British Columbia Police Officer Perceptions of Mandatory Drug Treatment within the Context of Decriminalization

by

Rebecca Paulsen

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Abstract

In January 2023, the province of British Columbia (BC) decriminalized small amounts of drugs for personal possession to reduce the stigma and harms associated with drug use for people who use drugs (PWUD). Police officers in BC (*n=36*) were interviewed prior to the implementation of decriminalization to understand their perspectives towards the incoming exemption, along with other drug policies and strategies. The current study utilized qualitative thematic analysis to explore officer perceptions towards drugs and abstinence-based approaches – specifically, mandatory drug treatment. Findings showed that officers were conflicted about their opinions of mandatory treatment – they presented arguments both for and against this treatment modality. Ultimately, officers viewed mandatory treatment as a justified means of mitigating their fears about the potential impacts of decriminalization, such as a loss of control over PWUD and increase in drug-related crime. The implications of these findings for policy makers, government, PWUD, and police are explored.

Keywords: Mandatory Treatment; Compulsion; Coercion; Involuntary Care; People Who Use Drugs; Police Officers

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List of Acronyms

BC	British Columbia
PWUD	People Who Use Drugs
RCMP	Royal Canadian Mounted Police
USA	United States of America
VPD	Vancouver Police Department

Chapter 1.

Introduction

The British Columbia (BC) Coroners Service indicates a steady increase in illicit drug toxicity deaths within the province in the last few decades (BC Coroners Service, 2022). In 2021, a total of 2,224 individuals lost their lives to illicit drugs within the province of BC (Government of BC, 2022). Unfortunately, the crisis of drug-related deaths is not unique to Western Canada – the United States (USA) saw an increase of 31% in drug overdose deaths from 2019 to 2020 (CDC, 2022), and in 2017 alone, the European Union documented 9,400 drug-related deaths (EMCDDA, 2019). In response to growing concerns generated by increasing mortality rates, governments and policy makers around the world have proposed and implemented unique drug policy frameworks - positioning themselves within an ongoing debate about the best methods to address drug use and its related harms. The remainder of this chapter introduces and provides a brief overview of some of these methods, with a focus on mandatory drug treatment in the province of BC.

1.1. Mandatory Drug Treatment in BC

The urgency of the BC overdose crisis cannot be understated. At the end of 2023, BC's Chief Coroner, Lisa Lapointe argued that the province needs a "systems change", stating: "more people are dying than ever" (McAurthur, 2024). One method explored by policymakers in response to this call for action is the use of mandatory (sometimes referred to as involuntary) drug treatment. While the next chapter discusses mandatory treatment in depth, it is important to note that mandatory drug treatment is not an entirely new concept for BC - currently, the province utilizes what could be called a soft form of mandatory drug treatment through drug treatment courts, such as the Drug Treatment Court of Vancouver, which opened in 2001 (Provincial Court of BC, n.d.). These courts provide individuals with the choice to avoid incarceration if they agree to participate in a drug treatment program. According to a study by Somers et al. (2012) out of Simon Fraser University, participants of the Drug Treatment Court of Vancouver program have a 56% reduction in drug-related recidivism rates, suggesting that this method of mandatory treatment is effective.

However, despite the existence of some convincing studies arguing for the use of mandatory drug treatment, such as the one by Somers et al. (2012) above, research in this area is highly polarized and inconclusive. As this thesis will highlight, mandatory drug treatment is a highly controversial topic which prompts both ethical and practical discussions about drug use and choice. For example, in 2022 BC proposed mandatory drug treatment for youth who had recently experienced an overdose (Bains, 2022). However, this proposal was unsuccessful following public backlash and media scrutiny - the people of BC were unwilling to support a drug policy that required the involuntary detainment of youth (Bains, 2022). In other instances, bodies such as police forces in BC have voiced a desire to use involuntary detainment as a tool to ensure people who overdose receive proper medical attention, showing that support for mandatory treatment also exists in the province (Xavier et al., 2023).

BC and Alberta's conflicting perspectives on drug use and abstinence are another prime example of the controversy around mandatory treatment. Namely, the premier of Alberta, Danielle Smith, has voiced her intentions to introduce a form of mandatory/involuntary drug treatment under what the Government is calling the "*Compassionate Intervention Act*" – a strategy which will allow key stakeholders such as doctors, police officers, and psychologists to petition mandatory care for a person using drugs who is a threat to themselves or others (Bennett, 2023). In contrast, in their 2019 report, BC's Provincial Health Officer, Dr. Bonnie Henry, argued for the opposite - drug decriminalization, stating: "In the interest of protecting the health and safety of British Columbians, a more compassionate approach is needed" (Office of the Provincial Health Officer, 2019, p.24). Both governments want to act out of compassion while also addressing health risks, but have employed different strategies to do so, once again confirming the mixed and conflicted perspectives towards mandatory treatment. The following section continues to demonstrate the controversy around mandatory treatment by briefly exploring the alternative approaches used in BC and other parts of the world to address drug use.

1.2. Harm Reduction, Mandatory Treatment, and the Police

In contrast to mandatory treatment methods, places such as BC, Portugal, and Oregon have chosen to decriminalize drugs, generally promoting harm reduction-based methods (Government of BC, 2020; Greenwald, 2009; Russoniello et al., 2023). Harm

reduction can be understood as a public-health approach to drug policy which prioritizes, as its name suggests, reducing the harms associated with drug use as opposed to focusing solely on eliminating drug use (Kammersgaard, 2019; Riley et al., 1999). Another key aspect of harm reduction is that it empowers PWUD by giving them an active voice in their drug use journey and in the development of policies meant to serve them (Harm Reduction International, n.d.) As seen in BC, harm reduction approaches often manifest in options for PWUD such as safer drug supply, opioid substitutions, supervised consumption sites and/or drug decriminalization. Indeed, the BC government argues that their approach to harm reduction is intended to "lessen the consequences associated with substance use" (Government of BC, 2020) and claims that drug decriminalization is an avenue for reducing stigma and increasing access to life saving supports for PWUD (Government of BC, 2022). The decriminalization model, introduced into BC in January of 2023, stipulates that individuals can possess small amounts (<2.5 grams) of drugs including crack, methamphetamines, opioids, and MDMA (Government of BC, 2022).

As noted, mandatory treatment and harm reduction often sit at opposite ends of government approaches, as they are rooted in inherently different ways of thinking about drug use and recovery. While mandatory treatment focuses on the importance of producing abstinence regardless of its impacts on autonomy, harm reduction prioritizes this autonomy over abstinence. Due to the polarizing nature of drug policy and related debates, it is important to analyze perceptions of key stakeholders towards different drug strategies to uncover how polarized opinions are generated and understand the basis of these arguments. This information can be used to improve future efforts aimed at controlling or mitigating the harms that can come from drugs.

Many studies have examined the opinions of police, legal personnel, the public, medical professionals, etc. (e.g., Beletsky et al., 2005; Gardiner, 2011; Petrocelli et al., 2013; Werb et al., 2015; Falzon et al., 2022). To date, however, most of these studies have focused on the perceptions of these stakeholders towards harm reduction-based approaches – little research about perceptions of more abstinence centered or treatment-based strategies exists. Moreover, research on perceptions of *mandatory* drug treatment specifically is almost non-existent. The current study aims to fill this gap, by examining the perceptions of those responsible for the frontline implementation/enforcement of drug laws and policies towards mandatory drug

treatment. Namely, through an examination of police officer perceptions, this study begins to produce findings on perspectives towards treatment-based policy from those who have experience interacting with PWUD and witnessing/influencing the outcomes of drug policies on a daily basis.

In the following chapter, I examine relevant literature pertaining to mandatory drug treatment, the role of police in the lives of PWUD, as well as police perceptions of drug policy. Chapter 3 then provides an overview of the current study and its aims. Chapter 4 describes the methods used to collect and analyze data for this project. Chapter 5 presents findings from the interviews with police officers, Chapter 6 discusses these findings within the context of current literature and provides implications and direction for future studies, and Chapter 7 concludes the thesis.

Chapter 2.

Literature Review

This chapter provides a review of mandatory drug treatment and drug policing literature. It begins with an overview of the different types of mandatory drug treatment that exist, what is currently known about their efficacy, along with ethical debates. Next, it presents research surrounding the role of police in the lives of PWUD and how this role has changed over time. Finally, this chapter explores literature related to police perceptions and knowledge of drug policies such as harm reduction and diversion methods.

2.1. Understanding Mandatory Drug Treatment

The term mandatory drug treatment varies in definition and application, depending on its social and/or geographic context (Social Policy Research Centre, Sydney, 2019). Loosely, the term refers to forms of drug treatment involving a level of coerced or compulsory care for a person who is using drugs. However, coercion and compulsion are not the same thing and reflect entirely different versions of mandatory treatment (Coleman et al., 2021). In other words, different approaches are more involuntary in nature than others. For example, in countries such as Thailand, drug treatment is compulsory for some offenders - individuals found in possession of small amounts of drugs can be forced into drug treatment facilities with poor living conditions and limited resources (Csete, et al., 2011). More moderate approaches to mandatory treatment can be seen in states such as Kansas, where Senate Bill 123 requires judges to sentence non-violent drug offenders to community-supervised drug treatment (Rengifo & Stemen, 2013). However, Bill 123 stipulates that drug users can reject a drug treatment referral and can instead move through the justice system normally (Rengifo & Stemen, 2013). As such, Kansas' treatment strategy is considered coercive care, as the offender is granted a level of choice – a clear contrast to the compulsory nature of Thailand's approach, yet both methods are considered forms of mandatory drug treatment.

Due to the arbitrary nature of the term mandatory treatment, the following sections define and differentiate between three commonly used involuntary care approaches: Drug courts, prisons/incarceration-based treatment, and forced abstinence within in-patient treatment facilities. These sections will also include a review of what is currently known about the efficacy of each method for reducing drug use and recidivism rates, along with promoting public safety. It will become evident that mandatory drug treatment methods are indeed controversial and lack universal definition, warranting more thorough investigations into their uses and effectiveness, along with what key stakeholders think of such methods.

2.1.1. Drug Courts

The late 20th century saw a dramatic increase in drug-related offenses and drug use globally (Pan et al., 2020; Sacco, 2014; Turner et al., 2002). While incarceration was the standard approach for punishing drug fuelled crime at the time, policy makers were beginning to question the efficacy of prison sentences for reducing recidivism rates. Namely, incarceration alone could not address the root causes of drug-related crime – while imprisonment offered a temporary solution, it did not appear effective for reducing re-offending (Harrison, 2001). One response to the problem of reoffending was the introduction of drug courts. The USA and Canada introduced drug courts in the late 1980's and 1990's (respectively) to alleviate some of the burden on the criminal justice system and approach drug use and crime from a rehabilitative, rather than punitive, stance (Brown, 2011; Gottfredson et al., 2006; Sanford & Arrigo, 2005; Turner et al., 2002; Wilson et al., 2006).

Drug courts are normally classified as being either diversionary or post-adjudicative – the former diverts offenders into a drug court *instead* of a criminal court and the latter suspends currently imposed sentences while an offender completes a drug program – successful completion results in the dropping of those charges (Gottfredson et al., 2006). The characteristics of individual drug courts can vary slightly, but court orders generally include forms of drug testing, skill building, personalized treatment plans, and regular status hearings where judges can prescribe sanctions or incentives as needed (Gottfredson et al., 2006; Turner et al., 2002).

While drug courts are technically classified as a form of mandatory treatment, they are typically a voluntary alternative to jail time, often requiring the offender to express interest in their own rehabilitation (Gottfredson et al., 2002; 2006). For example, the Baltimore City Drug Court requires offenders to complete an Addiction Severity Index test, which assesses their motivation and need for treatment – a passing score is required to enter the program (Gottfredson et al., 2002; 2006). The fact that drug courts generally require a willingness from PWUD to participate, means that they would fall into the coercive care category of mandatory treatment.

While some evidence suggests that drug courts are effective for reducing drug use and recidivism rates, this evidence is somewhat outdated and/or not entirely conclusive (Belenko, 2001; Brown, 2011; Mitchell et al., 2012; Somers et al., 2012; Spohn et al., 2001). For example, most studies on this subject were conducted between the early 2000's and 2017 – of these, very few employ a randomized research design. While non-randomized studies undoubtedly contribute to our understanding of drug courts, their lack of reliable control groups is a clear methodological weakness. Specifically, Belenko (2001, as cited in Sanford & Arrigo, 2005) noted that many studies claiming that drug courts reduce recidivism rates have used non-equivalent comparison groups and short follow-up periods of 18 months or less, considerably lessening their reliability and generalizability.

In more recent literature, methodological weaknesses are still present. For example, through a matched case-cohort design, Brown (2011) found reduced recidivism rates and longer time to recidivism for individuals who attended a drug court program, compared to similar offenders who did not complete a program. Offenders were matched based on factors such as age, race, offending history, and offense characteristics, of which, no statistically significant differences were found between the two groups (drug court graduates versus non-graduates) (Brown, 2011). While this evidence is compelling, it is possible that another variable, not measured in this study, makes offenders who are inclined to participate in drug court also less likely to re-offend. Indeed, the researcher also notes that their data did not indicate why normally adjudicated individuals were not referred to drug court in the first place (Brown, 2011).

More contemporary studies on the efficacy of drug courts are almost non-existent despite urges for more randomized trials. In 2017, Jewell et al. examined completion and

recidivism rates of offenders who passed through a drug court in the Midwest. By comparing recidivism rates of offenders who "graduated" from the drug court program to those of offenders who withdrew or declined to attend the program, the findings were synonymous with previous research concluding that recidivism rates were lower for graduates (Brown, 2011). Unfortunately, the researchers in this case only had access to recidivism data from one county, meaning if an offender re-offended elsewhere, this information was unknown. As such, despite these somewhat more recent findings, the success of drug courts for reducing recidivism is arguably still in question.

The Government of Canada continues to advocate for the use of drug courts, despite acknowledging that more research is needed on this topic (Government of Canada; Public Safety Canada, 2010). A systematic review conducted by Public Safety Canada (2010), concluded: "Program evaluators and agencies that provide funding support for drug treatment programs should ensure that methodologically sound evaluations are conducted in order to draw more reliable conclusions on the effectiveness of drug treatment courts." Nevertheless, drug courts are active in many provinces such as Alberta, Vancouver, and Toronto and some Canadian researchers argue their efficacy. Following the urge from the Government of Canada for more research, Somers et al. (2012) provided some convincing evidence that drug courts out of Vancouver, BC, may be successful in reducing recidivism rates. Using a longitudinal design, the researchers contended that drug treatment court graduates displayed a significant decrease in drug-related offending after program completion. In this study, the comparison group was generated using propensity score matching, which the researchers argue is an effective alternative to randomization within the context of drug treatment court research (Somers et al., 2012). These findings are promising, but additional Canadian drug court literature from other provinces is still scarce.

Considering the evidence presented above and the continued use of drug courts in many parts of the world, I echo previous urges for more rigorous research surrounding the efficacy of this mandatory treatment method. Moreover, while quantitative research in this area is available, little qualitative research exists. However, a handful of qualitative studies have found that drug court participants generally have positive attitudes of their experiences (Gallagher et al., 2015; Gallagher et al., 2016; Moore et al., 2017). Specifically, participants in drug court programs find standardized practices such as drug testing and frequent contact with judges useful to their recovery process

(Gallagher et al., 2015; Gallagher et al., 2016; Moore et al., 2017). On the other hand, participants have also expressed that counseling and treatment programs offered by drug courts are often punitive and judgemental in nature, which they feel is a barrier to their recovery (Gallagher et al., 2015; Gallagher et al., 2016). These findings provide direction for future qualitative drug court research which may also generate more nuanced understandings of *why* and *how* drug courts may or may not influence drug-related recidivism and drug use. Further, these findings indicate that PWUD may be receptive to, and even grateful for participation in less-extreme models of mandatory treatment such as drug courts.

2.1.2. Prison/Incarceration-Based Treatment

The imprisonment of PWUD is arguably the most well-known and commonly utilized form of mandatory drug treatment/forced abstinence. It is estimated that 65% of American inmates have an active substance abuse disorder which they are forced to abstain from within the confines of prison (NIDA, 2020). Similarly in Canada, up to 80% of imprisoned individuals are estimated to suffer from a substance abuse disorder (Government of Canada, 2021). Prior to the 1950's, Canada and the USA relied heavily upon incarceration as a form of quarantine to "eliminate the demand" of drugs for individuals – it was believed that coercion was necessary to alter the behaviour of PWUD and mitigate their substance use (Fischer et al., 2002, Sacco 2014). It was not until the late 1980's and early 1990's that stakeholders began viewing and treating drug use as a health, rather than justice, issue (Blais et al., 2022; Fischer et al., 2002). Despite this shift, criminal sanctions are still imposed onto PWUD today, often forcing them to abstain from drugs within prison as opposed to within a healthcare setting.

