



MIDDLESEX-LONDON HEALTH UNIT  
REPORT TO CITY OF LONDON  
PLANNING AND ENVIRONMENT COMMITTEE

TO: Chair and Members of the Planning and Environment Committee  
FROM: Christopher Mackie, Medical Officer of Health / CEO  
DATE: 2018 April 16

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## SITING OF LONDON'S FIRST SUPERVISED CONSUMPTION FACILITY

### **Recommendation**

*It is recommended that the Planning and Environment Committee*

- 1. ENDORSE either one or both of 120 York St. and 372 York St. as (an) appropriate location(s) for a permanent Supervised Consumption Facility (SCF); and*
- 2. COMMIT that when a bylaw is put in place to establish specific zoning criteria for Supervised Consumption Facilities in London that the endorsed location(s) automatically be deemed zoned for such use.*

### **Key Points**

- A permanent Supervised Consumption Facility is clearly needed in London. These facilities have been shown to improve public order – reducing needle waste and public injection – as well as public health.
- The Temporary Overdose Prevention Site that has been operating in downtown London since February 12<sup>th</sup> has seen over 1200 client visits; initial results for clients and the community have been overall very positive.
- Two sites are under consideration for a permanent Supervised Consumption Facility: 120 York St. and 372 York St. As the arbiter of community input, the endorsement of Council is sought.

### **Background**

After observing significant increases in the rate of infectious diseases predominantly amongst people who inject drugs (PWID), the Middlesex-London Health Unit (MLHU) and the Regional HIV/AIDS Connection (RHAC) worked together with several partners in the health, social services, and emergency response sectors to develop an application to the federal government for permission to establish a Supervised Consumption Facility (SCF). Supervised Consumption Facilities have been shown to: help prevent fatal overdoses; reduce the spread of life-threatening infections such as HIV, Invasive Group A Streptococcus (iGAS), and infectious endocarditis; and improve public order by reducing needle waste and public injecting.

### **Public Consultation, Initial Work, and Council Policy**

Recently, MLHU and RHAC collaborated with several other agencies to open the first provincially sanctioned Temporary Overdose Prevention Site (TOPS) in order to help address these concerns until federal approval for a permanent SCF could be obtained. This work was informed by public consultations in November of 2017 regarding what an SCF should include in order to be effective and acceptable to the community. These consultations included online survey input from over 2000 people, in-person consultations with over 400 participants, and targeted focus groups with service providers, Indigenous

agencies and individuals, and people who inject drugs. Key recommendations from these public consultations:

1. Ensure site location is accessible and welcoming to potential clients and respects the immediate neighbourhood context.
2. Implement and operate from a base of evidence and best practices, and commit to ongoing evaluation.
3. Be equipped to serve diverse group of clients with varying needs.
4. Respect neighbourhood needs and concerns.
5. Communicate, educate, and train.
6. Develop strong partnerships and commit to system shift.
7. Continue to work with the “bigger picture” in mind.
8. Develop and implement a comprehensive implementation strategy.

All of these recommendations were considered in the implementation of the TOPS, and are being used to guide the development of the SCF model. The full report from the public consultations can be found [here](#).

As part of implementing these recommendations, several partners from the Opioid Crisis Working Group and beyond have been engaged in both establishing the service model and operating the TOPS, and are currently being engaged regarding the establishment of the SCF.

On January 30, 2018, City Council unanimously passed into bylaw a new Council policy entitled [Siting of Supervised Consumption Facilities \(SCF\) and Temporary Overdose Prevention Sites \(TOPS\)](#). This policy provided guidance which assisted in finding a location for the new Temporary Overdose Prevention Site, and has been used extensively in the search for candidate sites for a permanent Supervised Consumption Facility.

### **London’s Temporary Overdose Prevention Site Demonstrates Effectiveness & Acceptability**

To date, the Temporary Overdose Prevention Site has been successful on multiple fronts. While it is still fairly early in the operation of the TOPS, numerous consultations with residents, businesses and other stakeholders have been positive and have indicated that the service has been generally well received, and has likely had a net positive impact on the community. While there have been a small number of issues in the vicinity, it does not appear that these issues are occurring with any increased frequency, and they are offset by a substantial reduction in needle waste in the area, and a corresponding reduction in public injecting behaviour.

