

PROSPER · POLICY PAPER · OCTOBER 2026

Illicit Drugs and Public Safety on the Eve of Vancouver's Plebiscite

Where Do We Go From Here?

RELEASED AT THE 3RD ANNUAL PROSPER SYMPOSIUM

October 1, 2026 · Westin Bayshore, Vancouver · Ahead of the October 17 municipal election and plebiscite

AT A GLANCE

Two questions, one crisis, and the numbers behind both.

85.7%

of surveyed people who use drugs in B.C. used them in a public place in the past 30 days; 44.1% did so every day

24%

of overdose deaths in the Vancouver Coastal region occurred outside in January–June 2026, the only region still rising

713

fewer Vancouver Fire Rescue overdose responses from a 10% reduction against the 2025 baseline of 7,126

954

fewer paramedic overdose events in the City of Vancouver from a 10% reduction against 9,537 in 2025

98 days

average wait for admission to Red Fish Healing Centre in 2025, with 95 people on the wait list

612

Downtown Eastside residents who visited an emergency department 10 or more times in 2023

WHAT VANCOUVER VOTERS WILL BE ASKED ON OCTOBER 17, 2026

QUESTION 1 · PUBLIC DRUG USE

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

QUESTION 2 · SECURE TREATMENT

Should the City of Vancouver formally ask the Province of BC to convert portions of the old St. Paul's Hospital, or another similar site, into a secure medical facility that provides acute voluntary and 100-plus involuntary care beds for individuals posing a serious risk to themselves or others due to severe substance use and mental health disorders?

Both votes are non-binding and serve as a gauge of public opinion. Figures on this page are drawn from the sections that follow; the improvement estimates are illustrative calculations on published baselines, not projections of the plebiscite's effect.

What the evidence says

Vancouver's proposed plebiscite addresses two drug-related challenges: public drug use and insufficient treatment capacity, particularly for the hardest to reach people. Residents in the city will specifically be asked to vote on: 1) whether the city should strengthen its laws against public drug use and 2) whether the city should ask the Province of British Columbia to convert portions of St. Paul's Hospital or a similar site into a secure medical facility for people with substance use and mental health disorders.

This paper finds that even modest improvements in drug-related incidents would translate into substantial gains in public-service capacity. For example, a 10% reduction from 2025 levels would correspond to 485 fewer incidents of mischief, 412 fewer assaults, and 216 fewer incidents of breaking and entering. A 10% reduction in overdose/poisoning incidents involving Vancouver Fire Rescue Services would correspond to 713 fewer incidents, while the same reduction in overdose/poisoning patient events involving BC Emergency Health Services paramedics would correspond to 954 fewer events. These figures illustrate the scale of potential improvements.

The [2024 Harm Reduction Client Survey](#) estimated that 85.7% of respondents, who reported using drugs in the past 6 months and completed the survey at a harm reduction site, said that they used substances in public places at least once in the past 30 days, including 44.1% who said that they used substances in public every day. Between January–June 2026, 24% of [overdose deaths](#) in the Vancouver Coastal Health authority region occurred “outside.”

If public drug use were to be ameliorated, first responders would likely spend less time responding to incidents caused by or involving people who use drugs, thereby improving the quality of services elsewhere. In response to Task Force Barrage in the Downtown Eastside, Fire Chief Karen Fry explained that “[fewer medical emergencies](#)...mean we can respond more efficiently and focus on prevention and community support, reduce wait times for police assistance, also improve our operational efficiencies and our firefighter safety.” The first question of the plebiscite can create a reinforcing loop that would improve services for non-users and people who use drugs alike.

The second question has the potential to improve treatment capacity for individuals in Vancouver who have concurrent mental health and substance use disorders. The case for additional treatment capacity is similarly substantial. Red Fish Healing Centre, British Columbia's primary facility for people with severe concurrent mental-health and substance-use disorders, is operating near capacity. As of December 31, 2025, 95 people were on its wait list, and the average wait for patients admitted in 2025 was nearly 98 days. Separately, the Province reported that 612 people in the Downtown Eastside visited an emergency department 10 or more times in 2023, including one individual who made 180 visits.

To illustrate the scale of potential change, if 200 patients who each had 10 emergency department visits were stabilized, a 10% reduction in emergency department visits would correspond to 200 fewer visits, thereby lessening the strain on existing medical services. This could translate in almost \$10 Million in saved

costs and if simply 10 deaths were averted, this could translate to \$6 Million in savings.

Although overdose deaths and crime in Vancouver have trended downward over the long term, including with overdose deaths in the Vancouver Coastal Health authority region decreasing from 746 in 2023 to 492 in 2025, some indicators have pointed to recent increases in crime. Total crime rose 4.4% in the first half of 2026 versus the first half of 2025; violent crime rose 6.0%, assaults 7.1%, property crime 4.3%, and 911 calls 4.5%. We can expect cost savings if crime is reduced.

Both questions are intended to address persistent public-health and public-safety challenges, but their implementation would involve different levels of government. Vancouver could act directly to strengthen its bylaws governing public drug use, while the second question asks the City to seek action from the Province to expand secure treatment capacity. A successful plebiscite would therefore place the issue of additional voluntary and involuntary treatment capacity before the provincial government.

This paper is intended to help inform voters in the City of Vancouver and weigh what is at stake in our Province's most challenging issue.

01 The Proposal

On August 14, 2026, the Vancouver City Council approved a two-part [plebiscite question](#) for the municipal election on October 17. The question noted that “Vancouver has experienced unprecedented levels of street disorder, open-air hard drug use, and disruption to community safety and individual health.” As written, Vancouver voters will be asked:

- 1. Are you in favour of the City of Vancouver strengthening its laws to forbid open-air hard drug (Heroin, Meth, Fentanyl, and Crack) use in public spaces?**
- 2. Should the City of Vancouver formally ask the Province of BC to convert portions of the old St. Paul's Hospital, or another similar site, into a secure medical facility that provides acute voluntary and 100-plus involuntary care beds for individuals posing a serious risk to themselves or others due to severe substance use and mental health disorders?**

The outcome of the two votes will be non-binding, instead serving as a gauge of public opinion.

