

File No. OZ-8852  
J. Fleming/L. Maitland

<b>TO:</b>	<b>CHAIR AND MEMBERS PLANNING &amp; ENVIRONMENT COMMITTEE</b>
<b>FROM:</b>	<b>JOHN M. FLEMING MANAGING DIRECTOR, PLANNING AND CITY PLANNER</b>
<b>SUBJECT:</b>	<b>PLANNING FOR SUPERVISED CONSUMPTION FACILITIES &amp; TEMPORARY OVERDOSE PREVENTION SITES  MEETING ON JANUARY 22, 2018</b>

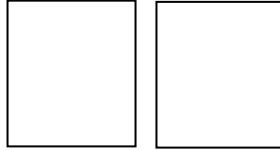
<b>RECOMMENDATION</b>
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That, on the recommendation of the Managing Director, Planning and City Planner, the following actions be taken with respect to planning for supervised consumption facilities and temporary overdose prevention sites:

- a) the report dated January 22, 2018 and entitled "Planning For Supervised Consumption Facilities and Temporary Overdose Prevention Sites" **BE RECEIVED**;
- b) the proposed by-law attached as Appendix "B" **BE INTRODUCED** at the Municipal Council Meeting to be held on January 30, 2018 to establish a new Council Policy entitled "Planning for Supervised Consumption Facilities and Temporary Overdose Sites";
- c) the Council Policy, noted in b) above, **BE FORWARDED** to the Middlesex London Health Unit, requesting their consideration of the policy when planning for, or applying for, supervised consumption facilities or temporary overdose prevention sites in London;
- d) the Council Policy, noted in b) above, **BE FORWARDED** to the Ministry of Health and Long Term Care, requesting their consideration of the policy when evaluating applications for temporary overdose prevention sites;
- e) the Council Policy, noted in b) above, **BE FORWARDED** to Health Canada, requesting their consideration of the policy when evaluating applications for supervised consumption facilities in London; and
- e) the Managing Director, Planning and City Planner **BE DIRECTED** to initiate the necessary amendments to the Official Plan and Zoning By-law, to plan for supervised consumption facilities and temporary overdose prevention sites; **IT BEING NOTED THAT** a draft Official Plan policy and Zoning By-law regulations are attached as Appendix "C" and Appendix "D", respectively.

<b>EXECUTIVE SUMMARY</b>
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- Supervised consumption facilities and temporary overdose prevention sites receive an exemption from the Controlled Drugs and Substances Act, such that people can bring their pre-obtained illicit drugs and consume them in a sterile and safer environment.
- These sites have equipment and trained staff present to oversee a person's drug consumption and assist in the event of an overdose. Greater detail is provided in this report, including the differences between supervised consumption facilities and temporary overdose prevention sites.
- This report is not intended to provide comment on, or evaluate, the merits of supervised consumption facilities or temporary overdose prevention sites.
- Rather, this report's scope is confined to the subject of land use planning for such facilities.
- There is a drug addiction crisis in Canada, Ontario and London.



- Through Health Canada, the Federal Government has established a process for proponents to apply for an exemption to the Controlled Drugs and Substances Act, to allow for the operation of a supervised consumption site.
- With the Province indicating in December of 2017 that the opioid crisis is a public health emergency in Ontario, the Federal Government has issued a class exemption of temporary overdose prevention sites, so that the Province can quickly assess applications for such facilities and allow for them on a temporary basis.
- On January 11, 2018 the Province issued a bulletin which launched the process to apply for temporary overdose prevention sites in Ontario; they indicate they will process applications for such uses within a period of 14 days.
- On January 12, 2018, the Middlesex London Health Unit stated its intention to make an announcement, together with its partners, about the location of a temporary overdose prevention site in London.
- As there is currently no specific definition for supervised consumption facilities or temporary overdose prevention sites in the Z.-1 Zoning By-law, they would likely be interpreted as Clinics; in doing so, they would be permitted as a use anywhere that a Clinic is currently permitted in the Zoning By-law throughout London.
- Staff believe this represents a significant gap in current planning policies and regulations required to appropriately plan for these facilities in London.
- Given the speed at which plans for supervised consumption facilities and overdose prevention sites are moving forward in London, Staff recommend the establishment of a Council Policy relating to the location and site design of such facilities.
- This Council policy could then be forwarded for consideration to Health Canada and the Ministry of Health and Long Term Care who are evaluating applications for such facilities.
- Council could also forward this Policy to the London Middlesex Health Unit for their consideration when planning for any supervised consumption facility or overdose prevention site in London.
- Meanwhile, Staff recommend proceeding with the process that has already begun to establish new Official Plan policy and Zoning By-law regulations to plan for supervised consumption facilities and temporary overdose prevention sites in London.
- Draft Official Plan and Zoning By-law amendments are provided this report.

#### **PREVIOUS REPORTS PERTINENT TO THIS MATTER**

- September 18, 2017 - Presentation to Strategic Priorities and Policy Committee from Dr. Christopher Mackie –Medical Officer of Health for the Middlesex-London Health Unit on the subject of supervised consumption facilities.
- September 12, 2017 – Report entitled “Community Mental Health and Addictions Strategy” from the Managing Director, Housing, Social Services and Deerness Home.

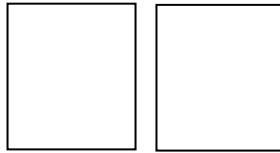
#### **SCOPE OF THIS REPORT**

- This report is not intended to analyse and evaluate the need for supervised consumption facilities (SCF) or overdose prevention sites (TOPS) in London.
- This report is not intended to evaluate the legitimacy or overall pro’s and con’s of such facilities.
- Rather, this report is intended to identify the planning considerations relating to SCF and OPS and to establish a framework to plan for such facilities in London.

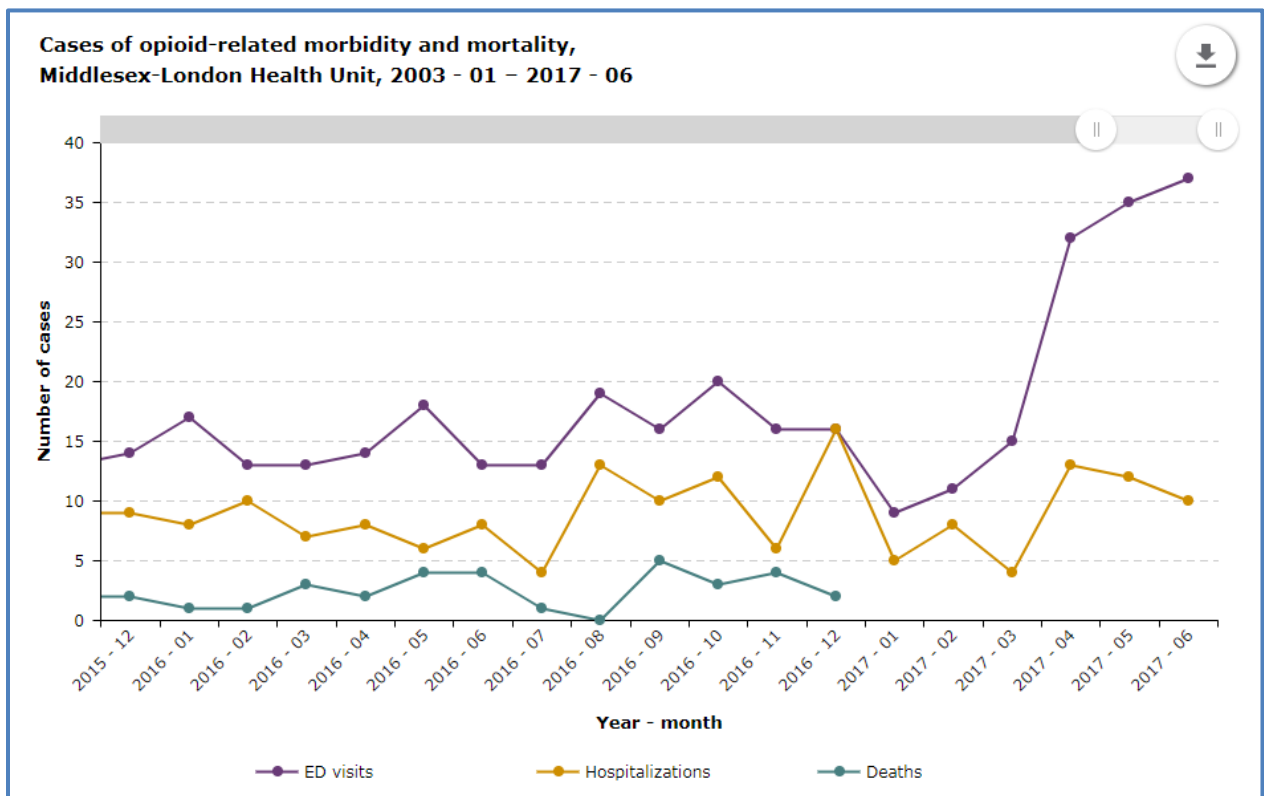
#### **BACKGROUND**

##### **Context – Drug Addiction and Overdose Crisis in Canada, Ontario and London**

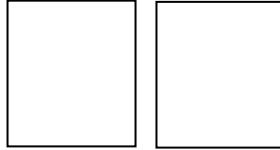
- Health care professionals, social workers and law enforcement officials within London and Middlesex County agree that there is a local drug addiction and overdose crisis in our City.