A handful of studies have shown that forced abstinence through prison sentences can have negative effects on PWUD, their drug use patterns, and abstinence following release (e.g., Binswanger et al., 2013; Genberg et al., 2015). Genberg et al. (2015) examined the effects of incarceration on injection drug use rates following prison release. Through self-report surveys with people who inject drugs who were incarcerated in Baltimore, the researchers found that individuals who were imprisoned for seven days or longer demonstrated a 59% increase in the odds of injection drug use (Genberg et al., 2015). Genberg et al. (2015) argue that limited access to treatment resources within prison, along with increased exposure to poor social networks may be to blame for

increased injection behaviour following incarceration. Relatedly, Binswanger et al. (2013) found evidence for increased mortality rates as the result of drug overdose, following a period of incarceration. These conclusions were drawn via data collected over a period of ten years (1999-2009) from prisoners released from the Washington Department of Corrections (Binswanger et al., 2013). The authors contended that limited support exists for individuals transitioning from prisons back into the community. Moreover, it was predicted that drug tolerance is likely decreased following a period of forced abstinence, leading to increased risk of drug overdose post-release (Binswanger et al., 2013).

Compared to somewhat limited research on the effects of incarceration alone on drug use rates, more studies exist which examine the efficacy of prison-based drug treatment programs - instances where offenders are incarcerated but offered some form of drug treatment or support during their prison stay. Typically, incarceration-based treatment consists of methods such as group therapy, methadone maintenance, counselling, and even boot-camps (like military training) – all of which occur within a correctional facility (Mitchell et al., 2012). A systematic review by Mitchell et al. (2012) revealed that incarceration-based drug treatment programs slightly reduced recidivism and drug use rates for those who completed the programs, compared to those who do not. However, effects were highly dependent on the type of treatment offered. For example, boot camp programs seemed to have no positive effect on reducing recidivism or drug use, whereas therapeutic communities and group counselling seemed to consistently decrease recidivism and drug use rates (Mitchell et al., 2012). The authors' rigorous inclusion criteria and search strategy resulted in the analysis of 114 relevant studies, the majority of which were conducted in the USA (Mitchell et al., 2012).

Other research supports the finding that therapeutic treatment programs are the most effective incarceration-based treatment method, generally decreasing recidivism and drug-use rates post-release (e.g., Andrade et al., 2018; Haviv & Hasisi, 2019; De Leon et al., 2000; Olson & Lurigio, 2014). In a more contemporary systematic review, Andrade et al. (2018) analyzed the results of 69 studies conducted from the year 2000 onwards. Once again, most studies (*n*=33) were conducted in the USA, with only three conducted in Canada. The authors concluded that therapeutic community treatment works for reducing recidivism rates in former inmates – it also works to decrease drug use rates post-release, but to a lesser extent than the effects on recidivism (Andrade et al., 2018). Unfortunately, out of the 69 studies identified by researchers, only 6 were

deemed to be of strong methodological quality (based on the Effective Public Health Practice Project's quality assessment tool[1]), thus indicating that more, methodologically rigorous and qualitative studies may be needed in this area (Andrade et al., 2018).

Interestingly, De Leon et al. (2000) add to this body of research by arguing that the internal motivation of PWUD can affect the outcomes of therapeutic treatment programs in prison. These researchers measured treatment outcomes on prisoners within a medium-security prison in California, based on their self-reported motivation to improve their lives and receive treatment. Results indicated that prisoners' initial motivation to receive treatment was significantly linked to post-prison recidivism and drug use (De Leon et al., 2000). These results, paired with the findings above, indicate that incarceration-based treatment may be more effective within a therapeutic setting, when PWUD understand the purpose of being treated, and have an intrinsic desire to change. Nonetheless, research in this area should continue as prison-based mandatory treatment methods evolve.

2.1.3. Forced Rehabilitation Centres

Like prison sentences, mandatory treatment facilities are used in certain parts of the world to isolate, temporarily detain, and force abstinence onto PWUD within an in-patient setting. Extreme examples of these in-patient mandatory treatment facilities can be found in countries such as China, Mexico, and Thailand. The effects of these forced abstinence settings are largely negative and harmful to PWUD, and often do not significantly decrease drug use rates (Csete et al., 2011; Liu et al., 2020; Rafful et al., 2018; Rafful et al., 2020; Yang & Giummarra; 2021).

Often, mandatory in-patient treatment facilities are characterized by harsh and unregulated conditions (Csete et al., 2011; Liu et al., 2020; Rafful et al., 2018; Rafful et al., 2020; Yang & Giummarra; 2021). Qualitative interviews with individuals who had been involuntarily detained by police and taken to treatment facilities in Mexico revealed that PWUD were often unaware of why they were being forcibly detained, or where they

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[1] Designed in Canada - this assessment tool is used to identify the methodological quality of quantitative research around public health. The tool uses eight measurement categories including study design, analysis, withdrawals and dropouts, data collection practices, selection bias, invention integrity, blinding as part of a controlled trial, and confounders, all of which are rated from "strong" to "weak" (Effective Public Healthcare Panacea Project, n.d.).

were being taken – some participants reported thinking that they were going to be killed (Rafful et al., 2020). During the duration of their stays, participants claimed to rarely, if ever, receive medical attention of any kind or any evidence-based treatment. As a result, most participants argued that their treatment was ineffective due to the involuntary nature and harsh characteristics of these centres (Rafful et al., 2020).

The negative outcomes of forced treatment centres can also be seen in China and Thailand. In Thailand, compulsory treatment centres often involve a level of forced labour, provide little to no evidence-based treatment, and often result in physical or psychological harms to PWUD (Csete et al., 2011). Further, relapse rates in Thailand are high following periods of mandatory treatment (Csete et al., 2011). In China, individuals can be forced into isolated detoxification centres if they refuse to engage in community-based detoxification (Yang & Giummarra, 2021). Yang and Giummarra (2021) argue that a high level of stigma surrounding drug use in China makes it almost impossible for PWUD to re-enter society following forced treatment. Moreover, Chinese police are incentivised to commit PWUD to mandatory treatment, as this is a performance indicator for them – creating a clear conflict of interest between police and PWUD (Yang & Giummarra, 2021). The evidence above points to the often inhumane and ineffective nature of forced rehabilitation centres and the often-forceful role police play in admitting PWUD.

2.2. Issues Surrounding Mandatory Treatment

Coercing PWUD into abstinence via formal methods such as prison sentences and mandatory treatment facilities raises many questions and concerns about personal choice and autonomy, along with debates about the heterogeneity of PWUD. Perhaps counterintuitively, some individuals argue that forced/mandatory treatment is a way to create true autonomy for PWUD, or relatedly, for patients within the healthcare system (Caplan, 1997; Caplan, 2006; Sjöstrand et al., 2013). Rooted in this argument is the belief that drug use and addiction are the coercive mechanisms acting in PWUDs' lives – because of their addiction, PWUD are unable to make decisions about their own wellbeing. In these instances, mandatory or forced treatment is seen as a means of helping PWUD to become autonomous individuals once again. Caplan (2006) summarizes the essence of this argument as "infringing autonomy to create autonomy" (p.117) and cites J.S. Mill (1985), who argued that individuals can be stripped of their

autonomy if it is in their best interest, or if they are unable to see the danger that lies ahead of them.

On the other hand, mandatory treatment is often viewed as a blanket solution that does not consider the heterogeneity of PWUD, their unique needs, and varying levels of motivation (German & Sterk, 2002; Klag et al., 2005; Simpson et al., 1997). Klag et al. (2005) argue that while mandatory treatment may be effective for some groups of PWUD, it should be used carefully and tailored to fit each individual's needs.

Often, debates around mandatory treatment also mimic older debates related to civil liberty versus public safety. Briefly, these debates revolve around the costs and benefits of stripping people of their individual liberties to promote public safety, and relatedly, the role of police in facilitating public safety at the cost of individual liberty (e.g. Beauchamp, 1980; Kamisar, 1962). This debate is beyond the scope of this literature review, but important to keep in mind as more evidence of the polarizing and controversial nature of mandatory treatment.

Apart from debates around mandatory treatment being present in drug policy literature, these topics are also frequently addressed and discussed within the media. As previously mentioned, in 2020 BC proposed Bill 22 which would allow youth who had overdosed to be forcefully placed into a drug treatment setting (Bains, 2022). The proposal of the bill generated much controversy, with some individuals arguing that temporary detainment would put youth at a higher risk of overdose due to reduced tolerance and could retraumatize some populations such as Indigenous youth (Bains, 2022). Conversely, other groups argued that the bill could be a life-saving measure for parents who were at risk of losing their child to a future overdose incident. Ultimately, public backlash resulted in the withdrawal of Bill 22 (Bains, 2022). In contrast, Alberta has actively utilized mandatory drug treatment for youth since 2006. The Protection of Children Using Drugs (PChAD) program allows legal guardians of youth to request a court order mandating that a youth be taken to an involuntary safe house for a period of up to fifteen days to detox (Alberta Health Services). Once again, the controversy surrounding the use of mandatory treatment means it is important to be cognizant of how it is portrayed and discussed in the media, along with the reliability of, and possible biases that might exist within mandatory treatment research.

2.3. Policing and Drug Enforcement: The Role of Police in the Lives of PWUD

Police officers are the primary frontline workers tasked with enforcing drug laws and policies. The presence of police officers in the lives of PWUD can be evidenced solely by the rate at which interactions between the two groups occur. For example, in 2017 police officers in Canada made approximately 90,625 drug-related arrests (Boyd, 2021). In the USA, it is estimated that 1.16 million Americans are arrested each year for drug-related offences – accounting for a quarter of total arrests (NCDAS, 2020).

Traditionally, police have adopted an enforcement role in the lives of PWUD – congruent with a longstanding history of enforcement-based drug policy. For example, the War on Drugs in the USA in the early 1970's caused a dramatic increase in police crackdowns on drug offences and an overall increase in government spending on policing resources to target the illicit drug market (Cooper, 2015). During this time, the lives of PWUD, specifically racial minorities, were heavily infiltrated by police presence via enforcement and criminalization (Cooper, 2015). The Canadian government followed a similar approach to the USA through legislation such as the National Drug Strategy (1987) and the Controlled Drugs and Substances Act (1997), both of which focused on prohibition-based policy (Boyd, n.d.). During this time, law enforcement's primary concern was to curb the illegal drug trade in Canada through arrests, drug seizures, sting operations, etc.; primarily enforcement-based practices.

Today, with shifting views towards drug use and drug policy, the role of police in the lives of PWUD has also shifted but continues to be prevalent. For example, some police agencies, such as the Vancouver Police Department (VPD) have welcomed changes to drug policy and vowed to incorporate some or all elements of these policies into their policing strategies. In 2006, the VPD released their drug policy report, which is still their guiding framework today, where the agency discusses their support for the "four pillars approach" – aimed at addressing drug use, not only through traditional enforcement, but through prevention, harm reduction, and treatment as well (VPD, 2006). The VPD claims to respect these additional pillars, arguing that strategies such as harm reduction should be employed by various agencies, including the police, as opposed to resting solely on the shoulders of health authorities (VPD, 2006).

Indeed, police officers in Vancouver and other parts of the world are often heavily relied upon in situations involving PWUD, which are not always enforcement related – for example, drug overdose calls or mental-health related incidents. As of 2016, officers in BC are required to carry Naloxone as a lifesaving mechanism for someone experiencing an overdose (Government of BC, 2016). While officers are generally not specifically trained in health care, social work, and/or psychology, they are often the only body available for handling certain events (Butler et al., 2022). For example, PWUD experiencing a drug overdose, or a mental health episode can act unpredictably, often meaning that health-responder presence alone is not sufficient. Further, in certain areas, such as within rural communities, police are often the only or closest service available to aid PWUD (Zakimi et al., 2022).

As a result of the many roles police feel expected to play in the lives of PWUD, Zakimi et al. (2022) identified that police in BC feel stretched thin. In addition to their obvious crime fighting role, officers also felt an expectation to adopt administrative, helper, and health responder roles. Participants argued that these roles fell outside of their area of expertise or were often in conflict with one another, making it difficult to know which to prioritize (Zakimi et al., 2022). These findings suggest that officers may be experiencing strain due to their high level of involvement in the lives of PWUD. Thus, if the aim of new drug policies, such as decriminalization, is to reduce interactions between police and PWUD, then more resources and support are needed from other fields such as health care and social work (Butler et al., 2022).

Once again, while the nature and goals of drug policies are changing, police continue to be heavily involved in the lives of PWUD. Despite shifts away from solely enforcement-based drug strategies, police nonetheless are and may continue to be the first point of contact for PWUD who are experiencing crisis.

2.4. Police Perceptions/Knowledge of Drug Policy and Impacts on Implementation

The opinions of law enforcement officials towards drug policy are valuable, simply given their extensive experience interacting and dealing with people who use drugs, described above. More concretely, in analyzing the implementation of drug liberalization policies in countries including Mexico, England, USA, Vietnam, and

Canada, many studies now suggest that police officer buy-in may be *necessary* for producing successful/intended outcomes (e.g., Arredondo et al., 2018; Bacon, 2023; Blais et al., 2022; Borquez et al., 2018; Luong et al., 2021). Namely, research indicates that uninformed, or unwilling police officers may not apply drug policy at the street-level, ultimately reducing the efficacy of drug enforcement, diversion, or harm reduction methods (Arredondo et al., 2018; Bacon, 2023; Blais et al., 2022; Borquez et al., 2018; Luong et al., 2021). Thus, it is important to examine police perceptions of drug policy and strategies as a means of 1) gaining insight from their extensive experience working and dealing with PWUD and 2) ensuring congruence between the goals of proposed drug policy and frontline enforcement values and knowledge.

The following sections examine research that looked at officer perceptions of two drug policies/strategies: harm reduction methods generally, and police-initiated diversion for PWUD. In doing so, the strong link between officer perceptions/knowledge and overall success of drug policies will become evident.

2.4.1. Harm Reduction Methods

Canadian studies indicate that while police in Canada generally welcome harm reduction methods, they also highlight officer frustration towards the system and its inadequacy for realizing the goals of these policies, or for addressing the needs of PWUD (Butler et al., 2022; Xavier et al., 2022). Butler et al. (2022) and Greer et al. (2023) explored BC police officer perceptions regarding simple possession drug enforcement, drug laws generally, as well as harm reduction resources and strategies. Through semi-structured interviews with both municipal police and RCMP who had recent experience enforcing drug law, the researchers determined that police in BC feel inadequacy in the criminal justice system, its ability to deter drug-related crime, and to address the unique needs of PWUD (Butler et al., 2022). Moreover, respondents indicated that health and social service sectors are not properly equipped to rehabilitate or help drug users - even though PWUD often try to access these resources, it can be difficult to do so, or they end up relapsing due to a lack of follow-up care (Butler et al., 2022). Ultimately, officers felt defeated and demoralized, arguing that they cannot keep up with the number of PWUD who fall through the cracks of the fragmented system (Butler et al., 2022). Overall, participants urged for more collaboration, and more

cohesive decision making between the different systems (mental health, social services, police, etc.) (Butler et al., 2022).

A similar sense of hopelessness is experienced by BC officers attending overdose events, who feel that they are unable to prevent or address the underlying issues that contribute to the overdose crisis (Xavier et al., 2022). In response, officers believe that involuntary drug treatment for PWUD, or longer drug sentences may be needed (Xavier et al., 2022). Further, Xavier et al. (2022) argue that some unclear definitions exist when outlining which overdose events police officers, should, or need, to attend. In turn, officers may question their purpose for attending these events, as they generally categorize overdoses as a healthcare matter (Xavier et al., 2022). The frustration voiced by Canadian officers towards the system, combined with suggestions for involuntary treatment is interesting and warrants further investigation. Specifically, it is unclear whether officers believed involuntary treatment would be the best avenue for addressing drug use, or if they were suggesting this method as a means of reducing the burden on police.

Most studies examining officer perceptions of harm reduction-based drug policy in other parts of the world indicate, to varying extents, hesitation, or aversion in adopting and applying these policies (e.g., Beletsky et al., 2005; Gardiner, 2011; Petrocelli et al., 2013). Like the frustration felt by some Canadian officers, other scholars argue that traditional policing culture and enforcement values, along with occupational risks, generate a sense of frustration towards harm reduction drug policy (Beletsky et al., 2005; Gardiner, 2011; Petrocelli et al., 2013). For example, surveys and interviews with officers across America indicate that police generally favour incarceration over treatment and strongly disagree with any form of drug decriminalization (Gardiner, 2011; Petrocelli et al., 2013). In California specifically, Proposition 36 was introduced as a harm-reduction policy aimed at increasing treatment and reducing harms for PWUD. Officers working in the state highlighted the belief that the policy is not effective for most drug offenders and argued that the proposition was subverting their ability to properly address drug-related crime (Gardiner, 2011). Furthermore, many participants claimed that the new policy generates far too much work when processing an offender, preventing many officers from engaging in the steps required to introduce a person using drugs into the system (Gardiner, 2011). Considering these findings, Gardiner (2011) argues that police

officers may be circumventing legislation that they do not agree with, or that goes against their normative order of policing.

