

Report to Planning and Environment Committee

To: Chair and Members
Planning & Environment Committee

From: John M. Fleming
Managing Director, Planning and City Planner

Subject: Application By: City of London
Planning for Supervised Consumption Facilities and
Temporary Overdose Prevention Sites

Public Participation Meeting on: May 14, 2018

Recommendation

That, on the recommendation of the Managing Director, Planning and City Planner, the following actions be taken with respect to the application by the Corporation of the City of London relating to Planning for Supervised Consumption Facilities and Temporary Overdose Prevention Sites:

- (a) the proposed by-law attached hereto as Appendix "A" **BE INTRODUCED** at the Municipal Council meeting on May 22, 2018 to amend The London Plan to add a new policy under Policies for Specific Uses of the Institutional Place Type to provide for Supervised Consumption Facilities and Temporary Overdose Prevention Sites;
- (b) the proposed by-law attached hereto as Appendix "B" **BE INTRODUCED** at the Municipal Council meeting on May 22, 2018 to amend The London Plan to add definitions to the Glossary of Terms for Supervised Consumption Facilities and Temporary Overdose Prevention Sites **AND** that three readings of the by-law enacting The London Plan amendments **BE WITHHELD** until such time as The London Plan is in force and effect.
- (c) the proposed by-law attached hereto as Appendix "C" **BE INTRODUCED** at the Municipal Council meeting on May 22, 2018 to amend the Official Plan (1989) to add a new policy to Chapter 6 - Regional & Community Facilities Designations to apply to Supervised Consumption Facilities and Temporary Overdose Prevention Sites;
- (d) the proposed by-law attached hereto as Appendix "D" **BE INTRODUCED** at the Municipal Council meeting on May 22, 2018 to amend Zoning By-law No. Z.-1, in conformity with the Official Plan as amended in part (a) above, to add new definitions for Supervised Consumption Facilities and Temporary Overdose Prevention Sites to Section 2 – Definitions of the Z.-1 Zoning By-law;
- (e) the Policy, noted in a) above, **BE FORWARDED** to the Middlesex London Health Unit for their consideration when planning for, or applying for, supervised consumption facilities or temporary overdose prevention sites in London;
- (f) the Policy, noted in a) above, **BE FORWARDED** to the Ministry of Health and Long Term Care for evaluating applications for temporary overdose prevention sites in London; and,
- (g) the Policy, noted in a) above, **BE FORWARDED** to Health Canada for evaluating applications for supervised consumption facilities in London.

IT BEING NOTED that staff will initiate the process to delete the Council Policy related to Supervised Consumption Facilities and Temporary Overdose Prevention Sites after the policies above are in force and effect.

Executive Summary

Summary of Request

The recommendation is to establish policies within The London Plan and the Official Plan (1989) and to add definitions within Zoning By-law Z.-1 for Supervised Consumption Facilities and Temporary Overdose Prevention Sites.

Purpose and the Effect of Recommended Action

The purpose and effect of the recommended action would establish new policies within The London Plan and the Official Plan (1989) and add definitions to Zoning By-law Z.-1 for Supervised Consumption Facilities and Temporary Overdose Prevention Sites. A site-specific Zoning By-law amendment to establish a Supervised Consumption Facility or a Temporary Overdose Prevention Site would be required.

Rationale of Recommended Action

- The recommended approach provides for Supervised Consumption Facilities (SCF) and Temporary Overdose Prevention Sites (TOPS) in a manner that ensures the facilities are able to serve their intended users and avoids land use conflict.
- The recommended approach addresses both the possible neighbourhood issues related to SCF and TOPS and the site-specific issues in their establishment.
- The recommended approach recognizes the flexibility required for TOPS, given their unique and temporary nature as a response to a public health emergency, while also directing the use away from the most sensitive locations.
- The recommended approach allows for community consultation through the Zoning By-law amendment process and the creation of community and facility lines of communication.

Analysis

1.0 Background

1.1 Process Timeline

- February 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.
- September 2017 – Council directed Administration to Study the Land Use impacts of Supervised Consumption Facilities. Council specifically directed that staff “*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’.*”
- October 2017 – The Middlesex-London Health Unit began public consultation for an SCF in London. This Consultation included 2,145 survey responses, 334 community consultation participants and 56 focus group participants.
- November 2017 – Administration began the Official Plan and Zoning By-law amendment process. Notice of application was published in the *Londoner* on November 23, 2017 opening staff to receive official public comments on planning for Supervised Consumption Facilities and Temporary Overdose Prevention Sites.
- December 2017 – On December 7, 2017 the Minister of Health and Long-term Care declared the opioid crisis in Ontario a public health emergency. This created the possibility of Temporary Overdose Prevention Sites in Ontario and the Province opened the application process for them in January 2018.
- January 2018 – On January 18, 2018 the Middlesex London Health Unit announced that London would host Ontario’s first Temporary Overdose Prevention Site after receiving approval from the Ministry of Health and Long-Term Care.
- The City of London established a Council Policy on Supervised Consumption Facilities and Temporary Overdose Prevention Sites at the January 30th meeting of Council. This policy was provided to the Federal and Provincial ministries

responsible for approving SCFs and TOPSs to guide applications before such time as Official Plan policy could be put in place. Draft Official Plan and Zoning By-law amendments were approved for circulation and feedback.

- February 2018 – Following Council direction, administration sought further input regarding planning for Supervised Consumption Facilities and Temporary Overdose Prevention Sites. A dedicated City webpage was established and notice was published in the *Londoner* and sent directly to 233 people inviting them to a Community Information Meeting on the topic.
- February 2018 – On February 12, 2018, Ontario’s first Temporary Overdose Prevention Site opened in London at the Regional HIV/AIDS Connection location at 186 King Street. The site saw 15 visitors per day in its first week of operation.

1.2 Previous Reports

- 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 Dearness Home.
- January 22, 2018 – Planning For Supervised Consumption Facilities & Temporary Overdose Prevention Sites

2.0 Description of Facilities

2.1 Supervised Consumption Facilities

Supervised Consumption Facilities (SCF) provide a location for the consumption of illicit drugs, which have been obtained elsewhere, to be consumed more safely within the presence of a nurse or other health care professional. The drugs consumed on site at a SCF are obtained off-site and brought to the site by the client. Staff at a SCF conduct an intake assessment and typically have the equipment and staff to make medical or health interventions as necessary. Within an SCF there is space to consume drugs and space to experience their high. This includes the presence of naloxone (the overdose reversing drug) and staff trained in its use. Linkages to other health care services which do outreach, addiction counselling, housing support or mental health are available within an SCF. Supervised Consumption Facilities may contain sterile supplies and drug checking services to test for fentanyl or other dangerous substances.

2.2 Temporary Overdose Prevention Sites

Temporary Overdose Prevention Sites (TOPS) also provide a location for the consumption of illicit drugs, which have been obtained elsewhere, to be within the presence of a nurse or other health care professional. They exist as the result of a November 2017 provincial program to provide a streamlined option in the case of public health emergency. They are distinct from a Supervised Consumption Facility in that they are temporary in nature and are only required to include supervised injection, harm reduction supply and disposal, the presence of naloxone and an individual trained in its use. A TOPS may include additional client support services, as the London TOPS does.

The following table identifies distinguishing characteristics of SCF and TOPS.

	Temporary Overdose Prevention Sites (TOPS)	Supervised Consumption Facilities (SCF)
Purpose	Address immediate public health emergency	Part of longer term drug and alcohol related harm reduction strategy and public health management program

Duration use will exist	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
Range of services	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. 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 education, counselling, and referrals to other health services and social services.
Staffing	Minimum of two employees with CPR and Naloxone training. If more staff are required, volunteers are an option as additional resources.	Staffing complement of nurses, counsellors, peers, nurse practitioners, etc. All paid positions.
Funding	Set standard funding based on hours of operation (small budget)	Funded based on submitted financial plan, including staffing, building renovations, supplies, etc.
Approval process timelines for exemption under Federal and Provincial processes	To be approved within 14 days by the Province	Lengthy application process which includes public consultation

2.3 Legal Basis

Supervised Consumption Facilities (SCF)

The *Controlled Drugs and Substances Act* (CDSA) is the federal legislation that controls substances typically consumed in a supervised consumption facility. Section 56 of the CDSA allows the Federal Minister to issue exemptions for medical or scientific purposes, or if it is otherwise in the public interest, including for activities at a supervised consumption facility for a medical purpose (Section 56.1).

The federal exemption within Section 56.1 of the CDSA is required to operate a supervised consumption facility. In order to receive the exemption, an applicant must meet the criteria set out in Section 56.1 to the satisfaction of Health Canada. 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.

The application for supervised consumption facilities is rigorous and includes 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.

Upon receipt of the application, Health Canada conducts a detailed assessment of the application and, either:

- Issues an exemption with appropriate terms and conditions; or,
- Issues 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.

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). The London TOPS has received approval for 6 months of operation.

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 within provinces that have indicated that they are experiencing an opioid-related public health emergency. On December 7, 2017, 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.

2.4 Public Health Basis

Harm reduction is one aspect of a Four Pillars Drug Strategy. The Four Pillars of harm reduction, prevention, treatment, and enforcement work together to reduce problematic drug use. Supervised Consumption Facilities and Temporary Overdose Prevention Sites are an example of harm reduction within the four pillars framework. The associated services beyond supervised consumption offer opportunities for treatment within an SCF or TOPS. A code-of-conduct for clients may result in decreased need for enforcement.

The public health benefits of SCF and TOPS according to public health professionals include:

- Reduction in drug consumption within public space – e.g. bathrooms, alleyways, civic spaces and parks
- Reduction in infectious diseases that impose public health risks – e.g. 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 users’ high
- Opportunity for community connections
- Teaching of clean consumption practices

- Reduction in the number of used needles disposed in public places

3.0 Community Consultation

3.1 Approach

The City of London began seeking input on planning for SCF and TOPS with the notice of application for an Official Plan and Zoning By-law Amendment provided on November 23, 2017 published in the *Londoner*.