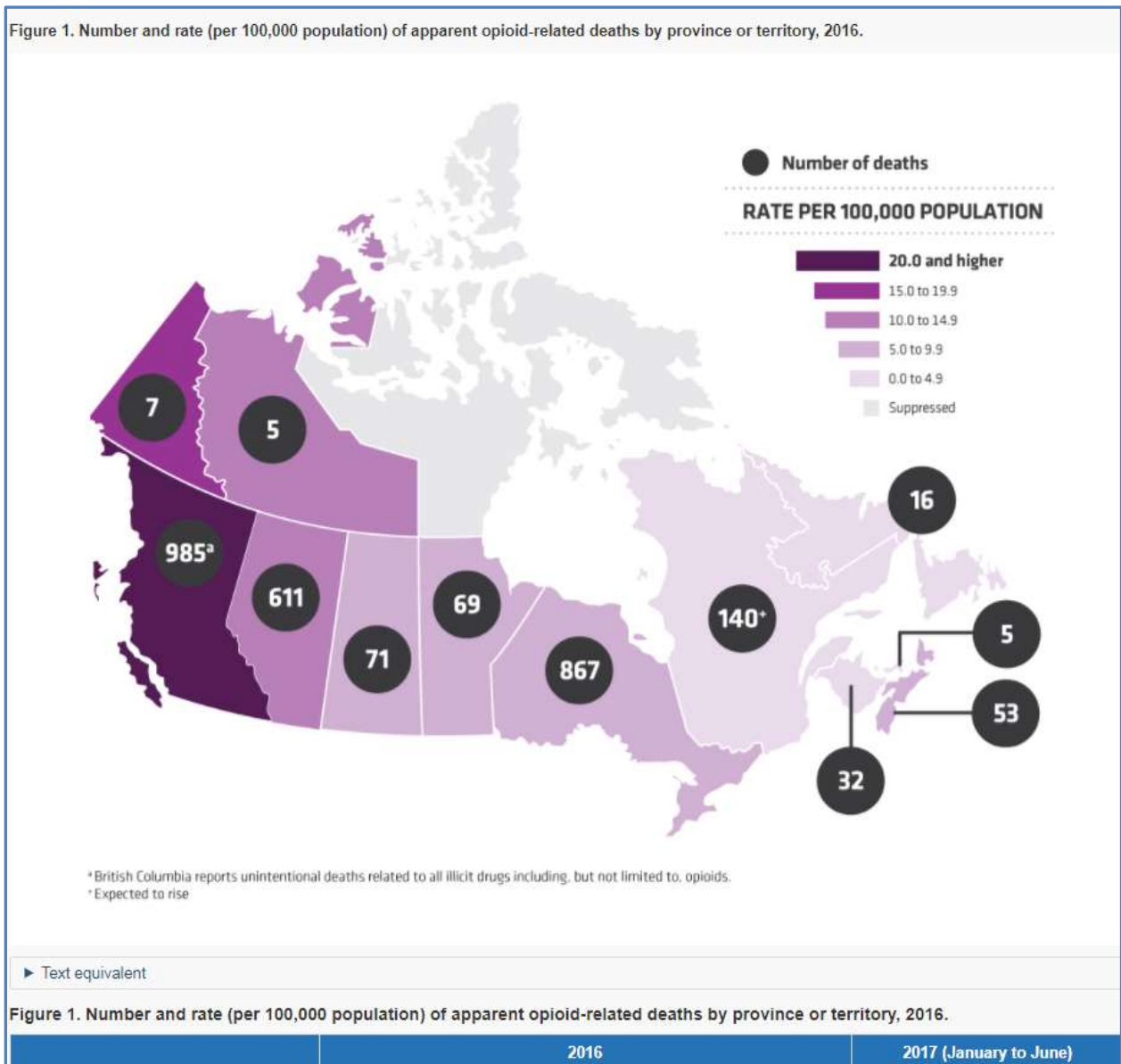
- An Opioid Crisis Working Group was formed in 2017, including representatives from The City of London, Middlesex-London Health Unit, Regional HIV AIDS Connection (RHAC), London InterCommunity Health Centre (LIHC), Addiction Services of Thames Valley, London Police Service, London CAREs, Southwest LHIN, London Health Sciences Centre (LHSC), EMS, as well as an Indigenous community leader and a person with lived experience. Council endorsed the Committee in September of 2017.
- While much attention has been paid to opioids (eg. heroin, oxycodone, morphine, hydromorphone, fentanyl), other drugs such as stimulants (eg. cocaine, methamphetamine, and ecstasy) and depressants (eg. alcohol) also represent a major part of the drug addiction and overdose crisis.
- Not only can drug addiction undermine an individual's mental and physical health, it can generate associated community health risks that have created overlapping drug-related crises in the London community:
  - Overdose – emergency care and death
  - HIV infection
  - Hepatitis C infection
  - Infective endocarditis
  - Needle recovery
  - Public drug use
- The following graphic extracted from the Public Health Ontario website, shows Opioid-related morbidity and mortality in Middlesex-London from January of 2003 through to June of 2017. The spike in Emergency Department Visits is dramatic.

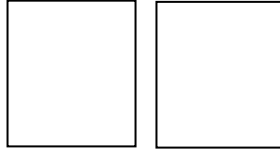


- This crisis also exists throughout the Province of Ontario, Canada and even North America.
- In October of 2017, Ontario established an Opioid Emergency Task Force, including front-line workers and people with lived experience to help develop the Province of Ontario's strategy to address the opioid crisis.
- In December of 2017, the Minister of Health and Long Term Care recognized the existence of a "public health emergency in Ontario due to the opioid crisis, and formally requested that the federal government allow Ontario to approve and fund overdose prevention sites".



- A Health Bulletin recently issued by the Minister of Health and Long Term Care indicates:
  - “From May to July 2017, there were 336 opioid-related deaths in Ontario, compared with 201 during the same time period in 2016, representing a 68 per cent increase.”
  - From July to September 2017, there were 2,449 emergency department visits related to opioid overdoses [in Ontario], compared with 1,896 in the three months prior, representing a 29 per cent increase.”
- The Public Health Agency of Canada indicates that approximately 2,800 people died in 2016 from an apparent opioid overdose. Almost 1,500 apparent opioid overdose deaths occurred in the first half of 2017, and officials believe the total death count in 2017 will substantially exceed that of 2016.
- These statistics prompted the Federal Minister of Health to say, “These numbers confirm that the current crisis is worsening despite our collective efforts to date. Every day, individual Canadians from all walks of life and all parts of the country are losing their lives to this crisis. And the numbers continue to climb.” (Source: Health Canada Statement, December 7, 2017).
- The following map from the Public Health Agency of Canada website shows 2016 apparent opioid-related overdose deaths by province.





