



**Community Safety Committee
Electronic Meeting**

**Anderson Room, City Hall
6911 No. 3 Road**

**Tuesday, October 8, 2024
3:30 p.m.**

Pg. # ITEM

MINUTES

CS-4 *Motion to adopt the **minutes** of the meeting of the Community Safety Committee held on September 10, 2024.*



NEXT COMMITTEE MEETING DATE

November 13, 2024, (tentative date) at 4:00 p.m. in the Anderson Room.

DELEGATION

CS-9 1. John Cameron, to present his **report** on street drugs.

Pg. # ITEM

COMMUNITY SAFETY DIVISION

2. **COMMUNITY BYLAWS MONTHLY ACTIVITY REPORT – AUGUST 2024**
(File Ref. No. 12-8375-02) (REDMS No. 7804523)

CS-49

See Page CS-49 for full report

Designated Speaker: Mark Corrado

STAFF RECOMMENDATION

That the staff report titled “Community Bylaws Monthly Activity Report – August 2024”, dated September 12, 2024, from the Director, Community Bylaws & Licencing, be received for information.

3. **RICHMOND FIRE-RESCUE MONTHLY ACTIVITY REPORT – AUGUST 2024**
(File Ref. No. 09-5140-01) (REDMS No. 7795291)

CS-57

See Page CS-57 for full report

Designated Speaker: Fire Chief Jim Wishlove

STAFF RECOMMENDATION

That the staff report titled “Richmond Fire-Rescue Monthly Activity Report – August 2024”, dated September 9, 2024, from the Fire Chief, be received for information.

4. **FIRE CHIEF BRIEFING**
(Verbal Report)

Designated Speaker: Fire Chief Jim Wishlove

Items for discussion: None.

Community Safety Committee Agenda – Tuesday, October 8, 2024

Pg. # ITEM

5. **RCMP MONTHLY ACTIVITY REPORT – AUGUST 2024**
(File Ref. No. 09-5000-01) (REDMS No. 7781081)

CS-70

See Page CS-70 for full report

Designated Speaker: Chief Supt. Dave Chauhan

STAFF RECOMMENDATION

That the report titled “RCMP Monthly Activity Report – August 2024”, dated September 13, 2024, from the Officer in Charge, be received for information.

6. **RCMP/OIC BRIEFING**
(Verbal Report)

Designated Speaker: Chief Supt. Dave Chauhan

Item for discussion:

(i) *The Autism Decal Project*

7. **MANAGER’S REPORT**

ADJOURNMENT



Community Safety Committee

Date: Tuesday, September 10, 2024

Place: Anderson Room
Richmond City Hall

Present: Councillor Alexa Loo, Chair
Councillor Andy Hobbs
Councillor Laura Gillanders
Councillor Kash Heed

Absent: Councillor Bill McNulty

Also Present: Councillor Carol Day (entered the meeting 4:01 p.m.)
Councillor Michael Wolfe

Call to Order: The Chair called the meeting to order at 4:00 p.m.

MINUTES

It was moved and seconded
That the minutes of the meeting of the Community Safety Committee held on July 9, 2024, be adopted.

CARRIED

COMMUNITY SAFETY DIVISION

1. **BUSINESS LICENCE ACTIVITY REPORT – SECOND QUARTER 2024**

(File Ref. No. 2-8375-02) (REDMS No. 7744850)

In response to queries from the Committee, staff noted (i) the increase in Business License revenue is the result of an additional temporary full time resource hired to identify and garner compliance from those businesses found to be operating without a license, and (ii) through an upgraded system, greater accuracy on data is achieved in identifying outstanding expired licenses and followed up for renewal in a timely manner.

1.

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It was moved and seconded

That the staff report titled “Business Licence Activity Report – Second Quarter 2024”, dated August 22, 2024, from the Director, Community Bylaws & Licencing, be received for information.

CARRIED

In response to further discussion with respect to ride hailing, staff noted there has been a significant increase in activity in the contribution and revenue for all the participating inter municipal (business licensed) cities.

2. **COMMUNITY BYLAWS MONTHLY ACTIVITY REPORT – JUNE AND JULY 2024**

(File Ref. No. 12-8375-02) (REDMS No. 7779066)

In response to queries from the Committee, staff noted (i) at this time, the City does not have any bylaws that dictate a restriction for the form(s) of payment a business is permitted to impose (e.g., cash only), (ii) it is typical in the warmer months to see an increase in stop work and/or removal orders for non-compliance related to unauthorized fill, and not aware of any single person facilitating an increase in that activity, (iii) with respect to complaints received regarding unsightly premises, the complainant is not identified and the preferred option is to obtain resolution through education, (iv) those who are subject to a complaint can come forward during the appeal adjudication period, not doing so is interpreted as acceptance of the violation, (v) as there is a definite correlation for some complaints related to seasonal growth, staff will work with corporate communications to remind homeowners of their responsibilities throughout the growing season, and (vi) sandwich board advertising is not permitted in Richmond, however there is an exception for a short period of time when a business is new.

It was moved and seconded

That the staff report titled “Community Bylaws Monthly Activity Report – June and July 2024”, dated August 22, 2024, from the Director, Community Bylaws & Business Licencing, be received for information.

CARRIED

3. **RICHMOND FIRE-RESCUE MONTHLY ACTIVITY REPORT – JUNE AND JULY 2024**

(File Ref. No. 09-5140-01) (REDMS No. 7754399)

An edit to Table 1, page CS-24, Incident Totals June (2023) was noted and amended to reflect the total of 1,080.

2.

Community Safety Committee
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In response to queries from the Committee, Chief Wishlove noted (i) there were no activations for an extreme heat warning, however there were a number of times throughout the summer where public works, the libraries and the community centres were engaged to open their doors for an extended time, informing people through the website, social media, and public messaging about the coming heat to be warmer than expected, (ii) a number of training activities are undertaken, including for events where a vehicle may end up in a river or a large deep ditch, in which case the auto extraction and surface water rescue capacities would be combined, (iii) RFR annually sponsors and hosts various events for “Camp Ignite”, a week long summer youth firefighting mentorship program for grade 11 and 12 girls, (iv) with respect to the cause of the recent trestle fire reported as undetermined, the Office of the Fire Commissioner has accepted that determination and closed the file, however should any other evidence arise, that is not found to be contaminated, it could be reviewed, (v) RFR staff are armed with the best quality personal protective equipment (PPE) available, as well as a rescue gear PPE that has been procured to be worn by staff deployed to respond to events that do not involve interior structural fire fighting, and (vi) there are a number RFR staff trained to include some of the very technical aspects for performing urban search and rescue should there be an unfortunate disaster isolating Richmond from the mainland (no bridges/tunnel), and all fire halls have food and water stored for all staff to operate for days on end.

It was moved and seconded

That the staff report titled “Richmond Fire-Rescue Monthly Activity Report – June and July 2024”, dated August 22, 2024, from the Fire Chief, be received for information.

CARRIED

4. FIRE CHIEF BRIEFING

(Verbal Report)

(i) RFR Community Outreach & Education Program

- (a) October 6 - 12 is National Fire Prevention Week, with the main topic being smoke alarms in the home and at work. RFR outreach squad has a full week ready to release, including informative videos and information available on Instagram and Facebook; and
- (b) RFR has a strategy prepared to release with a public education and outreach campaign regarding lithium-ion battery storage and charging. The campaign will be released early December leading into mid December to resonate with consumers through peak holiday shopping periods providing information on the purchasing of appropriate batteries, storage and charging.

3.

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5. **RCMP MONTHLY ACTIVITY REPORT – JUNE AND JULY 2024**

(File Ref. No. 09-5000-01/) (REDMS No. 7739858)

In response to queries from the Committee, Chief Supt. Chauhan noted (i) an increase in fraud related files has been noted, including romance scams, identity fraud or other type of business frauds (e.g., fraud generated through social media platforms); the Richmond RCMP media unit and fraud unit continue to send public advisory notifications through social media and RCMP media releases to warn the public to be cautious, (ii) the recent e-scooter training program received considerable community participation with approximately 100 participants in attendance, and additional e-scooter training opportunities will be hosted in the future, (iii) various enforcement measures have been taken to combat the escalation in retail theft since the beginning of the year, through several boost and bust operations, the property crime unit, front line officers, bike patrols, business outreach and volunteer community engagement teams, 50 individuals were arrested with \$25,000 - \$30,000 of merchandise recovered and recently Crown Council has approved eight counts of theft charges to one individual who was targeting another retail business; ongoing proactive and reactive measures taken will result in the continued success in reducing retail theft, and (iv) there has been a reduction from 2023 in drug related offences through combined efforts working with partners in Richmond and YVR.

A brief discussion ensued with respect to incident investigations related to mental health, noting that generally there are no serious concerns experienced which may partially be attributed to the FOX80 approach, with officers and nurses working together providing a relationship of trust and reduction in tension when approaching those individuals that may be experiencing any mental health concerns.

It was moved and seconded

That the report titled “RCMP Monthly Activity Report – May 2024”, dated June 13, 2024, from the Officer in Charge, Richmond RCMP Detachment, be received for information.

CARRIED

Community Safety Committee
Tuesday, September 10, 2024

6. **RCMP/OIC BRIEFING**

(Verbal Report)

(i) August 22, 2024 Incident Involving RFR, Police & EHS

Chief Supt. Chauhan briefed the Committee on the recent police incident resulting in an officer being stabbed, treated for non-life threatening injuries at Vancouver General Hospital and currently recovering at home with family. Gratitude was expressed for the swift response of the other members of the team and the support received from RFR colleagues, BC Ambulance, Transit Police and the Vancouver Police Department who assisted in the very dynamic, serious and unfolding situation.

(ii) Richmond RCMP 3rd Annual Youth Academy

The 3rd Annual Youth Academy was held August 19–23, 2024 with the support and assistance of members from different units coming together and volunteering, City staff and previous participant students, providing a unique opportunity for youth to receive first hand experience in policing in various scenarios in a safe and controlled environment. A total of 28 young men and woman from grades 10 to 12 students participated in the five day camp, learning about police duties, criminal justice, fitness, teamwork, organization, public speaking, self reliance and discipline.

ADJOURNMENT

It was moved and seconded

That the meeting adjourn (5:11 p.m.).

CARRIED

Certified a true and correct copy of the Minutes of the meeting of the Community Safety Committee of the Council of the City of Richmond held on Tuesday, September 10, 2024.

Councillor Alexa Loo
Chair

Lorraine Anderson
Legislative Services Associate

REPORT:
STREET DRUGS

5 June 2024

To Whom it May Concern:

I am submitting this report on street drug use for your purvue.

This content of this report details my personal perspective regarding street drug use as:

1. As a recovering alcoholic, who drank and resided in numerous SRO's in the DTES, during the 1970's, and was homeless for a brief period, living in Stanley Park; a sober member of A.A., 43 years.
2. As a person who has worked with addicts at the street level, largely in the DTES, for the last 43 years (mostly voluntarily and unpaid.)
3. As a reflection of my civil engineering background (result-oriented, logistical and pragmatic approach to addressing problems.)
4. As a person living with AIDS since 1980 and hepatitis B since 1969.

Watching all my drug addicted friends and associates sacrifice normal lives for drugs and die, one by one, over the last 54 years is distressing. Drug addiction envelopes their entire existence; when the money is gone, they wait for the next welfare cheque. Their only purpose in life is the "next hit."

Yours respectfully,

John Cameron

Contact: 604-274-8122 or csbdnex@gmail.com.

OVERVIEW: CURRENT STREET-DRUG USE ISSUES

In order to address the current street-drug situation we need to examine: (1) the history of drug use in British Columbia and (2) break down the current situation into specific problem areas.

**This is a complex issue that cannot be resolved by a piecemeal approach. The current division in our society regarding safe drug supply and programs is a myopic approach to a complex problem. We must examine the history of drug use in B.C. and elsewhere, because it demonstrates how the present situation evolved and breakdown the current drug-use situation into specific, identifiable problems that can be addressed in a logistical fashion. Being “on one side or the other”, when it comes to drug addiction is getting us no where.*

HISTORY OF STREET-DRUG USE IN B.C.:

We must review the history of drug use in this province, in Vancouver, in Canada and worldwide, because it will reveal “why” and “how” the current drug pandemic has developed over time.

Early History. Richmond’s Chinese community is largely opposed to the establishment of a safe injection site for historical reasons; they have not forgotten the Opium Wars,

created by the British in the 1800's, when one out of three adult males in China were addicted to Opium. This piece of history illustrates the harms of drug addiction.

Recent Change. Another, more recent occurrence. In 2022 the Taliban in Afghanistan banned poppy cultivation. The worldwide supply of Heroin was reduced by 90%, resulting in a dramatic switch to synthetic opiates.

We must recognize the extremely addictive nature of **Opiates**. Opiates, when first used in the medical system, were to be prescribed only for the terminally ill or as a short-term measure to address extreme pain. A common complaint of persons coming off Opiates is, whatever that pain is, it returns worse than ever.

We now hand out Opiates "like candy", free of charge and even delivered to addicts.

A prime example is Hydromorphone (Dilaudid), an Opiate, initially intended only for short term use to address extreme pain due to cancer. I personally know 4 individuals who remained on Dilaudid for years, unable to quit: all 4 immediately became totally inactive and immobilized when placed on Dilaudid, and remained in "zombie-like" states.

One was prescribed Dilaudid after triple bypass surgery (now dead); another, for arthritic pain; a third for dementia (now dead); and a close relative, for vertigo. I used to see him 3 times a week. I have only seen him twice in the 3 years since being prescribed Dilaudid. He goes nowhere.

Yet Bonnie Henry, B.C.'s Minister of Health, and her predecessors recommended prescribed safer supply in the form of Hydromorphone?

The terms "**hard drug**" and "**soft drug**" are not precisely defined. Hard drugs in general are more addictive, more potent, more toxic and harder to quit than soft drugs. Hard drugs include PCP, Opioids, Ketamine, Heroin, Cocaine, Crack, Crystal Meth and Hallucogens; soft drugs include Alcohol, Marijuana, DMT and Psilocybin Mushrooms. While hard drugs are more damaging, all drugs, whether "*soft*", "*hard*", "*off-the-street*" or "*prescribed*", when misused, can create problems for the user.

The **bent over posture of hard-core Opiate addicts** illustrates the effects of hard drugs. These addicts are, for the most part, left completely and often permanently dysfunctional, due to a loss of consciousness and muscular control. They are beyond recovery. Vancouver's sidewalks are lined with thousands of such addicts, for the most part unemployable and separated permanently from their families, functioning society and the world at large.

Many doctors have now cut back on **drug prescriptions**, but the system as a whole vastly expanded drug supply, creating enormous prescription dependency ("*too little, too late.*")

We are now prescribing Fentanyl patches and considering prescribing **Fentanyl** pills. Does this make any sense, bearing in mind that Fentanyl accounts for 80% of all overdose deaths (*not entirely true*)?

When Fentanyl first appeared on our streets, many addicts told me they preferred Fentanyl over Heroin, because it was a much stronger Opiate; 50 times stronger than Heroin. It

was approximately 3 years later when our health care system finally acknowledged this reality. A large proportion of today's overdose deaths are due to Fentanyl. *An early example: In 2016, the singer, the Prince, died from a Fentanyl overdose.*

Since the early 1980's the volume of Opiates sold to hospitals and pharmacies for prescriptions increased by over 3,000%. **Canada is the second largest consumer of opiates in the world, after the USA.**

This begs the question "has illness and trauma risen 3,000 times since 1980, in order to justify this prescription increase?"

Michael Jackson's death in 2009 is an early example of the over-prescription of medications to address trauma. He had insomnia and was depressed due to skin problems, legal concerns and child molestation charges. His autopsy revealed he had taken a fatal drug combination, which included Propofol, Lorazepam, Diazepam and Lidocaine, resulting in his death.

Elvis Presley's death in 1977, at age 42, is an even earlier example of the over-prescription of medications to address his heart condition. His autopsy showed he had taken 3 Opiates (Dilaudid, Demeral and Percodan) as well as Quaaludes and Codeine - all prescribed by his doctor.

As a 'frequent flyer' in and out of hospitals due to AIDS, I have witnessed pharmaceuticals being dispensed

indiscriminately and have personally been chastised for refusing to do them.

As an aside, one out of five nurses in B.C., presently have an addiction problem.

Opiates (“down”) are extremely **physically addictive**; once on opiates, very few addicts ever quit.

Cocaine and Crack (“up”) are **mentally addictive**. Recovering Cocaine and Crack addicts often complain of Crack dreams and point out that the desire for these drugs reaches its peak about one year after quitting.

Nowadays virtually all street-drug users are **dually addicted**. “Up” is laced with “down” and “down” is laced with “up.” Fentanyl (*Opioid*) and Benzodiazepines (*sedatives*) are commonly found in Crack and Cocaine (*stimulants*); Benzodiazepines also commonly added to Heroin and Fentanyl (*Opioids*); Xylazine (“tranq”, *a sedative used for animal sedation*) is used as a cutting agent for both Heroin and Fentanyl; Carfentanyl, Buprenorphine and Nitazenes are newer Opioids, up to 20 times stronger than Fentanyl, that are being pedaled at the street level. This is only a partial list of an ever-expanding menu of street-drugs available and spreading across Europe and North America. The newest addition is Metemphidine, the “zombie” drug, 100 times more potent than “tranq”, and also a derivative of animal sedatives. The most dangerous drug to date. Not found in B.C. yet, but spreading across the United States.

When the **drug testing** station opened in the DTES, in the alley behind the Carnegie Community Centre, approximately 10 years ago, I had them test an associate's Crack. It contained 25% Cocaine ("up"); 10 % Benzodiazepine ("down") and 65% Phenacetin, ("a filler.") Phenacetin was an analgesic depressant, withdrawn from medical use in Canada in 1973, because it was found to be cancer causing. This is one early-on example that illustrates the above-mentioned dual addiction problem.

A recent development to note: the co-founders of **the Drug User Liberation Front**, Jeremy Kalicum and Eris Nyxis, were charged with drug-trafficking on May 31, as a result of numerous police raids over the last year. DULF was funded and mandated only to test street drugs. They were, however, selling Cocaine, Metamphetamines and Heroin "at cost??", as well; 201 doses sold in their first month of operation alone. *In my opinion, they should be charged with drug-trafficking and their finances investigated. Instead they shut down East Hastings Street with a demonstration, on June 18th, along with Vandu and other drug-user organizations and this coalition of drug-user groups plans to appeal B.C.'s Recriminalization policy in federal court.*

Very little is said about the **drug-trade in B.C.** The general public has just recently been informed that prescribed Dilaudid is being sold on our streets. Prescribed drugs, including Dilaudid, Percocets, Oxycodon and Tylenol, have been marketed on our streets for decades, along with

illegal drugs. They are also traded for illegal drugs. During the 1990's dealers were even selling HIV medications to US citizens.