Following Council direction on January 30, 2018, community input was sought on draft Official Plan and Zoning By-law amendments in three ways. First, direct comments to staff through the Official Plan and Zoning By-law amendment process continued to be received. Second, community input was sought through a “Get Involved” webpage at www.london.ca which allowed for Londoners to read the draft amendments and provide an opportunity to comment online. Third, a community information meeting was held on March 21, 2018 at Goodwill Industries from 7:00 to 9:00 PM. Notice was sent to 233 individuals who had previously indicated interest in the topic or were identified as working within the field. The notice also asked recipients to pass the information on to others and provided a link to provide online comments. Twenty-three people attended the March 21, 2018 community meeting.

3.2 Community Comments on the Application for Official Plan and Zoning By-law Amendments

Written responses received identified three issues.

- The London District Catholic School Board (LDCSB) and the Thames Valley District School Board both requested that SCF and TOPS be a minimum of 300 metres from the location of any schools. The LDCSB specifically cited the example of policy on methadone clinics and the use of a 300 metre setback from schools when determining appropriate locations for methadone clinics.
- A Central London resident requested that the City of London provide a map with current information regarding the potential location of SCF and TOPS.
- The London International Academy wrote to request that the specification of “public schools” be modified to ensure that private and boarding schools could be considered for separation in the siting of SCF and TOPS.

3.3 March 21 Community Information Meeting Response

Attendees of the March 21, 2018 community information meeting were provided copies of the draft policy and feedback forms to allow for comment which directly addressed the draft policies. The comments related to the components of the proposed policies are summarized below.

Provide for SCF at a location where the facility can serve those who need them:

- Meeting the entirety of the provided policy criteria may not be possible.
- Questions regarding the concentration of support services for vulnerable populations including prospective SCF clients. It was further suggested that the provision of SCF be spread across the city and that emphasis should not be placed on locating the service close to existing drug users as geographically identified by needle waste.
- Questions regarding the requirement for separation from busy pedestrian corridors.
- Consider the possibility of a mobile SCF service to address the need in the community.

Avoid land use conflicts when siting SCF and TOPS:

- The provided criteria are adequate.
- Why do the criteria distinguish ‘public’ schools?
- Why are there criteria for separation from parks given that discarded needle discards are already being found at parks?

- Child care centres should also be considered as a use that could create potential conflict.
- Questions of why the use of the word “separated” rather than a specified distance (suggestion of 200 metres).
- Questions about the use of the term “Core Area”.
- Given long-term City planning efforts to increase residential density in the downtown, any SCF or TOPS is likely to experience future conflict with a residential population.

Site Design Criteria:

- Question about the ability of SCF and TOPS to serve those using stimulants (as opposed to opioids which are depressants).
- Concerns around surveillance, separating SCF from alleys or adjacent properties which create surveillance issues, and surveillance within multi-unit commercial buildings.
- Concern that the design requirements for safety not override quality urban design.
- Adequate sizing of facilities.

Neighbourhood consultation measures:

- General support for an extension beyond the 120 metre notification radius for a community meeting provided in the proposed policy. The 120 metre radius established is in keeping with the statutory requirements of The Planning Act that the City follows on all land use applications.
- Suggestion that a survey as a second method of engagement beyond a community meeting should be available to those who cannot attend the community meeting in the policy.
- Suggestions that local groups (the local BIA, the community, neighbours) should be involved early on in the process.
- Suggestions that the “code of conduct” in place at the currently operating TOPS become a more comprehensive “Good Neighbour Agreement”.
- Concern that efforts by some community groups are designed to delay or prevent potential SCF rather than address the identified public health need.

Temporary Overdose Prevention Sites comments included:

- Ensure that TOPS remain temporary.
- Suggestion that the hours of operation of the current TOPS be extended into the evening
- Concerns around to access for TOPS, specifically noting that access should not rely on neighbouring properties or be located within a commercial corridor.
- Concerns with the separation of TOPS from daycare centres.

Comments received on the proposed Zoning By-law definitions were generally supportive of the direction taken. There were suggestions that the definitions be expanded to include hours of operation. The *Planning Act* does not allow for operating hours to be established through zoning.

All comments received have been forwarded to the Regional HIV/AIDS Connection who operate the current TOPS at 186 King St. The full list of responses received through the feedback forms from the March 21, 2018 community information meeting is available in Appendix “F”.

3.4 Changes Made as Result of Public Comment

The policy criteria related to ensuring that SCF and TOPS locate in areas where they can serve those who they are designed to serve have been maintained as they were circulated. Most comments supported the proposed policy.

Two changes have been made from the draft policies on avoiding land use conflicts following comments received. The qualifier “public” on elementary and secondary schools has been removed as the policy is intended to maintain separation from all elementary and secondary schools. The qualifier “within the Core Area” for busy pedestrian corridors

has been removed. This separation criterion would equally apply to other areas of the City should the need for an SCF outside of the central city arise in future. Requests for a specified distance of separation have not been added to the policy as minimum distance would result in excluding SCF or TOPS from locations where the populations to be served would be located.

Changes requested regarding site design criteria have been addressed in the proposed policy amendments through the addition of a conceptual site plan requirement as part of any Zoning By-law amendment application. This will create an opportunity for public input on site design considerations and ensure that the site plan approval process, where required, is informed of public concerns. General concerns regarding site design matters will be addressed through the site specific Zoning By-law amendment processes with the inclusion of a conceptual site plan as part of the application. The conceptual site plan will also be submitted to the agency responsible for approving the federal application for a Supervised Consumption Facility or the provincial application for a Temporary Overdose Prevention Site.

Changes made based on comments on the proposed neighbourhood consultation measures include the addition of policy outlining in more detail the requirements for both how the initial community meeting input will be considered and how ongoing communication is to be maintained.

4.0 Planning Policy and Regulations

4.1 Objectives for SCFs and TOPSs

The proposed recommendation relies on Official Plan policy and Zoning By-law regulations to provide the appropriate location for SCFs and TOPSs. The creation of a Council Policy has provided interim guidance to those applying and reviewing the approval of SCF and TOPS in London. The planning objectives throughout this process have focused on achieving two central goals:

- The location of Supervised Consumption Facilities and Temporary Overdose Prevention Site should meet the needs of those who they are designed to serve; and,
- The location of Supervised Consumption Facilities and Temporary Overdose Prevention Sites should avoid land use conflicts.

4.2 Council Policy

Given the short timeframe in which temporary overdose prevention sites and supervised consumption facilities were implemented in Ontario, London Municipal Council adopted a Council policy on January 30, 2018. Although the Council policy does not have the same identifies legal effect as Official Plan policy or Zoning By-law regulations, it established the criteria that Council would request any proponent of a SCF or TOPS to respect when siting such a facilities. The Council policy established Council's position regarding the locations of these facilities which would be useful for those preparing submissions to Health Canada (supervised consumption facilities) and the Province (temporary overdose prevention sites). It provides clarity on Council's position regarding applications for such facilities in London. Both the proposed Official Plan and Zoning By-law amendment align closely with the Council Policy of January 30, 2018.

4.3 Official Plan Amendment

The proposed land use planning approach relies on two steps to achieve the aim of locating Supervised Consumption Facilities and Temporary Overdose Prevention Sites in appropriate locations. The first step to determine the appropriate location for a SCF or TOPS is the application of Official Plan policies in the review of a proposed site. The second step is the requirement for a site-specific Zoning By-law amendment process to permit the establishment of a facility that meets the criteria within the Official Plan, including the pre-application public consultation process.

Changes to the previously circulated draft policy are identified using strikethrough and underline:

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 facilities 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~~ shall 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 in the case of a Provincially declared public health emergency, 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 facilities, these are to be temporary in nature. ~~If they exist for more than one two years, they will be considered a supervised consumption facility.~~

Changes have been made to these definitions to be consistent with the definitions proposed in the Zoning By-law amendment. Two changes have been made to the proposed TOPS definition. The first clarifies the unique situation of a Provincially declared public health emergency where a TOPS would be permitted. The second change is the removal of the policy that a TOPS would become an SCF after two years. After two years a TOPS would no longer be permitted. A proponent would need to apply and receive permission for a SCF to continue operating the service at that location. These new definitions will be added to the Glossary of Terms, located within the Our Tools part of *The London Plan*.

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 serve*
- *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.

This portion of the policy provides the objectives of the policy. The policy also explicitly indicates that SCFs are not limited to a specific Place Type. In order to ensure the objectives are met, limiting the potential locations of these facilities to certain Place Types would restrict the possible location(s) within the areas of the City where the demonstrated need currently exists. This policy also clarifies the requirement that a site-specific Zoning By-law amendment to establish a SCF would be required.

