





## Confiscations, public health obstructions, and perpetual displacement: Experiences and perspectives on urban law enforcement practices during a period of “recriminalization” among people who use criminalized drugs

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### ARTICLE INFO

#### Keywords:

Public health  
Police  
Decriminalization  
Housing crisis  
Toxic drug  
CBPAR  
Social determinants

### ABSTRACT

**Background:** People and communities in Vancouver, British Columbia (BC) have been profoundly impacted by the toxic drug crisis, which has driven a province-wide public health emergency since 2016. In 2023, BC implemented a “Decriminalization Pilot,” which temporarily removed criminal sanctions for the possession of small amounts of certain substances. In May 2024, the Decriminalization Pilot was amended to exclude its application in almost any urban outdoor space; a reform colloquially referred to as “Recriminalization.” This study sought to address gaps in understanding how law enforcement practices towards people who use criminalized drugs may have changed during the Decriminalization Pilot and subsequent Recriminalization periods.

**Methods:** We undertook a community-based, qualitative study. We conducted 21 interviews with people who use criminalized drugs and who interacted with law enforcement in Vancouver between January and May 2025. We employed combined reflexive thematic and interpretative phenomenological analyses.

**Results:** We derived five main themes: 1) confusion over the Decriminalization Pilot; 2) selective enforcement and pervasiveness of policing; 3) police interference with overdose response and other public health interventions; 4) seizures of belongings, including government-supplied resources; and 5) displacement from public space.

**Conclusion:** Our findings illustrate how harmful law enforcement practices that target people who use criminalized drugs, particularly those relying on public spaces for survival, persisted during the evolving drug policy periods. Together, these law enforcement practices along with the lack of understanding regarding the shifting Decriminalization Pilot, may have undermined the potential success of a policy dedicated to decriminalizing drug possession in BC.

### Background

Prohibitionist approaches to drug use, possession, cultivation and sales continue to achieve a near global consensus in practice (Bridge, 2025). Despite the international persistence of drug prohibition, critical research has elucidated a myriad of ways these policy approaches

generate significant and varying forms of violence and public health harms around the world. Broadly, these impacts enable the inconsistent quality of the criminalized drug supply (Gonzalez-Nieto et al., 2025; Beletsky & Davis, 2017); the violence that regulates the extralegal drug market (Csete et al., 2016); and significant expansions of law enforcement, private security, prisons, military and societal paramilitarization

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<https://doi.org/10.1016/j.drugpo.2026.105196>

Available online 14 February 2026

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in the name of managing the drug trade (Worrall, 2001).

The city of Vancouver, British Columbia (BC), Canada is one region where prohibitionist drug policies have driven significant violence and public health harm (Boyd, 2021; Carstairs, 2006). The city has been part of overdose emergencies in 1998 and 2016, declared by the local health governance body and the provincial government, respectively (McNulty, 1998; Provincial Health Officer, 2016). The latter emergency remains active as of January 2026 (Woo, 2026). The drug poisoning death rate remained above 45 people per 100,000 per year in BC in 2024, and was the leading cause of death among people aged 10–59 (BC Coroners Service, 2024). The devastating death rate is far from the only negative impact of the criminalized toxic drug supply, which has been linked to other structural violence in the city. Examples of the latter include gendered violence, such as assault and increased experiences of theft linked to prolonged periods of diminished consciousness, based partly on the integration of sedatives into the local drug supply (McDermid et al., 2026; Speed et al., 2025a; Swaich et al., 2026).

On 31 January 2023, the province of BC enacted a public policy shift, which it labeled a “decriminalization framework,” (hereafter, the “Decriminalization Pilot”) as part of its response to the emergency in an acknowledgement of the harm to which prohibitionist drug policies contribute to (Ministry of Mental Health & Addictions, 2021; Xavier et al., 2024). The BC government’s stated goals for the Decriminalization Pilot included an aim “to shift people who use drugs away from the criminal justice system and towards health and social supports” (Ministry of Mental Health and Addiction, 2023a, p. 15). The Decriminalization Pilot was granted by the federal government, who approved the province of BC’s request for a section 56(1) exemption from the nationwide *Controlled Drug and Substances Act*, as a three-year policy pilot (Health Canada, 2022). Under this exemption, BC became the first jurisdiction under Canadian law to remove criminal sanctions for the personal possession of opioids, crack and powdered cocaine, methamphetamine, and MDMA in cases where the total amount possessed by an individual was a combined 2.5 g or less among people aged 18 years or older. There were also spatial limitations, which originally included airports, coast guard vessels, motor vehicles, childcare and school premises, and were expanded in September 2023 to include playgrounds, wading or spray pools, and/or skateparks (Michaud et al., 2024a).

There is no singular or unified model of “decriminalization” (Greer et al., 2022). BC shaped their model for the Decriminalization Pilot in a way that preserved some police discretion. Under the Decriminalization Pilot, police retained the same level of authority to arrest and recommend charges for intent to purchase or sell/traffic drugs, and criminal laws surrounding cultivation and production of drugs remained unchanged. Further, the Decriminalization Pilot did not eliminate criminal charges for simple possession altogether. Instead, BC opted for a threshold model. The threshold was set at a “decriminalized” cumulative total of 2.5 g across all included drugs. For this reason, the Decriminalization Pilot drew wide and profound criticism even before it was implemented. Many of these criticisms came from the same groups who had originally called for the decriminalization of drugs, including legal experts, Indigenous leadership, and people who use drugs. These groups represented communities set to be most impacted by the changes (BC Association of Aboriginal Friendship Centres & Centre for Substance Use, 2021; Shahid & Neufeld, 2025; Vancouver Area Network of Drug Users, 2021; Xavier et al., 2022). These groups shared concerns that the Decriminalization Pilot’s formulation, including the 2.5 g threshold, was centered on law enforcement objectives, input and acceptance (Canadian Press, 2022; Fisher & Singh Kelsall, 2023; Michaud et al., 2024a). The threshold also did not reflect existing purchasing patterns (McAdam, 2022; McAdam et al., 2023). Critics anticipated that the 2.5 g would continue to prompt police scrutiny of individuals suspected of drug possession, thereby undermining the intent of decriminalization (Canadian Drug Policy Coalition, 2022; McAdam, 2022; Michaud et al., 2024a).

