

## Burke, Teresita

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**From:** Lakatos.Linda "s.22(1) Personal and Confidential"  
**Sent:** Wednesday, February 20, 2019 3:40 PM  
**To:** Public Hearing  
**Subject:** FW: Rezoning application 1636 Clark Drive & 1321-1395 1st Ave East  
**Attachments:** for Public Hearing 2019-02-20.docx

I would like to bring to your attention the reasons why this application needs to be revisited. Please see attached.

*Thanks, Linda from my LG Mobile*

## 1636 Clark Drive & 1321-1395 1<sup>st</sup> Ave East

Why this application needs to be revisited:

### **BUILDING SIZE/DESIGN**

- The physical scale and design of the proposed building is incongruent with the current landscape of this neighbourhood and that envisioned within the Grandview Woodlands Plan on many levels.
- The zoning for East 1st Ave allows for 6 stories ONLY for 100% rental stock. This building exceeds 6 stories beginning just west of McLean and moving west. If the affordable housing crisis is driving the rapidity and need for this complex, why not leave the zoning as is and abide by the height restrictions well-defined in the Grandview Woodland Plan?
- The proposed design has a cold, monolithic, institutional look.
- The shadow casting created by the design, impacting the surrounding neighbours is extremely significant and will fundamentally deteriorate the quality of life for those neighbours.
- Request for a 'yellow paper', it is a specific document type that can be requested to be published by the city that would require city staff to document and detail the analysis behind the development to the public and city councillors and would benefit the conversation as it would demonstrate publicly the (probably) lack of analysis to date and the lack of rational behind this development
- There are no other developments in North America that we can find, that are of a similar scale with the amount of addiction services to compare this to.
- The size and scope is inappropriate. It is a busy intersection, inaccessible to the types of people that would require such a facility. I also think that making it so large is "putting all your eggs in one basket" which will result in nobody wanting to use the facility, or live in the neighbourhood.
- What happens with the building and its residence when the structure deteriorates and there is no funding for repairs? It will become yet another slum on the streets of Vancouver. No plan for upkeep has been presented.

### **LOCATION/ALTERNATE SITES**

- The City has never revealed where the other possible locations for this project were and if those locations were seriously considered despite numerous written requests for this information from area residents.

- Residents would not have easy access to shops and restaurants as the nearest ones are on Commercial Drive, five blocks straight up hill. The terrain is not easy for those less able to maneuver.

## TRAFFIC

- East 1st at McLean Drive dubbed the "corner of death" with over 90 crashes. (2011-2015 ICBC stats)
- Upwards of 400 people per day will be accessing this new facility bordered by Clark Drive - a truck route, & East 1st - a mini highway.
- THESE 2 INTERSECTIONS ARE HIGH CRASH ZONES. ICBC stats recorded over 500 accidents at Clark Drive & East 1<sup>st</sup>.
- Traffic studies, including flow, accidents etc. This is one of the most dangerous areas of the city for traffic and pedestrian accidents.
- A Statutory Right of Way (SRW) is being designed in to the plans for a right hand turn bay on 1<sup>st</sup> Avenue bringing the traffic closer to the building

Policy Report p1, page 38

- More traffic at this location will create havoc and unsafe situations as trucks and cars are forced into the surrounding residential neighbourhood. Only 100m from the site is one of Vancouver's largest social housing complexes, home to many families with young children who play & walk to school past this location.
- Ineffectiveness and inefficiencies of the building to accommodate this size of development without traffic mitigation scenarios (more bike lanes, public transport, traffic calming etc) as well as the general lack of transparency to the public consultation process, area fit and challenge the community service if it is an educational facility
- THE CITY'S OWN TRAFFIC IMPACT STUDY DETERMINES THIS A HIGH DANGER AREA.

## PARKING

- Parking stall allocation in connection to this proposal are grossly under stated and extremely inadequate for the complex. The City's own study shows a net requirement of at least 169 parking spaces.

- A total of 81 parking spaces are proposed; 34 parking spaces for the residential component and 47 spaces for the clinical and social enterprise centre - **34 parking spaces for 90 housing units** is insufficient with the near-by street parking for those residents who live there

Policy Report p1, page 17

- Ineffectiveness and inefficiencies of the building to accommodate this size of development without traffic mitigation scenarios (more bike lanes, public transport, traffic calming etc) as well as the general lack of transparency to the public consultation process, area fit and challenge the community service if it is an educational facility
- THE CITY'S OWN PARKING IMPACT STUDY RECOMMENDS 177 PARKING SPOTS FOR THIS FACILITY. ONLY 81 ARE PLANNED.
- These spaces were reduced by a "shared parking scenario" "there is sufficient on-street parking supply during the afternoon with 63 available on-street spaces) yet they acknowledge that the 81 proposed spaces are insufficient to meet peak demand"
- Impacts of traffic, policing, ambulance on cheque days (Welfare Wednesday)

