

Research paper

Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation

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Abstract

In an effort to dismantle the open drug market and improve public order, a large-scale police initiative named the Citywide Enforcement Team (CET), began in Vancouver's Downtown Eastside (DTES) on 7th April 2003. This research sought to assess the CET's impact upon drug consumption activities as well as access to sterile syringes and health services among injection drug users (IDUs). Ethnographic research methods including participant observation and semi-structured interviews were employed. Interviews were conducted with 30 individuals recruited from an ongoing cohort study of IDUs and nine individuals who provide health services to drug users. In addition, an ongoing participant-observation program investigating public drug use in the DTES yielded data during the period of the CET, as well as seven months prior to its commencement. With regard to drug use patterns, intensified police presence prompted 'rushed' injections, injecting in riskier environments, discouraged safer injection practices, and increased unsafe disposal of syringes. Service providers indicated that the CET negatively impacted contact between health services and IDUs, as outreach was compromised due to the displacement of IDUs. Police activities also negatively influenced IDUs' access to syringes and their willingness to carry syringes, and syringe confiscation was reported. The intensification of police activities led to less drug related activity in the area where the drug market was traditionally concentrated, but widespread displacement of drug use activities to other locations also occurred. The adverse impact of concentrated police activities upon urban drug problems and the implications for both public order and public health should be recognized.

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Introduction

Illicit injection drug use is associated with negative consequences that impact individual lives, communities, and have far reaching health and social implications (Albert, Williams, Remis, & Legowski, 1998; Bourgois & Bruneau, 2001). The resources dedicated to combating this problem in Canada have been predominately directed towards criminal justice interventions, as evidenced by the fact that 94% of the \$454 million dedicated to addressing illicit drug use annually has

been spent on enforcement and justice initiatives (Office of the Auditor General of Canada, 2001). This allocation of funds has been questioned, with critics asserting that the effectiveness and benefits of this enforcement-centric strategy have not been well demonstrated (Drucker, 1999). However, while police activities are increasingly being evaluated internationally (Aitken, Moore, Higgs, Kersall, & Kerger, 2002; Best, Strang, Beswick, & Gossop, 2001; Bluthenthal, Kral, Lorvick, & Watters, 1997; Darke, Topp, Kaye, & Hall, 2002; Maher & Dixon, 1999; Weatherburn & Lind, 1997), there has been little evaluation of the impact of Canadian police strategies on public health (Fischer, Rehm, & Blitz-Miller, 2000).

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Evidence emerging from Australia and the United States has suggested that, while police crackdowns can succeed in reducing the visible aspects of street drug markets, they may also be associated with negative public health consequences, including reductions in needle exchange utilization, as well as increases in syringe sharing, unsafe injecting and improper syringe disposal (Aitken et al., 2002; Best et al., 2001; Bluthenthal et al., 1997; Darke et al., 2002; Maher & Dixon, 1999; Weatherburn & Lind, 1997). Despite these observations, policy-makers have largely continued to rely on enforcement activities to address the problems of illicit drug use (Wood et al., 2003d).

Vancouver's Downtown Eastside (DTES) is among the communities most heavily burdened by illicit drug use in Canada (Craib et al., 2003; Kerr et al., 2003b; Tyndall et al., 2001; Wood et al., 2002). The neighborhood, is home to one of North America's largest open drug markets, and gained international notoriety in 1997 when an annual HIV incidence rate of 18% was observed among local IDUs (Strathdee, et al., 2005). Possession of sterile syringes is not prohibited by law in Canada and a number of sanctioned needle exchange programs (NEP) operate within the City of Vancouver. This is supplemented by legal pharmacy sales of syringes without prescription. Exchange programs have traditionally been based on one-for-one policies in the past. As well, in September 2003, a safer injection facility (SIF), where IDUs can inject pre-obtained illicit drugs under medical supervision, was opened in the DTES.