Mayor Ken Sim is a leading proponent of the plebiscite question. In an August [interview](#) with *Business in Vancouver*, Mayor Sim said: “All we’re asking the residents of Vancouver is whether or not they think it’s appropriate for a person to be using hard drugs like fentanyl, meth, crack—what have you—in public spaces. This is not going after people for possession. It’s going after people who are using in public where drug use could be deemed inappropriate.” In contrast, Councillor Pete Fry, who is running for Mayor with the Green Party of Vancouver, told *CBC* that “the mechanics of this plebiscite are to create a [wedge issue](#), are to drive voters to the polls. It’s a cynical election move.”

02

Existing Policies

The City of Vancouver does not have a city-wide ordinance prohibiting all forms of open-air drug use. The local regulations that do exist focus on smoking (e.g., they would not apply to injection drug use) and specific areas (e.g., they would not apply to a public area more than 6 metres from a building entrance). However, federal drug laws prohibit the personal possession of illegal drugs, as British Columbia's decriminalization experiment concluded in January 2026.

In April 2024, Sandra Singh, the Deputy City Manager of Vancouver, said in an email to the Mayor and City Council about public drug use that “the challenges that neighbours, local businesses, and people needing to use and access the public realm such as sidewalks have been experiencing are [not manageable with existing Bylaws](#) and powers.”

Vancouver's [Park Board Smoking Regulation Bylaw](#) prohibits smoking in Vancouver parks and park areas. This regulation can be enforced by Park Rangers, Vancouver bylaw enforcement officers, and Health Inspectors, who can give tickets to offenders. The city explained that “the [minimum fine](#) for smoking in a park or other regulated outdoor space is \$250.”

[Health By-law No. 9535](#) prohibits individuals from smoking on public transit, including a school bus, passenger bus, ferry, or rapid transit; in an enclosed or partially enclosed shelter where people wait to board a vehicle for hire or public transit; within six metres measured on the ground from a point directly below any point of any opening into any building including any door or window that opens or any air intake; in a customer service area; in a plaza identified in heavy black outline in Schedule “B”; within six metres of the perimeter of a customer service area; and inside many buildings.

The province of British Columbia received an exemption to federal drug laws in January 2023 to experiment with the province-wide decriminalization of the personal possession of hard drugs like fentanyl and methamphetamine. The three-year pilot program ended on January 31, 2026, and was not renewed. Accordingly, the City of Vancouver explained that “this means that possession of small amounts of illicit drugs [is once again illegal](#).” Likewise, in an article about the city potentially strengthening its laws against open-air drug use, the *CBC* reported that “possession of small amounts of illicit drugs is already illegal in Canada, and Vancouver [city bylaws prohibit smoking](#) in public parks, beaches and a number of other areas.”

Although the possession of drugs is prohibited by federal law, a new city bylaw against public drug use would give local law enforcement officers additional ticketing powers and signal that the city has adopted a new posture against the behavior.

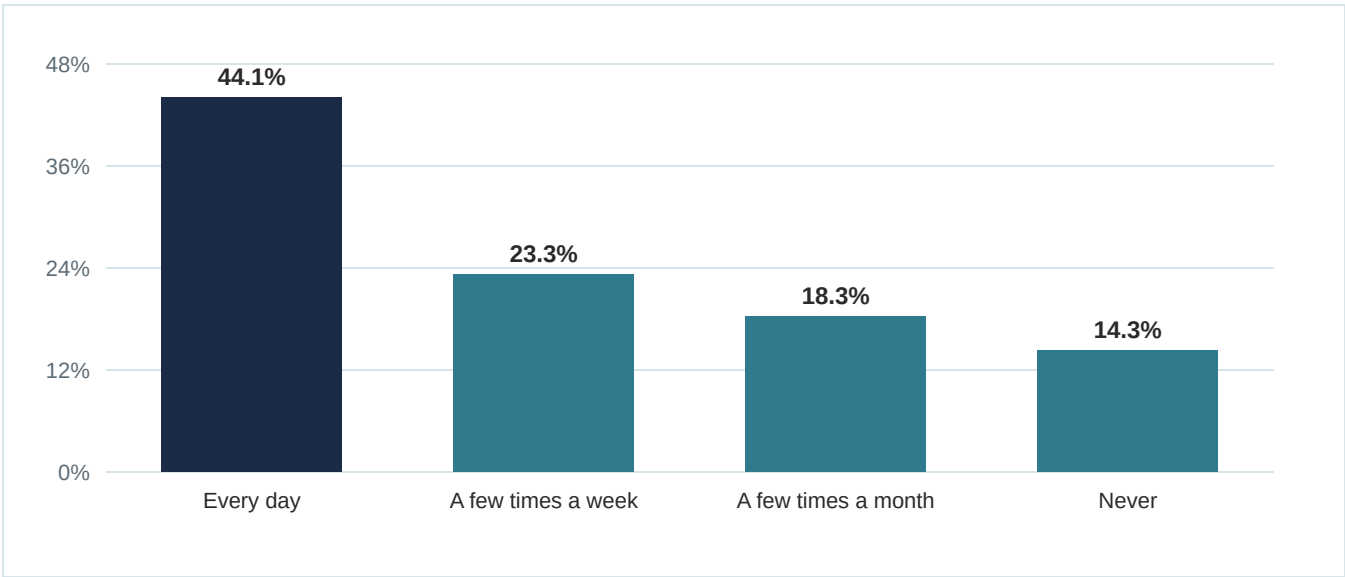
03

Background Information for Question 1

The Harm Reduction Client Survey

The [2024 Harm Reduction Client Survey](#), conducted at harm reduction sites by the British Columbia Centre for Disease Control, estimated that 85.7% of respondents (474/553), who all reported using drugs in the past 6 months, said that they used substances in public places like parks, beaches, transit stops, and sidewalks at least once in the past 30 days. More specifically, 44.1% of respondents (244/553) said that they used substances in public every day, while 23.3% (129/553) said that they did so a few times a week and 18.3% (101/553) said that they did so a few times a month (Figure 1). Notably, the survey found that only 14.3% of respondents (79/553) said that they did not use substances in public in the past month. The summary of the survey’s results concluded that “using substances in public is common.”

Figure 1. The use of substances in public among survey respondents who accessed harm reduction resources in British Columbia, 2024



The 2024 Harm Reduction Client Survey also found that 51.2% (235/459) of those who used substances every day said that they used substances in public every day. Among 92 respondents in the Vancouver Health authority region, 52.2% (48) used substances in public every day, 21.7% (20) said that they did so a few times a week, 7.6% (7) said that they did so a few times a month, and 18.5% (17) said that they did not use substances in public.