#### GRANDVIEW-WOODLAND PLAN

- The physical scale and design of the proposed building is incongruent with the current landscape of this neighbourhood and that envisioned within the Grandview Woodlands Plan on many levels.
- A major component to the Grandview Woodland Plan is the inclusion of the Pace of Change Policy, specifically designed to prevent this type of unmitigated and uncontrolled process, which could negatively impact the fabric of the Grandview -Woodland future. The project appears to ignore these guidelines designed to impose the controls necessary to ensure thoughtful, incremental and controlled planning/development. The policy states that "No more than five projects and/or 150 units in areas governed by the Pace of Change policies will be considered during the first three years of the plan." There are currently 3 projects falling within the Pace of Change purview as follows: 1. Broadway and Commercial (93 residential units – 47 of which are market rentals) 2. Victoria and E11th (138 residential units – 72 of which are market rentals) and 3. Commercial and Adanac (38 market rentals). These proposals make up more than the allowable 150 unit limit and are currently awaiting rezoning approval (ahead of the proposed 1st and Clark project).
- The proposed 3,700 square-foot social enterprise facility is being used to justify rezoning of industrial land protected in Section 6.4.4 of the Grandview Woodland Community Plan which states "The plan does not contemplate any land use changes in this industrial area"
- Does not meet the intent of the Grandview Woodland Community Plan (GWCP)

The Grandview Woodland Community Plan for building shape is not long, rectangular and monolith as designed but T - shaped (1)(2), FSR - floor space ratio set in the GWCP at 2.4 (3) an FSR of 3.22 in published in the Policy Report, Industrial Land (3 lots at the west end of the site) MUST be kept Industrial and precludes them from being used for residential (4), upper floors setback 3 meters (10 ft.) at rear, above the third floor (GWCP 6.4.2) (5)

(1) GWCP page 80, (2) GWCP figure 6.28, page 80, (3) GWCP page 80, (4) GWCP page 170, (5) GWCP page 80

## GREEN SPACE

- The partners have seen fit to remove the green space at the corner of Clark and 1st, but rationalize that by providing greenspace on the roof of the new structure. Problem is, this will not be accessible by other residents of the community.
- Our community green space and park is being removed and nothing at all is replacing it as they this project is exempt from **Community Amenity Contributions (CACs)** Therefore the community is at a loss of one community amenity

Policy Report p1, page 21

**The *Community Amenity Contributions Through Rezoning* policy provides an exemption for social housing which meets the DCL By-law definition**

Policy Report p1, page 22

- Although this green space is not listed on the City's official park list. This green space has been used by the community for 50 years!
- Grandview Woodland's green space is averaged at .4 hectares per 1000 people. The city average is 1.1 hectares per 1000 people

## DETOX/SOBERING

- 51 (treatment beds), 20 (transition beds), 15 (sobering) units for involuntary (Subject Intoxicated in a Public Place (SIPP) and 5 (sobering) units for voluntary clients who seek care to sober-up make this a hospital sized facility in a residential neighbourhood - **91 beds/units**

Parking Study, 2.2.2 Withdrawal Management Center, page 6

- The former location without complaints from the school and neighbours was in a completely different location with Great Northern Way as a barrier, in an industrial area and where both schools and businesses were only occupied part of the day - the social housing units are homes to families full-time
- the conglomeration of several major detox facilities in Vancouver at this one location, and the closing of two established detox centres, which will result in the subsequent reduction in number of beds from these closures. The current 2 sites have a total of 57 beds, compared to 51 at the new facility.
- There is a lack of transparency especially around the sobering center - we never got answers on crime stats, transportation, housing socio economic mix, mitigation for loss of public green space, use of detox facility for educational purposes still a community service, traffic calming measures to accommodate pedestrians next to a dangerous street such as Clark Drive, figure use of land of current detox facilities and other properties considered
- The current detox facility on West 2nd Ave has 10 beds for intoxicated people, which sees about 2000 people a year, officials said. But the 60-year-old building needs repairs, and that's an opportunity to re-examine how to improve and expand the service, said MacFarlane. The proposed development will double the number of beds and bring a potential 4000 intoxicated people a year to the neighbourhood.
- The letter from the Principle of St. Francis Xavier school stated that there have been no issues with the current detox facility on West. 2<sup>nd</sup>. However, it should be noted that this is a private school and the children don't actually live in the area. They are dropped off and picked up from school in vehicles.
- The city contradicts itself numerous times on why this facility has to be located where it is. In some scenarios they refer to this development as a "medical facility", and in others they shy away from using this language.

