

## PUBLIC PARTICIPATION MEETING COMMENTS

### 3.6 PUBLIC PARTICIPATION MEETING – Application – 446 York Street (Z-8971)

- *(Councillor P. Squire enquiring about the proximity to schools; advising that he saw some material that talked about methadone clinics to schools, wondering if there are distances, how close you can have a methadone clinic to a school as opposed to this that are in place.);* J.M. Fleming, Managing Director, Planning and City Planner, responding that when they first prepared these policies, they started out on that they would include some separation distances but they quickly realized that if they were to do so, relating to the types of considerations that they wanted to consider, there would not be any sites that they felt would be available and sites that met the location criteria that led to the demand of these types of uses; very deliberately, those separation distances were removed so there would be considerations of proximity but not absolute requirements relating to distance and not absolute requirements that all of those considerations of separation be met; *(Councillor P. Squire indicating that, while he always appreciates Mr. J.M. Fleming's comments, that is not what he asked; are there regulations in place prescribing distances from methadone clinics to schools);* M. Tomazincic, Manager, Current Planning, responding that there are no numerical distances identified in the Official Plan; *(Councillor P. Squire indicating that he saw some maps that had area where the highest drug use; noticing that this area is not in any of those areas where there is the highest number of discarded needles; are you going under the idea that it does not have to be in those areas, it just can be approximate to those areas, is that what you are relying on.);* Ms. M. Knieriem, Planner II, responding that if you look at the map that was provided by the applicant, it essentially almost forms a triangle where they see the most concentration of those needles, they are all within an approximately ten minute walking distance of the subject site so it is intended that people who are using in all three of those areas in the highest concentration would be able to easily access this site; *(Councillor P. Squire asking if you have any evidence to show that people would walk those distances from the areas of use of highest needles to those sites, you say that you expect that to happen, but he wants to ask you really specifically, do you have any evidence to support that conclusion.);* Mr. J.M. Fleming responding that he believes that the applicant can respond to that better than staff; he does know that they did undertake some research that provided some evidence relating to the kinds of distances that you can expect people to travel to these facilities; Mr. M. Tomazincic correcting his earlier response, for methadone clinics there is a numerical requirement and that is three hundred metres but for supervised consumption facilities, there is no numerical requirement.
- *(Councillor M. van Holst indicating that the by-law says eight parking spots would be sufficient; wondering how often staff thinks people will drive up to this site.);* Ms. M. Knieriem, Planner II, responding that those spots would be intended for the people who are working in the facility in terms of the wrap around services and the intake areas; in terms of the actual users, there was a survey done and the applicant can likely speak to it better than she can but it is not anticipated that those people would be driving motor vehicles, they would primarily be taking the bus and walking.
- Dr. C. Mackie, Medical Officer of Health for London and Middlesex, asking if he is responding to the questions; *(Councillor A. Hopkins responding that if he can present his presentation and to answer those two questions);* indicating that you heard staff mention that we are in a public health crisis, it is hard to overstate how significant this crisis is, this is the biggest health crisis since 100 years ago in the 1918 Spanish flu; stating that this is taking young lives; it is taking about 4,000 lives a year in Canada and it is roughly twice as big as the HIV epidemic

was at its peak in the late 1980's, early 1990's; unfortunately, the epidemic is not just affecting people who are using drugs and it is not just overdose deaths, they are also seeing HIV Invasive Group A Strep which is a bacteria which causes flesh eating disease, Endocarditis, infection of the lining of the heart; stating that many of these issues do not just affect the general population because people are losing their loved ones, they are also seeing a spillover of those infectious diseases, they are seeing a Hepatitis A outbreak in their community right now; primarily in people who use drugs or are homeless, but also it is affecting the general population as well as; noting it is the same as invasive Group A Strep flesh eating disease, HIV, as well they are seeing it spread into the general population too; advising that supervised consumption helps address all of those health issues, the primary purpose is to keep people alive while they are using and connect them with services when they are ready but they also have lots of opportunities through supervised consumption to help them improve their day to day drug using practices so teaching them things like cooking their wash which is a good way of preventing some of the spread of infection, making sure they have safe, clean equipment to use as well; mentioning timing, it is very important to understand that there is a risk of service disruption here, the landlord where the temporary overdose prevention site is currently housed has been gracious enough to allow this sort of operation in his residential tower but does not want it there long-term so if this is not able to proceed forthwith, they are concerned that there might be a time where there is a break in service between their temporary site being operational and the permanent site being up and running and in that break in service, all sorts of negative impacts to the community could occur, not just public health impacts but disruption when they see that drug injecting behaviour back on the streets; showing a chart which is a chart of Opioid related deaths in Middlesex and London for the last eight years; noting that it is aggregated by quarter and the red dots at the very last couple of quarters are still preliminary data, it takes some time to get coroner data; noting that this is coroner death data but they saw in Q1 of this year, more deaths than any quarter in London's history; advising that the month of January alone saw ten people die of overdose and that is compared to an average year where they have twenty to thirty people dying so Q1 was very significant; indicating that in Q2 they saw that average come down; he would love to believe that supervised consumption caused all of that and they certainly were part of it but there were other factors at play but they also do not believe that that is a permanent decline; advising that the Q3 that they do not have official statistics for was a time when they saw a lot of overdoses in their temporary site; believing that is because fentanyl is really coming into our community in big numbers and they believe that the deaths, unfortunately, will continue to rise; the other thing that brings to mind is how everyone involved acknowledges that this type of service is just one small part of a bigger picture; the Planning and Environment Committee Members are aware of the Community Drug and Alcohol Strategy which was launched a few weeks ago; there are many pieces to this puzzle, supervised consumption is just one; believing it is an important one because it is one that connects people with those other services; updating the Committee on their temporary overdose prevention site and the statistics there; advising that they have had over 10,000 visits to the temporary overdose prevention site at 186 King Street; there have been over sixty overdoses reversed; over two clients who have been referred to addictions treatment; over one hundred-fifty clients referred to other medical supports; several neighbours have noted a reduction in needle waste so they are now starting to see the evidence building that what they predicted that they would be able to reverse overdoses, they would be able to get needle waste off the street, they would be able to connect people with other services and the other thing that is not mentioned is that they are actually starting to see the HIV epidemic trending down even in people who inject drugs in our community which is very positive; in part because of this facility but also because of the HIV Outreach that they have been doing, putting boots on the ground to connect with people out

where they are living; so far they have had some tentative early wins and they look forward to continuing with them. (See attached presentation.)