Research conducted prior to the Decriminalization Pilot has found

numerous examples of law enforcement practices that exacerbate public health harms linked to the criminalized drug supply in Vancouver. This includes the practice of confiscating drugs without arrest, which are able to be conducted in part due to the wide discretion and power that police have over people who use and/or possess drugs (Ti et al., 2014; Hayashi et al., 2023; Werb et al., 2008). Also among these practices is the confiscation of other personal belongings, such as sterile drug use equipment and medication, during daily ‘street sweeps’ (Eren et al., 2025; Houle, 2023, 2024; Mokhtari et al., 2025). Street sweeps “typically involve city engineering workers and park rangers...accompanied by police officers, clearing sidewalks and parks of makeshift residences and personal belongings” (Eren et al., 2025, p. 2). The seizures of belongings during street sweeps have been significantly associated with experiences of overdose in Vancouver (Eren et al., 2025), as has involuntary displacement in other regions (Barocas et al., 2023).

What remains unclear is whether these types of public health harms shifted under the Decriminalization Pilot. Notably, the interlinking between law enforcement, the Ministry of Mental Health and Addictions, and local health authorities was bolstered through \$12.4 million (CAD) in funding over three years toward liaison staff roles to work between the three types of governmental organizations (Ministry of Mental Health & Addictions, 2023b; Michaud et al., 2024a). Law enforcement officers were empowered with the ability to provide resource/referral cards through the Decriminalization Pilot (Ministry of Mental Health & Addictions, 2023b). Police officers across BC were reminded of their discretionary power during the uniform, province-wide officer training on the Decriminalization Pilot (Ministry of Mental Health & Addictions, 2023c). The police officer training developed by the Ministry of Mental Health & Addictions (2023c) for the Decriminalization Pilot outlined a combination of both reducing some forms of criminalization, while also shifting toward others. For example, the training informed police officers that “enforcement related to public consumption of illegal substances listed” within the Decriminalization Pilot would fall under city-level bylaws and provincial trespassing legislation to “remove people” from both public and private premises (Ministry of Mental Health & Addictions, 2023c, p. 28). The original training goes on to say that, “Although you may not have the arrest, search and seizures authorities...it is important to remember that trafficking remains an offence, and depending on the circumstances, other avenues of enforcement may be available, which include the *Trespass Act*, Municipal Bylaws, *Liquor Control and Licensing Act*, and other *Criminal Code* offences.” (Ministry of Mental Health & Addictions, 2023c, p. 29). Collectively, these developments raise concern regarding a potential shift or increase in criminal justice involvement among people who use drugs, despite the stated goals of the Decriminalization Pilot.

In May 2024, 15 months after the Decriminalization Pilot was implemented, it was reformed nearly out of existence through a major amendment (Health Canada, 2024). This amendment – colloquially referred to as “Recriminalization” (Ahmad, 2024; Impact Abbotsford, 2024) – occurred during a time of heightened moral panic that conflated substance use with public disorder (Michaud et al., 2024b), even though there was an “absence of empirical evidence linking decriminalization” to disorder (Ali, Chellew Paternostro et al., 2026, p. 12). In brief, Recriminalization narrowed the Decriminalization Pilot’s application to only include private, indoor spaces, with limited exemptions for some healthcare settings and some strict forms of outdoor sheltering (Health Canada, 2024; Speed et al., 2025b). Additionally, at the same time that the Decriminalization Pilot was implemented, a number of cities and towns in BC imposed new bylaws that regulated the use of public space. This created differential applications of the pilot across the province, measures that remain unclear, and may have contributed to limiting the Decriminalization Pilot’s impacts.

Recriminalization re-exposed people in public space to criminalization at the same time that symptoms of the local housing crisis worsened substantially in Vancouver (Caspersen & D’Souza, 2025). For example, the number of people living without shelter in the city increased by 28.3

% in the five years between the 2020 and 2025 counts (Caspersen & D'Souza, 2025; Homelessness Services Association of BC, 2023). Moreover, past research has indicated that the quality of social assistance rate housing in Vancouver is often substandard or structurally dangerous (Beaumont, 2025; Fleming et al., 2019), which can compel people to spend periods living outdoors even if technically considered to be “sheltered” (Collins et al., 2018; Houle, 2023, 2024). Meanwhile, daytime sheltering remains criminalized in Vancouver through two main municipal bylaws that work in tandem to ensure sheltering outdoors is prohibited between 8am and “dusk” (Roy et al., n.d.). Additionally, past research has shown that the odds of an overdose becoming fatal (vs nonfatal) can be higher when using indoors, rather than publicly (Wallace et al., 2018); and the BC Supreme Court has recognized outdoor drug use as a potential survival strategy during the public health emergency (Harm Reduction Nurses Association v. British Columbia, 2023).

One healthcare setting where protections for possession continued to exist during the Recriminalization period were sanctioned supervised consumption sites (SCS) and overdose prevention sites (OPS) across BC. SCS and OPS are facilities where trained staff can respond if someone experiences an overdose (Pivot Legal, n.d.; Surrey Union of Drug Users Research Committee, 2024), which comprise another component of governments' response to the toxic drug crisis. However, Recriminalization began just four months after BC's Minister of Public Safety acknowledged in a statement that, “vulnerable and/or unhoused people often do not have many reasonable options for places to consume drugs, particularly in places that do not yet have adequate overdose prevention services, and our government is exploring how the regulations may address” the issue (Johal, 2023, para. 34). This is especially notable in a context where people living outside are increasingly dying from drug poisonings in BC (Public Safety and Solicitor General, 2023).