Clients have exhibited increasing comfort in accessing TOPS with an average of over 30 client interactions each day, to a peak of 57 visits in one day. As of April 3, there have been over 1200 client visits to the site and on only three occasions was intervention required by staff to prevent an overdose. In addition, there have been several very positive and therapeutic interactions that have helped people in the throes of addiction to improve their lives. Because of the partnerships with key community agencies working at the TOPS, numerous clients have been able to connect to support services that they may not have been able to access, and in some cases have even moved on to detoxification and other treatments for their addictions.

The services offered at TOPS are complemented by a comprehensive suite of harm reduction activities including a clean needle program, naloxone kit distribution and training, needle recovery teams, client education, and epidemiological surveillance. Best practices from across North America have been studied and adopted locally to help prevent overdose and reduce the spread of infectious diseases.

Recent data suggest that there has been a reduction in new HIV and Hepatitis C cases in London, while naloxone has been used by bystanders in the community on several occasions to prevent fatal overdoses. Examples of effective peer support and enhanced client navigation experiences have also been reported at

the TOPS location. Communities from across Ontario have been turning to agencies in London for guidance and support in addressing their local situations.

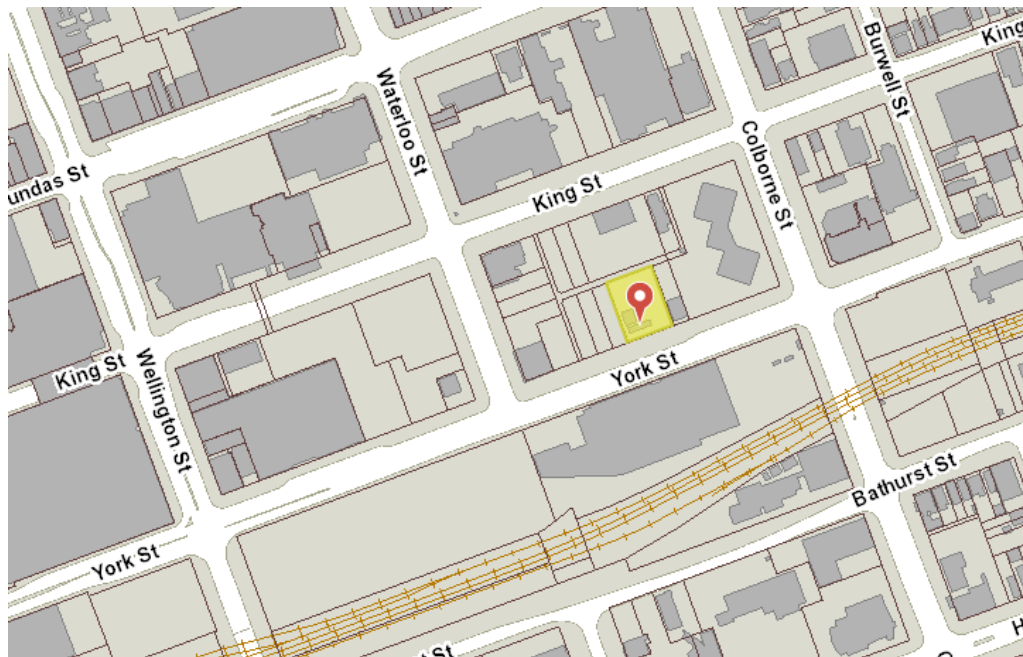
The needle recovery efforts that have been implemented in parallel with the opening of TOPS are of particular note. While needle waste is not associated with a high risk of transmission of infectious disease, finding it near homes or places of work can be distressing for residents, customers, and business owners. The enhanced needle recovery work is led by MLHU's Community Emergency Response Volunteer (CERV) program with RHAC providing needle disposal services. Recovery efforts have been planned based on information from the London Cares Homeless Response Services database, as well as from Downtown London and the Old East Village BIA, both of which provide a list of "hot spots," or locations where large collections of needles have been found in the past. After piloting in the fall of 2017, the full implementation of the CERV needle recovery model has proven to be effective, cost-effective, and complementary to other needle recovery efforts including those of the City of London.