Regarding the survey’s methodology, the survey included 622 respondents aged 19 or older who reported using unregulated substances in the past 6 months, of which 69 were excluded from the published results for unspecified reasons, resulting in reported answers from 553 respondents. The survey was conducted at 39 harm reduction distribution sites throughout British Columbia.

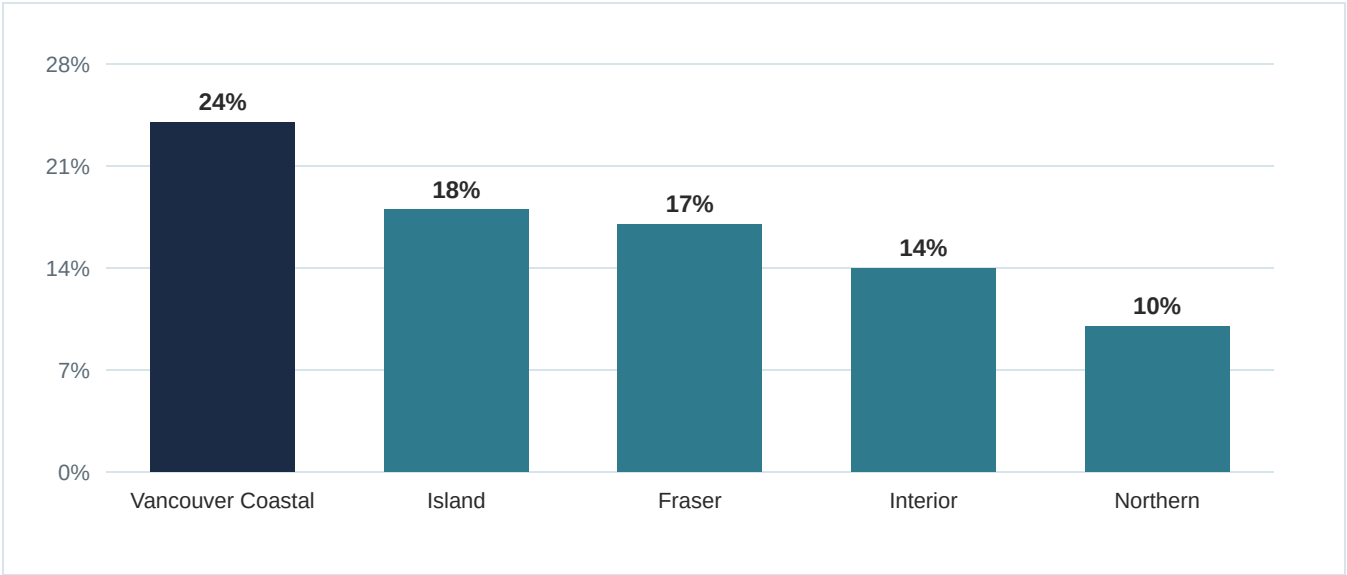
Unregulated Drug Deaths Dashboard

Consistent with the 2024 Harm Reduction Client Survey’s finding that many people who use drugs use them in public, often every day, the British Columbia Centre for Disease Control’s [dashboard](#) about overdose deaths indicated that many of them were dying from overdoses “outside.” In 2025, 21% of the overdose deaths in British Columbia occurred outside, up from 19% in 2024 and 19% in 2023. The dashboard noted that the “outside” category includes “vehicles, streets, sidewalks, parking lots, public parks, wooded areas, and campgrounds.”

The dashboard reported that the number of overdose deaths in the Vancouver Coastal Health authority region decreased from 746 in 2023 to 613 in 2024 and 492 in 2025.

Among overdose deaths specifically in the Vancouver Coastal Health authority region, the percentage that occurred outside increased from 18% in 2023 to 21% in 2024 and 23% in 2025. For reference, for the period between January and June 2026, the percentage of overdose deaths that occurred outside was 24% in the Vancouver Coastal region, 18% in the Island region, 17% in the Fraser region, 14% in the Interior region, and 10% in the Northern region (Figure 2). The percentage that occurred outside declined between 2025 and January–June 2026 in all of the health regions except for the Vancouver Coastal region.

Figure 2. Unregulated drug deaths that occurred outside in British Columbia by health region, January–June 2026



Of note, the dashboard included deaths due to “unregulated drugs and/or drugs sold illicitly.” It did not include intentional drug toxicity deaths (i.e., suicides from an overdose) or unintentional deaths that were “due solely to one’s own prescribed medications.”

Vancouver Social Indicators and Trends Profile

The [2025 Social Indicators and Trends Profile](#), published by the City of Vancouver and largely based on data from the 2021 Census of the Population, provides additional context on how public drug use has the potential to impact large portions of the population.

In 2021, the City of Vancouver had the highest population density in Canada. That year, Vancouver had 59 people per hectare compared to Montreal with 48, Kitchener with 19, Calgary with 16, Quebec with 12, and Halifax with 1.

Vancouver was tied with Montreal for having the highest percentage of residents who said that they walked, cycled, or took public transit to work in 2021. That year, 41% of commuters reported that they walked, cycled, or took public transit to work compared to 20% of commuters in Quebec, 13% in Edmonton, and 9% in Saskatoon. More specifically, in Vancouver, 23% of commuters took public transit, 13% walked, and 5% cycled, with the remaining 59% using an automobile or “other” mode of transportation.

In 2023, 58% of respondents in the Metro Vancouver region said that they felt safe walking after dark, according to the Survey on Population Experiences, Action and Knowledge (SPEAK). This ranged from highs of 86% in Lions Bay/Bowen Island and 78% in West Vancouver to lows of 46% in Surrey and 44% in Langley City.

Within [Vancouver/UBC](#), 59% said that they felt safe walking alone after dark in 2023, ranging from a high of 72% in Kitsilano to a low of 33% in the Downtown Eastside. Additionally, the percentage of residents who said that their mental health was very good or excellent ranged from a high of 48% in West Point Grey/Dunbar-Southlands to a low of 24% in Cedar Cottage.

