



BUILDING A SAFER VANCOUVER

THE 2026 PUBLIC SAFETY PLEBISCITE PROPOSAL
AUGUST 13, 2026

BY THE TEAM AT ABC



Building A Safer Vancouver:

A Rationale for a Public Safety and Compassionate Recovery Plebiscite in the 2026 Vancouver Municipal Election

Vancouver has reached a breaking point. Street disorder and open-air hard drug use have surged to unprecedented levels, disrupting community safety across the city and devastating the health and wellbeing of individuals living with severe mental illness and substance use disorders.

Residents have consistently identified these issues as among the City's most pressing challenges. While many of the legal and healthcare tools necessary to respond lie within provincial or federal jurisdiction, the City of Vancouver has both the authority and responsibility to regulate public spaces, advocate for legislative change, and represent the interests of Vancouver residents.

Accordingly, this policy paper recommends that Vancouver City Council place two questions before voters during the 2026 municipal election. The plebiscite allows residents to provide direct democratic guidance.

The proposed plebiscite would ask:

Vancouver has experienced unprecedented levels of street disorder, open-air hard drug use, and disruption to community safety and individual health. Therefore:

1. Are you in favour of the City of Vancouver strengthening its laws to forbid open-air hard (Heroin, Meth, Fentanyl, and Crack) drug use in public spaces?

AND

2. Should the City of Vancouver formally ask the Province of British Columbia to convert portions of the former St. Paul's Hospital into a secure medical facility that provides acute voluntary and involuntary care for individuals posing a severe risk to themselves or others due to substance use and mental health disorders?

The questions are recommendations in nature but would provide City Council with a direct democratic mandate to strengthen municipal bylaws, advocate for immediate provincial action, and pursue a comprehensive public safety and compassionate recovery strategy, marking a seismic shift in public safety and drug policy at the City of Vancouver since the late 1990s.

Background

Over the past decade, Vancouver has experienced a marked increase in public concern over open-air hard drug use, overdose deaths, street disorder, and the growing number of individuals living with untreated mental illness and severe substance use disorders. Residents have repeatedly voiced their concerns around witnessing public drug consumption in parks, sidewalks, transit stations, commercial districts, and near schools and playgrounds, while repeated overdose events and visible mental health crises have become increasingly common in neighbourhoods across the city¹.

Although many of the policy levers required to address these challenges, including healthcare, mental health treatment, addictions services, and involuntary care, fall under provincial jurisdiction, Vancouver has continued to bear a disproportionate share of the consequences without a sufficient share of provincial health and treatment infrastructure^{2 3}.

The large majority of people in crisis in Vancouver's Downtown Eastside (DTES) arrived from elsewhere in the province: only 17% of the people who met criteria for homelessness, addiction, and mental illness in the DTES were already living there a decade earlier, when their crises first began⁴.

Today, Vancouver faces the province's most acute concentration of addiction, mental illness, and street disorder, with almost a quarter of the province's unregulated drug toxicity deaths occurring in the city in 2025⁵. Despite similar population sizes, there are eight drug consumption sites in the City of Vancouver⁶, while only three exist in Surrey⁷. Vancouver has borne the brunt of that concentration of need, yet the Province's response has fallen short. While the Province announced its intention to expand involuntary care nearly two years ago, Vancouver has yet to see new involuntary care capacity established within the city⁸.

This gap has contributed to rising levels of street disorder and has placed significant pressure on emergency responders, who are often called upon to assist the same individuals repeatedly without the availability of sustained treatment solutions. In the first five months of 2026, paramedics attended over 3,800 overdose

¹ Kristen Robinson, "'Utter Disappointment': Vancouver Tourists Increasingly Noticing Street Disorder, Open Drug Use," *Global News*, June 3, 2026, <https://globalnews.ca/news/11889546/vancouver-tourists-increasingly-noticing-street-disorder-open-drug-use/>.

² City of Vancouver, "Report on Downloaded Costs from Senior Governments" (staff report presented to Vancouver City Council, January 2022), as reported in Daily Hive, "City of Vancouver Spent \$219 Million on Provincial and Federal Responsibilities in 2021," <https://dailyhive.com/vancouver/city-of-vancouver-downloaded-provincial-federal-costs>.

³ Lauren Vanderdeen, "B.C. Cities Say They're on the Hook for Millions for Housing, Social Issues Due to Senior Gov't 'Downloading,'" *CBC News*, January 5, 2026, <https://www.cbc.ca/news/canada/british-columbia/bc-municipal-downloading-quantified-9.7032840>.

