



## Research Paper

## “They talk about it like it’s an overdose crisis when in fact it’s basically genocide”: The experiences of Indigenous peoples who use illicit drugs in Vancouver’s Downtown Eastside neighbourhood

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## ABSTRACT

Indigenous Peoples who use illicit drugs (IPWUID) are disproportionately represented among toxic drug poisoning deaths in Canada. These drug-related harms are framed by the historical and ongoing trauma related to settler colonialism and are acutely visible in Vancouver, Canada’s Downtown Eastside - a low-income neighbourhood that is an epicenter of the drug poisoning crisis and characterized by entrenched poverty, substance use, violence, and homelessness. This study was undertaken to examine the experiences and perspectives of IPWUID in the Downtown Eastside regarding the drug poisoning crisis and the responsiveness of harm reduction programs within the context of settler colonialism. Indigenous-led qualitative interviews were conducted with 16 IPWUID recruited by Indigenous peer researchers. Indigenous ways of knowing were embedded throughout the entire research design to ensure research was culturally congruent. Interview transcripts were analyzed thematically and interpreted by drawing on concepts of social violence and racial capitalism. Our analysis reviewed three key themes that centered the experiences of IPWUID in Vancouver’s Downtown Eastside in relation to the drug poisoning crisis: (1) that the drug poisoning crisis is understood as a form of genocide toward Indigenous Peoples; (2) that the crisis is experienced within the context of pervasive distrust and adversarial relationships with police rooted in structurally racist experiences of place-based policing practices; and (3) that there is a desire for culturally-safe harm reduction care with Indigenous representation, cultural integration, and that addresses inequities and injustice stemming from colonialism and structural racism. Findings demonstrate how responses to the drug poisoning crisis among IPWUID need to respond to social and materials conditions perpetuated by colonialism and racial capitalism, while also centering IPWUID through the development and implementation of Indigenous-led and culturally safe harm reduction approaches.

In Canada, an increasingly toxic illicit drug supply characterized by illicitly manufactured fentanyl and adulteration with other novel psychoactive substances (e.g., benzodiazepines) is driving an unprecedented drug poisoning crisis that is disproportionately impacting Indigenous Peoples (First Nations Health Authority, 2023; Lavalley et al., 2018). Since 2017, the majority of drug poisonings in Canada have involved fentanyl, which has displaced prescription opioids and heroin

in illicit drug markets (Public Health Agency of Canada, 2023). While Indigenous Peoples are most impacted by drug poisoning (Government of Alberta, 2021; Indigenous Services Canada, 2022; Lavalley et al., 2018), the severity of this crisis is likely understated due to poor disaggregation of data on Indigenous Peoples. Canadian statistics on drug-related harms and deaths are not disaggregated by Indigenous identity in most Canadian provinces (Joshi et al., 2018) even though

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available data indicates that Indigenous Peoples are far more likely to die of drug poisoning. In the province of British Columbia (BC), for example, First Nations (a term used to identify Indigenous Peoples of Canada who are neither Métis nor Inuit) people accounted for 16 % of all overdose-related deaths in 2021 despite representing only 3.3 % of the province's population (First Nations Health Authority, 2021), and were 5.6 times more likely to die from an overdose than other BC residents (First Nations Health Authority, 2020). Furthermore, drug poisoning patterns are distinct among Indigenous persons who use illicit drugs (IPWUID). For example, while non-Indigenous men are dying of drug poisoning at rates greater than non-Indigenous women, Indigenous women are experiencing rates similar to Indigenous men, and have died from drug poisoning 8.7 times the rate of non-Indigenous women (First Nations Health Authority, 2020).

Higher drug poisoning rates are consistent with – and fuelled by – the severe health and social inequities experienced by Indigenous Peoples due to structural conditions created and sustained by colonization (Allan & Smylie, 2015; Kolahdooz et al., 2015; Lavalley et al., 2018; Reading & Wien, 2009). Colonization in Canada began with settlers arriving, seizing control of Indigenous lands, and imposing cultural values, religions, and laws disregarding and devaluing Indigenous ways of life. The violent legacy of colonization involved forced displacement, cultural genocide, and aggressive assimilation (Wolfe, 2006). Implemented by the federal government, the Indian Act of 1876 exacerbated these injustices by positioning Canada as the ultimate authority over Indigenous Peoples' lives, dictating how "Indians" were to live and further entrenching systemic control and marginalization (Allan & Smylie, 2015; Matheson et al., 2022; Royal Commission on Aboriginal Peoples, 1996).

Previous research has documented that Indigenous Peoples' experiences with the toxic drug supply crisis are deeply bound up with histories of colonization, racism, and intergenerational trauma (Interior Health, 2021; Lavalley et al., 2018), including the residential school experience, multi-generational poverty, child welfare system involvement, and inadequate access to education, health services, and social supports (Allan & Smylie, 2015; Browne, 2017; Goodman et al., 2017; Hahmann et al., 2023; Lavalley et al., 2018). The historical and current impacts of colonial policies and practices in relation to the health and well-being of Indigenous Peoples are fundamentally linked to the structural racism and systemic inequalities produced by colonization (Blue Bird Jernigan et al., 2015; Lavalley et al., 2020; Reading & Wien, 2009; Smye et al., 2023) and reflect a much larger pattern of marginalization and discrimination that has persisted throughout history. These structural injustices are deeply entrenched and established through historical land possession and discriminatory policies (i.e., the Indian Act, Sixties Scoop,) and encompass a wide range of factors, including chronic health conditions, economic disparities, lower life expectancies, lack of educational opportunities, and suitable housing (Davy et al., 2016; Kolahdooz et al., 2015). For instance, a prior study has documented the impacts of systemic racism within the healthcare system and how these social structural forces shape social norms and behaviors of healthcare providers when treating IPWUID, consequently influencing the healthcare experiences of IPWUID (Goodman et al., 2017).