On April 7th 2003, a large-scale police crackdown referred to as the Citywide Enforcement Team (CET) began in the DTES (Wood et al., 2004b). This was the largest visible enforcement operation ever undertaken in the neighborhood, and the goal of the CET was to eliminate existing public disorder problems by dismantling the open drug market and terminating the flow of stolen property in the DTES (Bula & Fong, 2003a). The CET has garnered international attention since the city has recently adopted plans for an evidence-based "Four Pillar" drug strategy, which emphasizes the equal importance of prevention, treatment, enforcement, and harm reduction (MacPherson, 2001). Particular controversy resulted from a report issued by an international human rights organization, which visited Vancouver to monitor the impacts of the police operation (Csete & Cohen, 2003). As part of their investigation, *Human Rights Watch* observers conducted interviews with IDUs, service providers, and policy makers, and also spent time observing the practices of IDUs and Vancouver Police Department (VPD) officers in the DTES. The authors reported numerous observations of police misconduct, including instances of excessive force, arbitrary arrest, harassment, and illegal searches. The report also suggested that the CET compromised public health by discouraging drug users from accessing health services by driving them 'underground', and thereby also increased risks associated with unsafe injection and overdose. The authors concluded that the practices of VPD officers constituted an array of human rights violations (Csete & Cohen, 2003). However,

the police and local officials attempted to dismiss the conclusions of the *Human Rights Watch* report (City of Vancouver, 2003), and asserted that the initiative had an overall positive impact upon the DTES without compromising the health of IDUs. Our ongoing ethnographic research program involving participant observation in the public drug scene, which was operating prior to the CET, was perfectly situated to examine the impacts of police activities. Therefore, the present study was conducted to assess the impact of the CET upon the operation of the drug market, drug consumption activities, and access to health services among injection drug users.

Methods

The Vancouver Injection Drug Use Study (VIDUS) is an ongoing cohort study of over 1500 injection drug users initiated in 1997. This quantitative research project evolved out of an HIV outbreak investigation supported by Health Canada and the British Columbia Centre for Excellence in HIV/AIDS. VIDUS is complemented by ethnographic research activities, which include an ongoing long-term participant observation investigation, initiated in 2002, of the open drug use scene and public injection practices. Ethnographic techniques have been widely applied for research among drug using populations due to the benefits this methodology offers when studying hidden populations (Bourgois, 1998; Singer, 1997; Singer et al., 2000).

Detailed contextualized accounts describing the circumstances surrounding illicit drug use by IDUs in specific locales are necessary to gain greater understanding of processes encouraging or discouraging safer injection practices and access to harm reduction programs (Bourgois, 1998; Bourgois & Bruneau, 2001; Rhodes et al., 2003; Singer et al., 2000). As Australian researchers have demonstrated, the value of longitudinal ethnographic studies is evidenced by their ability to identify and document the impact of rapid shifts in drug use patterns and changes in drug policy, including those precipitated by the initiation of police crackdowns (Aitken et al., 2002; Maher & Dixon, 1999).

Participant-observation and the citywide enforcement effort

Participant-observation techniques were used to complement the interviewing process in the current study. Trained observers spent time 'hanging out' in and around locales where drug sales and injecting took place, talking to and interacting with drug users. Discussions, occurrences and observations were documented in fieldnotes. Observational data recorded in extensive fieldnotes included: location and character of public injection venues; syringe acquisition, availability, and disposal; public drug consumption patterns for injection and non-injection drugs; and description of public drug users. Ethnographic observations were collected and recorded by two different observers from the VIDUS ethno-

graphic team (WS and JC). Each observational field visit incorporated two hours of participant-observation conducted in streets and alleys as well as time spent writing fieldnotes to document observations and discussions. A target area and schedule of observations was devised, drawing on previous ethnographic research examining needle exchange practices in the DTES (Spittal et al., 2004). The observations targeted both street-side and in the alleyways along 10 blocks of Hastings Street, where numerous clusters of drug market and consumption activity were identified by ethnographic mapping techniques (Singer et al., 2000) in the summer of 2002. Observations were distributed between morning, afternoon and evening hours, with an increased number of observations occurring around monthly welfare payments when public drug scene and police activity increases. As some drug market and using locales shifted and new ones emerged, ethnographic data collection activities were altered accordingly to survey the largest portion of the open drug using scene, including areas far outside the central Hastings corridor.

At the time that the CET began, our qualitative investigation of public drug use had been underway for over 7 months, and the trained observers had already spent dozens of hours interacting with IDUs and other drug users in streets and alleyways. Data from a total of 74 field visits were analysed for the current study, 41 of which were recorded after the initiation of the CET.

In-depth, semi-structured open-ended interviews

In addition to field observations, open-ended semi-structured qualitative interviews with injection drug users and individuals providing health services to IDUs were conducted. We recruited thirty IDUs from the VIDUS cohort who reported frequently injecting in alleyways and other public settings to further investigate the impacts of the CET. Efforts were made to ensure the sample was representative of IDUs in the DTES with respect to ethnicity and gender. A topic guide was used in the interview process to ensure that all relevant areas of experience were discussed, including: location of drug market activities; location and character of drug consumption; syringe acquisition and disposal; income generation activities; knowledge and experience of the CET; access to health services and harm reduction programs; and impressions of safety and violence on the street. This guide was informed by participant observation activities, and was modified as the interviewing process progressed to include new topics, investigation of themes arising from the interviews and to ensure that data were triangulated on an ongoing basis.