### Identifying a Permanent Site

Dozens of locations have been considered for London's first permanent Supervised Consumption Facility. Narrowing these sites down to those that would meet the criteria set by Council eliminated several. In the remaining cases, the sites were often either not immediately available, or the landlord was not interested.

A candidate location for an SCF was identified at 372 York St. (north side between Waterloo and Colborne) that both met the Council policy criteria, and was owned by a landlord interested in proceeding with such a facility. Discussions were held with the property owner, neighbouring businesses and city staff. The site includes a large office trailer and a garage, which together could be adapted to use as an SCF.

Initial discussions with partners including the City were positive, and the location was included in the application to the federal government as the proposed site for the SCF. The application was submitted one week prior to the announcement by Farhi Holdings Corporation that the former London Free Press building, across the street from the proposed SCF, would become the location of Venture London, a new small business and innovation hub.

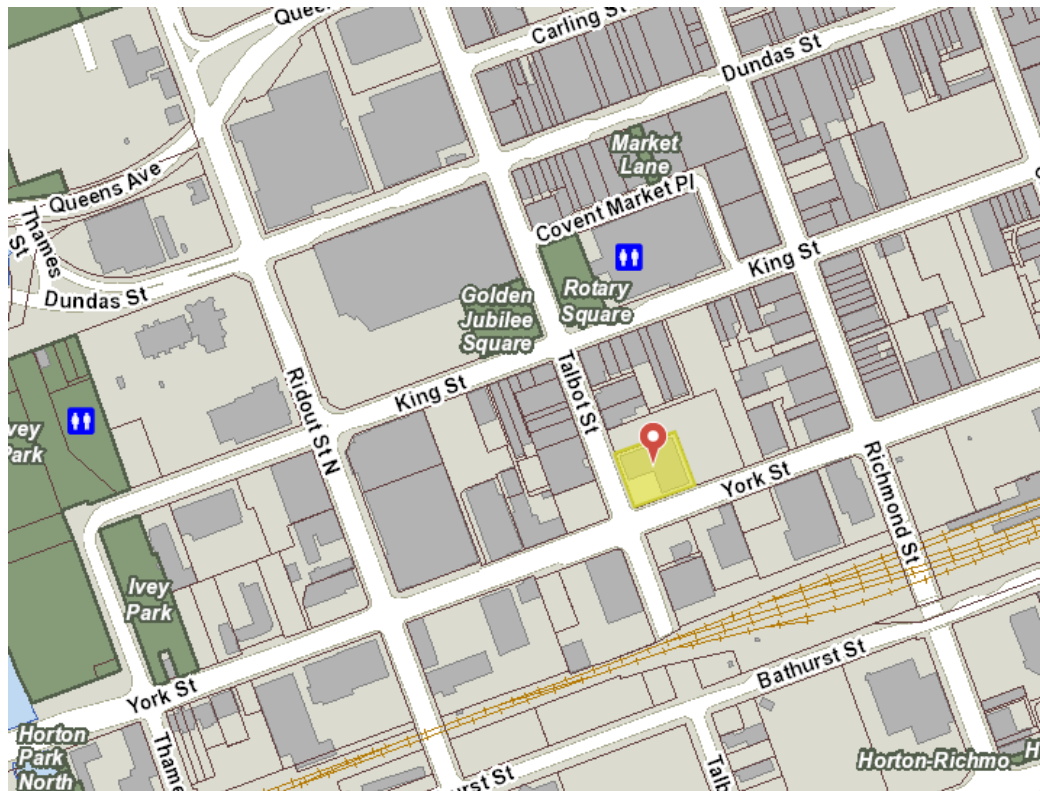


372 York St. map.



*372 York St. view from York.*

Some stakeholders involved in the Venture London collaborative, including Farhi Holdings Corporation as well as a current tenant of the London Free Press building, expressed concern about the proposed site of the SCF. In response, the proponents of the new hub proposed an alternative location for the SCF at a building located at 120 York St. (north east corner of York St. and Talbot St.), which is owned by Farhi Holdings Corporation. The proposed alternative would also provide the opportunity to co-locate the administrative offices and operations of RHAC. In the opinion of MLHU and RHAC, both locations would be suitable for the operations of a Supervised Consumption Facility.