In Canada and elsewhere, the war on drugs has been used to uphold these oppressive colonial power structures (Marshall, 2015) and has contributed to over-policing, mass incarceration of Indigenous Peoples, resulting in substantial health and social harms, including an increase in overdoses (Friedman & Hansen, 2021; Lavalley et al., 2018; Wood et al., 2009). Further, evidence highlights how structural violence operates within street-based drug environments – a form of violence that is produced by social arrangements within society determined by societal structures (i.e., racism, sexism) that cause harms to structurally vulnerable populations (McNeil et al., 2014). The intersection of structural violence and anti-Indigenous racism points to the need for specific attention to how they together produce drug poisoning vulnerability

among IPWUID.

Since 2017, British Columbia (BC), Canada has implemented and scaled-up harm reduction and substance use treatment interventions in response to the drug poisoning crisis, including naloxone training and distribution (Bardwell et al., 2019; Moustaqim-Barrette et al., 2019), drug-checking services (Crepeault et al., 2023; Klaire et al., 2022), overdose prevention sites (OPS) (Kerr et al., 2017), a continuum of high and low-threshold oral and injectable medications for opioid use disorder (Mayer et al., 2020) and, more recently, prescribed safer supply programs (Glegg et al., 2022; Ivsins et al., 2021; McNeil et al., 2022). However, gaps in harm reduction services in meeting the needs of IPWUID have been acknowledged. For instance, a report Select Standing Committee on Health, one of nine permanent all-party committees of the Legislative Assembly of British Columbia, highlights the gaps in harm reduction services for IPWUID and urges the Legislative Assembly to direct the provincial government to support Indigenous-led, trauma-informed care across all substance use stages (Legislative Assembly of British Columbia, 2022). While drug poisoning deaths decreased 35 % from 2017 to 2019 even as fentanyl overtook the local drug supply (BC Coroners Service, 2022) and they have reached unprecedented levels since the outset of the COVID-19 pandemic, fuelled by fluctuations in fentanyl potency and new adulterants (e.g., illicit benzodiazepines) and deepening socio-economic marginalization (Kennedy et al., 2024). Amidst the COVID-19 pandemic, drug poisoning death rates of Indigenous Peoples in British Columbia (BC) increased 93 % between January and May 2020 (First Nations Health Authority, 2020). According to the most recent data released by the First Nations Health Authority in BC, First Nations People died at six times the rate of non-First Nations people from January to June 2023, while the number of First Nations people who died from toxic drugs increased by 24.7 per cent compared to the same period in 2022 (First Nations Health Authority, 2023). This draws attention to the urgent need for contextualized understandings of drug poisoning risk among IPWUID.

The need to understand the experiences and perspectives of Indigenous Peoples on drug poisoning and harm reduction interventions is particularly important in Vancouver's Downtown Eastside (DTES) neighbourhood, a low-income neighbourhood located on unceded territories of the x̱m̱əkw̱əy̱əm (Musqueam) nation. The DTES is Canada's largest street-based drug scene characterized by high rates of poverty, substance use, violence, and homelessness (Werb et al., 2010), and includes a disproportionately high number of Indigenous Peoples who face a significantly increased risk of drug poisoning related death (First Nations Health Authority, 2023). Despite the well documented health disparities faced by Indigenous Peoples, there is limited research on their unique experiences within the context of a drug poisoning crisis. This study aims to bridge this gap by exploring how intersecting forms of discrimination and oppression, such as settler colonialism, influence these experiences.

This Indigenous-led, community-based and participatory research project was undertaken in Vancouver, BC through a collaboration between researchers from the British Columbia Centre on Substance Use (BCCSU) and the Cultural Sharing in Research (CSR) working group of the Western Aboriginal Harm Reduction Society (WAHRS). WAHRS is an Indigenous-led harm reduction organization based in the DTES neighbourhood and operating under the umbrella of the Vancouver Area Network of Drug Users (VANDU). It is comprised of Indigenous Peoples who use or used illicit drugs and/or alcohol. The organization is dedicated to peer support, the promotion of harm reduction, and improving the quality of life of IPWUID. This work was led by the lead author, who is Indigenous, to respond to the need for community demands for community-driven research in Vancouver's DTES neighbourhood (Damon et al., 2017; Neufeld et al., 2019), and employed Indigenous and qualitative methods to explore the perspectives and experiences of IPWUID in relation to the drug poisoning crisis.

## Conceptual framework

We situate the experiences and perspectives of IPWUID in the DTES neighbourhood regarding the drug poisoning crisis by highlighting how settler colonialism shapes their realities. According to Wispeleway et al. (2023), structural approaches and frameworks used to understand Indigenous health inequities have generally overlooked a crucial element for understanding health inequities: settler colonialism. The ongoing and significant Indigenous health inequities within Indigenous territories and elsewhere, coupled with the lack of conceptual clarity of regarding their underlying causes, indicate that this exclusion has had serious consequences (Wispeleway, Tanous et al., 2023).