EVALUATION CRITERIA FOR LOCATING SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

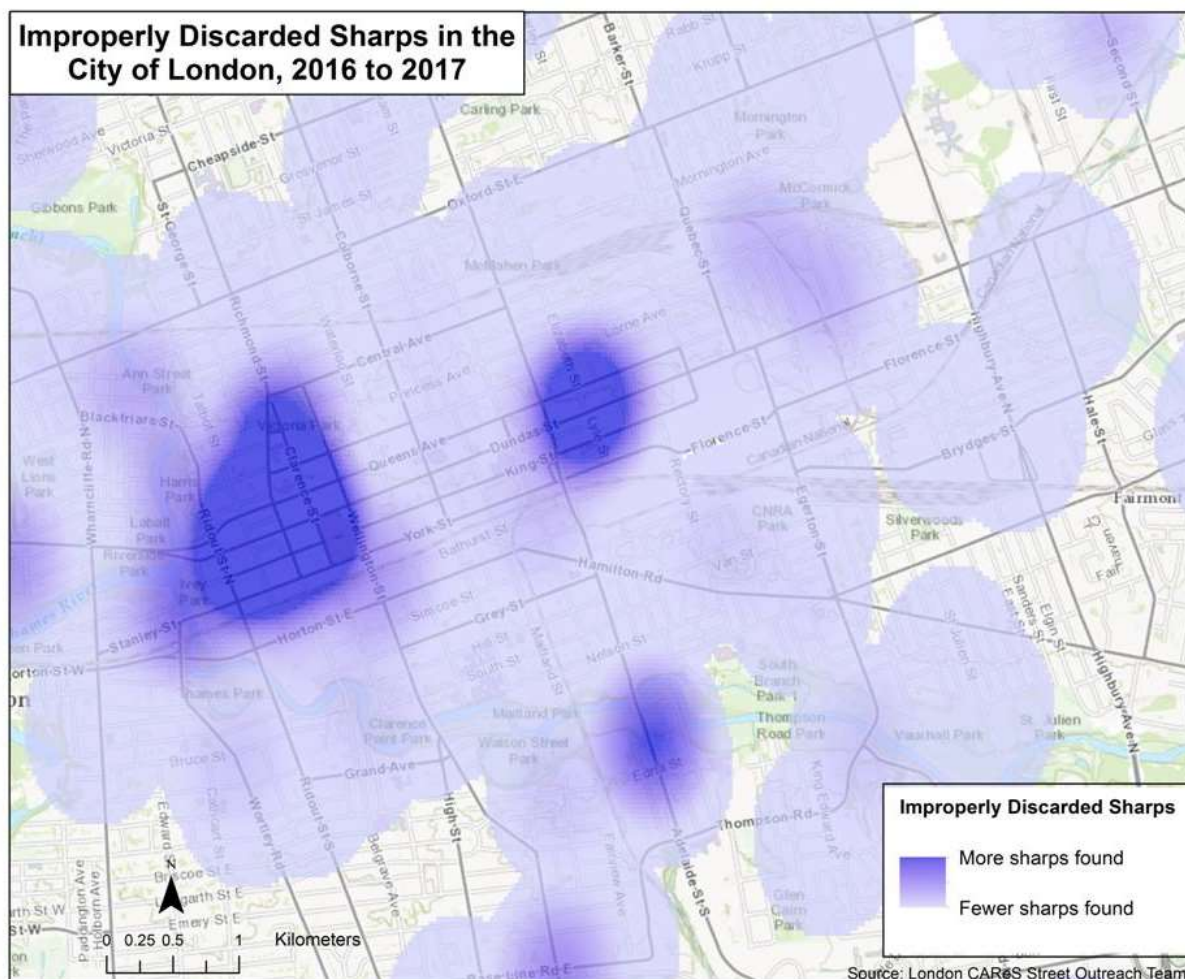
The following evaluation criteria will be used when considering applications for zoning by-law amendments to support supervised consumption facilities and temporary overdose prevention sites to ensure that they are appropriately located:

1. Locations that meet the needs of those who they are designed to serve

- a. Within close proximity to, or near, communities where drug consumption is prevalent*

- b. Well serviced by transit
- c. Discrete, allowing for reasonable privacy for those using the facility
- d. Separated from busy pedestrian-oriented commercial areas
- e. Separated from public spaces that generate pedestrian traffic or may generate large crowds from time to time
- f. Close to an area with other drug addiction related support services

The first set of criteria is centred on achieving the policy goal of meeting the needs of those who they are designed to serve. Locating where there is a demonstrated need is essential in the provision of this use, as many of the drug users who would use the site indicated that the need to travel would prevent them using the site. The mapping of improperly discarded sharps (needles), an indication of public street injection, shows that the needs are within the downtown and downtown adjacent neighbourhoods. Transit service, although not likely to be the transportation mode chosen by users, is important to allow those wishing to access referred services after departing an SCF, as SCF contain health services that often involve referrals. Current public health research indicates that users of SCF tend to travel on foot. The survey undertaken by the Health Unit of intravenous drug users on London indicated that the clients would only use such facilities if they are in convenient walking distance of where they reside.



The ability to maintain dignity and discretion when using the facility is important for potential SCF users and this should be considered in the siting phase. Siting these facilities away from areas where large crowds could potentially gather is therefore recommended. Although some support services are provided on site with an SCF (and the current London TOPS), co-location with services that SCF users may be referred to are preferred. Although zoning does not permit zoning based on user, i.e. “people-zoning” the policy recognizes that these uses are directly tied to a clientele with limited mobility and must be located in areas where the users who would require the use are located.

2. Locations that avoid land use conflicts

- a. 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

- b. Separated from parks
- c. Separated from key pedestrian corridors ~~within the Core Area~~
- d. Separated from ~~public~~ elementary or secondary school properties
- e. Separated from municipal pools, arenas and community centres and the Western Fairgrounds
- f. Not located within the interior of a residential neighbourhood

The second set of criteria is related to the policy of avoiding land use conflicts. The separation from busy commercial areas or active public space recognizes the conflict that may result from drug sales in crowded areas and avoids this possible conflict. The policy prevents a use that is associated with illicit drug sales in the vicinity, as sales of illicit drugs are not permitted on site at a SCF or TOPS. These evaluation criteria would reduce the likelihood that a busy pedestrian, commercial and other active public spaces would become locations of increased illegal drug sales.

Separation from parks, schools, municipal facilities and the Western Fairgrounds are all to keep children away from a use which includes the consumption of illicit drugs. The intended basis for this policy is to maintain separation between illicit drug users and children. The policy has been changed from the draft policies no longer specify 'public' schools. This also reflects comments received through consultation.

The criterion to not locate SCF and TOPS within the interior of neighbourhoods recognizes that SCF and TOPS are unique uses that are not compatible with residential uses. It is also consistent with current policies that restrict medical and commercial uses from locating in the interior of residential neighbourhoods.

In response to public comments seeking specified setbacks in the policy from those uses identified as likely to create conflicts, no policies are proposed that would establish numerical setbacks to separate these uses from potentially sensitive land uses. It is important to note that the recognized area of need within the city is within areas of the City where a specified setback distance requirement would likely not provide for any eligible location for the SCF and TOPS uses if specific separation distance criteria were strictly applied.

SITE AND FACILITY DESIGN REQUIREMENTS FOR SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

Supervised consumption facilities should be designed to:

- a. Incorporate the Crime Prevention Through Environmental Design (CPTED) principles of natural surveillance, natural access control, and natural territorial reinforcement
- b. Meet provincial regulations, the policies of this plan, and municipal by-laws relating to accessibility
- c. Orient building entrances to allow for ~~reasonably~~-discrete entry and exit while ensuring visual surveillance and safety
- d. Allow for easy visual surveillance of the facility and its surrounding site from the street
- e. Avoid opportunities for loitering, such as the installation of seating areas or landscape features that can be used for seating
- f. Ensure that building interior waiting areas and vestibules are adequately sized to avoid line-ups or waiting outside of the building
- g. Through the Zoning By-law amendment process, establish a minimum intake and waiting area per consumption booth, and a minimum post-consumption area per consumption booth to be established in the zoning by-law.

The criteria are to ensure that the site is designed to incorporate the principles of Crime Prevention Through Environmental Design (CPTED). The CPTED principles of natural surveillance, natural access control, and natural territorial reinforcement are important for establishing a safe space for users and neighbours of an SCF. These principles would ensure SCF maintain adequate lighting, clear lines of sight, a clearly identifiable entrance,

and maintain landscaping that would enhance the perceived and real safety for those accessing the facility. These criteria would be addressed through the Site Plan Approval process.

The policy on discrete entry and visual surveillance provides for safe site access and efficient site layout. The policies on adequate waiting areas are included to avoid loitering and promote the use of a post-consumption space on site to avoid the queuing and post-use impacts of an undersized space. Concerns regarding site layout and loitering were both raised during the public consultation process. The concerns raised have been addressed through facility design requirements which ensure that adequate space to prevent loitering is established in the Zoning By-law.

NEIGHBOURHOOD ENGAGEMENT CONSULTATION FOR SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

Consultation is required by the Federal government in order to gain approval for the operation of supervised consumption facilities.

In addition to this requirement, proponents of supervised consumption facilities and temporary overdose prevention sites should must host a community meeting with property owners, business owners, and residents within a minimum of 250m of the proposed site to describe the proposal and operational management plans for the facility. The community meeting must be held in advance of submitting an application for a Zoning By-law amendment to permit a Supervised Consumption 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.

Proponents are required to document the information received and identify how their proposal responds to the comments identified at the community meeting. This document shall be required as part of a complete application for a Zoning By-law amendment to permit a Supervised Consumption Facility or Temporary Overdose Prevention Site.

To ensure that an ongoing consultation occurs after a Supervised Consumption Facility or Temporary Overdose Prevention Site is approved, the proposal for a Supervised Consumption Facility or Temporary Overdose Prevention Site shall also include a consultation plan for regular engagement with the surrounding community. Such a consultation plan shall include at least one community meeting per year and the identification of a primary contact at the facility able to address neighbourhood concerns regarding the ongoing operation of the facility.

The proposed consultation requirements are in addition to the required federal consultation process to ensure that community consultation is undertaken in advance of establishing a SCF in London. The 120 metre minimum notification distance is consistent with the statutory requirements for notice to be met when the applicant applies for a Zoning By-law amendment. However, a greater area (250m) has been chosen to ensure a broader public is consulted. The requirements to provide a description of the operational plan allows neighbours to understand the use in detail beyond the application process. It also ensures that the concerns raised can be more specific to the use and provides the proponent an opportunity to address concerns in advance of opening a facility. Finally the establishment of ongoing communication with the community is helpful both for the community to understand what role a SCF is playing and the facility's operators to understand community impacts. This policy is provided to ensure that SCF are able to provide services in a manner that best respects the goals of planning for the facility's users and avoiding land use conflicts by ensuring that any potential future impacts can be addressed after the facility has been approved.

The policy will provide additional certainty around the consultation to be done, its role in the planning process and how ongoing communication with the neighbouring community shall be ensured during the operation of a SCF or TOPS.

CONCEPTUAL SITE PLAN FOR SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

The submission of a conceptual site plan as part of the complete application for a Zoning By-law Amendment to permit a Supervised Consumption Facility or Temporary Overdose Prevention Site will be required. The purpose of the conceptual site plan is to indicate how the site design criteria have been addressed and to allow the public the opportunity to comment on site plan matters during consideration of the proposed Zoning By-law Amendment to permit a Supervised Consumption Facility or Temporary Overdose Prevention Site use.