Moreover, occupational hazards such as needle stick injuries may make officers less likely to support harm reduction policies which heighten their exposure to these risks (Beletsky et al., 2005). Beletsky et al. (2005) identified that police officers in Rhode Island were generally very anxious about needle-stick injury, arguing that they are not always adequately trained to deal with this risk (Beletsky et al., 2005). Thus, officers were not happy with a policy that promoted increased needle carrying, and drug use (Beletsky et al., 2005). These findings suggest that police officers weigh the risks and benefits of applying certain drug policies. For that reason, it is important to help police officers understand the benefits of harm-reduction approaches when dealing with PWUD, as a means of justifying the risk that may be involved.

Despite evidence suggesting that police tend to be unsupportive of harm-reduction policy, Falzon et al. (2022) argue, in a recent study, that police perceptions may be shifting towards a greater acceptance of harm reduction methods, though some level of hesitancy continues to exist. Interviews with police in Scotland revealed that while officers were hesitant about the introduction of harm-reduction policy (specifically drug checking services), they also voiced a willingness to adapt, if provided with the correct support (Falzon et al., 2022). For example, officers claimed that close contact between police and drug checking service representatives might mitigate some of their concerns of this harm-reduction method (Falzon et al., 2022). Overall, participants were generally accepting of the idea of DCS, but argued that perspectives vary across departments, contending that it might be a “hard sell” for some officers (Falzon et al., 2022, p.5). This sentiment was echoed in officer responses regarding drug decriminalization generally, as participants argued that law enforcement is an important element within a public health approach, as opposed to a contradictory or harmful part of it (Falzon et al., 2022).

Taken together, the findings of the above studies indicate that police officers are either not inclined to accept harm reduction drug policies which impact their role or are unsatisfied with the specific provisions surrounding these policies. Ultimately, police officer frustration when dealing with PWUD seems to be exacerbated by inadequate support services for police and PWUD, along with fears of workplace injury associated

with policing these individuals. Currently, however, police perceptions of the alternative – abstinence-based drug policies – are largely unknown. Thus, it is difficult to determine whether officers' aversion to harm reduction is primarily due to a preference for harsher methods.

2.4.2. Police-Initiated Diversion

Often used in conjunction with other harm reduction methods, such as drug decriminalization, the primary goal of diversion is to divert PWUD away from the justice system and towards other supports and/or treatment services. Diversion is intended to both reduce the burden on the criminal justice system and benefit PWUD by providing them with more appropriate services (Blais et al., 2022).

Diversion typically occurs in stages, the first of which is referred to as pre-arrest or police-initiated diversion, occurring during initial contact between a police officer and person who uses drugs (Blais et al., 2022). Police-initiated diversion programs can differ in terms of how contact is initiated, what services can be provided for PWUD, and how much discretion officers have in deciding where to send individuals. For example, in the USA, police diversion can be classified as either outreach or walk-in – the former occurs when officers divert individuals during searches, arrests, stops, etc., whereas the latter stipulates that PWUD can walk into police agencies and request treatment or assistance without fear of criminal sanctions (Dickson-Gomez et al., 2022). In some instances, police officers can divert individuals directly to treatment or other services (Dickson-Gomez et al., 2022), in other cases, officers can only divert individuals to intermediary services and/or commissions (Blais et al., 2022). In Portugal for example, individuals found in possession of small amounts of drugs are referred by police to one of eighteen Commissions for the Dissuasion of Drug Addiction, where PWUD can be referred to treatment, receive a fine, etc. (Blais et al., 2022).

Indeed, studies generally indicate that police-initiated diversion can produce positive outcomes such as reduced recidivism rates, improved health outcomes and lower drug use rates for PWUD, as well as reduced costs for the CJS (Bacon, 2023; Blais et al., 2022; Dickson-Gomez et al., 2022; Goetz & Mitchell, 2006; Harmon-Darrow et al., 2022; Manderson, 2023). However, some clear barriers have been identified which may hinder the goals of police-initiated diversion.

Primarily through qualitative work, many researchers have argued an imbalance between the inherent role of police and the nature of diversion (e.g., Bacon, 2023; Balis et al., 2022; Goetz & Mitchell, 2006). For example, Goetz and Mitchell (2006) conducted semi-structured interviews with police officers working in Baltimore and San Francisco – two cities where police-initiated diversion exists. The researchers concluded that officers were generally aversive to using diversion strategies, identifying a few main factors that contributed to this aversion: (1) Officers felt that diversion measures were too soft an approach for combating problematic drug use, (2) participants felt a great deal of external pressure from the public, their superiors, the government, etc. to reduce crime rates and did not see a direct link between diversion and their overall goal of crime reduction, and (3) participants often claimed to have little diversion training and/or had a poor understanding of the specific procedures they were to follow when initiating diversion, making them less likely and willing to apply the strategy. Overall, participants felt an allegiance to the community and a strong desire to mitigate crime – they were unconvinced that diversion was the best strategy to do so and were thus unlikely to apply it (Goetz & Mitchell, 2006).

More recent studies have produced similar findings suggesting that diversion strategies do not always align with policing goals – these findings may also be true in parts of the world other than the USA (e.g., Bacon, 2023; Blais et al., 2022). Bacon (2023) interviewed 81 police officers across England and Wales, and determined through thematic analysis that officers are often very driven by maintaining quotas and satisfying victims of crime. Once again, participants did not see how diversion tactics would allow them to reach their quotas or appease those who had fallen victim to drug-related crime. Bacon (2023) succinctly summarizes this point: "While there is widespread support for 'soft' policing within police organisations, such measures are not universally embraced and raise tensions between competing demands and conceptions of the police role that are characterised by 'hard-edged' mechanisms of control" (p.16).

Importantly, through a systematic review, Blais et al. (2022) highlights that quantitative research surrounding police-initiated diversion is somewhat scarce and generally lacks strong methodological design. However, supporting the findings produced by Goetz and Mitchell (2006), along with Bacon (2023), the authors argue that qualitative research in this area strongly suggests that for police-initiated diversion to be effective, police officers (specifically police chiefs) must support diversion programs, for

them to understand and be trained on their importance, and for there to be clear criteria and instructions surrounding diversion tactics (Blais et al., 2022). If these suggestions are not satisfied, it appears as though police will have a hard time applying diversion tactics when considering their goals of crime reduction.

Further, the contemporary nature of the studies cited above indicates that while drug policy has changed drastically over the last few decades, policing culture and goals may be stagnant – focusing primarily on the criminalization of PWUD. The misalignment of drug policy and police officers' perceptions of that policy is once again a strong hinderance to the intended outcomes of police-initiated diversion and provides support for continued analysis of officer perceptions.

2.4.3. Officer Knowledge/Training and Drug Policy Implementation

Police misinformation/lack of police training surrounding drug policies may also lead to poor implementation and unfavourable outcomes. Studies have found that when new drug policy has been introduced, with little to no police officer training, the street-level implementation of the policy is often weak or completely lacking (Arredondo et al., 2018; Borquez et al., 2018; Cepeda et al., 2017; Luong et al., 2021; Xavier et al., 2021). For example, in 2009 Mexico implemented a set of drug policy reforms (Narcomenudeo Reforms) designed to promote treatment and harm reduction and decriminalize the personal possession of small amounts of drugs and related paraphernalia such as syringes (Arredondo et al., 2018; Borquez et al., 2018). However, despite the goals of the reforms, it was clear that police were misinformed about the policy. As a result, no significant changes in the overall rates of simple drug possession charges were observed – police continued to lay charges and confiscate syringes (Arredondo et al., 2018; Cepeda et al., 2017).

Indeed, officer knowledge of the Narcomenudeo reforms and its specific provisions were low. Through interviews with police, Borquez et al. (2018) determined that only one in ten officers were able to correctly identify the possession threshold for certain drugs such as heroin. Furthermore, the new laws expressed that police *could* hold an individual in detention until it was determined that the drugs an individual was carrying were below the acceptable threshold. Similarly, Cepeda et al. (2017) found that officers who had not received training of the reforms had very low baseline knowledge,

and over half of participants had confiscated syringes in the last six months even though syringes were not illegal. In these instances, poor police judgement and a lack of understanding of the written law, combined with high levels of police discretion, resulted in few positive outcomes, and unchanged possession rates (Borquez at al., 2018; Cepeda et al., 2017). Similar findings were observed in Vietnam – the first country in Southeast Asia to decriminalize drugs. Luong et al. (2021) determined that police in Vietnam were generally untrained and/or unaware of the drug policy change. As a result, drug possession charges remained high. The authors also argue that harm-reduction techniques may not have been fully accepted or ingrained within Vietnamese culture, making successful implementation much more difficult (Luong et al., 2021).

Importantly, research has highlighted that police training *does* work to significantly increase knowledge of drug policies (Arredondo et al., 2017; Mittal et al., 2018). Through pre and post-test surveys with officers enrolled in a training program in Mexico, Arredondo et al. (2017) concluded that knowledge of drug decriminalization and syringe possession laws increased from 11-17% prior to training, to almost 90% post-training. Similarly, Mittal et al. (2018) identified that, prior to training, 80% of officers had incorrect conceptual knowledge of Cannabis decriminalization in Mexico. Following training, however, only 7.8% of officers had incorrect conceptual knowledge (Mittal et al., 2018).

While the studies above provide a strong basis of support for increased officer training of drug policies, improved knowledge of drug policy may not always translate to improved enforcement in related areas and may provide only short-term improvements in implementation. For example, the study by Mittal et al. (2018) cited above indicates that while training significantly improved officer knowledge in the short term, a three-month follow-up with participants showed that incorrect conceptual knowledge climbed from only 7.8% to 29.6%. While correct policy knowledge was higher at the three-month mark compared to that at pre-training, it was still much lower than immediate post-test knowledge, suggesting that continuous and regular training may be required to maintain the successful implementation of drug policy. Further, even with adequate training, officer perceptions, culture, and pre-conceived notions of PWUD may override or negate the effects of training – as described in the previous sub-sections. Bacon (2021) highlights the importance of evidence-based practices within an “era of evidence”

(p.531) to make police officers more receptive to new drug policy and as a means of shifting possibly deeply engrained enforcement values.

Given the disconnect often present between written law and officer knowledge and/or culture, it is important to continuously examine officer perceptions and knowledge to ensure the effective application of drug policy.

Chapter 3.

The Current Study

This study builds on previous research surrounding police officer perceptions of drug policy. Specifically, it generates much needed information on BC police officer perceptions of mandatory/involuntary drug treatment – an area of drug policy research that is entirely lacking.

The literature review above highlights the importance of this area of study for several reasons: (1) Mandatory drug treatment is a controversial method for addressing drug use – this controversy is glaringly evident in Canada, where neighboring provinces (BC and Alberta) have voiced opposing stances on its use. Despite some contradictory evidence surrounding the efficacy of various forms of mandatory treatment, several parts of the world have adopted or are adopting involuntary methods. Given the growing controversy and prevalence of this treatment method, along with continuous research into the best strategies for addressing drug use generally, it is important to examine perceptions of mandatory treatment, and dissect how and why these perceptions develop. In doing so, we can work to combat biases implicit in this area of research, understand what factors contribute to positive or negative perceptions of mandatory treatment, and continue to gain insight into the potential risks/benefits of using this treatment method.

(2) Police officers are highly involved in the lives of PWUD and are often the first point of contact for these individuals. Their perspectives on drug policies are valuable given their extensive first-hand knowledge and witnessing of the outcomes of drug policies on a day-to-day basis. In exploring their perspectives of mandatory drug treatment, we can learn about potential challenges from those tasked with front-line enforcement and implementation – a perspective that can only be provided by individuals with this specific experience.

(3) Previous research strongly suggests that drug policy implementation is strengthened by police support and weakened by lack of support or knowledge. Thus, more favourable outcomes might be achieved by catering drug policies not only to

PWUD, but to the agencies responsible for adopting and applying said policies or additionally, by providing training and support to police officers.

As examined above, a small body of research has explored perceptions of law enforcement officials towards harm-reduction policy such as the decriminalization of needle possession, drug checking services, the Good Samaritan Drug Overdose Act, along with harm reduction in general (Beletsky et al., 2005; Xavier et al., 2021; Butler et al., 2022; Falzon et al., 2022). Similarly, a handful of studies have examined perceptions towards more abstinence-based models in general, such as California's Proposition 36 (e.g., Gardiner, 2011; Petrocelli et al., 2013). However, research in this field is still largely lacking, specifically in relation to officer perceptions of stricter abstinence-based drug policy, such as mandatory treatment. This study aims to fill that gap.

In addition to producing clear findings regarding officer perceptions of mandatory treatment, this study also aims to generate more knowledge and understanding of officer perceptions towards people who use drugs in general, their attitudes towards the autonomy of those who use drugs, and their perceptions on overall state control and police power. Understanding police perceptions of mandatory drug treatment may also assist in the creation of more effective drug policy which adequately accounts for the needs of PWUD, policy makers, and front-line enforcement alike.

3.1. Research Objectives

The objective of this qualitative study was to examine the perceptions of BC police officers towards mandatory/involuntary drug treatment. The study specifically sought to address the following questions:

1. How do BC police officers conceptualize mandatory or involuntary drug treatment?
2. What are the perceptions of BC police officers towards mandatory/involuntary drug treatment and its efficacy for addressing drug use and addiction?
3. What factors influence and shape BC police officer perceptions towards mandatory drug treatment?

Chapter 4.

Methods

This chapter describes the methods used to collect and analyze data for this study. Specifically, I begin with an overview of the larger research project from which data was extracted for this study. I then justify the use of a qualitative approach considering the aims of my research. The remainder of this chapter explores every element of data collection and analysis, including, but not limited to, participant recruitment, interviewing, coding, and thematic analysis. I also conclude with a discussion of methodological rigor.

4.1. Project Overview

Data for this study was collected as part of a larger project, 'Decriminalization in British Columbia' led by Dr. Alissa Greer. The initial project was developed to analyze the knowledge and perceptions of police and PWUD towards BC's new incoming drug decriminalization policy (introduced January of 2023). Qualitative data was collected pre-implementation in the fall of 2022 and was meant to establish a baseline of perspectives from people who would be impacted by the policy (people who use drugs) and people who enact the policy (police officers).

As the lead research assistant on the policing side of the project I was the first point of contact for officers who had been recruited by the principal investigator. I conducted interviews, coded, and analyzed the collected data. My thesis project centres on qualitative interview data from the police officer sample only and on the data relevant for addressing the research objectives listed above; topics surrounding officer perceptions of mandatory drug treatment.

4.2. Qualitative Approach

I used a qualitative approach consisting of semi-structured interviews to examine the perceptions of police officers in BC towards mandatory drug treatment. The data were then analyzed thematically (see section on data analysis).

A qualitative research design allows for deep understanding of a phenomenon. Unlike quantitative research, which is concerned with how much or how often something occurs, qualitative research addresses how and why things might occur, along with their nature (Labuschagne, 2003). Thus, when attempting to understand police perceptions towards mandatory drug treatment, along with how and why officers generate these perceptions, a qualitative design was best suited. By approaching this study from a qualitative lens, the unique, diverse, and nuanced perspectives of police officers towards mandatory drug treatment could be thoroughly analyzed understood. As opposed to solely demonstrating whether officers support or denounce mandatory treatment, their intrinsic reasoning and thought processes for arriving at these conclusions could be uncovered.

4.3. Sampling and Procedure

The sample of interest for this study was working police officers in the province of BC. Inclusion criteria were the following: Participants had to (1) Be an actively working police officer in the province of BC (either for a municipal or federal agency) (2) Speak English (3) Be willing to discuss topics related to drug policy such as decriminalization. Previous knowledge of the decriminalization exemption was not required. Retired individuals were not considered, as they did not meet the criteria of being an active, working police officer. While retired individuals may have been able to provide valuable insight into their application of previous drug policy, they would not have been able to answer questions related to the introduction/implementation of the current decriminalization model.