Settler colonialism is a form of colonialism where settlers arrive with the intention of establishing a permanent home by asserting their sovereignty over the land and its resources. Unlike other colonial forms, settler colonialism is distinct from franchise colonialism and involves the pervasive embedding of settler societies within Indigenous territories and marked by efforts to eliminate Indigenous bodies and sovereignty (Tuck & Yang, 2021; Wispeleway, Tanous et al., 2023). Understanding settler colonialism as an ongoing, persistent, and evolving structure rather than a historical one-time event (Tuck & Yang, 2021; Wispeleway, Osuagwu et al., 2023; Wolfe, 2006) forms the basis of our analysis. This framework emphasizes the continuous processes and structures of colonialism that impact Indigenous communities, revealing the historical and systemic factors contributing to the drug poisoning crisis among IPWUID in the DTES neighbourhood. Examples of processes, structures, and factors linked to settler colonialism include but are not limited to: policies aimed at controlling Indigenous Peoples, such as the forced removal of children from families (Allan & Smylie, 2015), that have led to the intergenerational loss of family connections; displacement of Indigenous communities from their traditional lands (Varma, 2023); and the crisis of Missing and Murdered Indigenous women in Canada and elsewhere (Bowers, 2019; Luoma, 2021). Settler colonialism fundamentally seeks to claim and control Indigenous land, labour, and bodies through the elimination of the “Native” and thus perpetuate the displacement and marginalization of Indigenous peoples (Aikau, 2019). These mechanisms exacerbate vulnerabilities and contribute to the ongoing drug poisoning crisis.

Settler colonial theory is an important complement to existing theories and frameworks by offering an overarching eliminatory logic that explains why—and how—white supremacy and structural racism are embedded within settler societies, institutions, laws, academia, and societal practices (Wispeleway, Tanous et al., 2023). Examining IPWUID experiences and perspectives of the drug poisoning crisis within the conceptual framework of settler colonialism is crucial for understanding the factors that contribute to their vulnerability. This framework helps comprehend the systemic, historical, and present-day forces that perpetuate health inequities, emphasizing the importance of decolonizing approaches to health and policy interventions.

## Methodology and methods

We locate this study as an Indigenous-led, community-based and participatory research project that centers Indigenous knowledge(s), and is grounded in an Indigenous research paradigm, utilizing Indigenous methodologies in the generation of knowledge (Archibald, 2008; Kovach, 2021; Smith, 2021; Wilson, 2008). Drawing upon Indigenous methodologies situated within Indigenous worldviews and perspectives, this project was informed by the experiences, knowledge, and tireless work of the IPWUID serving on the CSR committee. In brief, Indigenous methodologies can be explained as a body of Indigenous and theoretical approaches and methods that center the experiences and knowledge of Indigenous Peoples (Kovach, 2010; Simpson, 2014; Smith, 2021; Wilson, 2008) and thus provide a valuable approach to examining the complex ways in which IPWUID experience the drug poisoning crisis. While Indigenous methodologies are aligned with several western

qualitative approaches (Kovach, 2010), they remain distinct due to the complex, diverse, and expansive tribal knowledge systems that shape Indigenous worldviews (ontologies, epistemologies, methodologies, and axiologies). Kovach (2010) suggests that Indigenous methodologies are a paradigmatic approach to research, in that the methods are “congruent with philosophical orientations identified in the research framework to show internal methodological consistency...and should make sense from an Indigenous knowledges perspective” (p.41). Further, Lavalley (2009) and Smith (2021) suggest Indigenous research is not qualitative inquiry; however, most method/ologies used within Indigenous frameworks are a mix of existing methodological approaches and Indigenous practices and can be qualitative in nature. What is important is that these methods of inquiry are political, create space for Indigenous knowledges, and aim to provide new insights into self-determination and decolonization (Kovach, 2010; Lavalley, 2009). While qualitative research offers space for Indigenous ways of researching, Indigenous methodologies are distinct because of the theoretical work beneath them (Kovach, 2021; Tuck & McKenzie, 2014).

Throughout bi-weekly CSR meetings from 2018 to 2019 as part of the co-learning and project planning stage, we worked to embed Indigenous ways of knowing in the research design to ensure that this project was conducted in a culturally congruent way. By consensus during the CSR meetings, we decided to adopt Indigenous storytelling as the guiding methodological framework to conduct qualitative interviews with IPWUID from the neighbourhood. The act of storytelling is deeply important to many Indigenous peoples and communities and is a central focus of Indigenous epistemologies, pedagogies, and research approaches (Archibald, 2008; Iseke, 2013), with its decolonizing ability deriving from both listening and making meaning of participant’s stories (Smith, 2021). Through the CSR meetings, we developed an interview guide (referred to as ‘storytelling guide’) intended to facilitate discussions regarding the experiences of IPWUID of overdose and overdose prevention and locate these experiences in relation to people’s life histories and experiences of colonization. This structurally-informed approach to the storytelling guide aimed to contextualize how the historical and present day structure of colonialism has been enacted through policies, (i.e., Indian Act) that influence contemporary Indigenous health inequities (Allan & Smylie, 2015). The storytelling guide included life history perspectives, experiences of and responses to the drug poisoning crisis, and experiences of stigma and discrimination.