## **CRIME AND POLICING**

- We need an overview of the guidelines and operating procedures that the operators (Vancouver Coastal Health) have in place to ensure mitigation of property crime, vandalism, drug use and violence within proximity of their centres. Anecdotal evidence from residents with experience in living in proximity of addiction services indicate that these controls are minimal.
- Community residents as well as former health (addictions) workers within our community who have experienced life in proximity to addiction services have attested to the high rate of recidivism in those areas, attracting a significant presence of drug dealers and other dangerous elements to the neighbourhood. Partners have provided NO research or meaningful direct comparisons to other centres that show otherwise (or anything at all for that matter)
- Impacts of traffic, policing, ambulance on cheque days (Welfare Wednesday)

## HOUSING

- What considerations have been made regarding the quality of life of the residents that will be sharing their housing with such a large detox/sobering centre?
- The project is being presented as “social housing”, whereas 50% of the residential units will be MARKET RENTAL HOUSING, and the remainder will be priced to the current BC Housing scale.

## COMMUNITY IMPACT

- There has been very little in terms of studies defining community impact with regards to this project. Included within the lack of meaningful information are:
  - Traffic studies, including flow, accidents etc. This is one of the most dangerous areas of the city for traffic and pedestrian accidents.
  - Studies pertaining to how and why this location was chosen as the “best” choice when compared to others in the City.
  - Meaningful studies regarding the impact to our community of inserting a massive social housing and addiction centre within a small footprint already saturated with 250+ units of existing social housing populated with an abundance of vulnerable people. The only information offered has been comparisons to the existing centre on E2nd which is not a suitable comparable. It is like comparing apples to oranges. Comparisons have even been made to sites (Portland) that have not even finished construction yet.
  - Any available information on police callouts surrounding other similar addiction centres.
  - Studies have not been provided showing the level of safety that should be expected when combining this level of social housing with this level of addiction services except for the inept comparisons to the current detox centre on E2nd.
  - studies or information proving that it is advisable to mix family (with children) housing units with addiction services NOT ONLY on the same block, but under the same roof!
- Request for a ‘yellow paper’, it is a specific document type that can be requested to be published by the city that would require city staff to document and detail the analysis behind the development to the public and city councillors and would benefit the conversation as it would demonstrate publicly the (probably) lack of analysis to date and the lack of rationale behind this development

## THE PROCESS

- No community consultation during the design development process.
- At the June 4<sup>th</sup> community meeting, James Forsythe answered a resident’s question and stated that “this project has been in the works for a number of years”

- There has been an extreme lack of transparency with regards to disclosure of a list of proposed alternate sites, comparable facilities, social impact studies, etc.
- The City has never revealed where the other possible locations for this project were and if those locations were seriously considered despite numerous written requests for this information from area residents.
- The community believes this neighbourhood was targeted because it is less affluent & residents less engaged or unable to take action because of their social environment.
- City of Vancouver staff promised Adrienne Carr that there would be a “robust community consultation” prior to the development moving forward, which has not happened.
- Counsellor Affleck promised “significant community engagement” prior to the project moving forward, which has not happened.
- The area residents demand an SIA: Social Impact Assessment
- The City of Vancouver is both the Applicant and the Regulator for this project, which puts them in a conflict of interest. The City has acknowledged they are aware of this.



## Burke, Teresita

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**From:** Dan Zubkoff - s.22(1) Personal and Confidential  
**Sent:** Wednesday, February 20, 2019 3:47 PM  
**To:** Carr, Adriane; Hardwick, Colleen; Dominato, Lisa; Wiebe, Michael; Swanson, Jean; Fry, Pete; Bligh, Rebecca; Boyle, Christine; De Genova, Melissa; Kirby-Yung, Sarah; Stewart, Kennedy; Public Hearing  
**Subject:** 1st & Clark rezoning proposal • Public Hearing

Dear Mayor & council,

You have a very important decision to make on Feb.20th regarding the 1st & Clark rezoning proposal. I have been studying many aspects of this project closely since it was first announce in Jan. 2018 and provided below some related information you likely haven't read before.

Since the first Open House event for 1st & Clark, assertions were made that project team or city staff have used misleading or false narratives to support the proposal. In the report provided below, some of the project team messaging and claims are examined. Please have a look as I'm certain you'll find questions about the proposal that need answers and some compelling reasons to pause this proposal for a thorough review and reconsideration of it's merits. As well, perhaps decide as the new city council, if a review of city policies that presented the rezoning proposal under the previous council, is in order. Much of the concern is due to there having been no proper impact studies for such an unusual and controversial facility, nor meaningful community consultation BEFORE AND AFTER this proposal was revealed to the public and the process fast-tracked.