In addition, in order to understand the impact of the CET on health outreach services for IDU, nine interviews with street-nurses, needle exchange agents and health outreach staff who provide these services were conducted. Seven of these individuals were non-IDUs participating in provision of street-based services. These interviews were also sup-

plemented with two interviews with drug users who perform peer outreach activities together with health service providers. The topic guide that was prepared for interviews with service providers was drafted while drawing on field observations and the themes arising from interviews with IDUs. All interviews were tape recorded and later transcribed verbatim.

Analysis of qualitative data

All data collected through interviews and participant-observation activities were analysed to identify trends and emerging patterns. Analysis of fieldnotes and transcriptions of interviews were accomplished with the assistance of NUD*IST software, which is designed to assist in the management of non-numerical unstructured data. A coding scheme was devised and applied as the data were analysed. The analysis examined data collected across the central study objectives and content analysis was used to examine patterns that emerged from the qualitative data. One member of the research team made several reviews of the transcripts and fieldnotes. On the first pass an initial set of codes was documented to capture key constructs. Subsequent reviews were used to assign data segments to categories and examine negative evidence. The examination of multiple data sources including field observations, open-ended interviews, and external data served to ensure the validity and accuracy of the findings.

Overall four major themes emerged from the data and were consistently identified in field observations and interviews. These themes included: displacement of drug market and drug users, impact on access to drug use and injection practices, change in needle access and disposal, impact on health care and harm reduction programs. All of the above categories reflected changes in IDUs' activities that were precipitated by an increased risk of exposure to police attention and scrutiny stemming from the intensification of street level enforcement deployed by the CET.

Results

Displacement of drug market and consumption activities

Field observations and interviews documented a marked shift in the character of drug market and consumption activities coinciding with the commencement of the CET. The highly concentrated police presence at the site of the original core of the drug market and drug using venues resulted in a relocation of these activities within the DTES. This led to an intensification of activities at previously secondary DTES drug market sites, as dealers and users moved small distances in order to evade police. A new pattern of activity emerged as the market shifted from being centralized in the immediate vicinity of Main and Hastings streets, towards a diffuse pattern with a larger number of locations over a greater number of city blocks.

The most immediate consequence of this new adaptation for drug consumption activities was the shift of injecting locales, as people either relocated to private indoor venues or less visible outdoor locations. Indoor locations were desirable as they are removed from the scrutiny of police as described by one user:

A lot of people go to their rooms to use. They won't get jacked up, at least. But you know—they are hidden. There is a lot of police presence in the Downtown Eastside, so people get a little bit freaky when they go in the back alley. So drug use inside the hotels has stepped up a little bit too, because people don't want to be doing it in the alley. IDU Respondent #23.

Use within hotels increased, but this was not an option for some individuals due to the prevalence of homelessness among public injectors (Corneil et al., 2006). Increases in street level enforcement also encouraged movement into less desirable and more dangerous injecting venues. Those who continued to use in public venues sought secluded and private niches where they could escape the scrutiny of police officers.

We saw two girls come along the alley and go into a secret, hidden doorway to consume their drugs. The older girl hauled on the top of a closed barred gate and when it opened they both stepped inside, closing it behind them. They came out around 5 min later. The girls were using the spot to smoke crack, but others use it for injecting too. "It's my house" she said, "it locks—you can take an eight-ball [Eighth of an ounce of cocaine] in there and just do it all". (Fieldnotes 06/08/2003)

People are at a higher risk because they are being forced to go into areas that they don't know. Usually there are no services provided in those areas where they can get clean works, or be observed or helped by someone Service Provider Respondent # 8.

At the same time as IDUs were moving around within the DTES, many IDUs were displaced to other parts of the city resulting in the 'seeding' of locations which were not previously drug using locales. Newly seeded markets appeared and the activity at some existing locations dramatically increased as IDUs dispersed to locales both proximal and distant from the DTES. These individuals detail the movement to other neighborhoods:

I have seen it go from Hastings and Main, to Granville, to Seymour and Bute, to Robson . . . everywhere. IDU Respondent #4.

The action moved up towards Granville, up by the church at Dunsmuir. And it's moved out to the Skytrain [rapid transit] stations too. IDU Respondent #28.