⁴ Julian M. Somers, Akm Moniruzzaman, and Stefanie N. Rezanoff, "Migration to the Downtown Eastside Neighbourhood of Vancouver and Changes in Service Use in a Cohort of Mentally Ill Homeless Adults: A 10-Year Retrospective Study," *BMJ Open* 6, no. 1 (2016): e009043, <https://doi.org/10.1136/bmjopen-2015-009043>.

⁵ BC Coroners Service, *Illicit Drug Toxicity Deaths in BC*, interactive dashboard, <https://app.powerbi.com/view?r=eyJrJmFwODk1ZjU0ZWY4NC00NmZkLWFE4MWUtMmI2Mjg5ZWYyZDg1liwidCI6IjZmZGI1MjAwLTNkMGQ0NGE4YS1iMDM2LWQzNjg1ZTM1OWFkYyJ9>.

⁶ Vancouver Coastal Health, "Supervised Consumption, Overdose Prevention, and Drug Testing Sites," map, updated July 7, 2026, <https://www.vch.ca/en/media/29016>.

⁷ Fraser Health, "Overdose Prevention Site," Service Directory, <https://www.fraserhealth.ca/Service-Directory/Services/mental-health-and-substance-use/substance-use/overdose-prevention-site>.

⁸ Rob Shaw, "Vancouver's Exclusion from New Involuntary Care Beds a Baffling Omission," *Business in Vancouver*, <https://www.biv.com/news/commentary/rob-shaw-vancouvers-exclusion-from-new-involuntary-care-beds-a-baffling-omission-12545411>.

events in the Vancouver Coastal Health service area⁹. In the first quarter of 2026, the Vancouver Fire and Rescue Services completed almost 6,000 apparatus runs from Firehall 2 in the DTES¹⁰. Police officers, firefighters, and paramedics routinely respond to overdose calls, behavioural health crises, and public safety incidents involving individuals who cycle through emergency departments, shelters, supportive housing, and the criminal justice system without receiving sustained stabilization or treatment capable of supporting long-term recovery to break that cycle. This revolving-door pattern is not only costly, but profoundly inhumane for those living with the most severe illnesses.

The impacts extend well beyond those directly experiencing addiction or mental illness. Residents increasingly report feeling unsafe in parks, at playgrounds, on public transit, and around commercial areas. Parents question whether neighbourhood parks remain appropriate places for children to play. Businesses face reduced foot traffic, increased security costs, property damage, employee safety concerns, and difficulties attracting customers and investment. Visitors' perceptions of Vancouver as a safe and welcoming destination have likewise been affected by visible disorder in some of the city's most prominent public spaces¹¹. Nowhere has this been more apparent than in and around the Granville Entertainment District, where the concentration of ageing Single Room Occupancy hotels continues to present significant challenges for residents, businesses, visitors, and vulnerable individuals alike. Despite repeated acknowledgement that the current concentration of SROs in this area is unsustainable, the Province has not established a clear plan or timeline to transition these facilities toward more appropriate housing and treatment models¹².

In 2001, Vancouver officially adopted the *Four Pillars*, prevention, treatment, harm reduction, and enforcement, as the foundation of an effective response to substance use. The strength of the model lies in its balance. No single pillar was ever intended to replace the others. Yet many Vancouver residents, businesses, frontline workers, and community organizations have expressed concern that public policy has increasingly emphasized harm reduction while comparatively less attention has been given to prevention, treatment, recovery, and proactive enforcement. Whether or not one agrees with that characterization, the perception has become widespread and has contributed to declining public confidence in the overall response to the addiction crisis.

An effective public policy framework cannot rely on a single pillar in isolation. Harm reduction alone cannot substitute for preventing addiction, expanding treatment capacity, supporting recovery, or maintaining safe public spaces through appropriate enforcement.

Provincial policy, however, has largely moved away from the principle of primary prevention. Effective drug policy should begin long before an overdose or a mental health crisis. Prevention seeks to discourage the initiation of hard drug use, intervene early when individuals begin experiencing addiction, and prevent minor disorders from escalating into chronic public safety challenges. Today, however, primary prevention occurs only after, if at all, an overdose, violent incident, or other serious crisis has already taken place.

