overdose events. After responding to an overdose in an apartment building, ‘Michael’ described:

They [paramedics] were walking him down to the ambulance to take him to the hospital and there was the ambulance and there was a couple of police, and they were kind of like, you know, a little bit rude, eh? And I've experienced that before: 'Just stand back! Stand back!' But they want to know like, do you know this person, what you gave him... so I know the routines. As they work I stand back and just tell him what I know and what I gave him and stuff. [...] One of the cops, he ran a CPIC [criminal record search] on me. ... Maybe [he thought] I was his dealer or something. He should have asked who we are first, instead of jumping to conclusions, judging, right? That's what some police do. (52-year-old Indigenous man)

Although the Vancouver police have a policy of non-attendance at overdoses unless advised to do so by emergency services (Vancouver Police Department, 2006a), 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. As such, participants often chose to administer naloxone themselves and not call for emergency services as this was viewed as the safest response for both themselves and the person they were responding to within the broader context of drug criminalization.

Importantly, we observed an officer attend to an overdose call alongside a paramedic inside one of the OPS. While the officer's assistance was requested by the paramedic, individuals accessing the service were visibly surprised and unsettled by the presence of law enforcement within a space they viewed as safe from arrest. Such remarking of space by the officer and the paramedic reinforced fears of arrest from the majority of those present, including individuals who were breaching area restrictions to access the service. This further highlights the ways in which the criminalization of drug use can undermine public health initiatives aimed at reducing overdose.

Alley patrol, cop cars, and open surveillance

While describing their engagement with OPS, participants noted how routine police surveillance occurred within the street-based drug scene and included the areas immediately surrounding OPS. Participants reported that police were “always just sitting in their cars just watching” and that “they're on the street everywhere.” Routine police surveillance altered the social-spatial practices of participants by impacting their abilities to access certain OPS and pushing them into unsafe injecting environments, with racialized participants reporting the highest degree of surveillance. ‘Emily,’ a 25-year-old Indigenous woman, highlighted how police-implemented surveillance strategies increased drug- and health-related risks for PWUD:

I don't trust them [cops] at all. And I do think that they are kind of preventing people from using in safe places, you know. Like they're [PWUD] going further into unknown like empty alleys and where nobody could see them if they overdose. Well, if you're like in the alley, let's say, behind Insite, then at least there's people around who could see you fall down or whatnot. [...] But sometimes they [cops] park their cars in front of like Insite, and so nobody wants to be around there, right? So we're going into unsafe alleys and whatnot.

As this participant highlighted, daily practices and engagement in space within the neighborhood were also contingent upon the visibility of law enforcement officials. Another participant reiterated these sentiments:

There are certain areas that you don't want to really be there because the cops will drive up and down and you never know what they are going to say or do. It is mostly [the 100 block] [i.e. the epicenter of the drug scene], but they do circle around pretty well all over the Downtown Eastside, but yeah, mostly in that area – there is a heavier presence in that area. ('Melanie,' 55-year-old white woman)

While participant narratives underscored the normalcy of police presence within the neighborhood given its advanced marginality,

tensions arose in relation to participants' need to navigate highly-surveilled spaces to access OPS. For some participants, this created ongoing barriers to accessing specific sites, including the only site in which inhalation is allowed. As Brad, who both injected and smoked drugs, described:

Police cruise that alley [i.e. where an OPS entrance is located] a lot and there is a lot of drug dealers around, a lot of transactions, so the police are always patrolling that area...police are walking through, police are driving through. They could choose a different spot [for the OPS] maybe and have it taped off or something. A closed off area. [Having an OPS] inside is always the best. (56-year-old Indigenous man)

Despite the entrance being in the alley, which falls within most participants' existing social-spatial practices and is thus widely accessed, this narrative magnifies the continuing visibility of such spaces due to police surveillance in the adjoining area. Such visibility was particularly worrisome for some participants at this OPS as it was established outside as a tent, and later trailer, and was thus viewed as more 'open' to police surveillance. While conducting fieldwork, we regularly observed police slowly driving through alleys both adjacent to and at OPS entrances and surrounding areas, or parking cars at alley entrances with the lights turned on. In these instances, individuals selling or using abruptly stopped, turned their backs, or left the area. These practices were further reflected by local graffiti. This particular alley was marked by a wall-sized mural of a police officer with a warning that "cops have this entire alley on 24/7 video" surveillance (see Fig. 2). As such, these surveillance practices remade spaces in ways that increased risk of drug-related harms for structurally vulnerable individuals and were in conflict with public health efforts that were aimed at addressing the overdose crisis.