- J. McGuffin, Monteith Brown Planning Consultants – moving forward where Dr. C. Mackie left off from the application and further to the information provided by the City's Planner, the application for the Zoning By-law Amendment was specifically to permit a supervised consumption facility to operate from the existing site; indicating that it was previously identified and is outlined by the City the amendment responds to the Office Residential designation in the Official Plan; reiterating this simply because they have received a lot of correspondence and a discussion with respect to what policy and environment are we applying under and what is the framework they are moving forward from; notwithstanding the fact that portions of the City-wide initiative or the Official Plan and Zoning By-law Amendments were appealed, as part of their application process and their site selection or site analysis with regard to this submission, they are all guided by the policies that were developed through that process and that were adopted and form part of The London Plan moving forward; advising that they have also had the opportunity to review the staff report and they can confirm and concur with the recommendations with regards to the proposal and the recommendations for approval; advising that they also had some discussions with respect to timelines and the timing, some of the information that was provided to them through the consultation programs both in July and in November had to do with questions in terms of why are we rushing, what is the hurry; further to the information that Dr. C. Mackie has provided to the Committee with regard to the opioid crisis that is present in the city, they have presented to the Committee timeline information that was also presented both at the July and the November public meetings that identify that they saw a growing opioid crisis from 2008 to 2012 where this issue really started to become prevalent and the research started; by 2016, the Middlesex-London Health Unit declared the public health emergency and supervised injection services feasibility study consultation with the general public started so this is taking us back now two years going on almost three; by February, 2017, the results from the feasibility study were released and in March there was a street level outreach team that was created to address HIV outbreaks; by April, the Opioid Crisis Working Group was launched and in October, the Middlesex-London Health Unit began its search for potential locations; through the public consultation there were a variety of locations identified, those locations were all presented through the reporting both in the Middlesex-London Health Unit's research as well as in their planning application; that was narrowed down to twenty sites that were investigated on a more specific scenario situation and 446 York Street was one of the properties that was identified as the preferred location; noting that one of the others identified was 241 Simcoe Street; that particular property is now subject to an application at this time; by November, public consultations were conducted to inform the development of supervised consumption facilities in London and moving through to January, 2018, the potential supervised consumption facilities were toured and a temporary site plan application was submitted and approved; by February, the City started to outline the location criteria that was being developed as part of their Official Plan Amendment requirements for the supervised consumption facilities and the temporary overdose prevention site; noting that the temporary overdose prevention site opened in February 2018 as mentioned at 187 King Street; by March, the community information meetings began on the supervised consumption facilities and temporary overdose prevention sites through to April, 2018, where the application for 446 York Street was specifically submitted to both the Federal and Provincial governments for approval and funding; by May, the Provincial government approved the capital and operating costs for the supervised consumption facility at 446 York Street; important for Council to remember that this is a multi-faceted approval at all three levels of government; by June, the pre-consultation meeting with the City was held with regard to a planning application to support the proposed supervised consumption facility at

446 York Street; in July, the proponent held a community information meeting with the residents, the businesses and the property owners as identified by the City's planner; in October, the Zoning By-law Amendment application was submitted after the completion of the required background studies, planning justification report heritage impact assessment, the CPTED assessment and various other architectural designs and site plan requirements that were requested by the City for review and consideration of the application that brings them to the community information meeting that was held at the end of November; this was a meeting that was initiated by the City staff to bring forward additional opportunity for the public to provide comment and consultation that culminated in the December Planning and Environment Committee meeting that they are attending this evening; advising that it is quite clear that this has been an extensive process; the site selection process identified the need for a supervised consumption facility in Downtown London; indicating that there is a wide variety of land uses in and around the Downtown which have guided and directed the particular use to be located at the preferred site on York Street; it is a result of lengthy site selection and public consultation and this location meets the needs of those the supervised consumption facilities serve; through their own CPTED analysis that was undertaken, it was identified that the site is currently being used for injection drug use and other high risk activities; (*Councillor A. Hopkins asking how long the next presentation will be.*); Mr. J. McGuffin responding one and a half minutes, two minutes; (*Councillor A. Hopkins asking that it be one and a half minutes to two minutes.*) (See attached presentation – continuation of Dr. Mackie's presentation.)

- B. Lester, Executive Director, Regional HIV/AIDS Connection – advising that one of the pieces that they have been paying close attention and he would say that all of the planning attached to this process has been about mitigating negative impacts in the area; indicating that they have a tremendously positive relationship with London Police at the Regional HIV/AIDS Connection in the context of working with the temporary overdose prevention site; they know that the Police will be patrolling that area and they know that they will be responding to their concerns and concerns of citizens, should they emerge; advising that they will be having a private security company who is working with them now that will be coming over to 446 York Street should they move forward with that direction and they are providing security service in alignment with the hours of the overdose prevention site and they will certainly do that with the supervised consumption facility; indicating that one of the positive things that is available to the neighbourhood that RHC and Middlesex-London Health Unit will certainly participate in is the community led Neighbourhood Safety Audits which he knows that there is a kit that the City of London provides and some staff support for that so they would want to be part of that and support that process from happening; thinking about connecting with the neighbours, certainly, it says that they do it a minimum of one time a year, they will do that much more, especially in the first year of opening this site, they want to stay connected with neighbourhood and work through any issues that may emerge should they emerge; advising that he will be the designated community contact with the opening of the facility and he thinks that the key thing to remember is within that operation they are working very hard at connecting drug users to the services and supports they need to help people make change in their lives; (*Councillor A. Hopkins apologizing for interrupting but he is reaching the one and a half minute and she sees Dr. C. Mackie behind him.*); Dr. C. Mackie indicating that he is going to answer any questions; advising that there are professionally trained staff that will be in this facility, they are in the facility now that they are running; indicating that he has already talked about the wrap-around supports, they have strong commitment from the community service providers that have wrapped around the temporary overdose prevention site to continue with that; they strongly reinforce the client code of conduct and he would say that a large portion of the people that they serve are very respectful of that conduct which defines the behaviour that they

expect both in the site and in the proximity of the site; noting that the hours are going to be twelve hours a day, it will have security aligned with that, it is 9:30 AM to 8:00 PM and it will also be open for statutory holidays so it is basically 365 days a year and then also if they need more hours than that, they will be working with the government to address that if they need to expand those hours; stating that, in the design, there is also well thought out designed sufficient space for waiting and intake and consumption and after care and all of the wrap around supports; believing they have a pretty comprehensive plan in place to respond effectively which will mitigate challenges in the neighbourhood. (See attached presentation – continuation of Dr. Mackie’s presentation.)