**What are Supervised Consumption Facilities (SCF)?**

- Supervised consumption facilities are establishments where people bring their pre-obtained illicit drugs, such as opioids, methamphetamines and other substances, to consume within the facility.
- These facilities offer a clean environment where consumption can occur more safely in the presence of a nurse or other health care professional.
- They often offer sterile supplies (clean needles for example) and provide proper disposal facilities.
- Naloxone is ready for administration at these sites to block the effect of an opioid in the event of an overdose.
- Equipment and staff to perform certain other medical and health interventions related to drug use are also typically present.
- These facilities typically include an intake assessment, performed by a nurse or other healthcare professional to assess the health of a person before consumption occurs.
- These facilities offer linkages and referrals to other health care services that allow for outreach and support for addiction, housing, mental health, etc.
- They often offer harm reduction education and counselling.
- Supervised consumption facilities offer a space for those who have consumed a drug to experience their high in a safer environment. People are not detained in any way after consuming and can leave at any time.
- Supervised consumption facilities could offer drug checking services that evaluate a consumer's drugs for the presence of fentanyl or other dangerous substances.

**What are Temporary Overdose Prevention Sites (TOPS)?**

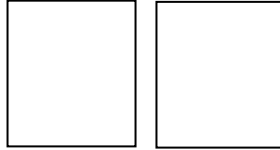
- In November of 2017 the Federal Government initiated a new program to establish a streamlined process for temporary overdose prevention sites to obtain exemption to the Controlled Drug and Substances Act, should a province or territory indicate a public health emergency.
- The intent of these facilities, as expressed by the Federal Minister of Health, is to address the urgent crisis of overdose deaths and overdose emergencies immediately within temporary facilities, while the necessary processes to establish long term supervised consumption facilities take place.
- In January of 2018, the Province released a Health Bulletin defining TOPS as follows:

*“Overdose prevention sites are an extension of existing harm reduction programs that provide easy-to-access, life saving harm reduction services in a stigma-free environment, to help reduce the growing number of opioid-related overdose deaths. The sites will provide:*

- *Supervised injection*
- *Harm reduction supplies, including disposal of used supplies*
- *Naloxone*

*Sites may also provide additional services based on local need and capacity, including supervised oral and intranasal drug consumption and fentanyl test strips as a drug checking services.*

*Overdose prevention sites that meet the necessary criteria will be approved to operate for three to six months, with the possibility of extension.”*



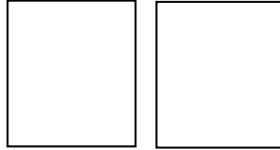
**What are SFS and TOPS intended to do for public health?**

- As noted in the scope definition above, this report does not intend to evaluate whether SFS and TOPS should be permitted; rather, it focuses on the planning considerations for siting such facilities.
- However, it is useful to elicit the public health benefits that professionals cite as the basis for such facilities:
  - Reduction in drug consumption within public places – eg. bathrooms, alleyways, civic spaces and parks
  - Reduction in infectious diseases that impose public health risks – eg. HIV, Hepatitis C
  - Reduction in overdose emergency room visits and associated costs
  - Reduction in overdose deaths
  - Health supports for vulnerable populations that are engaged in drug use
  - Referrals and navigation to drug addiction, detox and other related support services
  - Safety for persons using drugs, during their high when they can be vulnerable
  - Reduction in public disorder during their high
  - Opportunity for community connections
  - Teaching of clean consumption practices
  - Reduction in the number of used needles disposed in public places
- Experts agree that SFS and TOPS are only part of a necessary drug and alcohol strategy that is comprehensive and integrated.

**What is the legislative basis for these facilities to operate?**

***Supervised Consumption Facilities (SCF)***

- The Government of Canada’s web site clarifies that the Controlled Drugs and Substances Act (CDSA) is the federal legislation that controls substances “that can alter mental processes and that may cause harm to health, safety and to society if diverted or misused. Its purpose is to protect public health and maintain public safety.”
- “Section 56 of the CDSA allows the Minister to issue exemptions for medical or scientific purposes, or if otherwise in the public interest. Section 56.1 allows the Minister to issue an exemption for activities at a supervised consumption site for a medical purpose and sets out criteria to be considered.”
- Supervised consumption facilities within Canada are able to operate through an exemption to Section 56.1 of the Controlled Drugs and Substance Act.
- This exemption is provided by Health Canada after reviewing an application from an organization that wishes to host the site.
- The applicant must provide information regarding the intended public health benefits of the site and any available information related to:
  - local conditions indicating a need for the site;
  - impact on crime rates;
  - administrative structure in place to support the facility;
  - resources available to support its maintenance; and
  - expressions of community support or opposition.
- Health Canada conducts a detailed assessment of the application and, thereafter, will make a decision to:
  - Issue an exemption with appropriate terms and conditions
  - Issue an intent to refuse the exemption, containing the reasons for refusal
- Failure to comply with the terms and conditions of approval could result in compliance and enforcement action, including revocation of an exemption.



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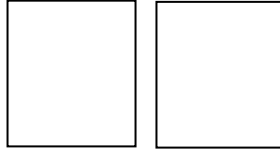
- The application for supervised consumption facilities is rigorous and a very detailed presentation of operating procedures, site security, record keeping, physical site plan, personnel (including the “Responsible Person in Charge), a financial plan, etc.
- The application also requires a consultation report, identifying the process of consultation with a broad range of stakeholders, including the community in the immediate vicinity of the site

#### ***Temporary Overdose Prevention Sites (TOPS)***

- Of importance to this evaluation, and a key distinction from supervised consumption facilities, is that temporary overdose prevention sites (TOPS) are intended to be temporary in nature (generally, in existence for 3-6 months).
- These facilities are intended to address for an urgent need, recognized as a health care emergency.
- The Federal government indicated in November of 2017 that they would provide exemptions under the same Section of the Controlled Drugs and Substance Act for temporary overdose prevention sites.
- Such approvals would only be considered for facilities within provinces that have indicated that they are experiencing an opioid-related public health emergency.
- Federal approval for these temporary facilities would be granted as a class exemption to the Province, who would in turn evaluate proposals for TOPS and approve them accordingly. This would provide for a greatly streamlined process, relative to the Health Canada process required for more permanent supervised consumption facilities.
- On December 7<sup>th</sup> the Minister of Health and Long Term Care made a submission to the Federal government indicating that the Province is experiencing an opioid-related public health emergency and the Federal Minister of Health granted the Province’s request for a class exemption for TOPS in Ontario.
- On January 11, 2018, the Minister of Health and Long Term Care issued a health bulletin that opened the application process for obtaining an exemption to operate a temporary overdose prevention site, provided application forms, and offered a User Guide for Applicants”.
- The bulletin and associated materials are shown in Appendix “F” of this report.

#### **How many such facilities exist in Canada?**

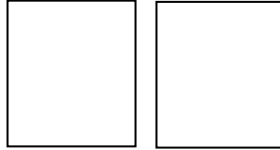
- Health Canada provides a list of approved supervised consumption facilities on their web site at: <https://www.canada.ca/en/health-canada/services/substance-abuse/supervised-consumption-sites/status-application.html>
- The site also shows open applications.
- It is not clear whether the information on this site is fully up-to-date.
- The website shows the following approved supervised consumption facilities by province:
  - Alberta – 7 approved
  - BC – 9 approved and 1 open applications
  - Ontario – 9 approved and 2 open applications
  - Quebec – 4 approved
- The first such facility opened in Vancouver in 2003.
- Such facilities also exist in various parts of the world, including the Netherlands, Switzerland, Austria, Germany, Luxembourg, Norway, Spain and Australia.



**When are SCF and OPS likely to open in London?**

- A significant amount of work has been undertaken to date relating to supervised consumption facilities in London.
- The Middlesex-London Health Unit has led the way, to date, on this work.
- In February of 2017 the Ontario Integrated Supervised Injection Services Feasibility Study was completed to evaluate the feasibility of “supervised injection services” in London. The study was supported by Ontario HIV Treatment Network and funded by the Canadian Institutes of Health Research Centre for REACH in HIV/AIDS.
- The study surveyed approximately 200 people who injected drugs within the preceding 6 month period in London, Ontario.
- Some of the key conclusions of the feasibility study were:
  - 65% indicated that they inject drugs at least once daily and 83% indicated they inject more than once a week
  - The top four drugs injected in the past six months were:
    - Crystal methamphetamine – 83%
    - Hydromorphone – 79%
    - Morphine – 64%
    - Ritalin or biphentin – 54%
  - 25% indicated that they always or usually injected drugs in public or semi-public spaces in the last six month
  - 72% said they occasionally, sometimes, usually or always injected in public or semi-public spaces
  - 48% indicated that they injected in a public washroom; 36% injected in a park; 35% injected in a parking lot; 32% injected in an alley and 32% injected in a stairwell or doorway within 6 months prior to the interview
  - 56% of respondents self-reported they were positive for Hepatitis C and 9% were positive for HIV
  - 86% of respondents indicated that they would be willing to use a “supervised injection site”
  - 51% of respondents indicated that they felt they would be safer from crime when using drugs in such a facility
  - 19% indicated that they did not want people to know they use drugs
  - 19% felt that such a facility would not be convenient
- On October 26, 2017 the Middlesex London Health Unit began consultation on the siting of a possible supervised consumption site in the City of London.
- The Health Unit launched an online survey for those wanting to express their opinions and suggestions and also completed nine public meetings throughout November.
- The Health Unit has been working with potential partners, preparing to submit an application for an exemption to Health Canada for a supervised consumption facility – the proponent/lead organization is not yet know. They would like to move forward to have this application submitted expeditiously (early in 2018).
- The Health Unit has indicated that they intend to open, or partner with another organization to open, a temporary overdose prevention site very early in 2018, pending provincial approvals.
- On January 12, 2018 The Middlesex London Health Unit announced in a media release that “the Health Unit and its partners expect to make an announcement about the location of the site, which will be in downtown London, in the coming days”.





