

## **Section 1 - Disclaimer**

1. Let me be clear, the purpose of this communication is not to debate the medical pros and cons of Supervised Consumption Facilities (SCF's). That is best left to those professionals with the specialized education, training and life skills to do so. Nor is this communication designed to debate the morality or ethics of SCF's, as that is best left in the hands of our Creator.
2. I do, however, strongly oppose locating a permanent SCF and/or a Mobile unit with a scheduled stop at Dundas & Richmond or anywhere else within the Core of London.

## **Section 2 - Ongoing Threats - The Need to Stay Focused & Vocal**

1. Farhi's May 5th proposal to relocate all of the Middlesex-London Health Unit (MLH) to Market Tower at Dundas & Richmond is the latest example of significant risk for London's Core. While this may appear to be a philanthropic gesture, one could also speculate that the proposal is a long term strategic play, as they are experienced enough to understand the downward pressures on land values that such a Hub would create, allowing Farhi to buy up more of the Core at a significant discount.
2. The May 8th 10-2 Council vote endorsing the new York and Simcoe Street locations reinforce the need to protest location processes to Health Canada/ exemptions based on process "anomalies" and to Council and City of London solicitor based on Zoning. Councilors Zaifman and Squires were the only two who applied logic, when they voted "no", explaining that council should not endorse any site before obtaining zoning approval.
3. *"I'm wondering why we are not taking a bit more time to find the best site"*, Zaifman asked? We all need to be asking that identical question. We can do that now, and protest in our democratic process this November at the polls. One can only conclude that Council has been influenced by Dr. Mackie, and his panic to establish a permanent site prior to June 7th provincial election, that may put their very existence in jeopardy if Doug Ford fulfills a campaign promise.
4. A backdrop to the ongoing dance between MLH, County of Middlesex, CitiPlaza and Farhi. Although the jockeying for new MLH head office may appear to be unrelated, it is in fact, connected and has far reaching ramifications.
5. MLH - Self created time pressures and lack of transparency appear to be common themes, when one compares this in the context of both the SCF and head office relocation. The SCF patterns will be outlined in this document. The head office patterns are noted below.

County officials say *“public health officials have been less than transparent about their plans, refusing to detail the costs of a proposed 30-year-lease and only offering to study the impact on services to the county after the new lease deal is in place”*, he said Thursday.

*“There is a need for a decision soon”* health officials say.

*“(The health unit) faces the prospect of losing the opportunity for the Citi Plaza lease upon expiry of the current letter of intent...on or after May 14th,”* McNair wrote (now extended).

But Meagher (Middlesex County) says , *“any time crunch faced by public health is of its own making - the county would have willingly sought the intervention of a mediator or heard again from the medical officer of health, Dr. Chris Mackie, but the health unit didn’t avail itself of those options”* This pattern will sound familiar upon completion of this document.

6. MLH’s own research, as well as independent research clearly states, “users will not travel far for injection services”, so why propose a central hub? This service needs to be decentralized to have any real positive impact.
7. This will be looked at in history as the defining moment, the equivalent to the TSN Turning Point, or simply the final degenerating blow that ensured the Core of the City would no longer be a place of residential and commercial vibrancy for all of London to celebrate and enjoy. Instead, it will be referred to as the point when London’s Core was forever to be “the protected destination sanctuary for London’s disenfranchised”. Apparently no one remembers the devastating impact on the Core when welfare (Ontario Works) and other social services initially moved to the Market Tower over a decade ago or the strategic rationale behind decentralization of above for enhanced service levels back in 2017. Any move to create a centralized hub for all the MLH in Market Tower would have an even greater negative impact, crippling the Core and handcuffing it for 30 years with a promise of constant immigration of the socially disenfranchised, undermining literally billions of dollars of recent and planned revitalization initiatives.
8. I would encourage every resident, business owner, tenant, educator and developer to begin investigation into legal remedies, individually or as a collective, against the City and MLH. At Council on April 30th, the City Solicitor challenged Council, and raised concerns over how this Council is placing the City in legal jeopardy for its processes surrounding the SCF. It is apparent that the information I have gathered needs to be sent to the City Solicitor and County of Middlesex as well, as I have uncovered less than transparent activities throughout this entire process.

9. The May 8th vote to endorse these two sites, plus pending MLH relocation make the Monday May 14th zoning discussions at Council critical to have a voice, and promote protection for the Core.
10. Since zoning is required prior to final site selection it raises serious questions with respect to conflicting legislation, as well as definition of “clinic”. Specifically, should there be two classes of clinics: (i) Class 1, for generic, vanilla services offered by medical, dental or massage clinics, and (ii) Class 2, for those clinics that dispense and/or help to administer controlled narcotic substances? (i.e., methadone and SCF, vs community dental clinic)
11. The primary purpose of zoning is to segregate uses that are thought to be incompatible. In practice, zoning also is used to prevent new development from interfering with existing uses and/or to preserve the "character" of a community. City planner (John Fleming) has said, an application to amend the zoning bylaw requires a public meeting and typically take about four months. Council’s planning committee will debate the planning and zoning rules for those sites at next Monday’s meeting.
12. In the meantime, drug users can access London’s temporary overdose prevention site, essentially a short-term version of the supervised consumption sites, where people can use drugs under medical supervision and access support services. Council gave that site a two-year window to operate.
13. It is my hope that I can bring some immediate attention to this specific risk and enlighten everyone on the processes regarding location selection *et al*, with respect to SCF’s. Upon review, you may conclude that this process could have been far more transparent, timelier, with better interpretation and disclosure of research findings. In addition, the decision to consider 120 York (SCF), Market Tower, CitiPlaza (needle exchange) or any location with the Core, appears to be out of sync with established location criteria. You may see processes that appear reactionary, as opposed to a proactive disciplined approach. Above all I want to point out some fundamental missteps in certain thought processes, which fail to acknowledge critical Cause & Effect drivers.

### **Section 3 - Action Required Now – On or Before Monday, May 14, 2018**

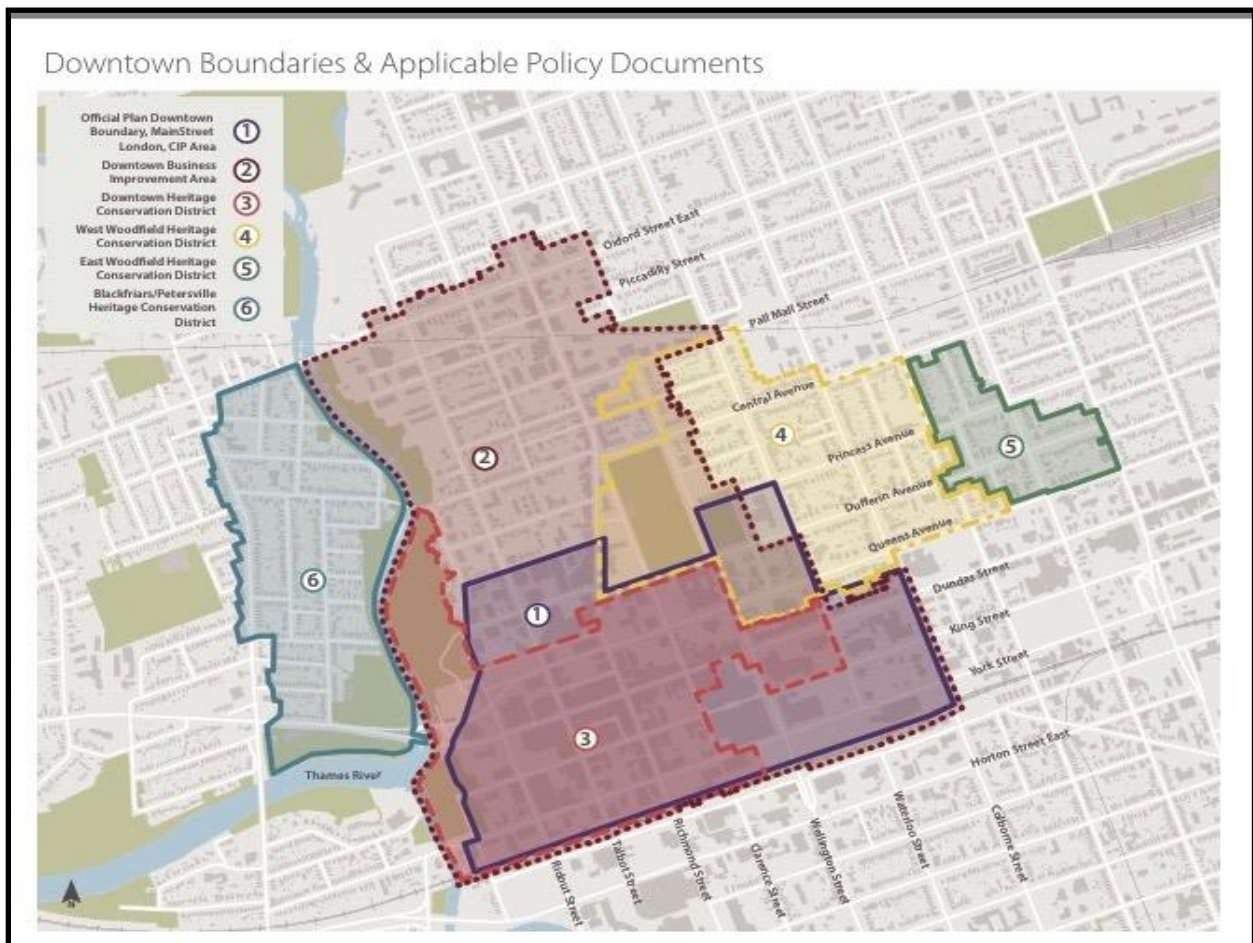
1. We do not have the luxury of time – thinking this can be held to make it an election issue for any incumbent running for re-election this November. These endorsed locations will be finalized far in advance of that. However, we can ensure that the citizens of London know which Councilors supported our efforts, or thwarted them, however this resolves itself.

2. The ultimate goal of this communication is to initiate **immediate pressure** on Council and on the City Solicitor, forcing City Council to amend their criteria for site selections for SCF, by adding a “pre-existing” geographic boundary to recently approved Bill No. 2018, passed in January 2018. (See File No. OZ -8852, Schedule A, in the attached Appendix D). Plus, to influence “clinic” zoning at the May 14<sup>th</sup> Council meeting.
3. The current amendment lacks these “defined boundary restrictions” and does NOT provide any protection or community safeguards against potentially disastrous, unilateral site decisions that neither the City, nor the taxpayers can stop if there is no zoning or bylaw protection.
4. This amendment is not without precedent. File OZ-8852 states, “*Given how new the introduction of supervised consumption facilities and temporary overdose prevention sites are to Ontario, it remains unclear as to what their impacts will be on adjacent land uses. However, the following are planning considerations that staff recommend should be considered when siting such facilities:*
  - (I) 1. Separated from busy commercial areas or active public spaces that could generate conflicts between the general public and those leaving SCF and TOPS after consuming
  - (II) 2. Separated from parks that could accommodate drug trafficking or injection activities (and needle disposal) near minors and vulnerable populations using the park
  - (III) 3. Separated from public elementary or secondary school properties
  - (IV) 4. Separated from municipal pools, arenas and community centres and the Western Fairgrounds
  - (V) 5. Separated from the interior of residential neighbourhoods”



(If this defined area of the Western Fair District (spanning numerous city blocks) can be a protected zone, then surely the defined area of London's Core, established in London's Official Plan can just as easily be protected as a Zero Tolerance Zone, with one simple vote by Council.)

6. This proposed amendment would require the addition of the same type of geographic boundaries that designated the Western Fair District as a Zero Tolerance Zone. The outcome of such an amendment would result in a Zero Tolerance Zone designation, and restrict any attempts to locate additional SCF's and or the proposed Mobile Units from making scheduled stops in the Core. This level of protection is consistent with the planning processes that resulted in London's Official Plan, The London Plan. This Zone would ideally be defined as The Official Plan Downtown Boundary [(1) on map below] plus Downtown Business Improvement Area [(2) on map below].



7. In addition, we need to ensure that the current bylaw and zoning amendments prohibit the location of Free Needle exchanges in the Core. Specifically, upon closing of the Temporary Overdose Prevention Site (TOPS), the Counterpoint exchange at 186 King Street must be relocated outside of the Core to one of the new endorsed site locations. In addition, MLH

must be forced to cease this practice at its head office, currently at 50 King Street, and/or at any new location currently being discussed within the stated boundaries of the Core. Also, no new sites would ever be permitted in the Core. This is a critical step in stopping the cycle of cause and effect.

8. MLH has already stated that they will close the existing exchange facilities at 186 King as part of their transition plan from TOPS to permanent SCF. However, this statement from Dr. Mackie must be put into law, as he could negate this claim, or could later state that it is not his decision and that Counterpoint is a separate organization, and it is their decision. Hence, to avoid future conflicts and mitigation of major issues, Council needs to put this in concrete now, as part of a comprehensive strategy, while zoning discussions are taking place. This is critical as Farhi's new Hub proposal and legal issues surrounding the CitiPlaza relocate could potentially and conveniently ensure that another Core location of needle dispensing is formalized, only this time in the comfort of the indoors, ensuring even greater numbers of homeless will migrate to consume in public washrooms and loiter all day out of the inclement weather.
9. It leads one to question, has this been in play behind the scenes, in-camera between Farhi, MLH Finance and Facilities Committee? As you may discover, this would be the norm, not the exception (see March 15, Report No. 018-18 below).

#### **Section 4 - Why This is So Critical**

1. We need to stop this short-sighted planning and approval process. We need to:
  - break a policy driven cycle that spans far more than a decade.
  - break the “gravitational pull of users into the Core”.
  - break the cycle of the decline in the Core.
  - eliminate the cloud of uncertainty that hinders many initiatives designed to build a healthy, vibrant Core.