Firm questioning during the community meetings in June 2018 found that this \$81.3 mil. mixed-use, tax-payer-funded project is an unproven social experiment being imposed on the neighbourhood without due process. As this project was brought forward during the previous Vision council reign, widely known for their Betrayal of Trust to many citizens of Vancouver, I hope you meet voter expectation by not abiding to staff pressure to approve the project, appeasing those who have a vested interest in the development. The following is a collection of facts and evidence using reference links to 1st & Clark project docs, public meeting transcripts, related quotes, articles, and reports. More info is available should you request it.

The numbered headings below are a preview of the points of concern regarding the 1st & Clark rezoning proposal.

Thank you for reading,

Dan Zubkoff  
Grandview-Woodland resident

- 1) The lack of meaningful community consultation • Therefore No confidence in the consultation process.
- 2) Lack of transparency in alternative sites considered (Taxpayer funded information)
- 3) If the new Withdrawal Centre is being rushed as a response to dealing with a severe addictions crisis, why a DECREASE in Detox beds?

- 4) Detox has a high rate of recidivism. Detox is not Rehab. Studies show that long term rehab more successful.
- 5) 1st & Clark location inadequate for recovery of addiction.
- 6) Impact studies of proposed facility. Requested by affected community but denied.
- 7) Impact study of DTES indicates a "GAP" in "Detox," "Addiction, recovery", and "detox-on-demand supports and services.
- 8) Contradiction to VCH narrative of why New St. Paul's location can't be used for Detox/Withdrawal centre?
- 9) Parking study states "the proposed supply of 81 spaces is insufficient to meet the peak demand"
- 10) "conflict of interest" - City of Vancouver being both project applicant and rezoning regulator.

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## **1) The lack of meaningful community consultation • Therefore No confidence in the consultation process.**

The promised community consultation we were to receive was not fulfilled, see transcripts below.

### **Transcript from audio recording of 1st & Clark rezoning Meeting June 4/18 @ Britannia**

Community member: "Your breaking a lot of rules, your doing it without the proper studies to back you up. So I have to ask why, why the rush?"

James Forsyth, BC Housing director of development responded:

•• "With respect to the pace of which we're going through the rezoning, this project has actually been in the works for several years"

(So there was plenty of opportunity to have consultation with this community before they presented their development plans in Jan. 2018)

During the May 2/18 MOU meeting when the 1st & Clark proposal was first presented to council, concerns were raised by a number of local community members. Both councillor's George Affleck and Adriane Carr also questioned the location of the project and only after after assurances from staff that "Robust" and "significant" consultation with that community would occur, they supported the MOU:

### **Transcript from Video Clip of May 2/18 MOU meeting - City of Vancouver**

<http://civic.neulion.com/cityofvancouver/index.php?clipid=3495796,006>

Councillor George Affleck

•• "This actually is an unusual process. I don't recall going through this my 7 years here so I can see how the neighbourhood might be concerned. I'm hopeful that staff . . . if approved today, that the engagement with the community will be significant and that their input . . . will be addressed and I encourage the neighbourhood to be very very involved . . . So I will support this (MOU)." ••

Councillor Adriane Carr

•• "My understanding from many of the questions and concerns that were raised by the speakers that there's a desire from the community to see a fairly **robust public consultation** in the lead up to the public hearing. . . but I'm looking at this point for just a sense of that future process in the lead up to the public hearing,

assurances around the **robustness** of it." ••

Bonnie Wilson from VCH in response to Councillor Reimer regarding feedback.

•• "The only formal movements that we do have are with the 20 transitional housing units currently and so the rest of the housing that's in place I'd leave to BC housing to indicate. . . if there is any feedback from a health perspective, we're more than happy to be involved in hearing that feedback or imagining something different."  
••

While "**very robust engagement**" and "**very thorough consultation with the community**" was promised by staff and other proponents of this project at the meeting, the actual process was very disappointing. It was engineered to fail because the two Open House events and Feedback forms were not "Consultation" because most responses were either a repeat of the same narrative, tone deaf to the concerns expressed, or evasive answers to questions.

During the Jan. 29/18 Referral to Public Hearing while questions were asked by council, staff interjected with more than just a recommendation to move the project forward, it sounded more like pressure to do so.

**Regular Council meeting - Jan.29/19 • 7 min.Video**

<http://civic.neulion.com/cityofvancouver/index.php?clipid=3496194,015>

**"This is the provision of very, very important services that the VPD has been asking for for many years . . . to help people get off drug addictions and housing supports as well. So from our perspective, to maintain the partnership with BC housing, we really need to move this along. We've delayed it considerably due to the election and to council rapping up and going through some Public hearings before we deal with one that might be more contentious but staff feel it's quite important to move this project along ASAP"**

Many communities have complained about the same lack of due process, meaningful consultation, and transparency. Along with requested facts being denied, this betrayal of trust is disturbingly common as evidenced by many examples below written about other rezoning proposals.