The Social Indicators and Trends Profile, citing the UN Quality of Life Survey, reported that 81% of respondents in the City of Vancouver were somewhat or very satisfied with the city’s parks, gardens, and beaches. It also found that 70% were satisfied with public transit, 65% were satisfied with public spaces, 58% were satisfied with police services, and 50% were satisfied with city services overall.

Among Vancouver’s 22 [local planning areas](#), the percentage of respondents who were somewhat or very satisfied with public spaces ranged from a low of 43% in Strathcona, which includes much of the Downtown Eastside, to a high of 75% in both Shaughnessy and Victoria-Fraserview.

Community Satisfaction Survey

The [2024 Community Satisfaction Survey](#), commissioned by the Vancouver Police Department, found that 80% of respondents were concerned about crime in Vancouver, up from 77% in 2022 and 78% in 2020. The survey also found that 60% believed that crime in Vancouver was worse in the present year than in the prior year, down from 67% in 2022 and 61% in 2020. In 2024, 38% of Vancouver residents said that they changed their routines due to concerns about crime, down from 42% in 2022 but up from 33% in 2020.

The survey also featured a component that included responses from individuals who owned or managed businesses, which found that 31% hired security, 30% considered closing or moving, 30% had staff afraid to come to work, 29% lost customers because of crime concerns in the area around their business, and 23% had customers who were afraid to visit.

04

Public Service Capacity

If public drug use were to be ameliorated, it would likely follow that first responders would spend less time responding to incidents caused by or involving people who use drugs, thereby improving the quality of services elsewhere. Rather than accepting financial savings and reducing service capacity to respond to lower demand, policymakers should instead focus on improving and redeploying public service capacity. A 10% reduction in related incidents would lead to noticeable improvements in the health and safety of the city.

This outcome is not abstract or novel, given that it was already observed following the positive effects of Task Force Barrage, which concentrated law enforcement officers in the Downtown Eastside. Fire Chief Karen Fry explained that “these results demonstrate that [Task Force Barrage] is effectively [reducing the demand on our resources](#). Fewer medical emergencies and fires mean we can respond more efficiently and focus on prevention and community support, reduce wait times for police assistance, also improve our operational efficiencies and our firefighter safety.”

Of note, the following estimates are simply calculations based on the percentages of the baseline numbers (e.g., a 5% improvement in the 5,385 thefts from motor vehicles in 2025 would correspond to 269 fewer incidents), helping to illustrate how public service capacity may be improved if the city had fewer incidents involving public drug use. The reported numbers are not projections of what may follow if the plebiscite passes and is implemented.

Calls for Service

In 2024, the Vancouver Police Department received [239,224 calls for service](#), corresponding to a rate of 326 per 1,000 people. For reference, there were 240,264 calls for service in 2023, corresponding to a rate of 328 per 1,000 people.

Against the 2024 baseline of 239,224 calls for service to the Vancouver Police Department:

- A 1% improvement (reduction) would correspond to 2,392 fewer calls
- A 5% improvement would correspond to 11,961 fewer calls
- A 10% improvement would correspond to 23,922 fewer calls
- A 20% improvement would correspond to 47,845 fewer calls

Reported Crime

The [Public Safety Indicators](#) report, which was included in the agenda for the September meeting of the Vancouver Police Board, noted that many public safety trends in the city worsened between the first half of 2025 and the first half of 2026:

- The number of violent crimes increased 6.0% from 2,616 to 2,774
- The number of assaults increased 7.1% from 2,011 to 2,153

- The number of robberies increased 7.8% from 232 to 250
- The number of sexual offences increased 2.8% from 354 to 364
- The number of property crimes increased 4.3% from 14,956 to 15,601
- The number of breaking and entering incidents decreased 12.3% from 1,043 to 915
- The number of thefts of a motor vehicle decreased 22.6% from 266 to 206
- The number of thefts increased 10.7% from 6,524 to 7,219
- The number of calls for service increased 1.6% from 120,379 to 122,306
- The number of 9-1-1 calls increased 4.5% from 35,531 to 37,129
- The number of calls to the non-emergency line increased 5.8% from 50,416 to 53,329
- The number of Mental Health Act apprehensions remained stable at 2,177 and 2,178
- The number of traffic fatalities decreased 28.6% from 7 to 5
- The total number of crimes increased 4.4% from 20,848 to 21,757

This recent increase in crime coincides with the conclusion of Task Force Barrage in [late 2025](#). In response to the Downtown Eastside—and the related efforts in Task Force Barrage—evolving into a new Precinct 5, Police Chief Steve Rai told *Business in Vancouver*, “It [won't be as intense](#) as Barrage might have been, which was specific to criminals,” adding, “this is more holistic...It'll be more connection with social workers.”

In 2025, there were 4,124 reported incidents of assault, 2,157 reported incidents of breaking and entering, 5,385 reported incidents of theft from a motor vehicle, and 13,303 reported incidents of theft of something worth less than \$5,000, according to the [Vancouver Police Department](#). Table 1 summarizes what minor improvements in these outcomes would translate to.

Table 1. Reported crime incidents in Vancouver, 2025

INCIDENTS, 2025	BASELINE	1% IMPROVEMENT	5% IMPROVEMENT	10% IMPROVEMENT	20% IMPROVEMENT
Sex offences	524	5 fewer	26 fewer	52 fewer	105 fewer
Assaults	4,124	41 fewer	206 fewer	412 fewer	825 fewer
Robbery	491	5 fewer	25 fewer	49 fewer	98 fewer
Breaking and entering	2,157	22 fewer	108 fewer	216 fewer	431 fewer
Theft of motor vehicle	572	6 fewer	29 fewer	57 fewer	114 fewer
Theft from motor vehicle	5,385	54 fewer	269 fewer	539 fewer	1,077 fewer
Theft of less than \$5,000	13,303	133 fewer	665 fewer	1,330 fewer	2,661 fewer
Arson	210	2 fewer	11 fewer	21 fewer	42 fewer
Mischief	4,854	49 fewer	243 fewer	485 fewer	971 fewer
Offensive weapons	1,216	12 fewer	61 fewer	122 fewer	243 fewer

Despite the recent increase in crime in 2026, many crime rates in Vancouver have trended downward over time. For example, there were 5,259 assaults in [2005](#) compared to 4,124 in 2025. The number of robberies decreased from 1,515 in 2005 to 491 in 2025, while the number of thefts from motor vehicles decreased from 15,646 to 5,385. Even so, incidents related to mischief increased from 4,329 in 2005 to 4,854 in 2025, while incidents involving offensive weapons increased from 1,051 to 1,216.