Vancouver's Deputy Police Chief, Fiona Wilson, has recently testified that 50% of drugs seized on the streets of Vancouver are diverted, prescribed safe supply drugs. B.C.'s Solicitor General, Mike Farnworth, however, maintains that there is no evidence of widespread diversion. *Nonsense, just stand in front of the Carnegie for 10 minutes.* The truth is the vast majority of addicts are using street-drugs along with prescribed drugs; a recipe for disaster, due to mixed drug toxicity. The problem is further complicated by the presence of life-threatening counterfeit prescription drugs marketed at the street level.

And we wonder why we have an overdose problem?

I have numerous friends and associates who have been brought from death's door by **Narcan**; immediately following their revival, the first thing they do, is purchase and use more street drugs. This demonstrates the extreme addictive nature of hard drugs.

We have largely abandoned the **Four Pillars Strategy** for addressing substance usage. The Four Pillars is a comprehensive, integrated and evidence-based strategy for establishing drug policy. The Four Pillars are: **Education**; **Treatment**; **Harm Reduction**; and **Enforcement**. Our governmental policy-makers and our medical system are now primarily focused on one small part of harm reduction- **Overdoses**.

The primary objective of street-drug decriminalization was to reduce the number of overdoses. *If that is the case, then why did the overdose rates increase in Portugal, Oregon and British Columbia...all constituencies that embraced decriminalization?*

Japan and Singapore had zero overdose deaths last year. These 2 countries do not dispense Opioids.

An **overdose** is traditionally defined as “*the ingestion or application of a drug or other substance in quantities greater than the recommended amount.*” In my experience, being involved with and working with addicts at the street level for the last 50 years, the vast majority of ‘so-called’ overdoses are the final results of cumulative health damage incurred due to long-term drug usage. **Drug Stacking** and mixing prescribed drugs with street drugs, often results in overdoses. Physical inactivity and lack of purpose, due to drug use, are also contributing factors. One in 4 deaths in young people are now due to drugs. Age-related health problems also do not mix well-with street drug use. Most overdoses in long-term drug users are not stand-alone events; they are “*the last drop in the bucket*”, in a long chain of health problems caused by drug use.

A classic example of drug stacking is Ketamine and alcohol (party drugs.) People go to an evening party, drink alcohol and do Ketamine; go home to bed; and don't wake up in the morning.

Another example of the above:

I recently had coffee with a friend, I would meet every second day; a long-term addict, using both street and prescribed drugs. He was functioning on only one lung, due to permanent damage caused by decades of street-drug use, along with prescribed drugs, and couldn't breathe. I did not see him for 2 weeks. He had been in the hospital with pneumonia. I had coffee with him, immediately following his release. He told me he was on antibiotics. He then left, purchased and used street-drugs, couldn't breathe and died. His death was deemed "an overdose."

Another friend also died a few days later. For decades, she was using an array of prescribed drugs along with street-drugs and selling prescribed drugs for money (over \$1,000 per month) to purchase opiates with. Her death was also deemed an overdose.

According to the most recent statistics, **British Columbia accounts for approximately 27% of Canada's overdose deaths**; 14,000 overdose deaths in B.C. since 2016. Prince Edward Island's per capita overdose death rate is 1/18th that of B.C.'s; New Brunswick's is 1/8th; Quebec's is 1/6th. We need to examine why this provincial discrepancy exists. Furthermore, British Columbia saw a 63% increase in overdose hospitalizations, after the introduction of safe supply legislation, whereas other provinces did not. The leading cause of death for British Columbians aged 10 to 59 is now due to drug usage.

Another piece of history related to drug use in Vancouver....

In 1995 the federal government declared a health emergency in **Vancouver**. We had the highest per capita number of addicts and the highest per capita rates of HIV and hepatitis C in the industrial world. I served on the committee dealing with this crisis, as a person with AIDS and as a spokesman for the street-entrenched, in Vancouver's DTES. Needle exchanges (including our DTES HIV/IDU Consumers Board, which myself and a friend opened in 1994) were initially created to reduce the spread of AIDS.

During the same time frame (1990's), **Seattle's** per capita rates for drug addiction, HIV and hep C were one-third those of Vancouver's. I was a frequent visitor to Seattle and did considerable personal research, in order to find out why their rates were so much lower. It became apparent to me that the following factors likely determined the difference:

1. Seattle cleaned up their skid rows in two stages and built low-cost housing throughout the entire city.
2. For those on welfare, rent payments went directly to the landlord.
3. If you were caught doing drugs on the street or carrying drug paraphernalia, you were arrested and jailed; if you purchased drugs and used them privately in your residence they left you alone. This helped stop the spread of AIDS and hep C and reduced disorder on Seattle's streets.
4. Persons on welfare did not receive a large amount of disposable cash every month. They were given food stamps and essentials. This limited their ability to purchase street-drugs.

Regardless of the real factual evidence, we in British Columbia have egotistically considered ourselves to be outstandingly progressive, as compared to other jurisdictions in North America, when it comes to tackling substance abuse. Statistics show the opposite.

Portugal decriminalized street-drugs in 1999, due to a massive increase in HIV infections, fueled by street-drug injection usage, with one in 500 of the population addicted to Heroin. Persons caught with street-drugs were registered by the police and required to attend a government-run, integrated response clinic, where they could use drugs at a safe-injection site, were screened for HIV and hepatitis C and mandated to attend a comprehensive treatment program. The objectives were: stop the spread of HIV and hep C; stamp out street-drug usage; and reintegrate drug users into general society. Portugal has re-examined the efficacy of their drug policy due to rising street-drug usage, increasing overdose rates, an increase in crime and the huge financial burden of their drug decriminalization program; all are a result of normalizing street drug use.

We used Portugal's program as a model for establishing safe-injection sites in B.C. However, we did not include all their treatment protocols and open street-drug usage was left entirely uncontrolled. **Jono Goulao**, the architect of

Portugal's decriminalization program, stated:

“decriminalization is not a silver bullet; if you

decriminalize and do nothing else, things will get worse.”

The results of unfettered street-drug usage can be seen throughout our province, most notably in Vancouver’s DTES.

In November 2020, **Oregon** followed Portugal’s model and decriminalized possession of small amounts of street drugs, in order to reduce overdose rates. Persons caught using drugs could either be fined \$100 or agree to attend treatment programs. Oregon has now abandoned their decriminalization program and reinstated criminal penalties for street-drug use, due to increased drug usage, increased crime and widespread public disorder and soaring overdose rates, as a result of their failed decriminalization program.

Canada ranks 5th in countries worldwide with respect to per capita use of illicit drugs, following the USA, Estonia, Belarus and Mongolia. Between 2010 and 2020, **worldwide drug use** in persons aged 15 to 64 increased 26%. Worldwide numbers for seizures of illicit drugs continue to grow.

Data from the **European Monitoring Centre for Drugs and Drug Addiction** shows an upward trajectory of drug usage in all age groups in Europe since 2016. Record amounts of Cocaine flood through Europe’s porous borders from South America. Last year the Irish were the biggest consumers of Cocaine in Europe.

Disturbing side-effect of the above: Thousands of North African children have been trafficked into Europe’s

booming Cocaine trade, a 20 billion dollar criminal industry, that is transporting vast quantities of the drug from South American rainforests to European customers. These children are regularly abused, beaten and tortured.

Global emergencies, such as Covid 19 and armed conflicts, have increased vulnerabilities, resulting in growing drug dependencies. One example is the Ukraine, where street-drug producers have taken advantage of the ongoing armed conflict disorder to vastly expand clandestine labs producing street-drugs, especially Amphetamines.

Drug use also continues to fuel both the **HIV and hepatitis C epidemics**. Over half of injection drug users in the world have hep C. *CANADA IS THE ONLY G7 COUNTRY TO HAVE AN INCREASE IN AIDS INFECTIONS (2021)*
New and **more potent marijuana products**, with elevated THC content, has increased daily usage, also resulting in a surge in psychiatric disorders, increased hospitalizations and suicides.

Misconceptions regarding the magnitude of the drug-use problem and associated harms are depriving people of care and treatment and driving young people towards harmful behaviours.

The World Drug Report, issued in 2020, details the **environmental consequences of the illicit drug trade**, the continued expansion of synthetic drug use and the ever-increasing production of Cocaine. Ongoing substantial

deforestation due to coca production is acerbating climate change.

Another piece of history related to drug use in Vancouver..

The **VIDUS Study** was initiated in 1996, to track health concerns amongst injection drug users in Vancouver. From 1996 to 2006, HIV positive IDU's had a death rate, over a 10 year period, 10 times higher than those who were HIV negative.

There are also significant health issues related to injection drug use, which result in considerable financial costs for society. The most common health issues amongst IDU's identified in the VIDUS Study were cellulitis, skin abscesses and pneumonia. The VIDUS Study has since discontinued studying HIV positive IDU's.

And yet another Vancouver study...

In the 1990's AIDS Vancouver conducted the **Vanguard Study**. We looked at the 12 Determinants of Health to find out which determinants were related to HIV infections. We were shocked to find out that the 2 determinants that predicted HIV infection were "*housing*" and "*if a person had ever been institutionalized (prison or mental institution.)*" We mapped the housing of persons with AIDS and it reinforced our understanding of housing as an indicator of HIV infection. Persons with AIDS were 3 times more likely to be living in substandard housing and much more likely to be close to a sky station. The prevalence of AIDS amongst people who had been

institutionalized was also 3 times higher. I would suspect that the same 2 predictors apply to drug addiction.

A huge amount of attention is give to **housing** in greater Vancouver, as related to our street drug problem. Seattle embraced a strategy of **disbursement** with respect to housing, providing the street-entrenched with housing in all areas of the city. They eliminated their skid row in 2 stages. In contrast, Vancouver employed a policy of **containment** and nimby-ism, putting the street-entrenched, alcoholics and addicts, the unemployable and the mentally ill in the DTES (*“skid row”*); a policy which has backfired on us. Over my 50 years of involvement in the DTES, I have watched our skid row grow from 5 square blocks to 35. Warehousing society’s most vulnerable citizens in one area of a city is not smart. Warehousing addicts in SRO’s is also a dreadful policy. Few addicts ever “clean up”, when surrounded by other active addicts, with a drug dealer on every floor.

Another unpalatable truth that is never told, is that many addicts have actively chosen to be homeless because the rent money can then be used to purchase drugs. I know many persons who have made this choice. If and when our housing shortage is addressed, government rent money should go directly to the landlord and house checks reinstated.

The Woodward Community Housing project, developed by the Portland Housing Society, approximately 24 years ago, placed a limited number of persons on limited

income or with mental problems in their building, as renters, along with working people who purchased units. I personally knew and worked with several addicts who moved from SRO's into the Woodward's complex. Their lifestyle improved dramatically and they curbed their addictions-markedly.

It is also important to recognize that some people are **unhouseable** and should be institutionalized in a controlled environment, for their well-being, as well as that of the general population. "*Not enough Riverviews.*" I can think of numerous individuals who are mentally not fit to live on their own. We must provide adequate care and protection from harms for this vulnerable minority.

Persons with severe mental issues must be kept at a distance from the streets where drugs are trafficked. They predictably gravitate to using street-drugs, as a way of addressing their mental problems. Moreover, they are accustomed to taking medications and view street-drugs as *'just another pill.'*

A steady **decline in mental health facilities** started in the 1960's and has continued to date. This decline has occurred for a number of reasons: the primary reason being the introduction of and dependence on anti-psychotic medications as treatment; but also, the development of psychiatric wards in hospitals and a movement to outpatient care.

We must also look at **local housing** in the broadest sense. There is and always has been, a huge demand for housing

in greater Vancouver: a good provincial economy; the temperate climate; mountains and ocean; no wars or revolutions. Regardless of whether you are a renter or an owner, you pay a premium for the privilege of residing in greater Vancouver. We must also recognize that for decades many people on welfare moved from other provinces to B.C., because welfare and associated “*perks*” were more easily secured. This created a large population of “*at-risk*” persons, vulnerable to drug use.

There has also been a huge surge of substance abuse in our new immigrant population, most markedly with **international students**. Once again, we are blaming isolation, stigma, overseas problems and learning stresses for the problem, instead of addressing it.

Similarly, there has also been marked **increase in construction industry workplace accidents**. They have determined that this is a result of a high rate of drug use in the construction worker population. More potent marijuana products also play a role in this surge. These surges should serve as indicators that something is wrong.

In 2023, the **Medicinal Mushroom Dispensary** on East Hastings Street opened and has been selling magic mushrooms, peyote, LSD, DMT and other psychedelics since then. They defend their sales on the grounds that mankind has been using natural psychedelics since the beginning of time and they are educating the general public about them through sales. This illegal sale of psychedelics

has been going on for over 10 years; not even any restrictions in place regarding sale to minors. Such operations contravene both federal laws and Vancouver City Bylaws. Vancouver City councillor, Peter Fry and Adrian Dix, have tabled a motion to continue to permit the sale of psychedelics and related products by such dispensaries through regulation. They argue that because the sale of marijuana has been legalized, the same status should apply to psychedelics.

Public order and safety has deteriorated throughout **Greater Vancouver** as a result of open drug use. Most notably in Vancouver's DTES, where many businesses have closed down and residents' safety has deteriorated. The Retail Council of Canada is calling for changes in federal sentencing guidelines for repeat offenders in order to counter theft, violence and damage to businesses. Retailers complain that when someone is arrested by police, they will be back at their store within hours of their arrest. The fact that most people will not even venture into the DTES because of safety concerns, due to the prevailing street-level disorder, clearly indicates that something is seriously wrong and needs to be corrected. Rules regarding public behaviour and law and order must be applied equitably to all, regardless of what part of the province or greater Vancouver you reside in. We must respect the working public, business owners and property owners. It is their tax money being used to support the multitude of street addicts who do not work and get a free ride.

It's okay: to block sidewalks and business and residential doorways with tents and homeless people sleeping; to throw trash everywhere; to use and sell drugs openly on the streets, to sell items on the street without a business license, in the DTES...but it's not allowed in other areas of the city? The makeshift market on East Hastings, between Carrall and Main Streets, has been the centre of a months-long Vancouver Police investigation, resulting in the arrest of 5 persons and the seizure of over \$650,000 in cash, drugs and property. These unlicensed street sales have fueled an underground shoplifting economy.

These public disorder problems are finally starting to be addressed, at great cost to the taxpayer. The Vancouver Police Department will have spent over 1 million dollars by the end of this year on overtime costs alone, for escorting city crews while cleaning Hastings Street sidewalks and eliminating street encampments.

Please see attachment, with photos, regarding **washrooms at Brighthouse Park in Richmond; one example of street level disorder related to homelessness and open drug use.*

Another disturbing side effect of drug use has just now come to light. In 2023, 59% of fires in Vancouver were due to smoking and smoker material. **Lockable continuous flame butane lighters** are of particular concern; they are susceptible to misuse, especially when the user is impaired due to substance usage. Most addicts I know in the DTES possess them. Vancouver Fire Services has recommended that sale of these lighters be banned.

With an election looming, the B.C. NDP government has finally given in to the immense public outcry against their drug decriminalization policy. Public Safety Minister, Mike Farnworth, introduced the **Restricting Public Consumption of Illegal Substances Act**; it was enacted in Dec. 2023. The Harm Reduction Nurses Association launched a constitutional challenge to the new law and the Court of Appeal granted a 3 month temporary injunction against enforcing this legislation. B.C.'s Chief Justice of the Supreme Court, Christopher Hinkson, decided that public drug use might actually constitute a human right. On Tuesday, May 7, Mike Farnworth announced that public use of illicit drugs is once again illegal across the province. This includes parks, transit, hospitals, restaurants and beaches. Police can now arrest persons using drugs in public and can seize drugs.

The mayor of Vancouver has called for and endorsed the new drug criminalization policy:

On Thursday, July 11, B.C.'s Medical Health Officer, Dr. **Bonnie Henry**, proposed that addicts should be allowed access to Cocaine and Methamphetamines, without prescriptions, to reduce unregulated street-drug usage. Proposal rejected by provincial government.

Hopefully B.C.'s unregulated drug crisis is finally coming to an end.

As a result of this new policy, open drug use has been largely curbed in **Brighouse Park and most of the homeless*

encapment moved; the washrooms, however, are only open during the day and the men's washroom at the rear remains boarded-up. A security guard is now there.

Unfortunately, open street-drug use in Vancouver continues unabated; this is especially noticeable in the DTES. If you arrest all these people, what do you do with them? Where do you put them?

It is important to note that public disorder on **Metro Vancouver's transit system** is increasing dangerously. As transit ridership approaches pre-pandemic levels, calls to Transit Police over drug, alcohol or mental-health concerns have rebounded dramatically.

In April 2016, the B.C. government declared a provincial health emergency due to street-drug use throughout the province.

Under the **NDP's 3 year decriminalization policy, Enforcement**, one of the Four Pillars, previously employed in addressing substance use, was completely abandoned and we now see the end results of this abandonment at the street level throughout our province.

Under their decriminalization provisions, addicts were permitted to possess up to 2.5 grams of hard drugs without facing criminal charges. They complained that this amount was insufficient; they wanted to buy in bulk.

The police had for the most part given up enforcement of possession infractions, because they would have to measure the amount of drugs held and those arrested would be back

on the street the next day anyhow. This dilemma still prevails.

Moreover, B.C. was the only province in Canada to decriminalize street-drug possession and usage. As a consequence of this, dealers were exporting both street and prescribed drugs to Alberta and other provinces. This practice, which has gone on for decades, was finally brought to the public's attention this year.

I have personally witnessed numerous cases of out-of-province visitors who have purchased drugs in Vancouver and taken them home with them for personal use or to sell; including an in-law who flew back to Winnipeg, with her drugs and grandchildren and died from an overdose the next day.

One out of four **prison inmates** are now treated for Opioid addiction. This presents challenges for the prison system. The leading cause of death, in both provincial and federal correction facilities, is now due to drug toxicity from unregulated drugs. The B.C. Coroners Service has documented a 56% increase in deaths over the last 5 years due to drug use in B.C.'s correctional facilities.

The **B.C. Nurses Union** went along with our provincial government and supported their now failed street drug decriminalization program and policies and endorsed the establishment of safe injection sites. They were concerned, however, about the safety of medical staff, if safe consumption sites were established in hospitals (such as the

one at St. Pauls Hospital, for example) and raised their concerns with Public Safety Minister, Mike Farnworth, who had approved the establishment of safe injection sites in B.C. hospitals. He has now backtracked on that decision; all hospitals in B.C. are not allowed to have safe injection sites on their premises and illicit drug use is no longer permitted in hospitals. As an aside, the federal Conservative Party wants street-drug use in all hospitals in Canada banned.

