

# NATIONAL POST

**Adam Zivo: A plan from B.C. to turn public washrooms into comfortable drug dens**

**B.C.'s 'Safer Bathroom Toolkit' completely ignores public safety.**

[Adam Zivo](#) - Published Sep 09, 2024



Although the B.C. government is backtracking on many of its “harm reduction” initiatives, the province’s approach to open drug use in bathrooms suggests that tolerance of public consumption is rather entrenched and that ideology is being prioritized over evidence-based policymaking.

In October 2022, a group of harm reduction researchers released the “[Safer Bathroom Toolkit](#),” which advocates that public bathrooms be made hospitable for drug users. The project was funded by Michael Smith Health Research BC, the province’s leading health research agency.

The toolkit recommends, among other things, that emergency call bells, intercoms or baby monitors be installed inside public bathrooms so that drug users can communicate with staff should they need help, and that motion detectors be installed to track visitors who stop moving.

It is further advised that bathrooms be brightly lit, have counters and ledges, and that the space between toilets and walls should be wide enough to prevent people from getting stuck in the spaces between them. Staff are told to conduct regular safety checks on bathroom users, but, as this

may startle addicts, bathrooms should apparently be equipped with timer systems (i.e. egg timers) to help them track the length of their stay.

These ideas may be sensible for spaces that specifically cater to drug users, but, unfortunately, the toolkit seems designed to apply everywhere. Its case studies, for example, include a [hospital](#) and [cafe](#), and, in an accompanying [video presentation](#), panelists discussed the importance of implementing “safer” bathroom practices “anywhere,” including public libraries.

Nowhere in the Safer Bathroom Toolkit, nor in its supporting materials, are the rights and safety of non-drug users seriously addressed. No significant attempts were apparently made to grapple with the reality that addicts can be dangerous to surrounding citizens, and that public consumption impacts families, children and elderly or disabled people who need access to safe and drug-free facilities.

To illustrate why this matters, consider that WorkSafeBC [inspected a Prince George library](#) in 2022 after staff refused to work in unsafe conditions following a bathroom incident. It was determined that interactions with drug users, including bathroom wellness checks, had exposed staff to violence and drug-related chemical hazards. [Incident reports](#) from the library documented how addicts wished death upon workers and threatened to “kick the sh\*t out of” them.”

But in the la-la land of the “safer” bathroom movement, where discussions of “stigmatizing” drug use dominate, these harms seemingly do not exist. If public health bureaucrats and harm reduction researchers prioritize the safety of drug users to the exclusion of everyone else, then there is something terribly wrong in this country.

Shortly after the Safer Bathrooms Toolkit was launched, two of the project’s researchers penned a [supportive article](#) in *The Conversation*, where they argued that their work “ties into the broader conversation about access to bathrooms being a human right” and stated that private and public bathrooms can function as “de facto” drug consumption sites.

“What we must not do is try to prevent or deter access to bathrooms for people who use substances. Some may try measures like installing neon-blue lights that make it more difficult to see veins. However, doing so is ineffective at preventing substance use in bathrooms and actually increases risks,” wrote the authors.

That last claim, about blue lights being ineffective at deterring drug use, is the official position of several leading provincial institutions – i.e. [Fraser Health](#), [Vancouver Coastal Health](#) and the [BC Centre For Disease Control \(BCCDC\)](#). These bodies have even released guidelines advocating against the use of such lights, which is concerning because, as it turns out, their claims simply aren’t true.

These institutions cite only two studies regarding the ineffectiveness of blue lights: a [2010 British study](#) which simply interviewed 31 drug users, and a [2013 BCCDC-affiliated study](#) which interviewed only 18 drug users who were primarily recruited by radical activist groups, such as the Vancouver Area Network of Drug Users.

This low-quality “evidence,” which uses small sample sizes and self-reported data, is unreliable and vulnerable to bias, so it is shocking that provincial authorities would use it to guide their decisions.

Worse yet, even if you were to imagine that these studies are sufficient, they actually suggest the opposite of what the province's so-called "experts" claim – both actually showed that blue lights deterred use, with one [stating outright](#) that there was "general agreement among its interviewees that blue lights [made] injecting more difficult."

According to the 2010 British study, 42 per cent of interviewees said that they would be fully deterred by blue lights (one said such lights were "to be avoided like the plague"), while a further 23 per cent said they would be partially deterred. The BCCDC study similarly found that 44 per cent of interviewees would be fully deterred and 39 per cent partially deterred, but, inexplicably, the authors concluded that blue lights are "unlikely to deter injection drug use in public bathrooms," even though their findings did not support this claim.

I emailed a list of questions about the Safer Bathroom Toolkit and blue light studies to the BCCDC, Fraser Health, Vancouver Coastal Health and the B.C. Ministry of Mental Health and Addiction. Only the Ministry [provided answers](#): they indirectly expressed support for the general principles of the tool kit, but emphasized that illicit drug use is prohibited in hospitals. Questions relating to the blue light studies were ignored.

It appears that the province misrepresented the findings of shoddy and biased research to [dissuade citizens](#) from implementing effective anti-drug measures in their public bathrooms, and then, ignoring the potential harms to society, funded a toolkit that essentially advocated for turning many of these bathrooms into convenient and comfortable drug consumption sites. If this is "evidence-based policymaking," it's no wonder that everything is so dysfunctional.

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