The proposed design and conceptual site plan will be provided to the site plan approval authority along with comments received regarding the design. Where site plan approval is not required, the proposed design along with comments received regarding the design will be forwarded to the relevant Federal or Provincial ministry considering the application for a Supervised Consumption Facility or Temporary Overdose Prevention Site.

The addition of a new policy requiring a conceptual site plan at the time of Zoning By-law application as part of a complete application will ensure that the site design criteria are met as part of the site-specific zoning review of a proposed SCF or TOPS use. This provides opportunity for public comment on site plan matters prior to approval of a SCF or TOPS use.

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. Temporary Overdose Prevention Sites will only be permitted through the use of a temporary zone and any such zone will not extend beyond a period of ~~one~~ two years.

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

~~Recognizing the intent~~ In order to address an urgent public health emergency, processes relating to zoning by-law amendment applications for temporary overdose prevention sites ~~will~~ may be expedited. ~~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.~~ The Neighbourhood Consultation for Supervised Consumption Facilities policies shall also apply to Temporary Overdose Prevention Sites. The consultation measures are to be undertaken concurrently with an application for a Zoning By-law Amendment, and are to be completed prior to a decision on the application.

The Temporary Overdose Prevention Sites policy definition highlight the primary differences between this use and a SCF. These differences are the temporary nature and the declaration of a public health emergency as the basis for establishing such a facility. The policy recognizes both the unique situation of a public health emergency,

and the unique policy context of a rapid Provincial approval process under which Temporary Overdose Prevention Sites are permitted. The criteria of the full SCF policy are referenced, noting that meeting all of the criteria may not be possible given the time period and location(s) available. This greater flexibility is permissible given the temporary nature of the use and the significance of the public health emergency to which the use is intended to address. The policy direction does maintain that meeting the criteria for SCF regarding land use conflicts and providing service should still be considered, and be met wherever possible.

The use of a temporary zone provides the mechanism to ensure that TOPS is not intended to be a permanent use. Council directed that the policy provide for a TOPS to be permitted for up to two years. The policy provides a policy framework where TOPS uses are to be temporary and that the flexibility regarding the location of these uses relative to the policy regarding SCF is related to the emergency under which they are established. The policy also ensures that attempts to make these sites permanent would require them to meet the criteria for SCF and complete the site-specific Zoning By-law amendment process for an SCF.

The policy directs that where timing has not allowed for community consultation in advance of the TOPS establishment that the community consultation process still occurs. This ensures that a community-facility communication system is established to allow for modifications to the site's operation through the temporary period that could potentially improve the situations for neighbours. It is important to note that under the Provincial approvals process to respond to a declared public health emergency, public consultation is not a requirement.

4.4 Zoning By-law Amendment

The proposed amendment is to add the following two definitions to Section 2 – Definitions of the Z.-1 Zoning By-law. There are distinct definitions for “Supervised Consumption Facility” and “Temporary Overdose Prevention Site” as the two uses are distinct in their anticipated duration given the length of time specified in the exemption required for these uses. The two uses also differ in the number and extent of associated support services expected to locate within the facilities. The two uses are defined as:

“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 facilities 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~~ shall offer additional health and counselling 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 under a declared public health emergency, where people can bring their illicit drugs to consume in a sterile and safer environment but does not include a Supervised Consumption Facility. 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 and may include additional health and counselling related support services. Unlike supervised consumption facilities, these are temporary in nature.

Proponents would be required to apply for a site specific Zoning By-law amendment to acquire zoning permissions for a facility. Without the two new definitions, an SCF or TOPS could be interpreted as a “Clinic” use and would not necessarily be subjected to the requirement for a Zoning By-law amendment as proposed through this approach. It is not intended that any properties be “pre-zoned” to permit these uses. A site-specific Zoning By-law amendment application will be required to address the neighbourhood consultation, site design requirements, and location criteria set out in the recommend Official Plan policy.

Changes to the definitions have been made for clarification are the change from “may” to “shall” with reference to the associated support services that co-locate with harm reduction services within a SCF. The addition of the phrase “under a declared public health emergency” to the definition for TOPS, indicating the circumstances under which a TOPS would be considered and established. The TOPS definition has also been changed to account for the possibility of additional health and counselling related support services. The TOPS definition also now states directly that a TOPS does not include a SCF.

5.0 Relevant Background

5.1 The Opioid Crisis in London

The opioid crisis is a present and worsening crisis across North America. The Canadian death toll rose from 2 800 in 2016 to an estimated 4 000 (final numbers not yet confirmed) apparent opioid overdose deaths in 2017. In the fall of 2017, Ontario established an Opioid Emergency Task Force and 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”.

In response to the acknowledged Opioid Crisis in London, the Opioid Crisis Working Group (OCWG) was formed in 2017. The OCWG is comprised of health care professionals, social workers and law enforcement officials and includes 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 those with lived experience. Council endorsed the Committee in September of 2017.

The opioid crisis is not the entirety of the drug use problem in London there are overdose problems associated with drug use other than opioids. In London, drug use has also been shown to align with public health issues including increased rates of HIV, Hepatitis C and Endocarditis infection.

5.2 London’s Temporary Overdose Prevention Site

Ontario’s first legal Temporary Overdose Prevention Site (TOPS) began operating Monday, February 12, 2018 at 186 King Street in London. The TOPS is located within the Regional HIV/AIDS Connection, which is also one of the sites of the Counterpoint Needle and Syringe Program and is already familiar for people who inject drugs. Staffing at the London TOPS includes employees from the Middlesex-London Health Unit, Regional HIV/AIDS Connection, the Canadian Mental Health Association, London Intercommunity Health Centre, the Southwest Ontario Aboriginal Health Access Centre, London Cares and Addiction Services of Thames Valley. The London TOPS is notable for including additional services beyond those required as part of the streamlined application for TOPS.

The TOPS has seen increasing usage rates since its opening. The first week saw an average of 15 visits per day while more recent data indicates it is seeing an average of 29 visits per day with a peak visitation of 48 on March 19. At time of writing there have been three overdose interventions conducted at the TOPS.

5.3 A Supervised Consumption Facility in London

In February 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.

On October 26, 2017, the Middlesex London Health Unit began consultation on the siting

of a possible supervised consumption facility in the City of London. On March 20, 2018, the MLHU announced they had submitted, with the Regional HIV/AIDS Connection, an application for a supervised consumption facility at 372 York Street. As of April 20, 2018 the property at 372 York Street was no longer officially under consideration. On April 20, 2018 properties at 446 York Street and 241 Simcoe Street were announced as potential sites for a SCF. An application for a mobile facility that would stop at Dundas St & Richmond St, Dundas St & Adelaide St N, Hamilton Rd & Rectory St and Horton St E & Wellington St, has been submitted although Middlesex London Health Unit staff have indicated that the mobile facility would not be permitted to operate by the Federal approval authority until a permanent stationary facility has been established.

5.4 Middlesex London Health Unit Community Consultation Process

In accordance with federal requirements, the Middlesex London Health Unit conducted their own public consultation on the creation of a SCF in London. This included 2,145 survey responses, 334 community consultation participants and 56 focus group participants. The results of the community consultation identified a number of priorities for the location of an SCF in London. MLHU summarized the priorities as:

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

The community consultation around a specific SCF site was preceded by a feasibility study which also included community engagement. As part of the feasibility study conducted by the Middlesex-London Health Unit in February 2017, approximately 200 people who injected drugs within the preceding six month period in London were surveyed. The feasibility study found that among those London drug users surveyed:

- 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 prior 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 months
- 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 six 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 supervised consumption facility would not be convenient

6.0 Conclusion

The proposed amendments provide land use planning policy and regulations to provide for Supervised Consumption Facilities and Temporary Overdose Prevention Sites. The Official Plan policy provides criteria against which a proposal for a SCF or TOPS can be measured. The policy also provides for the flexibility required to address TOPS given their temporary nature and their unique origin as a response to a public health emergency. The proposed Zoning By-law amendment creates definitions to distinguish SCF and TOPS from other medical uses. Together the policy and the requirement for a site-specific Zoning By-law amendment create the conditions to ensure public input and future communication between proponents of SCF and TOPS and the communities they serve. Together the recommended amendments ensure that SCF and TOPS in London are able to serve the community and minimize land use conflicts.

Prepared by:	Leif Maitland Planner I, Long Range Planning and Research
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Appendix A

Bill No. (number to be inserted by Clerk's Office)
2018

By-law No. C.P.-XXXX-____

A by-law to amend The London Plan for the City of London, 2016 relating to Supervised Consumption Facilities and Temporary Overdose Prevention Sites.

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

1. Amendment No. (to be inserted by Clerk's Office) to The London Plan for the City of London Planning Area – 2016, as contained in the text attached hereto and forming part of this by-law, is adopted.
2. This by-law shall come into effect in accordance with subsection 17(38) of the *Planning Act, R.S.O. 1990*, c.P.13.

PASSED in Open Council on May 22, 2018

Matt Brown
Mayor

Catharine Saunders
City Clerk

First Reading – May 22, 2018
Second Reading – May 22, 2018
Third Reading – May 22, 2018

**AMENDMENT NO.
to the
THE LONDON PLAN FOR THE CITY OF LONDON**

A. PURPOSE OF THIS AMENDMENT

The purpose of this Amendment is:

1. To establish a policy in Section 1091 – Policies for Specific Uses within the Institutional Place Type of *The London Plan* for the City of London to apply to Supervised Consumption Facilities and Temporary Overdose Prevention Sites

B. LOCATION OF THIS AMENDMENT

1. This Amendment applies to all lands located within the City of London.

C. BASIS OF THE AMENDMENT

1. The recommended approach provides for Supervised Consumption Facilities and Temporary Overdose Prevention Sites in a manner that ensures the facilities are located to serve the populations that require the services of the facilities and avoids land use conflicts.
2. The recommended approach addresses both neighbourhood and site-specific issues related to the establishment of Supervised Consumption Facilities and Temporary Overdose Prevention Sites.
3. The recommended approach recognizes the flexibility required for TOPS given their unique and temporary nature as a response to a public health emergency.
4. The recommended approach allows for community engagement both through the Zoning By-law Amendment process and the creation of on-going community-facility lines of communication.