Drastic changes in public policy related to drug use and the worsening dual toxic drug and housing crises have occurred simultaneously in Vancouver, and there remains a gap in understanding street-level law enforcement activities towards people who use drugs in this setting, particularly during the Recriminalization period. For these reasons, our study focuses on how law enforcement practices towards people who use criminalized drugs may have changed during the original Decriminalization pilot and subsequent Recriminalization period. Our study explores perspectives on law enforcement interactions among people who had recently used criminalized drugs in Vancouver during the Recriminalization period, which was one criteria for participation. Importantly, our study explores impacts of the policy change by focusing on perceived behavioural and practice shifts of those who implement it at the street-level – i.e., the law enforcement officers who enforced Recriminalization. This differs from the limited qualitative research with people who use drugs during the decriminalization period, which, as of 1 January 2026, has focused primarily on the behavioural shifts of the people who endure criminalization (Ali, Mende-Gibson et al., 2025). A previous study conducted by Russell et al. (2025) and report by Wood et al. (2024) have examined policing practices under the Decriminalization Pilot in the time period *prior* to Recriminalization, and neither were limited to the geographies where policing is most intensified. Our study explores the experiences and perspectives on BC's Decriminalization Pilot and subsequent Recriminalization period among one community particularly impacted by the criminalization of drugs. We bring attention to the role(s) of law enforcement within the pilot, which may also hold applicability for other urban settings considering shifts away from the criminalization of drug consumption and possession with comparable sociolegal norms.

## Methods

### *The P.O.W.E.R. project*

Launched in July 2024, Police Oversight with Evidence and Research

(P.O.W.E.R.) is a 19-member group led by people who use drugs (who comprise a majority of the group). P.O.W.E.R. conducts street outreach and operates a storefront drop-in space multiple times per week, primarily in the Downtown Eastside (DTES) community, where individuals can formally and informally report details about their interactions with law enforcement within the city of Vancouver. Membership within P.O.W.E.R. was originally exclusive to people with membership within the Vancouver Area Network of Drug Users and/or Western Aboriginal Harm Reduction Society, who continue to make up a majority of the membership at the time of this writing. The DTES is “a community characterized in part as a neighborhood where residents build informal networks of care in the face of organized abandonment” (Singh Kelsall et al., 2023, p. 4). In the DTES, the negative impacts from the drug toxicity and housing crises have been particularly severe. Within the DTES, people die of overdoses/drug poisonings at approximately 12 times the rate of the province and 27 times that of Canada (Nyx & Kalicum, 2024); and still, the odds of an overdose becoming fatal (compared to nonfatal) have been measured as being lower in the DTES compared to other regions in BC, potentially due to the increased access to harm reduction services/responses (Hu et al., 2022). The DTES is the neighbourhood in the city where street-level police activity is most concentrated (Fleming et al., 2025). P.O.W.E.R. maintains a community-based police incident reporting system in the DTES. During incident reporting, P.O.W.E.R. members also inquire about participants' desire to be involved with research. In addition to outreach and drop-in work, P.O.W.E.R. has a weekly two-hour meeting dedicated to compiling and discussing collected data and information, community updates, potential social action, and strategic direction.

### *Participant recruitment and data collection*

Participant recruitment for this study was conducted as part of the P.O.W.E.R. project described above. Each participant in this study was recruited by the P.O.W.E.R. membership via peer-to-peer street outreach. Eligibility criteria for the current study included having used criminalized drugs in the past six months and also having experienced a law enforcement interaction in the same timeframe, within the city limits of Vancouver at the time of interview; and being at least 18 years of age. Our study employed purposive sampling methods. Recruitment was followed by screening for eligibility and interest in participation during community-based reporting on interactions with law enforcement. Participants were provided with a \$40 honorarium upon completion of a qualitative interview; and written consent was obtained from each participant prior. For the duration of this study, the membership of P.O.W.E.R. was paid \$30 per hour on a task-by-task basis, this is based on a payment guidance framework developed by the local public health authority (and is the equivalent to the local living wage plus 7.5 % percent in place of normative workplace benefits). This study has ethics approval from Simon Fraser University's Research Ethics Board (#H23-01,503). A comprehensive description of P.O.W.E.R.'s day-to-day operation is forthcoming (Singh Kelsall, Beatrice et al., 2026).

The present study draws on 21 semi-structured interviews that were conducted between January and May 2025, using an interview guide developed in tandem between the P.O.W.E.R. membership, academic researchers and one lawyer. This analysis focuses on the two first sections of our interview guide: a) understanding of B.C.'s Decriminalization Pilot and Recriminalization; and b) detailing experiences and impacts of recent law enforcement interactions.

### *Analysis*

Interviews were transcribed and de-identified prior to being imported into NVivo 14, a standard qualitative data management and coding software program (Mortelmans, 2025). Our analysis employed both inductive and deductive approaches to coding, drawing on

principles of reflexive thematic analysis (RTA) and to a lesser extent, interpretative phenomenological analysis (IPA) as outlined by Braun and Clarke (2020, 2022). IPA principles include meaning-making of participant experience through its “own terms” above the “personal proclivities of the researcher” (Smith, 2017, p. 303). In the case of our study, IPA coding methods were employed in that each individual interview was given particular focus prior to coding and developing themes across interviews, the latter of which is more standard practice in RTA methods (Braun & Clarke, 2020, p. 41). Analysis and validation was informed by P.O.W.E.R. members during weekly steering meetings. This layered process followed principles of RTA by having researchers individually and communally reflect on our values, while also integrating guidance posited by Lawless and Chen (2019) that researchers should interrogate *why* specific repetition occurs, and whether leaving these causes unaddressed in coding may lead to analytical saturation that reproduces social inequities (i.e., not taking repetition for granted during coding). As the original interview guide was developed with features of IPA in mind, parts of our analysis lent themselves more easily to inductive coding approaches, particularly queries and probing/follow-up questions regarding the Decriminalization Pilot, where low levels of familiarity, but diverse perceptions of the framework were captured. In short, our themes were derived through thematic saturation, and subsequently presented with some descriptive detail to contextualize meaning and value through participant voices (Thorne, 2016).