Vancouver Street Cleaning Grant Program

The [Vancouver Street Cleaning Grant Program](#) provides grants to local non-profits that provide micro-cleaning services and supplement the city's existing street cleaning services. The city's website explained that "micro-cleaning involves daily collection of litter on foot using brooms, shovels, and wheeled garbage carts – work that's outside the scope of City services," adding that "low threshold employment supports an inclusive city and helps marginalized individuals to become more self-reliant, contributing to the goal of ending homelessness." The city noted that "cleaner streets promote a safe and welcoming public realm, show a commitment to protecting the environment, and help to convey 'greenest city.'"

In 2025, the program collected 37,200 bags of litter. A 5% improvement would correspond to 1,860 fewer bags that need to be collected, while a 20% improvement would correspond to 7,440 fewer bags (Table 2).

Table 2. Outcomes associated with the Vancouver Street Cleaning Grant Program, 2025

INCIDENTS, 2025	BASELINE	1% IMPROVEMENT	5% IMPROVEMENT	10% IMPROVEMENT	20% IMPROVEMENT
Litter needing collection	37,200 bags	372 fewer	1,860 fewer	3,720 fewer	7,440 fewer
Discarded needles needing collection	98,300	983 fewer	4,915 fewer	9,830 fewer	19,660 fewer
Feces removals, downtown area	8,100	81 fewer	405 fewer	810 fewer	1,620 fewer

Overdose/Poisoning Involving the Vancouver Fire Rescue Services

In 2025, the Vancouver Fire Rescue Services (VFRS) responded to [7,126 overdose/poisoning](#) incidents, representing 23% of all medical calls to which it responded. The VFRS’s annual report noted that “while overdoses declined early in the year to a low of 358 in April, they have steadily increased through the year, peaking at 888 overdoses in November.”

The 7,126 in 2025 [compare](#) to approximately 4,680 overdose/poisoning incidents in 2016, 6,188 in 2017, 4,836 in 2018, 5,356 in 2019, 4,004 in 2020, 7,748 in 2021, and 6,968 in 2022, which were estimated by multiplying the reported weekly average by 52 weeks in the year. Additionally, the VFRS’ annual report noted that VFRS crews administered 774 doses of naloxone in 2025.

This outcome, as well as the next one with paramedics, is included to illustrate the significant toll that overdoses have on public service capacity.

Against the 2025 baseline of 7,126 overdose/poisoning incidents that involved the VFRS:

- A 1% improvement (reduction) would correspond to 71 fewer incidents
- A 5% improvement would correspond to 356 fewer incidents
- A 10% improvement would correspond to 713 fewer incidents
- A 20% improvement would correspond to 1,425 fewer incidents

For additional context, in an article about the results of Task Force Barrage, the *Times Colonist* reported: “Fire Chief Karen Fry said firefighters saw a decrease in fires, false alarm calls and overdose calls in the time that the task force operated. Fry noted [overdose calls dropped](#) from 3,234 to 2,073,” though the specific time frame of the decrease was unclear in the article. Mayor Sim similarly argued that there were “[1,200 fewer calls](#) for overdoses,” pointing to the six-month period between February–August 2025.

Overdose/Poisoning Involving the BC Emergency Health Services

In 2025, the BC Emergency Health Services (BCEHS) paramedics responded to [39,592 overdose/poisoning patient events](#), averaging 108 per day. For reference, this compares to 40,543 in 2024, 42,172 in 2023, 35,585 in 2021, and 12,263 in 2015. Among the 39,592 in 2025, 10,927 occurred in the Vancouver Coastal

Health authority region, 11,494 occurred in the Fraser region, 7,514 occurred in the Island region, 6,823 occurred in the Interior region, and 2,834 occurred in the Northern Region. Among the 10,927 in the Vancouver Coastal region, [9,537](#) occurred in the City of Vancouver.

Against the 2025 baseline of 9,537 overdose/poisoning patient events in Vancouver that involved BCEHS paramedics:

- A 1% improvement (reduction) would correspond to 95 fewer incidents
- A 5% improvement would correspond to 477 fewer incidents
- A 10% improvement would correspond to 954 fewer incidents
- A 20% improvement would correspond to 1,907 fewer incidents

Tourism

According to a June 2026 article in [Global News](#), Royce Chwin, the president of Destination Vancouver, spoke at a news conference and shared unedited comments from tourists, including:

“Street upon street of homeless people who were clearly under the influence of what was probably fentanyl and other drugs. Felt very, very unsafe, always looking over your shoulder, drugs openly being consumed. We clearly stood out as tourists, feeling very vulnerable.”

“Really glad to leave this place and will not be going back, has put me off to going to any other city in Canada.”

“Homeless and mental health problems everywhere. I saw many of these people on Robson Street, in Gastown and on Granville Street.”

“There was seemingly a homeless person (on) every block and a few of them were cooking drugs in the open. At one point, I was aggressively yelled at by someone with serious mental health issues.”

“So many homeless people, people injecting drugs passed out on the street.”

[Destination Vancouver](#) reported that tourism in Vancouver generated \$8.8 billion in revenue in 2025.

Against the 2025 baseline of \$8.8 billion:

- 0.05% would correspond to \$4.4 million in revenue
- 0.10% would correspond to \$8.8 million in revenue
- 0.25% would correspond to \$22.0 million in revenue
- 0.50% would correspond to \$44.0 million in revenue
- 1.00% would correspond to \$88.0 million in revenue

SIDEBAR

Comparable efforts in Canada

Other large Canadian cities have cracked down on public drug use and general disorder, demonstrating the potential efficacy of a similar response in Vancouver.

Edmonton implemented its Enhanced Transit Safety Plan in 2022, which involved the placement of additional law enforcement officers in transit areas. Duane Hunter, who was Edmonton's director of transit safety, told *CBC* in 2023: "we believe that by focusing on high-frequency [nonviolent drug offences](#), we can prevent higher severity instance incidents such as weapons offences and assault," adding that "drug-related incidents continue to be one of the top factors making riders feel unsafe."