- *(Councillor P. Squire prefacing his question by this, there was a lot of presentation on the need for safe injection sites and he certainly hopes and he believes that nobody is going to suggest that people in London, a majority, and people sitting here are not in favour of safe injection sites; he hopes that is not going to happen, he wants to just say that; advising that his big fear is whether people are going to use this location, they know that there is a safe injection site, temporary, that is right Downtown and he would like the applicant to provide any evidence that people are going to make that walk from the areas Downtown out to this location on York Street and he means real evidence.);* Dr. C. Mackie indicating that he appreciates the question, it is an insightful question and they know that people who have drugs on their person are not willing to walk long distances; the map that you saw, it was submitted as part of their materials but also you saw a grainy photocopy version that was submitted in one of the letters that came forward where you have the hot spots of the needle waste reporting; it is an incomplete map for a number of reasons, first of all it is based on people’s phone calls to the City about where they needed needles collected from, which is one data point, phone calls; they know that the schools in that area, for example, have to do a sweep of their perimeter every day for needles and they find them every day, that is not something that would have been captured in that data set because the school’s dispose of those separately through a different program; advising that the other thing that would not have been there because they have done a new sweep since then, the largest single day needle collection that they have done with their new needle sweep program using their community emergency response volunteers was at the train tracks right south of the Men’s Mission; indicating that they collected about one thousand needles that day in a three hour period with a number of teams so it is an area where they know there is heavy drug use immediately in the area and it is not just adjacent either; when they have toured the site at 446 York Street, which they are proposing to rezone here, they find needles around the site either on or on the immediately adjacent properties and that is something that their CPTED analysis also picked up on, there is drug use on the property now in an unsupervised way so he absolutely agrees that people do not travel far when they have drugs on them, they know that there is a need for this right there in that area.
- *(Councillor M. van Holst indicating that today we are not discussing whether or not there should be supervised injection sites, we are deciding whether or not this is an appropriate site; however, they are in a situation where not approving this may put them in a situation where there will be no site; Councillor A. Hopkins interrupting and advising that they are asking technical questions only; Councillor M. van Holst advising that he was going to ask for a description of that situation but if the Chair thinks that should be at a later part of the process, that is fine but he is just seeking to understand the situation; Councillor A. Hopkins indicates that the technical question to help him understand is can that be revealed through this process and you can ask the question later when it comes to it, that would be fine; Councillor A. Hopkins suggesting that.*
- D. Ruston – see communication 3.6 v) on the Planning and Environment Committee Agenda.

- L. Howard, C. Bradbury, 444 York Street and 330 Burwell Street – indicating that they run their business out of 444 York Street and there are four residential units at 330 Burwell Street; appreciating the opportunity to speak to the Committee on this issue; stating that he would like to be very clear, his comments are going to relate to the location and not the service that is being provided; advising that the Committee will find in their Agenda a letter from their counsel, John Doherty of Gowlings, that was submitted on November 19, 2018; noting that he will not be repeating but he will be referencing a couple of sections in that letter; expressing concern with the proximity to the high schools and in particular, Beal; as was noted earlier in one of the technical questions, there is a methadone clinic directly across the street from and the three hundred metre buffer that is supposed to be there; noting that this will be to the south of Beal; advising that the Provincial government has come out with guidelines on cannabis and the distance with which you can sell cannabis in relation to high school properties; thinking that, given the drugs that are being talked about being consumed at this facility, it is closer to methadone than cannabis; thinking that the distances should be seen as a baseline for that; expressing concern as York Street is designated a Civic Boulevard in the City plan, it is also a high volume and he would suggest a high speed corridor; expressing concern with the location of the Men's Mission across; being that they are at their office every day, jaywalking is not a sometime occurrence, it is a significant and every time occurrence and, respectfully, the people leaving the establishment will be impaired and they have concerns about the traffic issues that are caused currently by that and that it will be exasperated; advising that this is a residential area, in fact, it is High Density Residential and the land use of putting this in a residential area, they do not feel is appropriate; likewise, it is a commercial district that is quite frankly being revitalized, there is significant business that relies on foot traffic during regular business hours; expressing concern with the Men's Mission across the street indicates that people that are under the influence are not allowed in the facility and they do not quite understand that if someone uses the safe injection site but wants to go to the Men's Mission and they are not allowed in, where are they going to go; basically they will be discharged from the safe injection site into the community but not allowed into the Mission; pointing out on page two of the fourth paragraph of their letter, in dealing with section 937 of the Plan, that any intensification should add value to the neighbourhood rather than to undermine its character and following up on that, on page four of the letter they submitted, in regards to policy 199, they have not seen anything where the applicant has demonstrated to the Committee what the character of the neighbourhood is and how their proposal will fit in that context; thinking it is appropriate to talk about that because the impact to the community is going to be real; thinking it would be not appropriate to think otherwise; indicating that on page four of their letter they made a comment in paragraphs three and four that they see this really as methadone and he thinks their counsel laid out clearly the issues around that and what criteria would be so given the time constraints of these comments, he will leave it to the Committee to read that; (*Councillor A. Hopkins advising that he has approximately one minute left.*); thinking that care needs to be made in selecting a permanent site; is this service required, yes, the issue is the site that is selected because once it is there, it is there; just because they are saying no to this location, does not mean they are saying no to a safe injection site and he would encourage the Committee and then City Council would say look at this, as you need to look hard at how it impacts the community that it is being put into; indicating that there is nothing wrong with saying no to this location; advising that those are his comments.
- M. Walker, London Abused Women Centre, 797 York Street – expressing support for the zoning change; acknowledging that they appreciate the service that Council members provide to the community and they are grateful to see them all re-elected and have their experience at the table; as experienced Councillors you then know their job is not just to represent your Ward or the

communities within your Ward, but to take a look at what is happening across the entire City of London and particularly pay special attention to those who are often silenced because of their circumstances in life and those who are not here to make a presentation because, frankly, they do not even know we are debating the issue this evening; those who are most in need of this service do not even know this debate is raging here this evening and in the community; advising that the London Abused Women's Centre provides service to women and girls over the age of twelve based on a victimization/trauma informed approach which recognizes the significant relationship between trauma, substance abuse and mental health; having flashbacks to the methadone clinic that was proposed to be opened on Wharncliffe Road four or some years ago and her community of Old South London came out, en masse, and spoke against it because they were very concerned about what "those" people would do to their communities and how "those" people were going to break into their homes and cause chaos at the schools and all these years later, what they have seen is that those people are their neighbours and their children go to school with our children and they are first and foremost human beings and they needed help and the methadone clinic has provided that help and there have been no issues as a result of that methadone clinic being opened and she has confirmed that with the By-law Enforcement Department; stating that it functions as a medical clinic, as any professional health clinic would do and so too will this; understanding that people have fear of things they may not understand and she has empathy for those that may not imagine this ever happening within their own families but the reality check is that for many, many people here today, they have experienced addiction issues either firsthand or they have seen a family member go through it and in some cases like her own extended family, she has seen a great nephew not survive; when we speak of locations, we must speak about where are people most congregated, where are people now and where people are now is on York Street and when she drives into her office every day, she goes under the overpass and some days that whole slope is filled with people in sleeping bags, that is there home, this is where they live, this is where they socialize and this is where they are; if you are not going to support an application for a safe consumption site in the very area where "these" people, human beings, are living and trying to survive, then her question is, where are you going to put it; advising that she has not heard anybody suggest an alternative location except in Masonville and she can tell you that "these" people are not congregating in Masonville, they are congregating along York Street; pointing out that she sees them every single day and they are not fearful of people who have addiction issues or trauma or mental health issues, they are empathetic and they understand that this is a significant issue and they need help so she looks at this proposed site as another medical clinic which is providing safety and good health to those in the community who need it and she wants to close by saying to the Committee that today is Human Rights Day and she wants the Committee to think about that and think about the rights of all those in our communities across this country particularly those that are most vulnerable and continue to be silenced.