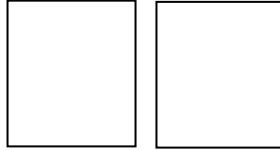
**Council direction**

- On September 5, 2017 Council resolved that the Managing Director, Planning and City Planner BE DIRECTED to examine the use definition of supervised injection sites in the Zoning By-law and how this will be distinguished from the broader Zoning By-law use "clinic";  
  
*it being noted that the Planning and Environment Committee reviewed and received the following communications with respect to this matter:*
  - a communication dated August 11, 2017 from J. Pastorius, Manager, Old East Village BIA; and,
  - a communication dated July 28, 2017 from J. MacDonald, CEO and General Manager, Downtown London. (2017-S08) (23/16/PEC)
- The accompanying communications from the Downtown and Old East Village BIA's both requested that Planning indicate how a supervised consumption site would be distinguished from a clinic use and noted that they were in support of a process similar to that used to established policy and regulations for methadone related uses. The letters are available in full in Appendix A.

**KEY PLANNING CONSIDERATIONS**

**Current gap in planning policy and regulations for SIS and TOPS**

- The introduction of supervised consumption facilities is very new to Ontario; as can be seen from the preceding information, much of the advancement relating to the federal and provincial allowance for such uses in Ontario has taken place in less than a year.
- The London Plan does not include a policy framework for such facilities and the current zoning by-law does not include regulations.
- The Z.-1 Zoning By-law does not include a separate definition for either a supervised consumption site or a temporary overdose prevention site.
- In the absence of a separate definition, Development and Compliance Staff indicate that such a use would likely be considered a Clinic, under the following definition currently contained within the By-law:  
  
"CLINIC" means a building or part thereof, other than a hospital, used by medical doctors, dentists, optometrists, podiatrists, chiropractors and/or drugless practitioners, the practice of health discipline, radiological technicians, registered psychologists and their staff for the purpose of public or private medical, surgical, physiotherapeutic or human health and may include administrative offices, waiting rooms, treatment rooms, laboratories, ophthalmic dispensers, pharmacies, blood donor facilities, specimen collection centres and dispensaries directly associated with the facility, but does not include overnight accommodation or operating rooms and does not include a CLINIC, METHADONE." (Z.-1-051390) (Z.-1-122090)
- Any property that is currently zoned to allow for a Clinic throughout the City would likely be interpreted to allow for a SCF or TOPS, provided all of the other regulations of the applicable zone are satisfied.
- In summary, there is a significant gap in the policy and regulatory framework that does not currently allow the City to plan for SCF and TOPS.



### **Planning for these facilities in locations that can serve those who will use them**

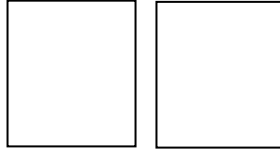
- Any approach to plan for SCF and TOPS should recognize the needs of those who will use them, including:
  1. Where there is a demonstrated need – within or near communities where drug consumption is prevalent.
    - many of those who have a drug addiction have limited financial resources available to spend on transportation and if a SCF or TOPS is not conveniently located to them, they are less likely to use it
    - a recent study indicated that 50% of persons who use drugs that were surveyed in Toronto would travel up to 10 blocks or less to use a “safe injection site” (Toronto and Ottawa Supervised Consumption Assessment Study).
  2. A location well serviced by transit.
  3. A location that is discrete, allowing for reasonable privacy and dignity for those using the facility.
  4. Away from busy commercial areas or active public spaces where there are large crowds that people who use drugs could have to interact with when leaving the facility after consuming and where they could be subject to regular scrutiny.
  5. In an area that can offer other drug addiction related support services

### **Planning for these facilities to avoid land use conflicts**

- Given how new the introduction of supervised consumption facilities and temporary overdose prevention sites are to Ontario, it remains unclear as to what their impacts will be on adjacent land uses. However, the following are planning considerations that staff recommend should be considered when siting such facilities:
  1. Separated from busy commercial areas or active public spaces that could generate conflicts between the general public and those leaving SCF and TOPS after consuming
  2. Separated from parks that could accommodate drug trafficking or injection activities (and needle disposal) near minors and vulnerable populations using the park
  3. Separated from public elementary or secondary school properties
  4. Separated from municipal pools, arenas and community centres and the Western Fairgrounds
  5. Separated from the interior of residential neighbourhoods
- Recognizing the limited number of areas in the city that can serve those populations that would use these facilities, Planning Staff are not recommending specific separation distances.
- To do so would likely eliminate all sites from consideration
- Rather, staff believe it is adequate to identify the desire to separate the use from the above-noted facilities and areas is adequate to allow a provider guidance on what would represent a suitable site from Council’s perspective.

### **Designing these facilities to avoid stigma and promote safety**

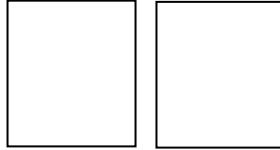
- Understanding the above locational considerations, it will also be important to design SCF and TOPS so that their sites and buildings can avoid stigma and promote safety by:
  1. Entrances should be oriented to allow for reasonably discrete entry (while still visible from the street)
  2. Facility waiting areas and vestibules should be adequate to avoid line-ups/waiting outside of these facilities
  3. Sites should be designed to avoid opportunities for loitering – including exterior seating or landscaping features that can serve as seating
  4. Crime prevention through environmental design (CPTED) principles should be employed to ensure sites are designed to allow for clear views into the entire property from the public realm to avoid drug trafficking on the property and the opportunity to prey on those leaving the facility in a vulnerable state
  5. Ensuring that all facilities are designed to be universally accessible.



**Recognizing the difference between SCF and TOPS**

- It is important to understand, in any planning approach, that there are key differences between supervised consumption sites and temporary overdose prevention sites.

	<b>Temporary Overdose Prevention Sites (TOPS)</b>	<b>Supervised Consumption Facilities (SCF)</b>
<b>Purpose</b>	Address immediate public health emergency	Part of longer term drug and alcohol related harm reduction and public health management program
<b>Duration use will exist</b>	Temporary (3-6 months with opportunity for extension)  Minimal or no capital renovations required.	Permanent  Typically requires substantial capital investment to establish the long-term facility
<b>Range of services</b>	The Province has indicated that TOPS will provide supervised consumption; Naloxone; and harm reduction supplies including such things as needles, syringes and appropriate disposal services; and Naloxone to address overdose.  TOPS may provide peer to peer assisted injection; supervised oral and intranasal drug consumption; or fentanyl test strips as a drug checking services.	SCF may provide all of the same services offered by TOPS, but would typically also offer a variety of additional drug-related services such as drug checking; harm reduction educational; counselling; and referrals to other health services and social services.
<b>Staffing</b>	Minimum of 2 employees with CPR and Naloxone training. If more staff are required, could use volunteers.	Staffing complement of nurses, counsellors, peers, nurse practitioners, etc. All paid positions.
<b>Funding</b>	Set standard funding based on hours of operation (small budget)	Funded based on submitted financial plan, including staffing, building renovations, supplies, etc.
<b>Approval process timelines for exemption under Federal and Provincial processes</b>	To be approved within 14 days by the Province	Lengthy application process



Recognizing the differences between these types of facilities, and the planning implications of these differences, any planning approach should:

- Plan for TOPS differently than SCF
- Define TOPS separately from SCF
- Allow for a degree of greater flexibility for TOPS than SCF, recognizing that they will only be in place for a temporary period
- Ensure that planning processes do not undermine the opportunity for TOPS to be established immediately in response to an emergency need
- Ensure that temporary overdose protection facilities are, in fact, temporary and are not extended beyond a year without being considered for siting as a supervised consumption facility

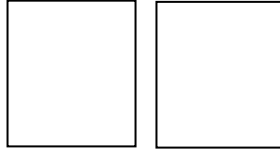
## **OVERALL APPROACH**

### **Immediate Action – Interim Council Policy**

- Given the short time frame in which temporary overdose prevention sites and supervised consumption facilities are to be implemented in London, it is recommended that Municipal Council adopt a Council policy immediately that establishes the criteria that Council would request any proponent of a SCF or TOPS to respect when siting such a facilities.
- It should be recognized that a Council policy does not have the legal effect of Official Plan policy or legal regulation.
- However, it would establish Council's wishes with clarity which would be useful for those preparing submissions to Health Canada (supervised consumption facilities) and the Province (temporary overdose prevention sites). It would also provide clarity to those two senior government bodies when they are evaluating applications for such facilities in London.

### **Continue with Official Plan Policy and Zoning By-law Amendments**

- It is important to recognize that TOPS and SCF's can be established by a number of different types of organizations that are not government-run agencies.
- For example, the Provinces document "Overdose Prevention Sites: User Guide for Applications, Jan 2018" indicates that applicants must show that the "site is led by an incorporated healthcare or community based organization, or partners with one...that works with individuals who use drugs. Preference will be given to those who currently offer harm reduction services." This opens the possibility for many different private-sector models to establish and run such facilities.
- While the Council Policy will help to clarify Council's desires for the siting of SCF and TOPS, such a policy does not have a regulatory effect.
- Staff believe that an Official Plan policy and associated zoning regulations are required to effectively plan for SCF and TOPS within London - accordingly, Planning Staff recommend continuing to establish these policies and regulations.
- The required process to establish such policies has already begun – public notice was issued in late 2017.
- Establishing a separate definition of SCF and TOPS will ensure that such uses are not interpreted as a Clinic – and thus not indiscriminately permitted in all zones that allow for clinics.
- The draft proposed policies and by-laws are provided in the attached appendices.
- Staff recommend holding a community meeting relating to these policies in February, with the intent of returning to Council with a final policy and regulations in March or April of 2017.



**RECOMMENDED COUNCIL POLICY**

**Siting of Supervised Consumption Facilities (SCF) and  
Temporary Overdose Prevention Sites (TOPS)**

**A. Siting of Supervised Consumption Facilities**

It is a policy of the City of London to ask that any proponent of a supervised consumption site (SCF) implement the following location, design and engagement measures through the process of siting their facility:

**1. Location Criteria to Benefit Those Who Use Such Facilities**

For the benefit of those who use supervised consumption facilities, they should be sited in a location that is:

- Within close proximity to, or near, communities where drug consumption is prevalent
- Well serviced by transit
- Discrete, allowing for reasonable privacy for those using the facility
- Separated from busy pedestrian-oriented commercial areas
- Separated from public spaces that generate pedestrian traffic or may generate crowds from time to time
- Close to an area with other drug addiction related support services

**2. Location Criteria to Avoid Land Use Conflicts**

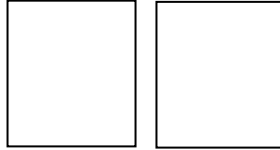
In addition to those criteria listed in Part 1, above, to avoid land use conflicts, supervised consumption facilities should be sited in a location that is:

- Separated from busy commercial areas or active public spaces that could generate conflicts between the general public and those leaving these facilities after consuming
- Separated from parks
- Separated from key pedestrian corridors in the Core Area
- Separated from public elementary or secondary school properties
- Separated from municipal pools, arenas and community centres and the Western Fairgrounds
- Not within the interior of a residential neighbourhood

**3. Site Design Criteria**

In addition to those location criteria listed in Part 1 and Part 2 of this policy, supervised consumption facilities should be designed to:

- Incorporate Crime Prevention Through Environmental Design (CPTED) principles
- Meet municipal bylaws and provincial regulations for accessibility
- Orient building entrances to allow for reasonably discrete entry and exit
- Ensure that building waiting areas and vestibules are adequately sized to avoid line-ups or waiting outside of the building
- Allow for easy visual surveillance of the facility and its surrounding site from the street
- Avoid opportunities for loitering, such as the installation of seating areas or landscape features that can be used for seating.



#### 4. Engagement Measures

Consultation processes required by the Federal and Provincial governments must be met. In addition, proponents of supervised consumption facilities should host a meeting with property owners, business owners, and residents within a minimum of 120m of the proposed site to describe the proposal and operational procedures planned for the facility, hear the neighbouring property owners concerns, allow for consideration of measures that could be taken to mitigate these concerns, and establish a system for ongoing communication with the community.

#### **B. Siting of Temporary Overdose Prevention Sites (TOPS)**

It is recognized, through this policy, that temporary overdose prevention sites are intended to address a public health emergency. In addition, they are intended to be temporary in nature. Accordingly, it is understood that all of the siting and design criteria identified in Part A, above, may not be achievable. However, any proponent of a temporary overdose prevention site should ensure that the majority of these location and design criteria are met and that the facility is not located within the interior of a residential neighbourhood or near a public elementary or secondary school.

The engagement measures identified for supervised consumption facilities in Part A, above, should be implemented for temporary overdose prevention sites, but may occur after the facility has been established.

The Province has indicated that, to address a public health emergency, temporary overdose prevention sites may be approved by the Ministry of Health and Long Term Care on a time limited basis (3 to 6 months) with the possibility of extension. To recognize this temporary status, Council requests that applications to the Province for extensions of temporary overdose prevention sites not be approved if they result in such uses existing for more than one year. Rather, the need for such services should be addressed through a supervised consumption site.

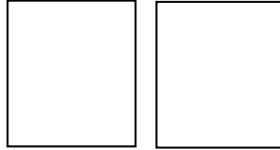
#### **C. Definitions**

**“SUPERVISED CONSUMPTION FACILITY”** means a facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person’s drug consumption and assist in the event of an overdose or other health risk. These facilities may offer additional health and drug-related support services. These facilities are intended to provide such services on an ongoing, rather than temporary, basis.

**“TEMPORARY OVERDOSE PREVENTION SITE”** means a temporary facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person’s drug consumption and assist in the event of an overdose or other health risk. Unlike supervised consumption sites, these facilities are to be temporary in nature, existing for one year or less.

<b>DRAFT OFFICIAL PLAN POLICY and ZONING BY-LAW AMENDMENTS</b>
--

- The process to establish policies and zoning regulations began in November of 2017, when the required public notice was issued, advising of proposed amendments to the Official Plan and Z.-1 Zoning By-law

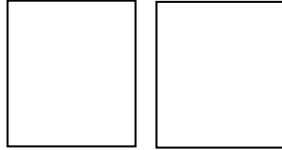


**File No. OZ-8852  
J. Fleming/L. Maitland**

- Appendix E shows comments received by the Upper Thames River Conservation Authority, the London District School Board and the Chippewas of the Thames First Nation in response to this public notice.
- Appendices C and D provide draft proposed Official Plan and Zoning By-law amendments.
- The Official Plan amendment aligns closely with the Council Policy noted above.
- The Zoning By-law amendment creates definitions for supervised consumption facilities and temporary overdose prevention sites.

<b>PREPARED BY:</b>	<b>SUBMITTED BY:</b>
<b>LEIF MAITLAND LONG RANGE PLANNING AND RESEARCH</b>	<b>GREGG BARRETT, AICP MANAGER, LONG RANGE PLANNING AND RESEARCH</b>
<b>RECOMMENDED BY:</b>	
<b>JOHN M. FLEMING, MCIP, RPP MANAGING DIRECTOR, PLANNING AND CITY PLANNER</b>	

JF/LM/....