A decision not to do so, could cause a significant reduction in investment momentum, stagnating the revitalization efforts of the Core and the Forks on many levels.

2. It takes very little to shatter public confidence, and undo years of planning and hundreds of millions of dollars in investment. A move of this magnitude is guaranteed to not only shatter, but totally destroy, any confidence in the Core.

3. Given this climate of uncertainty, the developers who have invested significant capital in London's Core may be hard pressed to sell or rent their new units coming on stream.
4. If Council allows this move to Market Tower, or allows a SCF anywhere in the Core, there is an extremely high level of certainty that incremental residential migration to the Core will take a significant downturn, triggering an immediate reversal of planned and approved developments. It should be noted that the Waterloo location is still within the Core boundaries.
5. And those who purchased in the Core will find resale opportunities limited, and at significantly lower values.
6. If any part of this is allowed, the City of London would have in effect failed us. Whether they have done so through inadequate Zoning or inadequate By-laws, through short-sighted policies, through lack of planning, through lack of will, through lack of insight or through an inability to regulate usage, either deliberately or unknowingly, they will have failed us all. Not only would they have failed to protect our investments, they would have been knowing, willing participants in the devaluation of all properties in the Core.
7. We need to stand up, unite and continue to initiate coordinated public opinion and political pressures to amend zoning as well as against the establishment of a MLH Hub in Market Tower or CitiPlaza.
8. Our proposed amendment ensures that the Core, the Forks, the Entertainment District and new Dundas Place will have a chance to realize their full potential.
9. This amendment will be a stimulus to all local retailers, restaurants and entertainment providers, with a promise of significant reductions in loitering, panhandling and other undesirable interactions. It will demonstrate that London Council will stand up for the need of the vast majority vs. pandering to the public pressures of a small minority.
10. Anything short of this will only reinforce the following: NO INVESTMENT IN LONDON, SPECIFICALLY IN THE CORE IS SAFE.
- 11. The spatial area of the Core represents about 1 km<sup>2</sup> out of the 420 km<sup>2</sup> that is London. Or, 1/5th of 1% of London's spatial footprint. However, it represents the heart & soul of London. The vision outlined in the London Plan, including the Back to the River strategy, a vibrant Entertainment District, and a strong residential presence, are all within reach. This footprint of land, although tiny in size, is huge in stature and significant beyond measure. Surely it is worth protecting. If the heart fails, death and decay will follow in the natural order.**

12. London has a significant inventory of empty or vastly under-utilized land and structures to the south and east of the Core. In fact, these parcels are situated in closer proximity to the residents in need of these services. The OISIS report indicates 26% of the need is in the Core, 53% in OEV, leaving 21% for SOHO/elsewhere. The other wrap around services recommended in support of the SCF also have a higher percentage of clients in the east and south of the Core.
13. Council has an opportunity to do what is right for all of London, not simply a very small minority. Council has an obligation to protect London's Core today, and into the future by tougher defined zoning restrictions and boundaries. It is black and white. Council must decide to either:

(A) Support a service location designed to meet the needs for less than 1% of our population, predicated on migration, not community needs, known to be extremely unpopular with all Core stakeholders, and London at large, known to be detrimental to the very viability of the Core, with pending legal actions for damages, or

(B) Support a service location that is in the best interests of 99% of Londoners, predicated on actual closer proximity to communities in need, one that will be embraced by neighbourhoods as a positive step, one that will not be detrimental to the Core, one that will not have potential of pending legal actions

14. And so I am clear, this proposal in no way eliminates the proposed SCF, or the free needle exchanges, or any other wrap-around service. It simply redirects the traffic, away from the Core, to neighbourhoods where the need is equal or higher, and where the service would be more welcomed, with the benefit of lower occupancy costs (as is shown by the initial reception of Simcoe Street community).

**This dialogue this action needs to start now. MLH is obviously compressing its decision time here based on election fears. On Monday, May 14, Council will begin debate and/or vote on zoning. Their office relocate has been negotiated in a veil of secrecy and litigation. I am trying to obtain this information under Freedom of**



**Information legislation, if possible. By expanding this conversation immediately, we have a 5 day window of opportunity to get this on record, and also have a chance to speak at the Council session. Voices and numbers matter, so we need to show we are serious. Faces and voices matter. The hope is that current Council will see the logic in this thinking, and how it actually works in everyone's best interests.**

Contact Lists/ live email groups

Email: Copy and Paste

City Council & Mayor. Our Council Member is Tanya Park

[mayor@london.ca](mailto:mayor@london.ca), [mvanholst@london.ca](mailto:mvanholst@london.ca), [barmstro@london.ca](mailto:barmstro@london.ca), [msalih@london.ca](mailto:msalih@london.ca),  
[jhelmer@london.ca](mailto:jhelmer@london.ca), [mcassidy@london.ca](mailto:mcassidy@london.ca), [psquire@london.ca](mailto:psquire@london.ca), [joshmorgan@london.ca](mailto:joshmorgan@london.ca),  
[phubert@london.ca](mailto:phubert@london.ca), [ahopkins@london.ca](mailto:ahopkins@london.ca), [vidley@london.ca](mailto:vidley@london.ca), [sturner@london.ca](mailto:sturner@london.ca),  
[husher@london.ca](mailto:husher@london.ca), [tpark@london.ca](mailto:tpark@london.ca), [jzaifman@london.ca](mailto:jzaifman@london.ca)

Email: Other KIP's

- 1) President Downtown Bus Association, (Gerald) [ggallacher@nicholsonsheffield.ca](mailto:ggallacher@nicholsonsheffield.ca)
- 2) Dr. Chris Mackie [christopher.mackie@mlhu.on.ca](mailto:christopher.mackie@mlhu.on.ca)
- 3) Media      Free Press (Joe) [JRuscitti@postmedia.com](mailto:JRuscitti@postmedia.com)  
                  CBC (Kate) [kate.dubinski@cbc.ca](mailto:kate.dubinski@cbc.ca)  
                  CTV (Daryl) [londonnews@ctv.ca](mailto:londonnews@ctv.ca)
- 4) Health Canada (perhaps best leverage) [exemption@hc-sc.gc.ca](mailto:exemption@hc-sc.gc.ca)

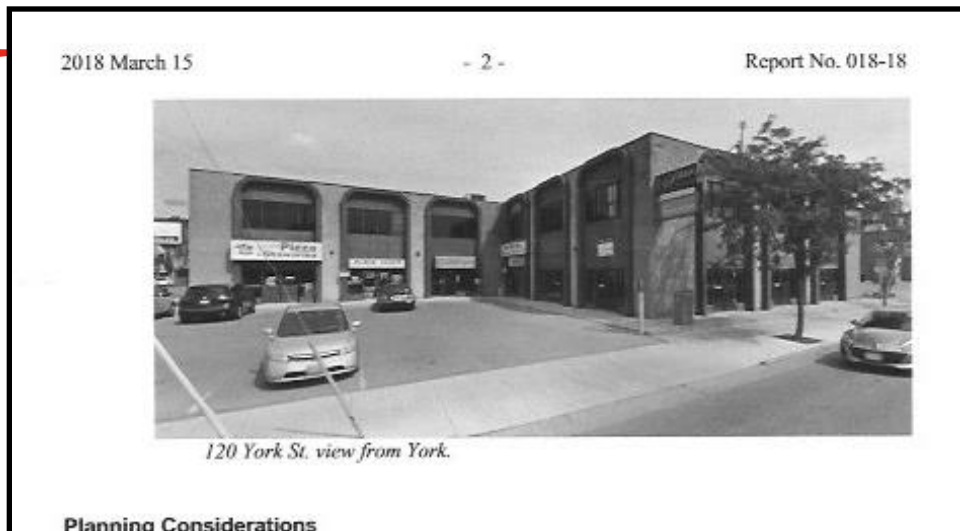
## **Section 5 - Disturbing Findings**

1. **Just when we thought it was safe.** With the April 20th announcement by MLH of two new options for London's permanent SCF at 241 Simcoe Street & 446 York Street, it appeared that the recent threat of a SCF location at 120 York or anywhere in the Core had been eliminated. With the May 5th announcement by Farhi, offering the Market Tower, this threat is back, and very real.
2. **From Grave Concern.** The fact that 120 York Street was ever in anyone's "**remote consideration set**" is **cause for grave concern**. Equally, the consideration of Market Tower for a needle exchange and/or a Health Hub demonstrates a total lack of respect, and total disregard for the tax paying citizens of London.
3. Equally, it demonstrates a fundamental lack of expertise in strategic planning, impact analysis, urban planning, business metrics, gravitational pull modelling, tax assessment

impacts, development charges, marketing, sociology and basic underlying human motivators, such as fear and uncertainty.

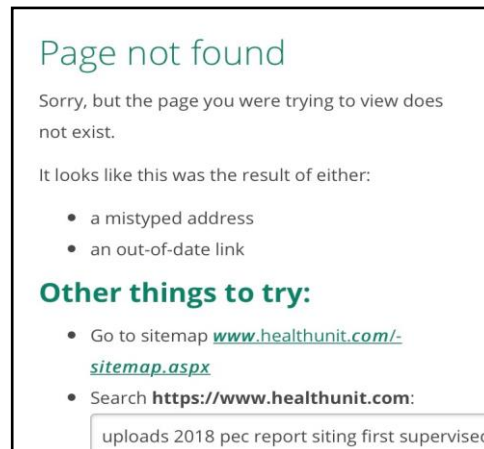
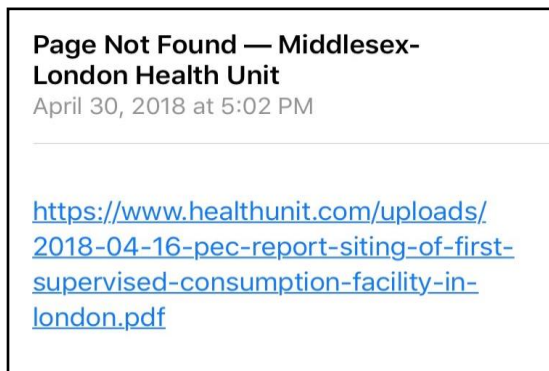
4. **From Grave Concern...to Shock.** The fact that the 120 York Street location moved “in-camera”, secretly through the MLH Finance & Facilities Committee and went from “a consideration to a valid, recommended option” should leave us all in shock **and serve as a very tangible reminder, that the Core needs this additional protection,** by order of a By-law amendment. Bob Usher, Manager, Covent Garden Market summarized it best; *“Perhaps 372 York is not a good fit, but 170 York should be a non-starter”*. If 120 York is a non-starter, Market Tower is as well.
5. As evidence, 120 York & 372 York were scheduled to be presented to Council on April 16, 2018. An analysis was done, including pros and cons of each location.
  - (sample page below) Please Note the date on this Report No. 018-18.

Note Date



6. **From Grave Concern....to Shock....to Outrage.** What is cause for outrage is that it would appear that this analysis had been completed on or before March 14. According to Dr. Mackie’s Activity Report No. 023-18:
  - it was “co-presented at a Community Advisory Committee meeting on March 14”,
  - and again on March 15th, at MLH Board meeting, during an in-camera session.
  - That would appear to be about 27 days before 120 York became public knowledge,

- which interestingly is the same day that the April 9th “community engagement “session, was announced in the London Free Press. ( See Report No.018-18) (See Appendix F).
7. **To Red Flag.** This link is now gone. While this may be accidental, it does nothing to provide one with a sense of transparency in the location process. See Scanned version, previously saved & printed in Appendix G.



8. Report 018-18 is the now deleted report above, with additional comparisons, approved by MLH, and which was to go to Council on April 16 for approval. Report dated March 15, 2018, with an April 16, 2018 cover page. This document was never found online, and was obtained at City Hall (see scanned copy, Appendix H).
9. It is my opinion that the analysis done by MLH in the presentation for Council was less than objective, rushed, not complete, not accurate and was not in compliance with the established criteria, as approved by Council; File No. OZ -8852, Schedule A, dated January 12, 2018. What is critical here, is the lack of any safeguards, allowing a proposed site location to get this far along in the process, before it was sprung on the neighbourhood, with virtually zero advance warning. It appears Council has deferred its accountability, and is not policing MLH (see full Siting Criteria in Appendix D, or [www.london.ca/newsroom/Documents/SupervisedConsumption-Facilities.pdf](http://www.london.ca/newsroom/Documents/SupervisedConsumption-Facilities.pdf) ).
10. And now, a full month later, we are once again asked to believe that this latest “Market Tower” proposal just happened to surface, as a viable option? I will be applying under Freedom of Information to seek all “in-camera” location discussions between MLH, Farhi and others since the inception of talks on office relocate, TOPS and SCF.
11. Be aware that MLH has ultimate say. Dr. Mackie claims he will rely on Council’s input, and direction. However, without Zoning and/or By-law protections, Council has created a

very dangerous situation, setting loose criteria, with no boundaries, that could in fact defeat the very foundations upon which the criteria were established (see Location Criteria Appendix D or <https://pub-london.escribemeetings.com/filestream.ashx?DocumentId=38861> ).

