

Union of BC Municipalities Convention
Disordered Downtown – Rethinking care for those in need
September 22nd 2025
Julian Daly, CEO, Our Place

Opening

Good afternoon, everyone.

Thank you for inviting me. It's a real privilege to join you today to share some thoughts on an issue close to my heart, and I suspect close to yours as well: the disorder in our downtowns and how to address it.

We all want the same thing: safe, vibrant communities and real care for people who are struggling. We want a win-win. But what we too often have now is a lose-lose: disorder on the streets, and lives still being lost.

This is a complex, nuanced problem. Yet public debate often flattens it into something very black-and-white: compassion on one side, enforcement on the other. As though it's a binary choice. It isn't. And that framing doesn't help us move forward.

In the next 15 minutes, I'll try to unpack some of that complexity from my perspective: how we got here, what we're seeing on the ground, and — most importantly — what we can do about it.

The organisation I am CEO of, Our Place, an organization that serves homeless people and folk living in poverty, working in Victoria, Saanich, and View Royal. Our work spans the continuum: a large community centre drop-in with meals, showers, and supports; emergency shelters; transitional and supportive housing; sober housing; and two therapeutic recovery communities, one for men and one for women.

Our Community Centre is on Pandora Avenue , a part of Victoria, which for many, is the epicenter of street homelessness and disorder in our city.

Every day, my colleagues and I meet people in profound crisis. And every day, we try to offer dignity, hope and support for folk to move from just surviving to thriving.

But the challenges we face — and the ones our communities face — are growing. And we need to speak honestly about why.

So how did we get here ?

Seventeen years ago, when I began in this field in Edmonton, most people we worked with were struggling primarily with alcohol. Drugs existed, yes — but they weren't the main substance people used.

Fast forward to today, and the landscape is almost unrecognizable. The drugs have changed. And the drugs have changed everything. I can't stress that enough.

We are now dealing almost entirely with opioids, meth and fentanyl. These substances are engineered for maximum potency and maximum addiction. They are cheaper than alcohol, easier to get, and devastating to people's minds and bodies.

Those the drugs do not kill, they slowly destroy.

We now regularly see young people in their twenties or thirties with brain damage caused by repeated overdoses and resuscitations.

Addiction and mental illness are now so intertwined that you can no longer separate the two.

The majority of people entrenched on our streets — and who are the sources of both real and perceived disorder, the people

wondering our streets screaming threats and in psychosis, the people lying prostrate on our sidewalks or slumped in our doorways. — are there because of their addictions and because they are mentally unwell.

COVID made things worse. The isolation, loss of community, and loneliness pushed people further into addiction and despair. We are still seeing the repercussions.

But it isn't only the drugs. We have also slid into what sometimes feels like “endless accommodation” of behaviours on our streets that are frankly not OK — behaviours that frighten people and make them feel unsafe, including other homeless people. In our desire to be compassionate, we have sometimes lost the balance with accountability.

And when anything goes... it really does.

At Our Place, we are the largest provider of free meals on Vancouver Island – over half a million a year. But today, many people who desperately need our food, often low income seniors — and all the other supports we offer — are too frightened to come into our building on Pandora Avenue, because of what's happening outside it.

It has affected our funding as well. Long-time, generous donors have told me bluntly they are no longer giving, because they associate us with the disorder outside our doors. They believe, wrongly, that we are somehow responsible for it. But perception matters — and that perception costs us the resources we need to help the very people it is our mission to serve.

Over the years, I've noticed a growing tendency, especially on social media, to demonize, to “other” and to scapegoat street homeless people for many of our social ills, as if all that's going wrong in our city's is somehow their fault. I understand how distressing and even

terrifying it can be when someone is screaming, shouting, or threatening violence, and on rare occasions acting out violently. But those behaviours are rarely because people are bad. Almost without exception, they are because people are profoundly unwell — people living with untreated mental illness and addiction.

Also decriminalization, while well-intentioned, had unintended consequences. In practice, it's given people permission to use openly. Police lost the leverage they once had to dissuade folk from public use. What was once hidden is now everywhere.

At the same time, “catch-and-release” policing has reduced morale among officers. Many police officers have told me privately that they want to maintain public order, but when the legal system doesn't support charges and there are seemingly no consequences for criminal activity, they feel powerless. If officers believe their efforts won't be upheld, many, understandably, shy away from enforcement. This leads criminally intended individuals to act without fear of repercussions.

Meanwhile, mental health crises go largely untreated.

It may sound harsh to say but well-meaning interventions can end up feeding the problem.

Another troubling outcome of all this is the normalization of once shocking scenes. People in drug-induced stupor are now so common that I, like many others, simply check if they're breathing and move on. That normalization fosters complacency and reduces the urgency to respond to human suffering.

So what do we do?

First, honesty. Let's call this what it is. This is not only a housing crisis. This is now primarily a health crisis.