Officers were initially recruited purposively by contacting various police departments throughout the province with whom the PI had pre-existing working relationships. Purposive sampling was utilized as it produces “information rich cases” and adds diversity to the overall sample (Sandelowski, 1995, p.180). In other words, purposive sampling can be useful for identifying and selecting individuals who may have less or more experience with, and/or knowledge of, the topic being studied, again resulting in a richer sample overall (Creswell & Clark, 2011). By generating a rich sample through purposive methods, disconfirming or atypical cases could also be uncovered (Sofaer, 1999). Seeking out disconfirming cases results in a fuller, more in-depth understanding of a phenomenon (Booth et al., 2013). For example, following the first

seven interviews, the research team noted that all participants had been of a “sergeant” rank or higher and had some knowledge of the incoming decriminalization exemption. Thus, we actively sought to recruit lower ranking officers who may have had less knowledge and perhaps differing perspectives.

Snowball sampling was also utilized throughout the data collection process to gain access to additional participants as needed. At the end of interviews, participants were asked if they knew of any colleagues who would like to be interviewed. Snowball sampling was useful for accessing lower-ranking officers, as high-ranking officers (such as supervisors) often had many lower-ranking members in their team whom they could pass along the study information to.

Potential participants were sent an information flier briefly describing the study, including contact information for myself (see Appendix A). Once I was contacted by interested individuals, I emailed them a consent form outlining the project in detail, including its purpose, their involvement/participation, any potential risks and/or benefits, information on data collection and storing, along with participant confidentiality (See Appendix B).

4.4. Interview Guide

The initial semi-structured interview guide was drafted by Dr. Alissa Greer (in collaboration with relevant stakeholders familiar with drug policy, police, and PWUD to ensure parsimony and applicability) and then developed and refined by the entire research team[2] (see Appendix C). Refinements to the interview guide were made as needed during the data collection phase, based on feedback and suggestions from the

[2] The use of semi-structured interviews was a strategic decision meant to achieve the aims of the study. Semi-structured interviews are highly flexible, in that they allow participants to guide the directionality of questioning (Kallio et al., 2016). While the interviewer provides general prompts for participants, more depth can be drawn from responses through follow-up questions and probes (discussed below). Further, Kallio et al. (2016) argue that semi-structured interviews are conducive to building reciprocity and trust between the interviewer and participants, resulting in more open and honest conversation. Thus, semi-structed interviews were deemed the best data collection tool for this study, as they would produce rich description of how POs come to generate and attach meaning to various drug policies (specifically mandatory drug treatment), the people who use drugs generally, and other attitudes towards things like police power, coercion, and control (Yilmaz, 2013).

research team to, once again, ensure applicability, understanding, and relevance. Namely, it was important that each team member and participants fully understood the concepts behind interview questions, and that the questions would help to produce answers relevant to addressing the overall aims of the project. Further, the research team met weekly-to-bi-weekly throughout the entire study to discuss any comments/concerns, the general progress of data collection, and to ensure interviewing consistency between team members.

The semi-structured nature of the interview guide meant that it was subject to change depending on participant responses (Potter & Hepburn, 2005). However, the interview guide consisted primarily of two topic areas (1) policing within changing drug policy and (2) diversion and health systems, both designed to address the main project aims. Within topic areas, officers were asked questions such as, but not limited to: “Have you heard about drugs becoming decriminalized in BC?”, “What are your thoughts on drug decriminalization?”, “How do you think decriminalization will change the nature of your interactions with PWUD?”, and “How do you feel about there being no formal diversion pathways within the new decriminalization exemption?”

Relevant to the current study, the research team decided to also include a formal question on mandatory drug treatment following roughly the first quarter of interviews. The team noted that many of the initial participants were mentioning topics surrounding voluntary, versus involuntary drug treatment methods, and agreed that a formal question would complement questions surrounding decriminalization. Specifically, because countries such as Portugal have paired decriminalization with forms of involuntary care, the team saw this as a valuable opportunity to ask officers their perspective on this topic. Thus, the following question was added to the interview guide: “What are your thoughts on treatment-based approaches, such as mandatory drug treatment?”

The semi-structured nature of the interview guide allowed me and other interviewers to probe participants when necessary, ultimately producing deeper and more detailed responses (Price, 2003; Potter & Hepburn, 2005). Probes were not always necessary, as many participants were very vocal and willing to divulge details without being asked, but were useful if an individual was providing short, uninformative responses (Rapley, 2001). For example, probes were used as needed to encourage participants to expand on a response, provide more information to the interviewer, or to

deepen our understanding of why a participant responded in a certain way (Price, 2001). Often, probes included statements such as “can you give me an example?”, or “can you tell me a bit more about that?” Additionally, repeating participant responses back to them, or simply pausing and allowing them to expand served as probes on their own. However, because probing is an interactive process highly dependent on participants’ unique responses, probes were also unique and tailored to each interview (Ritchie & Lewis, 2003).

4.5. Interviews

I conducted most interviews (n = 29), with another graduate research assistant (Becca Wood) conducting six, and the principal investigator (Alissa Greer) conducting one. The interviews were conducted over the phone or Zoom, as these were the most efficient, feasible, and convenient options, given that officers were located all across the province. Prior to starting each interview, participants were asked if they had read and understood the consent form - verbal consent was provided by each interviewee. On average, interviews lasted approximately 45-60 minutes (range: 27-75 min). All interviews were audio recorded, and then subsequently transcribed verbatim by research team members and a professional transcription service. Quality checks were conducted on each of the transcripts by an individual other than the initial transcriber, who carefully read through each transcript while listening to the corresponding audio recording. These checks were essential for ensuring accuracy in transcripts, as even one incorrect word can change the meaning behind a participant’s statement.

In addition to audio recordings and transcripts, memos were also produced by the interviewers immediately following each interview as a means of reflecting on nuances, brainstorming potential codes and themes, and as a tool to re-assess the interview guide/note any potential changes that would enhance the research team’s ability to address the aims of the study and promote relevance. Memos also worked to enhance rigor and reflexivity throughout the data collection and analysis process (Morrow, 2005). Methodological rigor will be discussed in a subsequent section.

4.6. Cessation of Data Collection

The research team agreed that data collection could be ceased following ~30 interviews but continued with an additional six to ensure data saturation. Unlike quantitative research which relies on large sample sizes to produce generalizable findings, qualitative research focuses more on the depth, and quality of findings (Sandelowski, 1995). Thus, determining sample size for a qualitative study can be difficult.

The decision to cease data collection was based on several factors: (1) The team agreed that the final sample encapsulated diverse perspectives and demographic characteristics that would ultimately produce rich data. For example, the final sample consisted of officers from all primary regions of BC, and included officers of various ages, experience, ranks, genders, and races who had unique perspectives on mandatory drug treatment. (2) The team agreed that data saturation had been met. Data saturation is commonly understood as the point during data collection when no new information emerges from the data, and where additional interviews would likely produce information redundancy (Sandelowski, 1995). Arguably, it is always possible to gain new insight from additional data collection. However, the goal of this study was to address the research aims of *understanding* police perceptions of mandatory drug treatment. Following ~30 interviews, the team met and collectively agreed that participants had provided more than enough information to address the aims of the study, and interviews were starting to become redundant. To confirm redundancy and enhance rigor we conducted 6 more interviews, at which point the team met again, and decided that data collection could be ceased. (3) Lastly, we wanted to ensure that the abundance of data that we were left with would be manageable for the subsequent stages of coding, analysis, etc. given the timeline of the study and available resources. The team agreed that the work incurred from additional data collection would produce little benefit (due to information saturation) and was thus not justified.

4.7. Analytic Method

I followed a thematic analysis approach as outlined by Braun and Clarke (2022) to analyze my data. The authors' book *Thematic Analysis: A Practical Guide* assisted in the processes of data familiarization, generating codes, theme development, and

throughout the writing and refinement processes; all of which will be described in the sub-sections to follow. Braun and Clarke (2022) argue that thematic analysis is a useful analytic tool which provides researchers with flexibility when making assumptions and theoretical decisions, all the while emphasizing their active, rather than passive, role. The active role of the researcher is evident throughout data collection and analysis, especially in the interpretation and writing phase (Braun & Clarke, 2021). As such, the result of a thematic analysis is a rich and interpretive telling of the data, as opposed to merely summative or descriptive (Braun & Clarke, 2021).

Once again, the thematic analysis approach is very flexible, and can be inductive or deductive. For this study, a more inductive approach was used. Instead of basing my code and theme development on pre-existing theory, I allowed this process to be more data-driven (Braun & Clarke, 2022). In other words, this study was not concerned with *testing* pre-existing theory (Braun & Clarke, 2022). I chose this approach because my research was unique and specific, and I felt that focusing too heavily on previous research and theory would not allow me to explore the full scope of the data, or broader meanings inherent in the data (Pandey, 2019).

4.8. Developing and Applying a Coding Framework

Data analysis for my thesis project occurred alongside and built upon data analysis for the larger decriminalization study. For example, while some refinement was necessary, many codes developed for the larger project were also relevant to my study and my analysis. As such, below I explain the data analysis which I conducted for the larger project and how that process contributed to the current study.

The abundance of data collected through 36 interviews made it essential to familiarize myself with the data early on (Braun & Clarke, 2022). The process of familiarization began during data collection and continued throughout data analysis. As the primary interviewer on this project, I benefited from firsthand interaction with participants. The ability to engage with, and probe participants assisted immensely in deepening my initial understanding of the data. Memoing after each interview was also a useful tool for continuing to interact and grapple with the presented information. Furthermore, team meetings during data collection allowed for all the researchers to

discuss preliminary thoughts on participant responses and begin to brainstorm potential high-level codes.

Once data collection had ceased, the research team began the process of generating a coding framework. To identify potential and relevant codes, all researchers started familiarizing themselves with the dataset by reading through 3-4 transcripts and then meeting to discuss salient ideas and themes. For myself, this process consisted of reading and highlighting handfuls of interview transcripts. This initial read-through process led me to identify high level concepts, which seemed to appear within many of the transcripts. For example, concepts such as: “Officer definitions of decriminalization”, “anecdotes of interactions with PWUD”, “reasons for/against the implementation of decriminalization”, were deemed prevalent at the data familiarization phase. I will discuss the meaning of the term “prevalence” in more detail within the “Theme Development” sub-section below.

The research team held several meetings throughout the coding process to develop and refine the initial coding framework in such a way that it would allow us to begin to identify “patterns of meaning” across participant responses (Braun & Clarke, 2022). This process was extensive, and the coding framework was constantly modified until the team was satisfied that it met the above goals. Often, refinement of the framework involved sharpening codes, giving them a more precise meaning (Braun & Clarke, 2022). Within the framework itself, the team developed descriptions of each code, which would help with the actual coding process by defining, and providing boundaries for what would, and would not, fall within a specific code.

The coding framework was never necessarily “complete,” as it continued to evolve throughout the actual coding process. For example, certain sub-codes were collapsed into one, higher-level code, or conversely, broad level codes were separated into smaller sub-codes as needed. The initial codes “positive attitudes towards drug decriminalization,” and “negative attitudes towards drug decriminalization” are a good example. During coding, these code labels were deemed to be too constricting, as police officers’ discussion of their view towards drug decriminalization was often multi-faceted, containing both positive, and negative perceptions. Thus, the team collapsed these two codes into “Police attitudes towards the decriminalization model,” which would allow for more open, and wide-reaching responses to be coded here. Not only was the process of

modifying codes practically helpful for applying the framework to the dataset, but Braun and Clarke (2022) indicate that a coding process involving the evolution and refinement of codes can generate richer and more nuanced data and analysis.

Data was organized using the qualitative data software, NVivo 12. Interview transcripts were uploaded to the program, and the coding framework was built in. I practiced line-by-line coding, meaning that no portion of the transcripts were left uncoded. It was common for certain excerpts to fall within multiple codes, as these statements captured multiple different meanings (Braun & Clarke, 2022). Many code labels were designed to capture meanings explicitly expressed in the data (manifest coding), which meant that excerpts would often fall into these code labels, along with others more designed for latent coding (Braun & Clarke, 2022). For example, a code label existed for “description of job” which included any expert where officers described their day-to-day work. However, often these descriptions included statements of frustration, or were telling of how officers viewed their role, and would thus fall into other code labels such as “the role of police.”

The first large round of coding was largely conducted by me (Rebecca Paulsen), with the research coordinator (Becca Wood) coding a small handful of transcripts. Regardless of the clearly outlined coding framework and descriptions of each code developed by our team, it is impossible to entirely remove the researcher, and possible biases from the coding process (Braun & Clarke, 2020). Ultimately, the coding process required some level of interpretation of officer statements, which were undoubtedly influenced by my own preconceived notions. Thus, the research team determined that allowing one member to do the bulk of coding would result in a higher level of consistency in the application of the framework. Despite potential biases, clear definitions and examples developed for the coding framework made it easier to demarcate which segments of the data belonged within each code.

As mentioned, the current study utilized much of the data coded for the larger study. However, to focus more specifically on the aims of my thesis, additional code refinement was necessary. For example, within the larger project coding framework was a code labeled “Mandatory Treatment and Coercion”. This code was useful for the current project but contained very nuanced data which needed to be broken down. Thus, within this code, I created sub-codes such as “Officer definitions of mandatory

treatment”, “Mandatory treatment in other countries”, “Mandatory treatment for youth”, “Perceptions of mandatory treatment”, “Examples of officer uses of coercion”, etc. These more refined codes allowed me to parse through the mandatory treatment data coded for the larger project in more detail. Other codes within my new, more narrowly focused coding framework involved, but were not limited to: “The role of police (in drug treatment)”, “Determinants of drug use”, “Threats of drug use”, “The current system (for policing drugs)” and “Suggestions for improving the system”, all of which came from data collected for the larger project. Coding using this new framework was also done in NVivo 12, was conducted line-by-line, and involved the revision, and evolution of certain codes.

Braun and Clarke (2022) argue that coding can exist on a spectrum ranging from semantic to latent. The former is focused on the explicitly expressed meaning of the data and the latter on more “abstracted” or conceptual meaning (p. 57-58). I contend that the initial coding framework developed for the larger decriminalization project was primarily semantic, and the framework for mandatory treatment promoted more latent coding. This argument is supported by Braun and Clarke’s (2022) statement that: “Initial coding is often semantic” (p. 58). Furthermore, the two projects had inherently different goals. The initial project was concerned with broadly surveying officer perceptions on various topics related to drug decriminalization. Thus, the explicit meaning of officer responses was valuable for achieving this aim. In contrast, while the current study also sought to understand officers’ explicit sentiments towards mandatory treatment, it also aimed to understand and uncover underlying assumptions, and ideological beliefs held by officers, which were not always explicitly stated (Byrne, 2022).

The following section highlights how the rigorous and consistent coding processes described above translated, through analysis, into meaningful and rich themes.

4.9. Theme Development/Refinement

Due to the inductive nature of my research, the theme development process was non-linear and involved several stages of refinement (Braun & Clarke, 2022). As the researcher conducting majority of interviews and coding, I constantly grappled with the data and reflected on potential sources of shared meaning behind officer statements. As such, I was considering potential themes before any formal data analysis had occurred.

These preliminary thoughts may have been influenced by my preconceived notions on this subject and could have impacted subsequent theme development and findings. However, peer debriefing was a useful tool for ensuring that once developed, themes were indeed reflective of the data (to be discussed in methodological rigor section).

Formal theme development began following the first round of coding using the mandatory treatment coding framework described above. I began the iterative theme development process by reading through and making notes on each of the data extracts within each code. This process allowed me to see high-level concepts which could potentially develop into themes and see how different codes interacted with and related to one another. Mind maps were also useful for visually interpreting the relationship between different codes/concepts (Braun & Clarke, 2022). Once I had identified potential themes and sub-themes, it was important to ensure that each had their own unique “organizing concept” which captured the “essence” of the theme, and that each theme was distinct from the others (Braun & Clarke, 2022, p. 89).

Again, theme development and refinement were extensive and continued heavily into the writing phase. In fact, the writing stage was where the most refinement occurred, as this was the stage where I was able to fully explore my interpretations and overall analysis of the data. Many themes had to be compressed, expanded, removed, etc. As Braun and Clarke (2022) argue, a thematic analysis is never final or complete. This argument helped me to remain open to the natural evolution of the data analysis process.

4.10. Ethical Considerations

Ethics approval for this project was obtained via Simon Fraser University’s Research Ethics Board (REB) on September 13th, 2022, under Dr. Alissa Greer (REB#:30001251). Given that this study involved the perceptions of human participants, the research team, including myself, adhered to ethical guidelines detailed in the Tri-Council Policy Statement (TCPS 2) (TCPS 2, 2022). The study was deemed minimal risk because it met the TCPS 2 definition of minimal risk, in that “the probability and magnitude of possible harms implied by participation in the research are no greater than those encountered by participants in those aspects of their everyday life that relate to the research” (TCPS 2, 2022).

The research team did not foresee the study producing any direct harm and/or benefit to participants. However, the team was cognizant that officers were being asked to relay potentially sensitive anecdotes related to their interactions with people who use drugs, and their role/experience as a police officer, generally. As such, researchers remained mindful and respectful by reflecting on the content and answers in the interview, and reminding each participant that they were not obligated to answer any question which made them uncomfortable, and that they could stop the interview at any given time.