<https://cityhallwatch.wordpress.com/special-topics/453-2/>

•• "Closed room planning has destroyed public confidence in the process, and limits public participation thru its unilateral one-sidedness."

<https://elizabethmurphyblog.wordpress.com/2018/08/04/unprecedented-rezoning-continues/>

**Elizabeth Murphy, project manager, former property development officer for the CoV's housing and properties department and for B.C. Housing**

•• "The City of Vancouver continues its rush to rezone city-wide without a prior public consultation process, counter to standard practice"

•• "public input should be considered in making policy, not after the fact when decisions are already made"

•• "Many point to the influence of developers in this shift to little or no public consultation"

•• "even many designers and developers are concerned about this shift in consultation"

•• "The move by the city is to ignore long-established community area planning"

•• "council removes or reduces minimum parking requirements city-wide. Again without any public consultation"

<https://council.vancouver.ca/20180918/phea20180918ag.htm>

**Speakers comments from the Public Hearing Sept.19/18**

Larry Bengé - Coalition of Vancouver Neighbourhoods (CVN)

- “Public hearings are not public consultation”

### **About | Coalition of Vancouver Neighbourhoods**

<http://coalitionvan.org/about/>

- “In each and every case, residents have been refused genuine involvement and influence over decision-making. Even in the few cases where residents have been allowed a form of consultation, such as in the Mount Pleasant Implementation, their positions have been ignored or curtailed or both.”

- “The disenfranchisement of neighbourhoods must end. We will not accept with equanimity any more faux “engagement” circuses in which “consultation” produces nothing but disappointment and damaged communities.”

- “Whether it is the failed Community Plans in Marpole, Grandview-Woodland . . . and the overriding of community opinion in Norquay, the outrage expressed by the affected communities has been the same.”

[https://www.facebook.com/GrandviewWoodlands/posts/1595255927247759?\\_tn\\_ =K-R](https://www.facebook.com/GrandviewWoodlands/posts/1595255927247759?_tn_ =K-R)

- “GWAC's main objection is rezoning over approved community plans without real community consultation”
- “this is being done without any public consultation whatsoever, and no recognition of the uniqueness of our neighbourhoods”
- “proposed without any neighbourhood consultation, and in the case of the Mayor’s amendment, a unilateral move at the end of a Public Hearing, with no recourse to public comment.”
- “We need people to speak before Council in opposition to these changes, stressing the lack of neighbourhood consultation”
- “the need to refer these proposals back to staff for proper consultation with the affected areas”

### **rcccd | Neighbourhoods want to be heard**

<https://www.votelivablecity.ca/neighbourhoods-want-to-be-heard>

- “Concerned residents in various neighbourhoods have been giving of their precious time to fight unconsulted excessive rezoning and densification.”

<https://www.straight.com/article-394258/vancouver/geek-speak-colleen-hardwick-ceo-placespeak>

- “people have lost faith in the public-consultation process in Vancouver” - Colleen Hardwick CEO of PlaceSpeak

## **2) Lack of transparency in alternative sites considered (Taxpayer funded information)**

During the June 4th community meeting @ Britannia, after some hard questioning, the project team promised to later provide a "site list" of other properties considered to be posted on the GWAC website. However in the Q&A of the meeting they claimed it was confidential information.

### **GWAC Meeting Question and Answer - June 4, 2018**

<https://www.bchousing.org/publications/1st-Clark-GWAC-Question-Answer.pdf>

•• “10. What other properties (specific addresses) were considered and what criteria were given?”

•• “Asset profiles for public sites generally remain confidential as they would for a private owner. While we can say that other provincially and City-owned properties were considered, we cannot release a specific profile for each site outlining the advantages and disadvantages of each location. . . . As such, details like development potential, environmental conditions, and appraised property value generally remain confidential for publicly owned properties.”

### **3) If the new Withdrawal Centre is being rushed as a response to dealing with a severe addictions crisis, why a DECREASE in Detox beds?**

If the 1st & Clark Withdrawal Centre proposal is being rushed as a response to a severe addictions crisis, yet the result will be a DECREASE in Detox beds. Doesn't make sense when apparently dealing with a drug "crisis".

Harbour Light and Vancouver Detox = 53 total withdrawal management beds to be closed  
The 1st & Clark development which will include 51 withdrawal management beds when completed.

With the loss of beds from this proposal, the following statement from the project team makes no sense.

•• “Plans for the future withdrawal management centre are based on the current and future needs identified for Vancouver”

#### **GWAC Meeting Question and Answer - June 4, 2018**

<https://www.bchousing.org/publications/1st-Clark-GWAC-Question-Answer.pdf>

The move is clearly based on cost effectivity, NOT increasing services needed by the City as has been presented. The whole project is ill-conceived very counterproductive to creating a proper environment for long term addiction recovery.