D. THE AMENDMENT

The Official Plan for the City of London is hereby amended as follows:

The London Plan is hereby amended as follows:

1. Policy 1099 of The London Plan for the City of London is amended by adding the following as a new policy 1099_a:

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

> GENERAL POLICY APPROACH

1099_a Supervised consumption facilities and temporary overdose prevention sites will be planned such that they:

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

Supervised consumption facilities and 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.

> EVALUATION CRITERIA FOR LOCATING SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

1099_b The following evaluation criteria will be used when considering applications for zoning by-law amendments to support supervised consumption facilities and temporary overdose prevention sites to ensure that they are appropriately located:

1. Locations that meet the needs of those who they are designed to serve

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

2. Locations that avoid land use conflicts

- a. 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
- b. Separated from parks
- c. Separated from key pedestrian corridors
- d. Separated from elementary or secondary school properties
- e. Separated from municipal pools, arenas and community centres and the Western Fairgrounds
- f. Not located within the interior of a residential neighbourhood

> SITE AND FACILITY DESIGN REQUIREMENTS FOR SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

1099_c Supervised consumption facilities and temporary overdose prevention sites should be designed to:

- a. Incorporate the Crime Prevention Through Environmental Design (CPTED) principles of natural surveillance, natural access control and natural territorial reinforcement
- b. Meet provincial regulations, the policies of this plan, and municipal by-laws relating to accessibility
- c. Orient building entrances to allow for discrete entry and exit while ensuring visual surveillance and safety
- d. Allow for easy visual surveillance of the facility and its surrounding site from the street
- e. Avoid opportunities for loitering, such as the installation of seating areas or landscape features that can be used for seating
- f. Ensure that interior waiting areas and vestibules of the facility are adequately sized to avoid line-ups or waiting outside of the building
- g. Through the Zoning By-law amendment process, establish a minimum intake and waiting area per consumption booth, and a minimum post-consumption area per consumption booth to be established in the Zoning By-law.

> NEIGHBOURHOOD CONSULTATION FOR SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

1099_d Consultation is required by the Federal government in order to gain approval for the operation of supervised consumption facilities.

In addition to this requirement, proponents of supervised consumption facilities and temporary overdose prevention sites must host a community meeting with property owners, business owners, and residents within a minimum of 250m of the proposed site to describe the proposal and operational management plans for the facility. The community meeting must be held in advance of submitting an application for a Zoning By-law amendment to permit a Supervised Consumption Facility.

Proponents are required to document the information received and identify how their proposal responds to the comments identified at the community meeting. This document shall be required as part of a complete application for a Zoning By-law amendment to permit a Supervised Consumption Facility or Temporary Overdose Prevention Site.

To ensure that an ongoing consultation occurs after a Supervised Consumption Facility or Temporary Overdose Prevention Site is approved, the proposal for a Supervised Consumption Facility or Temporary Overdose Prevention Site shall also include a consultation plan for regular engagement with the surrounding community. Such a consultation plan shall include at least one community meeting per year and the identification of a primary contact at the facility able to address neighbourhood concerns regarding the ongoing operation of the facility.

> CONCEPTUAL SITE PLAN FOR SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

1099_e The submission of a conceptual site plan as part of the complete application for a Zoning By-law Amendment to permit a Supervised Consumption Facility or Temporary Overdose Prevention Site will be required. The purpose of the conceptual site plan is to indicate how the site design criteria have been addressed and to allow the public the opportunity to comment on site plan matters during consideration of the proposed Zoning By-law Amendment to permit a Supervised Consumption Facility or Temporary Overdose Prevention Site use.

The proposed design and conceptual site plan will be provided to the site plan approval authority along with comments received regarding the design. Where site plan approval is not required, the proposed design along with comments received regarding the design will be forwarded to the relevant Federal or Provincial ministry considering the application for a Supervised Consumption Facility or Temporary Overdose Prevention Site.

> TEMPORARY OVERDOSE PREVENTION SITES

1099_f 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. Temporary Overdose Prevention Sites will only be permitted through the use of a temporary zone and any such zone will not extend beyond a period of two years.

Temporary overdose prevention sites are intended to address an urgent public health emergency and are only permitted in the case of a declared public health emergency. They are intended to be temporary in nature. All of the siting and design criteria identified for supervised consumption facilities and temporary overdose prevention sites may not be achievable for temporary overdose prevention sites. These facilities may not be permitted within the interior of a residential neighbourhood or near an elementary or secondary school.

In order to address an urgent public health emergency, processes relating to zoning by-law amendment applications for temporary overdose prevention sites may be expedited. The Neighbourhood Consultation for Supervised Consumption Facilities and Temporary Overdose Prevention Sites policies shall apply to Temporary Overdose Prevention Sites. The consultation measures may be undertaken concurrently with an application for a Zoning By-law Amendment, and are to be completed prior to a decision on the application.

Appendix B

Bill No. (number to be inserted by Clerk's Office)
2018

By-law No. C.P.-XXXX-____

A by-law to amend The London Plan for the City of London, 2016 relating to Supervised Consumption Facilities and Temporary Overdose Prevention Sites.

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

1. Amendment No. (to be inserted by Clerk's Office) to The London Plan for the City of London Planning Area – 2016, as contained in the text attached hereto and forming part of this by-law, is adopted.
2. This by-law shall come into effect in accordance with subsection 17(38) of the *Planning Act, R.S.O. 1990, c.P.13*.

PASSED in Open Council on

Matt Brown
Mayor

Catharine Saunders
City Clerk

First Reading –
Second Reading –
Third Reading –

**AMENDMENT NO.
to the
THE LONDON PLAN FOR THE CITY OF LONDON**

A. PURPOSE OF THIS AMENDMENT

The purpose of this Amendment is:

1. Add definitions to Policy 1795 – Glossary of Terms within Our Tools of *The London Plan* for the City of London for Supervised Consumption Facilities and Temporary Overdose Prevention Sites

B. LOCATION OF THIS AMENDMENT

1. This Amendment applies to all lands located within the City of London.

C. BASIS OF THE AMENDMENT

1. The recommended approach provides for Supervised Consumption Facilities and Temporary Overdose Prevention Sites in a manner that ensures the facilities are located to serve the populations that require the services of the facilities and avoids land use conflicts.
2. The recommended approach addresses both neighbourhood and site-specific issues related to the establishment of Supervised Consumption Facilities and Temporary Overdose Prevention Sites.
3. The recommended approach recognizes the flexibility required for TOPS given their unique and temporary nature as a response to a public health emergency.
4. The recommended approach allows for community engagement both through the Zoning By-law Amendment process and the creation of on-going community-facility lines of communication.

D. THE AMENDMENT

The Official Plan for the City of London is hereby amended as follows:

The London Plan is hereby amended as follows:

1. Policy 1795 of The London Plan for the City of London is amended by adding the following definitions for ‘Supervised Consumption Facility’ and ‘Temporary Overdose Prevention Site’ in the appropriate alphabetical location:

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 safe environment. These facilities shall 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* in the case of a Provincially declared public health emergency, where people can bring their illicit drugs to consume in a sterile and safe environment. Unlike supervised consumption facilities, these are to be temporary in nature.

Appendix C

Bill No. (number to be inserted by Clerk's Office)
2018

By-law No. C.P.-1284-

A by-law to amend the Official Plan for the City of London, 1989 relating to Supervised Consumption Facilities and Temporary Overdose Prevention Sites.

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

1. Amendment No. (to be inserted by Clerk's Office) to the Official Plan for the City of London Planning Area – 1989, as contained in the text attached hereto and forming part of this by-law, is adopted.
2. This by-law shall come into effect in accordance with subsection 17(38) of the *Planning Act, R.S.O. 1990, c.P.13*.

PASSED in Open Council on May 22, 2018

Matt Brown
Mayor

Catharine Saunders
City Clerk

First Reading – May 22, 2018
Second Reading – May 22, 2018
Third Reading – May 22, 2018

AMENDMENT NO.
to the
OFFICIAL PLAN FOR THE CITY OF LONDON

A. PURPOSE OF THIS AMENDMENT

The purpose of this Amendment is:

1. To establish a policy in Chapter 6 - Regional & Community Facilities Designations of the Official Plan, 1989, for the City of London to apply to Supervised Consumption Facilities and Temporary Overdose Prevention Sites.

B. LOCATION OF THIS AMENDMENT

1. This Amendment applies to all lands located within the City of London

C. BASIS OF THE AMENDMENT

1. The recommended approach provides for Supervised Consumption Facilities and Temporary Overdose Prevention Sites in a manner that ensures the facilities are located to serve the populations that require the services of the facilities and avoids land use conflicts.
2. The recommended approach addresses both neighbourhood and site-specific issues related to the establishment of Supervised Consumption Facilities and Temporary Overdose Prevention Sites.
3. The recommended approach recognizes the flexibility required for TOPS given their unique and temporary nature as a response to a public health emergency.
4. The recommended approach allows for community engagement both through the Zoning By-law Amendment process and the creation of on-going community-facility lines of communication.

D. THE AMENDMENT

The Official Plan for the City of London is hereby amended as follows:

1. Chapter 6 - Regional & Community Facilities Designations, to the Official Plan for the City of London Planning Area is amended by adding the following new policy:

6.5 SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

6.5.1 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 safe environment. These facilities 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 shall 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* in the case of a Provincially declared public health emergency, where people can bring their illicit drugs to consume in a sterile and safe environment.

Unlike supervised consumption facilities, these are to be temporary in nature.

6.5.2 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 serve
- avoid land use conflicts

Supervised consumption facilities and temporary overdose prevention sites may be permitted within any land use designation, subject to a zoning by-law amendment and all of the policies of this Plan.