To adhere to ethics guidelines and the consent form provided to each participant, several measures were implemented to enhance anonymity and to promote confidentiality. All data collected throughout the entirety of the research collection and analysis phase, including audio recordings, interview transcripts, interviewer memos, participant tracking, coding documents, etc. were stored on SFU Vault under password protection. All participants were assigned a participant code, such as "PO1.1", to keep track of which researcher conducted each interview, and to link the transcript data with certain demographic and regional characteristics. Furthermore, all interview transcripts were de-identified by any potential identifying statements and names. For example, all names were removed and replaced with pseudonyms, along with mention of specific location names, or statements that could link an officer to their transcript, such as "I am (of this rank) and have worked in (this jurisdiction) for (this many years)." Participant de-identification was an essential step used to bolster participant willingness to engage, and their level of comfort when doing so.

Given the voluntary nature, the relatively low risk to participants, and the research precautions listed above, it was clear that the benefits produced through data analysis would outweigh any potential harms (deemed minimal) to police officers.

4.11. Methodological Rigor

Several strategies were used to enhance methodological rigor – here I discuss three. First, I attempted to do what Elliott et al. (1999) describe as "owning one's perspective", which involved acknowledging my own values and assumptions which may have affected the way I conducted and/or analyzed my research (p.218). Memoing was one such practice that allowed me to reflect on my perspective. I attempted to be self-

aware throughout the research process and conscious of how my own perceptions and biases could influence my questions and tone during interviews, my assessment of participant responses, and my interpretation of overall findings (Patnaik, 2013). While it may not be possible to eliminate researcher bias, I do believe that my constant introspection and questions to myself such as: "Am I just thinking this way because I agree with the participant?" during data analysis ensured that the focus of my study was the participants and not my pre- conceived notions (Patnaik, 2013).

Second, the use of examples by way of quotes to support my claims will be evident in the findings section of this thesis. Examples are valuable for enhancing rigor and trustworthiness in the data (Morrow, 2005). Grounding my findings in examples makes it easier for the reader to determine if my interpretations are indeed reflective of statements made by participants and mitigates the possibility of researcher bias. In other words, examples ensure that my claims were indeed supported by and reflected in the data.

Lastly, as mentioned in previous sections, peer debriefing was conducted at several stages of data collection and analysis with various members of the research team, or the entire team. Peer debriefing enhances rigor by forcing the primary researcher (me) to reflect on their own assumptions and ask tough questions about their interpretations (Creswell & Miller, 2010). For example, peer debriefing occurred at the coding phase to ensure that other members of the team agreed with my interpretation of what statements would fit into which codes. The PI (Alissa Greer) also provided peer debriefing support throughout the entire data analysis and writing phase by challenging opinion-based statements and forcing me to reflect on how and why I arrived at certain conclusions.

I inevitably held certain biases and/or perspectives which ultimately could have influenced the findings of this study. For example, I have always been a supporter of police agencies in Canada and hold the opinions of police to a high regard. This affinity for police may have tainted the ways in which I viewed any negative statements made by officers. However, by taking the precautionary steps above, these preconceived notions were mitigated, or at the very least acknowledged. As mentioned previously, qualitative research and thematic analysis acknowledge the active role of the researcher - this

interpretive process can be viewed as one of the many benefits of qualitative research (Braun & Clarke, 2021).

Chapter 5.

Findings

In this chapter, I present my findings within two domains which demonstrate officer perceptions of mandatory treatment, along with the underlying beliefs and attitudes that shaped their views. Themes within the first domain analyze factors that made participants hesitant to support mandatory treatment, such as controversy around the topic, the predicted role of police facilitation, and questions about efficacy for producing abstinence. Contrarily, themes within the second domain focus on factors that made officers support the idea of mandatory treatment, such as the prioritization of public safety and predicted threats of drug decriminalization. Before discussing my themes, I first present a breakdown of the final sample of this study

5.1. Final Sample

A total of 36 interviews were conducted. The final sample was primarily comprised of male participants (86%, *n=31*) of a Caucasian ethnicity (86%, *n=31*). The median age for the sample was 42 years old (range: 24-55). Officer rankings consisted of nine different categories, ranging from superintendent (*n=1*) to constable (*n=15*). Five different regions in the province were represented and organized by regional health authority, with the majority (72%) being from either Vancouver Coastal Health (*n=6*), the Fraser Valley (*n=12*), or Northern BC (*n=8*). A full breakdown of participant characteristics is presented in Table 1. The following chapter highlights the findings from these interviews.

Table 1: Participant Characteristics

	n	%
Age Group (years)		
24-35	11	30.5
35-45	11	30.5
45-55	14	39
Gender		
Male	31	86
Female	5	14
Ethnicity		
White	31	86
Caribbean	1	2.8
African	1	2.8
Asian	1	2.8
First Nation	1	2.8
Metis	1	2.8
Officer Rank		
Constable	15	42
>Constable	21	58
Officer Jurisdiction		
Fraser Valley	12	33
Northern BC	8	22
Vancouver Coastal Health	6	17
Interior	6	17
Vancouver Island	4	11

5.2. Overview of Findings

Participants had diverse views towards mandatory drug treatment – few participants were fully supportive of, or opposed to, a mandatory model. For the most part, officers were hesitant when discussing different elements of mandatory treatment and displayed internal confliction surrounding this topic. For example, participants considered mandatory treatment's efficacy for producing abstinence from drug use, along with its feasibility within the context of Canada's political climate. It was also clear that officers' conceptualizations of what they believed mandatory treatment to entail, and the role police might have to play in its facilitation, strongly influenced their perceptions and overall support/lack thereof for an involuntary treatment approach.

Despite some undeniable hesitancy and uncertainty surrounding mandatory treatment, officers nonetheless explicitly stated, or implied through various arguments,

that it might be a needed step for BC. Officer attitudes towards drugs, the people who use them, drug decriminalization, and perspectives on abstinence, seemed to increase their overall support for mandatory treatment and generated the perception that it is a necessary intervention. Moreover, a perceived lack of effective alternatives for treating drug use, along with insufficient support systems for police, left officers feeling hopeless and as though mandatory treatment may be the only remaining option. Table 2 provides breakdown of these domains and themes.

Table 2: Breakdown of Domains and Themes

Domain	Themes
5.3 Sources of Officer Hesitancy Towards Supporting Mandatory treatment	**5.3.1.** Crafting Responses to the Controversial Topic of Mandatory Treatment **5.3.2.** Officer Conceptions of Mandatory treatment: Force and Coercion Carried out by Police **5.3.3.** The Impact of Political Climate and Public Gaze on Implementing Mandatory treatment **5.3.4.** You Can't "Buy-In" to Mandatory Treatment
5.4 The Basis of Officer Support for Mandatory Treatment	**5.4.1.** The Dire Need for Abstinence Through Treatment **5.4.2.** Drug Use Inhibits Rational Thought and Ability to Voluntarily Seek Treatment **5.4.3.** Public Safety and Accountability of PWUD Outweigh Unknown Impacts of Mandatory treatment **5.4.4.** Mandatory treatment as a Means of Regaining Control in the Wake of Drug Decriminalization

5.3. Sources of Officer Hesitancy Towards Supporting Mandatory Treatment

Officers tended to weigh many elements of mandatory treatment and their possible effects which, again, led to some confliction and hesitancy. The themes within this domain analyze the negative elements of mandatory treatment identified by officers and unpack how these elements contributed to officer confliction and hesitancy.

Through officer narratives, I identified four factors which played a large role in generating officer confliction and hesitancy towards mandatory treatment: (1) The controversy surrounding mandatory treatment (2) Officer conceptualizations of mandatory treatment and what it might look like in practice, (3) The predicted role of police in implementing a mandatory treatment model within the context of Canada's political climate, and (4) Uncertainties surrounding the efficacy of mandatory treatment

for producing abstinence from drug use. The following themes analyze each of these sources of officer hesitancy in detail.

5.3.1. Crafting Responses to the Controversial Topic of Mandatory Treatment

Hesitancy for supporting mandatory treatment was evident in conflicted responses to questions about this treatment modality. Participants were often caught off guard when asked if they agreed with the premise of mandatory drug treatment and were typically unsure of how to respond. It was rare for officers to voice a resounding “yes” or “no” to this question – instead, most were short with their initial responses which suggested either fear of discussing a controversial topic, or genuine uncertainty. For example, when explicitly asked: “What are your thoughts on mandatory drug treatment?” or “Do you agree with the concept of mandatory drug treatment?” participants often replied with vague statements such as: “Um, yes and no” (PO1.12) or “I don’t know” (PO1.13). Once expanded on, participant narratives suggested that mandatory treatment was a contentious topic for them and perhaps one they wanted to avoid discussing candidly.

An example of this perceived controversy was many participants’ clear avoidance of explicitly stating that they agreed with mandatory treatment, or alternatively, following supportive statements with a justification or clarification. For example, in regard to mandatory treatment, one participant stated: “Sometimes you just got to force them [PWUD] to do the things they don’t wanna do. I don’t agree with it, but that’s… I don’t know what else we can do” (PO1.13). This officer contradicted themselves by initially advocating for mandatory treatment, but then quickly denouncing their own opinion by saying they “don’t agree with it” (PO1.13). It may be that despite internally supporting mandatory treatment, some officers did not want to be perceived by the interviewer in such a way.

For other officers, it appeared that genuine uncertainty led to vague statements about mandatory treatment. While it was evident that some officers had simply not spent a great deal of time analyzing their perceptions of mandatory treatment, apparent in statements such as: “That’s a really good question. I’ve never thought of that before” (PO1.16), it was more common for participants to recognize and express internal conflict

about the issue – again, this conflict was rooted in controversies about mandatory treatment. For example, when asked their thoughts on mandatory treatment, participants would respond with answers such as: “That’s a tough one” (PO1.21), or “It’s such a complex issue” (PO2.1), or “That’s a pretty good question. I don’t know if I really have a creative answer for that one” (PO1.16). All these responses highlight that officers wanted to grapple with many factors of mandatory treatment prior to voicing their unfiltered opinions, resulting in indecisiveness, hesitation, and initial vagueness.

Arguably, controversy, perhaps combined with a lack of knowledge about the interviewers’ stance on mandatory treatment, made officers fearful to offer this modality as an ideal solution for drug use, even if that was their true opinion of it. They generally stipulated that mandatory treatment might be necessary *only* under certain circumstances (to be discussed in subsequent sections) and/or within regulated parameters. For example, officers contended that mandatory treatment should “only” (PO1.17) be applied as an alternative to jail time. Three officers made almost identical statements that mandatory treatment is warranted “if” a person’s drug use is impacting others in the community (PO1.13, PO1.15, PO1.16). Again, these only if/when statements solidify hesitation and caution when discussing the potential uses of mandatory treatment.

Once mandatory treatment was discussed in more depth with participants, their perceptions of it became clearer. Officers’ narratives pointed to a variety of social, political, and personal factors which shaped their overall opinions of mandatory treatment. The following themes continue to analyze the factors that made officers hesitant to support mandatory treatment and continue to highlight the perceived controversial nature of this intervention.

5.3.2. Officer Conceptions of Mandatory treatment: Force and Coercion Carried out by Police

Police officers’ hesitancy was also based on their conceptions of this model, along with their assumptions about police implementation. For the most part, participants seemed to have what could be described as extreme pre-conceived notions of what mandatory treatment is. While mandatory treatment can, and does, exist on a spectrum, participants used terms such as “force” (PO1.13), “forceful” (PO1.17), and “coercive”

(PO1.15) when describing various aspects of the model. These terms indicate a conceptualization of mandatory treatment aligning more with extreme versions of involuntary care as opposed to less compulsory measures such as drug courts.

The perception that mandatory treatment inevitably involves forceful and coercive action led officers to be wary about their role in its day-to-day application. Specifically, participants believed that police would be the ones responsible for carrying out the force associated with mandatory treatment. When describing the manifestation of mandatory treatment, officers claimed they would have to: “put someone in handcuffs and drag them to a clinic” (PO1.15) or “take away someone’s freedom by putting them in handcuffs and controlling where they go” (PO1.24). The use of terms such as “handcuffing” and “dragging” continue to highlight some officers’ extreme vision of mandatory treatment – a model which to them, necessitates that police use both *physical* force and some form of coercive intervention in the lives of PWUD.

Some participants were indeed hesitant about having to play an enforcement role within a mandatory treatment model. For example, among those who reflected on police facilitation of mandatory treatment, one officer stated: “I totally don’t advocate for forced treatment. We don’t want to be seen as the henchmen of health out there forcing people” (PO1.14). This officer’s statement indicates that participants’ primary concern about being the enforcers of mandatory treatment was rooted in fear of damaging police reputation, as opposed to causing harm to PWUD, through force. Namely, this officer’s primary reason for denouncing mandatory treatment is that they feared tarnishing public perception of the police - the statement does not reflect concern surrounding the use of force towards PWUD. The next sub-theme continues to explore the impact of public gaze on officers’ overall hesitancy towards mandatory treatment.

5.3.3. The Impact of Political Climate and Public Gaze on Implementing Mandatory Treatment

Related to participants’ assumption that police would play an active role in the day-to-day application of mandatory treatment, their narratives also revealed a fear of public scrutiny, specifically within the context of Canada’s political climate. The fear of public scrutiny once again made officers hesitant to support a mandatory treatment model. Many participants held the belief that Canadians would not condone mandatory

treatment, which resulted in them viewing it as potentially un-feasible and risky for police to implement. When considering the current use of coercion by police towards PWUD, officers clearly predicted mandatory treatment would somehow change/increase public oversight of the police.

Participants did not seem to fear public oversight (of police action towards PWUD) within a contemporary setting. Officers provided several examples of using force and coercion towards PWUD, often claiming that these measures are used to *appease* the public and remove PWUD from unfavourable situations. The following anecdote is one such example:

> You have a law-abiding citizen who's called you with an issue 'cause there's a person committing a crime. And now you need to prevent that person from continuing to commit that crime. So really now at this point you've already warned them [person using drugs]. They've shown that they're not able to listen to you and stay away from that business by just issuing a verbal warning. So now you have to use some kind of authority to prevent them from doing that. Whether you arrest them and like I said, bring them back to your cells, hold them there. (PO1.24)

A discrepancy existed between participants' current willingness to use force in informal, temporary, detainment settings, and their fear of using force in formal, mandatory treatment, settings. This inconsistency supports the argument that officers felt like public oversight would increase under a mandatory treatment model, and again, demonstrates participants' perception that mandatory treatment is somehow more extreme than their current tactics for controlling PWUD.

Further, participants' perceptions of Canada's political leaning influenced their predictions of how Canadians would react to mandatory treatment. Some participants claimed that Canada (specifically BC) is far too "left wing" to ever condone the forceful or coercive treatment of others. For example, one officer stated: "I don't think Canada, as left wing as we can be, would ever just load up people off the street and just drive them to a centre" (PO1.17). This quote indicates that some participants associated a "left wing" political alignment with individuals who might denounce mandatory treatment and predicted that majority of Canadians would fall into this category. As such, officers were clearly hesitant to promote, and then subsequently have to carry out, a treatment model that they believed the majority of Canadians would inherently oppose.

Many participants clearly disagreed with “left wing” ideations that denounce mandatory treatment, but ultimately felt overpowered and voiceless compared to “left wing” individuals. When discussing public reaction to mandatory treatment, one officer stated: “I think it would be a huge media outcry. I really do. I don’t think people would accept it, which is in my opinion wrong. But I’m just a sergeant” (PO1.22). This participant confirmed that while they may agree with mandatory treatment as a premise, their self-described role as “just a sergeant” indicated a feeling of subordination to the overwhelming political majority in BC and Canada. This participant ultimately abandoned the possibility of mandatory treatment even being considered within a Canadian context and dismissed their own opinion on the issue. Officers feeling subordinate to the political majority in Canada and/or inherently disagreeing with this population indicates clear disconnect between laws, public perception of laws, and the beliefs of those responsible for enforcing said laws.

Regardless of participants’ views and assumptions about public attitudes towards mandatory treatment (shaped by political leanings), they were nonetheless concerned about being the body responsible for implementing mandatory treatment within such a context, again referencing deeply engrained Canadian values. When discussing their role in mandatory treatment, the same officer stated:

> [Mandatory treatment] would be like we [the police] are taking somebody’s rights away to do something illegal because this was not a-- it’s not their choice. They’re sick. So, with that mentality…that mentality has got to go before we can even see something to the effect of what’s happening in Portugal. (PO1.22)

This officer portrayed police as the antagonist in a mandatory treatment scenario, given their perception of Canadian values surrounding drug use and choice. In that sense, the participant again dismissed the possibility of implementing mandatory treatment in Canada, arguing that fundamental values would have to change to make the model feasible and for police to not be heavily scrutinized.