- V. Vanlinden, 431 Ridgewood Crescent – thanking the previous speaker and thanking the previous Council as well for the decisions they made to get all of this going and the support for the concept of these sites and she wants to thank Dr. C. Mackie for being so vigorous in his passionate support of this; urging the Planning and Environment Committee to approve this site; answering the question the previous speaker said about where is the site, this magical site that people want, it is in the middle of nowhere so let us go find a warehouse district that is miles away from anywhere and that might just possibly be the site that will get general agreement of where the site could be; of course that would not work and it is not that she does not have some sympathy for people as well who are deeply concerned with their property values, she loves her neighbourhood and is very protective of her neighbourhood, she has deep deep feelings about her

neighbourhood but she agrees that these are human lives mired in misery and despair; indicating that, on one hand, we have property rights and on the other hand, we have human rights, desperate human rights; wondering what the balance is; believing that human rights is the balance and she hopes that the Planning and Environment Committee will agree as well that this is the balance; stating that she does not want to preach to or lecture to the Committee but she would like to remind the Committee that their responsibility as Council members is not to guarantee that people's property values go up; indicating that it seems to her that people's property values just do go up because that is just the way of it; advising that a lot of why property values go up is because of inflation and the passage of time and also the fact that London is investing in this city and is making good things happen so all of the good things that are happening here, the investments that come from fellow taxpayers and Council are going to make your property values go up so if your property values do not go up quite as much as you think that they would have before, because there is such a site right next door to you or near to you or across the street or in the vicinity, that is just the way that it goes, and again, she does not want to sound unkind to people who have fears, feel fear of change and who feel protective of their neighbourhood but we have to be about more than money and if all we are is money then we do not matter very much; believing that if all that matters to us is money, then she would be embarrassed about this community; indicating that we are spending tons of money on fancy streets, nice paving and all kinds of things that are supposed to make us a world class city and she hears these words, world class city; wondering if a world class city lets people shoot up outside in back alleys and sink further and further down; hearing from people about not being in favour of these sites because they should do rehabilitation as well but as the previous speaker brought up, methadone clinics are meant to go in neighbourhoods and people do not like that either and it does come down to why do we not care, because this is a group of people who are unsavory to many people, drug users, mentally ill people, the desperately poor, the homeless, are like modern day lepers; noting that she is not saying that in a judgemental way; saying that this is how they are treated but they are human beings, they are our brothers and sisters and indeed, they really could be your son or your daughter or anyone else so she just wants to end with a little anecdote about a man that she has met in her life, first of all he came from a family where by the time he was six he had already suffered unbelievable trauma, his mother literally drank herself to death while he and his younger sister were in the home and they were in the home with the mother's dead body for approximately three days before anyone came and discovered them so that was kind of a beginning and then traumas went on and on from there; indicating that this young man joined the army because you want family and you want to connect to something so he did and was evidently a very good soldier and served in Kosovo where he witnessed a war crime and this finished him so when she met him he was deeply, deeply mired in alcoholism, so not drug addiction, this was a while back but was frequently homeless and could not pull his life together; indicating that he was one of the saddest people she has ever met; indicating that her point is that this was a homeless addict, someone who had served our country, who had been sent away and returned without the proper aftercare that he so desperately needed; thinking that we do not know the stories of these people that we think are unsavoury; believing that we do not know the individual stories of why they are sticking needles in their arms but we do know how we can keep them from getting sicker.

- Denise Krogman – indicating that her father has a business at 448 York Street; pointing out that according to the plans of zoning for this, for a drug consumption site, in a small parking lot at the front, there are eight parking spots on the east side and a loading dock on the west side, which the clients coming in and going out there are only two doors, one door for them to go in and one door for them to go out, both at the front as there is no back exit; advising that this is not safe in the parking lot for cars coming in and out for eight parking spots and a loading



dock; wondering where do the clients go after they use, after twenty minutes of half an hour, they go straight onto York Street or left to Beal field or right to Downtown; indicating that throughout her research, there has nothing been said about a drug consumption site stopping homelessness when they go in to make sure they do not overdose and then go back directly onto the street again; with hours like that, where do they go in the evenings, that is her concern; expressing concern with it being across from the Men's Mission because there are a lot of people that use that facility to pull themselves together and stop addiction and clean themselves up and this is not setting an example for them or making it any easier for them to pull themselves together; advising that she has met a lot of those people and to her that would just be a sad thing to have without helping them as a stepping stone, it would hinder them; pointing out that she believes that a bigger facility is needed so that they can have crash beds and overnight stays and rehab to transform them into getting better instead of just making sure that they do not overdose to be put on to the street again; advising that there are a lot of available buildings in the Downtown area with different floors where they can go and get help and recover; advising that there are train tracks very close by, that there are always incidences of people that go to the train tracks and that is very dangerous for them; stating that there are no other back, side, to the left, to the right, exit or entrance for this facility which leads only to apartment building parking lots and other people's backyards; indicating that she does not think that any amount of security can stop people, whether they are using, or not using, or trying to get better from finding somewhere to sleep, finding somewhere to sleep off their highs or what have you, the need to have somewhere to go, not just for twenty minutes.