6.5.3 EVALUATION CRITERIA FOR SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

The following evaluation criteria will be used when considering applications for zoning by-law amendments to support supervised consumption facilities and temporary overdose prevention sites to ensure that they are appropriately located:

1. Locations that meet the needs of those who they are designed to serve

- 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
- iv. Separated from elementary or secondary school properties
- v. Separated from municipal pools, arenas and community centres and the Western Fairgrounds
- vi. Not located within the interior of a residential neighbourhood

6.5.4 SITE AND FACILITY DESIGN REQUIREMENTS FOR SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

Supervised consumption facilities and temporary overdose prevention sites should be designed to:

- i. Incorporate the Crime Prevention Through Environmental Design (CPTED) principles of natural surveillance, natural access control, and natural territorial reinforcement
- ii. Meet provincial regulations, the policies of this plan, and municipal by-laws relating to accessibility
- iii. Orient building entrances to allow for discrete entry and exit while ensuring visual surveillance and safety
- iv. Allow for easy visual surveillance of the facility and its surrounding site from the street
- v. Avoid opportunities for loitering, such as the installation of seating areas or landscape features that can be used for seating
- vi. Ensure that interior waiting areas and vestibules of the facility are adequately sized to avoid line-ups or waiting outside of the building
- vii. Through the Zoning By-law amendment process establish a minimum intake and waiting area per consumption booth, and a minimum post-consumption area per consumption booth to be established on the Zoning By-law.

6.5.5 NEIGHBOURHOOD CONSULTATION FOR SUPERVISED CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

Consultation is required by the Federal government in order to gain approval for the operation of supervised consumption facilities.

In addition to this requirement, proponents of supervised consumption facilities and temporary overdose prevention sites must host a community 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. The community meeting must be held in advance of submitting an application for a Zoning By-law amendment to permit a Supervised Consumption Facility.

Proponents are required to document the information received and identify how their proposal responds to the comments identified at the community meeting. This document shall be required as part of a complete application for a Zoning By-law amendment to permit a Supervised Consumption Facility or Temporary Overdose Prevention Site.

To ensure that an ongoing consultation occurs after a Supervised Consumption Facility or Temporary Overdose Prevention Site is approved, the proposal for a Supervised Consumption Facility or Temporary Overdose Prevention Site shall also include consultation plan for regular engagement with the surrounding community. Such a consultation plan shall include at least one community meeting per year and the identification of a primary contact at the facility able to address neighbourhood concerns regarding the ongoing operation of the facility.

6.5.6 CONCEPTUAL SITE PLAN FOR SUPERVISE CONSUMPTION FACILITIES AND TEMPORARY OVERDOSE PREVENTION SITES

The submission of a conceptual site plan as part of the complete application for a Zoning By-law Amendment to permit a Supervised Consumption Facility or Temporary Overdose Prevention Site will be required. The purpose of the conceptual site plan is to indicate how the site design criteria have been addressed and to allow the public the opportunity to comment on site plan matters during consideration of the proposed Zoning By-law Amendment to permit a Supervised Consumption Facility or Temporary Overdose Prevention Site use.

The proposed design and conceptual site plan will be provided to the site plan approval authority along with comments received regarding the design. Where site plan approval is not required, the proposed design along with comments received regarding the design will be forwarded to the relevant Federal or Provincial ministry considering the application for a Supervised Consumption Facility or Temporary Overdose Prevention Site.

6.5.7 TEMPORARY OVERDOSE PREVENTION SITES

Temporary Overdose Prevention Sites may be permitted within any land use designation subject to a zoning by-law amendment and all of the policies of this Plan. Temporary Overdose Prevention Sites will only be permitted through the use of a temporary zone and any such zone will not extend beyond a period of two years.

Temporary overdose prevention sites are intended to address an urgent public health emergency and are only permitted in the case of a declared public health emergency. They are intended to be temporary in nature. All of the siting and design criteria identified for supervised consumption facilities and temporary overdose prevention sites may not be achievable for temporary overdose prevention sites. These facilities may not be permitted within the interior of a residential neighbourhood or near an elementary or secondary school.

In order to address an urgent public health emergency, processes relating to zoning by-law amendment applications for temporary overdose prevention sites may be expedited. The Neighbourhood Consultation for Supervised Consumption Facilities and Temporary Overdose Prevention Sites policies shall apply to Temporary Overdose Prevention Sites. The consultation measures may be undertaken concurrently with an application for a Zoning By-law Amendment, and are to be completed prior to a decision on the application.

Appendix D

Bill No. (number to be inserted by Clerk's Office)
2018

By-law No. Z.-1-18 _____

A by-law to amend By-law No. Z.-1 to provide definitions for Supervised Consumption Facilities and Temporary Overdose Prevention Sites.

WHEREAS the Corporation of the City of London has applied to amend the Zoning By-law Z.-1 to address Supervised Consumption Facilities and Temporary Overdose Prevention Sites;

AND WHEREAS upon approval of Official Plan Amendment Number (number to be inserted by Clerk's Office) this rezoning will conform to the Official Plan

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

- 1) Section Number 2 - Definitions is amended by adding the following new definitions in the appropriate alphabetical location:

“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 safe environment. These facilities 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 shall offer additional health and counselling related support services. These facilities are intended to provide such services on an ongoing, rather than temporary, basis.

And;

“TEMPORARY OVERDOSE PREVENTION SITE” means a temporary facility that has received an exemption from the *Controlled Drugs and Substances Act* under a declared public health emergency, where people can bring their illicit drugs to consume in a sterile and safe environment but does not include a Supervised Consumption Facility. 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 and may include additional health and counselling related support services.

This By-law shall come into force and be deemed to come into force in accordance with Section 34 of the *Planning Act, R.S.O. 1990, c. P13*, either upon the date of the passage of this by-law or as otherwise provided by the said section.

PASSED in Open Council on May 22, 2018

Matt Brown
Mayor

Catharine Saunders
City Clerk

First Reading – May 22, 2018
Second Reading – May 22, 2018
Third Reading – May 22, 2018

Appendix E – Public Engagement

Community Engagement

Public liaison: On November 23, 2017 Notice of Application was sent to 62 departments and agencies. Notice of Application was also published in the *Public Notices and Bidding Opportunities* section of *The Londoner* on November 23, 2017.

11 replies were received

Nature of Liaison: Supervised Consumption Sites – The purpose and effect of this Official Plan and Zoning By-law is to introduce a new zoning definition and land use regulations for Supervised Consumption Sites, which are locations that permit the consumption of illicit substances authorized through an exemption granted by the Federal government, and introduce policies to guide the establishment of Supervised Consumption Sites. Possible amendment to the Official Plan and The London Plan to add new policies related to Supervised Consumption Sites which: identify a Supervised Consumption Site as a separate land use and distinguish it from other land uses; establish municipal land use goals related to their establishment; identify land use designations and place types where such uses may be permitted; provide criteria for future Zoning By-law amendments requesting to add the use; and, to require public site plan.. Possible change to Zoning By-law Z.-1 to amend Zoning By-law Z.-1 related to Supervised Consumption Sites to: add a definition for the use; amend various existing Zoning definitions to distinguish those uses from that of a Supervised Consumption Site; adding separation distances between schools, municipal libraries, arenas, swimming pools, Western Fair, and other potential uses; establishing minimum and maximum regulations for matters such as, but not limited to, gross floor areas, waiting room floor area, storage areas and parking standards. File: OZ-8852 Planner: L. Maitland.

Responses: The comments received through the liaison are available in full below.

Chris Butler

January 19, 2018

Leif;

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.

January 22, 2018

Leif;

THXS for your support and patience. I recommend the following amendments to your draft OZ - 8852 document after considering your response and you should register this as official public input;

- That the 120 meters notice of application to landowners be called out clearly in this document as its absence made me call for clarity and this is not well understood by taxpayers / property owners. Example >. Group homes Type 1 does not require this notice and this does - no mention of either in both documents - how do you see that clearly in the document.
- I Recommend that the City of London maintain on its own City website the current (Up to the week) TSP & SCF locations as this is way too important to delegate to Health Canada for local real estate transactions

disclosure. Example - what if Health Canada only updates bi - annually? Ownership is everything here.

THXS - Chris Butler - 863 Waterloo St.

Sandy Levin

Hi Leif, before I send this out to my neighbourhood,

1. Is there a conceptual map that would show what areas would be suitable sites based on the limitations noted in the draft policies and regulations?
2. What are the CPTED principles being applied?
3. What are considered "drug addiction related support services??" For example, mental health services are not provided at University Hospital or St. Joe's on Grosvenor but are at Victoria and Parkwood.

Thanks in advance. Not sure if I can make the meeting on the 21st. Have a good weekend

Sandy

Dan Cassidy

To Whom It May Concern,

My name is Dan Cassidy, I am one of the owners of The Factory. Canada's Largest Family Entertainment Centre opening soon in the old Kellogg's property. I am writing this message to make sure it is clear that I am not supportive of either of these facility types being located around the property at 100 Kellogg Lane.

I am going to assume based on your evaluation criteria listed in your official plan, the area surrounding both my business and the Western Fair will be excluded from consideration. Our business is designed to bring large #'s of families together at one time. We are targeted 150,000 visitors for the first year of business. I know for a fact that the Western Fair brings in 10x that number. Both businesses bring visitors in from hundreds of kilometers again. With a large number of those visitors falling into a "vulnerable sector".

Thanks for taking the time to review my concern. If you have any questions please don't hesitate to reach out to me directly. I would be happy to have a discussion.

Dan

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
Chippewa of the Thames First Nation
(519) 289-2662 Ext. 213
rsmith@cottfn.com

London International Academy



361-365 Richmond Street
London, ON Canada N6A3C2
t. 519 433 3388
f. 519 433 3387
www.lia-edu.ca

2018 March 19

Feedback regarding the draft Official Plan policy and Zoning by-law regulations
as approved by Council on January 30th, 2018.

To Whom It May Concern:

I represent the London International Academy, London's only international school. We are a Canadian Private Secondary co-ed boarding school with a current population of 286 students. These students come from various parts of the globe and are under our care in our residence. Our campus includes 2 academic buildings and 2 residence buildings, all located in the downtown core of London at the corner of King and Richmond and surrounding area.