In October 2023, *Mass Transit* reported [results](#) from Edmonton's Enhanced Transit Safety Plan. Drug-related incidents decreased by 19% from 499 in the 2nd quarter of 2023 to 404 in the 3rd quarter of 2023. Between August and September, non-violent incidents decreased 36% from 118 to 76, while violent incidents decreased by 47%.

The Ottawa Police Department implemented its Community Outreach Response and Engagement (CORE) Strategy in 2024, which involved an increase in foot patrols and policing in "[high-priority hot spot areas](#)." In November 2024, the city announced, "an increase in the number of officers on foot patrol in high-priority areas has led to a 17.9% reduction in calls for service and a 4.62% reduction in crime across all hot spots."

05

Background Information for Question 2

Question 2 seeks to increase Vancouver's treatment capacity, focusing on reaching high-risk individuals with concurrent mental health and substance use disorders.

At present, the Red Fish Healing Centre for Mental Health and Addiction, also known as the Red Fish Healing Centre, is British Columbia's primary option for these individuals, many of whom have previously attempted less intensive treatment programs. BC Substance Use and Mental Health Services said that the [Red Fish Healing Centre](#), which opened in 2021, "treats individuals from across the province who live with the most severe concurrent substance use and mental health issues."

A 2026 [report](#) from the British Columbia Ministry of Health noted that "Red Fish Healing Centre is highly utilized, with an average occupancy rate of 91.7% in Q1-Q3 of FY 2025/26, indicating a sustained high demand for this type of service." Additionally, with 105 beds at the facility, the report said that 244 unique clients were admitted to the facility during this period. It added that 90.7% of Red Fish clients during this period "reported improved mental health" between admission and discharge, though it is unclear how this was defined and measured. Detailed outcomes related to the facility do not appear to have been published in recent years, if ever.

SIDEBAR

Challenges Facing the Red Fish Healing Centre

In April 2026, [Josie Osborne](#), who is British Columbia's Minister of Health, told the Legislative Assembly of British Columbia:

"The program, it's fair to say, consistently receives more referrals than it can admit annually, and it's consistently full. So while there isn't a precise tracking of occupancy levels such as the member may be asking for, because it is not tracked that way, I can say it is consistently full. There's a minimal amount of time that there would be an empty bed, as patients leave and new patients enter."

Minister Osborne also stated that 95 clients were on the 105-bed facility's wait list as of December 31, 2025. The average wait time to admission for clients admitted in 2025 was 97.9 days, an increase from 70 days during the 2023–2024 fiscal year.

In response, MLA Claire Rattée said this issue "needs attention immediately."

The *Times Colonist* [reported](#) in 2023 that the Red Fish Healing Centre "is filled to capacity," highlighting the need for additional treatment capacity. The article quoted Dr. Nick Mathew, the medical director of complex mental-health and substance-use services at the Red Fish Healing Centre, who said, "if you look at Red Fish in general, 92 per cent of our patients get better from a psychiatric point of view," adding that "patients who haven't done well anywhere else in the province are coming here and the vast majority of them are getting better."

Noting that the St. Paul's facility already has "approximately 70" voluntary and involuntary treatment beds, Mayor Sim explained in August 2026 that "this is as close to a [turnkey solution](#) as possible." For background, Providence Health Care [sold](#) St. Paul's, which is located in downtown Vancouver, to Concord Pacific, an urban developer, in 2020.

Regarding potential concerns about whether St. Paul's could feasibly be used to advance the goals of the plebiscite question, Matt Meehan, the vice president of planning for Concord Pacific, told *Daily Hive Urbanized*: "[We are open to cooperate](#) with the appropriate levels of government on any plans they may put forward. At St. Paul's request last year, Concord has already extended the lease with the hospital beyond 2027. At this time, we do not have enough details to make further comment on the matter."

The plebiscite question also leaves open the possibility that the city will convert a "similar site" into a medical facility with "100-plus" voluntary and involuntary treatment beds. Modeled after the Red Fish Healing Centre, the medical campus could be designed to address the complex needs of individuals with concurrent mental health and substance use disorders. It would provide secure care to the city's highest-risk population, while also providing a route for individuals to seek voluntary treatment. The site would offer a range of evidence-based services, including psychiatric care, detoxification, stabilization, and step-down care.

SIDEBAR

A Case in Point

Sue Pazder, a mother from Sidney whose son died by suicide, wrote a [letter](#) to *The Province* in April 2024 about the limitations of the Red Fish Healing Centre and the need to expand access to treatment. Excerpts from her letter are included below:

“Recently, my son became addicted to cocaine. When he asked his ACT team for help with addiction, he was told the wait time for treatment was 10 months. He continued to deteriorate over this time and died by suicide on Feb. 16 of this year.”

“It has become clear to us that if you have both a serious mental illness and addiction, the only place that will take you is Red Fish Healing Centre for Mental Health and Addiction in Coquitlam. You can go voluntarily, but the wait time cost my son his life. It is also my understanding that the only way you can be admitted involuntarily is when you are a danger to others. Suicidal thinking is a danger, but only to yourself, so he did not qualify.”

“The change I want is for people to be able to access these services in a shorter time. It would help so many people on the streets who may not realize there is a way out — a way to quality of life so that they can enjoy things.”

“We miss my son every day and this needless heartbreak needs to stop now.”

In 2022, the Chief Coroner of British Columbia released a [report](#) based on a review of 6,007 overdose deaths that occurred between August 1, 2017, and July 31, 2021. Among this reviewed population, the report said that “75% of those who died did not seek treatment (detox, psychosocial therapies, residential treatment), 9% of decedents sought and accessed a treatment program and 2% sought but did not access treatment.”

The review also found that 72% of overdose decedents had a visit with a health professional within the 3 months prior to their death and that 87% had a visit within the year before their death (e.g., a hospital discharge or an emergency room visit). Notably, it found that 29% had 10 or more health visits in the 3 months prior to their death (Table 3).

Table 3. Prior health visits of overdose decedents in the 3 months prior to their death, August 2017–July 2021

NUMBER OF HEALTH VISITS	PERCENTAGE
None	29%
1 visit	9%
2–4 visits	20%
5–9 visits	13%
10 or more visits	29%

The 2022 report from the Chief Coroner of British Columbia also noted that 30% of overdose decedents had at least one prior paramedic-attended non-fatal overdose. Among those who had a prior paramedic-attended non-fatal overdose, 49% experienced at least one within the 3 months prior to their death (Table 4). Additionally, it found that 62% had either a mental health diagnosis or anecdotal evidence of a mental health disorder.