Interviews were conducted by TSK, JM and KAS, which contributed to authors’ familiarity with the data. Initial line-by-line coding was conducted by TSK and KAS. Secondary coding was conducted during regular weekly meetings between KAS, JM, TSK, MB, SM, PH, KM, and the remainder of the P.O.W.E.R. membership. Ad-hoc meetings between academic/research experts KH and JB with the P.O.W.E.R. membership took place to ensure rigour and reliability of findings; KRS attended some of the weekly meetings as part of the validation process, and to offer critical feedback. Drug policy expert and lawyer CS supported TSK, KH, JB, KAS, TK and P.O.W.E.R. in co-developing the interview guide to ensure considerations of legal frameworks; TSK, CS, KAS, and JM conceptualized and wrote the first draft of the manuscript. If there were conflicts between the themes and/or coding, this was discussed until consensus was achieved between all researchers and the P.O.W.E.R. membership. Supervisory, editing and review of the manuscript was provided by public health researcher TK. Our findings included five overarching themes.

## Findings

In total, 13 of 21 participants in our study were men; 11 participants were 51 or more years old; eight participants identified as Indigenous, while six of the participants who identified as Indigenous were First Nations people. Table 1 displays self-reported participant demographics. Additionally, 20 out of 21 of participants reported use of at least one of the drugs included in the Decriminalization Pilot in the past six months at the time of interview: 15 participants reported use of opioids, 13 participants used methamphetamine (with 12 reporting use of both), while four people reported use of crack or cocaine, two of whom did not use opioids or methamphetamine. One participant did not specify which criminalized drug they consumed. Ten participants reported homelessness, and among those participants, six reported staying outdoors, while four were staying inside a temporary shelter.

A range of interactions with law enforcement personnel was reported, as were various associated impacts. Below, our findings are presented in accordance with the following themes: 1) confusion over the Decriminalization Pilot; 2) selective enforcement and the pervasiveness of policing in the Downtown Eastside; 3) police interference with overdose response and public health interventions; 4) seizures of personal property and government-issued supplies and resources; and 5) displacement from public space.

**Table 1**  
Participant demographics.

Participant demographics.	
Total participants	n = 21
Demographics	n
<i>Gender</i>	
Man	13
Woman	7
Trans or non-binary	0
Two-spirit	0
Other/no answer	1
<i>Age</i>	
51+	11
40 - 50	4
30 - 39	2
20 - 29	1
No answer	3
<i>DTEs resident</i>	
Yes	20
No	1
<i>Indigenous identity</i>	
Indigenous	8
First Nations	6
Non-Indigenous	10
No answer	3
<i>Housing status</i>	
No housing, unsheltered	6
No housing, staying in a shelter	4
Supportive housing or single room occupancy	10
Other housing type/no answer	1

*Confusion over the decriminalization pilot: “They made it legal and illegal in the same year.”*

Participants in our study reported considerable uncertainty regarding both the original Decriminalization Pilot and subsequent Recriminalization period. Participants overwhelmingly indicated that they did not understand the shifting Decriminalization Pilot, nor its workings or applicability, as demonstrated by Participant #5, who said: “What does that mean? Decrim...I don’t even know what that is.” A number of participants provided similar answers, for example:

“So decriminalization is what again...They took it [decriminalization] away, though, right?” (Participant #15)

“[Decriminalization] never did anything to improve it [policing], didn’t do anything to worsen it, just didn’t do anything at all. Just all they did was turn around and make it illegal again right after.” (Participant #17)

“They made it [drug possession] legal and illegal in the same year.” (Participant #4)

Confusion over the policy limited explicit discussions centered on the specifics of the Decriminalization Pilot and Recriminalization amendment. Participant #2 did expand on how this lack of clarity about Recriminalization impacted their substance use patterns and compelled them to adapt to the new uncertain methods of criminalization and to manage adverse impacts alone, in isolated areas:

“I was familiar with it, but since it’s changed all of a sudden, I’m not so familiar with it. All I know now is that the safety that I thought we had has been taken away and I don’t know what the consequences are or what the law is on it. I know nothing about that...I’m [now] unable to use publicly without fear of being arrested or, you know, robbed. I’ve been doing really good at cutting down and stretching out the amount of drugs that I do use in a day instead of just doing as much as I can and then dealing with life as it comes. I’m trying to, well I have cut down quite a bit and then I just use the little that I can afford to get and I stretch it out over long periods of time...even by ducking in the alley, the police could come up at any time and then I lose what little I have and what I need to stretch out so that I’m not sick through the day and night.”

The participant expressed risks of coerced withdrawal through a

constant fear of confiscation or arrest by police officers.