In my view, this is a much needed policy change.

At **Burnaby Hospital**, for example, illicit drug users were given special privilege; they could leave for up to 6 hours, without losing their bed, and were provided with lock boxes with passcodes, for storing drugs and weapons.

A scandal erupted recently, when a leaked internal memo, dated July, 2023, from **B.C.'s Northern Health Authority**, which governs the northern half of the province, revealed that hospital staff were instructed to tolerate drug possession, drug dealing and weapons in hospitals and to permit drug use in hospital rooms. Staff were advised not to call the RCMP or hospital security. B.C.'s Minister of Health, Adrian Dix said the memo was outdated and poorly worded and claimed that drugs and weapons were not allowed in hospitals; the B.C. Nurses Union contradicted his statement and informed the media that open drug use and weapons had become a widespread issue of significant magnitude in B.C.'s hospitals. Adrian Dix's answer to the problem was to hire 320 extra security guards for B.C. hospitals.

What about the safety of hospital patients, who are ill, with a preponderance of patients being seniors and disabled persons? Should they be subjected to addicts using drugs and overdosing in their hospital rooms (as reported on numerous occasions?)

Our B.C. government has now appointed **Dr. Daniel Vigo** as the province's **chief advisor for psychiatric issues, toxic drugs and concurrent disorders**. This is a result of a growing population with overlapping mental health and addiction problems and brain injuries due to toxic drug poisonings. Over half of overdose survivors die shortly after overdosing and many are left with severe brain injury. I have personally witnessed this at the street level with thousands of associates and acquaintances over the last 50 years. It reflects the nature of hard drugs; mentally and physically damaging and almost impossible to quit. This includes both street and some prescribed drugs and combinations thereof.

Another issue of concern is **substance abuse during pregnancy**. I could not find statistics for Canada, but in the United States, 1 in 20 women use street-drugs during pregnancy. Women should not smoke cigarettes, vape, drink alcohol or use street-drugs during pregnancy. Even over the counter prescriptions, such as Acetaminophen and cough remedies, can harm a fetus. OTC medications should only be taken after consulting a health care provider. The consequences of substance abuse during pregnancy are manifold, including: miscarriage; pre-term delivery, stillbirth, fetus addiction, low birth weight, sudden infant

death syndrome, fetal alcohol syndrome and infant growth, behavioural and learning problems. Complete abstinence from alcohol, drugs and cigarettes during pregnancy should be mandated.

Parental substance abuse also elevates **pediatric problems** in young children, including elevated death rates, physical injury, poisonings, physical and sexual abuse, severe neglect and poor physical, cognitive and emotional development.

Recognize that drug use involves personal choice and stop **“scapegoating;”** using mental illnesses, health and daily living problems to justify overdoses and death due to drug use (depression; PTSD; autism; bipolar disorder; anxiety disorder; trauma.) Prescription for drugs to treat these disorders have increased thousands of times since 1980; these mental illnesses have not. There is still a great outcry for safe drug supply, as a remedy for overdoses. One example is the organization, **Mothers Stop the Pain**. Their membership consists largely of mothers whose children died as a result of using street-drugs. They blame the deaths on a lack of safe drug supply and continue to advocate for expanded safe drug supply. **The best way to prevent overdoses is “don’t use street drugs.”**

An historical example of the severe harm that can be caused by substance abuse, is the number of children born with fetal alcohol syndrome on the Rosebud and Pineridge Sioux reserves in the Dakotas during the 1950’s. Over 60 % of newborns had FAS.

It has also recently been brought to the public's attention that some **DTES pharmacies** are paying customers a share of the money they claim from B.C's Pharmacare Program. Pharmacies can bill back over \$1,000 per month, per patient, on Methadone daily ingestion programs. Patients are paid a "**kickback**" of \$100 or \$200, as a cash incentive to remain on the pharmacy's Methadone program. Many patients have refused other treatment options, such as once-a-month injectable Suboxone, because they would lose their cash incentives. This financially unethical practice has gone on for years and must be eliminated.

SPECIFIC PROBLEM AREAS TO BE ADDRESSED:

***How do we deal with and help the huge number of active addicts** in our society, while recognizing that the vast majority will never quit and will remain non-functioning members of society permanently, separated from the world at large, due to the addictive nature of **hard drug** and the permanent damage they cause? These people are our relatives, friends and associates and need help.

***Recognize that absolute prohibition of drugs and alcohol does not work.** It results in a massive underground economy and associated criminal activity (as demonstrated in the United States, from 1920 to 1933, and Canada, from 1918 to 1920, under the Canada Temperance Act.) Rum runners prevailed.

***How do we address multi-generational addiction,**
whereby more and more persons in a family become
addicted with each generation (the pyramid effect of drug
addiction?)

*On a personal basis I observe this in my native partner's
family and find it most alarming.*

***We must ensure that laws and rules of order are
applied equally and impartially** in all communities **and
are enforced** at the street level.

***Re-employ the Four Pillars** as an overall approach to
addressing drug addiction. In my opinion the focus should
be on **prevention and treatment.**

On a positive note, the provincial government has now
provided funding for numerous native reserves to establish
treatment centres, open to both natives and non-natives.

***Limit and vastly reduce the prescription of so-called
“safe drugs.”** At the same time, it is important to recognize
that there is a small segment in society whose survival and
well-being is absolutely dependent on prescribed narcotics.
The question that should be asked by medical professionals
when prescribing narcotics: *“Am I sentencing this person to
a lifetime of addiction?”*

***Stop “scapegoating” overdose deaths and drug and
alcohol addictions;** blaming mental illnesses and social

conditions for overdoses does not rectify the problem. The best remedy is don't abuse drugs or alcohol.

***Address Vancouver's housing crisis.** *Disbursement not containment.* Tie housing to recovery. Reward recovery with housing. Re-establish house checks and send rent payments directly to landlords.

***Re-establish long-term care facilities for the "unhousable"** (persons who are mentally and physically unfit to reside on their own and vulnerable to drug addiction), for their well-being, as well as that of society as a whole.

***Stop using political correctness to obscure the truth:** alcoholism and drug addiction ("substance use disorders"); prescribed safer?? supply ("prescribed alternatives"); focus on reducing drug use, not on reducing the stigma against drug use.

JOHN CAMERON: PERSONAL BACKGROUND:

BSc., BScF, Diploma ESL instructor, Diploma Civil & Structural Engineering.

77 years old; living with AIDS since 1980 and hepatitis B since 1969 (a hep B carrier.)

The first person in Richmond to come out publicly as having AIDS and being gay. Started the Heart of Richmond AIDS Society.

Have worked at the street-level, largely in Vancouver's DTES, but also in Richmond and the westend since 1980, without a salaried position; received small community remuneration for volunteer work. Can provide detailed "AIDS" resume.

In 1994 William Sandquist (an active addict, who died from heart problems, due to heroin addiction) and I started the DTES HIV/ IDU Consumers Board , an entirely peer - driven organization (no salaried staff.) We started the first branch needle exchange in the DTES, which operated out of the Washington Hotel; run by addicts, PWA's and physically and mentally impaired persons (the only entirely peer-driven needle exchange in North America.) Everyone, myself included, received \$8 for a 6 hour shift; 19 years later, it had gradually increased to \$14 per 6 hour shift. Our needle exchange preceded Insite and Vandu.

Our organization was overseen by DEYAS, Canada's first needle exchange organization, established in 1969, by John Turvey. John Turvey, a recovered addict, designed needle exchanges for New York and San Francisco. He received the Order of Canada for his efforts. John and I were closely involved and both served on B.C.'s AIDS Advisory Board to the Minister of Health.

John died from complications related to hepatitis C, contracted when he was using. I recall a private conversation with him preceding his death. He told me

“maybe all I’ve done is legitimize street-drug use and create a street-drug epidemic in the DTES.” We both agreed that needle exchange was necessary, in order to curb Vancouver’s AIDS and Hep C epidemics, but reflected that there should there should have been *“trade-offs,”* when handing out rigs, such as education about the harms related to street-drug usage and referrals to treatment and recovery resources and facilities.

Founded and facilitated the Carnegie AIDS Support Group, which met 3 weeks per month for 27 years. Received \$9 per meeting to cover gas and parking.

Watching almost all my friends die from AIDS (many committing suicide in the early years) is most distressing; and then getting ‘roped in’ to start the first branch needle exchange and watching all my drug addict friends die from street-drugs is equally distressing.

Started and organized Canada’s largest annual World AIDS Day event for 27 years (2,500 attendees on an annual budget of \$2,400; 67,000 attendees over 27 years.)

I was secunded by the federal government to organize the first World Hepatitis Day event in Canada. Over 3,000 attendees. Organized many subsequent Hep Day events.

Assisted residents with paperwork; income tax; federal and provincial handicapped applications; native status and annuity payments; housing; resumes; etc.

Regularly transported sick addicts to hospitals and visited them as patients.

Delivered Cobs bread from Richmond, 19 years; carried out countless grocery giveaways; always have a truck full of food.

Spearheaded a campaign instituting major handicapped parking changes in Vancouver, over a 14 year period.

On numerous boards and committees; designed Constitutions and Bylaws for several.

Organized numerous memorials for addicts with Mauura Drake, a baptist minister and a member of our Consumers Board. The majority of long-term addicts become completely estranged from their families, due to the bad behaviours associated with drug addiction. It was disconcerting, that after they passed away, no one even picked up their bodies.

Was a bad alcoholic; resided in numerous skid row hotels during the 1970's. I am familiar with being homeless; lived in my vehicle in Stanley Park for a while. Quit drinking in 1980 and have been a sober member of Alcoholics Anonymous since then. As such, I am familiar with both addiction and recovery.

I do appreciate some of the social rules in the DTES: if you butt-into lineups, you get whacked; you mind your own business; you don't take photographs; if you are a man, you

never back down (*'22 teeth later'*); you watch for objects thrown from windows (*I nearly got hit by a toilet*) and if you help people you are treated like royalty. It is a learning experience... *one of the working-girls showed me how to put a condom on a banana with my mouth.*

Also familiar with the drunk tank in the police station at Hastings and Main, having resided there a number of times. When they were planning the redesign of the DTES years ago, I convinced them to keep several drunk tank cells for historical purposes. Also suggested that they erect a monument, made out of ping pong balls, outside of the Number Five Orange, at Main and Cordova, in memory of Mitsy, who used to strip there.

Received British Columbia's Good Citizenship Medal in 2019, for 40+ years of community work- *"a result oriented renegade."*

John Cameron

Personal Pronouns: *"Worn-out old Queen"* and *"Pain in the Ass."*

Contact: csbdnex@gmail.com or 604-274-8122.

Quotes:

John F. Kennedy:

"When faced with adversity, it is not sufficient to merely endure; we must prevail."

James Baldwin:

“We must weather life’s storms, because they are the storms that make life possible.”

Groucho Marx:

“I’d like to kiss you until the cows come home. On second thought, I think I’d rather kiss the cows until you come home.”



A MESSAGE FROM PREMIER JOHN HORGAN

John Cameron



Our province has many outstanding resources, but none more important than its citizens. In light of that, it is my pleasure to congratulate you on being chosen as a recipient of the British Columbia Medal of Good Citizenship.

The Medal of Good Citizenship was established in 1989 and launched in 2015 to recognize people like you who exemplify the virtue of good citizenship and have acted in a particularly generous, kind or selfless manner of service for the common good – without expectation of reward.

Exceptional British Columbians like you contribute to our social fabric and presenting you with the Medal of Good Citizenship is our way of recognizing your advocacy and support for individuals with HIV/AIDS, hepatitis, and substance abuse problems. Your personal experiences combined with your tenacity and strength of spirit has allowed you to spearhead many positive changes in your community and help so many access vital services and supports.

Please accept my congratulations on your selection for this Medal and thank you for all that you have done, and continue to do, to make British Columbia so great.

HONOURABLE JOHN HORGAN
Premier of British Columbia



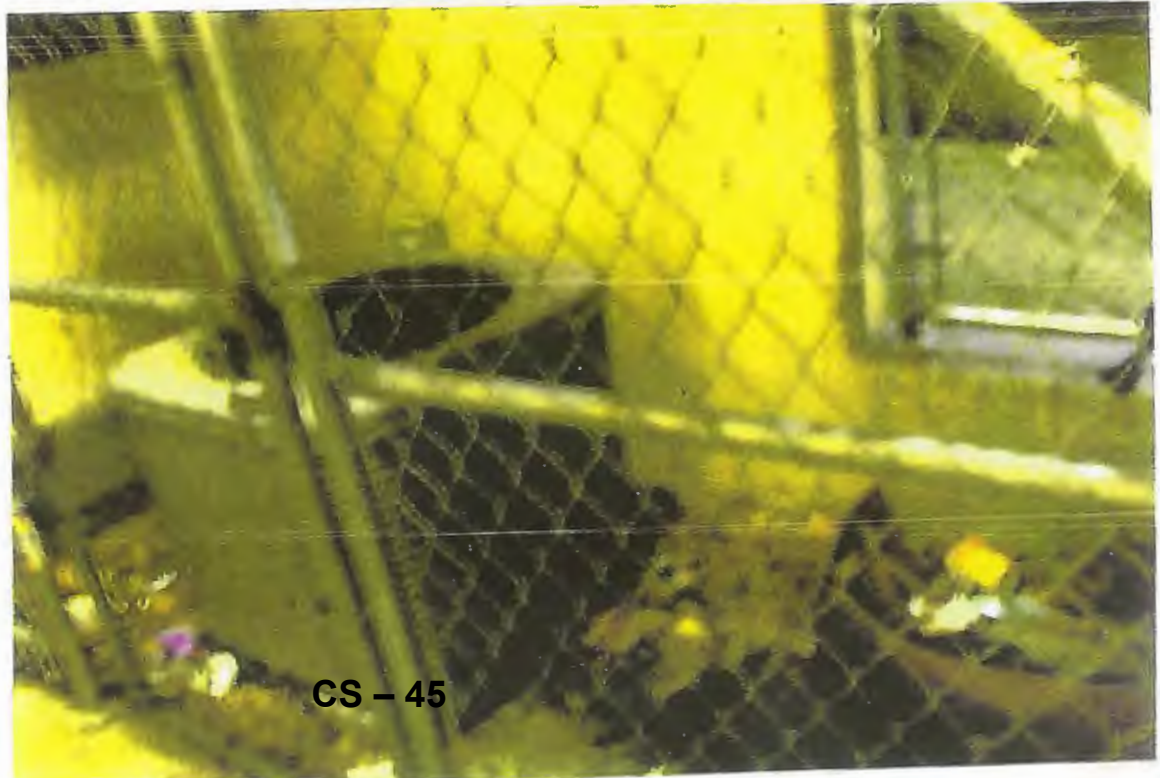
WASHROOMS: BRIGHOUSE PARK, RICHMOND

The “washroom scenario” at Brighthouse Park in Richmond exemplifies the disorder related to street drug use and homelessness. I am a regular attendee at community lunches and evening food giveaways in the parking lot at Brighthouse Park. The attached photos demonstrate the mess caused by homeless persons, mostly drug addicts, in our community park. The washrooms have been a disaster for the last 4 or 5 years; people regularly using drugs in the washrooms, damaging them and leaving a mess behind.

Last year I went to use the Men’s washroom but could not; there were 6 persons, including 2 women, using drugs in the washroom. The Men’s washroom has since been shut down and boarded up. Two portable bathrooms were then set up. They were abused, messed up and removed. The Women’s Washroom was then opened up for use by both women and men. It is now locked up and accessable by key only, during the day.

This is a public park and residents, including children playing sports, are entitled to have access to the washrooms.

MEN'S
WASHROOM



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MEN'S
CLOSET ROOM

Update- Washrooms, Brighthouse Park

June 17, 2024

The homeless encampment has largely been removed and the area cleaned up.

Washrooms remain closed at night; original Men's washroom remains boarded up. Security guard on site. *(no longer there)*

This improvement appears to be a result of the provincial government's recriminalization program, restricting drug use in public spaces.



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City of Richmond

Report to Committee

To: Community Safety Committee **Date:** September 12, 2024
From: Mark Corrado **File:** 12-8375-02/2024-Vol
 Director, Community Bylaws & Licencing 01
Re: **Community Bylaws Monthly Activity Report – August 2024**

Staff Recommendation

That the staff report titled “Community Bylaws Monthly Activity Report – August 2024”, dated September 12, 2024, from the Director, Community Bylaws & Licencing, be received for information.

Mark Corrado
 Director, Community Bylaws & Licencing
 (604-204-8673)

REPORT CONCURRENCE		
ROUTED TO: Finance Department	CONCURRENCE <input checked="" type="checkbox"/>	CONCURRENCE OF GENERAL MANAGER
SENIOR STAFF REPORT REVIEW	INITIALS: 	APPROVED BY CAO

Staff Report

Origin

This monthly report highlights activities, information, and statistics related to calls for service from the Property Use, Parking Enforcement, and Animal Protection units of Community Bylaws.

This report supports Council’s Strategic Plan 2022-2026 Focus Area # 3 A Safe and Prepared Community:

3.2 Leverage strategic partnerships and community-based approaches for comprehensive safety services.

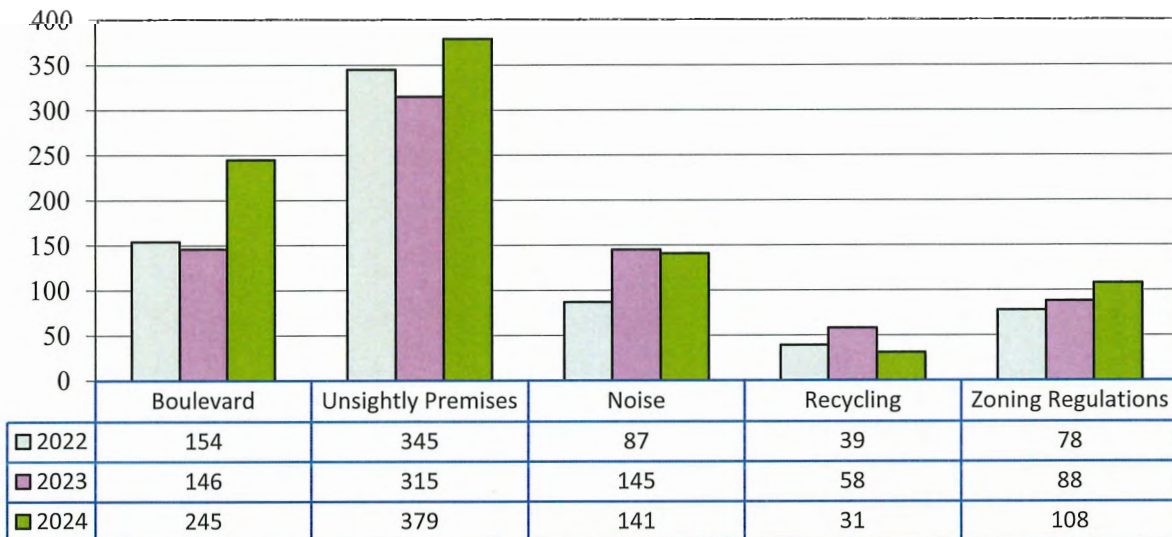
3.4 Ensure civic infrastructure, assets and resources are effectively maintained and continue to meet the needs of the community as it grows.