- A. **We as stakeholders, must remain cautious, extremely diligent, focused and very vocal. We must continue to express our views in opposition to any location in the Core. As previously stated, and challenged in Council, April 30, 2018 by the City Solicitor was how Council has conducted themselves in such a manner with regards to site locations as to put the City at legal risk. I encourage all to send letters immediately (email) to all Council members, to Dr. Mackie, to City Solicitor, to Health Canada and to the media expressing your concern and outrage. And of equal importance, be present to demonstrate at City Hall.**
- B. **Tuesday May 8th. Be seen - We can't speak, but Council will hear you!** Council Chambers. Starts at 4 PM. Show up - as Council receives Location report from MLH Finance & Facilities Committee. Agenda item Reports 8.1-14 (3.6) Supervised Consumption Facility location, dead last. That seems appropriate, for such a major impactful item. Perhaps hoping to thin any opposition crowds.
- C. **Monday May 14. Been Seen - Be Heard. We can speak.** Council Chambers. All letters to Council must be submitted in advance. State on Letter. We want this entered into public record. We need as many as possible, to be on public record. Be Seen. Be heard. Monitor time at [london.ca](http://london.ca), Council Agenda, May 15, 2018.

## **Section 6 - Rationale & Support for my Position**

1. **No one is taking a step back, and looking at the overall Cause and Effect. MLH, Regional HIV/AIDS and other service groups fail to see, fail to accept, or simply fail to admit the obvious. They are NOT servicing “a real neighbourhood need or market demand”. They are in fact “the architects of the problem and have created the market, directing the traffic and shaping its geo footprint” and then justifying a need to service it.**

*“If you build it, they will come...”*

2. In effect, they are proposing to service a demand that they orchestrated.
3. Let me be crystal clear. Their prior policies and decisions have created THE MIGRATION of I.V. drug users (which they refer to as clients) into the Core. These clients are NOT RESIDENTS of the Core.
4. Let me frame this with basic examples that may help everyone comprehend this point, as it is key to everything.
5. Think about this notion, in terms of simple London retail history: ***“If you build it they will come...”***
  - i. When The Galleria was built in late 1980s, and later London Mews, they became magnets drawing shoppers off of Dundas Street, signaling the beginning of the end for independent retailers in the Core, as well as Movie Theatres.
  - ii. As London ignored the Core, and focused on urban sprawl, Malls such as White Oaks, Westmount & Masonville became the new magnets bringing about the demise of both The Galleria and The Mews. This in turn ended pedestrian traffic and left the Core in decay, a mere shadow of its former vibrancy.
  - iii. As time moved on, Big Box Retailers, and Power Centres became the new retail magnets, forcing the end of Westmount and the expansion or death of both White Oaks & Masonville, as shoppers are more destination focused, and are willing to trade “convenience & customer care “ for “dominant assortment and lower cost”.
  - iv. In effect, these simple changes in London's retail history shows clearly how easy it is to pull or lure customers to their location to shop, with the promise of a reward for doing so.
  - v. Basically, how easy it is to modify behaviour.
6. Or think about this notion, in terms of other examples we have all witnessed: ***“If you build it they will come...”***
  - i. The construction of the Series 400 Highways in Canada, or the Inter- State System in the USA became huge magnets, redirecting how we live, where we live, how we commute and in doing so completely destroyed the small towns and businesses that once thrived along the old 2 lane highway system.

7. Or think about this notion, in terms of Cause & Effect Impacts, we all have witnessed, *“If you build it they will come...”*
  - i. The opening of Social Service offices (Ontario Works) in Market Tower over a decade ago, triggered a significant migration of “less than desirable non-residents” into the Core, filling the void of residents and shoppers.
  - ii. This triggered the scores of Pawn Shops, Tattoo & Piercing parlours, and insidious Money Exchange locations, preying on the very clients that Social Services are mandated to protect.
  - iii. Closer to home, the construction of the JLC (Budweiser Gardens) is a great positive local example of this. *“They built it, and they came.”* Along with it came the capacity to entice the investment by the Hunters, leading to the success of the Knights, the expanded access to concerts, etc.,
8. ....and so it goes, *“if you build it, they will come”*.
  - i. The \$500 Million + BRT investment assumes, *“if we build it, they will come”*
  - ii. The \$30 Million Dundas Place investment assumes, *“if we build it, they will come”*
  - iii. The \$100’s of Millions in new Condos and Rental units in the Core assumes, *“if we build it, they will come”*
  - iv. The entire justification of and rationale behind MLH Safe Consumption Facility investment similarly assumes *“if we build it, they will come”...*
9. **Hence, they MUST concede that they have created the drug usage problem in the Core. They & their predecessors are the architects of the drug problems that manifest itself within the Core. They have created a migration of “customers” from emergency shelters, and low income, subsidized housing to the south and east of the Core.**
10. Just like the examples cited above, they have created the “anchor” that attracts, entices and directs them into the Core, with the promise of hassle free, no charge needles to support their addictions. And, once a month, an Ontario Works welfare check, and lots of targets for panhandling in between. The nearby vacant parking lots and parks are convenient locations to inject.
11. Yes, they built it, and they came, and now they are considering moves that will ensure the Core is destroyed, complete with a 30 year lease.

12. Any attempt to locate a SCF, and or a Health Hub in the Core would magnify this migration exponentially, ensuring the Core will forever be an area only for the disenfranchised, and void of any promise of revitalization.
13. Council has the power to stop this, and gain tremendous support from all of London.
14. Like most Londoners, and all stakeholders I have interviewed in the Core, I am tired of hearing:
  - *“the site at 120 York is well situated as it is close to an area where there is a need for services for clients at risk”*
  - *“120 York St. may be dismissed because of its proximity to the entertainment and commercial Corridor on King Street”* the region’s top health official Dr. Chris Mackie said Monday, *“the building itself might be a good fit as the neighbourhood is a hotspot for used needles collected by the LondonCare workers”.*
15. Now, step back, and be honest, and ask again, “why is this an area of use?”, “with clients at risk?”, “a hotspot for used needles?”

*The answer is simple. Because they created it.*

16. My area of expertise spanning 40 years is marketing, ranging from research to communication. There is a proven formula for all mass media, designed to influence opinions, modify behavior and building brand loyalty. Propaganda, the birthplace of modern communication, was built on a very simple formula. Success = SMM x Reach x Frequency. If you hear a single message over and over, year after year, you will believe it, whether it is true or not. Now, I am not suggesting there is not a drug use problem in the Core. But I totally reject MLH claims that their clients at risk are in the Core.
17. A neighbourhood is defined as: *“a geographically localized community within a larger city. Neighbourhoods are often social communities with considerable face-to-face interaction among members.”* A neighbourhood is generally defined spatially as a specific geographic area and functionally as a set of social networks. *Neighbourhoods, then, are the spatial units in which face-to-face social interactions occur - the personal settings and situations*

**where residents seek to realize common values, socialize youth, and maintain effective social control.”**

18. The luring of “users” who do not reside in the Core neighbourhood and who do not share common values with the residents of the Core is simply a very poor decision, and will result in perpetual conflict.
19. So too, would a decision to locate a Health Hub at Market Tower, luring thousands of “clients” and “other Health related recipients “ who do not reside in the Core neighbourhood and who do not share common values with the residents of the Core will be the worst move London has ever contemplated. A move that one can only speculate will result in a significant number of legal actions against the City.
20. The patterns of specific sites with higher usage for the most part have been created and are the end results of prior decisions, directing traffic to the Core, like a magnet.
21. Let us look at the Core. Comparing Census data of 2011 and 2016, we see:
  - Household income down marginally from \$59,300 to \$59,000
  - Population has increased from 4,010 to 7,059.
  - By the next census, there will be housing inventory available that could push this number beyond 10,000 residents.
  - The average age has actually increased from 31.9 to 33.8, which reflects in part the aging of society, but more likely influenced by the number of empty nesters relocating from the suburbs.
  - Employment is over 87%
22. Further, the current gentrification of the Core will drive up the cost of living, displacing lower priced rental options and attract higher income, employed or retired residents. In this process, development of new residential units will in fact eliminate many of the parking lots that have been identified by MLH’s own research as convenient, safe areas for “users” to congregate, acquire, inject and litter.
23. Compare the demographics of “clients, users”
  - **53%: in Old East area (Dundas and Adelaide area)**
  - **26%: downtown area**
  - **21% are elsewhere**



- **57% homeless, or in unstable housing**
- **19% involved in sex work**
- **22% First Nation ( Metis)**
- **12% jail past 6 months**
- **42 % accessed addiction treatment past 6 months**

24. It is easy to conclude:

- The users in the Core are NOT residents of the Core.
- The users in the Core are NOT members of the Core Community.
- The users who migrate to Core to use do not share the same values as Core residents.
- The Core is NOT a community at risk pulling together.
- The Core is a community at risk that has been forced into conflict.
- This conflict was created by locating two free needle exchanges at 50 & 186 King Street.
- This was amplified by another short sighted decision to locate Welfare offices at Market Tower (Dundas & Richmond), now Citi Plaza. And now, the Core has a proposal by Farhi, to put a 30 year noose around the very life of the Core. We need to say NO!

25. That being said, the logic by proponents when they constantly look to the Core as a prime area of need and subsequently Core site locations; is flawed. The introduction of a SCF with its numerous wrap-around services will in fact attract significantly more users setting the stage for conflict escalation. The “clients” will be seen as unwelcome intruders drawn to Core and will NEVER be embraced as community residents in need. “The reason there is a concentrated usage in the core is because years of decisions created that traffic, complete with inducements. They are drawn to the Core because Social Services were located in Market Tower (specifically Ontario Works - Welfare). The lure of free needles, at both 50 King and 186 King Street created the ideal traffic builder. MLH research states these clients are extremely cash strapped, hence the ability to obtain a \$50 box of needles for free, week in and week out, is the main reason they gravitate to the Core. They not only use these needles, they sell to other users, creating a source of income.

26. Dr. Mackie states, ***“It can really help a neighbourhood by getting injection behaviours off the street, plus getting needle waste off the street and by getting some people connected with detox and rehab along the way”***

- Mackie believes medically supervised drug consumption will make troubled neighbourhoods better, not worse. I can agree with that premise, in the context of helping residents who reside in a neighbourhood.
- However, the definition of a troubled neighbourhood should be one where people have a vested communal interest, where they live, play, and socialize.
- London has many communities, or neighbourhoods at risk (Adelaide, to Wellington, Horton/Hamilton to the River” or SOHO. That is a troubled neighbourhood. It has extreme challenges, and high numbers of target clients. The area is home to many Indigenous people, who are at above average risk.
- Or Mornington Ave from Oxford to Quebec, or Boulee Street from Cheapside to Victoria, all by definition, “neighbourhoods”. They are areas of high usage, low income and predominantly subsidized housing.
- One can see how safe injection sites can be very beneficial to those communities. In fact, it may be embraced by community as a positive step. These are truly troubled neighbourhoods, as the residents are painfully aware of the drug problems.
- However these areas are vastly different from the Core. Unlike the Core, the users are residents, they are part of the community, and have a shared interest in maintaining and/or improving social control.

*Lack of Community consultation*

*demonstrates clear lack of*

*respect....2018 March 15 - Report No.*

*018-18*

27. There appears to be very little adherence to the criteria established or empathy for the communities it would impact. It is my opinion that this is careless and reckless and was all done in secrecy, obscured from the public to which they had an obligation to have consulted.
28. In the Health Canada application for safe consumption facility exemption there is a mandated requirement for public consultation – however, I believe the process that transpired in London used was not in the spirit Health Canada intended.
29. The process I witnessed (and/or uncovered) was as follows:
  - November 2017 – large format community events, MLH presenting concepts, Q&A, big picture, vague generalities, nothing location specific (reaction was neutral at best, high level of NIMBY). However, it was a concept, and until it is tangible, it has low share of mind.
  - Surveys and research were conducted at November 2017 sessions.
  - Research Report was complete in January 2018, but never made public.
  - Research was selectively used or ignored with respect to locations and community concerns.
  - Actual site locations were selected in secrecy, debated in-camera at MLH Finance and Facility Committee meetings.
  - Reports were created to justify locations applying commentary to the City Criteria Guidelines (OZ-5582) (and done at very incomplete and amateurish level).
  - Press breaks a location, and the rubber hits the road. Those within 120 meters of the proposed location may or may not have been notified of a meeting in a next few days.
  - A few days later, a report is to be heard by Council. A report, as was in the case of 120 York, that was already completed before the community meetings.
  - Basically, zero respect for the community, the impacts on, the concerns of. The engagement appears to be simply an item to be checked off the list. This is in total contradiction to what is **highlighted in the report in red below**.
30. Attached below as Appendix F is a section of Report No 018-18, which was approved by MLH Finance and the Facilities Committee, and was to be submitted to Council for reading on April 16, 2018. The words in this report do not ring true in my view or in the view of the community members I have connected with over the past 3 weeks. This type of report serves to create a public record based on what needs to said, or “create a paper trail of compliance”.

The document states so, hence it must be true. This practice is predicated on the historical precedence of window dressing disclosure. True, most of what one needs to know has been published. However, finding it, is another thing. To dedicate the time to research, read, cross reference, verify is impossible. I am now over 137 hours into it. That is what they bank on. They are covered, and we are basically left to get our facts from headlines, and sound bites.