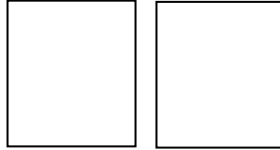


**File No. OZ-8852  
J. Fleming/L. Maitland**

**Appendix "A"**

**COMMUNICATIONS TO COUNCIL FROM  
DOWNTOWN LONDON AND OLD EAST VILLAGE BIA  
SUMMER, 2017**





File No. OZ-8852  
J. Fleming/L. Maitland



August 11, 2017

Chair and Members – Planning and Environment Committee

City of London  
300 Dufferin Ave.,  
P.O Box 5035  
London, ON N6A 4L9

Re: Definition of Supervised Injection Sites.

Dear Councillor Park and members of the Committee:

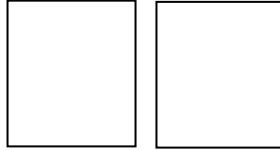
Recognizing that discussions to introduce Supervised Injection Sites to London are currently taking place, Maria Drangova, the Old East Village Business Improvement Area Board Chair is requesting that the Planning and Environment Committee direct staff to examine the use definition of safe injection sites in the zoning by law and how this will be distinguished from the broader zoning by law use “clinic”.

The Old East Village BIA has worked in the past with City of London Planning staff and supported a similar process conducted for methadone clinics for such a land use/regulatory item.

Sincerely,

Jennifer Pastorius  
Manager,  
Old East Village BIA

cc. John Fleming, City Planner.



**File No. OZ-8852  
J. Fleming/L. Maitland**



July 28, 2017

Chair and Members – Planning and Environment Committee.

City of London,  
300 Dufferin Ave.,  
P.O. Box 5035  
London, ON N6A 4L9

**Re: Definition for Supervised Injection Sites.**

Dear Councillor Park and members of the PEC:

In light of recent discussions regarding the introduction of Supervised Injection Sites to London, the board of directors of the London Downtown Business Association is requesting that PEC direct staff to examine the use definition of supervised injection sites in the zoning by law and how this will be distinguished from the broader ZBL use “clinic.”

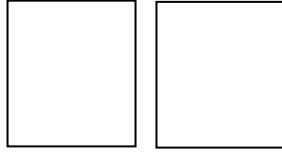
A similar process was conducted for methadone clinics in the past for such a land use/regulatory item.

Sincerely,

Downtown London

Janette MacDonald,  
CEO and General Manager

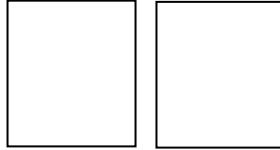
cc. John Fleming, City Planner.



**File No. OZ-8852  
J. Fleming/L. Maitland**

**Appendix "B"**

**PROPOSED COUNCIL POLICY**



**File No. OZ-8852  
J. Fleming/L. Maitland**

**Appendix “B”**

Bill No.  
2018

By-law No. CPOL.\_\_\_\_\_

A by-law to establish a new Council policy entitled  
“Siting of Safe Consumption Facilities and  
Temporary Overdose Prevention Sites in London”.

WHEREAS section 5(3) of the *Municipal Act, 2001*, S.O. 2001, C.25, as amended, provides that a municipal power shall be exercised by by-law;

AND WHEREAS section 9 of the *Municipal Act, 2001*, S.O. 2001, C. 25, as amended, provides a municipality with the capacity, rights, powers and privileges of a natural person for the purpose of exercising its authority;

AND WHEREAS the Council of The Corporation of the City of London wishes to establish a new Council policy entitled “Siting of Safe Consumption Facilities and Temporary Overdoes Prevention Sites in London”;

NOW THEREFORE the Municipal Council of The Corporation of the City of London enacts as follows:

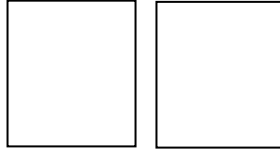
1. The policy entitled “Site of Safe Consumption Facilities and Temporary Overdoes Prevention Sites in London”, attached hereto as Schedule “A” is hereby adopted.
2. This by-law shall come into force and effect on the date it is passed.

PASSED in Open Council on January 30, 2018.

Matt Brown  
Mayor

Catharine Saunders  
City Clerk

First Reading – January 30, 2018  
Second Reading – January 30, 2018  
Third Reading – January 30, 2018



## Schedule “A”

### Siting of Supervised Consumption Facilities (SCF) and Temporary Overdose Prevention Sites (TOPS)

#### **A. Siting of Supervised Consumption Facilities**

It is a policy of the City of London to ask that any proponent of a supervised consumption site (SCF) implement the following location, design and engagement measures through the process of siting their facility:

##### **1. Location Criteria to Benefit Those Who Use Such Facilities**

For the benefit of those who use supervised consumption facilities, they should be sited in a location that is:

- Within close proximity to, or near, communities where drug consumption is prevalent
- Well serviced by transit
- Discrete, allowing for reasonable privacy for those using the facility
- Separated from busy pedestrian-oriented commercial areas
- Separated from public spaces that generate pedestrian traffic or may generate crowds from time to time
- Close to an area with other drug addiction related support services

##### **2. Location Criteria to Avoid Land Use Conflicts**

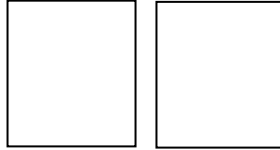
In addition to those criteria listed in Part 1, above, to avoid land use conflicts, supervised consumption facilities should be sited in a location that is:

- Separated from busy commercial areas or active public spaces that could generate conflicts between the general public and those leaving these facilities after consuming
- Separated from parks
- Separated from key pedestrian corridors in the Core Area
- Separated from public elementary or secondary school properties
- Separated from municipal pools, arenas and community centres and the Western Fairgrounds
- Not within the interior of a residential neighbourhood

##### **3. Site Design Criteria**

In addition to those location criteria listed in Part 1 and Part 2 of this policy, supervised consumption facilities should be designed to:

- Incorporate Crime Prevention Through Environmental Design (CPTED) principles
- Meet municipal bylaws and provincial regulations for accessibility
- Orient building entrances to allow for reasonably discrete entry and exit
- Ensure that building waiting areas and vestibules are adequately sized to avoid line-ups or waiting outside of the building
- Allow for easy visual surveillance of the facility and its surrounding site from the street
- Avoid opportunities for loitering, such as the installation of seating areas or landscape features that can be used for seating.



#### **4. Engagement Measures**

Consultation processes required by the Federal and Provincial governments must be met. In addition, proponents of supervised consumption facilities should host a meeting with property owners, business owners, and residents within a minimum of 120m of the proposed site to describe the proposal and operational procedures planned for the facility, hear the neighbouring property owners concerns, allow for consideration of measures that could be taken to mitigate these concerns, and establish a system for ongoing communication with the community.

#### **B. Siting of Temporary Overdose Prevention Sites (TOPS)**

It is recognized, through this policy, that temporary overdose prevention sites are intended to address a public health emergency. In addition, they are intended to be temporary in nature. Accordingly, it is understood that all of the siting and design criteria identified in Part A, above, may not be achievable. However, any proponent of a temporary overdose prevention site should ensure that the majority of these location and design criteria are met and that the facility is not located within the interior of a residential neighbourhood or near a public elementary or secondary school.

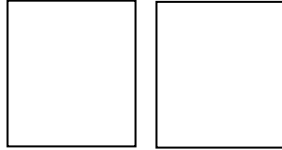
The engagement measures identified for supervised consumption facilities in Part A, above, should be implemented for temporary overdose prevention sites, but may occur after the facility has been established.

The Province has indicated that, to address a public health emergency, temporary overdose prevention sites may be approved by the Ministry of Health and Long Term Care on a time limited basis (3 to 6 months) with the possibility of extension. To recognize this temporary status, Council requests that applications to the Province for extensions of temporary overdose prevention sites not be approved if they result in such uses existing for more than one year. Rather, the need for such services should be addressed through a supervised consumption site.

#### **C. Definitions**

**“SUPERVISED CONSUMPTION FACILITY”** means a facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person’s drug consumption and assist in the event of an overdose or other health risk. These facilities may offer additional health and drug-related support services. These facilities are intended to provide such services on an ongoing, rather than temporary, basis.

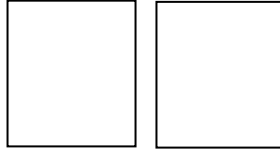
**“TEMPORARY OVERDOSE PREVENTION SITE”** means a temporary facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person’s drug consumption and assist in the event of an overdose or other health risk. Unlike supervised consumption sites, these facilities are to be temporary in nature, existing for one year or less.