5.3.4. You Can’t “Buy-In” to Mandatory Treatment

Participants’ hesitancy towards mandatory treatment was also generated by uncertainties about its ability to produce abstinence from drug use. The concepts of

personal choice and buy-in, along with timing, were central to officers' doubts and were largely influenced by personal experiences with, and pre-conceived notions of, PWUD.

Participants typically argued that personal choice can determine treatment outcomes, claiming that without personal choice, abstinence will either not be achieved, or will be temporary. As such, many participants were unconvinced that mandatory treatment would produce abstinence, given the perception that this method removes agency and autonomy. For example, officers made statements claiming that PWUD should "want to get clean" (PO1.26) or must "come to that [decision] on their own" (PO1.8), indicating that for these participants, effective treatment requires buy-in from PWUD – to them, mandatory treatment lacks buy-in and would thus be ineffective.

Phrases used by participants surrounding coercive treatment are good examples of the weight they gave to PWUD's agency and autonomy. For example, participants said things like: "you can lead a horse to water, but you can't make it drink" (PO1.12) or "[PWUD] have to really hit rock bottom [for treatment to work]" (PO1.13). These analogies/metaphors demonstrated a clear belief among officers that abstinence requires a high level of personal awareness and choice on behalf of PWUD, where these individuals are cognizant of how their actions are affecting them. Arguably, mandatory treatment does not always occur at the exact time that PWUD reach personal awareness. For this reason, officers were doubtful about its efficacy - timing and buy-in were key.

In contrast, however, a handful of officers argued that mandatory treatment could be effective for producing abstinence. Logically, these officers also had opposing views towards personal choice, autonomy, and the impact of drug use on both. For example, when asked if they thought mandatory treatment could lead to abstinence, one officer claimed:

> I do. I really do. I do 'cause I've seen it. I've seen guys get clean. And I've talked to guys-- it's hard, it's hard work, 100 percent. I've seen guys get clean. And each person for the most part has told me that it takes a little while to get clean. It takes a little while for it to be-- your head to clear. But once it clears, you are a different person. (PO1.22)

Participants such as this thought that the removal of personal choice via interventions like mandatory treatment can certainly produce abstinence. In fact, these officers felt that *without* the removal of personal choice, abstinence will almost never occur, due to their

belief that a "*small percentage*" (PO1.17) of PWUD voluntarily seek help. For officers with such a belief, it seemed that the forceful and coercive nature of mandatory treatment may be necessary.

On that account, some officers viewed PWUD as autonomous individuals who choose to use drugs and who will eventually decide to stop on their own – unless treatment timing aligns with this personal decision, it will not be effective. Contrarily, other participants viewed PWUD as being bound to their addiction and unable to stop without mandatory intervention. Regardless of where officers stood, this finding that participants had polarized opinions about personal choice and recovery indicate that despite being exposed to similar job-related circumstances, officers still hold deeply engrained pre-conceived notions of PWUD and drug use in general and are also greatly influenced by first-hand observations of recovery. These pre-conceived notions and personal anecdotes ultimately determined whether or not some officers believed in the efficacy of mandatory treatment for producing abstinence.

5.4. The Basis of Officer Support for Mandatory treatment

Despite the hesitancies towards mandatory treatment examined above, participants also provided several arguments to support an involuntary treatment model in BC. Officer attitudes towards eliminating drug use, PWUD's decision-making capabilities, public safety, and drug decriminalization in BC all provided a basis of support for mandatory treatment. Many participants contended that mandatory treatment may be a necessary step for the province and a useful tool for regaining police control and maintaining social order. The following themes within this domain explore officer justifications and rationale for implementing mandatory treatment in BC.

5.4.1. The Dire need for Abstinence through Treatment

Most participants discussed their overall perspectives on drug use – typically, these discussions focused on the effects of drugs on an individual's life, the effects of drugs on those around them, and treatment. These discussions showed that most officers preferred the idea of treatment-based modalities, sometimes including, but not limited to, mandatory treatment, over alternative approaches that solely focus on reducing harms as opposed to promoting abstinence. For example, one participant

described their ideal scenario for addressing drug use: “In a perfect world, for me, you would have low or no barrier um, to detox, and to treatment” (PO1.14). Again, while this participant does not explicitly mention mandatory treatment, their statement reflects a clear desire to promote a treatment-based approach. It was common for participants to push more and increased access to treatment – all to emphasize their goal of abstinence.

Officer narratives surrounding drug use and treatment also revealed some stigmatizing attitudes towards individuals who do not actively seek out treatment. For example, when discussing the utility of treatment, one officer stated:

> Treatment facilities have to be actual facilities and there should be rules in place and I don’t know, people just have to come to the realization that there is a lot more to life than using in an alleyway or doorway and living in a tent among urine and feces and think that’s acceptable and think that’s the best they can do with their lives. (PO1.12)

Such statements indicate that officer stigma towards PWUD primarily comes from a belief that they lack self-awareness, or alternatively, that they are self-aware, yet chose to live a lifestyle inconceivable to officers. Once again, participants believed that intervention via treatment was the only suitable response for saving PWUD from their own actions – in this case, the officer urged for more regulation among treatment facilities.

Similarly, drug use was rarely viewed as a purposeful choice or lifestyle decision. Instead, most officers were convinced that PWUD were ‘stuck’ or ‘trapped’ in a cycle of drug use and in dire need of help through treatment. Some officers seemed to conclude that common patterns of drug use mean that all PWUD are the same and require the same solution. The following officer described behaviors they often witness from PWUD:

> The people who are using drugs to take away that pain, just like people who use alcohol use it to take away that pain. They are not helping themselves. They are just masking a problem and using more and more and more, which is a vicious cycle, because all it does is cause you to be more depressed. And, where there should be healthcare and treatment, and more recovery houses, they are just slapping more drugs at them. (PO1.12)

In this quote, treatment was offered as the best solution for PWUD to end their cycle of pain and suffering, perpetuated by drug use. Simultaneously, the officer denounced harm reduction methods, suggesting these methods do nothing to assist PWUD in their

recovery. Again, many participants ignored potentially unique circumstances/reasons for using drugs, among PWUD and instead adopted a stigmatizing mindset, assuming that treatment is the only socially acceptable avenue for PWUD to become productive members of society.

5.4.2. Drug Use Inhibits Rational Thought and Ability to Voluntarily Seek Treatment

Beliefs that drug use inhibits PWUD's rational thought and ability to voluntarily seek drug treatment made many officers more inclined to support mandatory treatment as a means of generating agency through sobriety. Officers often contended the belief that PWUD's subconscious desire to abstain is overpowered by the very nature of drugs – the drugs impede their ability to seek out help, or even be aware that they might need help. Thus, participants viewed mandatory treatment as a way to transport PWUD from a state of curtailed rational thought to a state of mental clarity, where they could regain agency. For example, one officer argued:

> If I'm [a person who uses drugs] forced to do it [treatment] and I'm out on the other side [abstinence], maybe I think about that and say, okay, maybe I got to do that because I don't want to have to come out and deal with that kind of pain again if I'm addicted, right. But at least give that person an opportunity to make that decision with a clear mind, rather than a mind that's fogged up by drugs and also the fear of not having drugs. (PO1.22)

This officer discusses mandatory treatment as an inherently harsh and forceful mechanism, but one they thought that PWUD will ultimately be grateful for once abstinent. To participants the downsides of using force are overshadowed by the positive results that follow. Namely, mental clarity and subsequent autonomy brought about by mandatory treatment are viewed as worthy justifications for using force and coercion to produce abstinence. By assuming that PWUD will be grateful for being forced to abstain, participants were homogenizing PWUD by ignoring individualized circumstances and/or the potentially therapeutic uses of drugs.

Like the previous sub-theme, rooted in officer beliefs was the idea that some form of institutional treatment was a necessary step for initiating and maintaining abstinence. Treatment itself was framed as an antidote to the perceived harms and impacts of drug use; something that officers believed PWUD would choose to live

without once abstinent. Some officers shared the belief that PWUD deeply want to escape the cycle of drug use but again, are simply unable to make this initial decision on their own due to their addiction - framing PWUD as helpless individuals who typically lack agency. The following quote depicts this belief:

> I don't think that there's many people that have a drug addiction that are proud of their drug addiction. I think that it's something that they kind of suffer in silence with… Because inevitably that person's going to want to get help because I don't think people-- even though, like, in that moment they enjoy it [drug use]. But it's more of an addiction and a reliance on that drug. (PO2.5)

In this instance, along with others, officers justified their support for mandatory treatment by painting PWUD in a somewhat shameful way which assumes them all to be helpless and in need of support through treatment. The shaming of PWUD once again highlights stigmatizing attitudes among officers. Such attitudes are reflective of traditional, and arguably outdated, policing culture and are concerning, specifically in BC where harm and stigma reduction are at the forefront of drug policy goals.

Importantly, however, the shameful and stigmatizing depiction of PWUD presented by some officers seemed to be directed towards drugs themselves, rather than the individuals who use them. In other words, officer narratives frequently painted drugs to be the antagonist which prevent PWUD from achieving true autonomy and personal choice. Once abstinent, officers reverted to describing PWUD as autonomous individuals capable of rational thought and personal choice. For example, one officer stated:

> I actually do believe that mandatory treatment can help. It'll clear that person up for that time being. Will that person want to go back to it? That's up to them. Nothing you can do about that point. Getting somebody clean is totally doable. Keeping them clean, up to them. (PO1.22)

PO1.22 indicates a feeling of duty to help PWUD achieve abstinence, given officers' perceptions that they cannot make this choice on their own. However, once abstinence is achieved, the participant argued that PWUD should be permitted to proceed with their life as they choose, justified by the notion that they can now think rationally.

Police officers' underlying beliefs towards the impact of drugs on rational thought and agency ultimately justified their support for and use of mandatory treatment as a temporary tool that enables PWUD to realize *their* desire to abstain.

5.4.3. Public Safety and Accountability of PWUD Outweigh Unknown Impacts of Mandatory Treatment

Among the many participants who held conflicted views towards mandatory treatment, support for coercive treatment was often generated through discussions surrounding public safety and accountability for PWUD. Participants often described PWUD as a threat to public safety and order, and relatedly, to police officers' duty to maintain the two. Mandatory treatment was seen as a potential avenue for maintaining social order, working as a crime deterrent, and holding PWUD accountable for drug-related crime.

The perceived threat that PWUD pose to the community was based on officers' belief that drug use and crime are inextricably linked. Participants often made statements such as: "[Drugs are] a massive driver of crime in most communities and every province" (PO1.6). Given the perceived link between drug use and crime, along with participants' desire to mitigate crime, officers felt that coercive measures, such as mandatory treatment, are justified when used to protect the public.

In discussing their perspectives on solutions for drug-fuelled crime, some participants voiced frustration towards both society and the legal system, arguing that drug-related crimes are often met with grace and mercy as compared to other types of crime. For example, one officer stated:

> We have this huge campaign for impaired driving, and you have to go through all these steps to get your license back, but if you do the same thing when you're using drugs, it's like 'oh well, maybe there's other issues, we'll just keep giving them another chance'. (PO1.21)

This quote displays clear adherence to the rule of law and a strong conviction that the rule of law ought to be obeyed by every individual in society.

Participants felt that the leniency given to PWUD is not warranted and that drug use is not an acceptable excuse for committing crimes. Like the previous sub-theme,

mandatory treatment was seen as entirely justified to prevent crime and hold PWUD accountable for these crimes. One participant stated:

> I don't think we want to become the kind of country that unilaterally decides-- or that decides that, yeah, this person needs to be forced into treatment. Unless it comes to the point where they've actually committed a crime… when you commit a crime, especially a crime against somebody, you know, and something that's serious enough, then there needs to be something addressed, right. Yeah. (PO1.28)

The hesitation which officers, such as this one, felt towards introducing mandatory treatment was overridden by the perceived *necessity* to adequately prevent and address drug-related crime via mandatory treatment. Again, this conviction may have also been influenced by a desire to deter further drug-related crime and make an example of PWUD by punishing through mandatory treatment.

While participants clearly desired some form of repercussion for crimes committed by PWUD, they did not seem to believe that jail time is most effective. Instead, participants seemed to believe that mandatory treatment would be a more lenient, yet still effective option for eliminating or mitigating the threat that PWUD pose to the community and relatedly, a means of crime prevention. One officer suggested:

> I think a lot of our criminal justice system, there are people that are being arrested, you know, a couple times a day, uh, it's always drug fueled, you know, property crime, or violent crimes then, specifically violent crimes, then I think if it's drug related, then that person, there should be a mandatory um, program completed. (PO1.21)

Like the officer above, it was common for participants to suggest mandatory treatment as a replacement for criminal justice sanctions - to be used when PWUDs' addiction is causing them to commit crimes and impact others in the community. Mandatory treatment was suggested as a crime prevention modality meant to keep the public safe, as opposed to an effective health or harm reducing intervention, meant to keep PWUD safe.

Arguably, however, officers may have simply suggested mandatory treatment in response to feeling overburdened and sometimes poorly supported by other systems. The above quote highlights the sense of being overburdened by a revolving door of individuals who are perpetually thrown into the justice system. Similarly, when discussing the healthcare system, one officer stated:

> I think that if those systems had more resources then they would be able to help more people and it would reduce the number of times that we have to end up dealing with this person… I just feel like there should be more on the other side so that we have to do less on our end, I guess. (PO1.7)

Such statements suggest that if officers felt more supported by other systems, they might be less inclined to support mandatory treatment – a solution which they seem to present as a last alternative and the only way for police to juggle their many roles while keeping the public safe.

5.4.4. Mandatory Treatment as a Means of Regaining Control in the Wake of Drug Decriminalization

Participants' stance on abstinence, deterrence, and crime prevention offered by mandatory treatment seemed compounded by impacts they assumed would result from drug decriminalization. Many officers feared that drug decriminalization would inevitably lead to increased public disorder and a greater burden on police, while simultaneously reducing police powers to act in drug-related situations. One officer argued: "We are going to see a massive increase in property crime, drug use and overdoses" (PO1.1). In response to the potential for increased crime and disorder, many officers believed that mandatory treatment might be a needed step for maintaining public order and regaining some level of control over the actions of PWUD.

Police officers expressed many uncertainties surrounding drug decriminalization in the province, which they assumed would impact their job and ability to control PWUD, and drug-related crime. A prominent concern among officers was the potential for decriminalization to inhibit their ability to investigate drug trafficking. When discussing the impacts of decriminalization on drug trafficking investigations, one participant argued: "They'll [drug traffickers] just evolve their business to be less apprehendable by us" (PO1.13). Similarly, another participant stated "In my opinion it [decriminalization] opens up the door for trafficking and opens up the door for users…to get more involved in trafficking. It also closes the door and takes away a tool from a police officer" (PO1.22). The loss of ability to do their job and mitigate trafficking left officers feeling hopeless and frustrated, and fueled their desire to find an alternative solution to hinder drug-related crime.

Officers were also concerned about the potential for an increase in public drug consumption and increased calls of disturbance. Their loss of ability to charge for simple possession was especially frustrating for participants, who claimed that their only real "avenue" to maintain control over PWUD is to "criminalize their behaviour" (PO1.24). In lieu of this loss of control and ability to criminalize, participants suggested that perhaps mandatory treatment could be an effective solution. To argue their support for mandatory treatment one officer stated:

> Drug use and abuse leads to all sorts of other societal issues and violence, property crime, things that the police are going to have to deal with or be called to anyway. And yeah, I just don't see it getting better with just this step [decriminalization]. I think having other-- like that Portugal model seems like a-- having an administrative process to try and assist people. And then if they're not willing-- and I think we need to step in as society and kind of force that. Because the effects on everybody else are significant. (PO1.20)

It was evident that officers felt an ongoing and strong need to have some level of control over PWUD and the drug situation. As this quote suggests, some participants accepted the idea of decriminalization, but only when paired with mechanisms of police control over drugs and drug use – this officer suggested administrative pathways to care, or mandatory treatment. The participant also offered mandatory treatment as a last resort only for individuals who are "not willing" to receive assistance. This stipulation implies that frustration and hopelessness towards uncooperative individuals were additional motivators for participants to suggest mandatory treatment under a decriminalization framework.

Chapter 6.

Discussion

In Canada and across the world, governments and policy makers have been developing plans to address mounting concerns about the harms associated with drug use. The province of BC has chosen to decriminalize small amounts of drugs for personal possession while simultaneously promoting harm-reduction methods. Other provinces, such as Alberta, have adopted alternative measures and are focusing on abstinence and recovery. In the context of controversy surrounding the best/most appropriate drug strategies, I interviewed police officers in BC about their perceptions of mandatory drug treatment. The aim of this study was to produce much needed research surrounding perceptions of treatment-based drug strategies from front-line individuals with extensive experience working with PWUD and enforcing drug laws and policies.