### **4) Detox has a high rate of recidivism. Detox is not Rehab. Studies show that long term rehab more successful.**

There has been much criticism about Detox approach to treating addictions. Vancouver Coastal Health is considered an "Authority", yet after all the hype by about their "best practices" in withdrawal management, they've had to admitted that their Detox facilities at only 50% success rate are not very successful in achieving long-term recovery. This is what a major report last July by BC Centre On Substance Abuse has confirmed as well by saying: Long term reliance on pharmaceutical replacement drugs is not a cure and recidivism is very common. Here's just one related quote from the actual report.

<http://www.bccsu.ca/wp-content/uploads/2018/07/Report-Strategies-to-Strengthen-Recovery-in-British-Columbia-The-Path-Forward.pdf>

•• “detoxification and pharmacologic addiction treatment . . . alone is often insufficient to bring about sustained remission and long-term recovery.” - Report-Strategies to Strengthen Recovery in British Columbia -The Path Forward

**More statements below with a similar message**

#### **Opioid Use Disorder**

<https://www.mentalhealth.com/home/dx/opioiddependence.html>

- “Research has shown pharmaceutical treatments are not effective in reducing opioid drug use, but some reduce criminal activity”

- “Critics are now questioning methadone usage as patient numbers soar in Canada”

- “Given that current research has found that opioid maintenance treatment is ineffective; treatment of opioid use disorder with opioid maintenance treatment should be a ‘last resort’ after other nonpharmaceutical treatments for the patient have failed. Currently, the opioids methadone and suboxone are (mistakenly) considered to be first-line treatments for opioid use disorder.”

#### **Detox is not the answer for opiate addiction • Feb.26/16**

<https://www.cbc.ca/radio/the180/rewrite-the-criminal-code-stop-detoxing-opiate-addicts-and-build-an-oil-railroad-to-alaska-1.3464524/detox-is-not-the-answer-for-opiate-addiction-1.3464693>

- “The understanding of addiction is poor” - Dr. Hakiqie Virani
- “The pharmaceutical companies have far too much influence in practice”

#### **Project that kept more addicted patients in treatment expands across B.C.**

<https://www.vancourier.com/project-that-kept-more-addicted-patients-in-treatment-expands-across-b-c-1.23603693>

- “Most people who are dying are known to the health care system. They may even have started on treatment at some point in their lives but we're doing a terrible job with retaining them on treatment, which probably needs to be, in some cases, lifelong or certainly for many years,” Daly said.

- “We know that people with addiction relapse, that's the norm, that it's not necessarily a curable condition. They could be in long-term recovery but they need to stay on that treatment to prevent death.”

#### **Opioid use disorder - Wikipedia**

[https://en.wikipedia.org/wiki/Opioid\\_use\\_disorder](https://en.wikipedia.org/wiki/Opioid_use_disorder)

- “detoxification alone does not constitute adequate treatment”

This recent critique (below) on the misspent millions combating the addictions crisis by the same mind-set that's pushing to have the \$81 mil. Detox at 1st & Clark. The project partner's flawed narrative justifies their rush to proceed without due diligence and community impact studies is in response to "an urgent need . . . to facilitate lifesaving recoveries" during a public health emergency.

#### **B.C. opioid deaths up despite spending hundreds of millions of dollars**

<https://vancouver.sun.com/news/local-news/opioid-deaths-increase-despite-hundreds-of-millions-of-dollars-spent-on-problem>

So, it appears city and province are relying on an "Authority" that has lost credibility in conducting effective addiction rehab, to advise on and plan a major Detox in a residential neighbourhood without proper studies, research, or precedent of any sort. At the community meetings in June 2018, VCH had expressed "Confidence" in their experiment, but without proper data to back it up.

### **5) 1st & Clark location inadequate for recovery of addiction.**

This multi-use project is ill-conceived and very counterproductive to creating a proper environment for long

term addiction recovery.

Size of proposed greenspace on top of the facility is negligible compared to the Centre for Mental Health and Addiction who praise the "**New model of care**" for the new Riverview Detox and Rehab facility. The location and design "will align with the vision and master plan prepared by BC Housing" and the "redevelopment plans outline **The Importance Of Trees, Open Spaces And Therapeutic Landscapes** on the proposed building site". Well, there will certainly be no therapeutic open spaces at the Detox proposed for 1st & Clark located at a major, noisy and highly accident prone intersection.

<http://www.bcmhsus.ca/about/developments-in-care/centre-for-mental-health-and-addiction>

<https://community1st.ca/why-not-here?>

The (Clark Drive and East 1st) intersection is noted in the Grandview-Woodland Community Plan as a collision hotspot and has been identified for safety improvements. Increased local traffic to and from the proposed development will further impact the safety of our neighbourhood!