#### *Selective enforcement against people who use drugs and the pervasiveness of policing in the downtown eastside*

Interwoven throughout the interviews was an overwhelming perspective from participants that individuals who reside and/or spend time in the DTES community continued to disproportionately experience the brunt or “sharp end” of police discretion as compared to other Vancouver residents. One participant compared the DTES to a minimum-security prison on account of the pervasiveness of law enforcement, speaking directly to the logics of carcerality undergirding the management of the neighbourhood:

*“The cops are always circling, you know, always circling, there’s a lot of them. You’d be amazed, I always refer to the Lower Eastside, and I talk to a lot of people, I say, “Welcome to our minimum-security setting.” You know, it’s, like, there’s a guard on every corner, we’re all in single cells... [the DTES] just feels very much like a very minimum-security. Like, I did eight years, and I worked my way from a high-medium to a minimum-security inmate.”* (Participant #17)

Another participant shared a similar sentiment:

*“There seems to always be a [police] car parked on every block, or at least, you know, a situation happening...there just seems to be police everywhere that you just can’t escape it.”* (Participant #2)

One participant described perceiving an increase in police presence during the Recriminalization period, and their sense of police omnipresence in the DTES:

*“The extra police presence that are out there now...if you asked the people or surveyed people in the neighbourhood [the DTES], do you feel safer? Like, my prediction, I would say no, like, people probably feel less safe, because...they’re literally being harassed in ways that our rights say we’re not supposed to be. If you’re not doing anything wrong and nothing has been witnessed, you’re not supposed to be, one, you know, approached or have to answer questions. And, it’s literally, you can watch police just going from one person to the next in a row, like, and it’s just so demeaning.”* (Participant #18)

The pervasiveness of law enforcement and carceral logics in the DTES has led to some residents having normalized the mistreatment of DTES residents by law enforcement:

*“We expect it. It’s actually normal...even my friends who live down here, who know it’s unfair.”* (Participant #7)

Some participants perceived that law enforcement efforts were particularly focused on people living in visible poverty (e.g., residing in an encampment). As described by Participant #1, the specific policing of people living in visible poverty revealed the social inequities of discretionary policing:

*“Like they [bylaw and police officers] were very focused on the ones [bylaws] that let them fuck with us, basically. There is another bylaw that is posted there [near the encampment]...about the dogs on the playground. Dogs on or off leash [can’t be] 15 m from the playground... They’ve never once hassled anybody about that. I wouldn’t care personally either...But there was dogs on the playground all the time. You think they cared?”*

Participants described alternative ways in which police officers would generate grounds to start an interaction other than for reasons related to simple possession. This shows another way that people who use or possess drugs experience criminalization in the DTES, which the Decriminalization Pilot would not have addressed. Participant #17 described how VPD officers employed trafficking as a cause to search him near a main intersection in the neighbourhood during the Recriminalization Period.

*“They [VPD officers] can creep up on you, you know...you don’t see them moving until they’re standing by you...He [a friend] came over and he passed me my candy, clearly opening, like, obviously hand-to-hand-to-hand of a baggy, which had candy in it, of course, and some money at the same time, right, the change from the \$10 [given to the friend to purchase candy]. They [a VPD officer] was like, “Well, you did a hand-to-hand with this person.” And I was, like, “No”... My friend came out and gave me change and some candy. See, look at it, see, candy, change. No, you can’t search me.”*

During the weekly P.O.W.E.R. meetings, which are one component of the validation process of our study, one co-author (SM) described experiencing a very similar interaction with law enforcement in the past six months as Participant #17, adding to the validity of police potentially targeting people they consider or socially code to be “drug users.”

#### *Police interference with overdose response*

Five participants were queried about overdose response interference by law enforcement as a follow-up question in semi-structured interviews when and if this was relevant to the police interaction they were sharing. All of these participants expressed that police interference with overdose response was an ongoing issue. Participants spoke about police interference with public health interventions and overdose response in two primary ways. The first was in relation to the practice of police officers directly interfering with people attempting to respond to a person overdosing on the street. A majority of authors who contributed to this study are people who routinely respond to overdoses, use drugs and have lost numerous relations to the impacts of the ongoing public health emergency. In reflecting on the following two examples in our coding process, we found them to be particularly alarming.

One participant described this scenario in relation to their own attempt to respond to an overdose:

*“Columbia and Hastings and there is a little store there, okay. There is a guy here who is overdosing...clearly overdosing. So, there is somebody who has a Narcan kit and the cops are going he’s fine. And the guy is going, “I’m going to give him Narcan,” right. The other cop is going, “he’s fine.” I said I have a Narcan kit. And the cop said he’s fine. Quite clearly you’re not going to go through the line of cops. Pretty soon he stopped convulsing and died.”* (Participant #7)

Another participant described witnessing a similar example of overdose interference:

*“They [an assisting citizen] were on the phone with 911 [emergency services] and they were doing, you know, what the training teaches you to do, and they were about to administer another shot of Narcan and the police got there and told them to get off and to move off because the medics are there as well. But there was no ambulance there.”* (Participant #2)

Secondly, participants described policing presence near SCS/OPS, which in terms of policy, were still “decriminalized” facilities during Recriminalization. Participants shared that police maintained a presence outside SCS, thereby potentially deterring site use and accessibility for fear of criminalization. For example:

*“They try to make a presence felt that they’re there all the time. They always try to make that intimidation. I don’t know if that’s what they are trying to do, but it just feels like that’s what they’re trying to do.”* (Participant #2)

While the Decriminalization Pilot was developed under a purported overarching aim to improve the health and safety of people who use drugs amid a toxic drug crisis, this kind of interference was viewed by participants as potential acts of targeted violence towards people who use drugs.

*“They stole everything from the donation tent:” impacts of law enforcement seizures*

One commonly reported law enforcement activity that persisted throughout the Decriminalization Pilot and subsequent Recriminalization period, which participants perceived as especially harmful, was the seizure of personal belongings by various law enforcement actors, including by VPD officers, city engineering department staff, and park rangers. The context in which these seizures occurred was wide-ranging, in both individual and group settings. In an example of the former, one participant described how VPD officers would repeatedly raid and empty the food and clothing donation tent at the homeless encampment where they resided:

*“They [VPD and city workers] stole everything from the donation tent. We had a donation tent and it was a joke, basically...the donation tent, it doesn't matter what we put in there, they stole it every time.”* (Participant #1)

Participants described police seizing a spectrum of items that overwhelmingly included those critical for battling isolation and/or food insecurity, and therefore potentially exacerbating risk for overdose among people who use drugs. These belongings included cell phones, sentimental belongings, identification, workplace tools, cash, drugs, mobility aids, and a cellphone sim card. This exhibits one way that police continued to violently penalize and can exacerbate difficult circumstances for people who use drugs amid intersecting housing and toxic drug crises.