Thematic analysis of the qualitative interview data revealed important findings related to police priorities in BC, along with officer knowledge and perceptions of mandatory treatment and related drug policy, perceptions of PWUD, and attitudes towards drug use generally. Findings indicated that officer support for mandatory drug treatment in BC was primarily rooted in a strong desire to promote public safety and reduce drug-related crime – which officers believed would be exacerbated by the incoming drug decriminalization exemption. Officer attitudes towards drug decriminalization in BC were similar to their perceptions of harm-reduction in general – both incited frustration in participants, who typically favoured abstinence-based policy.

While a desire for more treatment and abstinence was clear, findings also revealed that officers were hesitant to support mandatory treatment, specifically. Participants were often unconvinced that mandatory treatment would be effective for producing abstinence among PWUD, due to convictions about the power of personal choice and internal motivation. Importantly, however, participants' understanding of what mandatory treatment is and what it looks like in practice reflected extreme versions of this treatment modality and may have influenced their overall attitudes - specifically towards the predicted role of police enforcement and implementation. Collectively, these findings have important implications for formulating future drug policy, especially policies

concerning mandatory treatment requiring police cooperation and/or implementation. In this chapter, I discuss key findings from this study, contextualizing them within related research, and discussing their implications. I then review the limitations of this study and conclude with recommendations for future research.

6.1. Mandatory treatment: A Concept Lacking Clarity and Requiring more Officer Education

Many officers in my study described mandatory treatment as an involuntary drug treatment method requiring police to use physical force and coercion with PWUD. Some examples provided by participants included having to handcuff and/or drag PWUD off the streets and forcibly place them into drug treatment facilities. This depiction of mandatory treatment most closely aligns with what scholars would describe as "centre-based compulsory rehabilitation" (Vuong et al., 2019, p.27). Research surrounding the impacts of centre-based compulsory rehabilitation clearly indicates that this form of mandatory treatment is unethical and ineffective, often resulting in increased levels of drug use post-release (Csete et al., 2011; Rafful et al., 2020; Vuong et al., 2019; Werb et al., 2016; Yang & Giummarra, 2021). Due to its unethical and ineffective nature, this variation of mandatory treatment exists in very few parts of the world such as Southeast Asia and Mexico, but is overwhelmingly rare, and not utilized anywhere in North America (Vuong et al., 2019). As such, it is interesting that when asked their perceptions of mandatory treatment, participants in this study automatically envisioned the most extreme version when several other, less extreme forms of mandatory treatment are the ones utilized in North America.

The finding that officers in my sample had extreme ideations of mandatory treatment may point to a lack of officer education and/or training in BC, particularly in relation to abstinence-based drug strategies used in North America. A lack of officer education in this area may be problematic, considering (1) that BC police agencies, like the VPD, advocate for mandatory treatment methods, such as drug courts and incarceration-based rehabilitation (VPD, 2006) and (2) that the success of these treatment-based avenues for PWUD often rely heavily on initial contact and proper action on the part of police. For example, in Portugal, police are the body responsible for issuing initial citations that result in PWUD being diverted to administrative pathways to care (Greenwald, 2009). Similarly, a study by Dickson-Gomez et al. (2022) shows that

the success of drug courts often relies on initial police diversion and cooperation, once again highlighting the importance of proper police involvement in, and knowledge of, drug policies.

Other evidence of the need for increased officer education can be found in several studies examining the impacts of lack of training on drug policy implementation. Namely, studies have found that when officers are unaware or uniformed of specific provisions surrounding drug policies and the role of police, the goals of the policy are often hindered due to poor street-level implementation (Arredondo et al., 2018; Borquez et al., 2018; Cepeda et al., 2017; Luong et al., 2021; Xavier et al., 2021). As such, participants' confusion surrounding mandatory treatment, rooted in a possible lack of training indicates that police in BC may not be engaging in treatment-related practices that could assist PWUD.

Even though BC's approach focuses mostly on harm reduction, as opposed to abstinence-based approaches such as involuntary care, the ever-evolving drug situation in BC and across Canada demands increased police officer, and more broadly, increased public, education in these areas. Moreover, my findings importantly suggest that if the province of BC intends, at any point, to implement or further build upon currently used mandatory treatment and/or diversionary methods, it would be valuable to increase police training in these areas, as my findings suggest that confusion is currently present among some officers.

Alternatively, it is possible that police agencies in BC have simply adopted other terms when discussing mandatory treatment, meaning that participants were unfamiliar with this label for involuntary methods (to be discussed in study limitations). Regardless, this finding once again supports the need for more clear and consistent terminology and definitions for abstinence-based treatment modalities. By producing clear definitions and delineations and subsequently increasing education and training, it may become easier for scholars, police, and the public to understand what mandatory treatment is, along with its various applications.

6.2. Understanding the Role of Personal Choice in Recovery

In addition to showing how police officers conceptualize and understand mandatory treatment, my data also indicated that participants had polarized opinions about the power of personal choice and motivation, along with timing, for determining treatment outcomes. Such polarized opinions point to very individualized police officer experiences when dealing with PWUD and highlight the unique recovery processes of these individuals. Some officers argued that abstinence cannot be forced as it requires personal awareness and choice, while others argued that treatment *must* be forced as PWUD lack the ability to rationally choose what is best for them – a result of the effects of drugs. Often, these arguments were based primarily on anecdotal evidence of officers' personal experiences interacting with PWUD and witnessing different treatment outcomes.

The confliction between officers in this sample surrounding treatment and choice is echoed in much of the mandatory treatment literature – its efficacy for treating drug use is often supported or contended based on similar arguments about autonomy (e.g. Farabee et al., 1998; Rengifo & Steman, 2010; Werb et al., 2016; Wild et al., 2002). For example, some research suggests that one of the largest motivators for recovery among PWUD is "hitting rock bottom" (Bellaert et al., 2022; Patton & Best, 2022). This phrase is used to describe instances where PWUD experience a significant negative life event, caused by their addiction, which can result in them seeking out help or treatment (Patton & Best, 2022). Some scholars actively argue that this phenomenon is responsible for successful, long-term recovery from drug use and would arguably disagree with mandatory treatment, an intervention which may not occur at this exact stage (Chen, 2018).

Conversely, other studies have shown that involuntary methods can be effective for producing abstinence, though these results are often dependant on several factors such as the type of involuntary method used, along with the type of offender being treated (Farabee et al., 1998; Hiller et al., 2006; Jewell et al., 2017; Rengifo & Steman, 2010). As such, researchers such as Farabee et al (1998) argue that while external pressures and coercion can produce positive treatment outcomes, these methods

should not be used in isolation and without the consideration of internal motivation, which they argue can also dictate success.

Collectively, my findings echo the somewhat polarized findings of previous research on mandatory treatment. However, in contrast to most studies, which utilize quantitative data to measure the effects of mandatory treatment on recovery, this study provides implications based on qualitative data analysis. Namely, first-hand anecdotes provided by working police officers in my sample highlight that care via involuntary treatment may be effective for some PWUD, but not all – this finding is based on what officers have been told from PWUD themselves, and the anecdotal outcomes of involuntary treatment which they have witnessed. Importantly, not all officer accounts were synonymous, and participants tended to have strong opinions about the importance, or lack thereof, of personal choice in recovery. The division between officers on this matter once again evidences the highly individualized recovery experiences of PWUD and indicates that personal experiences with PWUD play a large role in shaping officers' views (discussed in the subsequent section). As such, this study indicates that until more concrete evidence exists for or against the use of mandatory treatment, researchers and policymakers should continue to examine the specific factors that make some PWUD more suitable for mandatory care and more likely to have a successful recovery process within this treatment setting.

6.3. Officer Perceptions of PWUD

My findings also revealed that most participants viewed PWUD as a homogenous group who were suffering because of their addiction and who required some kind of help – participants did not see any utility in drug use and viewed this practice as inherently harmful. Participants also saw abstinence as the ultimate marker of success and/or recovery in the lives of PWUD. Other research indicates that viewing PWUD in this manner (as one collective, homogenous group) could be harmful to their unique and individual recovery processes. Collectively, my finding that officers viewed PWUD as one group, as opposed to individuals, may point to larger systemic deficiencies and stigma among BC police officers.

Scholars argue that for healthcare interventions involving PWUD to be effective, they must consider a multitude of individualized factors, such as internal motivation and

social bonds, and should also be culturally safe and trauma informed (Ivsins et al., 2023; Pilarinos et al., 2019). Arguably, this evidence underscores why some mandatory treatment methods, such as centre-based compulsory rehabilitation like those found in some parts of Mexico, are ineffective – these treatment facilities often provide all individuals with one, uniform, treatment plan and lack evidence-based or individualized care (Rafful et al., 2020). Furthermore, researchers argue that abstinence should not be the only goal of drug treatment (Volkow, 2020). Instead, drug treatment should be personalized to target individualized problems which are resulting in drug use. For example, Volkow (2020) cites depression, insomnia, and social isolation as possible comorbidities that could lead to drug use. Viewing drug treatment as "dimensional", as opposed to focusing solely on abstinence is another method for more effective, individualizing care (Volkow, 2020).

A finding of stigma among police is important to address, given the current nature of drug policy in BC. Namely, one of the primary goals of drug decriminalization is to target and reduce the stigmas associated with drug use. Arguably, however, police in my sample were highly wary of decriminalization and were concerned about its impacts on public drug consumption and polices' ability to target drug-related crimes. As such, it is difficult, at present, to see how the decriminalization exemption would work to combat stigma and homogenization of PWUD among the police – instead, my findings suggest that these stigmas might be exacerbated by officer frustration towards PWUD because of decreased control.

6.4. Formulating Drug Policy that Police will Actively Adopt and Support

Another key finding of this study was that police used public safety as the main justification for curtailing the rights of PWUD and promoting mandatory treatment. Further, drug decriminalization amplified existing officer concerns about drug use and crime and made them more inclined to support harsher drug treatment methods and coercion, overall. Police seemed particularly fearful of a loss of control over PWUD in general, and seemed to believe that mandatory treatment could replace some avenues of control that may be lost through decriminalization. Such attitudes point to a strong adherence to the importance of state power and control over individuals in society who may pose a threat to broader public safety.

Outside the context of decriminalization, this finding is supported by previous studies which have demonstrated officers' allegiance to policies which aim to reduce crime, as opposed to policies which aim to reduce harms to PWUD. For example, in California, Proposition 36 was introduced to shift drug related policy from crime-control to addiction-treatment (Gardiner, 2011). Interviews with officers in the state revealed that they were generally unhappy with the legislation, claiming that the policy would not work for most drug offenders and arguing that their efforts of reducing crime were being subverted. Similarly, Bacon (2023) contends that, like drug decriminalization, tactics like police-initiated diversion often go against the normative order of policing, making it difficult for officers to see their utility and leading them to believe that these methods are counterproductive for fighting drug-related crime (Bacon, 2023).

The finding that officers wanted to maintain control over PWUD and drug-related crime through mandatory treatment, is not entirely surprising and is arguably rooted in well-known theories of state power. For example, the prioritization of public safety over individual liberties aligns closely with Thomas Hobbes' Social Contract Theory (1651). Within the Hobbesian framework, society agrees to lend power to the state (police) to enforce the law and in exchange, they give up some individual liberties - the collapse of the state only occurs when it is no longer able to protect its subjects. Ultimately, my findings suggest that police in my study feared a loss of power and ability to protect the public under a decriminalization framework. Participants viewed mandatory treatment as a justifiable removal of the personal liberties of PWUD, to ameliorate the threat of increased public disorder and crime.

These findings collectively suggest that police in BC may not actively adopt regulations around drug decriminalization and may continue to criminalize PWUD by finding alternative ways to exercise control. Again, this prediction is based on literature which shows that police typically do not implement policy which to them, does not prioritize crime reduction and/or public safety. As such, some of the goals of decriminalization, like stigma reduction and lessening interactions between PWUD and police may not be fully realized if officers are still voicing preference for harsher, more abstinence-based approaches. Moving forward, this finding implies that policy makers should work more closely with police to develop, or at the very least, thoroughly discuss with, and train, officers on the evidence and reasoning for policy implementation and the role police are expected to play. Indeed, Bacon (2021) argues that officers are more

receptive to drug policy when it is rooted in evidence-based practice and when they are made aware of said evidence (Bacon, 2021). While BC's drug strategy may be rooted in evidence, my study indicates that their police forces have not been fully informed of, or receptive to, this evidence. By having greater collaboration between the two bodies, the government can learn from police about the front-line and day-to-day effects of drug policy, and the police can learn about the broader impacts of their practices.

6.5. Mandatory Treatment in Response to Systemic Failures

While many officers supported mandatory treatment in the wake of drug decriminalization, this support often stemmed from a perceived lack of viable alternatives or systemic deficiencies. Namely, it was very rare for participants to claim that mandatory treatment would be the best or the most effective solution to the drug problem – instead, they seemed to hesitantly suggest involuntary treatment because they were unable to identify another measure which would assist in crime reduction while promoting abstinence among PWUD. However, most officers stipulated that mandatory treatment would not be necessary if the province had better systems in place, such as more readily available treatment for PWUD who wanted it, along with more support systems for police.

Another study out of BC also highlighted officer frustration towards systemic failures. Specifically, previous research found that police in BC feel inadequacy in the criminal justice system regarding deterring drug-related crime and addressing the unique needs of PWUD (Butler et al., 2022). Health and social service sectors were also of particular concern, as officers believed they were not properly equipped to rehabilitate or help PWUD. In all, scholars argue that these factors lead to a sense of defeat and demoralization among officers, as they often feel as though they cannot keep up with the number of PWUD who fall through the cracks of the fragmented system (Butler et al., 2022).

The results of my study combined with others out of BC (Butler et al., 2022; Xavier et al., 2022) are very important to consider for policy decisions moving forward, as police officer frustration when dealing with PWUD seems to be exacerbated by inadequate support services for police, and PWUD alike. While this frustration can be manageable in the short-term, it is important to address eventually, as officer burnout

may result from continually dealing with the same individuals, and same issues, while seeing little to no results. Overall, my findings once again suggest that greater collaboration between systems (mental health, social services, police, etc.), and more cohesive decision making with government, might address some of these concerns and produce better outcomes for police and PWUD. Without the existence of these systemic deficiencies, it is possible that officers in my sample would have been less inclined to support mandatory treatment methods.

6.6. Limitations

The current study makes important contributions to drug policy literature. However, it has some limitations. First, police officers in this study were never provided with a clear definition of mandatory treatment during interviews. Thus, it is possible that if a definition had been provided, officer perceptions of this treatment method might have been different, clearer, or more specific. Additionally, given the extreme pre-conceived notions of mandatory treatment expressed by participants, this study primarily highlights their perceptions towards harsher versions of mandatory treatment, as opposed to softer forms, such as drug courts. However, the decision to omit a definition was strategic in that it allowed for an analysis of what officers had been taught/told about mandatory treatment, how they conceptualized it, and allowed for the identification of what their preconceived notions were.

Second, the depth and breadth of findings in this study would have been more extensive had the interviews focused solely on the topic of mandatory treatment. However, because this thesis was part of a larger project, data specifically related to mandatory treatment was limited to a small portion of the interviews. As such, while this thesis provides an interesting starting point for research on police perceptions of abstinence-based drug policy, it is important for future studies to examine this topic in more depth and for this topic to be at the center of future research.

Third, the topic being studied was controversial. While participants were briefed about confidentiality, it is possible that officers were fearful to voice their true opinions on the subject, specifically with the province showing preference to harm reduction methods and given the very private nature of police agencies. This limitation was evident in a few interviews where participants specifically asked me not to document any of their

identifying factors such as their jurisdiction, rank, etc., as they were worried about being identified by others within their department. Therefore, it is possible that some participants were not entirely forthcoming with their responses out of fear of being identified.

Given the wide geographical reach of my sample (located across the province of BC), it was not possible to conduct in-person interviews. As such, most interviews were conducted over the phone, with a small handful held on Zoom. For the most part, call and recording quality were good, however there were a few instances where the call would drop, interrupting the natural flow of the conversation. Overall, the virtual nature of the interviews meant that it was generally more difficult to build rapport with participants and gain their trust.

Lastly, the sample for this study primarily consisted of white, male officers which means that some perspectives of other demographic groups may have been excluded. That being said, my sample was reflective of police officer demographic ratios in Canada (RCMP, 2021).

6.7. Directions for Future Research

This study expands drug policy literature by examining police perceptions of abstinence-based approaches. In doing so, directions for future research were identified that could continue to help police, PWUD, and policymakers alike.