31. Case in point. This report 018-18, took a week to find, deep in MLH subcommittee agenda filings online (until they took it down). This was never made public. And hidden, for Londoners to see, was one word, **“here”** at the end of a sentence in blue and underlined. It turned out to be a link to a 49 page Supervised Consumption Facility Summary Report published January, 2018. ( see **Research Limitations, Key Omissions and Selective Disclosure below**)
32. Like the people I represent, I too am a property owner in the Core. I work, play and dine in the Core. However, up until 3 1/2 weeks ago, I too was like the vast majority of the population, who vaguely remembered going to meetings on SCF in November, 2017. Until I received emails from family and tenants asking me if I had seen the April 9 announcement about 120 York Street, and had I attended the community session the evening of the 9<sup>th</sup>. To which I replied, no, to both, I had not seen London Free Press, nor did I receive any notice of a meeting. I own 2 properties on Talbot, within the 120 meter range, but still, no notice. Nor did my tenants, or anyone else I checked with, except for one anomaly. Residents in the Renaissance complex were made aware most likely after a special meeting that Dr. Mackie conducted on April 4<sup>th</sup>, with Tricar, the developer of Renaissance. **(See Dr Mackie’s activity report, Number 023–18).**
33. And, I suspect, if it was not released by the media, the day of the meeting, NO ONE would have attended. That would have been taken as confirmation that the public was not interested, not concerned, therefore we can proceed with the location as selected. That is basically how this process goes. By now, you are aware that what we discovered on April 9<sup>th</sup>, was documented, and approved on March 15<sup>th</sup>, and was moving to Council for approval.
34. The same has happened with the two new proposed locations on York & Simcoe. I believe it hit the press on Friday 20<sup>th</sup>. On Monday 23<sup>rd</sup> it was announced that a community meeting would be held on Thursday 26<sup>th</sup> and the following Monday 30<sup>th</sup>, it was at Council. Now you know that the report was completed in advance of Council, which makes the community involvement meeting, nothing more than a “procedural thing to do, to check off a list”. That

is not community consultation. At least the second round had a three day notice, vs virtually no notice for the 120 York location.

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

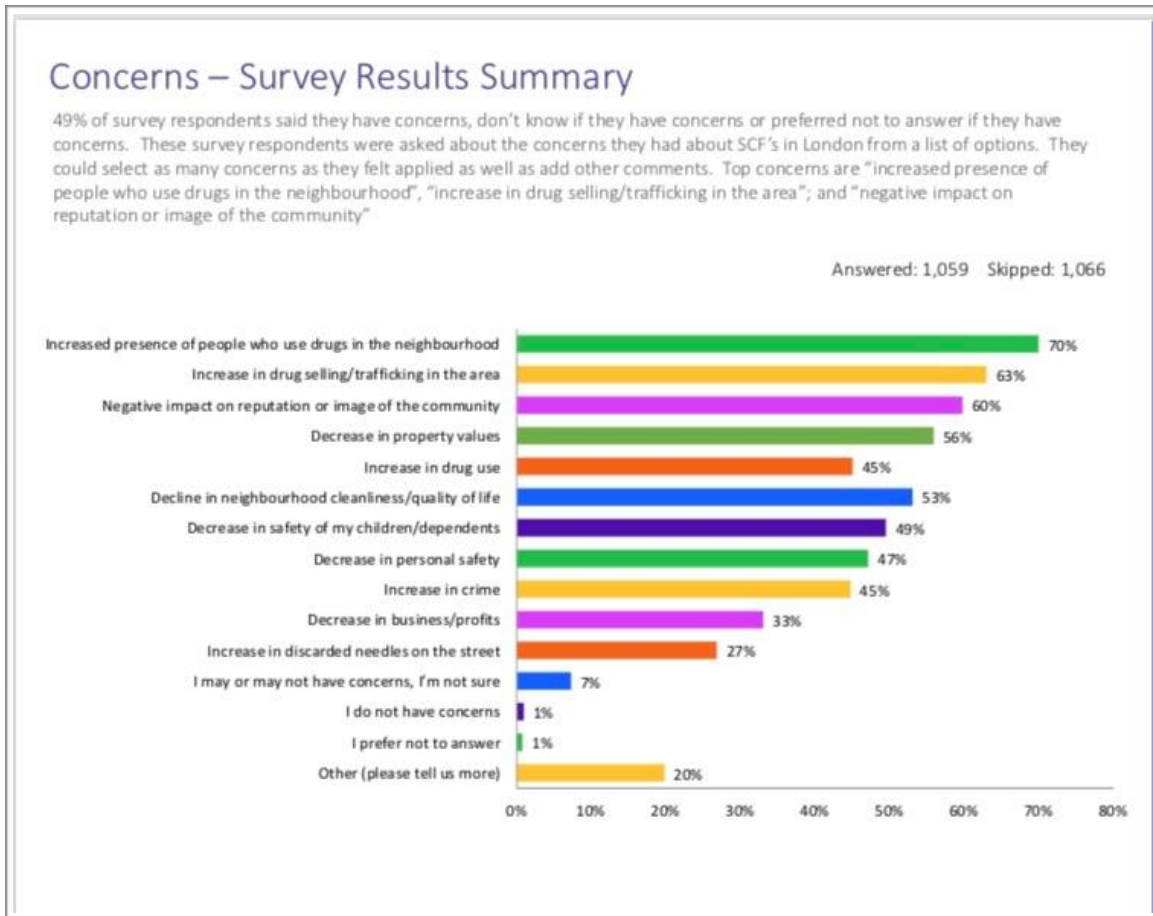
“Recently, MLHU and RHAC collaborated with several other agencies to open the first provincially sanctioned Temporary Overdose Prevention Site (TOPS) in order to help address these concerns until federal approval for a permanent SCF could be obtained. This work **was informed by public consultations**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

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

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

What has been **shown in red** above are “words” and not necessarily accurate representations of the actual actions taken. In both reports there is little evidence that they gave any consideration

to the negative impacts to the greater community. In fact, they ignored our concerns and claimed we were wrong, and that this would make the Core better.



The analysis and recommendations did not reflect real community concerns obtained during November 2017, for example, page 22 (as shown above).

36. As reported in the Free Press. *“Dr. Mackie was feeling the pending threat of a change of government and is becoming less sensitive to any impact his location decisions would have on neighbourhoods.”* This is in reference to selecting a new SCF location before the June 7th provincial election. *“Decide first, ask questions later”*, said Mackie, *“we need to choose a new location first then seek input and if we haven’t gotten it right, we can adjust as we go”*. (In reference to choosing 120 York. This is dangerous and shows ZERO respect for impacts on communities at large and it appears to be a location strategy of Ready, Shoot, Aim. Sorry, this is not acceptable.)

**Lack of transparency and disregard for communities is not acceptable behaviour. It does little to foster trust, or gain constructive community input or acceptance. Also, it is not compliant with the public consultation requirements as stipulated by Health Canada.**

## *Research Limitations, Key Omissions & Selective Disclosure*

### **OiSIS Study, 2016:**

37. And the media has fueled this, by publishing OiSIS as fact, vs investigating all the facts. For example, *“London’s-safe-injection-site-should-be-in-old-east-village-or-downtown-survey-finds”*

The OiSIS survey did not actually validate the location headline above. In fact, the authors of the study pointed out location flaws and bias based on sampling and stated that the report should not be taken as “representative of London” in reference to sampling errors of users, or clients, referred to as PWID (People Who Inject Drugs).

To quote, from Conclusions & Recommendations, Section 6.0 of OISIS Study:

- A. *“This research presented has limitations that should be noted.”*
- B. *“First, the sample recruited was not randomly sampled and may not be representative of the population of PWID in London.”* In fact, potential participants were recruited through peer outreach efforts and word-of-mouth, and were invited to book appointments or drop-in to London InterCommunity Health Centre, My Sisters’ Place, or Regional HIV/AIDS Connection in order to be part of the study. (Two of the 3 are free needle exchange sites, and as stated, are in the Core, in OEV and one is about 1/2 way between, which has tremendous bias on sampling and results. For this to not be disclosed raises serious concerns, as well as points to reverse engineering to justify a predetermined decision.)
- C. *“However, extensive efforts were made to recruit PWID from a range of settings in the city.”*

- D. *“Second, we relied on self-reported information, which may subject to response biases, including socially-desirable responding and problems with recall.*
- E. *In particular, reported levels of accidental overdose were low in comparison to previous research with PWID, and may have been affected by social desirability. However, past research has found the self-reports of PWID to be valid and reliable.”*
38. Interesting, according to the 2016 OISIS Research, *“Meth is confirmed as the leading drug of choice for injection in London. However, it is very unlikely to cause overdose”*. This coupled with reports of declining opioid overdoses, leads one to question the scare tactic headlines.
39. In Section 5.0 Results from Key Informants, you will note that recommendations from Key Informants were overlooked or cherry picked, and it appears that only recommendations that fit “the narrative” were published for public consumption.
- A. Key Informants were stakeholders from five sectors impacted by injection drug use in London: healthcare, social services, government and municipal services, police and emergency services, and the business and community sector. 5 sectors x 5 participants each.
- B. *“Some stakeholders suggested that SIS be decentralized from the downtown core and located in different neighbourhoods in the city.”* (This makes sense, and is consistent with Research conducted in November 2017. The metrics being propagated simply do not make sense. Nor do they support a centralized location, in the Core, or anywhere. There are upwards of 6,000 known, reported PWID in London. Current success at TOPS location is measured by 30-40 visits a day (many are repeat users, hence not unique people). Even if the permanent site could expand this 1000%, that would mean 300 to 400 people a day are treated. That only equates to 5% to 6.66% service impact. Hardly a success by any measure. This clearly reinforces a decentralized approach, utilizing existing social networks, from churches, to clinics, to pharmacies to community centres etc., if any impact is to be obtained.)
- C. *“Others suggested that SIS be centralized Downtown or in Old East as a strategy to respond to injection drug use issues that are impacting these neighbourhoods.”* (Please note, the only locations in the city that provide free needle exchanges are in Old East, and Downtown. This reinforces the prior arguments, *“if you build it, they will come”*. These areas were created, and just as easily, can be relocated.
- D. *“Many respondents discussed accessibility in terms of the close proximity of SIS to other services, and ideally located where PWID congregate.”*



- E. *“Others thought SIS should be located on major bus routes or for a mobile SIS option for PWID who do not reside or congregate in the downtown or old east neighbourhoods.”*  
(We have already clearly established few of these clients reside in the Core. Old East Village has a far higher population, based on low income housing, proximity to shelters and basic lower socio economic variables. However, OEV is also gentrifying, plus they have clearly stated NIMBY. )
- F. *“Almost all community stakeholders suggested that SIS should be accessible 24 hours, 7 days a week. “*
- G. *“Stakeholders held mixed views in terms of the proximity of SIS in their neighbourhoods.”*  
*“A few respondents were concerned about how the concentration of services – including SIS – could damage residents and businesses in the same area.”* (Interesting protection position adopted by the City of London! They clearly wrote in protection for “not in proximity of Western Fair District”, but failed to provide the same geographic restrictions on, or protection for the Core. This to me is an insult, and leverage to force geo boundaries in the Core. A precedent has been set, in the bylaws. I can only assume that the City does not want to put their coveted cash cow, the Casino at risk, hence that restriction. Apparently, the Core, The Forks, are not as important as The Casino.)
- H. *“One respondent explicitly welcomed SIS in her neighbourhood.”*
- I. In conclusion, it is very concerning that these critical data flaws and biases were disclosed in the survey, yet not made public, and or were ignored by MLH and partners, during their analysis of site considerations and their constant identification of “locations in need.”

(Refer to Full OisSIS Survey, Appendix B or <http://www.ohtn.on.ca/wp-content/uploads/2017/02/OISIS-London-Report-Online.pdf>)

### **SCF Community Consultation Summary Report**

40. This survey & outcomes raise concerns on three 3 main fronts. Methodology, Interpretation & Selection/Omission.
- A. Methodology: The survey methodology is one with a built in bias. This type of surveying & subsequent table discussions were not unbiased. They were biased, leading the responder, and is only representative relative to choices offered. It is perhaps a better indicator of recall from the presentation they were exposed to.

- B. Interpretation: This is not a quantitative fact, this is in fact my opinion. I hope you review this research in detail, and in doing so, ask yourself; would you interpret as MLH has, and make the same conclusions and recommendations?
- C. Selection & Omission: This is a quantifiable point. One can see where major concerns were glossed over in a few summary lines, while far lesser concerns were elevated to the top. It would appear that certain outcomes were either selected or omitted in order to support a narrative.