Responsibility for responding to these crises has increasingly fallen to police officers and emergency responders, while the visible use of hard drugs in parks, sidewalks, transit stations, playgrounds, and commercial districts has become normalized. Public institutions have become increasingly focused on

⁹ BC Centre for Disease Control, *Unregulated Drug Poisoning Emergency Dashboard*, interactive dashboard, <https://public.tableau.com/app/profile/bcccdc/viz/UnregulatedDrugPoisoningEmergencyDashboard/Introduction>.

¹⁰ "Vancouver's Fire Chief Says Public Won't Notice Response Changes to Some Medical Calls," *Global News*, May 20, 2026, <https://globalnews.ca/news/11856505/vancouver-fire-response-changes-medical-calls/>.

¹¹ "Travel Blogger Slams Downtown Eastside Drug Use," CTV News, YouTube video, <https://www.youtube.com/watch?v=olQSTxFAprg>.

¹² Amy Judd and Kristen Robinson, "B.C. Government Plans to Transition Supportive Housing Out of Granville Street, Mayor Says," *Global News*, June 12, 2025, <https://globalnews.ca/news/11238128/bc-government-transition-supportive-housing-out-granville-street-vancouver/>.

managing the consequences of addiction rather than preventing those consequences from occurring in the first place.

This imbalance has also become evident in the broader public discussion surrounding addiction policy. Public statements made by health officials in advance of the FIFA World Cup generated significant criticism from residents and community leaders who argued that official messaging appeared to place greater emphasis on accommodating public drug use than on restoring public order, expanding treatment, supporting recovery, or protecting shared public spaces¹³. Whether fairly characterized or not, these debates illustrate the growing disconnect between public expectations and current policy direction, and they reinforce the need to restore confidence by pursuing a more balanced approach across all four pillars.

Lasting success requires that all four pillars operate together: preventing people from falling into addiction, intervening early when problems emerge, ensuring timely access to evidence-based treatment and recovery services, reducing immediate harms, and maintaining public confidence through safe, accessible, and well-managed public spaces.

Questions have also been raised about the Province's approach to local decision-making. The proposal to establish a supervised drug consumption site at 900 Helmcken Street, immediately adjacent to the Granville Entertainment District, became a significant point of disagreement between the Province and the City of Vancouver.

Critics argued that the proposal proceeded without meaningful collaboration with the City or adequate engagement with the surrounding community. More broadly, it reinforced concerns that while the Province has been prepared to advance additional harm reduction infrastructure in Vancouver, it has not demonstrated the same urgency in delivering new involuntary care beds, expanding secure treatment capacity, or establishing a clear plan to address the long-term future of the Granville Single Room Occupancy corridor.

Despite substantial public investments in outreach programs, supportive housing, harm reduction initiatives, and emergency health services, many individuals continue to experience a revolving-door pattern of care. These services have not consistently created pathways to sustained treatment and recovery for many individuals with the most complex needs.

At the same time, public disorder has persisted, confidence in community safety has declined, and Vancouver continues to shoulder a disproportionate share of the province's addiction and mental health crisis without receiving a proportionate share of provincial treatment infrastructure. As a result, the City of Vancouver has increasingly been required to absorb the financial costs of responding to street disorder arising from provincial healthcare, mental health, and housing policies. It is estimated that the City now spends approximately \$100 million annually on municipal services directly related to street disorder and the concentration of provincial services in Vancouver¹⁴.

These downloaded costs include policing, fire and rescue services, engineering and sanitation operations, street cleaning, park maintenance, encampment responses, by-law enforcement, emergency management,

¹³ Akshay Kulkarni, "Vancouver Health-Care Workers Provide Safety Advice About Drug Use for FIFA World Cup Visitors," *CBC News*, April 4, 2026, <https://www.cbc.ca/news/canada/british-columbia/health-care-public-intoxication-overdose-vancouver-fifa-world-cup-9.7149488>.

¹⁴ City of Vancouver, Briefing Note to the Minister of Public Safety (Intergovernmental Relations Department, COV), May 2026.

and other municipal services that have become necessary because provincial systems have been unable to provide sufficient treatment capacity and long-term solutions.

These are costs that municipalities were never intended to bear. Healthcare, mental health treatment, addiction services, involuntary care, and supportive housing are fundamentally provincial responsibilities. Yet Vancouver taxpayers continue to fund a growing share of the downstream consequences of provincial policy choices. As a result, local property tax dollars that could otherwise be invested in community centres, parks, road maintenance, public amenities, affordable housing initiatives, and neighbourhood services are instead diverted toward managing an ongoing public health and public safety crisis.