We recommend the following amendment to the plan policy:

Under section 2iv, remove word "public" so it would read:

"Separated from elementary or secondary school properties".

There is the necessity to allow private school students the same status as those in a publicly funded school due to the fact that having a supervised consumption facility or temporary overdose prevention site would pose the same risk to both groups of students. Thus, there should be equal consideration for both within the bylaw.

Please include the above feedback in your final draft. If you require any further information, please contact me directly.

Respectfully,

A handwritten signature in black ink that reads 'Gregg Bereznick'.

Gregg Bereznick
Head of School, London International Academy

Agency/Departmental Comments

Development Services

The City of London's Environmental and Engineering Services Department has not identified any concerns with respect to the aforementioned Official Plan and Zoning By-Law amendments application.

Please note that this response has been made without input from both the Transportation Division and the Water Engineering Division.

If you have any questions, please feel free to contact Richard Roobroeck at (519) 661-2500 ext. 4952.

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

The logo for the Upper Thames River Conservation Authority features a blue horizontal bar above the text "UPPER THAMES RIVER" in blue, and "CONSERVATION AUTHORITY" in white on a green background below it.

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 | www.thamesriver.on.ca

Environmental and Parks Planning

Hi Leif, E&PP do not have a concern with the application noted above.
Thanks



Bruce Page
Senior Planner
Environmental and Parks Planning
City of London

Wastewater and Drainage Engineering

WADE has no comment w.r.t. this application.



Robert Moore, C.E.T.
Technologist II
Wastewater and Drainage Division
City of London

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:

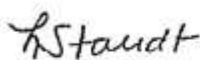
**Re: Application to Amend the Official Plan and Zoning By-law Z.-1
Supervised Consumption Sites, City of London
File Number: OZ-8852**

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

LDCSB January 22 Letter



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

January 22, 2018

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

Dear L. Maitland:

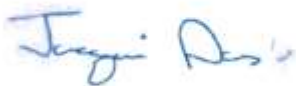
**Re: Application to Amend the Official Plan and Zoning By-law Z.-1
Supervised Consumption Sites, City of London
File Number: OZ-8852**

The London District Catholic School Board is in receipt of the report titled, "Planning for Supervised Consumption Facilities & Temporary Overdose Prevention Sites", to be considered at the Planning & Environment Committee at its meeting on January 22, 2018.

In our letter dated November 28, 2017, the Board requested that a minimum separation distance of 300 metres be established from Supervised Consumption Sites within the proposed Official Plan and Zoning By-law Amendment (File Number OZ-8852). This separation distance requested by the Board is consistent with the separation distance requested for Methadone Clinics within the City of London.

According to the report, no minimum separation distances from school facilities are being established within the proposed Official Plan and Zoning By-law Amendment. In this regard, the Board is requesting that the decision to have no separation distances be reconsidered and that a 300 metre minimum separation distance be established from all LDCSB school facilities for both Supervised Consumption Sites and Temporary Overdose Prevention Sites.

Yours truly,



Jacquie Davison
Superintendent of Business and Treasurer

cc: R. McLean, Supervisor of Planning, LDCSB

Thames Valley District School Board



Laura Elliott, Director of Education and Secretary

2018 February 07

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

**CITY OF LONDON
PLANNING SERVICES**

RECEIVED FEB 15 2018

FILE NO _____
REFERRED TO _____
SUBSEQUENT REFERRALS _____
 FOR ACTION FILE
 FOR INFORMATION S.F.
 FOR REPORT OTHER

Dear Mr. 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 Thames Valley District 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 Thames Valley District 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 Thames Valley 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 us.

Yours truly,

Handwritten signature of Laura Elliott in black ink.

Laura Elliott
Director of Education

Handwritten signature of Matt Reid in black ink.

Matt Reid
Chair

LE/tl

**PLANNING DIVISION
SCANNED**

c: J. Pratt, Associate Director, Organizational Support Services
V. Nielsen, Associate Director, Learning Support Services

Appendix F – Feedback Received at March 21 Community Information Meeting

Answers provided are identified in italics

The City of London is proposing the following policies through an Official Plan Amendment. Please provide your feedback on the policies proposed by responding below.

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

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

Are these all of the necessary to ensure facilities meet the needs of those that will use them?

- *Agree these are a good criteria but don't think all must be a requirement > specifically being close to an area with other drug addiction related supports. That may not be possible in an area that has high need for a SCF. The intention of the SCF is to provide supports.*
- *Yes, I think so*
- *Consider clarifying that you mean public drug use. Zoning approval should be given with some understanding of the number of users and expected growth rate. Without that knowledge it is possible that the site would "burst at the seams" and lead to loitering etc. Essentially I am looking for some sort of ongoing "relationship" between the City and the provider so additional sites are established before the need is extreme.*
- *During tonight's discussion Mr. Fleming noted that users of these facilities will not use them unless they can be walked to. Further he also spoke to the fact that users are concentrated within the core. Therefore why do these facilities need to be "well serviced by transit"?*
- *These are good criteria, do they align with the Federal Provincial criteria?*
- *What are the pedestrian safety characteristics of the roads that meet these criteria? Does this mean that the services will be located on very busy roads that are more auto-oriented? How wise is it to locate a services for injection drug users near a lot of vehicles?*
- *Mobile services are essential in a community like London – we are not the DTES – public substance use occurs across the City. Ideally SCF should incorporate heroin therapy, methylphenidate therapy. Will it meet the very unique needs of people injecting stimulants? How will it meet those needs? Is there a plan for such services?*
- *Items (i) & (ii) Being sure where "drug consumption is prevalent" is problematic. For example, the London Feasibility Study identified 113 or 57% of the respondents as being homeless or living in unstable housing (London Study*

Report, p.7). It should be noted that the study had only 199 respondents, a small representative sample. Areas of consumption prevalence are likely incomplete, changeable and probably spread throughout the city. The Community Consultation Report on SCF cites one respondent as saying that a facility would benefit the west end of the city (Byron) based on the number of needles found in the areas (Community Consultation Report, p. 38) and a large number of needles are found on an annual basis “along the watercourse, on the river banks, in parks (London Free Press, Feb. 12, 2017, “London volunteers find 1,000 dirty needles a year in a city weighing to adopt a supervised injection site”). It is more important that locations that meet the needs of those being served should be easily accessed from all parts of the city than being located in any specific community. Thus item number (ii) is of high importance than number (i). The later should be discarded and the former be expanded, for example: “Location should be located to allow easy access from all parts of the City and be well serviced by transit”. Item (vi) This criterion can be very problematic for any specific neighbourhood because it could facilitate the over concentration of social serves, which brings its own problems affecting the area and the users alike. This are well document and beyond the scope of this feedback. For example for an individual who is attempting to stop drug use, it could be counterproductive to be accessing services to do so in close proximity to a SCF or in the same area where he/she practices the habit. Again, access to related facilities via public transit, bicycle etc. and/or the assistance to do so is more important.

- Re; (i) & (iv). It is demonstrable that the concentration of drug consumption in specific parts of the city is attributable to the co-location of similar services in those parts. In 2003, the Old East Village CIP addresses this issue and make recommendations for how this could be avoided. These recommendations should be applied to the peripheries of residential neighbourhoods. The results of concentrations are reflected in the findings of the OISIS Study Report, London Ontario. On page 7 it states that 113 or 57% of the respondents interviewed were homeless or in unstable housing. Further, the study did not identify the postal codes of those who were housed. While concentration of similar services seems to be a rational approach to increasing services, historically it has stigmatised services user, neighbourhoods and made it easy for dealers to peddle drugs. Spreading the provision of SCF across the city will prevent stigmatisation, stress on surrounding neighbours and ensure access for all who need services. Reference to other parts of the city with drug issues should be considered. See Community Consultation Report: outreach workers and mobile units as an adjunct to permanent sites will be critical to the success of permanent sites and their acceptance to the wider community.
- Regarding point vi: simply locating SCF close to an area with other drug addiction supports without identifying an existing concentration or recognize that an additional service may create a concentration of addiction services in a particular area is highly problematic. An environmental scan should also be required to identify existing concentrations of services to mitigate further stigmatization of clients as well as areas which currently host existing concentrations of homeless /addiction supports.

2. Locations that avoid land use conflicts

- vii. 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
- viii. Separated from parks
- ix. Separated from key pedestrian corridors within the Core Area
- x. Separated from public elementary or secondary school properties
- xi. Separated from municipal pools, arenas and community centres and the Western Fairgrounds
- xii. Not within the interior of a residential neighbourhood

Are there other criteria necessary to avoid land use conflicts?

