

**From:** Ben Rogala  
**Sent:** Friday, September 29, 2023 12:20 AM  
**To:** Council Agenda <councilagenda@london.ca>  
**Subject:** [EXTERNAL] Fw: London homeless hub concerns

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**From:** Ben Rogala  
**Sent:** September 28, 2023 9:45 PM  
**To:** [slehman@london.ca](mailto:slehman@london.ca) <[slehman@london.ca](mailto:slehman@london.ca)>  
**Subject:** London homeless hub concerns

I am a concerned citizen and a medical professional who is pleading that you reconsider your support for the homeless hubs, specifically those that will be placed in residential neighborhoods. I have a number of concerns that warrant consideration.

1) I would ask that you reconsider the open drug policies at these hubs. Ongoing addiction without abstinence/ drug free rehabilitation will continue to propagate the addiction problems we are facing. You cannot manage patients concomitant mental illness if they continue to use substances that alter their brain neurobiology. I would request that you read the national institute for mental health bulletin on substance use disorder and treatment. (<https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>). I have also attached an article from Nature, one of the most reputable scientific/medical journals that summaries addiction and best practices for managing substance use disorder. I can assure you best practice is not to enable self damaging behavior.

One of the principles used in counseling patients with addictions is the stages of change model. The stages of change are:

- Precontemplation (Not yet acknowledging that there is a problem behavior that needs to be changed)
- Contemplation (Acknowledging that there is a problem but not yet ready, sure of wanting, or lacks confidence to make a change)
- Preparation/Determination (Getting ready to change)
- Action/Willpower (Changing behavior)
- Maintenance (Maintaining the behavior change)

Patients who are actively using psychoactive substances are not able to advance to higher stages of change and continue to revert to earlier stages of change because the drugs continue to act as a reward to manage negative feelings/cravings.

if the centers were rehabilitation/drug free facilities I would consider supporting the initiative. You will have better success in housing individuals who are ready for change. The focus should be on prevention and housing those on the cusp of slipping into a more vulnerable population not those who are already there. The model as is will fail and hurt the community in the process.

if you are unaware the safe supply/drug policies of some of the community partners are resulting in massive quantities of prescription opiates being funneled/diverted throughout the city for profit. The supplied/prescribed opiates, mostly dilaudid/hydromorphone or morphine are of lower potency than the drug of choice fentanyl so they are sold to less initiated/ newer drug users so the more experienced users can purchase the higher potency drugs typically fentanyl. Making opiates and drugs more available in the city is not a good idea. The escalating doses for the newly initiated then results in them seeking drugs of higher potency. We do not need to spread the sale of moderate potency opiates around the city. They are already easy enough to get.

2) the costs are out of control. If servicing 100 people will cost 8 million dollars then 2000 individuals in the current model will cost over 160 million annually, and as I am sure you are aware the estimated costs are likely on the low side. I am sure there is better use of tax payer and the donated money. Once the generous donation has been burned through by the corporations who profit from homelessness that are currently failing to make any progress with housing individuals using the same models they are expanding on it will be gone and the opportunity will be lost. If you want to see continued donations you need to have tangible change. The notion that you are not

showing gratitude or will scare away donors by not acting with thoughtless expediency is outrageous. what makes you think this time it will be any better.

3) the need for housing to transition people too. My preference/ idea would be to use the donated money and other revenue sources to first build community housing taking a downstream approach rather than an upstream approach. I think a good analogy is buying groceries. If you go to the store without your reusable bags you only have two hands to hold items and you will likely drop some of them along the way. If you bring several bags you can fill them with more items with less risk of damaging your goods. If you build community housing (the grocery bag in my analogy) the agencies who are currently looking to house individuals could then have somewhere to place individuals who are homeless and ready to be homed. The current plan will fail because there is nowhere to transition people to. The council also needs to rapidly approve any and all developments as there will be trickle down effects of lowering prices in less modern units as supply begins to match the demand.

4) rezoning. It is unfathomable that there is consideration for rezoning when the initial proposal stated that rezoning would not be a part of the initial hubs. It would be more reasonable to prove the concept in contained hubs such as the ones on parkwood and Victoria hospital properties before expanding. This project does not warrant the special consideration it is receiving, and should be approached as one would any other public works project as outlined during the city council meeting. There have been countless proposals for rezoning that this council has rejected for reasons much less than neighborhood safety. In fact there have been several affordable high density projects that have been recently denied as they did not fit neighborhood criteria. Even today city councilors are opposing what would be record setting twin towers in London that would have a massive impact on the number of housing units available.

I request your reply to confirm you received this message and look forward to engaging with you further on this topic.

Dr. Benjamin Rogala

This email can be part of the public record.