The concentration of ageing SRO hotels in Vancouver's downtown core further illustrates this imbalance¹⁵. These facilities primarily house individuals with some of the province's most complex health and social needs, yet the municipal government bears many of the day-to-day costs associated with policing, sanitation, engineering, and public safety in the surrounding neighbourhoods.

The proposed plebiscite is therefore about more than public safety and public health. It is also about restoring accountability between different levels of government. Vancouver cannot continue to function as the province's default service provider for addiction, mental illness, and homelessness while local taxpayers bear the financial burden of responsibilities that properly belong to the Province of British Columbia.

A clear expression of support from Vancouver voters would strengthen City Council's mandate to insist that provincial commitments be matched by provincial investment, and that the costs of provincial policy no longer be disproportionately downloaded onto Vancouver residents and businesses.

¹⁵ Kristen Robinson, "Province Responds After Businesses Say Granville Strip in Worst Shape in Decades," *Global News*, March 18, 2025, <https://globalnews.ca/news/11087931/province-responds-granville-strip-concerns/>.

Why a Plebiscite?

The issues addressed by this proposed plebiscite are the most significant public policy challenges facing Vancouver today. Questions surrounding public safety, open-air hard drug use, mental health, and addiction have become defining issues for the city, affecting every neighbourhood and shaping residents' daily experiences in parks, commercial districts, transit hubs, and other public spaces.

These are not narrow administrative matters. They are city-wide policy questions with profound implications for public safety, public health, the local economy, individual liberties, and the quality of life enjoyed by Vancouver residents. They also involve areas where the City must work closely with the Province of British Columbia to achieve meaningful and lasting change.

Municipal governments are at their strongest when they act with a clear democratic mandate. While City Council has the authority to adopt bylaws, advocate for legislative reform, and request action from senior levels of government, issues of this magnitude warrant direct public input. An advisory plebiscite would provide Vancouver residents with the opportunity to speak directly on two issues that have dominated public debate for years. It would allow Council to move forward with confidence, knowing its actions reflect the expressed will of the electorate rather than the views of elected officials alone.

A clear result would strengthen the City's ability to advocate for legislative changes, negotiate with the Province, and pursue reforms that require intergovernmental cooperation. It would also provide certainty to residents, businesses, healthcare providers, and community organizations by establishing a transparent and democratically endorsed policy direction.

Ultimately, the proposed plebiscite is about democratic accountability. Questions that fundamentally affect the safety of Vancouver's streets, the use of its public spaces, and the care of its most vulnerable residents should be decided not solely in Council chambers, but by the people of Vancouver themselves.

Existing Municipal Authority

The City's *Health By-law* prohibits a range of activities in public places that would otherwise be lawful in other settings, including, but not limited to, smoking on sidewalk, balcony, or patio near businesses¹⁶ and smoking within six metres of building entrances, windows, and air intakes¹⁷.

These restrictions recognize that activities which may be lawful in private settings can nevertheless be regulated in public where they create risks to public health, expose others to harmful substances, or diminish the safe enjoyment of shared civic spaces.

Similarly, the City's *Street and Traffic By-law* regulates conduct that affects public order and the safe use of streets and sidewalks, including offences such as fighting in public¹⁸. These provisions, along with numerous other municipal bylaws governing public behaviour, demonstrate that the City has long exercised its authority to establish reasonable standards for conduct in public spaces. Those offences are enforceable through the *Ticket Offences By-law*, which provides practical mechanisms for municipal enforcement¹⁹.

The *Ticket Offences By-law* further authorizes municipal enforcement officers and police officers to issue violation tickets for a wide range of Health By-law offences, including public urination, smoking in prohibited locations, smoking near building entrances, smoking in transit shelters, and smoking in customer service areas. Most of these offences currently carry a municipal fine of \$250.

Taken together, these bylaws establish an important principle: Vancouver has never regarded public spaces as places where all forms of personal conduct are permitted without limitation. Rather, the City has consistently regulated activities where necessary to protect public health, preserve public order, and ensure that shared civic spaces remain safe, welcoming, and accessible for everyone.