#### **41. Concerns (A) Methodology –Survey Results Summary**

This example shows how people are directed to respond. Respondents were community residents

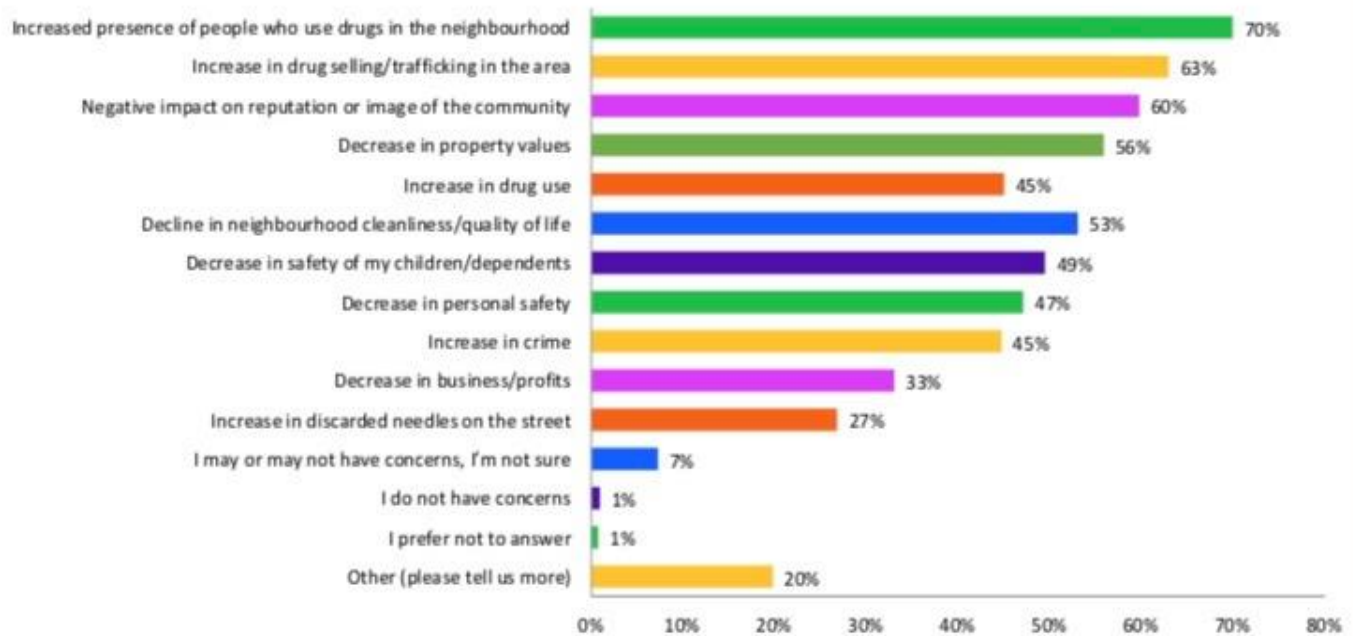
*49% of survey respondents said they have concerns, don't know if they have concerns or preferred not to answer if they have concerns. These survey respondents were asked about the concerns they had about SCF's in London from a list of options. They could select as many concerns as they felt applied as well as add other comments.*

**They report “Top concerns are “increased presence of people who use drugs in the neighbourhood”, “increase in drug selling/trafficking in the area”; and “negative impact on reputation or image of the community”** (Their summary of concerns)

## Concerns – Survey Results Summary

49% of survey respondents said they have concerns, don't know if they have concerns or preferred not to answer if they have concerns. These survey respondents were asked about the concerns they had about SCF's in London from a list of options. They could select as many concerns as they felt applied as well as add other comments. Top concerns are "increased presence of people who use drugs in the neighbourhood", "increase in drug selling/trafficking in the area"; and "negative impact on reputation or image of the community"

Answered: 1,059 Skipped: 1,066



42. Survey Actually Says *“Top concerns are “increased presence of people who use drugs in the neighbourhood”, “increase in drug selling/trafficking in the area”; and “negative impact on reputation or image of the community” + Decrease in property values, decline in neighbourhood cleanliness/quality of life, decrease in safety of my children/dependents, decrease in personal safety, increase in crime, decrease in business/ profits ( ranging from 70% to 33% - as shown above) [These results were not important enough to be considered.](#)*

## Concerns (A) Methodology - Community Consultation Summary

43. In the presence of Health professionals, around a table, face to face, devoid of survey privacy, group think and compliance are easier to obtain.

Notice the absolute decline of survey concerns, and the surprising new leading concerns, such as inadequate funding to be effective, accessibility

It is unclear as to the mix of service providers vs residents who made up the 334 table groups. 28 service providers were part, but weighting per session is not revealed.

However, the answers may provide some insights.

*“Input provided at the consultation sessions was captured at table group levels in data books for analysis. Individual level input was captured through an electronic/manual voting process in consultation sessions with 10 or more participants and through anonymous cue-cards.*

*Table discussions at the consultations resulted in the identification of a list of concerns. These discussions generated 10 new themes as well as covering pre-identified concerns. Top table-generated concerns were posted and voted on by all session participants.*

*Voting results are supplemented by review and coding of session documents.*

*Top concerns include: “inadequate funding model to be effective” (new theme);*

*“negative impact on reputation or image of the community”; and “decrease in personal safety”.*”

**(with significant drop in importance). I cannot see residents placing inadequate funding at the top of their concerns, without significant influence, and or heavy weighting of health professionals.**

## Concerns – Community Consultation Summary

Table discussions at the consultations resulted in the identification of a list of concerns. These discussions generated 10 new themes as well as covering pre-identified concerns. Top table-generated concerns were posted and voted on by all session participants. Voting results are supplemented by review and coding of session documents.

Top concerns include: “inadequate funding model to be effective” (new theme); “negative impact on reputation or image of the community”; and “decrease in personal safety”.

New themes are described on the following slide.

Totals from 10 community consultations. Total participants: 334



### 44.(B) & (C) Interpretation, Selection & Omission

Residents were concerned, and rightfully so. This was expressed in survey. Perhaps the most tangible manifestation of neighbourhood concerns, and why locating in a receptive neighbourhood, where the service would be welcomed is so critical. That is the obvious takeaway and should have been the # 1 takeaway from this research with respect to site locations.

**45. So, how did they interpret these concerns? Here are their recommendations.**  
**No commentary required. I will leave this for readers to judge.**

**“Recommendations to Address Concerns**

The following description of themes emerging from the survey responses and consultation discussions is provided for explanation purposes and in no way reflect relative importance compared to the data in the charts. These themes include ones that are in the list of pre-identified recommendations listed on the survey. The new themes are the labels created during the consultation sessions, used in the voting activity and supplemented by the review of the session documents.

- A. Provide information about the goals and benefits of SCF: In addition to the selection of this response on the survey, this includes consultation and survey references that articulate recommendations such as references to public education about injection sites themselves, drug use, harm reduction, using statistics and story telling
- B. Integrated services :includes references to making linkages with existing services coordinated service access, co-location with other health services or in shelters, minimizing duplication; being strategic about services offer on-site and the experts that are needed on site as well as systems navigator, and an advocate
- C. Includes references to making services welcoming to people who use the site; welcoming to Indigenous, LGBTQ, youth, people involved in sex trade, cultural groups
- D. Researching and implementing best practices: In addition to the selection of the survey response option “evaluate services, share results with community and respond to evaluation results”, this includes consultation and survey references to using evidence and available data; learning from existing sites in other jurisdictions and from local experiences with needle exchange and methadone clinics; clarifying goals; and ongoing and impact evaluation
- E. Includes references that caution against “politicizing public health” and that decisions should be based on evidence not public opinion
- F. Also includes responses that make reference to ensuring that the local response is not limited to an SCF as this is only one part of the 4 pillar drug strategy approach; and includes responses that advocate for treatment and rehabilitation resources

- G. Funding and sustainability: Includes references to clarify immediate, short-term and long-term needs; community buy-in and collaboration; volunteer support; public/private partnerships; streamlining of resources; reallocation of health care system savings to SCF
- H. Also includes references to need for all 4 pillars (education & prevention, harm reduction, treatment and enforcement) to be adequately funded and supported in order for an SCF to be sustainable
- I. Site design and location: includes references to safe location, discrete/visibility/privacy/accessibility; doing a risk assessment; locating the site in a non-residential area; mobile and multiple sites; open 24/7
- J. Includes references to policies and procedures to implement such as “no loitering in the area” and “ensure that needles are properly disposed of before they can leave the facility”
- K. Accountability: Includes responses that go beyond the survey options of “establishing a community advisory group”, “good neighbour agreement” and “establish a process to receive community feedback.”
- L. Includes references that articulate the importance of the site being accountable for problems and responsible for addressing these such as having a formalized or binding process between the community and the site to respond to issues. Includes references that do not support establishing a community advisory group and providing resources to local community to deal with impact
- M. Transportation and Accessibility: on a bus route; shuttle services
- N. Police presence in the area: Includes references to police presence that go beyond or do not fit within the survey answer option “increase police presence”. Includes references to discouraging increased police presence, self-policing, and the need for training of police
- O. Increase lighting in the area: In addition to selection of this survey response option, this includes references discouraging an increase in lighting.”

# *That speaks volumes*

46. Focus groups with special population to ensure their perspective was captured were facilitated. This included peers (people who-use/have used drugs), Indigenous communities and service providers.

This is critical, especially the Indigenous requirements.

Considering they represent an estimated 20% + of potential client base.

And the Indigenous Death Rate for overdoses is 3 to 5 times higher than national average.

In Focus Group research, the indigenous findings stated this would be far more effective if treatment could be done by indigenous health care workers.

Given this suggestion, plus the high percentage of indigenous users, and the alarming death rate factor, I am lead to believe that priority 1 should be the establishment of initial permanent SCF at an Indigenous Community Centre or equivalent location that they would feel safe, and is in close proximity to where they reside in London.

That recommandation was not apparent to this reader.

***Thank you for your consideration. My apologies for the length.....***

***I hope you found this useful and informative.***



*Your Action List:*

- 1. Upon receipt, please shoot me your co-ordinates, and upon reading this, I would appreciate feedback.*
- 2. Please forward to as many friends and associates, who care about The Core, as possible ASAP, and ask them to do the same.*
- 3. Please feel free to use any of this as you wish. By the time you receive it, it will have cleared legal.*
- 4. Please submit your concerns to Council – see the instructions & contacts in report (see page 7 - email Council this week, and get on the public record).*
- 5. Please forward as many emails and names to me as possible, to build my database.*
- 6. I have a good handle on York to Dundas to Ridout to Richmond. Beyond that, I lose connections, so please help this get out.*
- 7. I need 15 volunteers to be speakers next week (probably Tuesday eve) at City Hall. I want to split this up, and jam the session, 5 minutes each, and read this in its entirety.*
- 8. Please submit your contacts if you want to join the group, and be kept apprised of all new findings.*

*If interested in being part of a class action / damage suit (if required,) or alternative legal, please provide confirmation via email. It will be going through Siskinds*

*- The Law Firm*

*Let's not only get ensure the Core is protected, but let's put our expertise together, and resources to Help the Homeless, and PWID. Let's take an uncomfortable walk out of our skin, and make a real difference.*

*Together, I believe we can do this. I have a concept that will provide housing for all, with amenities, and it will build confidence, skill sets and self-esteem for*

*those in need. And, be a sound step towards breaking this cycle of addiction and dependence.*

*What a great legacy to leave for our children. How a group of X number of Londoners, from all walks of life, pooled resources, talent, contacts to do what no one has done before. Make London a community without homeless, with heart, and give those in need a life, that we simply take for granted.*

*It is noble to fight for what's right, and even more so to fight for something that is righteous.*

## Appendix A - Comments by Key Stakeholders

Note: “Comments are in bold italic”. (Opinions in regular, non-italic blue type, in brackets)

### Dr Mackie Comments

- In responding to fears of contaminated needles on the street Dr. Mackie replied. ***“The needles don’t pose a public threat”***, said Dr. Christopher Mackie medical officer of health for London & Middlesex county. ***“We do not see a lot of needle-stick injuries. It is extremely unlikely that people get that sort of exposure.”*** (Interesting comment, in November, 2017, I had suggested offering a refund to reduce the needle litter. I was told it was too dangerous, as risk of infection was high and they did not wish to encourage this type of behaviour.) Opposing Mackie's view ***“You can catch some sort of disease, get stuck by one (by) accident or fall and put your hand on one,”*** says Tara Nurse, who works downtown.
- ***“Decide first, ask questions later”***, said Mackie, ***“we need to choose a new location first then seek input in if we haven’t gotten it right, we can adjust as we go”*** (In reference of choosing 120 York. This is dangerous and shows ZERO respect for the impacts on communities at large.)
- ***“This sort of facility solves problems, it doesn’t create them”*** he said, ***“People need to get their heads around that”***
- ***“The one negative about the two locations”*** he said this is in reference to Simcoe Street and the new York St. location, ***“is they are both located near the southern boundary of an area where those with addictions are most often found on the street.”*** (Again, the main reason there is a problem in the Core, is due to prior decisions to locate free needle exchanges there, amplified by Ontario Works and other Social services that create the pull to the Core.)
- ***That’s why public health officials plan to also create a mobile service using a band that will have regular schedule in other areas of need such as the downtown core (Dundas & Richmond and Old East Village”***, Mackie said.
- ***“There’s a need to move quickly”***, Mackie said. ***“In the past decade more than 400 in the area have died of overdose”*** (Fact check, overdoses have actually declined. London has a Meth problem, and secondarily, an Opioids problem.)
- ***“The federal exemption application for 372 York St is still before Health Canada”***, said Mackie, adding ***“that the city has a small window of time to change their application without delaying the federal approval process.”***

- *"It's closing very quickly, but we think there's a window to potentially change the location,"* said Mackie. (Apparently, this has been in works for 5 years. Why a rush now? Provincial election fear?)
- Mackie said, *"it's equally important to know that at the TOPS site is a term of use agreement with the clients that includes, no violence, no loitering, no purchasing a drugs nearby* (That agreement is with his clients is of ZERO value. There is loitering, panhandling, drug transactions in very close proximity. How could they even see, hidden in rear of a building?)
- *"The site at 1:20 York is well situated as it is close to an area where there is a need for services for clients at risk it is served well by transit it provides reasonable privacy for clients and lands well to allow for wraparound support from other community service providers to be offered directly at the site through the site the services are likely to include addictions and mental health support housing and primary medical care referrals drug safety testing point of care HIV testing client education in safer injection and harm reduction practices as well as support for indigenous clients"* (This level of thought is extremely disturbing. It fails everyone, and destroys so much.)
- Mackie says he will present to politicians the relative benefits and pitfalls of each location. *"While it's the health unit that will decide whether to stay on course with its original proposal,"* (Mackie made clear he will follow the lead of Council.)
- *"That leaves Council in the best position to decide which location makes the most sense"*, he said.
- *"They are elected to represent the community . . . City Council's input will be incredibly important,"* Mackie said.
- *"The temporary site has proven that the design and culture of a facility can ease any problems,"* he said. *The design of the temporary site includes an after-care and waiting area to prevent clients from spilling on the street after consuming, security and extra lighting.* (The TOPS site spent virtually nothing in "design", and has low traffic and no wrap around services. The claim is clear, implying if no issues at TOPS, then no issues at SCF. However, that is like comparing apples to carrots and no one can extrapolate the impacts based on small TOPS facility.)
- *"That's been very successful. We've seen very few issues at all,"* Mackie said.( see above)
- *"We went through a couple of rounds of identifying ideal locations where the landlord ended up pulling out because they didn't understand how helpful this service can be in a neighbourhood."*