Table 4. Last date of a non-fatal overdose among overdose decedents, August 2017–July 2021

TIME OF LAST NON-FATAL OVERDOSE	PERCENTAGE
Less than 3 months	49%
3 months to less than 6 months	11%
6 months to less than 1 year	16%
1 year to less than 2 years	17%
More than 2 years	8%

A 2022 [report](#) from the Public Health Agency of Canada, based on a review of information about individuals who died from an overdose between 2016 and 2017, noted that 73% “had contact with health services in the year before their death.” It also stated that 64% had been in outpatient treatment in the year before their death, while 22% had been in inpatient treatment and 28% had been in an “unknown treatment type,” though it is unclear what these individuals were in treatment for.

Although comparable data do not appear to exist for British Columbia—or any jurisdiction in Canada—the [State Unintentional Drug Overdose Reporting System](#) (SUDORS), led by the United States’ Centers for Disease Control and Prevention, reported data on the circumstances of overdose decedents. In 2024, based on data from 42 states and the District of Columbia, 25.1% had ever received treatment for a mental health or substance use disorder, with 15.5% having ever received treatment for a substance use disorder. Additionally, at the time of death, 15.8% were currently in treatment for a mental health or substance use disorder, with 6.8% currently in treatment for a substance use disorder.

06 Treatment Capacity

Treatment Episodes

In relation to the Red Fish Healing Centre, the BC Substance Use and Mental Health Services said that “our program typically lasts between [six and nine months](#).” Using this as a range of the length of treatment admissions, Table 5 provides estimates of how many treatment episodes could be accommodated based on various numbers of beds filled at capacity at a new facility.

Table 5. Potential treatment episodes by the number of beds and duration of stay

BEDS	ANNUAL 6-MONTH TREATMENT EPISODES	ANNUAL 9-MONTH TREATMENT EPISODES
100	200	133
200	400	267
300	600	400
400	800	533

In 2024, [British Columbia](#) announced that 612 individuals in the Downtown Eastside went to the emergency department 10 or more times in 2023, with one individual going 180 times. The press release with the data quoted Premier David Eby, who said, “as the toxic-drug crisis changes, we’re facing new challenges and grappling with a growing group of people who are very sick and struggling in our streets and emergency rooms. The current situation is not working for these people and it’s not working for our communities.”

Table 6 provides estimates of the number of emergency department visits that could potentially be averted if these individuals are stabilized, assuming each member of this 612-person cohort continues to have 10 visits per year.

Table 6. Potential reduction in emergency department visits

PEOPLE STABILIZED	ED VISITS PER YEAR (10 PER PERSON)	1% FEWER	10% FEWER	20% FEWER
100	1,000	10	100	200
200	2,000	20	200	400
612	6,120	61	612	1,224

The 612-person estimate may be conservative, given that BC Mental Health and Substance Use Services said that “evidence for B.C. suggests that there are [between 1,800 and 2,200 individuals](#) in the province in the high mental health / high addictions severity quadrant requiring potential access to a specialized concurrent disorders treatment facility such as the Red Fish Healing Centre or Heartwood Centre for Women.”

07 Economic Estimates

[Somers et al.](#) reviewed linked administrative data from the Ministries of Justice; Health Services; and Social Development and Social Innovation for individuals who were high-frequency users of public services and had been sentenced at least once in the Vancouver Provincial Court between 2003 and 2012. The sentencing court is located in the Downtown Eastside and receives cases from that area.

Among all 14,372 offenders—who were sentenced at the Vancouver Provincial Court at least once, were at least 18 years of age, and had linkable health data—the average cost per person over 5 years was \$53,003 CAD. This corresponds to an average of \$10,601 per person per year, which is based on costs for health, corrections, and social assistance.

Among those in the top 10% of community supervision days, the average cost per person over 5 years was \$168,389, corresponding to an average of \$33,678 per person per year. Among those in the top 10% of custody days, who were also in the top 10% of two select service categories (e.g., days spent in the hospital and publicly funded medication costs), the average cost per person over 5 years was \$246,899, corresponding to an average of \$49,380 per person per year.

Drawing on these estimates per person per year, Table 7 highlights the costs associated with high-risk individuals in the justice system.

Table 7. Costs associated with justice-involved individuals

PEOPLE	\$10,601 PER PERSON PER YEAR	\$33,678 PER PERSON PER YEAR	\$49,380 PER PERSON PER YEAR
100	\$1,060,100	\$3,367,800	\$4,938,000
200	\$2,120,200	\$6,735,600	\$9,876,000
612	\$6,487,812	\$20,610,936	\$30,220,560
800	\$8,480,800	\$26,942,400	\$39,504,000

In 2023, [Rajabali et al.](#) estimated the costs associated with poisoning-related harms in British Columbia in 2016. The harms ranged from death as the most severe outcome to calls to the British Columbia Drug and Poison Information Centre (BC DPIC) not resulting in ambulance attendance, emergency care, or transfer to hospital as the least severe outcome. Of note, the study included all poisonings, not only poisonings from illicit drugs.

The study estimated that the total costs associated with calls to BC DPIC were \$45; calls to BC DPIC that were attended by ambulance were \$516; emergency department visits were \$1,875; hospital admissions were \$14,774; and deaths were \$583,975. Table 8 tallies the costs associated with various poisoning-related harms.

Table 8. Costs associated with poisoning-related incidents

NUMBER OF INCIDENTS	BC DPIC CALL (\$45)	BC DPIC CALL ATTENDED BY AN AMBULANCE (\$516)	EMERGENCY DEPARTMENT VISIT (\$1,875)	HOSPITAL ADMISSION (\$14,774)	DEATH (\$583,975)
100	\$4,500	\$51,600	\$187,500	\$1,477,400	\$58,397,500
200	\$9,000	\$103,200	\$375,000	\$2,954,800	\$116,795,000
400	\$18,000	\$206,400	\$750,000	\$5,909,600	\$233,590,000
800	\$36,000	\$412,800	\$1,500,000	\$11,819,200	\$467,180,000

08

Plebiscite Considerations and Limitations

Question 1

A concern with Question 1 is that it may displace—rather than reduce—public drug use. For example, if police begin arresting people who inject drugs in parks in Vancouver, drug users may simply begin using drugs indoors or move to a neighbouring city. This would improve the quality of public spaces in Vancouver, which is a valuable end in itself, but fail to address the larger and underlying issue of addiction in the city. However, the plebiscite question is not expected to lessen outcomes such as overdoses alone. Moreover, after Calgary implemented “Safer Calgary – Operation Order,” the city stated that “while displacement was being monitored, it was [not reported](#).”