The proposed plebiscite therefore does not ask whether the City should begin regulating conduct in public spaces: it already does. Instead, it asks whether those same longstanding public health and public safety principles should now be extended to the open-air consumption of hard drugs. In doing so, it recognizes that the right of individuals to use public spaces must be balanced with the equally important right of every resident to safely access parks, sidewalks, transit systems, commercial districts, schools, and neighbourhood public spaces without being exposed to behaviours that create significant health or safety risks.

A favourable result would provide City Council with a clear democratic mandate to strengthen municipal bylaws where authority exists, advocate for additional legislative authority from the Province where required, and reaffirm the principle that Vancouver's public spaces should be managed first and foremost for the safe use and enjoyment of the public as a whole.

¹⁶ City of Vancouver, *Health By-law*, By-law No. 9535, § 2.2(f), <https://bylaws.vancouver.ca/consolidated/9535.pdf>.

¹⁷ City of Vancouver, *Health By-law*, By-law No. 9535, § 2.2(e), <https://bylaws.vancouver.ca/consolidated/9535.pdf>.

¹⁸ City of Vancouver, *Street and Traffic By-law*, By-law No. 2849, § 69A, <https://bylaws.vancouver.ca/2849c.pdf>.

¹⁹ City of Vancouver, *Ticket Offences By-law*, By-law No. 9360, Table 5.1, <https://bylaws.vancouver.ca/9360c.pdf>.

Federal Legal Context

The possession of Schedule I controlled substances, including fentanyl, heroin, methamphetamine, and other hard drugs, remains illegal under section 4 (1) of Canada's *Controlled Drugs and Substances Act* (CDSA), except where possession is otherwise authorized by law. In 2021, Parliament amended the CDSA through Bill C-5 to emphasize that substance use should, where appropriate, be addressed as a public health issue rather than exclusively through the criminal justice system²⁰.

These amendments introduced a Declaration of Principles into the Act and encouraged police officers and prosecutors to consider alternatives to criminal prosecution for simple possession in appropriate circumstances.

Section 10.1 of the CDSA provides that "problematic substance use should be addressed primarily as a health and social issue." It further recognizes that: "criminal sanctions imposed in respect of the possession of drugs for personal use can increase the stigma associated with drug use and are not consistent with established public health evidence."²¹

Consistent with these principles, section 10.2 of the CDSA requires police officers and prosecutors, when dealing with allegations of simple possession under section 4(1), to consider whether it would be appropriate to pursue warnings, referrals to health or social services, or other alternative measures instead of criminal prosecution.

Importantly, these federal provisions ***do not*** decriminalize possession. Nor do they prohibit police from enforcing the law or laying charges where they are appropriate. Rather, they establish that criminal prosecution should not automatically be the first response in every case of simple possession and encourage the exercise of discretion where health-focused interventions may be more effective.

²⁰ Bill C-5, *An Act to Amend the Criminal Code and the Controlled Drugs and Substances Act*, 1st Sess, 44th Parl, 2022 (assented to 17 November 2022), SC 2022, c 15, <https://www.parl.ca/DocumentViewer/en/44-1/bill/C-5/royal-assent>.

²¹ *Controlled Drugs and Substances Act*, SC 1996, c 19, s 10.1.

Rationale for Question One

Whether Canada's criminal law respecting the possession of controlled substances should change is a question outside municipal jurisdiction, and outside the scope of this plebiscite. Instead, the plebiscite seeks to address the reality Vancouver faces today within the existing federal criminal law. In the aftermath of the provincial decriminalization pilot, contextual changes to criminal law has contributed to a culture in which public drug use has become increasingly widespread and normalized in Vancouver. Social expectations, especially in Vancouver, have led to the de facto “legalization” behaviour.

The question posed by this plebiscite, therefore, is whether Vancouver residents are still satisfied with this social expectation, or whether the City should adopt stronger municipal laws governing the public use of open-air hard drugs in parks, sidewalks, transit facilities, plazas, and other shared civic spaces, while advocating for significantly expanded treatment and recovery services for those living with severe addiction and mental illness.

Vancouver needs to re-establish social expectations around open-air hard drug consumption as being simply unacceptable. Furthermore, this would allow authorities to document repeated violations, helping identify patterns of behaviour and inform decisions on whether stronger interventions under existing laws are warranted.

Public spaces belong to everyone. Parks, sidewalks, plazas, transit stations, community centres, libraries, and streets are shared civic spaces intended to be safe, welcoming, and accessible to all residents and visitors, regardless of age, ability, or background. Children should be able to play in neighbourhood parks without exposure to open drug use. Seniors should be able to walk through their communities without fear or intimidation. Families should be able to use playgrounds and public facilities with confidence, and businesses should be able to operate in commercial districts that are safe for employees, customers, and visitors alike.