First, this study highlights the arbitrary nature of the term mandatory treatment and has demonstrated that its different variations are generally under-researched. The ambiguity of the term mandatory treatment has led to confusion among some police officers in BC. Future studies should focus on using clear terminology and defining these terms when discussing any mode of involuntary care. Researchers should continue to examine the efficacy of different forms of mandatory treatment, specifically drug courts, on things like recidivism and drug use rates. Further, given that the current study primarily produced findings of officer perceptions towards harsher versions of mandatory treatment, it would be interesting to analyze officer perceptions of softer forms of mandatory treatment, as these perceptions may be different.

Second, this study demonstrates the polarizing nature of drug policy in general, but specifically mandatory treatment. The different approaches being adopted by neighboring provinces (Alberta and BC) could provide a very interesting case study for policy makers and researchers. Specifically, a comparison of police perceptions of the respective provinces' drug strategies could build upon the current study and provide more information about overall police attitudes and implementation outcomes within two very different frameworks.

Third, this study suggests that police officer training/education in BC might be lacking in some areas. Future research should examine officer education programs in BC in detail. This is especially important considering the implementation of drug decriminalization, the changing role of police because of this exemption, and the province's goal of stigma reduction around drug use.

Lastly, this study importantly evidences that support for mandatory treatment among BC police officers largely comes from a fear of public disorder under a decriminalization framework, and a lack of communication and/or support between various bodies in the province. As such, if BC wants to avoid the use of mandatory treatment methods, future research should (1) examine the actual impacts of drug decriminalization on drug-related crime rates, and (2) continue to examine perceptions of other stakeholders towards mandatory treatment to determine if support for this treatment method is primarily driven by lack of alternative options and support – if this is the case, the province must continue to find ways to address these barriers and concerns.

Chapter 7.

Conclusion

The increase in drug-related deaths and associated shifts in drug policies within Canada and around the world have generated a need for more drug policy research. The current study captures the perceptions and attitudes of front-line individuals in BC who are directly involved in enforcing and implementing drug policies and frameworks. Through qualitative interviews, my study identifies key concerns and attitudes of BC police officers towards mandatory drug treatment within the context of drug decriminalization, PWUD and their autonomy, and the role of police and state power. In doing so, the research aims of this thesis were addressed and key implications were identified.

My study reveals that police in BC felt a sense of hopelessness and fear due to the incoming drug decriminalization exemption. Largely, concerns centered on the potential for increased public drug consumption and disorder, and a decrease in the tools available to police to combat these issues. In response to these fears, police discussed mandatory treatment as a less-than-ideal, but potentially necessary step for the province. The suggestion of mandatory treatment as a potential solution often stemmed from a perceived lack of viable alternatives (rooted in poor support from other systems), which would promote abstinence while also subverting drug-related crime. Despite overall support for mandatory treatment, officers were often uncertain about its ability to produce lasting abstinence, but ultimately prioritized public safety over the recovery processes of PWUD. In all, participants viewed PWUD as a homogenous group with reduced decision-making capacity, who require care via treatment – again, while mandatory treatment was described as an imperfect solution, participants often viewed it as the only solution.

Despite increasing uses and discussions of mandatory treatment methods, this thesis demonstrates that its various forms are often misunderstood, under researched, and contentious. As such, my study highlights the need for more qualitative and quantitative abstinence-based drug policy research. Further exploration of mandatory treatment methods will continue to expand on what we know about their efficacy for

treating drug use, what specific arguments are feeding into their controversy, and how their future use could be beneficial or harmful to various groups.

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Appendix A.

Information Flyer

Drug decriminalization and policing in BC: A qualitative study

Researchers from the School of Criminology at Simon Fraser University are conducting research on **police officers' views and opinions about drug decriminalization and its impact in BC**. They are looking to speak anonymously with a variety of police officers in BC in a 45–60-minute phone or Zoom interview. Questions were developed in collaboration with policing representatives, community members, academics, and government representatives. The overarching aim of the study is to improve policing and decriminalization policies and implementation in the province.

What will your involvement include?

- If you are interested, we will send you more information about the study, including a consent form that will outline all the details about your participation.
- We will schedule a one-on-one 45-60 minute phone interview with a research team member, at your earliest convenience.
- We will ask you to provide informed consent before starting. We will also answer any questions you might have.
- We will have a conversation, guided by open-ended questions, about your views and experiences about BC's recent drug decriminalization reforms and their impact on law enforcement.
- Note: your participation is voluntary and your identity will be kept confidential. With your consent, the conversation will be audio recorded so your transcript can be reviewed later on, but all data will be de-identified and anonymized.

Appendix B.

Consent Form

Consent Form for Police Officers

Title of Study: Drug Decriminalization & Policing in B.C.
Study Number: 30001251
Department or Faculty: Criminology

INVITATION AND STUDY PURPOSE

You are being invited to take part in this research study because we want to hear the opinion on police officers on drug policies and reforms specifically related to the role of police in drug markets and health systems, and police diversion methods or approaches. The focus of this study is specifically related to decriminalization in BC. We are also asking similar questions to people who use drugs in BC to consider differences in opinions and experiences. We hope that by gathering insights from police can better guide drug policy reforms and implementation in the future.

RESEARCHERS

This study is being conducted by principal investigator Dr. Alissa Greer, assistant professor at Simon Fraser University's School of Criminology Data collection and analysis will be done by the research team that includes Dr. Greer, Becca Wood, and the research assistants.

VOLUNTARY PARTICIPATION

Your participation is voluntary. You have the right to refuse to participate in this study. If you decide to participate, you may still choose to withdraw from the study without any negative consequences to the education, employment, or other services to which you are entitled or are presently receiving. If you choose to enter the study and then decide to withdraw at a later time, all data collected about you during your enrolment in the study will be destroyed. You will have until 48 hours following the interview date to withdraw from the study. This is because after 48 hours we will have anonymized and de-identified the data and will no longer be able to trace you back to your data. You should feel in no way obligated or pressured to participate due to an existing or prior relationship with the University and its faculty. If you do feel a sense of obligation or pressure, you should decline to participate.

STUDY PROCEDURES

If you agree to take part in this study you will be asked to complete one one-on-one interview on the phone or Zoom that will last approximately 45-60 minutes. To ensure we collect your responses accurately, we seek your permission to audio record the interview. Here is how the study will be conducted:

- A member of the research team will contact you to set up a day and time that work for you to conduct the interview.

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- The day of the interview, a member of the research team will go over the consent form again. You can ask any questions you may have prior to starting the interview.
- The member of the research team will then ask you whether you consent to being interviewed for the study and whether you consent to record the audio. If you consent, the interview will begin. You may choose not to record audio of the interview, and we can take notes instead.
- The interview will take approximately 45-60 minutes to complete.
- You will be asked about your opinion on the role of police in the lives of people who use drugs and health systems, and how police officers choose or act on diverting this group away from the justice system. However, if any of these questions seem too sensitive or make you uncomfortable, you can refuse to answer any of them without any negative consequences.

The Zoom or telephone interview will be audio recorded given your consent to do so. The audio file will be transcribed and any identifiable information will be removed. You will be given a pseudonym or alias name that will ensure your data is confidential, during the transcription process this pseudonym will be applied.

POTENTIAL RISKS OF THE STUDY

We do not think there is anything in this study that could harm you or be bad for you. Any personal identifying information will not be disclosed. Data will be kept confidential, and pseudonyms will be used when the interviews are transcribed to avoid any potential risks of identification. Identifying information will not be shared with your employers or others and so participating should not impact your employment.

POTENTIAL BENEFITS OF THE STUDY

While we do not think there will be direct benefits to you from taking part in this study, we hope to use the information and knowledge gained from it will benefit police officers, people who use drugs and other stakeholders impacted or involved in drug policy in the future. We will share the knowledge generated by this study to develop publications and presentations for people involved in drug policy, drug policy campaigns, research, and service provision.

Your participation is voluntary and there is no honorarium.

CONFIDENTIALITY

Any files and/or documents related to your data will be identified only by your pseudonym and kept on secure, password-protected university servers and only accessible to the research team. Participants will not be identified by real name in any written transcripts and reports of the completed study. Any other identifying information, such as specific events or names of other individuals, will also be de-identified in the transcription process. Audio recordings will be stored on password protected SFU approved server.

Your identity will not be disclosed without your consent unless you tell the researchers that you plan to harm yourself or others; the researchers are obligated to report this information to the appropriate authorities.

We will store the study data in a protected database at SFU for five years after the study is complete, this data will be destroyed following these five years.

If you choose to participate on Zoom, the interview will be hosted by the Zoom platform, a US company. Any data you provide may be transmitted and stored in countries outside of Canada, as well as in Canada. It is important to remember that privacy laws vary in different countries and may not be the same as in Canada.

ORGANIZATIONAL PERMISSION

Organizational approval from police departments has not been obtained and we are seeking your voluntary participation outside of any organization. We do not foresee your participation posing risks to your community or department. Your participation will not be shared with the organization and should not impact your employment.

STUDY RESULTS

We plan to share the data publicly in reports, presentations, and publications. We also hope to share the findings back to the Ministry of Mental Health and Addiction and the Law Foundation of BC to help inform policing, justice system, and decriminalization policies. Although we will describe participants in general, the quotes will not be linked to any individual. Although we try to de-identify the data, by making the information public there is a small risk that someone may recognize your words. Once the data is publicly available you will not be able to withdraw your information.

If you would like to be notified when results are available, please indicate to us today that you would like us to contact you when they are made public. Alternatively, please send an email to Dr. Alissa Greer indicating you would like to receive the study's results when available.

FUTURE USE OF PARTICIPANT DATA

Data from the current study may be used in future studies of drug policy and law for comparison purposes with new participants or to expand on the current study.

CONTACT FOR QUESTIONS ABOUT THE STUDY

If you have any questions about this study or need further clarification, you can contact either research assistant: Becca Wood , Rebecca Paulsen or the Principal Investigator Dr. Alissa Greer

CONTACT FOR COMPLAINTS OR CONCERNS

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, please contact the Director, SFU Office of Research Ethics, at

YOUR CONSENT

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to end the interview without giving a reason and without any negative impact. You do not waive any of your legal rights by participating in

this study. If there is a real threat of harm to yourself or others, we are required to report it to the relevant authorities. Opting not to participate will not impact your employment or otherwise have any consequences to you. When asked, saying ‘yes’ indicates that you consent to participate in this study. At the end of the interview, we will ask if you would like to be contacted following the study. If you consent to this, we would need to keep your personal contact information in a separate folder from the data that will be password protected on an approved SFU server.

Appendix C.

Interview Guide

POLICE OFFICER POLICE DIVERSION QUESTION GUIDE

October 3rdth, 2022

Thanks for taking the time to talk with me today. As a reminder, your responses today might be shared, but your identity will be kept confidential. You don't have to answer any questions that you don't want to or that may cause you discomfort. Information about support services can be provided if you'd like. The interview will take about 45 minutes to one hour of your time. At the end of the interview, I'll ask you five short questions about your age, gender, that sort of thing.

WE WOULD LIKE AUDIO RECORD THE INTERVIEW. IS IT OKAY IF WE BEGIN RECORDING NOW?

DID YOU GET A CHANCE TO REVIEW THE CONSENT FORM?

DID YOU HAVE ANY QUESTIONS ABOUT THE CONSENT FORM OR THE STUDY?

DO YOU GIVE CONSENT TO PARTICIPATE IN THE CURRENT STUDY?

INDICATE WHETHER THE RESPONDENT/PARTICIPANTS HAS/HAVE PROVIDED VERBAL CONSENT FOR AUDIO RECORDING. **❒ Yes ❒ No**

Ok, so the purpose of our conversation today is to understand your experience enforcing drug laws, views towards decriminalization, and the role of police diversion in BC. Any questions before I begin?

POLICING & DECRIMINALIZATION

1. So, thinking about your day-to-day work, what are some of the main ways that you come into contact with PWUD?
   (Prompt): What do you do in your day-to-day job?
2. I was wondering if you have heard about drugs becoming decriminalized in BC. [If not, tell the participant about the exemption].
   a. What do you know about the decriminalization of drugs in BC?
   b. How did you hear about it?

i. Have you received any direction from senior levels of police regarding the decriminalization of drugs? (What was it? How did they communicate that to you?)
ii. Is there any other information you wish you had about the decriminalization of drugs?
iii. Is there any training you wish you had received about these new policies?

c. What do you think about decriminalization?
   i. What do you think some of the impacts will be? (**If safe supply is mentioned, ensure to ask what the participant means by safe supply)**

d. Do you have any concerns?
   i. If yes: Ok, do you have any recommendations for how that might be addressed/prevented?

3. When decriminalization comes in officially, how do you think it will change the frequency of your interactions with PWUD?
   a. Do you think it will change the nature of your interactions with PWUD, such as whether they are positive or negative encounters? Why or why not?
   b. Have your interactions/outcomes with PWUD changed in advance of the new policy?
   c. How do you think this will change with individuals with outstanding warrants or those on probation?
   d. What impact do you think decriminalization will have on your relationship to/enforcement against street-level drug dealers?
   e. Can you think of any situations where you would continue to charge for simple possession?
      i. Are there any situations you can think of in which you would still confiscate the drugs?
      ii. Are there any situations in which you might arrest but not charge for simple possession?
      iii. Are there situations in which you might charge not for possession, but for public use?
4. Do you think your level of discretion when policing PWUD will change following decriminalization?
   a. (If yes) Do you have any examples of what specifically might change?

DIVERSION

We are now going to move on to talk about another topic which is around police choosing to redirect PWUD away from the justice system and towards other support services such as health care.

5. Thinking about this idea, was there ever a time when you have chosen to redirect someone away from the justice system and towards other support services, such as health care? Can you tell me about that?
   a. What happened?
   b. Were there any specific factors that contributed to you making the decision to divert?

6. As you may know, one part of is the new decriminalization policy is that there are no formal diversion pathways or policies where police officers can force people towards health and social systems such as treatment or health services What do you think of that?
   a. What are the benefits you foresee?
   b. What about the shortcomings or weaknesses of this approach?
7. One of the things police officers are obligated to do is provide information cards with information about harm and treatment services and resources if PWUD ask for them or want them. What do you think of this?
8. What do you think is the role of police officers in responding to health issues?
   a. Do you feel like you have the training and tools necessary to have a role in the health care system? Why or why not?
   b. If policing did **not** overlap with the health system, like it does currently, would this change your work day to day? Others work day to day? How so?
   c. Has there been a time when you have felt that being a police officer has impacted how PWUD respond to you when you are responding to a health-related issue? Can you tell me about what happened?
9. In what types of cases do you agree with mandatory treatment?
   a. Are there any ways in which age impacts decision making around mandatory treatment?
10. Another policy that we are seeing in BC is safe supply. What do you think about this? When you think about safe supply, how would you define it?
    a. Do you have any concerns? What are they?
    b. Does safe supply impact your job at all?
    c. Is there anything you would change?
11. Have you received any direction from senior levels of police regarding police diversion among PWUD? How was this direction delivered (in the form of an announcement, internal written policy, workshop, training, etc.)? What do you think of it/how did it go?
    a. (If the officer has not received any direction): How would you like to see direction regarding police diversion amongst PWUD be administered and delivered?
12. In the past or now, are there any specific programs that you rely on to direct people to health or social services?
    a. Are there any services or supports that you think are needed?
    b. Thinking about the diverse needs of PWUD, such as disabilities, housing insecurity, and mental health, do you feel equipped or know where to go to help these individuals?
    c. How do you think youth might be treated in respect to diversion strategies? Do you anticipate that police officers might employ diversion tactics differently for youth? How so?
    d. Do you have any recommendations to improve and optimize current or future efforts?
13. Anything else you want to say about policing and drugs before we end the interview today?
14. Do you know of anyone else that might be interested in participating in this interview? If so, would you be able to pass on our information for them to contact us.

Ok, I'm now going to turn off the audio recording and ask you five short questions:

1. Can you tell me how old you are in years?

_______ years. Prefer not to answer

2. What gender do you identify with?
   Woman Man Trans man Trans woman Gender Non-Conforming
   Other: __________ Prefer not to answer
3. What ethnicity do you identify with?
   White Black Hispanic/Latino Indian Middle Eastern South Asian Southeast Asian East Asian

   First Nation, Metis, Inuit Indigenous Other

   Prefer not to answer
4. How long have you worked as a police officer?
   ________ years or months Prefer not to answer
5. How long have you worked as a police officer in this jurisdiction?

   ________ years/months Prefer not to answer
6. What is your rank?

Thank you for your time and sharing your thoughts today. We will likely be looking at policing perspectives again after Decriminalization is implemented. Would it be okay to follow-up with you following this interview if we have any further questions or to do another interview in 6-12 months time? Last question: Would you like to receive a copy of the research findings when the study is complete?