*120 York St. map.*



*120 York St. view from York.*

## Planning Considerations

The partners who are leading this work are all committed to respecting neighbourhood needs and concerns. Not only was this a key recommendation from the public consultation process for the SCF application process, but it is a basic principle of good public service to consider the values of the community when planning a new service. To this end, the public consultation input to date and the Council policy on siting of Supervised Consumption Facilities have been top of mind throughout the site selection process.

The Council policy established the following evaluation criteria:

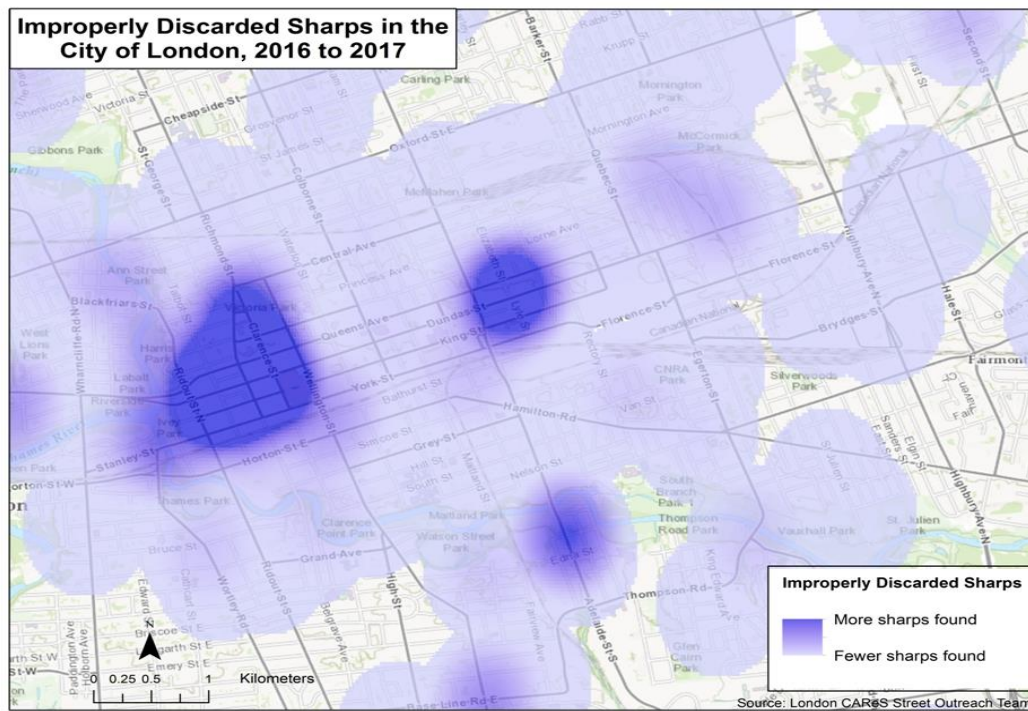
1. Locations that meet the needs of those who they are designed to service
  - i. Within close proximity to, or near, communities where drug consumption is prevalent
  - ii. Well serviced by transit
  - iii. Discrete, allowing for reasonable privacy for those using the facility
  - iv. Separated from 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

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

Data collected from London Cares Homeless Response Services, Downtown London, RHAC and MLHU has helped to identify where improperly disposed needles are most prevalent. This information can be used as a proxy for identifying where injection drug use occurs in public spaces. Generally, these areas include alleys, behind buildings, and in parking lots in spaces outside of the lines of sight from the street. From this data, it is shown that the area around 120 York St. is currently experiencing a high degree of injection drug use.