Municipal governments have long recognized that individual freedoms in public spaces must be balanced with everyone's right to safely enjoy those same spaces. For this reason, the City of Vancouver already regulates a wide range of activities that affect public health, public safety, and the shared use of public places.

Through its bylaws, the City prohibits or restricts activities such as smoking in and around public buildings and customer service areas, public urination and defecation, excessive noise, unsafe use of fireworks, fighting and disorderly conduct, and numerous other behaviours that interfere with the public's safe enjoyment of civic spaces. The principle underlying these regulations is straightforward: individual conduct may be restricted where it creates unreasonable risks to public health, public safety, or the enjoyment of shared public spaces by others.

The proposed plebiscite therefore asks whether Vancouver residents believe the City's existing approach to protecting shared public spaces should be extended to include the open-air consumption of hard drugs. Rather than creating an entirely new regulatory framework, it would build on longstanding municipal principles that seek to balance individual liberties with the public's collective right to enjoy safe, clean, and accessible civic spaces.

A favourable result would provide City Council with a clear democratic mandate to strengthen municipal bylaws where authority exists, advocate for additional legislative authority from the Province where necessary and reaffirm the principle that Vancouver's public spaces should be safe, welcoming, and accessible for everyone.

Importantly, the proposed approach would not rely on enforcement alone. It would be paired with expanded stabilization, treatment, recovery, and involuntary care services, recognizing that lasting improvements in community safety depend on improving outcomes for those living with severe addiction and mental illness as much as they do on protecting the public realm.

Rationale for Question Two

The proposed plebiscite is not only about establishing a clear municipal policy direction; it is also about strengthening Vancouver's ability to hold the Province of British Columbia accountable for delivering the healthcare infrastructure and legislative reforms that fall squarely within provincial jurisdiction.

For nearly two years, the Province has publicly committed to expanding involuntary care as part of its response to the addiction and mental health crisis. Yet despite Vancouver experiencing the province's most visible and complex concentration of addiction, mental illness, homelessness, and public disorder, no new provincial involuntary care beds have been established in Vancouver. While new involuntary care initiatives have been announced elsewhere in British Columbia, Vancouver, the community facing the greatest pressures, has yet to receive a comparable investment or a publicly defined implementation timeline.

Similarly, the Province has repeatedly acknowledged that the concentration of Single Room Occupancy hotels along the Granville Entertainment District presents significant challenges for public safety, neighbourhood revitalization, and the wellbeing of vulnerable residents. However, despite repeated commitments to address these issues, there has been no comprehensive public plan, implementation schedule, or measurable timeline for relocating or replacing these facilities with more appropriate models of care. As a result, Vancouver continues to bear a disproportionate share of the province's addiction and mental health challenges while awaiting meaningful provincial action.

These concerns have been compounded by the Province's proposal to establish a supervised drug consumption site at 900 Helmcken Street, adjacent to the Granville Entertainment District. The proposal became a significant source of disagreement between the Province and the City, with the City arguing that the location was inappropriate and that the process lacked sufficient collaboration and meaningful engagement with the municipal government and the surrounding community. From the City's perspective, the proposal illustrated a broader pattern in which provincial decisions with substantial local impacts were advanced without adequate partnership with the local government responsible for managing their consequences.

The proposed plebiscite would provide the Vancouver City Council with a direct democratic mandate to advocate for that balance. A clear expression of support from Vancouver voters would strengthen the City's position in requesting that the Province:

1. Prioritize Vancouver for future involuntary care investments;
2. Seek to establish a clear timeline for creating secure treatment capacity within the city;
3. Develop and implement a comprehensive strategy for the future of Single Room Occupancy housing in the Granville Entertainment District and other high-impact areas;
4. Work collaboratively with the City before establishing new provincially funded facilities that significantly affect neighbourhoods and public spaces; and
5. Restore balance across prevention, treatment, recovery, harm reduction, and appropriate enforcement as the foundation of British Columbia's response to addiction and mental illness.

Ultimately, the purpose of the proposed plebiscite is not merely to express public opinion. It is to provide Vancouver with a strong democratic mandate to insist that the Province match its public commitments with tangible action in the community that has borne the greatest impacts of the ongoing addiction and mental health crisis. A successful plebiscite would reinforce the principle that Vancouver should not continue to carry a disproportionate share of the province's social and healthcare challenges without receiving a proportionate share of provincial treatment infrastructure, recovery services, and long-term investment.