- J. Balone, 446 York Street – indicating that he put his hat in the ring at the suggestion of his wife, she figured this out and that was great, as a business thing; advising that they were in a situation where it was not a retail area for him; indicating that they had seen the whole area kind of go downhill with the construction that happened at the Men's Mission and they saw an opportunity to move; noting that he is a business guy; before he put his hat in the ring, he checked it out, he looked at what was going on in Vancouver, in Europe, all over the place to learn something about this; coming to the conclusion that this is probably a positive thing, this is going to make this neighbourhood come up; advising that he is renting this to the people who are using it, not selling it, he is still a property owner there and he does not want that neighbourhood to go downhill; the use of the permanent injection site is a little weird because he is sure that Dr. C. Mackie does not expect to do this the rest of his career or anything like that, it is just that they will not have to ask every five minutes for some more money; advising that he is pretty impressed by his opposition as to how much they care, other business guys, how much they care about the children at Beal, how much they care about these people across the street; stating that he knows these people across the street, he has let them in his store, he has let them try his guitars when they are not too stoned, when they are too stoned, he tells them to go away, he has been part of this; there has been no help for any of these people, the Men's Mission does not help them for that; they have a religious agenda that will not deal with the drugs; we have all seen it go down; indicating that as soon as the Men's Mission expanded, their property values went down like crazy and they are doing nothing about it and it has just gotten worse and worse in this city; stating that he loves this city, this city needs better control over this sort of thing, this is a nice way to start it, it is only the start, we need more than what this facility is going to do here and we need more of them; advising that he did not say a thing for a long time because he thought it would be self-serving only because he did it as a business decision; advising that, one day, he got accosted by a real estate agent who offered him a lot of money so that they could buy the place and pull out of the deal; noting that he had already dealt with the Middlesex-London Health Unit and came up with what he likes, is a win-win situation; advising that he could have made a lot more

money that day but that is not the issue; noting that he does not need that crap but he does need piece of mind and he thinks that it is because of that that he has come out and started talking about it and he wants to make sure that everybody realizes that this is something that is going to help this community, he truly believes this and he thinks to have a blind eye at this is simply worrying about your pocket book and that is it, do not tell him about the kids that you have never met, do not tell him about people that you have never met that live across the street, he knows every busker in town, he knows kids from across there, they are from here, we grew them in this town, they need help from us; thinking that what happened to those other two sites that they had set up before, he thinks that they got bought out; wondering what happens if this does not go, he does not think we are arguing so much about where it is going to be because if we really look at it, it is a good spot, but is it going to be because after going to the Federal government, the Provincial government, and now the Planning and Environment Committee, it is a long process, meanwhile no one has a sense of urgency, someone is in harm's way today because there is nothing; asking people to keep that in mind.

- A. Tipping - indicating that he ran for Council in Ward 14 but Steven Hillier beat them out like crazy; advising that when he ran he was very cautious about the way he approached this, he did not really feel that safe injection sites were good for community and he felt that they needed them, the problem was that he thinks that we need to go farther; over time he has really listened to people, he has paid attention to it because it was a big thing when he was campaigning at doors; we have to remember, and not a lot of people say this, he has not even really heard it from Dr. C. Mackie but it is a very important thing; everyone thinks that addiction is just addiction, they did it to themselves, they shoot up and all that stuff, that is the wrong thing about addiction, addiction is now a disease; it is an actual disease and we deal with diseases every day, we go to the hospital with diseases, we go to clinics with diseases; this is another disease that we have built up in society; remembering when we were younger and we did not have cell phones, now everyone has cell phones; when we were younger we did not have these drugs; now these drugs are there; society has to deal with them and the best way we can deal with them is the first step, we have to allow these injection sites, we have to put them around the city more often, we have to forget about the NIMBYism here because if we do not help these people, these people are going to be laying on our streets dead; advising that he just witnessed about three months ago, a lady at the Ramada Inn on Wellington Road that overdosed; noting that luckily the Fire Department got there and the ambulance quickly enough and she was saved; indicating that he does not want to see that, especially on the side of a street anywhere in this city; we can help these people, let us take the first step, let us treat their disease; this is the first step, the Committee really needs to vote in favour of this; he knows that if he was sitting where the Committee is, there would be no question on this now, he would vote in favour of this and if you do not, you just have to think about where these people are going to be if you do not help them.
- C. Druin – asking Dr. C. Mackie if he has ever thought about the old Changing Ways building on the corner of Colborne Street and Dundas Street, the three storey building where there could possibly be help not just for the addiction but also give them a place to stay because there are three levels that are not being used, they are up for lease or sale; stating that she has looked into in the past and there are ways that you can have the two top floors as apartments for these people to come and be healed, what we all need is healing in this city; reiterating that building has three floors, the first floor could be used as an injection site but the other two floors could be used as people that need homes to live, those people that are sleeping underneath the bridges, they do not need that, what we need is people to put them into homes and that is how they are going to heal; we as a collective people should look into that space to have a place to sleep, eat and have showers, the whole nine yards, not just look into the homeless shelters

as they are full; if you have that building, look into it, place housing, cots, food, you could make an oversize kitchen like that, get some of the developers to help to get on board, build kitchens, build apartments and help these people, low cost for maybe \$400 a month to live instead of paying \$800 a month for a one bedroom; you have to heal not just the addiction, you have to heal the homes, you have to get them in homes, you have to heal the families, everything, that is what it needs; apologizing for taking up the Committee's time but this is what it needs; it needs homes first, there is a lot of empty buildings in Downtown, even the McCormick's factory; wondering why it has been empty for years; can it not be used as an apartment complex for people with addictions to help them get over it or get through it; indicating that she has walked through it as an old friend of hers worked there, there is thousands of space that they can use to put people in to sleep at night; wondering why they have to sleep on the street; wondering why they are kicked out of places because they are homeless, they do not have a place to live and they have addictions; asking that we become the loving city that we are supposed to be, we are supposed to be a sanctuary city, let us become the sanctuary city.

- M. Shean, 304 Oxford Street West – indicating that she does not live in the neighbourhood but she has had the unfortunate experience of losing friends to opioid poisonings before this site or the temporary overdose prevention site existed for years in that neighbourhood; advising that she is here speaking on behalf of them because obviously they are not here to do so; thinking that the zoning amendment plan recommendation that the Middlesex-London Health Unit and the Regional HIV/AIDS Connection and their partnering organizations brought to you is very thorough, they have obviously gone through every step with a fine tooth comb it seems, they have covered all bases and she recommends that the Committee approves it now; speaking in support of the site itself, as she has said she has had the unfortunate experience of losing friends to opioid poisonings in that neighbourhood due to this kind of service not existing; one concern that she has heard over and over again that she wanted to address is the concern that people would be leaving the site under the influence; stating that the policies and procedures of the site are quite clear in that anybody that uses at the site will not be just using and leaving, there will be after care, they will be ensured that they have “come down”, that they have a safe place to go and that they have a safety plan in place; adding that it is not just the impoverished and homeless people that are accessing these services, there are also people that have jobs that have homes that are also accessing this service so to label it as only a place for homeless and impoverished is simply inaccurate; it represents a good majority she understands that but it is inaccurate to just label it as a place for people that are homeless or impoverished; expressing support for the application; hoping that with the thorough report that not only Dr. C. Mackie but also the Planning staff have brought to you is approved.
- M. Bray, 228 Central Avenue – expressing agreement with the young lady that was speaking, she said that we need not only the self-injection sites but we need counselling and drop-in beds as well as housing, serious housing, a minimum of one hundred units for not only the people that are doing safe injection; noting that she does not want to go on and on but she does think that there are other sites in this city that could have been chosen; pointing out that the City owns the land on South Street where that Children's Hospital was and to her, that would have been a perfect site for a safe injection site, counselling and also beds for the people recovering; there are other sites, what about the Psychiatric Hospital out on Highbury Avenue, realizing that it is a long ways away but people will travel and you could have a mobile unit to take people out there and if we would reuse some of those hospital type buildings that are owned by government, it seems to her a logical solution instead of bringing them Downtown; advising that she has lived, worked and owned a real estate in another life Downtown; indicating that she has noticed that since the free needles were given out in the Park Lane hotel, and now the safe injection site, our Downtown is the worst that she has