Analysis

Property Use Calls for Service

In August 2024, a total of 161 calls for service were opened for investigation, which represented a 49 percent decrease (315) from the same period last year. This reduction can be attributed to the significant reduction in water use restriction complaints. Depending on the nature of the investigation, staff often liaise with multiple departments and other government agencies to conduct a through review of a received complaint. Among 24 potential calls for service categories, Figure 1 highlights the most common calls for service received for Property Use officers to follow up on and investigate.

Figure 1: Property Use Calls For Service - August Year-To-Date Comparison

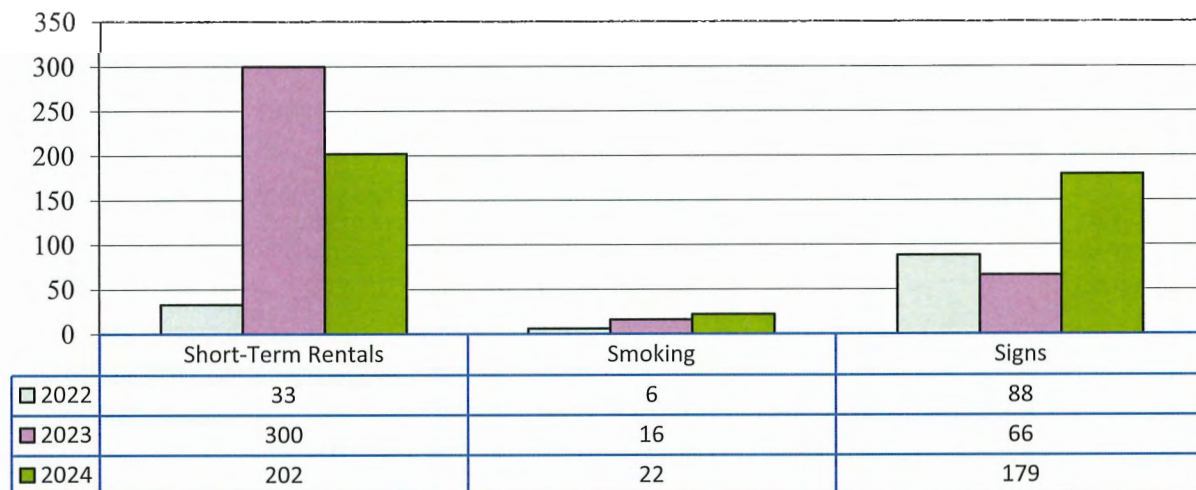


In August, there were 64 service calls on unsightly premises, mainly due to long grass and 28 service calls for sidewalk obstruction related to overgrowth of trees and hedges. Staff collaborate with property owners to establish a timeline and expectations for cleanup to ensure compliance. In most cases, voluntary compliance is achieved. When this is not the case, bylaw staff coordinate with public works to take remedial action and bill the costs to the property owner.

Other Community Bylaws Calls for Service

Figure 2 shows a three-year breakdown of other calls for service that are closely related to Property Use matters.

Figure 2: Property Use Calls For Service - August Year-To-Date Comparison



For August, there were 26 calls for service related to short-term rental violations. Dedicated temporary full time officers monitor complaints submitted by the community as well as proactively generating files. In many cases, complaints are resolved by: voluntary removal of the short-term rental listing; obtaining a business licence depending on eligibility; and paying outstanding fines. However, in cases where voluntary compliance is not obtained, a variety of violation notices can be issued for non-compliant operation of a short-term rental.

Often times, a rental operator engaging in illegal practice will receive multiple violation notices upon inspection. Staff continue to monitor properties found to be non-compliant and follow up accordingly should unpermitted operation continue. When there is a repeated and/or significant history of violations, staff will seek a resolution via Long-form Prosecution in Provincial Court.

Soil Activity

Staff are responsible for responding to public complaints and issues of non-compliance related to unauthorized filling; monitoring permitted soil deposits and removal sites; and inspecting properties that are undergoing remediation to come into compliance with applicable City bylaws. Staff conducted 55 site inspections in the month of August.

Stop Work and/or Removal Orders issued for the following properties:

- 2200 No. 6 Road
- 6320 No. 4 Road
- 6440 No. 5 Road
- 14260 Westminster Highway
- 14540 Burrows Road
- 160-12820 Clarke Place

The following properties are now in compliance:

- 7351 No. 5 Road
- 8451 No. 5 Road
- 6300 No. 4 Road

There are approximately 19 soil deposit proposals under various stages of the application process and staff continue to monitor 20 approved sites. Staff are currently addressing approximately 34 properties that are considered to be in non-compliance.

Bylaw Prosecutions

No new bylaw charges were sworn in the month of August.

Parking Enforcement

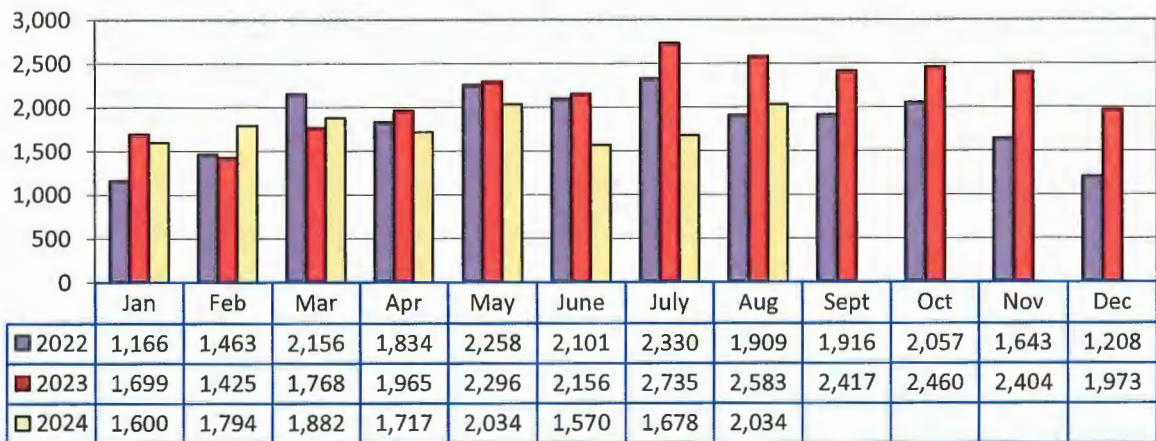
In August, staff responded to 431 service calls, representing a 36 percent increase from the same period last year (317 calls). Parking enforcement revenue decreased by 9 percent, alongside a 21.2 percent drop in parking violations. This reduction is primarily attributed to the increased public demand for parking enforcement, which has limited the capacity for proactive patrols. The additional officers hired in July have helped narrow this gap and maintain service levels. These hires are crucial for effectively managing the growing workload while continuing to serve the community.

Monthly parking enforcement revenue is highlighted in Figure 3. Figure 4 highlights the monthly parking violation issuance

Figure 3: Parking Enforcement Revenue Comparison (000's)



Figure 4: Parking Violation Issuance Comparison



Animal Protection and Dog Licencing

As of August 31, 2024, approximately 6,932 valid dog licences were issued, representing 92 percent of the 7,500 licences on file as of last year. A total of 66 dog licences were issued this month. BC SPCA Officers responded to 237 calls for service related to animal control and dog licencing violations in August, bringing the total number of year-to-date calls to 1,329. Officers conducted 45 park patrols across various parks, dikes, and school grounds. The top patrolled parks in August were Garry Point Park, Terra Nova Neighborhood Park and Imperial Landing Waterfront.

In addition to enforcement actions, these patrols serve an educational purpose by increasing awareness and compliance. In collaboration with the Parks Department, staff are reviewing hotspot parks and school grounds to assess options for improving signage.

Ticketing

Table 1 reflects non-parking related Bylaw ticket issuance for the month of August.

Table 1: Community Bylaw Offences

Ticket Issuance (BVN's & MTI's)	August	YTD
Short-Term Rental Offences	55	345
Soil Deposit and Removal Offences	6	47
Watercourse Protection Offences	11	18
Unightly Premises Offences	3	35
Noise Offences	2	15
Building Regulation Offences	11	36
Solid Waste and Recycling Offences	0	0
Parks Offences	0	0
Sign Offences	2	68
Watering Offences	0	1
Totals	90	565

Bylaw Adjudication

The next adjudication hearing is scheduled for September 18, 2024.

Revenue and Expenses

Revenue in the Property Use section is primarily derived from permits, tickets and court fines related to bylaw prosecutions. Soil permit applications and volume fees follow a seasonal trend and tend to increase in Q2 and Q3. The collection of revenue in other Bylaw fines can be primarily attributed to fines issued for the operation of unpermitted short-term rentals. These results are shown in Table 2.

Parking enforcement generates much of its revenue from meters, permits and fines. Table 3 outlines individual revenue sources within parking enforcement. Table 4 highlights funds collected from dog licencing and fines. The overall increase in licence revenue can be attributed to proactive work done by staff in prior years to ensure accuracy in dog licence accounts and canvassing efforts to ensure compliance.

Table 5 outlines the net revenue and expenses for property use, parking enforcement and animal protection services.

Table 2: Property Use Revenue by Source

Program Revenue	Budget August 2024	Actual August 2024	YTD Budget August 2024	YTD Actual August 2024
Towing Permits	1,293	2,216	12,051	15,272
Newspaper Box Permits	0	0	0	1,024
Soil Permit Application and Volume Fees	9,532	12,662	88,834	89,932
Other Bylaw Fines	24,596	17,275	222,812	112,732
Total Revenue	35,421	32,153	323,697	218,960

Table 3: Parking Revenue by Source

Program Revenue	Budget August 2024	Actual August 2024	YTD Budget August 2024	YTD Actual August 2024
Contract Revenue ¹	5,000	(250)	40,000	40,000
Filming Revenue	0	0	0	16,857
Parking Revenue ²	174,767	171,196	1,398,133	1,313,879
Receivable Income ³	16,666	(7,753)	66,667	32,380
Total Revenue	196,433	163,193	1,504,800	1,403,116

Table 4: Animal Protection Services Revenue by Source

Program Revenue	Budget August 2024	Actual August 2024	YTD Budget August 2024	YTD Actual August 2024
Dog Licences	8,789	4,923	250,553	263,305
Fines	1,810	325	6,440	10,875
Total Revenue	10,599	5,248	256,993	274,180

¹ City Towing Contract with Rusty's Towing

² Parking Revenue consists of Parking Meters, Monthly Parking Permits, and Parking Enforcement

³ Receivable Income consists of Night Market Recoveries

Table 5: Property Use, Parking and Animal Protection Services Revenue and Expenses

		YTD Budget August 2024	YTD Actual August 2024
Property Use	Revenue	323,697	218,960
	Expenses	1,307,266	927,097
	Net Revenue (Expense)	(983,569)	(708,137)
Parking	Revenue	1,504,800	1,403,116
	Expenses	1,286,733	1,133,394
	Net Revenue (Expense)	218,067	269,722
Animal Protection	Revenue	256,993	274,180
	Expenses	998,067	876,878
	Net Revenue (Expense)	(741,074)	(602,698)

Financial Impact

None.

Conclusion

Staff and contracted service providers administer and enforce 41 unique bylaws, covering a diverse range of various regulated community activities and service use, notably land use, noise, soil deposit/removal, short-term rentals, parking permits and enforcement, unsightly premises and animal protection services. This report provides a summary of departmental activity in August.



Mark Corrado
 Director, Community Bylaws and Licencing
 (604-204-8673)



City of Richmond

Report to Committee

To: Community Safety Committee **Date:** September 9, 2024
From: Jim Wishlove **File** 09-5140-01/2024-Vol
 Fire Chief 01
Re: **Richmond Fire-Rescue Monthly Activity Report – August 2024**

Staff Recommendation

That the staff report titled “Richmond Fire-Rescue Monthly Activity Report – August 2024”, dated September 9, 2024, from the Fire Chief, be received for information.

Jim Wishlove
Fire Chief
(604-303-2715)

Att. 1

REPORT CONCURRENCE	
CONCURRENCE OF GENERAL MANAGER 	
SENIOR STAFF REPORT REVIEW	INITIALS:
APPROVED BY CAO 	

Staff Report

Origin

This monthly report supports Council's Strategic Plan 2022-2026 Focus Area #3, A Safe and Prepared Community:

Community safety and preparedness through effective planning, strategic partnerships and proactive programs.

Analysis

Emergency Programs

During the month of August, staff engaged in the following activities:

- Staff collaborated with Public Works, Parks, Coast Guard, Community Services, Corporate Communications, and others to coordinate a response to potential threats due to debris and high stream flows following the dam breach of the Chilcotin River Landslide.
- Staff met with Emergency Programs staff from the City of Coquitlam to discuss the Emergency Support Services program delivery in both cities and share ideas on how to strengthen and collaborate the program in the future.
- Staff delivered Incident Command Systems (ICS 200) training to City staff and partner agencies for over twenty participants.
- Staff worked in the Emergency Command Centre (ECC) at the Maritime Festival, coordinating with First Aid, RCMP, RFR and event staff planning to ensure the safety of all attendees.
- Staff attended the Oval Community Day and were able to engage with members of the public and provide emergency preparedness information and resources to over 300 attendees.
- Staff met with the Emergency Management staff from Vancouver Fraser Port Authority (VFPA) for a tour of their facilities and to discuss communication methods and collaboration for preparatory initiatives to enhance future responses involving the Fraser River and VFPA properties.

Public Outreach & Education

During the month of August, staff engaged in the following activities:

- Facilitated outreach events to provide educational opportunities to the community, including fire hall and vehicle tours for three organizations, with over 300 participants.
- Participated in multiple community events, with over 7,000 participants, including: the Maritime Festival, Cambie Carnival, Kiwanis Richmond, Steveston Block Party, Canada Post Safety Day and Kidworld.

- Additionally, staff continued with life safety educational social media videos and posts.

Internal Staff Training

In August 2024, staff organized in-house training events including Technical Water Rescue and ongoing recruit training evaluations.

In August 2023, staff organized training schedules, logistics, Personal Protective Equipment (PPE) and gear in preparation for the arrival of twelve firefighter recruits in early September.

Emergency Response

One of the City’s emergency response goals is to arrive on-scene, in time and with enough resources to contain a fire to the room of origin. The room of origin standard is especially important in terms of preventing further fire loss and damage, which can be reduced when a fire is contained to the room of origin. Meeting this standard also assists in mitigating loss of life, reduction of property damage and protection of the environment.

In August 2024, there were 1,195 reported incidents of all types, representing an overall increase of 12 per cent in incidents between August 2023 and August 2024 (Table 1).

	Incident Totals August (2024)	Incident Totals August (2023)	Number Change from August 2023 to 2024	Percentage Change from August 2023 to 2024	5 Year Average for August
Active Alarm	188	177	+11	+6	157
Explosion	0	1	-1	-100	1
Fire	52	68	-16	-24	55
Hazardous Materials	7	13	-6	-46	9
Medical	649	537	+112	+21	448
Motor Vehicle Incident	84	77	+7	+9	75
Public Hazard	12	7	+5	+71	9
Public Service	121	93	+28	+30	102
Response Cancelled/Unfounded	80	87	-7	-8	62
Specialized Transport	2	2	0	0	3
Technical Rescue	0	1	-1	-100	0
Total	1,195	1,063	+132	+12	921

The average time on scene in August 2024 for emergency response crews was 32 minutes per event, which is higher than the number recorded in August 2023: 30 minutes. The time spent on scene can vary due to the nature and severity of each incident.

In August 2024, there were 52 fire incidents reported to the Office of the Fire Commissioner. This is lower than the number reported in August 2023. The average number of fires reported each August over the last five years is 55.

Fire damage and property losses during August 2024 is estimated at \$39,705. The total building/asset and content value at risk is estimated to be \$112,443,674 and the total value preserved from damage was \$112,403,969. These numbers translate to 99 per cent of value protected (Table 3), which is higher than the value observed in 2023: 89 per cent.

Table 2: Fire Incidents By Type and Loss Estimates - August 2024

Incident Type Breakdown	Incident Volume	Estimated Building/Asset Value (\$)	Estimated Building/Asset Loss (\$)	Estimated Content Value (\$)	Estimated Content Loss (\$)	Estimated Total Value Preserved (\$)
Residential: Single family	-	-	-	-	-	-
Residential: Multi family	9	49,431,600	245	34,601,730	-	84,033,085
Commercial / Industrial	4	16,662,520	1,000	11,663,414	-	28,324,934
Outdoor	36	54,410	8,460	-	-	45,950
Vehicle/Vessel	3	30,000	30,000	-	-	-
Totals*	52	66,178,530	39,705	46,265,144	-	112,403,969

* The dollar losses shown in this table are preliminary estimates. They are derived from RFR's record management system and are subject to change due to delays in reporting and confirmation of actual losses from private insurance agencies (as available). Values under a threshold limit of \$1,000 will not be noted in the table.

Significant Events

Emergency response crews minimized harm, limited damage and stopped fire spread from the place of origin and performed life-saving interventions in these notable August 2024 incidents:

- **August 15, 2024 – Marine Vessel Fire on 7th Avenue.** Emergency crews responded to a marine vessel fire at the South end of 7th Avenue. First arriving crews applied firefighting foam to the vessel and quickly extinguished the fire. The Harbour Authority was on scene to assist with the rescue of the two occupants. There were no reports of injury to the public or RFR personnel. A Fire Investigator attended.
- **August 27, 2024 – Structure Fire on No 9. Road.** Emergency crews responded to a report of a fire inside a Commercial property. On arrival, crews were able to access the area and get water on to the fire. The fire was extinguished and crews remained onsite to carry out overhaul and to ensure the fire was completely extinguished by checking hotspots. There were no reports of injury to the public or RFR personnel. A Fire Investigator attended.