Democratic Rationale for Having a Plebiscite

The questions proposed in this plebiscite concern some of the most consequential public policy issues facing Vancouver. They touch on the safety and accessibility of public spaces, the City's response to addiction and mental illness, and the relationship between municipal, provincial, and federal governments in addressing one of the defining challenges of our time.

While City Council possesses the authority to enact bylaws within its jurisdiction and advocate for legislative and policy changes with senior governments, issues of this magnitude warrant direct democratic input. Decisions that will shape the future of Vancouver's public spaces, influence provincial healthcare policy, and affect every neighbourhood should not rest solely with elected officials. They should be informed by the expressed will of the people who live, work, and invest in the city.

An advisory plebiscite would provide Vancouver residents with the opportunity to speak directly on two issues that have dominated public discussion for years. It would move the debate beyond competing political narratives and provide Council with a clear, measurable expression of public opinion. Regardless of the outcome, the results would offer valuable democratic guidance for future policymaking.

A successful plebiscite would also strengthen the City's position when engaging with the Province of British Columbia. Many of the policy changes required to address addiction, mental illness, involuntary care, and healthcare infrastructure fall outside municipal jurisdiction. A direct mandate from Vancouver voters would provide Council with greater authority to advocate for legislative reform, increased treatment capacity, and a more balanced provincial response based on prevention, treatment, harm reduction, and enforcement.

Equally important, a plebiscite would enhance transparency and accountability. Residents would know that future decisions concerning public drug use, treatment infrastructure, and municipal advocacy were guided not only by Council's judgment but also by the clearly expressed wishes of Vancouver voters. It would establish an explicit public mandate against which both the City and the Province could be measured.

Finally, the plebiscite would reinforce a fundamental principle of democratic governance: when communities face decisions with profound and lasting implications for public safety, public health, neighbourhood livability, and quality of life, the people themselves should have the opportunity to determine the direction of public policy.

The proposed plebiscite would, therefore, give Vancouver residents a direct voice on two of the city's most significant public policy issues. It would also be a clear democratic mandate for future municipal bylaws and advocacy. Simultaneously, the plebiscite will strengthen the City's ability to hold the Province accountable for delivering healthcare infrastructure and treatment capacity within Vancouver.

Improving transparency is vital for any healthy democracy because it ensures that future policy decisions reflect the expressed will of the electorate. Likewise, any direct electoral process like a plebiscite will naturally increase public confidence in both municipal decision-making and intergovernmental advocacy, while reinforcing democratic accountability that will ensure long-term policy direction is shaped directly by Vancouverites rather than by elected officials alone.

Ultimately, the proposed plebiscite is not simply about two policy questions. It is about restoring public confidence that decisions affecting the safety of Vancouver's streets, the future of its public spaces, and the care of its most vulnerable residents are grounded in a clear and unmistakable democratic mandate.

Policy Proposals following a “Yes” Vote

Policy Proposal for Question One: New Municipal Bylaws that restrict hard drug consumption in public spaces

A favourable plebiscite result would give the Vancouver City Council a clear mandate to strengthen municipal bylaws that could lead to the restriction of consuming hard drugs in public spaces. This would provide police officers with an additional tool to address open-air drug use. While federal statutes encourage police and prosecutors to consider alternatives to criminal prosecution, this has created a gap in addressing lower-level but highly visible public drug use, contributing to the normalization of the behaviour. Strengthening municipal bylaws would help address this gap by allowing police to issue administrative penalties for hard drug consumption in public spaces, providing an intermediate enforcement option between no intervention and criminal prosecution.

Beyond immediate enforcement, this approach would help re-establish social expectations that public hard drug use is unacceptable. It would also allow authorities to document repeated violations, helping identify patterns of behaviour and informing decisions on whether stronger interventions under existing laws are warranted.

Policy Proposal for Question Two: New Tertiary Care Centre

Restricting the open-air use of hard drugs in public spaces must be accompanied by a meaningful healthcare response. Enforcement alone cannot resolve the addiction and mental health crisis, just as healthcare alone cannot ensure that public spaces remain safe and accessible for everyone. A successful strategy must integrate public safety with immediate medical intervention and clear pathways into treatment and recovery.