ever seen it; stating that there are at least half a dozen people sleeping in the park this summer which she has never seen before, people sleeping on the streets; believing these people need some help; thinking a small, little site on York Street is not enough, she thinks it needs to be bigger; not sure if there is something that the Committee can do about that but she thinks it needs to be studied.

- K. Fisher, Chippewa of the Thames First Nation – indicating that she is not from the London area, but she lives near London; expressing support for Dr. C. Mackie's application for the rezoning of that property and she would like to say to you, the City of London, you are very lucky to have resources and access to services and you have an opportunity to save lives and help people in a much more comprehensive, holistic way than we do on our First Nation because we are limited by our resources and a lot of our First Nations community members actually come into the City of London or they live in the City of London and these are human beings, these are mothers, these are daughters, sons, uncles, grandfathers, you have no idea what it is like when your own family members are impacted by addictions and you stand there and you try to help them and you do not know what to do and you reach out, but there are no services; reiterating that you have that opportunity to have those and save lives and she can tell you that this service is saving lives and we partner with Middlesex-London Health Unit, Dr. Mackie and his crew, Regional HIV Aids and we are kind of having a mobile unit that provides the same kind of services, but not a safe consumption site, but an opportunity to get some safe supplies and bring those much needed wrap around services to our community members and so she is here as part of the First Nations to appeal to you that you have to have this service for your people and our people because we are all human beings and we need to be treated with respect and dignity and she is asking you to think about that.
- A. Baroudi, Lawyer, representing two properties owners in the area tonight, the first is Drewlo Holdings Inc., owner of an apartment building at 433 King Street and the second is North View Apartment Rate, owner of a residential apartment building at 340 Colborne Street; advising that both owners have submitted written submissions dated November 20, 2018 and they should be in your package this evening; indicating that her clients strongly oppose this location for a supervised consumption facility and she is here tonight with Mr. Richard Zelinka, expert Land Use Planner, who will be speaking to the planner merits of the application, but she would like to say a few words first about the concerns that she has from a legal stand point about the way in which this process has unfolded thus far; stating that, first this application for a Zoning By-Law Amendment has been pre-determined; at its meeting on May 8, 2018 Council pre-determined this application by endorsing this site as an appropriate location for a supervised consumption facility; noting that this occurred before the application for the Zoning By-law Amendment was ever filed and has basically undermined the entire public process and has compromised the public perception of objectivity for this application; pointing out that, second, as we heard earlier the City has passed Official Plan Amendments and a Zoning By-law Amendment to allow for the establishment of supervised consumption facilities; both the 1989 Official Plan Amendment and the Zoning By-law Amendment remain under appeal before the Local Planning Appeal Tribunal; indicating that to rezone a new site as a clinic prior to the appeals being determined is premature and contrary to the public interest; the fact that the 1989 Official Plan Amendment and the Zoning By-law Amendment remain under appeal means that the criteria established by the City has not yet been tested as accurate or adequate from a planning standpoint; with respect to the amendment to The London Plan, we understand that this amendment was not appealed and is being considered in force by staff; advising that she will comment only that the Amendment permits supervised consumption facilities in all place types; noting that there are currently no place types in the City of London; Map 1 of The London Plan establishes the place types and remains under appeal; in our view given the instruments that remain under appeal this application is premature and has also been unfairly pre-determined contrary to the *Planning Act*; indicating that she will now turn it over,

with your permission Madam Chair, to Mr. Zelinka, who speak to the planning merits of this application on behalf of both her clients. (See attached petition signed by approximately 23 individuals.)

- R. Zelinka, Zelinka Priamo - commending the Middlesex-London Health Unit for its work in raising awareness of the public health crisis that faces this city and that work has been very important and something that is long overdue and he will comment more on other aspects of the work as part of his presentation; recognizing this public health crisis and the social and health benefits that can accrue from having a proper supervised consumption facility, this Committee and Council still must determine whether a use as significant as this should also be subject to rigorous and consistent planning analysis or whether we should set aside such planning analysis in an overall community interest that is not giving the same public scrutiny or planning scrutiny; as professional Land Use Planners we are charged with assessing land use merits of applications and proposals and to do so in an objective manner and in our doing that there should be no consideration that we are against the public benefit that we are seeking; in fact, as Land Use Planners, we are committed to public benefit; in this particular case, we are looking at a situation where, in his opinion, the site that has been selected or the site that has been previously endorsed is a site where the actual planning merits have not been rigorously addressed certainly not in the planning staff report; the results of the Oasis study showed that there were hot spots for unsafe injection; those were published, those were the best facts that were available and yet the site that is being selected is not in those hot spots, the site is between hot spots according to that best information and the Drewlo letter of November 20, 2018, that was submitted to this Committee as part of the attachment does speak about that, shows the location with regard to that and he commends that letter to this Committee; one of the planning benefits that can occur from a proper location of a supervised injection facility is given that he thinks there is a pretty good understanding that there will be land use impacts associated with this, but there is also an understanding that those land use impacts can be mitigated or off-set if these facilities are truly located in the areas that are currently the hot spots for illicit drug use and injection by removing the activities from the public places and again from the survey, the users that were surveyed identified the areas that they wanted to have such facility and this is not one of those areas; he is going to list off things that he would ask this Committee and Council to examine closely; first of all, why is the recommended area a designated residential area, one which has as its main use a strong residential component, why is this not within or adjacent to areas of high concentration as has been identified through the studies, why is this location being looked at less rigorously than an analysis for the location of a medically supervised methadone maintenance facility for people who are actually attempting to address their opioid addictions; wondering why is the 300 metre separation from school property which is and has been very rigorously applied for methadone treatment facilities somehow that is not any longer important for something that has more potential for off-site impacts than a methadone treatment facility, why did the City, if those methadone treatment requirements are not valid, why did the City put them in the London Plan, why did the City maintain those as part of the London Plan; (*Councillor A. Hopkins asking Mr. R. Zelinka to please wrap up.*); in his opinion, this does not comply with the Provincial Policy Statement, Section 111, quoted by the staff, but secondly he thinks it is important to bring to the Committee's attention that the Zoning By-Law Amendment being put forward may not actually permit the use being requested as was said in the Planning staff report it was important that this be an accessory use to the office or medical office use, this is clearly a main use; Mr. McGuffin made it clear that what was asked for was a supervised consumption facility itself, that is the main use; thinking this Committee should be requesting a consideration of what the implications of that are both within terms of the law whether this by-law actually does what you think it is going to do and also what the precedent effect of that may be for the consideration of what is accessory within the city; thinking that the zoning enforcement may have real problem with that.