Impact on drug use and injection practices

Both data from interviews and observations suggested that users who inject in public settings in the DTES were increasingly likely to be interrupted by the police while injecting. Observations indicated outdoor injection locations were used with a greater degree of caution and vigilance than previously. Increased chances of exposure to police attention, searches and questioning, commonly referred to as a "jack-up", created a climate that was not as conducive to safer injecting practices as had been the case prior to the escalation in police activity. People using in the alleys were concerned about the arrival of police, and the demands of remaining vigilant served to distract attention from the complex task of preparing and administering an injection in the outdoors. This in turn served to increase anxiety among public users, encouraging hasty injections, as evidenced by observations and interviews:

A man in his 30's borrows a new rig from another male, loads it, walks past me and enters an alcove. He begins preparing to inject into his leg just as a female yells "6 UP"! [announcing police arriving]. He then quickly rushes the injection and drops the rig on the ground as the alley clears. (Fieldnotes05/28/2003)

Interviewer: What's that like trying to do a fix in the alley nowadays?

IDU Respondent #20: Kind of scary cause you got all these other people hiding in all these little nooks and crannies but you may never know if police are walking up and down the alleys. It's a matter of getting it mixed up in the rig and stuff and doing it without being bugged or spilling half of it or whatever.

Interviewer: Do you cook your drugs when you're fixing in the alley?

IDU Respondent #20: No. It's too hard, it's too risky. I miss a lot too when I'm fixing there. . . when I'm outside cause I'm rushing. Because I don't know if the cops are gonna come. Sometimes I will miss the last quarter of it.

The "miss" in this instance refers to an accidental subcutaneous injection that occurred instead of an intended intravenous injection. The effect of police presence on rushing to inject in the alleyways did not serve to reduce injection related risk taking among drug users who frequent outdoor venues:

When I used to hit [inject] Lori in the alley, I used to jug her [administer jugular injection] and it was fine, you could relax and concentrate. But now when I jug her I have to keep six [watch for cops]. I have to always constantly watch

for cops right, because they could just pull up. IDU Respondent #8.

An extreme risk accompanies jugular injections as paralysis or damage to a major artery is a potential outcome of a “jugger” gone awry. Rushing to inject also heightens the risk for overdose as people may not take the time to ‘taste’ their drugs.

These days they just take it and shoot it up right away. They don’t look at what they have got or think about how strong it may be. IDU Respondent #25.

The threat of police presence and scrutiny at outdoor injection venues resulted in a particularly dangerous outcome in the case of one participant who reported accidentally sharing a rig with his running partner subsequent to being ‘jacked up’ by police.

We were in the alley getting ready to fix. I was with my fixing partner, Tommy. I’m not sure if he has AIDS—but he is HIV + for sure. I had just loaded the rig with my dope and the water. Tommy had just finished fixing his when all of a sudden -boom! A cop car pulls around the corner. So I dropped my rig, well actually I hid it in the side of the dumpster where that hollow is—I put it in there. And then without me realizing it, Tommy hid his in the same place. So the cops stopped and jacked us up. They asked our names and questioned us about what we were doing. So after the jack up they left and we got back to business. I reached into the hiding spot and grabbed my rig. What I thought was my rig. And I stuck it into my arm and realized there was no dope in it. It wasn’t my rig! I looked in the spot, and there mine was, still sitting inside with my dope in it. In the confusion I ended up using his rig because we tried to hide them from the cops. IDU Respondent # 4.

Service providers described the implications for individual and public health as they discussed the changes in injection practices fostered by displacement and heightened anxiety among users. The implications of rushing to inject were also discussed:

If the police are around you have to do it a lot quicker. They’re more anxious and stressed, and tense which affects circulation. So what happens is they’ll go into the vein, the needle goes right through to the other side of the vein. What you’ve essentially done is poked a hole right through the back of the vein so that the drug and whatever it’s cut with and any sweat or dirt—It’s a beautiful entrance right into your tissues and it festers. The drug gets absorbed through the tissue but you’re left with the grounds for infection. Service Provider Respondent #5.

As described by this street nurse, unintentional subcutaneous injections could result in damage to the veins and carry

significant risks for abscesses and cellulitis (Binswanger, Kral, Bluthenthal, Rybold, & Edlin, 2000).

You’re going to see an increase in Hep C, possibly HIV too and more abscesses definitely. Abscesses will be number one because of people rushing; there’ll possibly be endocarditis. Injecting, unless you cook it up, it is very risky. Service Provider Respondent #8.