Fig. 2. Graffiti of policing in the alley behind the Street Market. Smokey D, artist | Alley behind the Street Market | Photograph by authors JB and RM (February 21, 2017).

Further, during fieldwork sessions conducted in and around OPS, more police presence was observed the week preceding and the week of check week (i.e. the week in which social assistance cheques are received). In these instances, surveillance tactics included drive-bys in alleys where OPS entrances were located, foot patrol around OPS, and parking police vehicles in close proximity to OPS. The increased observation of policing around check week has significant implications as drug use often increases during this time given the increase of income, and thus for some participants, an increased need to access safe spaces to use.

Red zones as barriers to OPS engagement

For others, however, law enforcement techniques such as area restrictions or "red zones" (McNeil et al., 2015) prevented participants' access to needed services as they could subsequently be arrested if seen by police within these spaces. In these instances, participants' approaches to navigating these zones of exclusion varied, including keeping their distance as well as covert navigation. 'Joshua,' a 32-year-old Black man who had only accessed one OPS, explained: "I've heard about them [other OPS] but it's in my red zone. I'm red zoned from the whole Downtown Eastside." As such, this participant reported using "mostly on the street" now as he had been incarcerated within the two weeks prior to the interview.

Other participants who were currently red zoned described needing to re-engage with prior social-spatial practices in the neighborhood to reduce their risk of overdose and other health-related harms. In doing so, these participants actively challenged law enforcement tactics that not only shaped space, but also restricted their movements, as this was perceived as vital to staying alive. One participant, 'Shawn,' described using "lots in the alley" despite not feeling safe there. Continuing, Shawn shared how he negotiates the complexity of area restrictions and overdose prevention:

I got a red zone so I'm not allowed to be in a certain area. [...] It's the areas that I want to go to and use and all the accessibility and all the sites that I need or want to access – they're all in my red zone. [...] Like, I'm not supposed to be in certain areas, but I'm there... I feel safer in the injection sites than I do just like in the alley... I know that the cops there will let you use. You're allowed to use there and the cops acknowledge that and they won't look twice at you if you're in there. (43-year-old South Asian man)

Although OPS are off-limits from police interference related to drug law enforcement, and thus seen as 'safer,' policing practices, including patrolling areas around OPS and implementing red zones, continued to impede OPS access, particularly for participants who had area restrictions. This retention of social-spatial practices, despite the constant surveillance of the same zone, was viewed as imperative to reduce drug- and health-related harms for participants.

Discussion

Although established within the existing social-spatial practices of PWUD in the neighborhood, ongoing 'revitalization' efforts intersected with law enforcement measures re/making space in ways that created barriers to needed harm reduction services for participants. Given participants' structural vulnerability, including factors such as housing instability, types of work (e.g. sex work, drug dealing), and involvement in the street-based drug scene, they were more susceptible to placed-based policing practices. In particular, increased visibility of law enforcement and surveillance undertaken in the same areas as OPS discouraged participants from engaging in the street-based drug scene and incited fears of arrest. As such, despite OPS serving as safer environments to consume drugs amid an overdose crisis, drug-scene policing practices (e.g. neighborhood sweeps, foot patrol) created barriers to engagement for many participants, reinforcing their structural vulnerability and increasing their risk of drug-related harm.