- Resident – thinking we are losing sight of the original goal of the injection site or a treatment centre; thinking the objective or the goal is to reduce disease which Dr. Mackie has proven to reduce the diseases that go with injection use; evaluating that that has been a success to reduce diseases that cost the health care system a lot of money in the long term with endocarditis and heart disease, the treatment of that; the opioids itself is a very complex treatment; hearing a lot of people saying about homelessness and about treatment, but treatment centres are thirty days, you detox, detoxing lasts seven days and you cannot concentrate when you are withdrawing off of opioids and your treatment programs are thirty days and it costs \$5,000,000 for a thirty day bed to provide that service for a year; this service costs \$1,000,000 and it is treated as a medical clinic; advising that we go to walk-in clinics and doctors prescribe medication to us, this is a medical clinic; wondering, are we discriminating against needles; wondering if you would discriminate against somebody who is diabetic that has high sugar or a low sugar level and needs treatment like hey Grandpa you need to go to the hospital, Grandpa you need to have your needle and that is my own grandfather, we would not discriminate against that; the complexity of an opioid addiction needs long term goals and in nursing and in having a nurse they work on those goals so the success is much greater; advising that we have 200 people who have gotten treatment perhaps that treatment is MATT, which other issues complex why they need an opioid use, they may have a trauma and they need pain management, we do not know that and most of the people that are using the sites are usually homeless and they do not have primary care; the other side is we are talking about homelessness, well the Mission Services has a treatment program for a year, but the success of going in on cold turkey is not high, their success rate is very low and most people will relapse and die and she knows that first hand because she knows a lawyer that went to Mission Services, went to the program, but he relapsed; one day his dealer gave him a bad batch, he overdosed; that is the reality that we need to reach people and to address it from a medical perspective is more successful than just saying we need treatment; treatment means many things and she might mean a methadone or MATT or Saboxin, it is not just cold turkey; thinking that housing is an issue in general we have an issue with the drug crisis in social housing and that is another issue that they want to do with planning, but it is out there so we need to address the medical issue at hand and reduce these diseases; indicating that she has seen many girls that are into treatment and they are proud they do not have to walk around with long sleeved shirts because have needle points they are not hard-core anymore, they have manners; people do change with how you treat them; the professionals need to get in there and get that process going.
- Wayne - reading the paper it states that there is approximately 6,000 drug users, intravenous drug users; advising that his one question is, out of that 6,000 how many people are mentally impaired; understanding someone who has serious mental problems or mental issues and they have gotten on to hard-core drugs, he can see that can be a difficult situation for that person to deal with; indicating that his other question is out of the 10,000 visits how many people refer to rehab and the slide mentioned 200; noting that that 10,000 visit does not mention how many people actually showed up or how many repeat customers there actually were; understanding the whole idea and the premise behind the injection site to save lives and to cut down on diseases transmitted; understanding that is commendable, understanding that it saves us a lot of money; stating that the only problem he has with a permanent injection site is that, backing up a bit; we have been told that this permanent injection site is going to deal with the opioid crisis and that is a misnomer, we are being lied to, it is going to save lives, it is going to cut down on disease transmission, it is not going to wipe out the opioid crisis; indicating that he has not heard one politician in this city, province or country mention anything about penalties to people who sell fentanyl; reiterating that not one person has mentioned that; advising that if he was found with a pound of fentanyl he should be charged with attempted murder not drug trafficking, attempted murder; believing this is all said and done really well that we should have a permanent injection site but we are also going to have a permanent opioid crisis because by setting up this site it is not going to wipe out the opioid crisis; advising that he has listened to Dr. Mackie on the news, in the paper,

today is the first time he has heard that man mention rehabilitation, that is what we need, we need more rehabilitation; indicating that he has paid attention to this situation over the last two years, he has listened to people being interviewed in the news who are drug users; there was a gentleman in a program on the television and he had been clean for something like five or six years, fell off the wagon, he overdosed five times in one week and they saved him; stating that this is not a man who is homeless, this is not man who had mental issues, he was a business owner, well educated; realizing it is his free choice to use the drugs, but if that man dies he has made the choice to do that; advising that he is not saying we should ignore the people on the street, we need to help them, but he does not believe that we are going to help them by just giving an injection site so they can go and use their drugs; pointing out that there was another man in the same program, he was in the kitchen with his wife and they were having a discussion about getting stoned that weekend and they made the comment that they could die so it is not just people on the street that have a drug problem; it is society in general and we are not going to wipe out the opioid crisis by just having an injection site; believing the next thing that is going to come down the pipe, and it is happening out West, if we set this injection site up a year from now, two years from now or six months is someone going to stand forward and say now we should give them the drugs and that will save the police a lot of money because these people will not be breaking into people's homes or cars or stealing; *(Councillor A. Hopkins indicating that he has approximately one minute left.);* reiterating that it is commendable that we are saving lives and cutting down disease, but that is not the only answer, we need rehabilitation, true places for people to go and have rehab so they can get cleaned up if they are will to do so because there is a lot of people out there and like he said the mention of the people he listened to being interviewed their concern that they could have a safe place to do their drugs and not one of them mentioned about getting clean.