Participants described the counter-productive practice where police officers confiscated their belongings distributed by public service, public health and/or healthcare workers. For instance, participants outlined the confiscation of harm reduction gear, such as sterile syringes, likely distributed by a publicly funded health service. Moreover, other seized items, such as identification, would require engaging with government services to replace. One participant described how during the Recriminalization period, he had both his drugs and harm reduction gear seized:

*“My dope [was seized by police]. I don't do needles...but [police took] my pipes, and they take everything, you know, my whole bags.”* (Participant #8)

Participant #2 shared the impact of a police seizure on his ability to stay connected with his family and community:

*“I have a chip [phone sim card] in there and I'm using that to be responsible and so that people can get a hold of me, and I can get a hold of people, and talk to, like, my mother for instance.”*

P.O.W.E.R. members noted that law enforcement officers often make negative assumptions regarding DTES residents' possession and use of everyday belongings, including ordinary tools, such as pliers or a hammer. P.O.W.E.R. members perceived that these tools are often viewed differently (e.g., nefariously) in the DTES compared to other Vancouver neighbourhoods. For example, they are often confiscated after being deemed ‘weapons’ or accessories to crimes by police officers. Participant #8 outlined their experience:

*“Like I'm a tradesman, so I always have tools, and any time they dump my bags out, I have tools, and they take my tools from me...You know, one pair of pliers cost me \$55[CAD].”*

Participants perceived that many of their law enforcement interactions were likely undocumented. For example, Participant #8 bluntly stated “No.” when asked, “And do they ever give you, like, a charge or paperwork or anything?” Other participants also described experiencing undocumented seizures, and the lack of recourse to retrieve their belongings or dispute the occurrence.

*“I can ask for my money back, I can ask for these things back, but when they don't charge me and they don't give me a ticket and I don't have anything like that, I have nothing to [provide proof]”* (Participant #17)

*“They take our money for sure. And they say that...we have this [money] from selling dope which is not true. We use it [our money] from our welfare cheque, but they don't care about that, they just take it all. And you can't get it back unless you have proof and no one [police officer] does that.”* (Participant #21)

One participant described how this lack of tracking by police officers may be part of a pattern by police officers to assert their power over people who use drugs in Vancouver.

*“I've had them go into my pocket and take something out, and be, like, you know, I told you we were right here...And then give you back the drugs or whatever that they and then let you know...it's their way of letting you know that they will and can do whatever they want...That's why they're not arresting you, that's why they're not making it official, or even taking your name down or anything because they know that what they're doing is not allowed, but they can do it and technically it is allowed because nothing happens.”* (Participant #18)

Participants repeatedly described the psychological distress of these seizures carried out by police, and expressed how it compounded their sense of powerlessness in the face of law enforcement coercion.

*“I'm afraid that while they steal my money and my drugs, a lot of them, when they're doing that, they get this sort of maybe this rush or this power trip feeling of being like a bully. And they get some sort of, maybe, some enjoyment out of watching someone's soul get crushed.”* (Participant #2)

*“You could have your things stolen by the police, you could be physically harmed, you could be just made to look like less of a human, anything. Like, you just don't know what's going to happen, and it's that uncertainty, I think, that really puts people on edge and makes this division of the police and the public. There's a reason why the public doesn't like the police...it's not just out of nowhere.”* (Participant #18)

One participant described a different type of loss of belongings stemming from a police interaction. Participant #4 described how she was taken to the city's holding cells, but was abruptly released without officers recommending charges. However, the officers who arrested her had left her wheelchair on the sidewalk at the scene of the arrest. Participant #4 then had to hold onto the wall outside for balance after she was released:

*“And then the next shift that came on they just let me go. Like I had to use the wall. I had to hold on to the wall just to walk to the bus stop.”*

*The violence of law enforcement-led displacement*

Participants detailed their experiences of displacement by law enforcement officers (along with the lack of spaces to shelter) through a framing of organized abandonment that was reinforced through methods of criminalization, particularly forced displacement. This continued to occur during the Recriminalization period, and one participant references a major displacement event that occurred in April 2023, during the period of the original Decriminalization Pilot. This represents a dynamic where limited protections against criminal charges for simple possession may not be adequate measures to “decriminalize” people who use drugs. Participants often described being displaced from public space with no direction of where to go next; nor any offer or suggestion of a safe or dignified area to live.

*“VPD was pushing us around a lot when we were camping places and stuff like that, and they kept pushing us around right, and it was very destructive, very belittling, and, um, frustrating. Couldn't set up camp*

anywhere or tent anywhere and you had to take it down, you know.” (Participant #17)

Participants described how law enforcement displaced encampments and other groups of people collectively sheltering, frustrating the ability of communities to stay together for community and safety purposes.

“Like they were getting rid of us one by one, you can tell by the layout of the cleaned-up area that they bulldozed and put gravel...They bulldozed it.” (Participant #1)

“We can take care of ourselves, we don’t need help, we can handle things on our own. But it would be nice to know that we don’t have to watch our backs from the biggest gang out there [the VPD].” (Participant #18)

Participant #17 contextualized the history of displacement – noting how people living outdoors in Vancouver have repeatedly been removed from public space in an enduring pattern of organized abandonment:

“Right, that [2023 Hastings Street decampment]<sup>1</sup> would have been the time for the homeless people to say, “no more.” You know, “you pushed us around and backwards and now you pushed us out of all the parks.”