- In response to some concerns around public safety during the meeting, Mackie said he *“expects the consumption site to help the neighbourhood overall, rather than hurt it.”* (Depends on the neighbourhood.)
  - He said *“the site would come with a high degree of security, and a strong code of conduct for drug users—something that the public shouldn't scoff at.”*
  - *“These clients are not stupid,”* said Mackie, *“drug users understand that if there are complaints around a consumption site, the site itself could be at risk.”* (Based on what evidence. The Province clearly stated, they are unsure of the impacts on surrounding neighbourhoods.)
  - The health unit also announced Monday that they may seek approval for a mobile site, depending on demand. *“There will still only be one permanent consumption site.”* Fast forward one month, there are now 2 permanent SCF. Not suggesting more, decentralized facilities are bad, it is important to point out the inconsistent messaging to Londoners.
- Jesse Helmer Comments:** London City Council and MLH Planning and Finance Committee.
- *“It is not necessarily one site. It is services. Why wouldn't they be available everywhere? Why don't we have a doctor's office where you can have supervised injection service? It doesn't all have to be one place. Perhaps a mobile approach might work very well in London.”* (I am sorry, but this line of thinking is so out of touch. The average resident, seeking to see their doctor, waits a minimum of 3 weeks to get an appointment. However, he is suggesting, that these special people, can go to a doctor, on demand, daily, perhaps 3 times a day as addiction requires, with no appointment. This has gone too far.)
  - Asked about the choice, Councillor Jesse Helmer, a past chair of the health unit, said *“the originally proposed site made sense because of its location between Mission Services of London's men's mission and the Salvation Army's Centre of Hope, but he's willing to consider alternatives too.”*
  - *“It's good to have options and be able to look at them,”* he said. (Agree, but options that meet stated criteria, and options that don't destroy the tax base that funds the service.)
  - *“But in weighing options, Council shouldn't lose sight of the urgent need for the new facility after Mackie said this week that changing course on location might delay federal approval.”* (So, Helmer is suggesting that we make such a significant decision that could have a lasting impact on the entire Core, the entire City simply because Mackie is feeling the heat of a pending election change. This is not acceptable). Helmer echoes Mackie's irresponsible statements *“Decide first, ask questions later “..... “we need to choose a new*

*location first then seek input in if we haven't gotten it right, we can adjust as we go")*  
(This is NOT the Community Consultation mandated by Health Canada.)

- Asked if the site proposed by Farhi is too close to Bud Gardens and other attractions, Helmer said, *“such concerns can be managed.” “As long as we design and deliver the supervised consumption services effectively, I think they can work with a variety of neighbourhoods.”*  
(No, you cannot manage deep routed conflicts, nor can you adjust your way out of them.)
- *“If we're talking about a long delay to get a slightly better location, I don't think it's worth it”* Helmer said, *“if you're talking a slight delay to get a much better location that might be worth it “the fact we got a temporary overdose prevention site up and running now gives us a little more breathing room”* (This was in reference to options vs 120 York. Any site would be better.)

#### ■ Comments - Brian Lester

- *“The idea of a high-tech service business hub flourishing and doing well with a service across the road that is serving the most marginalized people, I would hope we could look at that in the context of both of these things are good for the health and wellness of our community, the vibrancy of our community,”* Brian Lester, executive director of Regional HIV/AIDS Connection London, said. (No comment required.)
- *“As we move forward, we're committed to making sure there aren't any unintended negative consequences that are a result of opening this site.”* (The very fact that any location in the Core was even considered invalidates this “commitment”.)
- Health officials said they listened to concerns from downtown and Old East Village leaders about the location of the permanent site, and had to keep in mind city criteria keeping the facility away from schools and day cares. (Yet, they totally ignored the fact that two secondary schools were within a few hundred metres; Blythe Academy & London International School. Plus, they overlooked the 1000's of new Fanshawe students who will attend the new \$75,000,000 Dundas Campus beginning this year. I realize the criteria ended at secondary school. Try explaining to parents the why the same criteria established for their child who graduated in June from high school, is no longer required when they start at Fanshawe in September.)

■ Comments align, when the neighbour *location selected is the right*

*fit* for the community at large. It defines community, residents pulling together, for a common good.

■ ***“It’s a location that’s going to be accessible to the marginalized folks that we want to reach,”*** Lester said, ***“It’s not too far out of our core but it’s not on Dundas Street or Old East Village.”***

■ ***“If approved by Health Canada, the York Street location will be housed in a building now occupied by a music store across the street from the Men’s Mission, while the Simcoe Street location will operate out of a public-housing building with a reputation for drug activity and crime.”***, the London Free Press reported.

■ ***“It would be a good solution to what we know is drug use in our neighbourhood,”*** SoHo Community Association president Angela Lukach said. ***“It’s about safety and harm reduction.”*** ***The landlord of the proposed Simcoe Street site, the London and Middlesex Housing Corp., suggested bringing the service there, saying the move supports its mission to provide and maintain homes in a safe and supportive environment and meet the needs of people in the community.***

■ ***“This is our vision in action,”*** corporation chief executive Josh Browne said in an email.

■ ***“There are many unanswered questions and concerns around SCFs (supervised consumption facilities) that need to be answered and addressed. However, what we do know is that the current system is not working and the status quo is not acceptable. Doing nothing is not an option as our tenants and our community deserve better.”***

■ **Coun. Tanya Park**, whose downtown-area ward 13 encompasses both proposed sites, said ***“she supports the health unit’s plan, noting she hadn’t received any backlash from her constituents over the weekend following Friday’s announcement.”***

■ ***“At the end of the day, my stance on this has always been they need to be in places where they’re going to be beneficial to the people that are going to use them,”*** Park, who is running for mayor in the fall, said of the sites.

***“They have to be in places where (clients) are going to be welcomed.”*** Councillor Park has it right!

Comments - Opposing Core

- His view is not shared by the general manager of Covent Garden Market. *“Is there a need to provide the service? Absolutely,”* said Bob Usher. *“We see (that need) all the time.”*
- *“But no other community in Canada has put a supervised drug injection facility close to its central attractions, and doing so in London would threaten past and future investment both by private developers and public taxpayers,”* he said.
- *“I think they’ve picked a location that doesn’t seem to be an adequate location. Think about everything that’s on York Street. Yes, it’s going to stop needle pickup, but where are the dealers going to go?”* said Bob Usher, chief executive, Covent Garden Market
- *“Perhaps 372 York is not a good fit, but 170 York should be a non-starter”,* Usher said.

■ Previous Ward 4 Councilor Steven Orser said, *“a safe injection site would kill any chance for any OEV renewal.”*

■ *” Stopping the spread of the disease is a very important thing but I also believe you don’t want to destroy a 5 block area in doing so.”*

■ *“BC’s injection site in Vancouver is surrounded by poverty and crime”*

(This is true, however the site selected was already a run-down section of Vancouver, with heavy drug use and high crime. The injection site, had little positive or negative impact on the incidence of poverty, crime, prostitution, violence, drug dealing or use per population. Incidence rate remained constant, however expanded the size of all the above, as the area became the “hub” for such activity. Statistics show in the 10 years it’s been operating, there hasn’t been a dramatic increase or decrease in crime or drug use, but there has been a 35 per cent decrease in fatal overdoses.)

■ Insp. Lynn Sutherland, London police *“We’re supportive of a continuing dialogue to look at harm reduction. Will we be part of the ongoing discussion?”*

■ *“Absolutely, cautiously given that we have a broader mandate.”*

■ *“Our responsibility is to the security and safety of the broader public.”*

■ There is national support from the Canadian Association of Police Chiefs. They passed a resolution for the support of the national AIDS strategy which included community needle exchange programs back in 1995. However concerns have been expressed by both police and local residents that the presence of the needle exchange programs contribute to public intoxication, loitering, drug trafficking, prostitution, increased break-ins and other forms of



criminal activity associated with the presence of the increased number of intravenous drug users and dealers.

- ***Some Londoners say they aren't happy about how quickly the health unit is moving.***
  - ***At a community consultation Monday night, several attendees said they wanted to see more consultation before the city went ahead with the change. (If only the attendees knew 1/2 of what they did not know at the time.)***
  - ***Ali Soufan, president of York Developments, called the area around Talbot, York, King and Dundas Streets “the 'jewel' of downtown”, and said “a supervised consumption site at 120 York St. isn't a strategic move for the city.”***
  - ***“This service is not well suited for the grand development that local investors and developers and landlords and landowners anticipated when they planned for their mega projects,” Soufan said, adding that he thought the service would be better suited to an area further east.***
  - ***Gerald Gallacher, a principal at Nicholson Sheffield Architects, & President of Downtown Business Association said, “I think it's a hasty decision on a move from a location at 372 to a location that's closer to large city investments such as the Bud, the market, Fanshawe college., etc., It's not a good location,”***
  - ***The executive director of Youth Opportunities Unlimited, said, “that although Londoners understand the need for a supervised injection site, many of them won't be happy with the proposed location at York and Talbot.”***
- “Whether or not the injection site is actually unsafe, the perception of danger could still have a negative impact on downtown,”*** he said.
- “I want to ensure that we're creating a vibrant and a strong downtown,”*** said Cordes.
- **Note on Comments:** I have only shown comments that have previously been published and are in the public domain. Over the past two weeks, I have had the pleasure to meet personally with majority of stakeholders in a 2 block by 2 block grid from 120 York ( Ridout to Richmond) York to Dundas) I have yet to find one supporter for the 120 York location, or any location in the Core . I have not published their comments, as they are not in the public domain. However, I am confident they have, or will voice their opinions on, and support for a Zero Tolerance Zone, as well as the removal of both needles exchanges at 50 King and 186 King Street, once the new SCF has opened. Further, they will support NO mobile injection route stop at Dundas and Richmond. **My opinions are noted in blue.**

## Appendix B - Links to Research

- 2012 <https://www.healthunit.com/uploads/public-health-agency-of-canada-i-track-survey-phase-3.pdf>
- February 2107 Ontario Integrated Supervised Injection Services Feasibility Study - Full <http://www.ohtn.on.ca/wp-content/uploads/2017/02/OISIS-London-Report-Online.pdf>
- April 2017 Ontario Integrated Supervised Injection Services Feasibility Study- Abstract ( London Section ) [.http://cmajopen.ca/content/5/2/E290.full](http://cmajopen.ca/content/5/2/E290.full)
- August 2017 Death Rates/ Indigenous <http://www.cmaj.ca/highwire/powerpoint/68412>
- January 2018 Full Research, Public Consultation by MLH <https://www.healthunit.com/uploads/supervised-consumption-facilities-community-consultation-report-jan-2018.pdf>
- March 15 2018 MLH (Agenda) <https://www.healthunit.com/uploads/2018-03-15-complete-agenda-package.pdf>
- April 19 2018 (225 page MLH Report) <https://www.healthunit.com/uploads/2018-04-19-complete-agenda-package.pdf>

## Appendix C - Links to Press Coverage

- August 2015 <http://lfpres.com/2015/08/13/more-than-25-million-needles-distributed-in-london-last-year/wcm/3a2567c3-7ce7-5846-324b-ebe4e4894c0a>
  - December 2016, updated  
<https://www.theglobeandmail.com/amp/news/national/homeless-death-toll-in-london-ont-nearly-on-par-with-toronto/article33426873/>
  - February 2017 <http://lfpres.com/2017/02/08/londons-safe-injection-site-should-be-in-old-east-village-or-downtown-survey-finds/wcm/4ba02dbf-b101-dcb3-1680-76bd291f3b68>
  - May 2017 <https://lfpres-com.cdn.ampproject.org/v/lfpres.com/2017/05/22/health-officials-plan-to-add-london-pharmacies-to-program-that-gives-clean-needles-to-drug-users>
  - November 2017 <http://windsorstar.com/news/local-news/drug-addiction-and-homelessness-an-epidemic-in-windsor>
  - December 2017 <http://lfpres.com/2017/12/04/injection-site-should-go-where-the-problem-is/wcm/22a96ae0-feef-aecf-9022-65e6ef2d16ff>
- 2018
- March 5 [globalnews.ca/news/4062340/london-temporary-safe-injection-site/](http://globalnews.ca/news/4062340/london-temporary-safe-injection-site/)
  - March <https://kitchener.ctvnews.ca/video?clipId=1350047>
  - March 7 [globalnews.ca/news/4068046/middlesex-london-health-unit-to-ask-court-to-decide-if-it-can-move-to-citi-plaza/](http://globalnews.ca/news/4068046/middlesex-london-health-unit-to-ask-court-to-decide-if-it-can-move-to-citi-plaza/)
  - March 20 [globalnews.ca/news/4094974/mlhu-submit-application-for-supervised-consumption-facility](http://globalnews.ca/news/4094974/mlhu-submit-application-for-supervised-consumption-facility)
  - March 20 [london.ctvnews.ca/mlhu-submits-application-for-supervised-consumption-facility-1.3851025](http://london.ctvnews.ca/mlhu-submits-application-for-supervised-consumption-facility-1.3851025)