- None
- *vi. Good comment tonight about the fact that some neighbourhoods may greatly need a SCF and benefit from one. The criteria should be that it must clearly be demonstrated there is a need in a neighbourhood before it's considered an option.*
- *iv – “public elementary” seems to exclude private and separate elementary schools – suggest removing “public”. What is the core area? It is critical that it is clear that “core” includes the commercial corridor in Old East Village & SoHo. Many people interpreted core to mean a very small area downtown but the other revitalized areas must be included under this clause.*
- *It is my opinion that avoiding specific land use conflicts requires a far more specific modifier than “separated.” The methadone clinics require a 200m distance from these same types of land use and this specific measure would be important to include.*
- *The state intention of The London Plan is to “grow up” rather than “grow out” That is a concerted effort to increase residential density downtown, with high rises. In its full blown/ideal form all of downtown becomes a residential neighbourhood. So long term, and anticipating residential growth, could exclude much of the downtown area. All of that to say – consider the ideal result/impact of the London Plan and use that information to exclude possible site locations.*
- *‘separated’ is pretty vague*
- *ii & iv – I am not sure these are necessary. We also see a lot of needle discards in public parks and public parks are widespread. Municipal facilities are also very widespread and I’m not sure they really need to be separated from supervised consumption services.*
- *No- these are more than adequately restrictive*
- *Item (iii) What is the definition of “Core Area”? If there is not a definition it should be left out. Moreover and regardless of the definition, its inclusion protects one area more than others. It is probably best if you delete this and combine it with item (i) in this fashion: “Separated from busy commercial areas, key pedestrian corridors or active public spaces that could generate conflicts...”.*
- *iii – It would be helpful to have a clear definition of the ‘Core Area’. iv- Separated from Child Care Centres should also be included. vi – Need specific distance separation from periphery of neighbourhoods. Need to avoid anti-social behaviour and drug dealing from filtering into neighbourhoods. For example, if SCF will ban loitering outside of sites, this activity will move elsewhere but close to sites. This is an issue that is already experienced in OEV where addiction and homeless prevention services move loitering and dealing away from their front doors.*
- *A definition of “Core Area” is required to fully understand which pedestrian corridors are considered “key” and would be included as identified areas which would be considered land use conflicts for SCF. Point 1: identified potential conflicts with clients leaving the facility. It is important to also recognize there may be challenges with those who enter the facility. Currently dealers wait directly in front of London’s unlimited methadone dispensaries and prey on those who take the medication. Separation from busy commercial areas is important for both entry and exit.*

SITE DESIGN REQUIREMENTS FOR SUPERVISED CONSUMPTION SITES

Supervised consumption facilities should be designed to:

- viii. Incorporate Crime Prevention Through Environmental Design (CPTED) principles
- ix. Meet provincial regulations, the policies of this plan, and municipal by-laws relating to accessibility

- x. Orient building entrances to allow for reasonably discrete entry and exit
- xi. Ensure that building waiting areas and vestibules are adequately sized to avoid line-ups or waiting outside of the building
- xii. Allow for easy visual surveillance of the facility and its surrounding site from the street
- xiii. Avoid opportunities for loitering, such as the installation of seating areas or landscape features that can be used for seating

Are there other site design requirements that should be considered?

- *What will be designed to serve the very unique needs of people injecting stimulants? How can planners be certain that such design considerations will work? Can it be designed to ensure access to referral sources – e.g. have office space for staff from WMS, RHAC, LIHC, shelters ... to facilitate soft transfers consistently? Can it be designed to 24/7 usage?*
- *The size of the operation is very important. There is a big difference in terms of land use conflicts between inSite, where there were 1338 users on its busiest day and the TOPS at 186 King where there are less than 30 users per day. Length of time in the service is also important to avoid land use conflicts. At inSite, I believe that the average time in the services has varied from 20 minutes to 30 minutes. The combination of # of visitors times the length of time spent in the services determines the effective capacity of the service. i.e. 48 people per day/6 hours = 8 people per hour. If these 8 people stay for less than 1 hour there will be no queuing, but if there are more people or people stay longer, there could be queuing.*
- *Allowing for easy visual surveillance... - this may not be reasonable > some SCFs are located inside large multi-use buildings – medical offices etc.*
- *Lighting, external surveillance cameras.*
- *After seeing the after-care room at TOPS, I would recommend including a pint about ensuring that the space is comfortable in order to ensure/encourage users to stay in the room longer rather than loiter outside. This may be a licensing issue but there should be some way to ensure size is adequate. Public site planning should be required in order to provide the community to offer input on the site design.*
- *Discrete but not putting people entering or exiting at risk because the doorways are so hidden (i.e. back of building where no one may see assault). I will assume this means ensuring the interior of the space provides safety of all including staff such as multiple egress points. Does there need to be consideration for amount of space between building and property lines to avoid anything that would present as an alley.*
- *Assume site design and site would be realistic that would allow a reasonable number of people “on property” ergo limited number of people.*
- *The site design should be such as to enhance the streetscape with features that adhere to the City’s design guidelines for example. By making the site as physically attractive as possible it adds value to the neighbourhood and the clients.*
- *Re bullet 6: 1, Please include “avoid opportunities for dealing” in this statement. 2, Ensure that site plan takes into account the possibility that adjacent sites do not become the receptacle for all the issues and activities that SCF site plan is seeking to avoid.*
- *Site design is hugely important. CPTED must be integrated into the design at every stage. Important things to consider: design of entrances and exits, # of trash cans, kind of landscaping and recognizing potential areas to loiter. A site which is a community focused model in how it interacts with the nearby public realm will be the most successful in reducing unintended negative outcomes of service delivery. A community model that is embraced by the service, clients and*

the surrounding area will be successful in reducing stigma of the service, its clients and the surrounding area.

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

Are there other methods that could ensure good neighbourhood facility relations?

- *Survey those affected with comments if they can't attend meeting.*
- *120m doesn't seem sufficient enough to engage those around the area.*
- *The local BIA should also be involved in the consideration. Public site plan consultation should be involved.*
- *Notice of the March 14 meeting [held to discuss the TOPS at 186 King] should have been sent out much earlier, we received ours 2 days before!! Garbage pick-up. Security.*
- *The impacts of these facilities along with the community concerns will extend farther than 120 metres. This is especially true when the function of these sites need to be near the support systems that make this investment more than just a temporary improvement. Community consultation should be strongly recommended.*
- *The OEV BIA area has about 6 pawn shops and a Money Mart > businesses that prey on people with limited financial competency and attract drug dealers to the neighbourhood (vulnerable people pawn items for drug money). To suggest that these people have any say in how reputable transparent non-profit organization conduct their operations is offensive. The OEV BIA declined an offer to provide naloxone training to their members – not a very compassionate attitude. The OEV BIA sabotaged the OEV Safety Plan of 2015 (talk to Lynne Livingstone) so when they suggest they want to bring their wisdom and knowledge to the table they are being disingenuous.*
- *Perhaps increasing community buy-in allowing neighbours to have a de-stigmatizing regard rather than a stigmatizing regards for fellow community members who will be using the service? What can be done to alleviate community anxiety/dread about their neighbours who will be using these services? Perhaps normalization for substance use/users will help.*
- *The operators should be willing to enter a "Good Neighbour" agreement that includes and efficacious mechanism for possible resolution. This is completely different from a community advisory group or council. Mr. Lester mentioned a "code of conduct" for users. The Good Neighbour Agreement would take this further to the operator. I believe this to be appropriate and would most certainly be more effective. I'm pleased you've included this.*
- *1, It would be helpful if SCF applicants would involve property owners, business owners and residents in the proposal development and application process. 2, It would be helpful if the service proponents for SCF could begin to view community feedback and concerns as helpful in the process of developing the services. 3, Operators of the site should welcome the opportunity to participate in community monitoring and support committees for these sites. Such a committee and its activities should not be diluted to advisory status. 4, Individual site operators should be willing to sign "Good Neighbour Agreements" with their neighbours. "Code of Conduct" agreements*

with clients places responsibility for negative outcomes/unintended consequences of service delivery solely on clients. This responsibility should rest with the provider in the first instance.

- *Site specific community consultation is imperative to the healthy integration of such services into an existing neighbourhood/business community. These sites support a very specific and narrow population which absolutely deserve additional services. To ensure successful integration and support from the wider community in which these services are located a more inclusive and holistic lens must be applied to the design and model of series to ensure limited or not opportunity for stigmatization of the clients and general area. A public consultation would assist in achieving such a result. Services should be encourage to hose a public meeting regarding the design and orientation of a building if it is not mandated through a planning process.*

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~~ two years.

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.

Are there other considerations that should apply to Temporary Overdose Prevention Sites?

- *Hours of operation – extend into evening. If offering evening hours ensure route to site is well-lit, provides optimal safety. Subsequent TOPS should be accessible to other neighbourhoods with high rates of public substance use: Limberlost; Southdale & Adelaide; Hamilton Road; Jalna; OEV; SoHo.*
- *Isn't the current TOPS in a primarily residential building?*
- *A two year limit on these sites sounds perfect. My suggestion would be that at the one year mark if the site is going to continue on, a plan for shutting down the site or transition to a Supervised Consumption Facility is required.*
- *Consideration to neighbours property – 174 King St: garbage pick-up; loitering; access should not be on private property i.e. 174 King St.*
- *Whatever we can control related to principles and policies created for a SCF.*
- *None*
- *As outlined in the previous item, it is perhaps even more important that the operator of a temporary site enter a “Good Neighbour Agreement” with the community. This so that problems can be solved quickly. Two years is a long time for issues to go unresolved. The best scenario is that these sites comply with all land use requirements.*
- *1, TOPS should not be permitted on commercial corridors or near daycare centres. 2, The hasty location of TOPS for a two year period could have negative*

impacts on the surrounding area that persist after its departure. 3, Should the TOPS decide to apply and be successful in remaining at its location beyond the two year period would it still be considered temporary? 4, What kinds of enforcement could be utilised to ensure that they remain only for the agreed 2 year period (i.e. by-law, policing, licensing) and would there be the political will to enforce the agreement and/or prevent the ongoing operation of the site through the re-application process?

- *These services and supports for those struggling with addiction are very important. Greater access treatment and a shift from police enforcement of addiction and addicts are needed as well as supervised consumption facilities. There are existing concentrations of services in London. As was done with social services (OW) and methadone, services should be spread across the city. Out poverty, drug addiction and homelessness is not owned by one or two neighbourhoods. Locating SCF close to other existing services (depending on the number and geography) will create a “ghettoizing” affect which is something that I would think does not conform to current planning principles.*

The City of London is proposing the following regulations through a Zoning By-law Amendment. Please provide your feedback on the regulations proposed by responding below.

“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.

Are the definitions proposed appropriate to the uses as described?

- *The definitions seem OK. I don’t know if there is a room for this under the zoning mandate but it would be great to include a requirement for the inclusion of additional services. The ultimate aim should be to reduce the number of people who use drugs.*
- *Perhaps add a requirement. Thus replace “those site have equipment and trained staff...” with “the site are required to have equipment and trained staff...”*
- *Illicit drugs > does this cover diverted prescription drugs? Perhaps the definition should be expanded.*
- *Yes.*
- *Re: Supervised Consumption Facility definition: 1, The facility should not may offer additional health and drug-related support services. The definition should also include a statement about providing services that support client to overcome addiction. 2, The definition should include hours of operation. 3, The definition should include a statement about putting in place a mechanism for community monitoring and support.*