These dynamics further reflect the diverse activities of police that can perpetuate violence and social isolation among those vulnerable as a result of unstable housing. For example, one participant described their sentiment of returning to an encampment they had resided in, just after law enforcement officers had dismantled it:

“It was really disorienting, you know, like coming back and it’s like not one scrap of garbage. It looked like we never existed, like we had never been there. It was really, really disorienting. I kind of want to convey that to people somehow, you know, so they can understand. Like, you go to work and then come home from work and it’s like your two blocks just disappeared.” (Participant #1)

These accounts demonstrate how the police continued employing tactics of criminalization in the lives of people who use drugs amid the Decriminalization Pilot and Recriminalization period. Such tactics paralleled the cruelty participants had experienced prior to the Decriminalization Pilot, including placing people who use drugs at increased risk of fatal overdose through displacement and disruption of safety networks.

## Discussion

The Decriminalization Pilot and Recriminalization were purported by multiple levels of government to reduce harms arising from the criminalization of drug use. However, our findings indicate that the Decriminalization Pilot was not well understood by a population that should have benefitted from it. As the Decriminalization Pilot rapidly shifted, confusion may also have increased. Our findings indicate that throughout the implementation of Decriminalization Pilot and Recriminalization, severe individual- and community-level harms of policing persisted in Vancouver, including: exposure to violence/public health harms, police interference with overdose response, police presence in proximity to life-saving harm reduction programs, seizure of personal property and publicly funded harm reduction supplies, and ongoing forced displacement from public spaces, or “**evictions to nowhere**” (Sudds cited in Wells, 2023).

Our study builds on previous research on the perceptions of BC’s Decriminalization Pilot being uncoordinated and inadequately resourced at best, and at worst, set up to cause further harm to people

who are criminalized for drug use and/or possession. In one study, conducted prior to Recriminalization, Xavier et al. (2024) interviewed a diverse cohort of people who use drugs across the province ( $n = 38$ ). Just over half the participants were aware of the model, and among those who were aware of it, similarly to our findings, confusion on the model’s parameters and function were widespread. Importantly, in addition to the spatial exemptions, restrictions, and changes to the Decriminalization Pilot in a short timeframe, a number of municipal-level governments passed bylaws related to public consumption as a direct response to the pilot, which created a confusing maze of policy (Ali et al., 2024). In both BC and in Oregon, a US state that also implemented a short-lived decriminalization policy, the implemented models have been described as shifting some of the crosshairs of criminalization from drug use to use of public space (Good et al., 2025, p. 4; Singh Kelsall et al., 2025).

Reinforcing criminalization of public space, during a time period where more people are pushed to rely on it, while also failing to ensure adequate infrastructure to prevent overdose and drug poisoning deaths during a public health emergency, can be understood as a form of “organized abandonment.” Organized abandonment has been defined as a calculated divestment from “communities which, in turn, creates opportunities for extraction, revenue generation, and carceral enforcement to fill the cracks of a compromised social infrastructure” (Riley et al., 2024, p. 1). These approaches risk BC’s response to the toxic drug crisis continuing to reflect a permissive “sanctioned massacre” (Singh Kelsall et al., 2025, p. 3) that the Office of the BC Human Rights Commissioner (2025) has labelled a “human rights violation” (p. 9).

Importantly, it is exceedingly difficult to discern how much our findings can be linked directly to the Decriminalization Pilot and subsequent Recriminalization period relative to other targeted policing initiatives. For example, a municipal initiative titled Task Force Barrage (“Barrage”) was launched one-month into our study period. According to the city of Vancouver’s press release, the primary function of Barrage is to “dismantle organized crime networks and target predatory criminals” (p. 1). Barrage received five million dollars (\$CAD) from the city in its first year, and is a police initiative targeted exclusively at the DTES. A stated feature of Barrage is additional VPD officers patrolling the street (City of Vancouver, 2025). Likewise, after a brief hiatus in the decades-long practice of daily street sweeps, a recess which began in June 2022, and restarted only on a partial basis in the autumn of 2022 (St. Denis, 2022), the city and VPD reinstated street sweeps as a daily intervention in April 2023 (Bula & Woo, 2023). Thus, our findings are limited to the perceptions and experiences within the temporal parameters of the Recriminalization period, and as with any qualitative study centered on experiences of street-level criminalization, cannot be isolated to a single policy reform.

The findings presented herein suggest that policing practices during Decriminalization and Recriminalization periods served to interfere with access to critical public health programs (e.g., SCS, distribution of food and sterile harm reduction supplies), as well as overdose response. Such findings are consistent with previous research, including Vancouver-based research by Collins et al. (2019) and others (Kerr et al., 2003; Lavalley et al., 2024; Wood et al., 2024) suggesting that police presence at SCS/OPS can be a deterrent for people in accessing them. This is a pattern of policing practice that community groups have continued to raise as an issue as recently as May 2025 (Baker, 2025). Studies in Ontario similarly found the *potential* of police attending an overdose response was a barrier to calling emergency services during an overdose (van der Meulen et al., 2021, van der Meulen & Chu, 2022). In addition to validating studied impacts on overdose prevention service deterrence, our findings present a more concerning phenomenon wherein police officers directly interfered with civilian-led attempts to respond to a person actively experiencing an overdose. In 2024, P.O.W. E.R. released public statements from two community-based harm reduction workers (neither of whom are participants in this study) who detailed similar events in Vancouver (Beatrice et al., 2024). Additionally, it was not until 2024 that VPD established a policy that made

<sup>1</sup> On 5 April 2023, VPD officers and city workers removed approximately 80 structures along Hastings Street in the DTES, displacing hundreds of people. Eight or fewer people were offered secure housing or alternative sheltering options, with most people left in an even more vulnerable position than prior (Carrigg, 2023; Crompton & Singh Kelsall, 2025; Godfrey, 2023).

carrying naloxone mandatory, as many officers did not carry it when first permitted to on a voluntarily basis in 2016 (Ruttle, 2024). VPD spokespeople have, on multiple occasions, likewise made unfounded public claims (del Pozo et al., 2021) that their officers are at risk of negative impacts from unintentional fentanyl exposure (Baker, 2016; Woo, 2016). Indeed, the VPD reported that the primary (but groundless) purpose of permitting officers to carry naloxone in the first place was to protect officers exposed to fentanyl, not respond to overdose calls (Woo, 2016). This dynamic of obscuring the realities of the toxic drug crisis by a governmental organization – in this case the police – while also deterring access to OPS/SCS, may contribute to shaping sentiments expressed by participants regarding the confrontational division between police and the community, which our findings indicate continued during the Decriminalization Pilot.