- March 21 <http://lfpres.com/news/local-news/health-unit-plans-permanent-drug-use-site-near-planned-entrepreneurs-hub>
- April 9 <http://lfpres.com/news/local-news/where-will-supervised-drug-site-put-down-roots>
- April 9 <cbc.ca/news/canada/london/120-york-street-possible-supervised-consumption-site-1.4612172>
- April 12 <http://www.cbc.ca/news/canada/london/york-street-consumption-site-farhi-1.4614492>
- April 12 <http://lfpres.com/news/local-news/moving-london-drug-use-site-could-harm-tech-boom-exec-warns>
- April 12 <cbc.ca/news/canada/london/safe-consumption-site-372-york-1.4617128>
- April 13 <http://lfpres.com/news/local-news/120-york-st-jumps-to-top-of-list-for-supervised-drug-use-site>
- April 14 <http://lfpres.com/news/local-news/setback-will-be-short-lived-as-london-pursues-drug-injection-site-public-health-doc-says>
- April 18 <http://lfpres.com/news/local-news/public-health-boss-racing-to-beat-the-clock-on-london-drug-injection-site>
- April 19 <http://lfpres.com/news/local-news/lease-talks-for-drug-use-site-stalled-says-health-boss>
- April 20 <http://lfpres.com/news/local-news/new-london-supervised-drug-use-site-coming-friday>
- April 20 [huffingtonpost.ca/2018/04/20/doug-ford-ontario-safe-injection-sites\\_a\\_23416518/](huffingtonpost.ca/2018/04/20/doug-ford-ontario-safe-injection-sites_a_23416518/)
- April 23 <http://lfpres.com/news/local-news/soho-supervised-injection-site-has-neighbourhood-associations-blessing>
- April 27 <http://lfpres.com/news/local-news/debate-over-supervised-drug-sites-heated-dramatic>

- May 2 <http://lfpress.com/news/local-news/public-health-county-officials-will-battle-in-court-next-week-over-hq>
- May 4 <http://lfpress.com/news/local-news/court-battle-looms-between-health-unit-and-middlesex-county>
- May 5th <http://lfpress.com/news/local-news/health-hub-pitched-for-londons-market-tower>

Appendix D - Siting Criteria Guidelines January 2018 Site Criteria / Bylaw  
Amendment

[www.london.ca/newsroom/Documents/SupervisedConsumption-Facilities.pdf](http://www.london.ca/newsroom/Documents/SupervisedConsumption-Facilities.pdf)

## Appendix E - Health Canada exemption Criteria

- March 6 Application for Exemption & Status of Exemption [www.canada.ca/en/health-canada/services/substance-abuse/supervised-consumption-sites/status-application.html#open](http://www.canada.ca/en/health-canada/services/substance-abuse/supervised-consumption-sites/status-application.html#open)

Appendix F - Scanned prior to MLH deletion of Report 018-18.- March 15, 2018  
(below)



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

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

**SITING OF LONDON'S FIRST SUPERVISED CONSUMPTION FACILITY**

**Recommendation**

*It is recommended that the Planning and Environment Committee*

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

**Key Points**

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

**Background**

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

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

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



2018 March 15

- 2 -

Report No. 018-18

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

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

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

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

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

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

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

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

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

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

2018 March 15

- 2 -

Report No. 018-18

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

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

### Identifying a Permanent Site

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

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

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



372 York St. map.

2018 March 15

- 2 -

Report No. 018-18



*372 York St. view from York.*

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



*120 York St. map.*



*120 York St. view from York.*

### Planning Considerations

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

The Council policy established the following evaluation criteria:

1. Locations that meet the needs of those who they are designed to service
  - i. Within close proximity to, or near, communities where drug consumption is prevalent
  - ii. Well serviced by transit
  - iii. Discrete, allowing for reasonable privacy for those using the facility
  - iv. Separated from busy pedestrian-oriented commercial areas
  - v. Separated from public spaces that generate pedestrian traffic or may generate large crowds from time to time
  - vi. Close to an area with other drug addiction related support services
2. Locations that avoid land use conflicts
  - i. Separated from busy commercial areas or active public spaces that could generate conflicts between the general public and those leaving supervised consumption facilities after consuming
  - ii. Separated from parks
  - iii. Separated from key pedestrian corridors within the Core Area
  - iv. Separated from public elementary or secondary school properties
  - v. Separated from municipal pools, arenas and community centres and the Western Fairgrounds
  - vi. Not within the interior of a residential neighbourhood

Supervised consumption facilities should be designed to:

- Incorporate Crime Prevention Through Environmental Design (CPTED) principles
- Meet provincial regulations, the policies of this plan, and municipal by-laws relating to accessibility
- Orient building entrances to allow for reasonably discrete entry and exit

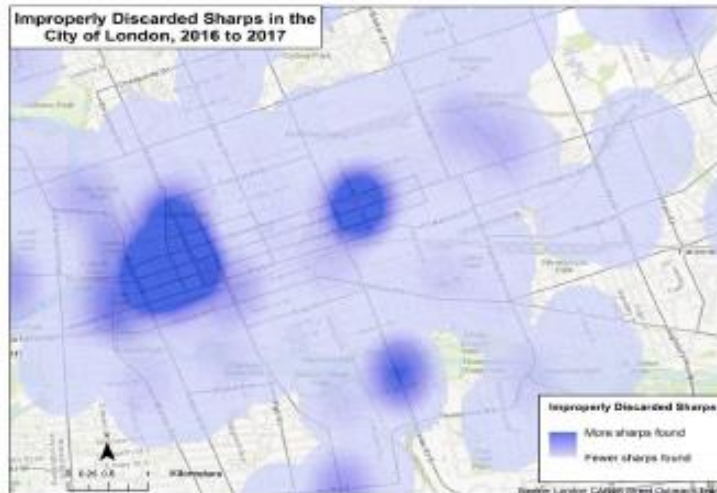
2018 March 15

- 2 -

Report No. 018-18

- Ensure that building waiting areas and vestibules are adequately sized to avoid line-ups or waiting outside of the building
- Allow for easy visual surveillance of the facility and its surrounding site from the street
- Avoid opportunities for loitering, such as the installation of seating areas or landscape features that can be used for seating

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



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

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

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

2018 March 15

- 2 -

Report No. 018-18

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

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

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

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

#### **Mobile Facility Also Planned**

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

#### **Situated Within Broader Strategy**

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

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

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



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

**Conclusion**

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

Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health / CEO

**Appendix G 2018 March 15. - Report No. 018-18** , plus (Analysis by MLH comparing 372 & 120 York against Location Criteria) . Please review the analysis, and judge for yourself on important criteria such as transparency, adherence to the City location criteria, adherence to Health Canada's CDSA ,section 56.1 requirements, accuracy, objectivity, respect for the Core neighbourhood , professionalism etc. Considering all the research factors, and locations in London.

### **Review of 372 York St and 120 York Street Siting of Supervised Consumption Facilities (SCF)**

The following analysis is based on Council's policy regarding the siting of supervised consumption facilities in London, Ontario. Below is Planning Staff's evaluation of the location criteria and site considerations established in this Council policy. It should be clear that staff are providing this information for your assistance at your request. However, this should only be considered a Planning Staff perspective and not a Municipal Council position.

The following analysis quotes the Council policy (left column of table) and then provides comments relating to the degree to which each site meets that policy in the opinion of Planning Staff.

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

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

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

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



	372 York	120 York
<ul style="list-style-type: none"> <li>• Within close proximity to, or near, communities where drug consumption is prevalent</li> </ul>	<ul style="list-style-type: none"> <li>• The location is near the nexus of the Downtown, SoHo, Hamilton Road and Old East Village areas identified through the Health Unit's study as the primary street drug use and unsafe needle disposal locations. It is also located close to the Men's Mission shelter.</li> </ul>	<ul style="list-style-type: none"> <li>• The location is in the southwest portion of the Downtown identified through study as one of the primary street drug use and unsafe needle disposal locations. However, this site does not address <u>the areas identified for service through the Health Unit study, east of the Downtown in the Old East Village or Hamilton Road.</u></li> </ul>
<ul style="list-style-type: none"> <li>• Well serviced by transit</li> </ul>	<ul style="list-style-type: none"> <li>• The site is located in within walking distance of the main hub of the future bus rapid transit system at King Street and Wellington.</li> <li>• The site is within 400m of many LTC routes that provide access throughout the City.</li> <li>• The site itself is served by the #7 bus route.</li> </ul>	<ul style="list-style-type: none"> <li>• The site is located within easy walking distance to the future BRT system stop at King and Richmond.</li> <li>• The site is located close to several bus routes, including #5, 11 and 23.</li> </ul>
<ul style="list-style-type: none"> <li>• Discrete, allowing for reasonable privacy for those using the facility</li> </ul>	<ul style="list-style-type: none"> <li>• This site is not located on a busy pedestrian corridor. The building and site layout on this property currently provide good sight lines. There are opportunities for positioning the entry to the facility to allow an appropriate level of privacy while maintaining good visibility within this context.</li> </ul>	<ul style="list-style-type: none"> <li>• The site is located at the intersection of York and Talbot Streets. This location is more central within the Downtown than the site at 372 York, which can be described as more peripheral. York is not a busy pedestrian corridor whereas Talbot Street is a busy pedestrian corridor, across the street just north of this site. The site is also opposite the Greyhound Bus station which is a landing place for visitors to London arriving by bus and presents regular pedestrian, inter-city bus and taxi traffic at all hours.</li> </ul>

	372 York	120 York
<ul style="list-style-type: none"> <li>• Within close proximity to, or near, communities where drug consumption is prevalent</li> </ul>	<ul style="list-style-type: none"> <li>• The location is near the nexus of the Downtown, SoHo, Hamilton Road and Old East Village areas identified through the Health Unit's study as the primary street drug use and unsafe needle disposal locations. It is also located close to the Men's Mission shelter.</li> </ul>	<ul style="list-style-type: none"> <li>• The location is in the southwest portion of the Downtown identified through study as one of the primary street drug use and unsafe needle disposal locations. However, this site does not address the <u>areas identified for service through the Health Unit study, east of the Downtown</u> in the Old East Village or Hamilton Road.</li> </ul>
<ul style="list-style-type: none"> <li>• Well serviced by transit</li> </ul>	<ul style="list-style-type: none"> <li>• The site is located in within walking distance of the main hub of the future bus rapid transit system at King Street and Wellington.</li> <li>• The site is within 400m of many LTC routes that provide access throughout the City.</li> <li>• The site itself is served by the #7 bus route.</li> </ul>	<ul style="list-style-type: none"> <li>• The site is located within easy walking distance to the future BRT system stop at King and Richmond.</li> <li>• The site is located close to several bus routes, including #5, 11 and 23.</li> </ul>
<ul style="list-style-type: none"> <li>• Discrete, allowing for reasonable privacy for those using the facility</li> </ul>	<ul style="list-style-type: none"> <li>• This site is not located on a busy pedestrian corridor. The building and site layout on this property currently provide good sight lines. There are opportunities for positioning the entry to the facility to allow an appropriate level of privacy while maintaining good visibility within this context.</li> </ul>	<ul style="list-style-type: none"> <li>• The site is located at the intersection of York and Talbot Streets. This location is more central within the Downtown than the site at 372 York, which can be described as more peripheral. York is not a busy pedestrian corridor whereas Talbot Street is a busy pedestrian corridor, across the street just north of this site. The site is also opposite the Greyhound Bus station which is a landing place for visitors to London arriving by bus and presents regular pedestrian, inter-city bus and taxi traffic at all hours.</li> </ul>

<ul style="list-style-type: none"> <li>• Separated from busy pedestrian-oriented commercial areas</li> </ul>	<ul style="list-style-type: none"> <li>• This site is not located on a major thoroughfare as identified in "Our Move Forward: London's Downtown Plan."</li> <li>• This site is not located within a busy pedestrian-oriented commercial area, but rather is located on the southeast fringe of the Downtown on a relatively automobile-oriented street.</li> <li>• Commercial uses in the immediate vicinity are primarily auto-oriented.</li> <li>• There is a current proposal for Venture London in the former Free Press building across the street, which is proposed to include significant small business incubation and business infrastructure to help entrepreneurship and innovation to succeed, as well as related street-oriented commercial uses onto York Street.</li> </ul>	<ul style="list-style-type: none"> <li>• This site is in close proximity to a number of restaurant and commercial uses on the west side of Talbot Street. The commercial operations along Talbot, north of the site, are pedestrian traffic generators.</li> <li>• York Street at this location does not have significant pedestrian oriented commercial uses.</li> <li>• The site is one block south of the Covent Garden Market and Budweiser Gardens, which generate large volumes of pedestrian traffic when events are running.</li> <li>• The Cube is a large office building to the south of this site, housing high tech uses.</li> </ul>
<ul style="list-style-type: none"> <li>• Separated from public spaces that generate pedestrian traffic or may generate crowds from time to time</li> </ul>	<ul style="list-style-type: none"> <li>• The London Convention Centre is 200m to the west of the site. Most pedestrian traffic from the convention centre is directed west and north toward the downtown's commercial, restaurant and hotel amenities. Most of this traffic would not be directed to the east of the Convention Centre, where this site is located.</li> <li>• York Street, at this location, is not highly pedestrian-oriented and does not include public spaces that generate high volumes of pedestrian traffic or crowds.</li> <li>• Note: Pedestrian primary access for the LFP building is currently located approx. 70m to the west of this site. Site servicing and loading facilities are approx. 55m east of the proposed site.</li> </ul>	<ul style="list-style-type: none"> <li>• The Greyhound Bus station on the opposite corner from this site is identified as an activity generator within "Our Move Forward: London's Downtown Plan". This is a primary landing point for those travelling to and from London by inter-city transit and does generate significant volumes of pedestrian traffic.</li> <li>• The site is located less than 150m from the Budweiser Gardens and less than 100m from Rotary Square, significant community gathering spaces within the downtown. Both of these sites generate large volumes of pedestrian traffic and also generate large crowds from time to time.</li> <li>• The site is located within an area of parking lots that are frequently used for downtown events that draw in significant visitors.</li> </ul>
<ul style="list-style-type: none"> <li>• Close to an area with other drug addiction related support services</li> </ul>	<ul style="list-style-type: none"> <li>• The site is located in proximity to drug addiction support services located in the Downtown core and the Old East Village.</li> <li>• The site is also located between the two primary mens' shelters in the city - The Salvation Army and the Men's Mission.</li> </ul>	<ul style="list-style-type: none"> <li>• The site is located in proximity to drug addiction support services located in the Downtown core</li> <li>• The site is located within close proximity to the Salvation Army Shelter but is approx. 1.1km from the Men's Mission shelter on York Street.</li> </ul>