**File No. OZ-8852  
J. Fleming/L. Maitland**

**Appendix “C”**

**DRAFT OFFICIAL PLAN AMENDMENT  
FOR CIRCULATION AND FEEDBACK**



## **DRAFT OFFICIAL PLAN AMENDMENT FOR CIRCULATION AND FEEDBACK**

The following policies are to be added to the “Policies for Specific Areas” section within the Institutional Place Type:

### **SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES**

#### **DEFINITIONS**

A supervised consumption facility is a facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person’s drug consumption and assist in the event of an overdose or other health risk. These facilities may offer additional health and drug-related support services. These facilities are intended to provide such services on an ongoing, rather than temporary, basis.

A temporary overdose prevention sites is a temporary facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person’s drug consumption and assist in the event of an overdose or other health risk. Unlike supervised consumption sites, these facilities are to be temporary in nature. If they exist for more than one year, they will be considered a supervised consumption facility.

#### **GENERAL POLICY APPROACH**

Supervised consumption facilities and temporary overdose prevention sites will be planned such that they:

- meet the needs of those who they are designed to service
- avoid land use conflicts

Supervised consumption facilities may be permitted within any Place Type, subject to a zoning by-law amendment and all of the policies of this Plan.

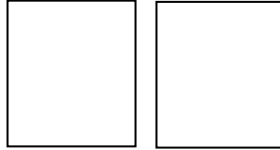
#### **EVALUATION CRITERIA FOR SUPERVISED CONSUMPTION SITES**

The following evaluation criteria will be used when considering applications for zoning by-law amendments to support supervised consumption facilities:

##### **1. Locations that meet the needs of those who they are designed to service**

- i. Within close proximity to, or near, communities where drug consumption is prevalent
- ii. Well serviced by transit
- iii. Discrete, allowing for reasonable privacy for those using the facility
- iv. Separated from busy pedestrian-oriented commercial areas
- v. Separated from public spaces that generate pedestrian traffic or may generate large crowds from time to time
- vi. Close to an area with other drug addiction related support services





## **2. Locations that avoid land use conflicts**

- i. Separated from busy commercial areas or active public spaces that could generate conflicts between the general public and those leaving supervised consumption facilities after consuming
- ii. Separated from parks
- iii. Separated from key pedestrian corridors within the Core Area
- iv. Separated from public elementary or secondary school properties
- v. Separated from municipal pools, arenas and community centres and the Western Fairgrounds
- vi. Not within the interior of a residential neighbourhood

## **SITE DESIGN REQUIREMENTS FOR SUPERVISED CONSUMPTION SITES**

Supervised consumption facilities should be designed to:

- Incorporate Crime Prevention Through Environmental Design (CPTED) principles
- Meet provincial regulations, the policies of this plan, and municipal by-laws relating to accessibility
- Orient building entrances to allow for reasonably discrete entry and exit
- Ensure that building waiting areas and vestibules are adequately sized to avoid line-ups or waiting outside of the building
- Allow for easy visual surveillance of the facility and its surrounding site from the street
- Avoid opportunities for loitering, such as the installation of seating areas or landscape features that can be used for seating

## **NEIGHBOURHOOD ENGAGEMENT FOR SUPERVISED CONSUMPTION SITES**

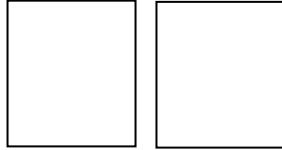
Various consultation processes are required by the Federal government in order to gain approval for the operation of supervised consumption facilities. In addition, proponents of supervised consumption facilities and temporary overdose prevention sites should host a meeting with property owners, business owners, and residents within a minimum of 120m of the proposed site to describe the proposal and operational management plans for the facility, hear the neighbouring property owners' concerns, allow for consideration of measures that could be taken to mitigate these concerns, and establish a system for ongoing communication with the community

## **TEMPORARY OVERDOSE PREVENTION SITES**

Temporary overdose prevention sites may be permitted within any Place Type subject to a zoning by-law amendment and all of the policies of this Plan. They will only be permitted through the use of a temporary zone and any such zone will not extend beyond the period of one year.

Temporary overdose prevention sites are intended to address an urgent public health emergency. They are intended to be temporary in nature. Accordingly all of the siting and design criteria identified for supervised consumption sites may not be achievable for temporary overdose prevention sites. However, the majority of these location and design criteria should be met and these facilities will not be permitted within the interior of a residential neighbourhood or near a public elementary or secondary school.

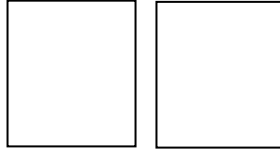
Recognizing the intent to address an urgent public health emergency, processes relating to zoning by-law amendment applications for temporary overdose prevention sites will be expedited, while meeting all of the requirements of the Planning Act. The engagement measures required for supervised consumption facilities will also be required for temporary overdose prevention sites, but may be completed after the facility has been established.



**File No. OZ-8852  
J. Fleming/L. Maitland**

**Appendix “D”**

**DRAFT ZONING BY-LAW AMENDMENT  
FOR CIRCULATION AND FEEDBACK**



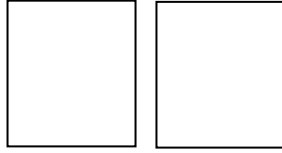
**File No. OZ-8852  
J. Fleming/L. Maitland**

**DRAFT ZONING BY-LAW AMENDMENT  
FOR CIRCULATION AND FEEDBACK**

Add the following two definitions to Section 2 – Definitions of the Z.-1 Zoning By-law:

**“SUPERVISED CONSUMPTION FACILITY”** means a facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person’s drug consumption and assist in the event of an overdose or other health risk. These facilities may offer additional health and drug-related support services. These facilities are intended to provide such services on an ongoing, rather than temporary, basis.

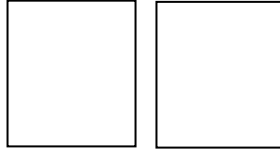
**“TEMPORARY OVERDOSE PREVENTION SITE”** means a temporary facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person’s drug consumption and assist in the event of an overdose or other health risk. Unlike supervised consumption sites, these facilities are temporary in nature.



**File No. OZ-8852  
J. Fleming/L. Maitland**

**Appendix "E"**

**COMMENTS RECEIVED IN RESPONSE TO  
NOVEMBER, 2017 NOTICE OF APPLICATION**



**File No. OZ-8852  
J. Fleming/L. Maitland**

**Upper Thames River Conservation Authority**

Good Morning Leif.

Thank you for circulating this application to the UTRCA.

Given the nature of this application - to add new policies to the OP and London Plan and to introduce a new zoning definition and land use regulations for supervised consumption sites, we have no objections or comments to offer at this time.

Any affected lands which are subject to Ontario Regulation 157/06 made pursuant to Section 28 of the *Conservation Authorities Act* will require that the landowner obtain the necessary written approval/clearance from the Authority prior to undertaking any site alteration or development within the regulated area.

Thank you for the opportunity to comment.

Yours truly,  
Christine



*Christine Creighton*

Land Use Planner  
1424 Clarke Road London, Ontario, N5V 5B9  
519.451.2800 Ext. 293 | Fax: 519.451.1188  
[creightonc@thamesriver.on.ca](mailto:creightonc@thamesriver.on.ca) | [www.thamesriver.on.ca](http://www.thamesriver.on.ca)

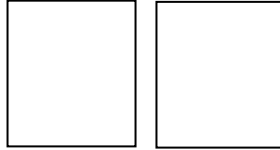
**Chris Butler**

Lief;

Please consider this a request to add me to the E - Mail and Draft bylaw review list for your Supervised Injection Sites file , including a heads up on when this is planned to go to council for review.

I did complete the survey from the Middlesex Health Unit but was not able to attend the public meeting a few weeks ago.

THXS - Chris Butler - 863 Waterloo St



File No. OZ-8852  
J. Fleming/L. Maitland

**London District Catholic School Board**



**CATHOLIC EDUCATION CENTRE**  
5200 Wellington Road S. London, Ontario N6E 3X8 Canada  
T (519) 663-2088 F (519) 663-9250

November 28, 2017

Leif Maitland  
Planning Division  
The City of London  
300 Dufferin Avenue  
P. O. Box 5035  
London, ON N6A 4L9

Dear L. Maitland:

**Re: Application to Amend the Official Plan and Zoning By-law Z.-1  
Supervised Consumption Sites, City of London  
File Number: OZ-8852**

The London District Catholic School Board is in receipt of your department's circulation notice of the above-noted application to amend the Official Plan and Zoning By-law dated November 23, 2017. We would like to submit the following comments.