Financial Impact

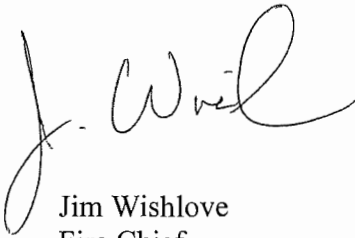
None.

September 9, 2024

- 5 -

Conclusion

Richmond Fire-Rescue continues to monitor activities to identify and create public outreach programs to respond to emerging trends and to promote effective prevention behaviours.

A handwritten signature in black ink, appearing to read "J. Wishlove". The signature is fluid and cursive, with a large initial "J" and "W".

Jim Wishlove
Fire Chief
(604-303-2715)

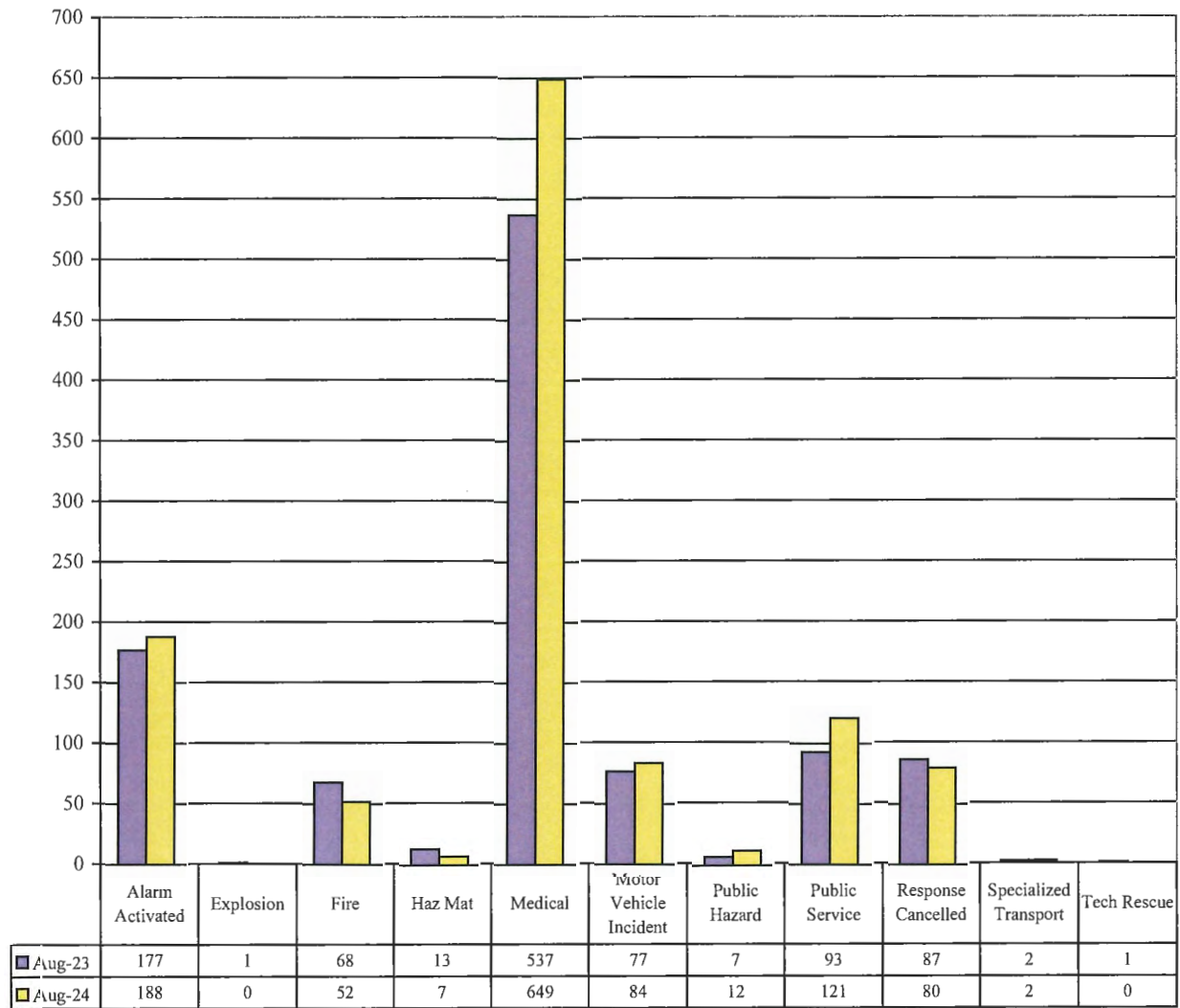
Att. 1: Emergency Response Activity for August 2024.

Emergency Response Activity for August 2024

Incident Volumes

The following chart provides a month-to-month comparison regarding incidents occurring in August 2023 and 2024. In August 2024, there were 1,195 total incidents, compared to 1,063 in August 2023. This represents an overall increase of 12 per cent between last year and 2024.

Table 3: August 2023 & August 2024 Incident Volumes



Incident Type Legend:
HazMat: includes fuel or vapour; spills, leaks, or containment
Medical includes: cardiac arrest, emergency response, home or industrial accidents
Public Hazard includes: object removal, or power lines down
Public Service includes: assisting public, ambulance or police, locked in/out, special events, trapped in elevator, water removal

First Responder Totals

Medical first responder incidents comprised 54 per cent of the total emergency responses for RFR during the month of August 2024. A detailed breakdown of the medical incidents for August 2023 and 2024 is set out in the following table by sub-type. There were 649 medical incidents in August 2024 compared to 537 in August 2023, an increase of 21 per cent.

Table 4a: August 2023 & August 2024 Medical Calls by Type

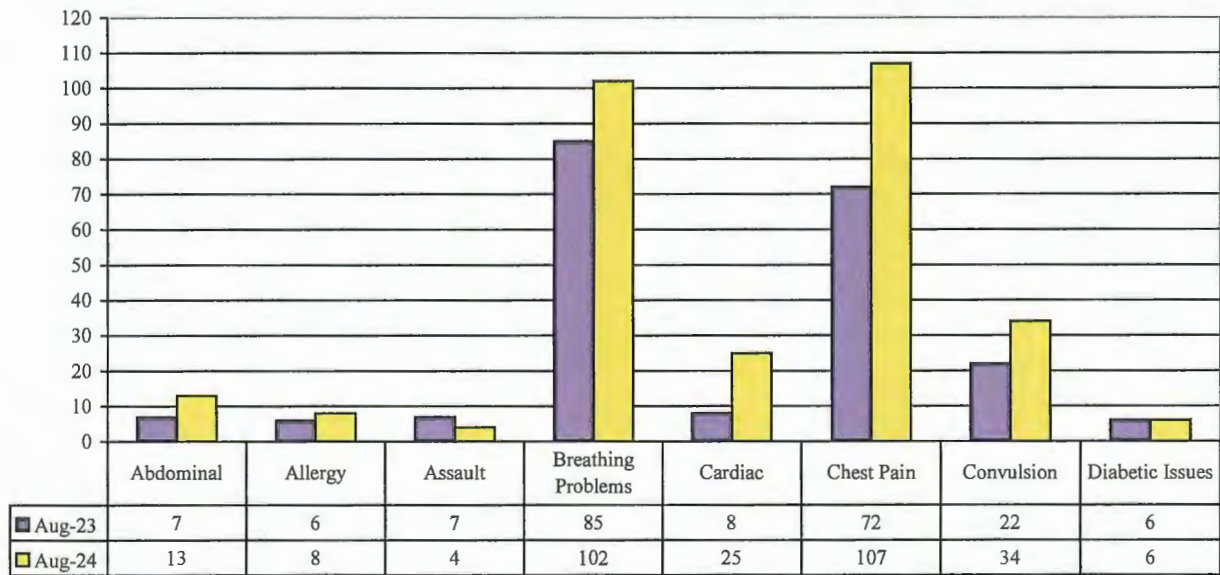
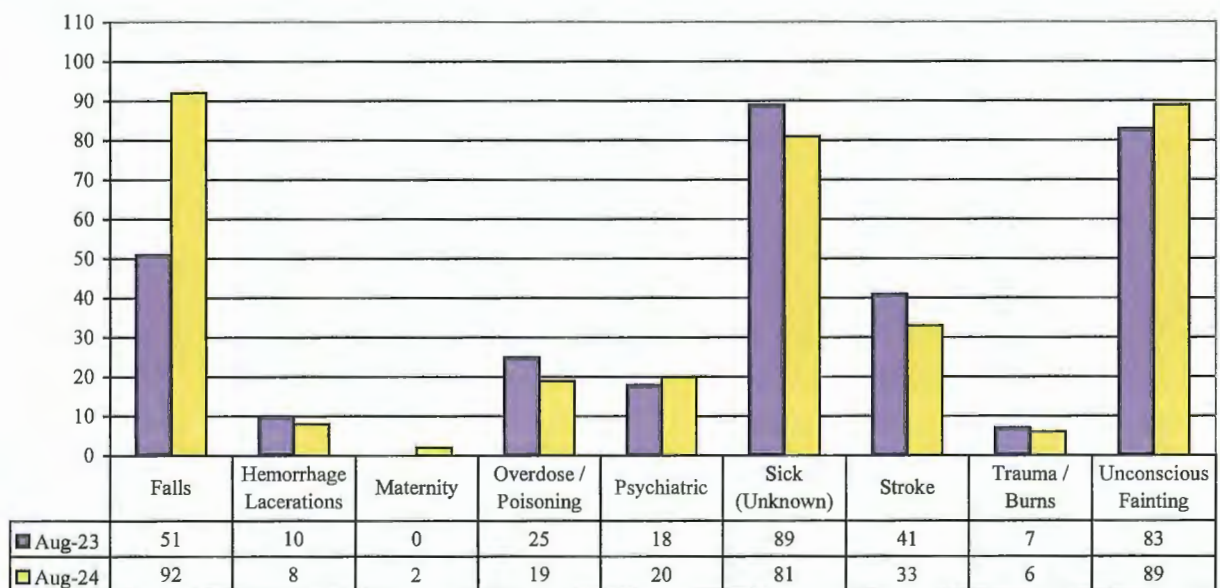


Table 4b: August 2023 & August 2024 Medical Calls by Type



The following chart provides the overdose/poisoning incident volume breakdown for August 2024. During August 2024, RFR staff administered Naloxone on two occasions.

Table 4c: Overdose / Poisoning Incidents By Type – August 2024	
Opioid overdose incidents that RFR attended located in an OUTDOOR environment.	4
Opioid overdose incidents that RFR attended located in an INDOOR environment.	5
All other OD / Poisoning Incidents	10
Totals	19

Fire Investigations

The fire investigation statistics for August 2024 are listed below:

Table 5: Total Fire Investigation Statistics – August 2024			
	Suspicious	Accidental	Undetermined
Residential - Single-family	0	0	0
Residential - Multi-family	1	8	0
Commercial/Industrial	0	3	1
Outdoor	12	19	5
Vehicle	1	1	1
Totals	14	31	7

Richmond Fire-Rescue investigators report all suspicious fires to the RCMP, while working alongside RCMP staff to address potential risks to the community and coordinate appropriate fire investigations.

Hazardous Materials

Table 6: Hazardous Materials Incidents By Type – August 2024	
	Details
Flammable / Combustible Liquids	1
Gasses (Natural / Propane)	5
Oxidizing Substances	1
Totals	7

The following charts provide total incident volumes for fires and medical incidents on a year-to-year comparison in August from 2015 to 2024.

This graph shows an overall decrease of 28 per cent of fires since 2015, 10 years.

Table 7a: Total Fire Calls for Service in August from 2015 to 2024

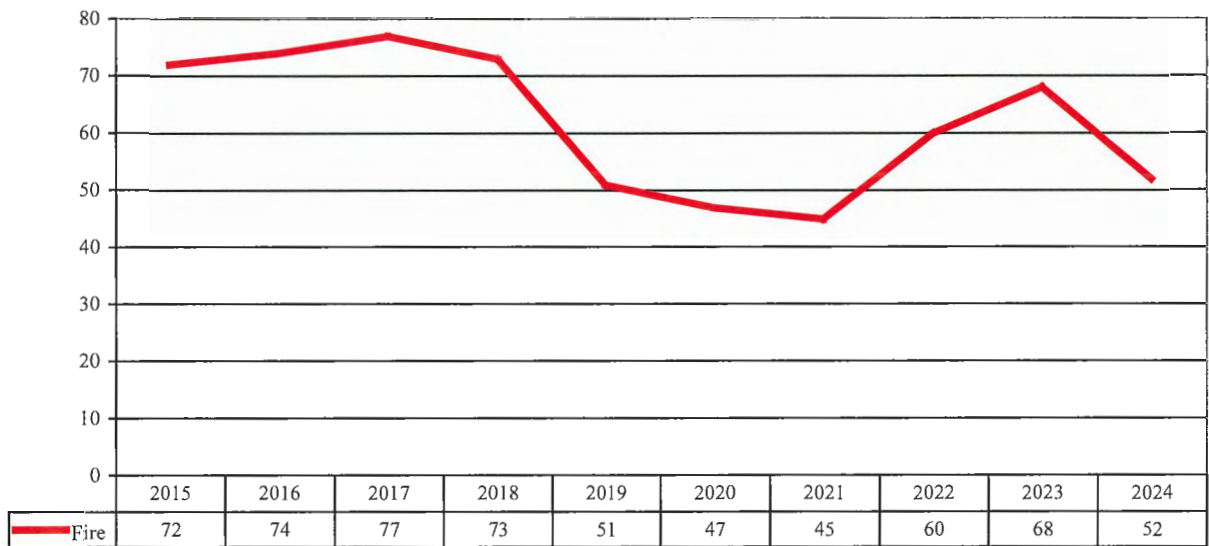
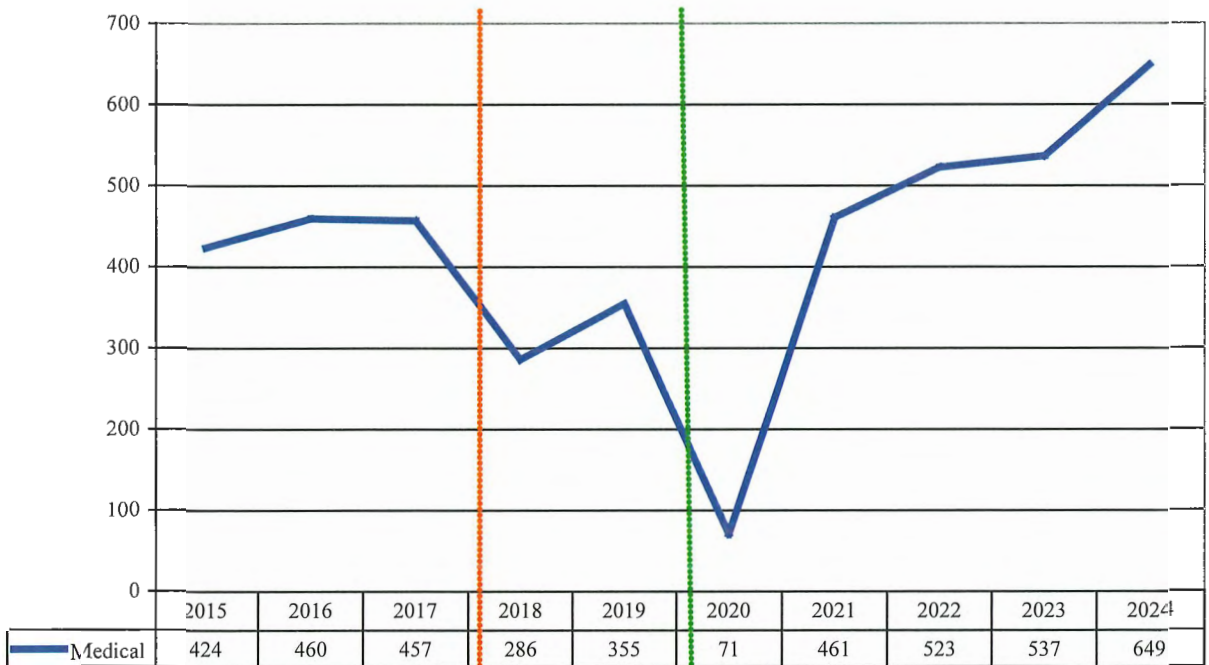


Table 7b: Total Medical Calls for Service in August from 2015 to 2024



Changes to BC Emergency Health Services Clinical Response Model dispatch system (2017-2018)
7795291

Start of Covid-19 pandemic

Figure 1: Location of reportable fire incidents attended in August 2024 (total 52)