	372 York	120 York
<ul style="list-style-type: none"> <li>Separated from busy commercial areas or active public spaces that could generate conflicts between the general public and those leaving these facilities after consuming</li> </ul>	<ul style="list-style-type: none"> <li>This site is not located within a busy pedestrian-oriented commercial area, but rather is located on the southern fringe of the Downtown on a relatively automobile-oriented street.</li> <li>Commercial uses in the immediate vicinity are primarily auto-oriented.</li> <li>There are no large parks, arenas, or other recreational facilities that generate high volumes of pedestrian traffic.</li> <li>The London Convention Centre is 200m to the west of the site. Most pedestrian traffic from the Convention Centre would be directed west and north toward the downtown and hotel amenities. Most of this traffic would not be directed to the east of the Convention Centre.</li> <li>There is a current proposal for Venture London in the former Free Press building across the street, which is proposed to include significant small business incubation and business infrastructure to help entrepreneurship and innovation to succeed, and street-oriented commercial uses.</li> </ul>	<ul style="list-style-type: none"> <li>This site is in close proximity to a number of restaurant and commercial uses on the west side of Talbot Street. The commercial operations along Talbot, north of the site are pedestrian traffic generators.</li> <li>The Greyhound Bus Station on the opposite corner from this site is identified as an activity generator within "Our Move Forward: London's Downtown Plan". This is a primary landing point for those travelling to and from London by transit.</li> <li>The site is located less than 150m from the Budweiser Gardens and approx. 100m from Rotary Square, significant community gathering spaces within the downtown. These facilities generate large volumes of pedestrian traffic and large crowds, hosting some of London's largest entertainment events.</li> <li>The site is located within an area of parking lots that are frequently used for downtown events that draw in significant visitors.</li> </ul>
<ul style="list-style-type: none"> <li>Separated from parks</li> </ul>	<ul style="list-style-type: none"> <li>Generally, this site is separated from parks spaces that may attract youth populations.</li> <li>The nearest and only proximate park is Campbell Park on Dundas Street, 240m to the north of the site. Campbell Park houses London's Homeless Memorial.</li> </ul>	<ul style="list-style-type: none"> <li>Ivey Park at the Forks of the Thames which features play equipment and attracts youth is approx. 350m to the west – a substantial distance.</li> <li>Rotary Square and the Golden Jubilee Square are nearby, approximately 100m to the north, and are civic spaces/parks that see significant youth populations and even crowds of children during various events.</li> </ul>
<ul style="list-style-type: none"> <li>Separated from key pedestrian corridors in the Core Area</li> </ul>	<ul style="list-style-type: none"> <li>King, York, Waterloo and Colborne Streets, which border the block in which the site is located, do not see significant pedestrian traffic in this location.</li> <li>This site is not located on a major thoroughfare as identified in "Our Move</li> </ul>	<ul style="list-style-type: none"> <li>Of Talbot, King, Richmond and York Streets which border the block in which the site is located, only York does not see significant pedestrian traffic. The other three streets do.</li> <li>In "Our Move Forward: London's Downtown Plan" Talbot and York Streets are</li> </ul>

	372 York	120 York
<ul style="list-style-type: none"> <li>Separated from busy commercial areas or active public spaces that could generate conflicts between the general public and those leaving these facilities after consuming</li> </ul>	<ul style="list-style-type: none"> <li>This site is not located within a busy pedestrian-oriented commercial area, but rather is located on the southern fringe of the Downtown on a relatively automobile-oriented street.</li> <li>Commercial uses in the immediate vicinity are primarily auto-oriented.</li> <li>There are no large parks, arenas, or other recreational facilities that generate high volumes of pedestrian traffic.</li> <li>The London Convention Centre is 200m to the west of the site. Most pedestrian traffic from the Convention Centre would be directed west and north toward the downtown and hotel amenities. Most of this traffic would not be directed to the east of the Convention Centre.</li> <li>There is a current proposal for Venture London in the former Free Press building across the street, which is proposed to include significant small business incubation and business infrastructure to help entrepreneurship and innovation to succeed, and street-oriented commercial uses.</li> </ul>	<ul style="list-style-type: none"> <li>This site is in close proximity to a number of restaurant and commercial uses on the west side of Talbot Street. The commercial operations along Talbot, north of the site are pedestrian traffic generators.</li> <li>The Greyhound Bus Station on the opposite corner from this site is identified as an activity generator within "Our Move Forward: London's Downtown Plan". This is a primary landing point for those travelling to and from London by transit.</li> <li>The site is located less than 150m from the Budweiser Gardens and approx. 100m from Rotary Square, significant community gathering spaces within the downtown. These facilities generate large volumes of pedestrian traffic and large crowds, hosting some of London's largest entertainment events.</li> <li>The site is located within an area of parking lots that are frequently used for downtown events that draw in significant visitors.</li> </ul>
<ul style="list-style-type: none"> <li>Separated from parks</li> </ul>	<ul style="list-style-type: none"> <li>Generally, this site is separated from parks spaces that may attract youth populations.</li> <li>The nearest and only proximate park is Campbell Park on Dundas Street, 240m to the north of the site. Campbell Park houses London's Homeless Memorial.</li> </ul>	<ul style="list-style-type: none"> <li>Ivey Park at the Forks of the Thames which features play equipment and attracts youth is approx. 350m to the west – a substantial distance.</li> <li>Rotary Square and the Golden Jubilee Square are nearby, approximately 100m to the north, and are civic spaces/parks that see significant youth populations and even crowds of children during various events.</li> </ul>
<ul style="list-style-type: none"> <li>Separated from key pedestrian corridors in the Core Area</li> </ul>	<ul style="list-style-type: none"> <li>King, York, Waterloo and Colborne Streets, which border the block in which the site is located, do not see significant pedestrian traffic in this location.</li> <li>This site is not located on a major thoroughfare as identified in "Our Move</li> </ul>	<ul style="list-style-type: none"> <li>Of Talbot, King, Richmond and York Streets which border the block in which the site is located, only York does not see significant pedestrian traffic. The other three streets do.</li> <li>In "Our Move Forward: London's Downtown Plan" Talbot and York Streets are</li> </ul>

	<p>Forward: London's Downtown Plan."</p>	<p>not identified as major thoroughfares at this location; however, King and Richmond Streets are identified as major thoroughfares and are located on the same block as this site</p>
<ul style="list-style-type: none"> <li>Separated from public elementary or secondary school properties</li> </ul>	<ul style="list-style-type: none"> <li>The Catholic Central Secondary School property is 260m away from the site which is less than, but relatively close to, the 300m requested by the School Board in their response to the SCF &amp; TOPS planning amendment application process.</li> <li>The H.B. Beal Secondary School property is 360m away, which exceeds the 300m requested by the School Board.</li> <li>There are no elementary schools in the vicinity of the site.</li> <li>The site is relatively well removed from schools, recognizing the many criteria that are being simultaneously considered for such a facility.</li> </ul>	<ul style="list-style-type: none"> <li>There are no public elementary or secondary school properties near this site.</li> <li>The nearest school is London Central Secondary School at over 800m away.</li> </ul>

	<p>Forward: London's Downtown Plan."</p>	<p>not identified as major thoroughfares at this location; however, King and Richmond Streets are identified as major thoroughfares and are located on the same block as this site</p>
<ul style="list-style-type: none"> <li>• Separated from public elementary or secondary school properties</li> </ul>	<ul style="list-style-type: none"> <li>• The Catholic Central Secondary School property is 260m away from the site which is less than, but relatively close to, the 300m requested by the School Board in their response to the SCF &amp; TOPS planning amendment application process.</li> <li>• The H.B. Beal Secondary School property is 360m away, which exceeds the 300m requested by the School Board.</li> <li>• There are no elementary schools in the vicinity of the site.</li> <li>• The site is relatively well removed from schools, recognizing the many criteria that are being simultaneously considered for such a facility.</li> </ul>	<ul style="list-style-type: none"> <li>• There are no public elementary or secondary school properties near this site.</li> <li>• The nearest school is London Central Secondary School at over 800m away.</li> </ul>

<ul style="list-style-type: none"> <li>Separated from municipal pools, arenas and community centres and the Western Fairgrounds</li> </ul>	<ul style="list-style-type: none"> <li>The Central Public Library, is located 420m to the northwest, is the nearest City community facility.</li> <li>The Western Fairgrounds are over 1km to the east of the site.</li> </ul>	<ul style="list-style-type: none"> <li>Budweiser Gardens, at 150m away from this site, serves as a municipal arena from time to time ←</li> <li>Both the Budweiser Gardens and the Covent Garden Market serve as community centres from time to time – being city-owned and offering recreational programming within those spaces.</li> <li>The outdoor pool at Thames Park is approx. 500m away to the south – a considerable distance.</li> </ul>
<ul style="list-style-type: none"> <li>Not within the interior of a residential neighbourhood</li> </ul>	<ul style="list-style-type: none"> <li>The uses adjacent to the site to the North, West and South are non-residential in nature. However, there are residential towers in the general vicinity of this site.</li> <li>The residential uses to the east (but not directly abutting the site) are in the form of high rise residential, with some commercial at grade uses, depending on the building.</li> <li>This site's location is not embedded within the interior of a residential neighbourhood, but rather is on the southeastern periphery of the Downtown.</li> </ul>	<ul style="list-style-type: none"> <li>There is currently a proposal (recently approved for a zoning amendment by Municipal Council) to build a young mothers residential building on the northeast corner of York and Richmond, on the same block and to the east of this site (to be delivered by Youth Opportunities Unlimited). Similarly, and to the north of the YOU building, is an Aboriginal women's residential facility.</li> <li>Although there are residential units above ground-level retail within the block, and the block to the west (which also includes 2 residential towers) the site</li> </ul>



### **372 York Concerns and Potential Mitigation Measures**

- Facility size and potential growth
  - Could the facility operator enter into an undertaking that makes commitments to Venture London relating to a size limit for the facility – for example, limit the number of booths that would be located in the facility
  - Would the operator be willing to undergo a zoning amendment that limits the total number of booths and floor space permitted on the site (through long term zoning)
  - Does the application for this facility include limitations on the site of the facility – number of booths, floor area, number of patients, etc. If not, can the application for the facility be amended to do so?
- Quality façade and site improvements
  - Funding should be incorporated into the funding application to provide for high quality façade improvements that will illustrate the positive nature of this use and express a positive built form that is an enhancement to the streetscape and community.
  - Lush tree planting and landscaping should be incorporated to contribute to the image of revitalization and vibrancy in the neighbourhood – this will need to be designed to ensure that site lines remain relatively open and clear.
  - The facility should be designed to provide privacy and discretion for those entering and exiting the facility. Furthermore, the design can help the facility to be “anonymous” to avoid stigma.
  - The location of entrances and exits should be designed in locations that ensure discretion from the street
  - Consideration of landscaping and entrances/exits should be considered collaboratively with Venture London/London Free Press property owner to determine what will work best from their perspective.
  - City of London incentives are available to assist with façade improvement
- Ensure on-site security
  - Build security costs into the business model and funding application
  - Enter into an undertaking that makes commitments to Venture London relating to security resources and their function
  - Require clients enter into agreement with established Code of Conduct to establish client peer pressure to exercise good behaviour
  - Application process requires engagement with local police
- Loitering – on site and neighbouring properties
  - The operator has indicated that security personnel costs have been incorporated into the funding application. This is critical.
  - Security should be used to conduct surveillance of the site and its surrounding sites – to ensure that loitering is not occurring on the property or adjacent properties. It may be necessary to enter into agreements with adjacent property owners to allow security to perform this important function on properties beyond the facility itself.
  - Adequate waiting spaces within the facility are important so that clients are not loitering out front or in the vicinity waiting for use of the facility. This will be important during key times of the day when demand may be higher than other times.

- Aftercare space is important to allow for users to spend time on site after consuming, rather than exiting immediately into public space
- It will be important that seating areas are not provided intentionally, or inadvertently through landscaping features, that may allow for loitering
- Close coordination with the London Police Services COR Unit will be important to ensure that drug trafficking is not occurring in the vicinity of the facility
- Relationship with adjacent neighbourhood and businesses
  - A Community Liaison Committee should be established to maintain community contacts and respond to concerns on an ongoing basis.
  - It will be important to be highly responsive to concerns so that they are addressed immediately
  - Regular meetings should be conducted and a direct point of contact should be provided for neighbouring properties and the community to reach out to
  - While it is expected that the facility will reduce the number of needles dropped in public and private spaces, sweeps of the site and surrounding area in coordination with those services would be important to create "the highest level of this service in the City within this vicinity".
  - The Code of Conduct that has been used successfully to date in the Temporary Overdose Prevention Site will be critical to create self-policing in the vicinity amongst clients; this region should be seen as a zone where code of conduct expectations are highest in the City.
  - Co-locating support services within the facility will be important to create positive opportunities to assist with problems that currently exist in the neighbourhood
- Social innovation branding
  - There may be an opportunity to brand the facility as a social innovation centre. This could include collaboration with the University, colleges, innovation and tech centre to find new ways to help those who suffer from drug addiction.
  - This could be tied into services at the Men's Mission, relating to the underpinnings of addiction