The purpose of the proposed Official Plan and Zoning By-law Amendment is to introduce a new zoning definition and land use regulations for Supervised Consumption Sites. In this regard, the London District Catholic School Board recognizes the community need for this new land use and new zoning definition. As part of the zoning policies and regulations, the Board requests that a minimum separation distance of 300 metres be established from all LDCSB elementary and secondary schools for the location of Supervised Consumption Sites.

We appreciate the opportunity to review and comment on this application. If you have any questions regarding these comments, please do not hesitate to contact the undersigned.

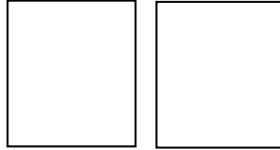
Yours truly,

Linda Staudt  
Director of Education

  
John Jevnikar  
Board Chair

cc: R. McLean, Supervisor of Planning, LDCSB

*Inspired by Christ. Learning together. Serving together.*



File No. OZ-8852  
J. Fleming/L. Maitland

**Chippewas of the Thames First Nation**



**CHIPPEWAS OF THE THAMES FIRST NATION**

December 18, 2017

L. Maitland  
Planning Services  
The City of London  
P.O. box 5035, 300 Dufferin Ave.  
London, ON N6A 4L9

**RE: Amendment to the Official Plan & Zoning By-Law**

Mr. Maitland,

We have received information concerning the abovementioned project, dated November 23, 2017.

The proposed work will affect Southwestern Ontario Treaties to which Chippewas of the Thames First Nation (COTTFN) is a signatory too. The proposed amendment is also located within the Big Bear Creek Additions to Reserve (ATR) land selection area, as well as COTTFN Traditional territory.

At this time, with the information that has been provided to us, we have minimal concerns with this project. However, we do request that when a Supervised Consumption Site is proposed, that we notified.

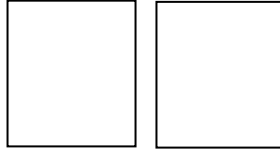
We look forward to continuing this open line of communication. To implement meaningful consultation, COTTFN has developed its own protocols - a document and a process that will guide positive working relationships. We would be happy to meet with you to review COTTFN's Consultation Protocols.

Please do not hesitate to contact me if you need further clarification of this letter.

Sincerely,

Rochelle Smith  
A/Consultation Coordinator  
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File No. OZ-8852  
J. Fleming/L. Maitland

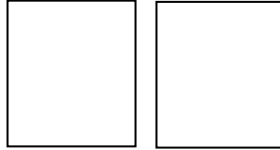
**Appendix “F”**

**MINISTRY OF HEALTH AND LONG TERM CARE  
HEALTH BULLETIN JAN 11, 2018**

**AND**

**OVERDOSE PREVENTION SITES: USER GUIDE FOR APPLICANTS**





## Health Bulletins

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### Applications Now Open for Overdose Prevention Sites

#### Temporary Locations to Offer Life-Saving Harm Reduction Services

January 11, 2018

Ontario is now accepting [applications for overdose prevention sites <http://www.health.gov.on.ca/en/news/bulletin/2018/docs/hb\\_20180111\\_ops\\_application.pdf>](#) (PDF) from health care or community-based organizations that support harm reduction and work with people who use drugs.

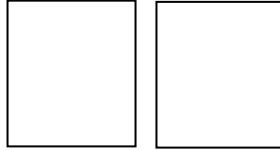
Overdose prevention sites are an extension of existing harm reduction programs that provide easy-to-access, life-saving harm reduction services in a stigma-free environment, to help reduce the growing number of opioid-related overdose deaths. The sites will provide:

- Supervised injection
- Harm reduction supplies, including disposal of used supplies
- Naloxone.

Sites may also provide additional services based on local need and capacity, including supervised oral and intranasal drug consumption and fentanyl test strips as a drug checking service.

Overdose prevention sites that meet the necessary criteria will be approved to operate for three to six months, with the possibility of extension.

For more information on how to obtain provincial approval and funding to open a site, organizations are encouraged to review the [Overdose Prevention Sites: User Guide for Applicants <http://www.health.gov.on.ca/en/news/bulletin/2018/docs/hb\\_20180111\\_ops\\_user\\_guide.pdf>](#) (PDF). The guide also outlines eligibility and program delivery requirements, and the criteria used to assess each application.



### **Quotes**

"Every life lost to this opioid crisis is an avoidable tragedy and our government is committed to doing everything in our power to combat this public health crisis. Overdose prevention sites have proven to save lives by offering necessary health services to some of the most vulnerable and marginalized populations."

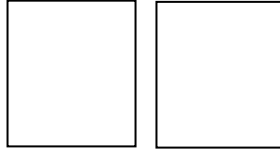
- Dr. Eric Hoskins, Minister of Health and Long-Term Care

### **Quick Facts**

- From May to July 2017, there were 336 opioid-related deaths in Ontario, compared with 201 during the same time period in 2016, representing a 68 per cent increase. From July to September 2017, there were 2,449 emergency department visits related to opioid overdoses, compared with 1,896 in the three months prior, representing a 29 per cent increase.
- The federal government recently announced changes that would expand the ability of provinces to respond to the escalating opioid crisis. Under the new federal policy, provinces experiencing a public health emergency can request an exemption under federal law for temporary overdose prevention sites. On December 7, 2017, Health Canada issued an exemption to Ontario to establish temporary overdose prevention sites across the province.
- Establishing overdose prevention sites with a federal exemption will protect front-line workers at these sites from criminal prosecution.
- The Ministry of Health and Long-Term Care will provide applicants with a decision within 14 days of receiving a completed application.
- Over the next three years, Ontario is investing more than \$222 million to combat the opioid crisis in Ontario, including expanding harm reduction services, hiring more front-line staff and improving access to addictions supports across the province.

### **Learn More**

- [Recognize and temporarily reverse an opioid overdose](https://www.ontario.ca/overdose)  
<<https://www.ontario.ca/overdose>>
- [Learn about opioids](https://www.ontario.ca/page/understanding-opioids) <<https://www.ontario.ca/page/understanding-opioids>>



- [Ontario's Strategy to Prevent Opioid Addiction and Overdose](https://news.ontario.ca/mohitc/en/2016/10/strategy-to-prevent-<br/>opioid-addiction-and-overdose.html)  
<[https://news.ontario.ca/mohitc/en/2016/10/strategy-to-prevent-  
opioid-addiction-and-overdose.html](https://news.ontario.ca/mohitc/en/2016/10/strategy-to-prevent-<br/>opioid-addiction-and-overdose.html)>
- [Patients First: Action Plan for Health Care](http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/)  
<[http://www.health.gov.on.ca/en/ms/ecfa/healthy\\_change/](http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/)>
- [Overdose Prevention Sites: User Guide for Applicants](http://www.health.gov.on.ca/en/news/bulletin/2018/docs/hb_20180111_ops_user_guide.pdf)  
<[http://www.health.gov.on.ca/en/news/bulletin/2018/docs/hb\\_20180111\\_ops\\_user\\_guide.pdf](http://www.health.gov.on.ca/en/news/bulletin/2018/docs/hb_20180111_ops_user_guide.pdf)>  
- (PDF)
- [Applications for overdose prevention sites](http://www.health.gov.on.ca/en/news/bulletin/2018/docs/hb_20180111_ops_application.pdf)  
<[http://www.health.gov.on.ca/en/news/bulletin/2018/docs/hb\\_20180111\\_ops\\_application.pdf](http://www.health.gov.on.ca/en/news/bulletin/2018/docs/hb_20180111_ops_application.pdf)>  
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#### For More Information

If you are a reporter with a question for a story, or with comments about how this News Room section could serve you better, send us an e-mail at: [media@moh.gov.on.ca](mailto:media@moh.gov.on.ca) <<mailto:media@moh.gov.on.ca>>

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In Toronto: 416-314-6197

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at 1-866-532-3161  
TTY 1-800-387-5559.  
In Toronto, TTY 416-327-4282  
Hours of operation : 8:30am - 5:00pm

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