Further, foundational to Indigenous methodologies is the concept of relational accountability because it provides necessary epistemological framework to actualize decolonizing research methodologies. The concept of “relational accountability”, or what is most “important and meaningful is fulfilling a role and obligations in the research relationship, that is, being accountable to your relations” (Wilson, 2008, p.77). A part of creating and maintaining relational accountability between the researcher and Indigenous communities is to engage in research that is centered on forming relationships, thus the project prioritized relationship building. To honour our Indigenous research framework and center relationality, we created medicine bundles during bi-weekly CSR meetings during data collection and offered them to participants before interviews as a sign of reciprocity for sharing their stories and expertise. Participants were also given the opportunity to participate in the ceremonial practice of smudging. Both the medicine bundles and smudging are cultural practices aligned with *nehiyawak* ways of knowing that are shared by the researcher and some WAHRS board members. Participants were also asked to locate their ancestral territory on Native Land Digital – an Indigenous-led online educational resource that includes a map dedicated to Indigenous place names (<https://native-land.ca>). It is within this context that the conceptual framework is placed within and embodies the relational approach of Indigenous methodologies and methods.

Participants were recruited by the lead author and CSR committee members through outreach to WAHRS members and community meetings of IPWUID facilitated by WAHRS meetings, all of whom met

eligibility criteria as Indigenous Persons with current illicit drug use. Individuals interested in participating were identified by the community researcher and the Indigenous research coordinator and then accompanied to the BCCSU's storefront research office in the DTES neighbourhood for interviews. We obtained informed consent prior to the interviews. All interviews were co-facilitated by the Indigenous researcher coordinator and a community researcher (member of the CSR committee involved in project). Interviews averaged 30–60 min, were audio-recorded, and transcribed verbatim. Identifying information was removed from transcripts to ensure confidentiality and participants were assigned pseudonyms. Participants received \$30 CAD honoraria for their participation. Interviews were conducted from March 2019 to February 2020, when data collection was suspended due to the onset of the COVID-19 pandemic and an extended institution-wide suspension of research activities (>1 year). While we had originally intended to recruit 20–25 IPWUID, we decided to permanently suspended new data collection due to concerns related to: (1) the severe burden of the overlapping COVID-19 and drug poisoning crises on the CSR committee, WAHRS, and wider community of IPWUID; and (2) the scope of changes to health and social supports and the drug supply during this period. We also experienced profound losses within our team that impacted our ability to undertake additional data collection, as multiple CSR members have passed away since the outset of the COVID-19 pandemic. However, through coding and analysis, we nonetheless reached thematic saturation as is consistent with qualitative approaches (Hennink & Kaiser, 2022). Ultimately, we recruited 16 IPWUID ranging from 29 to 59 years old, all of whom identified as cisgender (11 women, 5 men).

Interview transcripts from this study were imported into NVivo, a qualitative data analysis software programme, and was analysed thematically. Preliminary themes and descriptive quotes emerged and were presented to two of the community researchers (WAHRS board members) for initial review. We then developed a coding framework based on categories extracted from the interview guide (e.g., life history perspectives, everyday life experiences, experiences of the drug poisoning crisis, etc.), and used this to code the interview transcripts. The CSR originally consisted of six core members, but due to the impacts of the COVID-19 pandemic and the ongoing drug poisoning crisis, we were unable to locate most of them for the full analysis process. Sadly, two members passed away since the onset of COVID, two others moved on from work with WAHRS, and one could not be located, leaving only one person available for analysis. Despite these challenges, we were able to present our final themes to the one remaining community researcher, who provided valuable feedback and insights. This input helped enhance the trustworthiness of our themes, and revisions were made based on their recommendations.

Further, conceptualizing the settler colonial determinants of health as an analytic framework guided our analysis to focus on how systemic, historical, and evolving structures of settler colonialism impact the experiences and perspectives of IPWUID in the context of a drug poisoning crisis. This involved identifying themes and patterns that reflect ongoing processes of dispossession, cultural erasure, and structural violence inherent in settler colonial structures. By employing this framework, the analysis remained grounded in recognizing historical and ongoing injustices and provided a deeper understanding of the lived experiences of IPWUID within these broader structures. We interpreted the data through this lens to understand how these themes interconnect and reflect broader colonial dynamics, critically analyzing how contemporary issues (e.g. drug poisoning crisis) are rooted in historical and ongoing colonial practices and how participants navigate these structures in their daily lives.

## Results

### *Drug poisoning as genocide*

In the context of a worsening drug poisoning crisis occurring amidst

ongoing changes to the illicit drug supply, the structural and everyday violence experienced by Indigenous Peoples fuelled perceptions that this crisis was related to ongoing gentrification efforts in the DTES neighbourhood. While community organizing had impeded previous efforts to gentrify the DTES neighbourhood (Ley & Dobson, 2008), one of the only remaining neighbourhoods in the region with low-income and social housing and that is home to a large community of IPWUID, an influx of development in the wake of the 2010 Vancouver Olympics has gradually remade the neighbourhood and resulted in the loss of low-income housing units (Swanson, 2018). Participants located efforts to displace IPWUID from the neighbourhood now occurring as part of gentrification.

Some participants expressed that the fentanyl-driven drug poisoning crisis was “*manufactured*” as part of the broader “*genocide*” of Indigenous Peoples – that is, that the changes to the drug supply were nefarious and linked to efforts to eradicate IPWUID in the neighbourhood. Such framings of the drug poisoning crisis were grounded in the social suffering produced by the structural oppressions rooted in the ongoing processes of settler colonialism involving the dispossession and displacement of Indigenous Peoples. For example, ‘Mary’, a woman in her late fifties who had lived in the DTES neighbourhood since moving to Vancouver at sixteen years old, explained how her “*rough*” childhood had led her to drink to “*numb the pain*”. She lived with her cousin when first arriving in Vancouver, but quickly found herself houseless in the DTES neighbourhood after being sexually harassed by her cousin’s boyfriend. Left without options at only sixteen years old, Mary “*sold pot* (cannabis)” to survive. She later connected with a social worker and eventually was “*signed over*” by her father to the Ministry of Social Services, becoming a ward of government. For Mary, prevailing narratives that framed what was happening as a ‘drug poisoning crisis’ did not adequately account for the social violence that produced this crisis and was evident in neighbourhood gentrification and the wider structural oppression of IPWUID. She explained:

I think we’re [i.e., Indigenous people who use drugs] not represented at all. I don’t think anybody is. They don’t seem to represent anybody. They talk about it like it’s an OD [overdose] crisis when in fact it’s basically genocide. It’s hiding the gentrification. It’s not fucking an OD crisis. I don’t give a fuck what anybody says about it. I tell people what it is. It’s genocide hiding the gentrification. They want to fucking [demolish] SROs [single room occupancy hotels], so they can put all these little yuppie places in here. Always we got to be little puppies. They can come down here and walk by us like we’re all fucking bedbug-ridden and, you know, walk past us like scalded cats. It’s very odd. The whole thing is wrong.

Mary’s framing of the crisis as “*genocide hiding the gentrification*” underscored how her experience living in the epicenter of drug poisoning deaths led to the perception that this crisis was inextricably linked to displacement and driven by efforts to eradicate people who use drugs (PWUD), generally, and IPWUID, specifically. In addition to the abovementioned insights about the crisis, Mary framed the crisis as a conspiracy targeting poor people, fuelling her belief that Canada is “*basically telling people, poor people, go ahead and die*” – equating the drug poisoning crisis to a “*death sentence*” in which IPWUID were abandoned to a toxic drug supply by governments refusing address the underlying social and structural conditions driving drug poisonings.

Mary’s sentiments were echoed by David, a 44-year-old man who had arrived in the DTES neighbourhood shortly after the drug poisoning crisis was declared a public health emergency (April 2016). He characterized the DTES neighbourhood as a “*war zone*” where people “*drop like flies*” – framing drug poisoning deaths as a mass casualty event fueled by the everyday violence that disproportionately impacted IPWUID. David recalled the fear he felt whenever he heard a siren – something that meant that “*somebody’s dead or somebody’s dying*”. Like Mary, David’s experience of living amidst this ongoing crisis in the DTES neighbourhood had led him to believe that the drug poisoning crisis was

“manufactured”:

*Everything in every fibre of my being tells me that that's what's up. That fentanyl is manufactured here on Canadian soil and given to the Downtown Eastside to rid Vancouver of drug [users]”*

While fentanyl can enter a local drug supply through multiple routes – and popular perceptions often situate it in relation to China and Mexico (Fleiz et al., 2020; Pergolizzi et al., 2021) – David's framing assigning blame to actors within Canada more directly locates the overdose crisis as a project of colonization. As such narratives illustrated, some participants perceived the drug poisoning crisis as intentional neglect, viewing it as a form of systemic oppression aimed at facilitating gentrification in the neighbourhood through the eradication of IPWUID. Further, equating the drug poisoning crisis to genocide suggests a belief that the crisis is a deliberate action to displace and eradicate IPWUID, thus, exacerbating historical and ongoing injustices.

#### *Distrust and adversarial relationships with law enforcement*

Participants described having negative interactions with the police in the DTES neighbourhood. For many participants, negative interactions with police reinforced mistrust, including the view that police officers deliberately engage in harassment, intimidation, and neglect when people who drugs are in distress. Such interactions were also linked to the intersection of policing and gentrification that fueled ongoing displacement of IPWUID, including long-documented and disproportionate harassment and surveillance by the police while using drugs outside, being forcibly displaced within the neighbourhood, and having tents and other belongings disposed of by police officers and municipal workers.

#### *Mistrust and neglect*

Participants' accounts revealed a collective narrative about negative interactions with police within the neighbourhood that resulted in general mistrust towards and were indicative of the systemic injustices perpetuated by colonial practices underlying the ongoing structural oppression of Indigenous Peoples. For example, some participants recounted instances of police ignoring their calls for help. Kathleen, a 49-year-old involved in various harm reduction initiatives in the Downtown Eastside, described being ignored by the police when she called them for help:

*I called them [police] twice about those guys downstairs fighting. I said nobody should have to watch them fighting over something as petty as they're arguing about and beating up each other, and knowing there might be kids walking down the street one day, and they ignored my call. [When they did show up] They stood there five minutes, for five minutes and then left. See and that's the response we get.*

Kathleen's experience demonstrates the extent to which some participants felt ignored by police, who failed to protect both them and their community from violence. Further, she felt that, while police ignored their calls for help and safety, they actively prevented residents from engaging in what few opportunities existed for them to make money necessary for addressing survival needs:

*And they're wondering why people down here are so poor. They're not letting them make any money. And there's nothing we can do about it. They just take it and they have no regard for our feelings.*

Additionally, suspicion of police corruption was commonplace, as expressed by David:

*I don't know about a police force, but I do know about a gang. A gang of thugs and fucking thieves. And drug dealers. These cops out here are fucking dirty as fuck man. I don't know even know why they call them cops. I've seen some pretty shady shit.*

Notably, Denise, a 42-year-old woman engaged in sex work,

described how sex workers are habitually targeted by the police in the DTES neighbourhood: *“Yeah, they'll come and harass you, and... or they'll put their lights on you if somebody picks you up. Or they'll sneak up behind you with the lights off and scare you and stuff.”* She further emphasized how racism toward IPWUID, including sex workers, led to the failure adequately investigate the cases of missing women in the DTES. Such experiences led to conspiratorial views toward police that reflected the broader disempowerment of IPWUID.