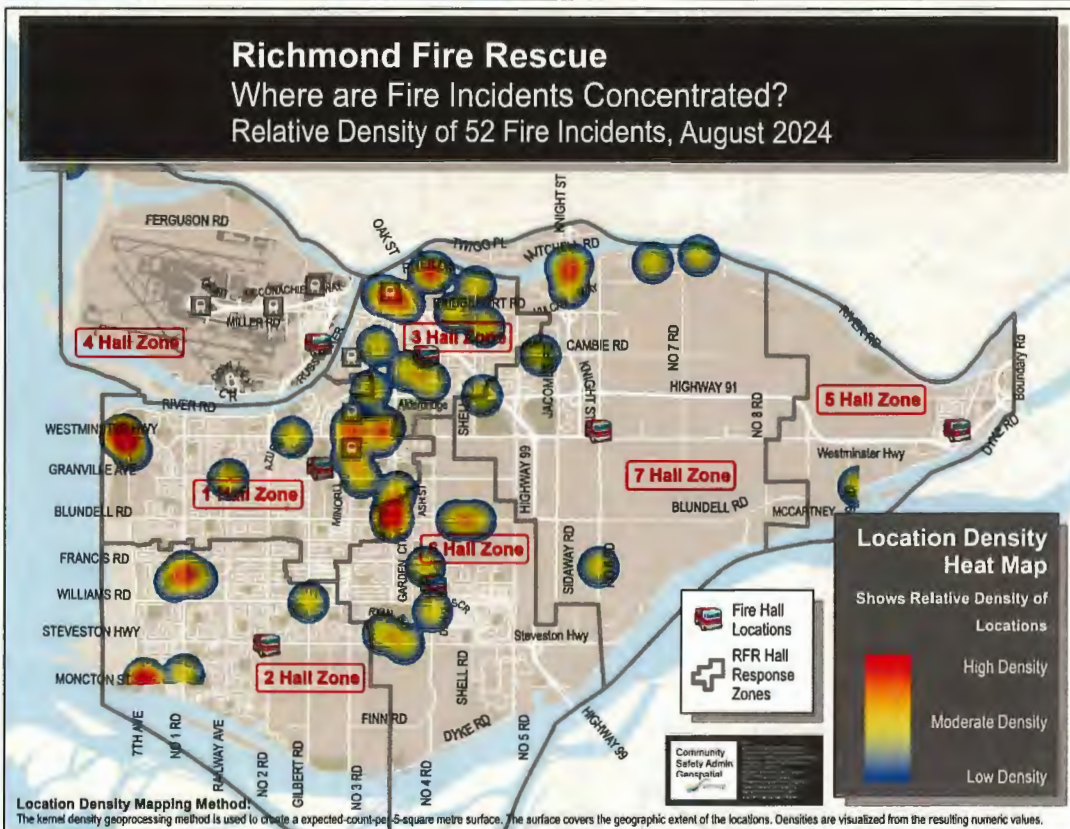
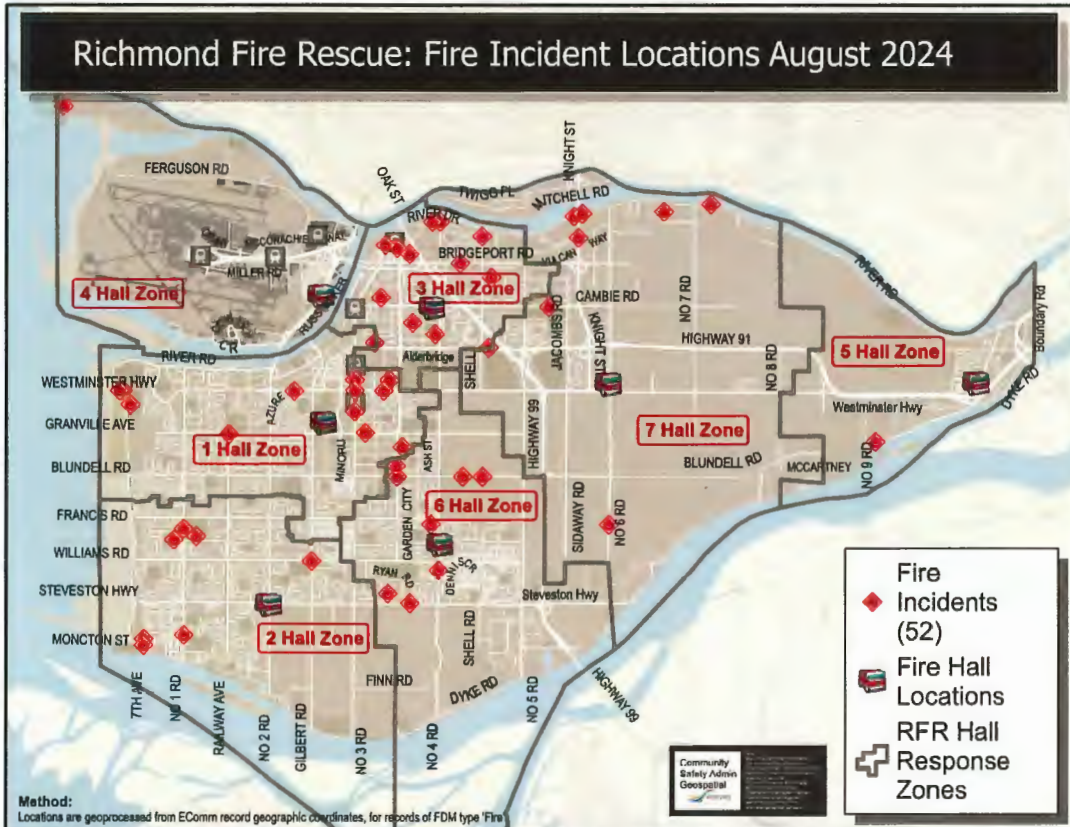


Figure 2: Location of reportable medical incidents attended in August 2024 (total 649)

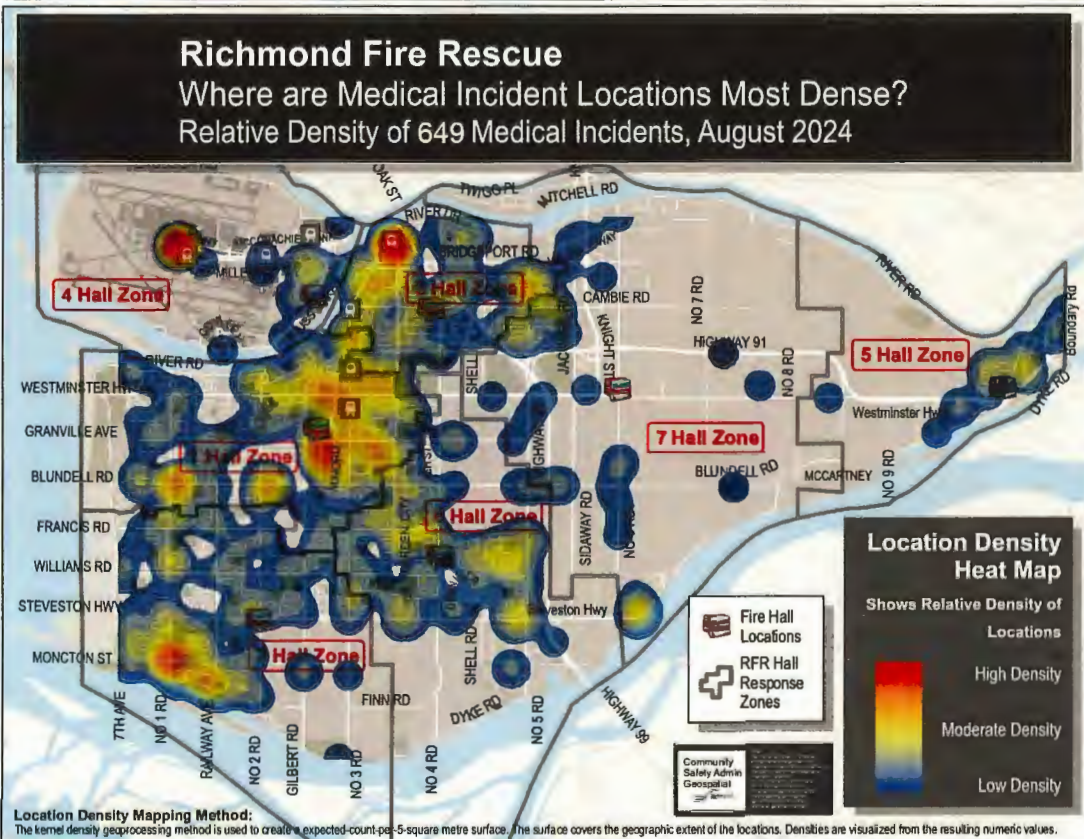
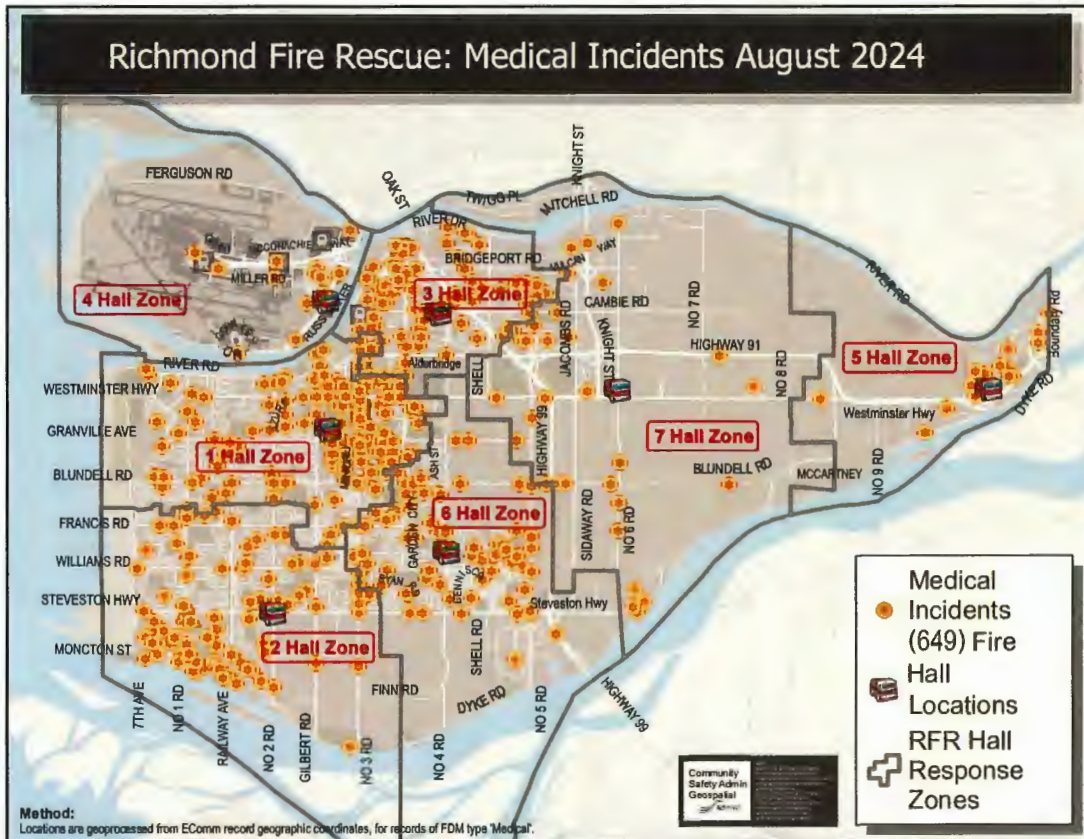
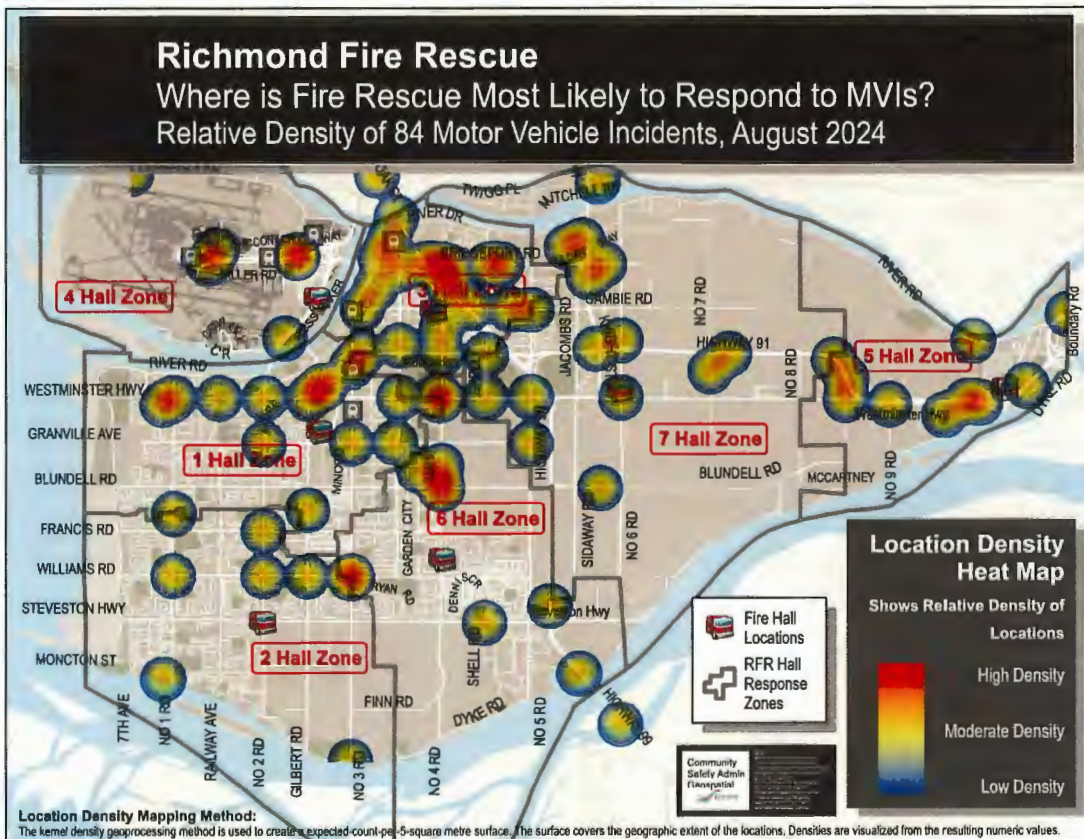
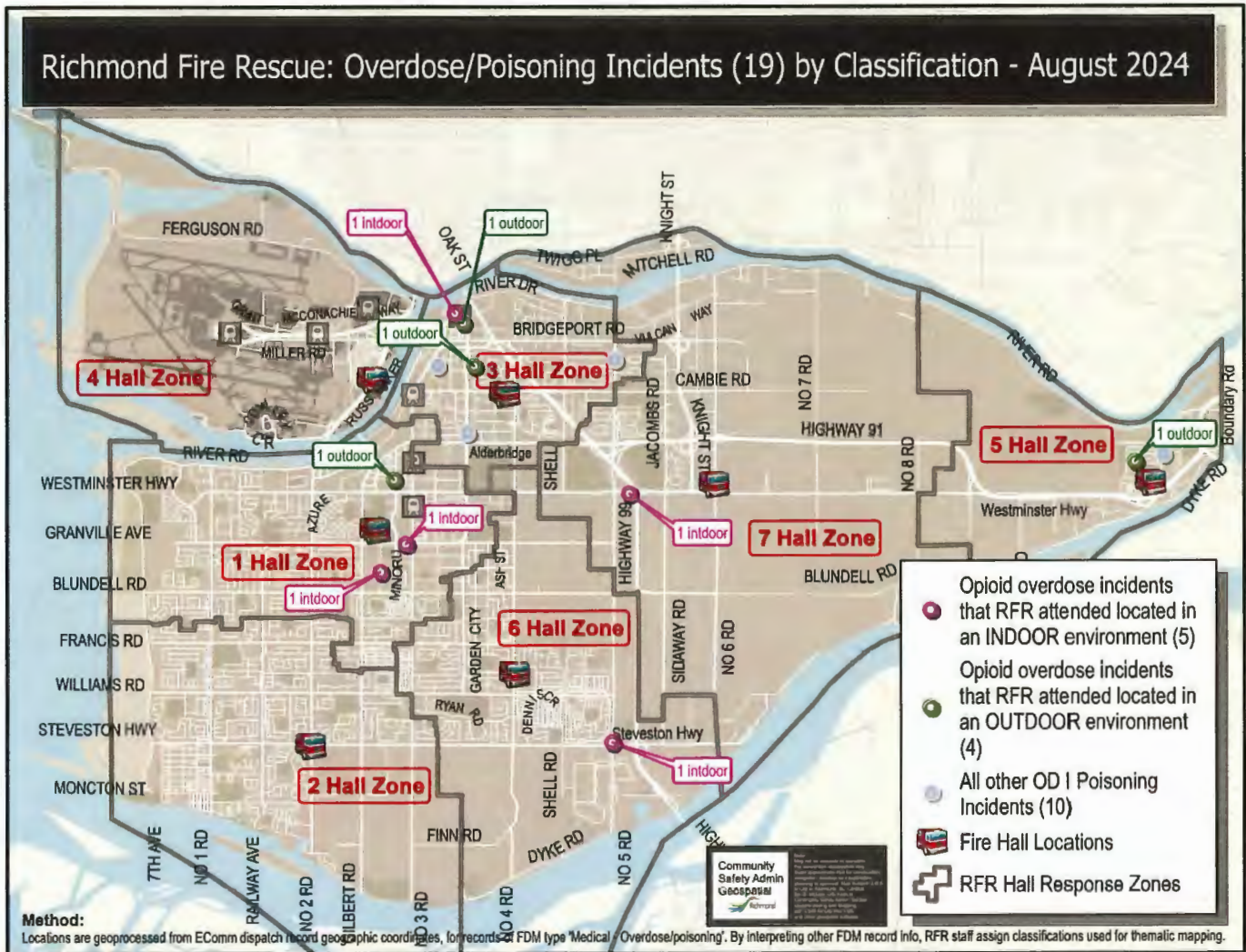


Figure 3: Location of reportable motor vehicle incidents (MVIs) attended in August 2024 (total 84)



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Figure 4: Location of reportable overdose / poisoning incidents attended in August 2024 (total 19)





City of Richmond

Report to Committee

To: Community Safety Committee **Date:** September 13, 2024

From: Dave Chauhan **File:** 09-5000-01/2024-Vol
Chief Superintendent, Officer in Charge 01

Re: RCMP Monthly Activity Report – August 2024

Staff Recommendation

That the report titled “RCMP Monthly Activity Report – August 2024”, dated September 13, 2024, from the Officer in Charge, be received for information.

Dave Chauhan
Chief Superintendent, Officer in Charge
(604-278-1212)

Att. 3

REPORT CONCURRENCE	
CONCURRENCE OF GENERAL MANAGER	
SENIOR STAFF REPORT REVIEW	INITIALS:
APPROVED BY CAO	

Staff Report

Origin

At the request of the Community Safety Committee, the Officer in Charge will keep Council informed on matters pertaining to policing in the Richmond community. This monthly activity report for the RCMP provides information on each of the following areas:

1. Activities and Noteworthy Files
2. Analysis of Police Statistics
3. Crime Trends Across Jurisdictions
4. Block Watch
5. Community Police Station Programs
6. Crime Prevention Unit
7. Road Safety Unit
8. Victim Services
9. Youth Section

This report supports Council's Strategic Plan 2022-2026 Focus Area #3 A Safe and Prepared Community:

Community safety and preparedness through effective planning, strategic partnerships and proactive programs.

Analysis

Activities and Noteworthy Files

Safe Boating and Impaired Driving Awareness

On August 10, 2024, the Richmond RCMP, in partnership with ICBC, conducted a joint initiative at the McDonald Boat Launch to increase awareness and enforcement of boating safety and impaired driving. This operation included media access to the RCMP Fraser Guardian.¹

Autism Decal Project

On August 16, 2024, the Richmond RCMP issued a media release announcing its participation in the Autism Decal Project, an initiative designed to



Figure 1: Fraser Guardian

¹ The Fraser Guardian was donated to the Richmond RCMP Detachment by the Department of Fisheries and Oceans in 2011. While marine patrols are a seasonal initiative, the vessel remains available year-round for calls for service and marine-related events.

foster better understanding and safer interactions between law enforcement and neurodiversity individuals. This project involves the distribution of decals that can be placed on vehicles and homes to indicate the presence of an autistic or neurodiversity person.