The site at 120 York St. is well situated as it is close to an area where there is a need for services for clients at risk. It is served well by transit, it provides reasonable privacy for clients, and lends well to allow for wrap-around supports from community service providers to be offered directly through this site. These services are likely to include addictions and mental health supports, housing and primary medical care referrals, drug safety testing, point-of-care HIV testing, client education in safer injection and harm reduction practices, as well as support for indigenous clients.

The site is not near schools, parks, or community facilities. It's proximity to the King St. commercial corridor, Covent Garden Market and Budweiser Gardens could be advantageous in helping to shift the current drug consumption activity in public spaces away from these areas and into the Supervised Consumption Facility.

For context, clients who attend the Supervised Consumption Facility wait approximately 10-15 minutes in the waiting room prior to entering the supervised consumption room. The average amount of time spent in the consumption area is 15-20 minutes prior to the client then moving to the aftercare room. Clients spend approximately 15 minutes in the aftercare room in order to ensure that help is available during the period of

greatest risk for overdose. With a typical visit averaging 45 minutes, clients remain in the facility during the height of their state of intoxication, which contributes to improved public order.

It is recognized that the 120 York St. location is one block away from the King Street commercial area, and it is anticipated that this location would help to mitigate the concerns of public drug consumption currently occurring nearby as well as help to reduce the amount of improperly discarded paraphernalia in the area.

At the time of writing, residents and property owners within 120 metres of the site at 120 York St. have been invited to a consultation meeting at the Middlesex-London Health Unit to take place on Monday, April 9<sup>th</sup>. The results of that meeting will be reported at the Planning and Environment Committee meeting on April 16<sup>th</sup>, 2018.

The site at 372 York St. is also well located to provide service as a Supervised Consumption Facility. Key stakeholders, including the London Convention Centre, the YMCA, Donohue Funeral Home and London Bridges Daycare, have all been informed of the consideration of this site and all are supportive of placing a Supervised Consumption Facility in this location. Situating the SCF between the Salvation Army Centre of Hope and the Mission Services Men's Mission is also seen as an opportunity to locate SCF services close to where they're needed most. A consultation meeting with residents and property owners is also planned for this location, to be held on Thursday, April 12<sup>th</sup>.

### **Mobile Facility Also Planned**

In addition to the permanent site, a mobile facility is contemplated, and an application will likely be submitted for a federal exemption and provincial funding very soon. A mobile facility would help reach parts of the community that are not within easy walking distance of the fixed site, wherever that may be. Federal policy requires that a community have a fixed SCF in place before establishing a mobile service, in part to ensure that clients are still able to access supervised consumption services in the event of a vehicle breakdown.

### **Situated Within Broader Strategy**

As strongly as the research evidence supports supervised consumption services, there is no illusion that an SCF will solve all of the problems posed by the drug crisis in our community. This work is situated within a broader [Community Drug and Alcohol Strategy](#), which itself links in with several other pieces of work, including the recently released [Community Mental Health and Addictions Strategy for London](#).

The Community Drug and Alcohol Strategy is firmly rooted in Four Pillars approach. This approach, which includes Prevention, Treatment, Enforcement, and Harm Reduction, is the recognized best practice in this area.

*Prevention* aims to prevent or delay substance use. *Treatment* refers to therapeutic interventions that seek to improve the physical and psychological well-being of people who use or have used substances, and includes therapies such as rehabilitation and opioid maintenance. *Enforcement* strengthens community safety by preventing and responding to crimes and community disorder issues. *Harm Reduction* aims to reduce the health, social and economic harms associated with drug use for those who are not yet able to stop using substances.



The draft recommendations contained in the Community Drug and Alcohol Strategy, which have been developed in consultation with over 80 community partners and agencies, lay a strong foundation for a broad community response to these issues.

### **Conclusion**

The Middlesex-London Health Unit and the Regional HIV/AIDS Connection believe that the conditions as set out in the Council policy for the location of Supervised Consumption Facilities are satisfied in both the 372 York St. and 120 York St. locations, and request Council endorsement of one or both of these addresses as preferred options for the establishment of a permanent SCF site. A commitment from Council is also sought that, when specific zoning is put in place for such facilities, the endorsed location(s) would be deemed zoned for such use.

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