Against this wider backdrop, participants expressed that they were made to feel responsible for developing more positive relationships with police to mitigate the impacts of being mistreated. For example, a 46-year-old woman engaged in sex work explained the need to try to build *“rappor”* with police to mitigate the racism and discrimination towards her as an Indigenous woman: *“Like, I try to be humour...humour, you know, um, and I, like, entertain them [police officers], or, like, reverse their thoughts about what I should be like because I'm Native and I'm this and that”*. Nevertheless, participants conveyed that there was an inherent injustice in placing the onus on those systemically victimized by police for how they are treated.

#### *Enforcement of “zones of exclusion” and displacement*

The intersection of racist and gentrification practices led to “zones of exclusion” in the DTES neighbourhood that were enforced by police. That is, a zone that police blocked public access to and restricted people from entering, and where PWUD were arrested to regulate their spatial practices. For example, “Misty”, a 44-year-old woman, explained: *“There's a two-block radius they [police officers] have this on, from Main to Abbott .... We go on the outskirts and the police tell us to get back”*. Such spatial regulation specifically targeted and impacted IPWUID, as their vulnerability to these practices was heightened by racist policing practices, such as street checks or ‘carding’ (interactions where police will request identification), that subjected participants to more frequent police encounters. In turn, these practices functioned to further marginalize and stigmatize IPWUID. Misty elaborated on how these place-based policing practices targeted IPWUID:

*You go out of the area you're looking at, okay, the police are going to... you get fined by the police. You're going to be more upset because you're out of the area that we're not supposed to be in, you know, we call the... inside, you know. Like past Cordova or past Pender, you know. But yeah.*

Whereas these place-based policing practices restricted the spaces occupied by IPWUID, participant accounts illustrated how they attempted to limit their risk of criminalization by further restricting the geographical scope of their drug-related activities to avoid police surveillance and criminalization. For example:

*If they [police officers] come around, you got to move, right. You have to move out of the area or move... when they're coming, you got to move because if you stick around and it's just like... they know what you were doing...So, we just walk around the block or, you know, if they want you, they'll come and get you, right. There's been many times that they've been coming after me and when they want you, they'll come and get you...They know... they know our daily routine better than we know our routine, you know.*

Participants' experiences with these place-based policing practices also extended beyond the DTES neighbourhood. For example, David indicated how police highly surveil the area surrounding a supervised consumption site (SCS) in Surrey (a Metro Vancouver suburb), making it challenging for people to access the site without interacting with police officers, and at times, preventing participants' access to needed services, including overdose prevention. David further characterized these policing practices as a deliberate strategy to *“divide and conquer”*. At times, police surveillance would necessitate changes to drug use practices and limit ability to safely inject, ultimately increasing their risk of drug poisoning. Misty explained having to smoke instead of injecting in public settings and having to relocate when police are present.

Well, first of all, if the police presence aren't around, usually I inject, right, but if I'm sick and I have to get something inside me, either it's going to be smoking it, because it's going to be done fast and I don't have to, you know, take out a needle and, you know. They hate seeing that. But yeah, they impact the way I use because if they're around, it's a different way I use or I can't use or I have to go somewhere else. I have to find... now that the OPS is in the back alley, so it's pretty easy just to go in there now because they can't come in there, right. Just run in there and use quickly.

These place-based policing practices also included “street sweeps”, a practice in which a team of Vancouver City police and municipal workers patrol the DTES neighbourhood to “sweep” unhoused people off sidewalks, parks, and alleys by removing and disposing of their belongings and shelter (e.g., tents and tarps). Kathleen referred to this practice as “poor bashing” due to police officers and municipals workers destroying resident’s belongings and forcing them to relocate, a practice that perpetuated a cycle of distrust and reinforced the systemic oppression inherent in colonial practices. She explained: *They [police officers] don't say anything. They say give us your stuff or we will arrest you. They don't have any kind of response. And if we don't they'll arrest us like all the time*”. Kathleen elaborated on street sweeps, highlighting the extent to which this police-accompanied practice reinforced her distrust in the police:

*Not arrested, just telling to pack up their stuff and if they don't pack it up they take it and shove it in the garbage and that's pretty sad. And the stuff that they like, they keep for themselves. They have no regard for anybody else's feelings. That's just sad to watch every day.*

#### Culturally safe harm reduction

Participants emphasized the need for culturally safe harm reduction services that prioritized Indigenous representation that include the integration of cultural and traditional practices into harm reduction spaces. Participant emphasis on Indigenous representation as a condition for cultural safety demonstrated the importance of relationships and connection to culture as paths to healing and wellness. Julie, a 38-year-old woman, described her vision for a culturally safe overdose prevention site that connects Indigenous Peoples with housing supports:

*I'd have sweat lodges for them, and more counseling. Like one-on-one counseling, for their lifestyle and like, say, housing. Like that's a big problem right now. They have to have more advocates that are good to help people that are homeless, because they're... they have a hard time trying to get a place to live.*

Harm reduction services having Indigenous staff was identified as important for cultural safety in harm reduction care, especially because IPWUID were often presented with abstinence as the only solution within their home communities due to a long and complex history of colonialism (Goldstein et al., 2022). For some, engaging IPWUID within harm reduction services was seen as necessary to promote and facilitate meaningful engagement of those accessing such services. For example, Mary spoke to the importance of Indigenous-run harm reduction spaces: *“I think we should be in more places run by Indigenous people that have used in the past and then know what it's like”*. David indicated that Indigenous staff would help him feel more comfortable at overdose prevention spaces:

*I think it could probably maybe be a little bit more comfortable for an Indigenous person to have more Indigenous people around in place, in those places. I think it would be actually a lot better, just for the, you know, for the, for being comfortable and to have, you know, some bros and some sisses around, right.*

Significantly, David evoked “family” when discussing Indigenous representation – signifying the importance of Indigenous relationality and kinship:

*And yeah, we're all family. We're a big family. We're all related. All brothers and sisters. And why not, you know. There should be... we should have every opportunity that everybody else does anyways. So regardless of what colour we are, we're all red on the inside and everybody should have equal opportunity.*

Indigenous representation and engagement in cultural practices were also understood to be a step towards recovery or other positive changes in their substance use. Some participants expressed that overdose prevention sites that included Indigenous staff or were Indigenous run would help them to “get clean” and “choose sobriety”. For example, when asked what it would mean to have Indigenous peoples involved in the design and operation of overdose prevention sites, Jaime noted: *“I think a lot of us would wake up and pick up our socks and actually start choosing to become more sober and be more associated with our ways of, with our lives the way it used to be I suppose”*. Crystal, a 29-year-old woman, recounted how she began to engage in beading (a cultural art practice for Indigenous Peoples) at a local overdose prevention site, and emphasized how this was crucial to her overall wellness and ability to “not use down [heroin]” for a month:

*You know but to go like a month without using anything, like I was like so proud of myself. But the one thing that makes it easier is to like have somewhere that you can go to have peace from, from that pressure of using. And like even though I was at the [local overdose prevention site] and there's other people like doing their dope or going outside and smoking or whatever, like it didn't bother me because I had my, my hobby.*

These accounts revealed that some participants viewed culturally safe harm reduction services, led by Indigenous staff and integrating traditional practices, as vital for nurturing healing, wellness, and a strong connection to culture.

#### Discussion

In summary, some participants described the drug poisoning crisis as a consequence of structural oppression evidenced through gentrification-driven displacement and policing. This perspective highlights the structurally racist and colonial aspects of this crisis and illustrates how these aspects function as modern mechanisms of settler colonialism and the erasure of Indigenous Peoples. Place-based policing practices, including exclusion zones, surveillance, and street sweeps, were central to these gentrification processes and seen in commonplace harassment and forced displacement of IPWUID in the DTES neighbourhood. However, amidst these ongoing and significant challenges, participant narratives emphasized how harm reduction services could be improved through Indigenous representation and leadership, including the integration of cultural and traditional practices, to better respond to the social suffering experienced by IPWUID.

Our findings expand upon previous research documenting how the intergenerational impacts of colonization continue to harm Indigenous individuals, families and communities (Adelson, 2005; Allan & Smylie, 2015; Bethune et al., 2019; Smallwood et al., 2021), emphasizing the need for these to be central to discussions surrounding IPWUID experiences of harm reduction and the drug poisoning crisis. Centering settler colonialism within the drug poisoning crisis exposes how the present-day structure of settler colonialism affects IPWUID daily lived realities. The intergenerational impacts of colonization, including the residential school experience, ongoing colonial policies (i.e., the Indian Act), forced displacement, and the removal of Indigenous children from their homes and communities by the child welfare system as part of the Sixties Scoop, have contributed to the disproportionate number of social and health inequities experienced by Indigenous Peoples (Allan & Smylie, 2015; Reading & Wien, 2009; Smallwood et al., 2021; Wilk et al., 2017). Today, the global war on drugs, rooted in colonialism and racism, has been used to sustain colonial structures that target Indigenous Peoples and people of colour (Lavalley et al., 2018), resulting in

substantial health and social harms, including an increase in drug poisoning and drug poisoning related deaths (Richer & Roddy, 2023; Wood et al., 2009). As such, our findings demonstrate how efforts to address the harms of the drug poisoning crisis among IPWUID needs to include an understanding of broader systems of structural racism and colonial oppression.

Our study builds on previous research on the intersection of gentrification and street-level policing of the DTES neighbourhood (Collins et al., 2019; Lyons et al., 2017) and elsewhere (Collins et al., 2022), extending this work by documenting continuities with the displacement produced by structural racism and colonialism. Gentrification strategies and related street-level policing practices, such as street sweeps and zone surveillance, adversely impact PWUD by increasing their exposure to violence, constraining access to harm reduction services, and producing drug-related risks (Collins et al., 2019; Cooper, 2015; Kerr et al., 2005; McNeil et al., 2015). This study expands on these findings by highlighting the linkage between gentrification as a contemporary mechanism of settler colonialism, operationalized through increased police presence specifically targeting IPWUID. In turn, we found that participants framed the drug poisoning crisis as reflecting the social suffering produced by the structural oppressions rooted in the ongoing impacts of colonialism. IPWUID described how the drug poisoning crisis felt like “genocide” and “war”, underscoring how the crisis is understood to affect Indigenous Peoples in particular ways owing to the legacy of colonialism, racism, and intergenerational trauma (Lavalley et al., 2018).