Unlicensed Ride-Hailing

On August 13, 2024, the Richmond RCMP issued a media release summarizing the results of a joint three-month operation targeting unlicensed ride-hailing operators in partnership with the Passenger Transportation Branch. These targeted enforcement operations resulted in charges against 29 drivers and over \$66,000.00 in fines.

Youth Academy

The Richmond RCMP held its third annual Youth Academy between August 19 and 24, 2024. The program, jointly coordinated with the Richmond School District, is aimed at students in grades 10 to 12 interested in policing. The 28 participants engaged in practical police-related scenarios and had the opportunity to speak with police officers from various specialized sections, including the Emergency Response Team.



Figure 2: Youth Academy

Increasing Fraud Awareness

On August 28, 2024, the Richmond RCMP issued a public warning concerning fraud as criminals continue to target residents with increasingly sophisticated scams. Given the global nature of these schemes, the RCMP has emphasized the importance of public awareness and education to prevent victimization and the critical role timely reporting plays in aiding investigations.

Analysis of Police Statistics

Arson

There were five reported arsons in August 2024, which is an increase of one incident from the previous month. No patterns or trends have been identified.²

Assault Serious (Assault with a Weapon)

There were 20 serious assault events in August 2024, representing no change from the previous month. Year to date, serious assaults are down 16 per cent compared to the same period in 2023.

² In January 2024, a new Uniform Crime Reporting Survey (UCR) code was introduced related to intentionally set fires that do not meet the *Criminal Code* definition of Arson. The introduction of this new UCR code currently prevents comparison to prior year arson counts. Staff will resume reporting trend comparison once sufficient statistically significant data is collected.

No patterns or trends have been identified. The number of serious assaults this month is within the average range.

The majority of incidents reported in August 2024 involved physical force. Forty-five per cent of serious assaults reported in August 2024 involved persons known to one another. The remainder involved strangers, including disputes between drivers, customers and staff.

Auto Theft

There were 24 auto thefts in August 2024, which is a 71 per cent increase from the previous month. Year to date, auto thefts are up six per cent compared to the same period in 2023. No patterns or trends have been identified. The number of auto thefts this month is above the average range.

Drugs

In August 2024, there were 23 drug offences, which is a five per cent increase from the previous month. Year to date, drug offences are down 56 per cent compared to the same period in 2023. No patterns or trends have been identified. The number of drug incidents this month is below the average range.

Mental Health

There were 261 mental health-related incidents in August 2024, representing a 19 per cent increase from the previous month. Year to date, mental health-related incidents are up one per cent compared to the same period in 2023. No patterns or trends have been identified. The number of mental health-related incidents this month is within the average range.

There were 74 police apprehensions this month, and the average hospital wait time was 129 minutes; these statistics are within the average range. Twenty-six individuals had two or more calls, with one caller generating 21 incidents.

Residential Break and Enter

There were 13 break and enters to residences in August 2024, representing a 63 per cent increase from the previous month. Year to date, residential break and enters are down 19 per cent compared to the same period in 2023. No patterns or trends have been identified. The number of residential break and enters this month is below the average range.

Commercial Break and Enter

In August 2024, there were 25 break and enters to businesses, which is a nine per cent increase from the previous month. Year to date, commercial break and enters are down 20 per cent compared to the same period in 2023. No patterns or trends have been identified. The number of residential break and enters this month is within the average range.

Robbery

There were seven robberies in August 2024, which is an increase of six incidents from the previous month. Year to date, robberies are up 14 per cent compared to the same period in 2023. No patterns or trends have been identified. The number of robberies this month is within the average range.

One robbery involved two suspects who used a knife to threaten a man and steal his necklace. Another incident involved an online marketplace theft. The incidents remain under investigation.

Sexual Offences

In August 2024, there were 26 sexual offence files, representing a 30 per cent increase from the previous month. Year to date, sexual offences are up four per cent compared to the same period in 2023. No patterns or trends have been identified. The number of sexual offences this month is above the average range.

Approximately 31 per cent of the offences reported in August 2024 were indecent acts/exposing, and 31 per cent were sexual assaults.

Shoplifting

There were 129 reported shoplifting thefts in August 2024, which is a 33 per cent increase from the previous month. Year to date, shoplifting thefts are up 39 per cent compared to the same period in 2023. No patterns or trends have been identified. The number of shoplifting thefts this month is above the average range.

The increase in shoplifting thefts in August has been partially attributed to a proactive, targeted operation on August 17, 2024, which resulted in seven arrests and the recovery of \$1,350 in merchandise.

Theft from Automobile

There were 69 thefts from automobiles in August 2024, which is a three per cent increase from the previous month. Year to date, thefts from automobiles are down 41 per cent compared to the same period in 2023. No patterns or trends have been identified. The number of thefts from automobiles this month is below the average range.

Hate Crimes and Incidents

Table 1 presents the number of hate crimes and hate incidents reported between January 1, 2020 and August 31, 2024.³ A “hate crime” refers to any criminal offence targeting an identifiable group. The criteria for an offence to be considered a hate crime, as per the *Criminal Code*, carries a higher threshold and usually involves one or more criminal offences. A “hate incident” may be motivated by the same factors as a hate crime but does not reach the threshold of being a

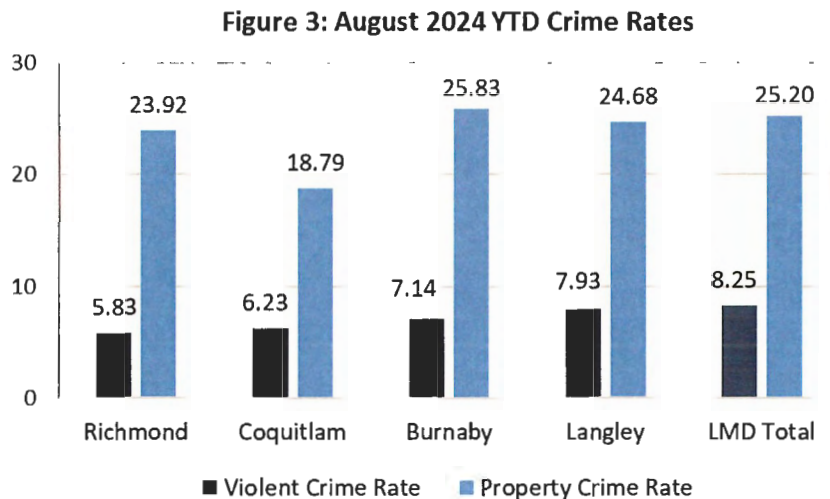
³ The BC Hate Crimes Unit uses the terms hate-motivated crime and hate-motivated incident.

criminal offence. There were three hate incidents reported in August 2024, which all involved racist or homophobic graffiti; one incident involved a referral to Fox 80.

Table 1 – Hate Crimes and Hate Incidents			
Year	Hate Crime Files	Hate Incident Files	Total
2020	21	13	34
2021	21	24	45
2022	8	26	34
2023	6	19	25
2024 (TYD)	0	8	8

Crime Trends Across Jurisdictions

Figure 3 presents data on crime rates for the four largest municipalities policed by the RCMP in the Lower Mainland District (LMD) for August 2024.⁴ The property and violent crime rates in Richmond were below the LMD average.



Block Watch

At the end of August 2024, the Block Watch program had 307 groups, totalling 7,561 participants. Currently, the program includes 428 captains and co-captains. A Block Watch Party was held at the Garret Neighbourhood Park on August 10, 2024.

⁴ Based on PRIME query by Richmond Crime Analysis Unit on September 4, 2024

Community Police Office Programs

Community police offices continue to enhance the Richmond Detachment's policing services by providing various crime prevention resources and community safety initiatives. City staff and volunteers pursue safety initiatives to improve crime prevention program awareness, community engagement and police accessibility. These initiatives help reduce anxiety and fear related to crime. The program activities vary from month to month, reflecting weather conditions, seasonal initiatives and the availability of volunteers.

During August, volunteer highlights included:

- The deployment of six bike patrols, totalling 59 hours and one foot/van patrol, totalling 10 hours.
- A total of nine Fail to Stop deployments took place, resulting in 322 information letters issued.
- There were 10 Lock Out Auto Crime deployments, resulting in 153 information letters issued.
- Speed Watch was conducted on 347 vehicles, resulting in 88 information letters issued.
- August 10 – In collaboration with ICBC, volunteers assisted RCMP officers with an impaired driving and safe boating outreach event at McDonald Beach Boat Launch. Volunteers engaged with attendees and promoted crime prevention programs.
- August 14 -Volunteers participated in the Project 529 information booth at the Minoru Centre for Active Living and registered 19 bicycles. They also provided information on crime prevention programs, including Block Watch.
- August 15 – Volunteers assisted RCMP officers with a car seat safety clinic.
- August 19 – Volunteers attended the Kids Back to School event, which featured community partners and outreach to at-risk and underprivileged children. Volunteers staffed a community engagement booth and distributed crime prevention materials.
- August 19 to 24 – Volunteers assisted Youth Section officers with the Youth Academy, organizing activities and acting out scenarios.
- August 24 and 25 – Volunteers assisted RCMP officers with the Maritime Festival, engaging with over 1,000 attendees and distributing crime prevention brochures. Volunteers also conducted bike patrols in the area.

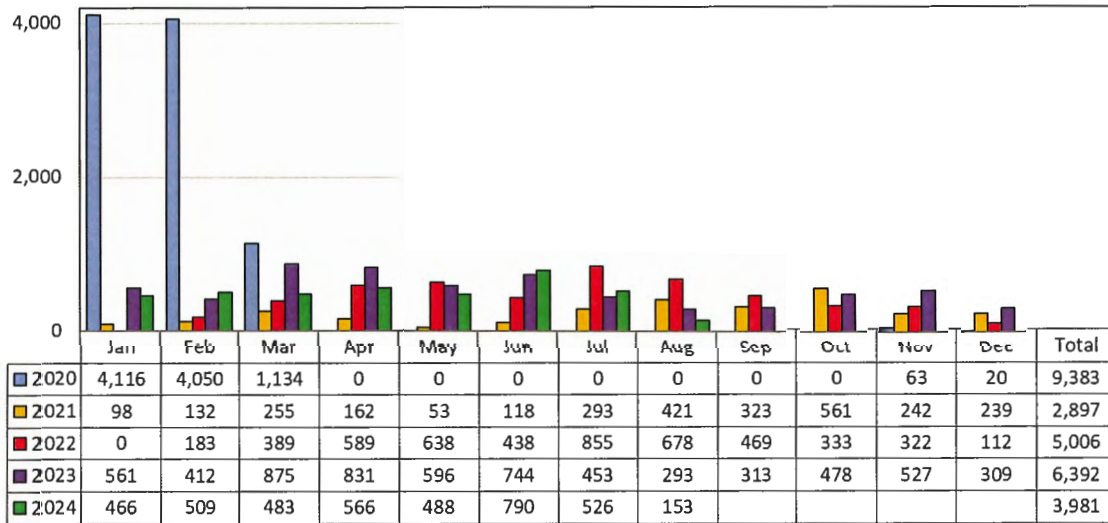


Figure 4: Car Seat Safety Clinic

Lock Out Auto Crime

Figure 5 provides a yearly comparison of the number of vehicle notices issued.⁵

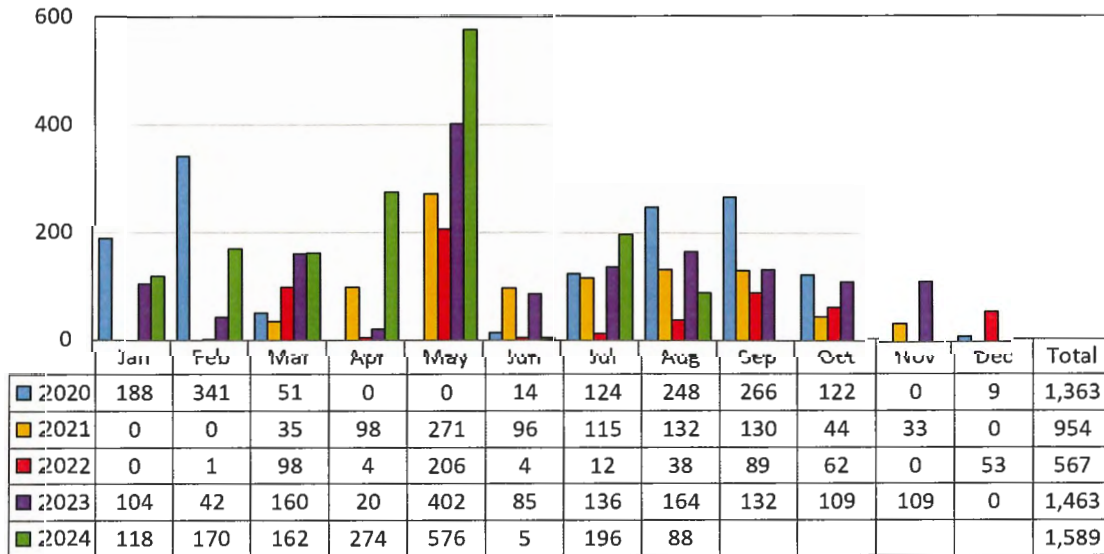
Figure 5: Lock Out Auto Crime Vehicles Issued a Notice



Speed Watch

Figure 6 compares the number of letters sent to registered vehicle owners yearly.

Figure 6: Speed Watch Letters Sent



⁵ Beginning in November 2020, Lock Out Auto Crime letters were issued in place of notices. Letters are only issued to vehicles displaying security vulnerabilities; whereas previously, notices were issued to all vehicles. This has resulted in a significant reduction in the number of letters issued.

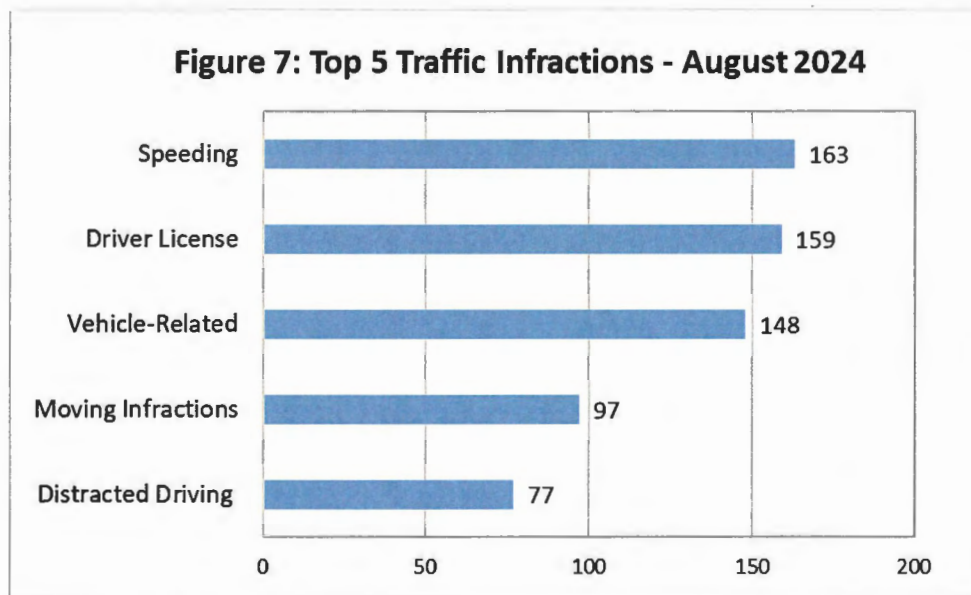
Crime Prevention Unit

The Crime Prevention Unit reduces crime and enhances community engagement through public awareness and education initiatives. During August, the Crime Prevention Unit participated in the following events/activities:

- Car Seat Safety Clinic
- Diversity and Inclusion Initiatives
- Place of Worship Patrols
- Project 529
- Richmond Maritime Festival
- Youth Academy

Road Safety Unit

The Road Safety Unit makes Richmond’s roads safer through evidence-based traffic enforcement, investigation of serious vehicle collisions and public education programs. A total of 731 violation tickets were issued in August 2024. Figure 7 provides statistics for the top five infractions for which violation tickets were issued in August:



Victim Services

In August 2024, Richmond RCMP Victim Services met with 54 new clients and attended five crime/trauma scenes after hours. The unit currently maintains an active caseload of 97 files. In August, Victim Services responded to several cases involving medical-related sudden deaths, frauds and mental health-related issues.

Youth Section

The Richmond RCMP Detachment's Youth Section focuses on strategies contributing to safe and healthy behaviours essential to developing productive and civic-minded adults. During August, Youth Section highlights included:

- Eight RCMP officers in the Youth Section led the Youth Academy from August 19 to 24, 2024.
- RCMP officers in the Youth Section attended multiple summer camps throughout the city and engaged with youth attendees. This included various camps held at the Thompson Community Centre.

Financial Impact

None.

Conclusion

In August 2024, the Richmond RCMP conducted several public awareness campaigns on safe boating, impaired driving, and fraud trends. Police statistics for this month indicate that most crime types were within the average ranges, except for auto thefts, sexual offences and shoplifting incidents, which were elevated. Residential break and enters, drug offences and thefts from vehicles were below average.

In August, the Community Engagement Team and volunteers continued to promote crime prevention and road safety initiatives, including a car seat safety clinic. The Officer in Charge of the Richmond RCMP Detachment will continue to ensure that Richmond remains a safe and desirable community.



Edward Warzel
Director, Police Services
(604-207-4767)

- Att. 1: Community Policing Programs
2: Crime Statistics
3: Crime Maps

Block Watch

- Community-based crime prevention program aimed at helping neighbors organize themselves to prevent crime.
- Residents can receive email alerts of neighbourhood residential break and enters by registering their email addresses at: blockwatch@richmond.ca
- For more information, visit www.richmond.ca/safety/police/prevention/blockwatch.htm

Distracted Driving Program

- Trained volunteers monitor intersections and observe distracted drivers.
- A letter is sent to the registered owner of the offending vehicle with information on the safety risks associated to the observed behaviour and applicable fine amounts.
- For more information, visit www.richmond.ca/safety/police/prevention/programs.htm

Fail to Stop

- Trained volunteers monitor areas that have been referred to the program by local businesses or residents where drivers are not making a full stop at the stop sign, or running a red light.
- An information letter is sent to the registered owner of the vehicle advising them the date, time and location and applicable fine amounts if the driver received a violation ticket.

Lock Out Auto Crime

- Co-sponsored by the Insurance Corporation of BC (ICBC), volunteers patrol city streets and parking lots looking for automobile security vulnerabilities.
- Notices supplied by ICBC are issued to every vehicle inspected indicating to the owner what issues need to be addressed in order to keep the vehicle and contents secure.
- For more information, visit www.richmond.ca/safety/police/personal/vehicle.htm

Project 529

- This program allows riders to easily and securely register their bikes. This up-to-date database of bikes alerts its registrants if a fellow 529 bike is stolen.
- Project 529 is a unique, multi-national registry that holds a database of all registered and stolen bikes.