Recognizing that laws preventing public drug use in British Columbia have been legally contested, it remains unclear whether a new bylaw in Vancouver would withstand legal scrutiny. In 2023, the [British Columbia Supreme Court](#) blocked Bill 34 from the Legislative Assembly of British Columbia, which sought to ban the public use of drugs. Additionally, the City of Campbell River adopted two bylaws that restricted public drug use and implemented an associated fine, though the city [rescinded](#) both after a petition was filed against them to the British Columbia Supreme Court.

An additional concern relates to the cost of enforcing a new law against public drug use in Vancouver. Staffing for Task Force Barrage reportedly cost [\\$5 million](#).

Question 2

A concern with Question 2 is that some residents may oppose the practice of involuntary treatment, arguing that individuals with substance use disorder should not be compelled to go through withdrawal and become abstinent. However, British Columbia’s Mental Health Act permits individuals to be committed to an involuntary treatment program when a medical professional determines that they are a threat to themselves or others, among other [strict criteria](#). A 2025 review from the Canadian Centre on Substance Use and Addiction concluded that the potential benefits, harms, and costs of [involuntary treatment](#) have been insufficiently studied, noting that “it should be viewed as a last resort.”

An additional concern is that Vancouver may not have enough medical professionals in the fields of addiction and mental health to staff a new facility. In 2023, Dr. Nick Mathew, the medical director of complex mental-health and substance-use services at the Red Fish Healing Centre, said that “there are probably [about 20 addiction psychiatrists](#) in the whole province and 10 of them work here.” However, the city and province can work to recruit medical professionals from other provinces and establish a long-term staffing pipeline.

09

Additional Policy Responses to Vancouver's Drug Crisis

To be sure, the questions in the plebiscite should not be thought of as stand-alone solutions to the drug crisis. More must be done throughout the continuum of care in British Columbia to address the drug crisis in Vancouver.

Though it often takes years to have a noticeable effect, [prevention](#) is one of the most effective approaches to addressing the drug crisis over the long term. In addition to traditional school-based prevention programs, which focus on educating students about soft skills (e.g., refusal skills) and the harms of drugs, the City of Vancouver itself can play a role in prevention.

For example, the [Icelandic Model for Primary Prevention of Substance Use](#), which has been championed by [Planet Youth](#), advises officials to focus on the physical environments that individuals live in rather than the individuals themselves. In practice, Vancouver officials can work to expand access to youth sports leagues, as well as art and music programs, which would serve as a protective factor against drug use.

Consistent with the intent of Question 2, officials must rely on various levers to get individuals with substance use disorder into treatment. Involuntary commitments can be utilized for high-risk individuals who are a threat to themselves or others. Between 2008–2009 and 2017–2018, the number of individuals aged 15 or older in British Columbia who were [involuntarily hospitalized](#) for substance use disorder increased from 1,457 to 3,222, while the number who were voluntarily hospitalized for substance use disorder increased from 3,186 to 3,699.

In 2024, when British Columbia announced that it would expand its involuntary commitment program by sending individuals to “highly secure facilities,” the province’s press release said that it would work to change the law to “ensure that people, including youth, can and should receive care when they are [unable to seek it themselves](#).”

Drug treatment courts, which provide individuals who commit non-violent offences with an alternative to incarceration, represent another avenue to treatment. A 2012 [study](#) of 180 drug treatment court participants in Vancouver concluded, “compared to the matched group of offenders, [drug treatment court] participants exhibited significantly greater reductions in offending, and a significant decrease in drug-related offenses.” A 2015 [report](#) from the government of Canada concluded that drug treatment courts are more cost-effective than traditional forms of incarceration.

It is also vitally important to ensure that individuals who complete treatment have a plan for successfully reintegrating into their communities and sustaining recovery. This already takes place to a degree at the Red Fish Healing Centre, which said that “as part of each client’s [discharge plan](#), the Red Fish Healing Centre evaluates and recommends the housing arrangement and support team requirements for each client to best

enable them to stay in the community.” It also explained that “connection to a community support team (e.g. family, friends, an assertive community treatment [ACT] team) and secure stable housing (e.g. supported housing, residential care, independent living) is crucial to community reintegration.”

More broadly, officials must also work to address the issue of [homelessness](#). A 2019 [study](#) found that many homeless individuals in British Columbia had concurrent mental health and substance use disorders. A 2016 [study](#) found that the migration of homeless individuals to the Downtown Eastside coincided with increases in access to community medical services and financial assistance payments, among other factors. The Red Fish Healing Centre reported that only [18% of clients](#) come from “market housing.” Additionally, the aforementioned 2024 [Harm Reduction Client Survey](#) found that “people who were homeless or lived in shelters used substances in public more often than those who lived in private or supportive housing.” Given the migration of homeless individuals and their concurrent health needs, British Columbia should develop a province-wide plan for reaching and treating this population.

10

Conclusion

The two questions in the plebiscite are designed to address associated concerns about drug use. The first question would strengthen laws against public drug use, seeking to improve public safety and the quality of life of residents. The second would increase treatment capacity for individuals with concurrent mental health and substance use disorders. The Province also has a key role because it controls much of the funding and delivery of health services for people with substance use disorders. But if the City and Province can work together, both questions have the potential to improve public service capacity, which would contribute to a virtuous loop that would serve to improve public health and public safety.



PROSPER (Policy Roundtable On Substance Prevention, Education, and Recovery) is a nonprofit of scientists, researchers, policy specialists, parents, and others concerned about drugs in Canada. Its mission is to be the trusted source for non-partisan evidence and policy advice on drugs in Canada; its vision is a culture of prevention and a climate of recovery. PROSPER is affiliated with the Foundation for Drug Policy Solutions. Sources are linked in the text. prosperca.org · gooddrugpolicy.org