Importantly, our findings underscore the urgent need for Indigenous representation in harm reduction services, noting the importance of relationality and kinship in providing a more holistic framework that includes community support, cultural connectedness, and more culturally responsive interventions. Past research has highlighted the importance of peer-led harm reduction interventions (Bardwell et al., 2019; 2018; Dechman, 2015; Greer et al., 2016; Lavalley et al., 2020), including in relation to promoting safety, enhancing relationships, and optimizing drug poisoning response efforts (Bardwell et al., 2018). Our research builds upon existing studies that demonstrate the benefits of integrating cultural practices, traditional medicines, and community engagement in healthcare services, including harm reduction interventions, to enhance the overall wellness for IPWUID (First Nations Health Authority, n.d.; Lavalley et al., 2020; Rowan et al., 2014). Despite evidence supporting culturally safe and informed practices, these approaches are often underutilized in harm reduction services. To improve harm reduction services for IPWUID, it is crucial to combine harm reduction strategies with culturally safe and peer-led supports.

Navigating harm reduction perspectives and approaches in Indigenous communities is complicated by several factors, including the common misconception that harm reduction conflicts with Indigenous cultural traditions and values (Canadian Aboriginal AIDS Network, 2019). There is little consensus around harm reduction and not everyone in Indigenous communities, as elsewhere, agrees that harm reduction is a valid or viable approach to addressing substance use-related harms (Canadian Aboriginal AIDS Network, 2019). While some participants expressed a desire to achieve abstinence, it is crucial to assert that harm reduction and abstinence-based perspectives are not opposing ideas. Despite ongoing debates within many Indigenous communities about the perceived dichotomy between abstinence and harm reduction, these approaches can be positioned as complementary so long as an individual can choose what approach is right for them. Since harm reduction facilitated choice in the management of substance use and related harms, some individuals may opt not to stop using drugs while others might pursue treatment and strive for drug abstinence. Importantly, a harm reduction approach to substance use in the short term does not preclude the possibility of abstinence in the long term.

As participant narratives demonstrated the importance of Indigenous representation to facilitate safety within harm reduction spaces, there remains a need to expand culturally based, peer-led services for IPWUID

that are rooted in the diverse experiences of IPWUID, including the prioritization and hiring of Indigenous peers. To date, very little research has focused specifically on Indigenous-led interventions within harm reduction. Our findings point to the need for Indigenous-led research on Indigenous-led harm reduction interventions that respects and centers the unique experiences, knowledge systems, and ethical considerations of Indigenous communities. Research led by Indigenous researchers, communities, and IPWUID themselves, fosters self-determination and allows for a reclamation of knowledge that helps challenge and dismantle the colonial legacies of research (Goodman et al., 2018).

Consistent with previous research (Canadian Aboriginal AIDS Network, 2019), our findings demonstrate that harm reduction initiatives within Indigenous communities means Indigenous Peoples with lived or living experience of substance use must be at the center of decision-making power to enable IPWUID to access to culturally safe environments. Therefore, any discussion of harm reduction initiatives and measures among Indigenous Peoples must be founded and directed by communities and their members (Dell, 2007; First Nations Health Authority, n.d.). Further, research has documented how mainstream harm reduction frameworks tend to narrowly address issues related to substance use and changing individual behaviours and typically fail to address structural drivers of drug-related harms, including the ongoing impacts of colonialism (Canadian Aboriginal AIDS Network, 2019). Participants’ accounts offer insights to the potential of how harm reduction approaches can address the intersecting harms of racism, settler colonialism, and structural violence experienced by IPWUID, and the urgent need to address gentrification-related policing as a crucial part of achieving racial justice.

Our study has important limitations. First, our research is limited to those experiences of IPWUID living in the DTES neighbourhood, and therefore, the extent to which our findings are transferrable to other Indigenous Peoples and other settings warrants further investigation. Importantly, this study did not account for the unique living experiences of Indigenous women, transgender, and two-spirit participants and thus, further investigation of the unique experience of these groups is warranted. Lastly, data collection for this study was suspended in March 2020 due to the COVID-19 pandemic and might not account for the impacts of changes since that time on IPWUID.

In conclusion, the harms experienced by IPWUID amidst the drug poisoning crisis are shaped and compounded by intersections of racism, intergenerational trauma, and the ongoing impacts of colonization. Increased police violence, criminalization, and displacement efforts act as extensions of settler colonialism that produce vulnerability to drug poisoning and other harms. Thus, addressing the needs of IPWUID in the context of a drug poisoning crisis must acknowledge the harms perpetrated by structural racism and through ongoing colonial policies and systems. There is an imperative to decolonize these policies and systems and address structural racism in ways that shift the balance of power to Indigenous communities to facilitate a more impactful response to the drug poisoning crisis. Incorporating community and peer-led models that are trauma-informed and center IPWUID must also occur at the local level as a step towards self-determination.

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## Abbreviations

IPWUID: Indigenous peoples who use illicit drugs; DTES: Downtown Eastside; WAHRS: Western Aboriginal Harm Reduction Society; BCCSU: British Columbia Centre on Substance Use; VANDU: Vancouver Area Network of Drug Users.

## Availability of data and materials

Primary data for this study is not available per research ethics board-related restrictions on data sharing. Ethics approval for this study was obtained from the Providence Health Care / University of British Columbia research ethics board.

## Consent for publication

Not applicable.

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## CRediT authorship contribution statement

**Jennifer Lavalley:** Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Linda Steinhauer:** Writing – review & editing, Methodology, Investigation, Formal analysis, Conceptualization. **Dino (Boomer) Bundy:** Methodology, Investigation, Conceptualization. **Thomas Kerr:** Writing – review & editing, Funding acquisition, Conceptualization. **Ryan McNeil:** Writing – review & editing, Supervision, Project administration, Methodology, Funding acquisition, Formal analysis, Conceptualization.

## Declaration of competing interest

The authors declare that they have no conflict of interest.

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