Speed Watch

- Co-sponsored by ICBC, promotes safe driving habits by alerting drivers of their speed.
- Trained volunteers are equipped with radar and a speed watch reader board that gives drivers instant feedback regarding their speed.
- Volunteers record the license plate number and the speed, and a letter is sent to the registered owner of the offending vehicle. The letter includes the date, time and location and applicable fine amounts if the driver received a violation ticket.

Spot the Target


- This initiative consists of frequently stolen items being placed in the volunteer van for participants to identify in order to enhance awareness of thefts from automobiles.

Stolen Auto Recovery

- Co-sponsored by ICBC, trained volunteers equipped with portable computers identify stolen vehicles.
- These volunteers recover hundreds of stolen vehicles each year throughout the Lower Mainland.

Volunteer Bike and Foot Patrol Program

- Trained volunteers patrol Richmond neighbourhoods reporting suspicious activities and providing a visible deterrent to crime and public order issues.



AUGUST 2024 STATISTICS

RICHMOND RCMP

The following information is a limited list of select crime-type samples, which does not comprise the entirety or assortment of all crimes captured by the RCMP. The statistics in this chart should be considered independently of the analysis provided as the data is unrelated to the research provided earlier in this report.

This chart identifies the monthly totals for founded Criminal Code incidents, excluding traffic-related Criminal Code incidents. Based on Uniform Crime Reporting (UCR) scoring, there are three categories: (1) Violent Crime, (2) Property Crime, and (3) Other Criminal Code. Within each category, particular offence types are highlighted in this chart. In addition, monthly totals for Controlled Drugs and Substances Act (CDSA) incidents and MHA-related calls for service are included. Individual UCR codes are indicated below the specific crime type.

The 5 year average is based on activity within a single month over the past 5 years. If the current monthly total for an offence falls outside the the 5 year range (using one standard deviation) due to crime trends, patterns, or spikes, it will be noted in **red** if higher and **blue** if below. If the current monthly total for an offence is above the 5 year range due to primarily non-operational reasons such as the new UCR

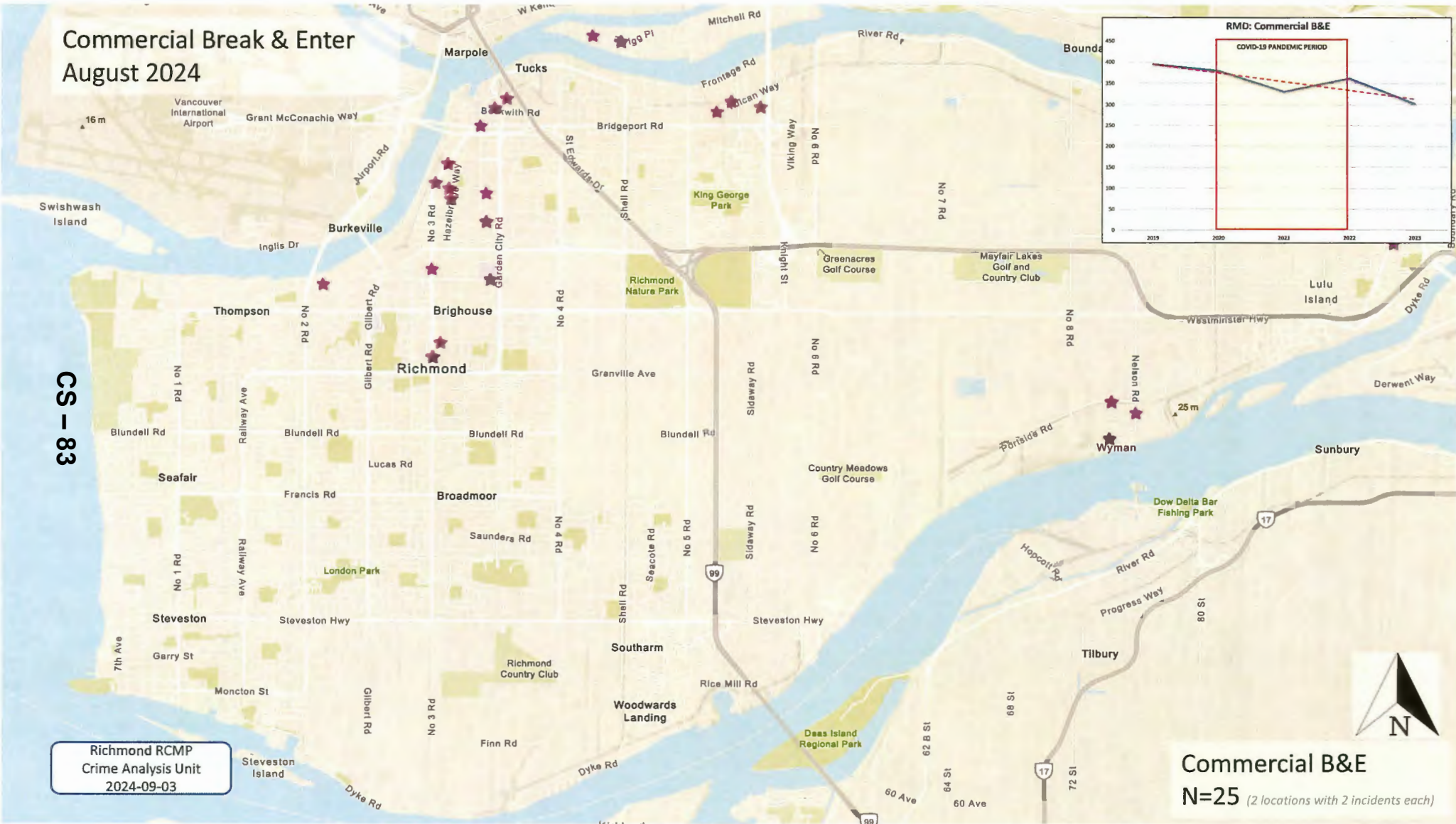
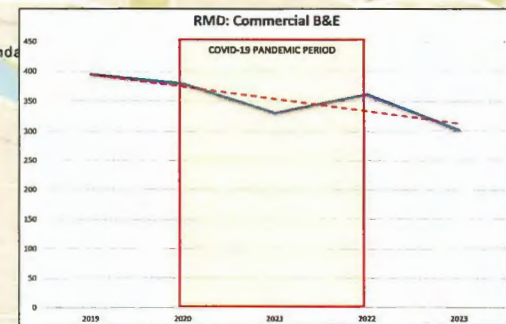
	Month	5-Yr Avg	5-Yr Range	Year to Date Totals			
	Aug - 24	August		2023	2024	% Change	# Change
VIOLENT CRIME (UCR 1000-Series Offences)	150	147.6	129-166	1241	1259	1%	18
Robbery	7	6.0	4-8	36	41	14%	5
Assault Common	47	54.8	48-62	395	414	5%	19
Assault Serious	20	15.4	9-22	169	142	-16%	-27
Sexual Offences	26	19.2	17-22	161	167	4%	6
PROPERTY CRIME (UCR 2000-Series Offences)	652	610.4	577-644	5194	5026	-3%	-168
Business B&E	25	30.0	21-39	204	163	-20%	-41
Residential B&E	13	27.6	18-37	191	155	-19%	-36
Auto Theft	24	17.8	15-20	174	184	6%	10
Theft from Auto	69	130.8	97-164	990	588	-41%	-402
Theft	119	90.4	60-121	944	882	-7%	-62
Shoplifting	129	78.2	62-94	798	1107	39%	309
Fraud	104	71.0	62-80	642	785	22%	143
OTHER CRIMINAL CODE (UCR 3000-Series Offences)	318	279.8	243-317	2164	2348	9%	184
Arson	5	n/c	n/c	n/c	49	n/c	n/c
SUBTOTAL CC OFFENCES (UCR 1000 to 3000 Series)	1120	1037.8	991-1084	8603	8701	1%	98
DRUGS (UCR 4000-Series Offences)	23	48.4	34-62	384	170	-56%	-214
MHA RELATED CALLS (MHA files or Mental Health flag)	261	252.4	233-272	1911	1926	1%	15

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Commercial Break & Enter August 2024

CS - 83

Richmond RCMP
Crime Analysis Unit
2024-09-03

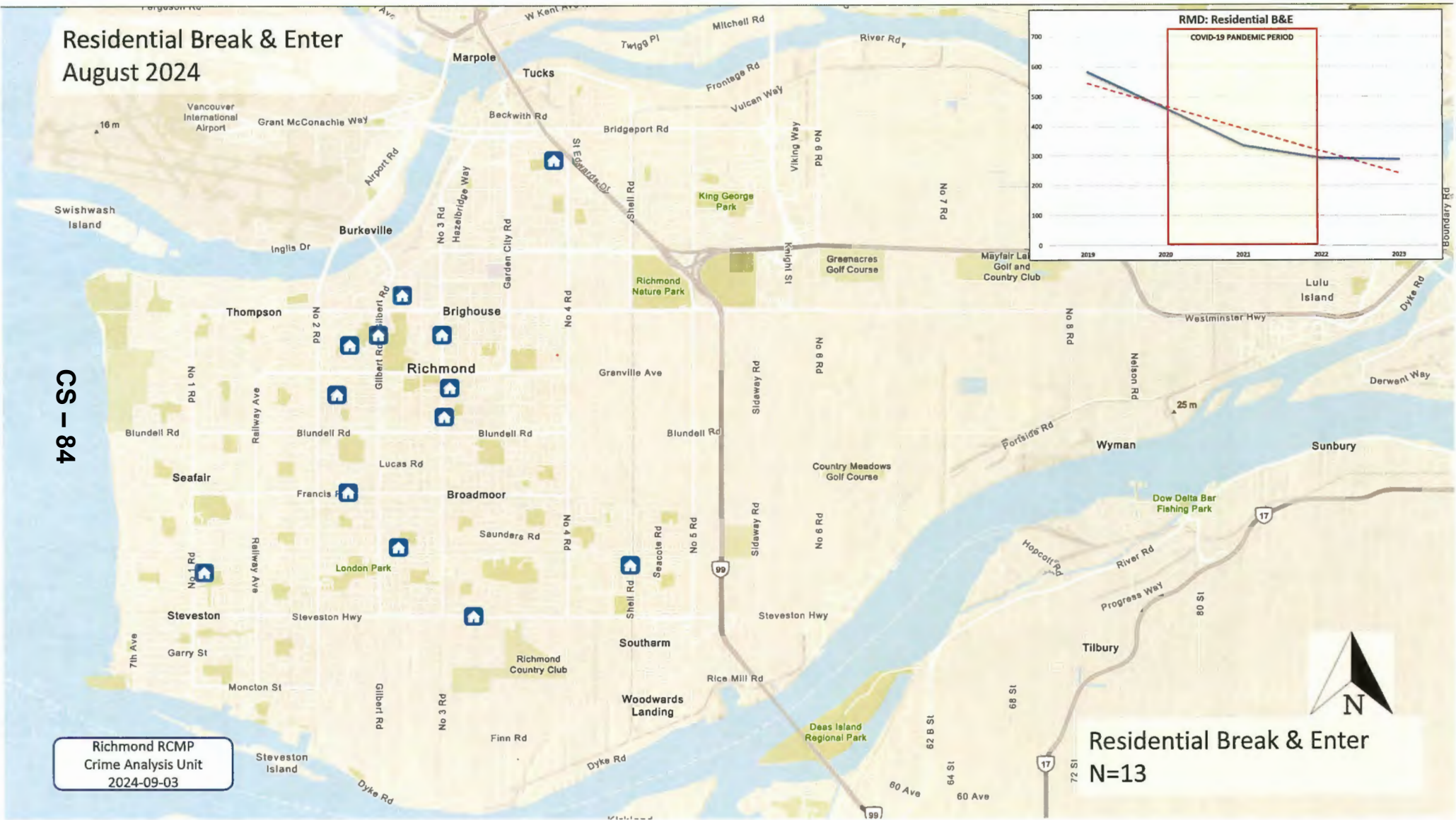
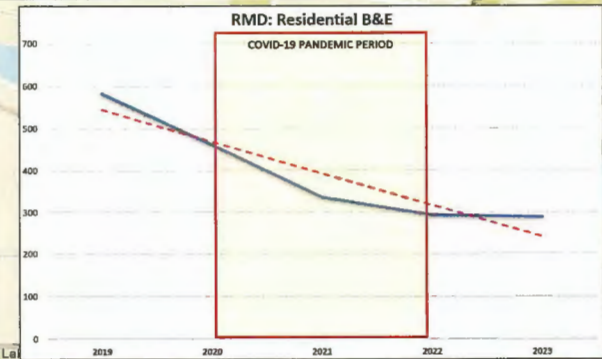


Commercial B&E
N=25 (2 locations with 2 incidents each)

Residential Break & Enter August 2024

CS - 84

Richmond RCMP
Crime Analysis Unit
2024-09-03

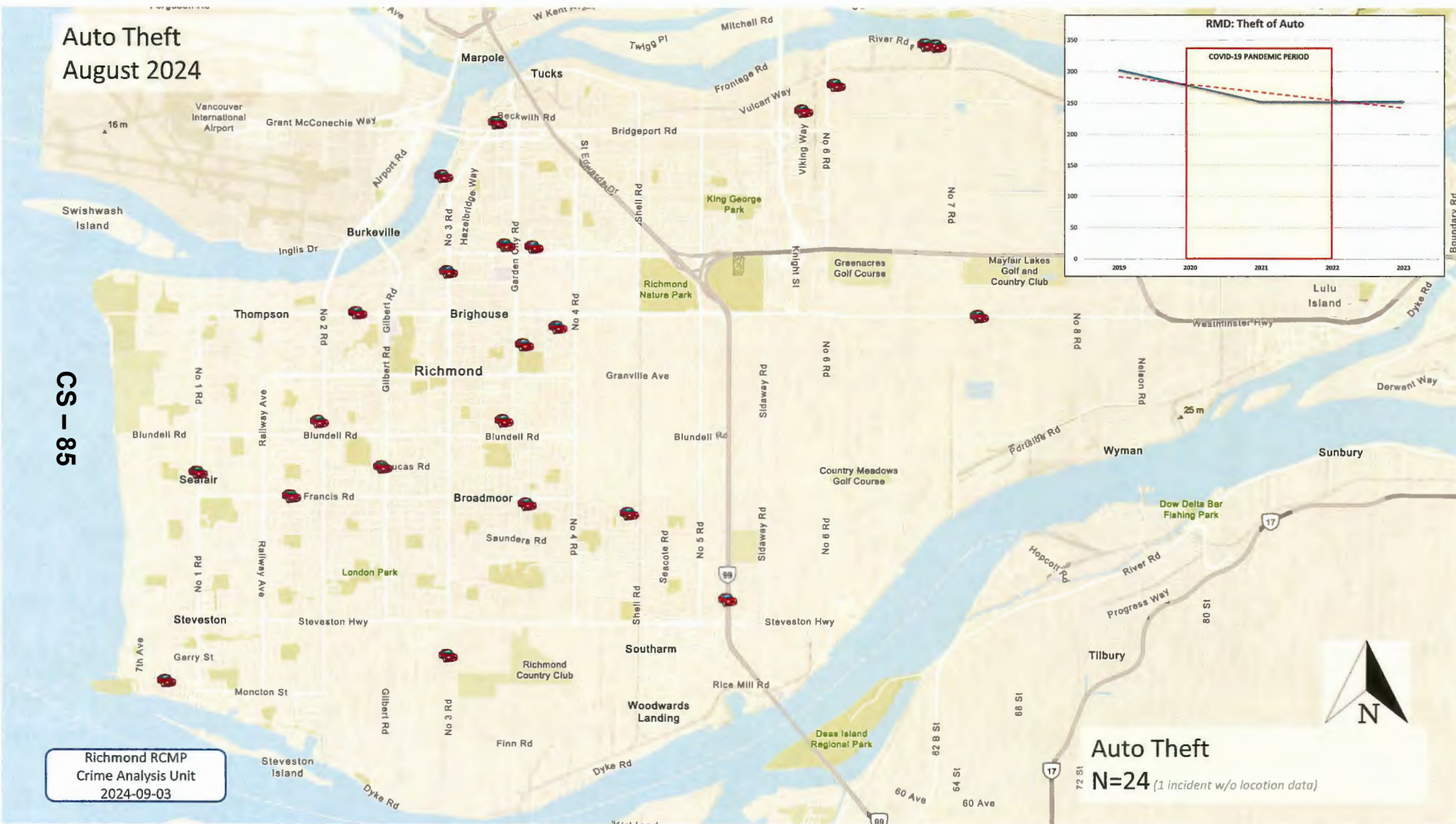
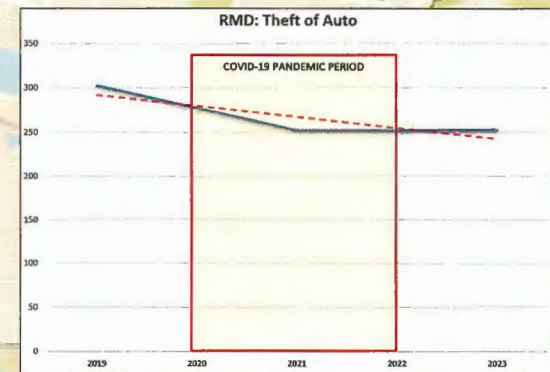


Residential Break & Enter
N=13

Auto Theft August 2024

CS - 85

Richmond RCMP
Crime Analysis Unit
2024-09-03



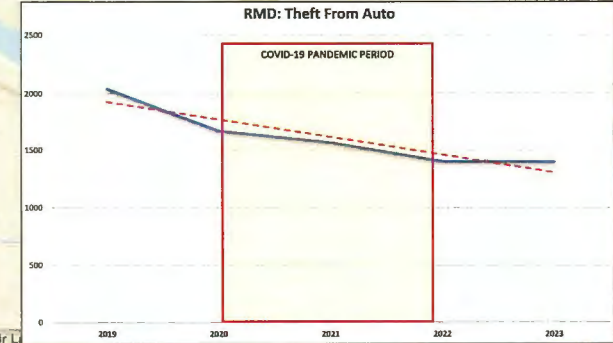
Auto Theft
N=24 (1 incident w/o location data)



Theft From Auto August 2024

CS - 86

Richmond RCMP
Crime Analysis Unit
2024-09-03



Theft From Auto

N=69 (2 incidents w/o location data)