Other research has highlighted how despite supervised consumption sites (SCS) providing a safer place to use drugs away from police (Fairbairn, Small, Shannon, Wood & Kerr, 2008; McNeil, Small, Lampkin, Shannon & Kerr, 2014; Small, Moore, Shoveller, Wood & Kerr, 2012), policing around SCS and other harm reduction services can impede access and reduce PWUD's ability to engage in risk reduction practices (Cooper et al., 2005; Kerr, Oleson, Tyndall, Montaner, & Wood, 2005; Kimber & Dolan, 2007; Petrar et al., 2007; Werb et al., 2008). This study expands on these findings by highlighting how the process of gentrification led to evolving expectations and influence on space by new occupants (i.e. business and condo owners, visitors), which was operationalized through the mobilization of police against existing residents, and specifically, PWUD. Of note, condo owners filed complaints with the Vancouver Police Department (VPD), requesting additional officers be deployed to address crime, street disorder, and public safety in the Downtown Eastside (Rabinovitch, 2018). As documented, this included place-based policing practices and surveillance – as well as “above minimal staffing levels” in the Downtown Eastside (Rabinovitch, 2018, p.5) – which directly interfered with an emergency public health response in ways that can increase drug- and overdose-related risk for PWUD. Importantly, community activists, drug user-led organizations, and public health officials pushed for the rapid implementation of OPS in the Downtown Eastside neighborhood (Boyd et al., 2018; Collins, Bluthenthal et al., 2018), thereby creating safer neighborhood conditions for PWUD to use. However, as gentrification is occurring within the same areas as OPS, the shifting population risks undermining life-saving interventions by influencing policing. Unlike other forms of urban policing (e.g. ‘broken windows’ policing) (Beckett & Herbert, 2008), these findings demonstrate a form of place-based policing that is driven by gentrification, instigated by newcomer residents, visitors, and business owners, and thereby aligned with more longstanding and emerging police practices targeting PWUD even amidst an overdose crisis. Significantly, policing efforts that reinforced displacement in the Downtown Eastside neighborhood necessitated a renegotiation of participants’ daily social-spatial practices that often included more clandestine drug use that exacerbated risk as provincially-supported overdose prevention interventions were made inaccessible. As such, place-based policing within this setting was found to increase risk of overdose and other drug-related harms for PWUD as it required them to use in less visible areas (e.g. alleyways, single room accommodations).

In line with previous research on the impact of policing strategies on health outcomes (Bohnert et al., 2011; Cooper et al., 2005; Davis et al., 2005; Friedman et al., 2006; Markwick et al., 2015; McNeil et al., 2015; Small et al., 2006; Werb et al., 2011) and engagement with SCS (Kerr, Oleson et al., 2005), our findings highlight how policing mechanisms designed to promote safety can inadvertently intensify harms for PWUD. Similar outcomes were highlighted in previous research, as PWUD sought to evade police surveillance occurring in and around a SCS in Vancouver (Kerr, Oleson et al., 2005). Our research illustrates how place-based policing practices within the epicenter of the province's overdose crisis can exacerbate the overdose-related risks and harms faced by structurally vulnerable PWUD as they feared arrest in particular spaces, thus limiting the effectiveness of harm reduction interventions.

The increase in police surveillance experienced within the Downtown Eastside was implemented to increase neighborhood safety (Rabinovitch, 2018; Vancouver Police Department, 2018a). However, this study has illustrated the unintended consequences of visible police presence within the drug scene, as it represents a threat to participants aiming to access OPS, and thus alters where they consume drugs. Such implications can increase risk of harms for PWUD and limit the coverage of OPS. Despite the VPD's open support of evidence-based harm reduction (Vancouver Police Department, 2006b), our findings underscore how police efforts to increase neighborhood safety reinforce the marginalization of PWUD in the same neighborhood as they sought to

avoid police. The scope of policing in the Downtown Eastside under the Beat Enforcement Team (BET) (i.e. targeted police force in the Downtown Eastside neighborhood) compared to other policing districts in Vancouver, further illustrates how particular populations are targeted. For example, from 2008 to 2014, there were 4301 recorded municipal bylaw infractions (e.g. street vending, public urination) in the Downtown Eastside, compared to 2448 elsewhere in Vancouver (Vancouver Police Department, 2015). Moreover, Indigenous and racialized persons, particularly Indigenous women, are disproportionately impacted by street checks (i.e. the stopping, questioning, and recording individuals when no specific offense is being investigated) (Vancouver Police Department, 2018b). Such racialized policing practices may partially explain disparities in overdose deaths within the local context, in which Indigenous persons are the most impacted (First Nations Health Authority, 2017). Given these diverse ways in which particular populations are targeted by policing efforts in Vancouver, and despite the VPD's stated support of harm reduction, people will remain fearful of police interactions so long as drugs remain criminalized and other forms of policing and surveillance are deployed in ways that disproportionately target PWUD. As such, it is critical to rethink place-based policing practices as these can directly interfere with evidence-based harm reduction services aimed at addressing an overdose crisis.

