Response to PAN (Pacific AIDS Network)

To: Jennifer Demchuk, Co-Executive Director, PAN

Dear Ms. Demchuk,

Thank you to PAN for the invitation to respond. Our answers come from CentreBC's costed 2026 platform. Where it does not set a position, we have indicated this rather than offer commitments we have not costed.

1. HIV, viral hepatitis and STBBIs

CentreBC's platform commits to access for everyone. Everyone who wants a family doctor or nurse practitioner team will have one by the end of 2031, and from 2029 no one waits longer than 12 months. It does not set out commitments specific to HIV, viral hepatitis, other STBBIs or long-acting injectable PrEP.

2. The toxic drug supply and harm reduction

Our approach is treatment on demand. By 2030 we will add 150 detox beds and 500 treatment and recovery beds, all free to the person using them. Urgent cases get same-day detox by 2028. By 2030, treatment starts within 14 days, linked to recovery housing. By 2030, 12 adult crisis centres, open around the clock, will open next to the busiest emergency rooms. On enforcement, we will ask Ottawa to change the federal prosecution directive so that drug possession in public, and by repeat offenders, is charged. Where it fits, alternative measures and restorative justice will steer people into care. We oppose clubs that sell illegal drugs, as in the Drug User Liberation Front case. The platform takes no position on naloxone, drug checking, overdose prevention sites, prescribed alternatives or funding for community-based and peer-led harm reduction.

3. Involuntary treatment

a. Voluntary care always comes first. The BC Supreme Court found in July 2026 that the Act's blanket "deemed consent" rule breaches the Charter. Each patient's capacity to make treatment decisions will be assessed individually, as every other province does. Red Fish Healing Centre grows by about 50 beds. Beyond individual capacity assessment, the platform does not specify additional oversight.

b. For people leaving secure care, the platform funds 400 complex-care spaces. Alongside them: 1,000 new supportive homes with on-site health care, recovery housing linked to treatment, and the family doctor or nurse practitioner team above. Peer support and harm-reduction services after discharge are not set out in the platform.

c. We will measure results people can check, not just bed counts. Operators will publish how many people stay housed at 12 and 24 months. BC Corrections' recovery units will be evaluated for reoffending and overdoses. From April 1, 2027, public dashboards will show detox and treatment waits, overdose deaths and housing outcomes every quarter.

4. Sustainable community-based and peer-led services

Stable funding is what lets community organizations keep experienced staff. Our platform does not set out a funding model for organizations delivering HIV, viral hepatitis, harm reduction and STBBI services. Where it funds community-delivered services, the approach is stable funding tied to published results. Team-based clinics get predictable funding instead of one-off approvals. The $100 million a year Family Support and Early Intervention Fund is delivered by communities and Indigenous organizations. We would welcome PAN's advice on what stable funding for its members should look like.

5. Stigma, compassion and education

We treat mental illness and addiction as health conditions, and that is how we will speak about them. Family doctors will be paid to screen for depression, anxiety and substance use so people get help early. A public education campaign on substance use, HIV or viral hepatitis is not part of our platform.

6. Health equity and access

In CentreBC's view, government's role is to deliver excellent health care and access, address the basics that shape health, and publish whether it is doing so. On poverty: the first income tax bracket back to 5.06% and the renter's tax credit raised to $600. For families: 20,000 new $10-a-day childcare spaces, school food for 40% of students, and a Children's Well-Being Act with child poverty targets in law. On housing: rezonings in 6 months and building permits in 8 weeks, BC Builds doubled to 20,000 below-market homes, and 1,000 supportive homes with on-site health care. On access to care: the family doctor or nurse practitioner team above, free counselling on referral, and treatment within 14 days. On social isolation, there is no specific commitment; the closest measures are 1.5 million more home support hours a year for seniors and a $400 a month BC Caregiver Benefit.

7. Sex work, health and human rights

Everyone in BC, whatever their work, is covered by CentreBC's commitments on health care, housing and counselling. The platform takes no separate position on sex work.

8. Rural, remote, Indigenous and underserved communities

Regional equity is built into how we will run the system. Every health authority will have public targets in its mandate letter, with results published by hospital and region. A region that falls behind will have 90 days to publish a recovery plan. For rural and remote communities: a $25 million a year rural ER stabilization fund and a permanent rural retention bonus. By 2029, up to 5,000 people a year will be able to go through detox at home or at a local clinic. Counselling will be available online through a new provincial virtual care network. We will work with the First Nations Health Authority and Ottawa to help end every long-term drinking water advisory in BC First Nations communities by 2029.

We would welcome continued discussion with PAN after the election.

Sincerely,
Elenore Sturko
Leader, CentreBC