Change in needle access and disposal

It was documented that elevated levels of police presence in the neighborhood deterred some users from accessing their customary source of sterile syringes, and encouraged the lending and borrowing of injection equipment.

Interviewer: Since the police activity increased has it influenced your access to the needle exchange?

IDU Respondent #19: Yeah, I don’t go anymore. It’s in my no go [supervisory conditions resulting from previous criminal charges which prohibit being in the area]. Once in a while I’ll see the van. But I don’t go to DEYAS [fixed site] anymore cause there are so many cops.

Some individuals were displaced to locations where they were beyond the reach of existing services, or where exchange was conducted within limited hours. Many IDUs relocated to the West End and Downtown South, which is served by the Three Bridges needle exchange. The operating hours of needle exchange in this locale limited access of IDUs to sterile syringes preventing them from obtaining equipment or exchanging used units for new ones:

IDU Respondent #19: The last time I went to Three Bridges was on a Saturday long weekend and they were closed. I had three people come up to me and ask to use my rigs and I refuse to let other people use my rigs because I’m sick [HIV+].

Interviewer: Has this moved people away from services?

IDU Respondent #19: Yeah. Three Bridges is only open until 8 p.m. In the west end, they’re still using the same rigs three or four times later. I’ve even seen people sharing rigs.

Activities of other individuals relocated into the community of Chinatown which, although adjacent to the DTES, was outside of the reach of services as they existed.

The agreement DEYAS [the largest needle exchange program] has with the community prevents them from supplying service within the area of Chinatown. They do not travel

routes, driving or walking through Chinatown. If they do drive through, they are not supposed to stop. Those alleys are off limits so people who have started using and hanging out in this area are precluded from service. The van does not drive through those alleys, they are not allowed. (Fieldnotes 08/12/2003).

Some interviewees discussed how police had confiscated or destroyed their syringes during “jack-ups”, including new sterile syringes in some cases.

A couple of weeks ago they took all my rigs. They said, “You won’t be needing these if you don’t have any dope.” I couldn’t figure why they were taking my new ones too. They took my new ones, my water, everything. IDU Respondent #28.

These actions can be highly dangerous; the result may not be abstinence, but rather risky injection practices as detailed in the following instance:

While the police have jacked me up may be like 20 times, maybe 30 in the last six months just for using or say loitering in the alley. Took my rigs. . . And then, I had to borrow a rig from somebody who said it was clean. It happened a few times. I may end up in getting AIDS all because I got jacked up. IDU Respondent #17.

Interviewees explained that being found with syringes, while legal, led to more problems when being scrutinized by officers. This was a deterrent to carrying syringes and encouraged a dynamic resulting in unsafe disposal.

I had a bag of twenty or thirty old ones but I kept throwing the rigs in the garbage can. Because whenever you got a rig on you and if the cops see it they search you even more. Whether it’s new or not, they always search you. A pipe, they smash the pipe. They’ll take your rigs too. IDU Respondent #10.

The first thing the cop says when he jacks you up is ‘Have you got any sharps [syringes] on you’? If you lie and the cop finds that rig, you’re going to get a severe shit-kicking. [This interviewee subsequently reported that sterile syringes were confiscated as well.] IDU Respondent # 8.

They both turned their backs to me and inject rather quickly. The woman asks me, “Where do I get rid of this? Some cops say it’s a lethal weapon and I don’t want it on me”. (Fieldnotes 07/13/2003)

Service providers asserted from their perspective that the increased police presence made users reluctant to obtain and carry sterile syringes:

The main reason people don’t want to carry syringes is the cops. Service Provider Respondent #1.

They [clients] don’t want to have syringes on them in case they get jacked up. So they throw them away. Service Provider Respondent # 9.

These types of interactions with the police led to reluctance to carry new and used needles and also encouraged unsafe disposal, as explained by individuals who collect discarded syringes:

I have noticed that there seems to be a high level of discarded rigs around the downtown eastside. Because once they use them in the alleys or wherever, they just don’t want to have that rig on them. So they get rid of it quickly. Because if you have rigs on you, the police will be questioning you a little bit more. Service Provider Respondent # 9.

As a result of the increased number of police officers visible in the DTES, and the character of IDUs interactions with police, modifications in the pattern of needle acquisition and disposal were reported by the respondents.

Impact on access to health care and harm reduction programs.

Negative impacts in terms of access to medical services and harm reduction programs were also reported, largely related to displacement. This interviewee explained how some services failed to respond appropriately to drug users who had been displaced from services remaining concentrated near the original core of the drug market.