We've talked for years about Housing First as the primary solution to street homelessness. And it's worked wonders for many. But I would argue for that those who are most unwell currently on our streets we need to move to and adopt a Health First model.

Housing matters — it is essential and the provincial government has not stood still on this. In recent years — and particularly during COVID — the provincial government invested unprecedented amounts in shelters and supportive housing in Greater Victoria. Those investments mattered, and they made a difference, housing over 800 people, most of whom remain housed.

But for many of the most unwell people on our streets, housing alone is not enough. Without addressing addiction, mental health, and trauma, housing alone is usually not sustainable. Most people experiencing entrenched street homelessness have been housed and lost it due to untreated mental illness and addiction.

Health First means stabilizing people before housing them. It means addressing addiction, mental and physical illness, and trauma. It means building the foundation that makes housing sustainable.

And yes, sometimes, it means involuntary or secure care. That is controversial, I know. But if someone is so unwell they cannot make informed decisions about their healthcare, then leaving them to die on the sidewalk with little but their liberties intact is not compassion. It is abandonment. Sometimes the most compassionate thing we can do is intervene.

We also need far more detox, treatment and recovery spaces.

At Our Place, we run two recovery communities called New Roads. Outcomes are extraordinary — over 70% of participants graduate successfully, and the majority remain sober years later. That is one of the best returns on investment I have seen in social policy.

When I visit New Roads I see men and women, once lost, now thriving — with agency, hope, and dreams again. Reclaiming their lives .Recovery works. Indeed, it is one of the very few things that seems to work, and work in a sustained way, in the current drug crisis.

But it only works if we have enough spaces, in every community.

It's also important to recognize the provincial government's investment—nearly a billion dollars over the last three years—into recovery and treatment. That's a substantial and unprecedented investment and it is making a difference.

We also need more targeted enforcement from police. Let me be clear: I am not talking about criminalizing poverty or mental health or addiction. I am talking about going after the criminals who exploit the vulnerable — the high and mid level drug dealers and traffickers who push toxic substances, the predators who prey on homeless people in distress and sex traffic women and even men, the people who commit criminal acts of physical violence and theft.

Enforcement, used wisely, is not the enemy of compassion. It is a tool of protection. I don't think we should have a problem with criminalising criminality.

We also need to recognize that not everyone on our streets is the same. They are not a homogeneous group. There are casual opportunist campers, criminals, profoundly unwell people and those simply unhoused. A one size response does not fit all and does not usually work well. Casual campers need to be moved on. Criminals charged. Those that are unwell and unhoused need health services and shelter and housing. So, enforcement for some. Healthcare and housing for others.

Compassion must be balanced with accountability.

Services must be tailored to individuals needs. Systems must be interconnected, not siloed. Housing and health services must

consistently work together, not apart, to create truly integrated continuums of care and housing.

This last point is crucial and where we have seen housing and health services working well together there have been extraordinary outcomes. They need to be inextricably linked if we are to comprehensively address street homelessness and public disorder.

And this brings me to a critical point: no single part of the system can solve this alone. Not the city. Not the health authority. Not BC housing. Not police. Not nonprofits. When any one of these parts of the solution act alone, outcomes are usually poor.

The only time we see real progress is when all the pieces of the solution work together. That is when the change we need becomes possible.

Let me share a story of hope in this respect.

In 2020, during COVID, the Mayor of Victoria, Lisa Helps, brought a small group of us together - housing providers, Island Health, BC Housing, nonprofits, police, and city staff. Ten people around a table. We met every week for 5 months and the Mayor held us accountable for bringing our particular part of the solution to the table, week in, week out. And together, we found housing, shelter and health supports for nearly 700 people who had been living rough in our parks and streets.

At the start, many said it was impossible. But by the end, it was done. Why? Because we set aside politics, egos, territorialism and focused on solutions for the common good. And, crucially, the government invested the necessary resources.

Where there is will, there really is a way.

And, finally, we need prevention.

Too often, we support folk off the streets only to see others take their place. The cycle repeats. Prevention means intervening before crisis becomes entrenched. As soon as the first tent goes up, we act. As soon as the first person slips, we catch them. That is how we stop managing crisis and start solving it.

Street disorder is not inevitable. It is the result of choices. And that means we can make different choices.

We can choose to put health first for the most unwell.

We can choose to restore balance between compassion and accountability.

We can choose to focus not only on the symptoms on our streets, but on the causes beneath them.

We can choose collaboration — because only all the parts of the solution working together can solve this.

And we can also choose not to demonize the people we see suffering on our streets and see them, instead, as our fellow human beings, desperately unwell, needing our help.

If we make these choices then we can build communities where everyone — housed and unhoused, struggling and thriving alike — has a chance to live well and live safely.

This may be optimistic but it is not naïve. I have seen it happen before. And I believe we can do it again.

Thank you.