<https://vancouver.ca/files/cov/grandview-woodland-community-plan.pdf>

## **6) Impact studies of proposed facility. Requested by affected community but denied.**

A massive multi-use social experiment like 1st & Clark requires a Social Impact Assessment as stated below. The 1st & Clark community also asked for such studies or more information proving that it is advisable to mix family (with children) housing units with addiction services NOT ONLY on the same block, but under the same roof. The requests were ignored.

### **What is a Social Impact Assessment?**

<https://vancouver.ca/files/cov/DTES-social-impact-assessment.pdf>

- "Social Impact Assessment (SIA) is a widely-adopted tool guided by international guidelines and principles established by the International Association for Impact Assessment. SIAs analyze, monitor and manage intended and unintended social impacts of development on people. The goal of a SIA is to identify social impacts in order to maximize the positive effects and minimize the negative effects of development on a community in an anticipatory and proactive way. It also helps ensure that communities are included in processes that shape their surroundings and can significantly affect their lives"
- "Social impacts can be cumulative (combined with other past, present and future impacts) and triggered directly by a single development "
- "Most, if not all, SIAs are conducted on a specific development project and evaluate potential impacts within its vicinity."
- "monitoring the pace and impact of neighbourhood change"

## **7) Impact study of DTES indicates a "GAP" in "Detox," "Addiction, recovery", and "detox-on-demand supports and services.**

Yet the Harbour Light Detox facility in the DTES is planned for closure and relocation to 1st & Clark.

Comments made about the addictions treatment GAPS and NEED from official reports copied below.

### **DTES Social Impact Assessment (SIA) 2014**

<https://vancouver.ca/files/cov/DTES-social-impact-assessment.pdf>

•• "SIAs are predictive tools. The DTES SIA process assessed potential impacts of future developments, established a baseline through past indicators and highlighted a set of new indicators to monitor impacts into the future."

•• " Summary of DTES Health and Social Services Assets, Gaps and Targets

**Gap** • Low barrier, on demand mental health, addictions and detox;

What We Heard Well-being – Social Services

**Gaps** • Addiction, recovery, harm reduction and detox-on-demand supports and services"

### **Downtown Eastside Plan**

<https://vancouver.ca/home-property-development/dtes-local-area-plan.aspx>

•• "critical need for a continuum of supports for the most seriously addicted"

•• "Over 30 years, it is estimated that DTES residents will need an additional 1,900 mental health and addictions supports (1,300 in 10 years)"

••" two-thirds of these individuals either receive no or inadequate treatment"

••" There is a current and projected additional need for services and/or coordination of existing services to support youth transitioning out of care, as well as for mental health and addictions supports."

### **8) Contradiction to VCH narrative of why New St. Paul's location can't be used for Detox/Withdrawal centre?**

Rezoning from a residential block to an major clinical facility is inappropriate when there is plenty of available space in False Creek Flats nearby that won't destroy anyone's neighbourhood or displace long term tenants on 1st Ave.

VCH Narrative as to why the Detox could not be at new St. Pauls is copied below.

### **Transcript from video of CF&S Standing Committee on May 2/18 - City of Vancouver**

<http://civic.neulion.com/cityofvancouver/index.php?clipid=3495796,006>

Bonnie Wilson from Vancouver Coastal Health:

•• "This isn't a hospital facility, this is actually community service . . . we are looking for options with in community"

•• "the more that we **medicalize** a service and more we bring it closer to a hospital, it really gives that perspective that this is an overly **medicalized approach** . . . The current Detox facilities are all in community settings and so that is the practice that exists that we have Detox facilities in community settings."

### **GWAC Meeting Question and Answer - June 4, 2018**



•• "When we bring a service like this into a hospital, we create an **overly medicalized** approach. Land at the St Paul's Hospital can best be used for services that require a hospital setting or adjacency to hospital programs. . . the new hospital campus is dedicated to services that require or significantly benefit from close proximity to emergency and inpatient departments. Withdrawal management services don't fit this description. The withdrawal management centre is a community service. VCH looks for options to locate within a community for all community services that it provides"

•• The withdrawal management centre is a community-based care service. Current detox facilities are all in community settings, in line with the best practices in treatment. The new hospital campus is dedicated to services that require close proximity to emergency and inpatient departments. Withdrawal management services do not fit this description.

**Meanwhile Addiction treatment facilities, including a detox program were among the services people wanted to see at the new St. Paul's as quoted in the report below.**

**New St. Paul's Hospital and Health Campus Community Consultation Summary Report NOVEMBER 2016**

<http://thenewstpauls.ca/app/uploads/2016/11/RPT-Community-Consultation-Report-FINAL-21-Dec-2016.pdf>

•• "Many participants said they want to see expanded services for populations with unique needs, including: Those with mental health and addiction issues "

•• "Interest was expressed in having the following services remain or be newly established elsewhere in the area: Mental health and addiction education and treatment"

•• "Participants said they would like to see enhanced services for problematic substance use and mental health, including: A detox program"

•• "Many participants said they want to see expanded services for populations with unique needs, including: A detox program"

•• "Additional acute care beds can be added as needed, particularly for mental health and addiction "

This 2016 planning report about the new St. Paul's after it's rebuilt at False Creek that states it will have a Detox.