It seems like the services have tried to adapt, but haven’t quite moved to the users and dealers yet. You won’t find them stopping where they should stop. They may not ever see you. They may be driving by, but they may not stop. And the youth workers—you might be able to get some condoms from them, but no rigs. IDU Respondent # 17.

Difficulty in establishing contact between individuals using drugs and outreach care emerged as activities shifted from where services were previously provided.

It used to take 40 min to an hour to drive through all those alleys near Hastings—now I can go through there in 5 or 10 min. The cops have chased everyone out of those alleys. We had it made, for service. All the action was right along 2 blocks, that’s where all the users and everyone was. So it was easy to find everyone. Now, people have spread out everywhere. So you have to look way harder for clients. It takes more time and it is way more work because it is spread out all over the whole city. Service Provider Respondent # 1.

Some people we engage have no fixed address. Sometimes we know where to find them because they have been there before, but with the police presence they have moved. Then we have a hard time finding these people when health issues need to be addressed. Red Zones, all kinds of issues. They had been hanging out there for the past year, but one day you go over there and no luck. Too much heat, he's moved somewhere else. Service Provider Respondent # 8.

The local Street Nurse program was so heavily impacted by the CET that the British Columbia Centre for Disease Control (British Columbia Centre for Disease Control, 2003) voiced their concerns to municipal and provincial authorities in a letter. It detailed how the CET activities began to “interfere with the work of the street nurse program” by disrupting access to health and social services among marginalized drug users and sex trade workers who often do not access clinics or regular health services (British Columbia Centre for Disease Control, 2003). With police intervention compromising these programs, it was reported that some HIV+ individuals had their ART interrupted and it was increasingly difficult to control an ongoing syphilis outbreak (Canadian Broadcasting Corporation, 2003a). An outreach worker reported how the police presence negatively affected relationships with clients and the likelihood of IDUs contacting and receiving health care:

When the police arrive, basically your conversation gets stopped and it's done. If you're engaged [with a client] and the police come, then they just walk away. The client – they're gone, they disappear. And so whatever you were engaged with gets halted and that's it – done. You might have to wait till the next time you see that person. It's like you've lost them for a week or a month, until you see them again. If she was someone that we needed to give treatment to, and she bolted—that's our window of opportunity lost. Each conversation is a window of opportunity. Each time it gets taken away from us that window of opportunity is gone. Service Provider Respondent #4.

As a result of displacement and heightened anxiety among IDUs precipitated by the CET, respondents reported that the contact and utilization of health services was negatively impacted.

Discussion

In the present study we found that, while the implementation of the CET led to reductions in the visible signs of drug market activity and drug using at traditional locations, this was offset by intensified drug related activity in alternate locations and the establishment of entirely new drug using areas outside the DTES. Drug use patterns were also impacted as intensified police presence prompted ‘rushed’ injections in public venues, injecting in riskier environments, discouraged

safer injection practices, and increased unsafe disposal of syringes. Service providers indicated that the CET had negative impacts on the relationships between health services and drug users, as outreach was compromised due to heavy police presence and the displacement of IDUs to areas outside the DTES. Police activities also negatively influenced IDUs' access to syringes and their willingness to carry syringes, and syringe confiscation was reported.

The findings of the present study are consistent with the existing scientific and human rights literature examining the impact of enforcement intensification upon drug market activities and drug users. Numerous studies have previously found that law enforcement practices can have adverse effects on the efficacy of HIV prevention initiatives (including needle exchange) as well as the ability of users to minimize their risk behavior (Aitken et al., 2002; Best et al., 2001; Bluthenthal et al., 1997; Maher & Dixon, 1999; Csete & Cohen, 2003). Several previous studies have found that drug users commonly react to enforcement pressures by being less likely to carry injecting equipment, more likely to share syringes, and are likely to form covert “shooting galleries” leading to increased HIV risk behaviour (Des Jarlais & Friedman, 1990; Celentano et al., 1991; Neaigus et al., 1994). As in the present study, previous investigations have also found that drug markets quickly adapt to police interventions by moving to different locales, including adjacent neighborhoods, and by adopting more complex and sophisticated strategies to avoid detection (Aitken et al., 2002; Maher & Dixon, 1999). Recent considerations of the evidence regarding law enforcement targeting drug scenes (Bluthenthal, Heinzerling, Martinez & Kral, 2005; Fitzgerald, 2005; Kerr, Small & Wood, 2005) have emphasized the need to reduce reliance on ‘police crackdowns’ in drug policy, and explore alternate strategies to address public health and public order concerns.