A favourable plebiscite result would provide Vancouver with a clear public mandate to advocate for, and hold the Province of British Columbia accountable for, the timely establishment of a new Tertiary Care Centre.

The proposal recommends redeveloping the former St. Paul's Hospital to include a new 24/7 compassionate stabilization centre ("Tertiary Care Centre"), which would provide a continuum of care ranging from immediate stabilization through voluntary treatment and involuntary care where legally appropriate, to long-term recovery.

The current healthcare response to supporting individuals experiencing severe drug intoxication has a number of shortcomings:

- a. Lack of a continuum of care: Individuals experiencing severe drug intoxication are frequently transported to emergency departments, only to experience another crisis hours or days later. This revolving-door pattern serves neither the individual nor the public and places an unsustainable burden on emergency responders and the healthcare system.
- b. Lack of concurrent care: Individuals with severe substance use disorders frequently experience complex, overlapping challenges, including severe mental illness. However, current models, such as the Road to Recovery, have limited capacity to provide concurrent psychiatric care.

- c. Lack of appropriate involuntary care opportunities: Nearly two years after the province's commitment to expand involuntary care, the City of Vancouver still has not received any new involuntary treatment beds in its jurisdiction.

The proposed Tertiary Care Centre is a new model that aims to close the very real gaps in our current healthcare response. The Centre provides a dedicated pathway of care for individuals experiencing severe drug intoxication, offering immediate medical stabilization, protection from harm, and connection to appropriate treatment services. This care centre would allow doctors in overcrowded emergency rooms to transfer appropriate patients to the Tertiary Care Centre by ambulance, diverting cases from the emergency department at the point of crisis, and ensuring that people in moments of greatest vulnerability receive specialized support while easing pressure on emergency rooms elsewhere.

Once a patient arrives at the emergency room of any hospital in the City of Vancouver, the attending physician would conduct an initial assessment. If the individual is experiencing severe drug intoxication, the physician could arrange for the patient to be transported to the Tertiary Care Centre by ambulance. Upon arrival at the Centre, every individual would receive a comprehensive clinical assessment and care, including:

- immediate medical assessment and stabilization;
- continuous monitoring for overdose, withdrawal, dehydration, infection, and other acute medical conditions;
- psychiatric assessment where relevant;
- immediate access to detoxification, addiction medicine, and mental health services;
- assessment for voluntary treatment options; and
- Individualized assessment to determine whether the statutory criteria for involuntary care have been met based on the *BC Mental Health Act*.

Where an individual is medically stabilized, they would be offered immediate access to concurrent voluntary treatment, including withdrawal management, psychiatric care, housing supports, and recovery services, creating an opportunity to engage individuals at a moment when they may be most receptive to accepting help.

Involuntary care can only be prescribed if the patient meets one of three criteria: the patient is a danger to themselves, the patient is a danger to others, or the patient is facing imminent decline. Where involuntary admission criteria are met, there will be a separate assessment of the individual's capacity to consent to psychiatric treatment. Individuals receiving involuntary care would be admitted to secure treatment beds within the same campus, preserving continuity of care and avoiding unnecessary delay or transfers.

The Tertiary Care Centre would protect vulnerable individuals during moments of greatest risk while creating a more effective concurrent continuum of care that reduces repeated interactions with emergency departments, police, firefighters, and paramedics. By providing a dedicated setting for assessment, stabilization, and connection to appropriate services, the Centre would help alleviate pressure on the existing healthcare system, diverting appropriate cases away from emergency rooms to free up emergency capacity for other patients and improve timely access for all patients.

Conclusion

The proposed plebiscite provides Vancouver residents with an opportunity to directly express their views on two of the most significant issues facing the city: the use of public spaces and the treatment of severe addiction and mental illness.

Rather than relying solely on enforcement or solely on healthcare, the proposal combines both. It pairs stronger expectations for the use of public spaces with expanded access to treatment, stabilization, and recovery services. If endorsed by voters, the results would provide City Council with a clear democratic mandate to strengthen municipal bylaws where appropriate, advocate for provincial action, and pursue a comprehensive public safety and compassionate recovery strategy grounded in both community safety and improved health outcomes.

The ultimate goal of this policy paper is to move the needle and build a Vancouver that is safe, caring, and compassionate for everyone who calls it home.



**“TOGETHER, WE CAN BUILD A CITY THAT IS
SAFE, CARING, AND COMPASSIONATE.”**

MAYOR KEN SIM