<http://thenewstpauls.ca/app/uploads/2016/04/St.-Pauls-Wave-Two-West-End-Community-Forums-Summary-March012016-FINAL.pdf>

•• "Addiction treatment facilities including detox facilities"

•• "Short-term stay addictions/detox services"

Announced Feb.15/19

**New \$1.9-billion St. Paul's Hospital is officially a go in Vancouver**

<https://dailyhive.com/vancouver/new-st-pauls-hospital-vancouver-february-2019>

The New St. Paul's Hospital will offer "addictions beds" and "community care" "for community building".

This counters the previous VCH "overly medicalized" and "withdrawal management centre is a community-

**based care service"** narrative about why their new Detox facility had to be at 1st & Clark instead of the New St Paul's or nearby in False Creek, even though the hospital is a more logical and central location with much better transit access including the Sky Train.

## **9) Parking study states "the proposed supply of 81 spaces is insufficient to meet the peak demand"**

The proposed 81 spaces car parking is inadequate because of the following:

- The original Parking Study Report prepared for BC Housing recommended **"a total of 177 vehicle spaces"**
- The recent Parking and Traffic Impact Assessment (Links below) significantly reduces the 177 vehicle spaces to 81 with what appears to be a cost saving assumption that, **"there is sufficient on-street parking supply during the afternoon with 63 available on-street spaces"**. Really?? I don't think so and All the neighbours I talked to about this disagree, remarking on the general shortage of street parking even during the day. Furthermore, the "Shared parking scenario" used in the Impact Assessment acknowledges that **"the proposed supply of 81 spaces is insufficient to meet the peak demand"**.

In conclusion, it's very hard to believe that Increased local traffic to and from the proposed development will NOT negatively impact our neighbourhood. Particularly for those living on Graveley, Grant, McLean and using the adjacent alleys.

### **Parking Study Report**

<https://rezoning.vancouver.ca/applications/1636clark/documents/ParkingStudy-DraftReport.pdf>

### **Parking and Traffic Impact Assessment**

<https://rezoning.vancouver.ca/applications/1636clark/documents/parkingandtrafficimpactassessment.pdf>

## **10) "conflict of interest" - City of Vancouver being both project applicant and rezoning regulator.**

Comments made on this topic copied below.

### **Huge East Vancouver development seen at odds with Grandview-Woodland community plan • June 6/18** Michael Coderre's comment:

•• "Based on the accelerated process for this project, the lack of answers for some extremely important questions, the conflict of interest of having the major partner being the sole authority capable of approving this rezoning...it is crystal clear that this is more of a swansong vanity project for the outgoing governing party at Municipal level, and a badly needed, press friendly "win" for a relatively new Provincial governing party badly in need of a distraction that can be spun as a "win". Meantime, there is an old and established neighbourhood in Grandview Woodland, who have always had an "open arms" approach to its less fortunate neighbours, currently shaking in its boots for lack of answers and disclosure. So, this isn't about housing, its about blindly spending your \$81M in taxes without proper due diligence. That SHOULD piss you off."

The same CityHallWatch page mentioned above also makes this point in more subtle language under "City both applicant and regulator"

<https://cityhallwatch.wordpress.com/2018/06/11/does-1stclark-follow-gwplan/>

•• "The rezoning sign on the property lists the City of Vancouver as an applicant. The City is also the regulator. As regulator, the City is asserting that the application is being submitted under the Grandview-Woodland

Community Plan. Would an outside opinion be appropriate in this instance? It could be possible to have planning staff from another BC municipality review the application, or have independent consultants look at it?"

The official answer to the question below from the project team basically admits the conflict to some degree, but circumvents the proper remedies suggested above. Therefore leaving the conflict of interest issue for your conscience to decide.

<https://www.bchousing.org/publications/1st-Clark-Community-Meeting-Question-Answer.pdf>

•• **"16. How can the City be impartial when it is both an applicant and regulator?"**

•• "The proposal will proceed through the standard regulatory review process, and it will ultimately be Council's decision whether to approve the rezoning application at Public Hearing."

In conclusion: There were more topics of issue I could have included, however time restraints prevented that.

If the following quote is true, then we have a public interest issue

<https://cityhallwatch.wordpress.com/about/>

"The job of our civic government is to protect the public interest while recognizing fair opportunities for business"