The injection practices and living circumstances of those frequenting the open drug scene often involve high risk situations. IDUs who inject in public settings have been demonstrated to suffer from increased risks of abscesses, syringe sharing, overdose, HCV infection, and vein damage resulting from injection (Darke, Kaye, & Ross, 2001; Klee & Morris, 1995; Latkin et al., 1994; Suh, Mandell, Latkin, & Kim, 1997). Further, elevated levels of HIV risk behaviours have been documented among IDUs who actively play a role in street level drug markets (Curtis et al., 1995; Friedman et al., 1998). Lack of housing is one important reason why individuals may inject in public, and homeless IDUs in Vancouver are known to be at elevated risk of HIV infection as well as overdose (Fischer et al., 2004; Patrick et al., 1997; Corneil et al., 2006).

Laws and policies pertaining to illicit drugs, as well as the character of enforcement practices on the street, are important contextual factors, which partially determine IDUs access to harm reduction programs (Blankenship & Koester, 2002; Burris et al., 2004). While possession of syringes is “officially” legal (Burris et al., 2004) the routine searches, “jack-ups”, and harassment described here prompted IDUs

to relocate and avoid accessing syringes. The degree to which syringe access was impacted, especially the extent to which syringe confiscation was reported is worrisome. The police practice of confiscating syringes from drug users has been associated with syringe sharing and identified as a major impediment to the efficient operation of public health programs in the United States (Bluthenthal, Kral, Erringer, & Edlin, 1999b; Case, Meehan, & Jones, 1998; Grund, Heckathorn, Broadhead, & Anthony, 1995).

At the time that the CET began New York-based *Human Rights Watch* observers visited Vancouver and, based on observations and interviews conducted in the DTES, reported substantial human rights violations associated with the CET. Specifically, *Human Rights Watch* detailed how discrimination and abuse at the hands of the police experienced by local IDUs was causing negative health impacts (Csete & Cohen, 2003). However, as described above, local authorities were reluctant to accept the conclusions of the *Human Rights Watch* report and in turn issued their own report (City of Vancouver, 2003). The VPD has also repeatedly articulated that the initiative was a ‘success’ bringing order to a ‘community in crisis’, while downplaying the evidence of displacement (Wood et al., 2004b) and refusing to acknowledge the human rights concerns articulated by *Human Rights Watch* (Canadian Broadcasting Corporation, 2003b). More than a year has passed since the CET was initiated and, while the findings of scientific research into this issue have been disseminated to the international scientific community (Wood et al., 2004b), as well as being reported in the local press (Bula, 2004), there has been persistent controversy surrounding the ‘true’ impact of this enforcement effort (Martinuk, 2004). However, the findings of the present study are highly consistent with: (a) the findings of *Human Rights Watch* which indicated that the CET precipitated an array of negative health impacts and health service interruptions for IDU (Csete & Cohen, 2003); (b) a quantitative study of IDU behaviours documenting that the police effort had no effect on the price of drugs or frequency of use, but that drug related activities were markedly displaced from their traditional locations (Wood et al., 2004b); and (c) the large and growing number of reports from citizens and social services outside the DTES regarding a dramatic increase in drug-related crime, discarded syringes, and the signs of drug use where they had not been visible previously (Bula, 2003; Bula & Fong, 2003a; Bula & Fong, 2003b). Additionally, an external consultants’ report found that while some DTES businesses and residents were pleased with the changes to the neighborhood brought by the CET, displacement of drug activities to surrounding areas had occurred as a result (Dandurand, Griffiths, Chin, & Chan, 2004). Displacement away from traditional using locations and sterile syringe sources is alarming, as previous disruptions and interruptions in the reach of NEP in this setting have displayed potential to increase blood-borne disease transmission among IDUs (Spittal et al., 2004; Wood et al., 2002). This displacement also has profound implications if the relocation of drug dealing has the

effect of normalizing injection drug use among previously unexposed at-risk youth or other vulnerable populations who are subsequently initiated into injecting (Fuller et al., 2003; Roy et al., 2003). It should be a priority for future studies to examine the impact of displacement of IDU away from outreach services upon HIV and HCV transmission and the rates of initiation into drug use among high risk youth.