Given these factors, this research suggests a reconfiguration of urban policing, in which socio-legal and spatial forms of urban control (e.g. area restrictions, gentrification, police surveillance) (Beckett & Herbert, 2008; Foucault, 1991; Merry, 2001; Sylvestre et al., 2015) both intersect with and impact upon a public health emergency and responses. This is particularly problematic given that ‘disciplining’ strategies (e.g. surveillance) are implemented in such a way – and in such a space – that they not only reinforce the marginalization and structural vulnerability of PWUD, but increase their risk of morbidity and mortality by frequently rendering OPS inaccessible. While research has illustrated similar contemporary approaches to policing urban spaces elsewhere (e.g. Bancroft, 2012; Draus, Roddy & Asabigi, 2015; Pennay, Manton & Savic, 2014), this research highlights how place-based policing tactics still persist even within a public health emergency. As such, this research illustrates how many participants must continuously negotiate a risk of arrest or a risk of overdosing alone, and how such tension is exacerbated for individuals who have current area restrictions or outstanding warrants. Although previous research has demonstrated that public health and police partnerships can be beneficial in connecting PWUD with harm reduction services (DeBeck et al., 2008), our research illustrates that such practices undermine the ability for PWUD to engage in risk reduction amid a public health crisis. There is thus an urgent need to abandon place-based policing practices utilized within street-based drug scene settings.

As participant narratives demonstrated efforts to undermine these overlapping practices by remaking space, there remains a need to revisit law enforcement strategies, including the discontinuation of red zones and ending police surveillance near OPS, so as to increase accessibility of OPS for PWUD and decrease risk of harm. In particular, participants’ accounts underscore the urgent need to decriminalize drug use as the risk of punitive repercussions weakens the effectiveness of public health interventions. In 2017, 72% of drug-related arrests in Canada were for personal possession of criminalized drugs (e.g. opioids, heroin) (Boyd, 2018; Statistics Canada, 2018) and, even as the VPD has stated publicly that arrest for possession is not a priority (Lupick, 2019), there was a slight increase in drug-related arrests in Vancouver (297 as of September 2018) (BC Coroners Service, 2018; Boyd, 2018). Importantly, these statistics still fail to capture the scope of policing in relation to PWUD, as documented in our study (e.g. red zoning, street checks, warrant searches). Such patterns further underscore the need to decriminalize drug use and possession, and shift resources away from policing efforts to areas more likely to reduce the unprecedented harms of the overdose crisis (e.g. harm reduction services, housing). This can

be further substantiated by revising the Good Samaritan Act to provide adequate legal protection for individuals who call emergency services during an overdose event who have an outstanding warrant (Good Samaritan Drug Overdose Act, 2017). Given the heavy police presence in the Downtown Eastside neighborhood, there remains an ongoing risk of police being at the scene of an overdose. In these cases, we recommend police not get involved – including, not running warrants, arresting, or searching individuals – unless it is to administer naloxone. While this research is specific to Vancouver, the harmful impacts of policing in drug economies has also been established in other settings (Beletsky et al., 2014; Davis et al., 2005; Hayashi, Small, Csete, Hattirat & Kerr, 2013; Maher & Dixon, 2001; Rhodes et al., 2006; Werb et al., 2011). As such, our findings may be applicable to other urban areas with street-based drug scenes working to establish overdose prevention interventions.

This study has several limitations that should be noted. Firstly, this study includes data from four OPS that were established at the start of this study. As such, findings may not be representative of experiences in and around other OPS that have since been implemented. Additionally, transgender and two-spirit persons were underrepresented in this study, and thus findings may not be representative of their experiences. Because participants were recruited directly from OPS, the experiences of PWUD who were red zoned from the neighborhood are likely not fully represented.

Despite these limitations, this study furthers our understandings of how street-based drug scene policing practices can re/make space in ways that increase experiences of harm for PWUD. Similar to previous research (Wallace, 1988, 1990), this work underscores how the political economy of the city can exacerbate the health- and drug-related outcomes experienced by PWUD. Moreover, these findings add to the literature on policing in areas being ‘revitalized’ (e.g. Smith, 1996; Wacquant, 2007) to demonstrate how law enforcement practices working alongside gentrification efforts can undermine the implementation of needed health and ancillary services for PWUD. Considering how surveillance and policing in spaces that overlap with harm reduction services may contribute to additional risks for PWUD amid an overdose crisis is essential. However, abandoning urban control strategies that undermine the effectiveness of evidence-based interventions, including drug scene surveillance, area restrictions, and drug criminalization, are critical to addressing the overdose crisis in a more effective way.

Declaration of Competing Interest

We declare no conflicts of interest.

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