Participant descriptions of items being seized by law enforcement provide validation to innumerable localized community-based and government reports on the violent nature of displacement, and the wide-ranging belongings that are seized (e.g., Boulanger, 2025; Houle, 2023, 2024; Luba & Jinjoe, 2023; Manoe, 2022; Shane et al., 2023). Negative impacts generated by the violence of law enforcement-led displacement have been captured in research in other regions, particularly in California (Chang et al., 2022; Goldshear, 2023; Qi et al., 2022). Research conducted at the intersection of law enforcement seizures, involuntary displacement and drug use have shown links between these law enforcement practices and the heightened risks of fatal and nonfatal overdose (Barocas et al., 2023; Chiang et al., 2022; Eren et al., 2025).

During the recriminalization period, one BC Center for Disease Control survey found that 59 % of people who use drugs across BC had interactions with police officers, 51 % of whom reported experiences of intimidation and harassment. Among respondents who were unsheltered, 75 % reported being told to move to a different location by police officers (Fajber et al., 2025). Russell et al.'s (2025) province-wide study likewise found that unlawful drug seizures and adversarial relationships between police and people who use drugs continued during the earlier stages of the Decriminalization Pilot. In Oregon, people who use drugs similarly described law enforcement interactions that “were not explicitly about drugs,” but “consistently resulted in confiscated belongings and harassment” during the state’s decriminalization period (Good et al., 2025, p. 4).

Meanwhile, in 2023, the “Federal Housing Advocate” (who was commissioned by the federal government to make recommendations to improve Canada’s housing laws, policies, and programs) recommended that the BC government align with the United Nations Declaration on the Rights of Indigenous (UNDRIP) by respecting “Indigenous rights when addressing encampments, including Article 10 of UNDRIP: The right not to be forcibly removed from Indigenous lands or territories” in their observational report (Houle, 2023, p. 49). The BC government passed UNDRIP into law, including Article 10 as stated, in 2019 (Government of BC, 2019). However, our findings raise concern that informal practices of coerced or involuntary displacement, similar to those found to be common province-wide by Fajber et al. (2025), continued to be employed against people who use drugs, including Indigenous Peoples who use drugs, as a tool of criminalization and regulation of public space during the Decriminalization Pilot.

### Strengths and limitations

Our study has limitations and strengths. The first limitation concerns accessibility. To participate in the study, people required the ability and resources to attend a drop-in interview with limited hours. This indicates our study likely missed some populations facing intensive barriers to accessing services and highest rates of criminalization, similar to limitations raised by Eren et al. (2025) in previous research. For this reason, our themes may not have captured the full severity and range of law enforcement practices during this time frame. Second, the hyper-localisation of our study may limit generalizability. Third, our

sample skews toward an older age than the local population demographic, which may limit applicability of our findings.

At the same time, several participants discussed a lack of documentation regarding their interaction(s) and almost all resided in unstable housing and/or lived outdoors, meaning we may have captured interactions that are not typically tracked by the state or in public health research. P.O.W.E.R.’s peer-to-peer outreach model may have reached some people typically excluded from these systems. Six (29 %) participants were First Nations, compared to First Nations people making up approximately 1.4 % of the city’s population, which may speak to disproportionate negative interactions experienced by First Nations people who use drugs by law enforcement in the DTES.

### Conclusion

The rapidly shifting Decriminalization Pilot and subsequent Recriminalization period was not well understood by participants. Moreover, participant perspectives suggest that policing practices targeted at people who use drugs and are most visible to the public did not appear to decrease during the Decriminalization Pilot. Our findings illuminate some precise ways in which law enforcement officers may counteract or directly interfere with public health interventions and guidance within their practices, particularly in regards to the toxic drug emergency. We contend that persistent and harmful law enforcement practices, alongside policies and funding allocation that contribute to organized abandonment and carcerality (i.e., the further regulation of public space) may have undermined potential successes of a policy dedicated to decriminalizing drug possession in BC.

### Ethics approval

This study has ethics approval from Simon Fraser University’s Research Ethics Board (#H23-01503).

### Funding sources

This study was supported in part by grants from the Social Sciences and Humanities Research Council (SSHRC) (435-2023-0654) and Canadian Institute of Health Research (CIHR) (PJT-190266). TSK and KAS were supported by federal Canadian Graduate Scholarships (Doctoral) during the time of study. JB was supported by a Michael Smith Foundation for Health Research/St Paul’s Foundation/BCCSU Scholar Award. KH holds the St. Paul’s Hospital Chair in Substance Use Research and is supported by the St. Paul’s Foundation.

### CRediT authorship contribution statement

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editing, Project administration, Investigation, Formal analysis, Conceptualization. **Thomas Kerr:** Writing – review & editing, Writing – original draft, Validation, Supervision, Project administration, Methodology, Conceptualization. **Kanna Hayashi:** Writing – review & editing, Validation, Supervision, Resources, Project administration, Methodology, Investigation, Funding acquisition, Conceptualization.

## Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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