While it is important to stress that the open drug market that existed prior to the CET was an unsustainable situation, from both a public health and enforcement perspective, in Vancouver a comprehensive approach to addressing the drug problem has been devised (MacPherson, 2000; MacPherson, 2001). There have been repeated efforts to address the problems of the DTES through enforcement efforts in recent years and while negative public health impacts resulting from these operations have been documented by local health researchers and human rights observers (Wood et al., 2003a; Wood et al., 2003c; Csete & Cohen, 2003), police initiatives in drug markets often are embraced by the general public who frequently demand public order (Maher & Dixon, 1999). The perspective that the CET initiative was an overall success is an untenable position for a number of reasons. In addition to the harmful consequences documented here and elsewhere (Dandurand et al., 2004; Csete & Cohen, 2003; Wood et al., 2004b), the ‘benefits’ occurring in the immediate locale targeted were offset by displacement of drug use activity to other neighborhoods. Additionally, service provision was insufficient to meet the increased demand in many of these areas, leading to elevated risk behaviour and elevated rates of inappropriate discard of syringes.

Given the limited benefits and evident harms of the CET, attention should be given to alternate strategies for addressing the problem of public drug use. Safer injecting facilities (SIF) may offer one tool for alleviating both the disorder problems and the health hazards resulting from this concern (Dovey, Fitzgerald, & Choi, 2001). The potential of SIF to reduce disorder by providing drug users a venue ‘off the street’ is considerable, and public injectors in Vancouver had previously reported willingness to utilize SIF (Kerr, Wood, Small, Palepu, & Tyndall, 2003a; Wood et al., 2003b). However, while steps towards implementing this form of intervention were being made at the time the CET commenced, Vancouver’s sanctioned SIF did not open until five months later. A reduction in the number of public injectors and drug related disorder, as well as a reduction in the volume of discarded syringes, were indeed documented following the opening of the SIF in Vancouver (Wood et al., 2004a).

Greater use of ‘discretion’ on the part of police has also been recommended (Maher & Dixon, 1999; Rhodes et al., 2003) as a measure that may ensure that enforcement operations do not interfere with public health efforts. As alternatives to arrest and the confiscation of injecting equipment, police would increasingly rely on warnings to drug users and referrals to addiction treatment. Most significantly, it was recommended that police avoid interacting with drug users at the

point of injecting, as this may result in ‘preventable harms’ such as the accidental syringe sharing detailed in this current study. Improved policing practices in drug markets may result in less syringe confiscation and service interruption as well as reducing the level of unsafe syringe disposal documented as a result of enforcement efforts. Additionally, enhancing addiction treatment services and initiating other interventions, such as SIFs, at the same time as enforcement initiatives may have potential to offset the negative consequences produced. Ethnographic insights from this study suggest SIF may have mediated the effects of heightened police presence by providing an alternative to injecting in public and removing the motivation to rush during injection. Furthermore, the implementation of the SIF prior to the CET may have reduced the ‘need’ for the police operation perceived by the public considering the positive impacts of the SIF’s establishment on public order, which were documented to be independent of police activities (Wood et al., 2004a). SIFs represent a unique, and in this case overlooked, opportunity to couple public health and enforcement efforts. The fact that inadequate access to addiction treatment has been a continuing problem in this setting, and that inability to access treatment has been associated with HIV risk behavior among local IDUs, is highly problematic (Wood et al., 2004c). These concerns are especially pronounced considering that providing treatment may be much more cost-effective than enforcement activities (Oscapella, 1996; Wood et al., 2003c).

This study has several important limitations. First, reliance upon self-report as well as the non-random sampling of IDU and service providers should be regarded as methodological limitations. Second, the scope of the current study is limited by the fact that the perspectives of non-IDU residents and business owners were not included. Given our findings, it is not surprising that some non-drug using DTES residents and businesses have been highly supportive of the CET, whereas businesses and residents outside the DTES have been very concerned with the displacement resulting from the initiative. Finally, the present study is also limited in that we were not able to directly assess potential changes in risk behaviour occurring in indoor settings, such as shooting galleries.

In summary, the intensification of police activities in a longstanding and concentrated public drug market led to a reduction in drug-related activity in the area where the drug market was traditionally concentrated. However, this benefit was accompanied by widespread displacement that increased the volume of drug use in areas previously used with less frequency and prompted the genesis of new drug using locations. Furthermore, displacement increased improper disposal of syringes and increased injection-related risk behaviour as well as reduced access to sterile syringes and health services, during the timeframe of this study. Cities internationally that are observing the Vancouver experiment should take note that CET-like operations should be avoided before comprehensive harm reduction programs and adequate addiction treatment services are fully in place.

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