- L. Sibley, Executive Director, Addiction Services of Thames Valley – expressing support for the application for the zoning for the site; advising that have met the criteria, they are a collaborative partner in the delivery of services so our staff are on site currently at TOPS; when the supervised consumption site is funded and running we will still be involved providing screening, assessment, treatment planning, referrals to residential treatment centres; it takes more than just treatment, more than just safe injection sites, more than enforcement, clearly we need to do a lot of education in our community because there are a lot of misconceptions; stating that they have a willing business partner right here who wants to rent an appropriate site that meets the criteria, apparently, from what she saw in the first presentation; advising that they have all the partners at the table, we have landmark funding for a consumption and treatment site, we have the support, it is always going to be a big debate because addiction is complex and is about homelessness and it is about medical needs and it is about trauma and it is about housing, but it is also about partnership and we have willing partners in the city experienced, talented professionals, willing partners in enforcement and really quite a clear path; the addiction problem in this city, and in others, is not going to be solved only by this, but that was never promised, it cannot; one part being safe injection keeps people with us so that they can make the choices; when they are ready, she thinks the gentleman that spoke before her made a really good point, there have been very good points made here tonight; what we have is a really good opportunity for partnership and we need to approve this, we need to get it done, we cannot have an interruption in service; indicating that she wanted to lend my support to this and we are behind it 100%.
- K. Zigner, CEO, United Way Elgin and Middlesex – indicating that it would come as no surprise that United Way would be a supporter of the proposed site at 446 York Street; one because it aligns with our values in terms of having evidenced informed approaches to helping deal with social issues in our community and helping those who are vulnerable and at risk; two she looks at this as an employer so our office is located 409 King Street which is right at King and Colborne in proximity to the proposed site; advising that they see evidence of drug use on a daily basis in our parking lot, on our patio where it used to be a space where we would eat lunch with staff and we can no longer do that; indicating that they have had staff who have had needles pokes while there out

on our property and so as an employer who is charged with the health and safety of her thirty employees it very important to me that she has every tool in her tool kit to ensure the health and safety of those workers and having a supervised consumption facility in proximity is yet another tool in the tool kit to reduce needle use in our area because people will have a safe spot to go and so we view this favorably as something that could be in our neighbourhood and as a neighbour we would like to offer our support as a place to convene, as a place to meet with our fellow neighbours if this proposed site goes forward and be a partner with the City, the Health Unit and others to ensure that dialog continue once the sites operating; third this is personal for me because she has a daughter that goes to Beal and that was one of the choices that we made as a family when she went to Beal, they wanted her to have an education and that means being educated about all the people in our community, that means she walks by a methadone clinic every day, she sees evidence of drug use around her school every day and it gives us the opportunity to have a dialog when she goes off to the big city of Toronto none of this this shocking to her, it is what happens and she has seen it in her own community; when TOPS opened we had a conversation what does this mean for you maybe you want to walk a different way for the bus and really she has seen no difference in her day-to-day commute when she goes to and from school with that site being open; she is not fearful she said now she knows where the drug use is happening and she can avoid that spot; as a parent, as an employer and as someone who works in the community in the social services sector she wholeheartedly supports the proposed site for supervised consumption facility in our community.

- P. Pritiko, 485 York Street – wanting to say a few things quickly that Mr. Squire was asking, on average one kilometer from when the drug is purchased that the user will travel before actually injecting the drug; advising that it has been brought to his attention that the lot line that are on the city plan are different than those on the application; stating that if you go to the website, the city plan shows that the lot is actually five feet wider than what is on the official application; advising that he is not sure if that makes a difference, but it just means it is a little closer to the school than what they are saying; from what the measurements provided today he asks that you go on a Google map and check for yourselves the distances are actually a lot closer than what were suggest earlier; noting it is about seventy-eight feet from the school field and about one hundred eighty metres to the front doors of Beal; CCH, which does not have any fence separating it what so ever, when he Google mapped it, was only about two hundred twenty-five metres from the proposed location; the other thing too is there is no mention about crystal meth, it was brought to their attention by Dr. Mackie that 30% of the injections that occur are crystal meth at these sites; stating that is a much worse drug than any opioid and produces schizophrenic activities, etcetera, that means about fifteen patients a day are going to be released public after injecting crystal meth in that area; indicating that crystal meth and opioid the methadone is the treatment that is used for it, that is just going to lead to a pathway between the meth clinic and this proposed location of this clinic which basically covers the grounds through the Beal parking, field, school, etcetera; stating that he is not against this at all and the more and more he has gotten involved, the more and more he realizes the need that we have to have a spot to do injections or a safe location, but putting it right in the Downtown where schools are present and through a bunch of high-rises that surround the area he is opposed to the location not the need or the services provided; indicating that there has not been any mention either about educating our physicians who are prescribing this fentanyl drug; pointing out that 40% of all fentanyl prescriptions in the province of Ontario, 40% are just in Southwest Ontario; not only do we have to do something to help these people, he thinks that there has got to be come mention or such about educating our doctors that are providing these prescriptions and that causes that its effecting; indicating that we are picking up the pieces which our own medical system has provided; stating that he is against that in that way; hoping we do the right thing, we only have one chance at it and we do have time on our side, but again for Mr. Balone, he is hoping he is not speaking on all business sectors because he knows their community, the businesses in or community last year raised a ton a food for the



Food Drive for the businesses of the London Food Bank; their community does a lot with the Men's Mission, we donate to them constantly, yearly with food and services, etcetera; advising that he personally deals with Beal Secondary for their technical development; he hires students from there on average three students a year; noting he is in that school probably four times a year through their education time frame of September through to January graduation; noting that it is an excellent school; indicating that they do a lot for the community as far as the surrounding businesses, etcetera, with what we do for the community to say that we ignore Beal Students or we ignore the Men's Mission, etcetera, he totally disagrees.

- G. Brown, 35A-59 Ridout Street – advising that he was very reticent to ask the question he wanted to ask tonight and he has asked it in private of both Planning and the Health Unit and did not receive an answer to my satisfaction; probably very similar views to Councillor P Squire, he 100% think we need this and hoping we never go backwards down that road; guessing the question tonight is not whether we should have a safe injection site it is the question of this particular site and he guesses it comes down to this, it is two hundred sixty metres at worst, he guesses, to this site from a high school entrance and the question it comes down to and you are the folks that have to decide this, does that outweigh the fact that this crisis is so acute we have a landlord that is willing, we have a place that is appropriate according to the experts; does that outweigh the fact that it is two hundred sixty metres from a school because a methadone clinic would not be allowed; there was a methadone clinic right across from Beal Secondary School and it caused problems; noting that he went through the last methadone argument since it is his community; advising that his Community Association supported putting it there and he can tell you right now we spoke up for it. Our community was pretty well against it, but a lot of that was ignorance and as the community becomes educated they lean more, it happens and now it has been there a few years most people do not even know it is there; in fact, he would say that number is in well into the high nineties; advising that he gets it, but the guidelines were there for a place, it was actually hard because people would always say to you well there is a methadone clinic right across from a school; again does that the fact that the good it does to the community outweigh that, he does not know, that is not his decision to make; indicating that he would love an answer to that question, but he is not sure there is one; the financial argument, he refers you to the August edition of Scientific American, the editorial board wrote a piece on the financial liability of methadone clinics and he hates to tell you this folks, but the amount of money saved by society from a methadone clinic it pays itself back quite well so that argument if that is something that matters besides the human matters then it was an extremely well researched article so there is no questions there, we know it helps, we know it saves people lives; wondering if it is too close to a school he guesses is what it comes down to him, it is a question his Community Association we have shown leadership on issues like this, we were the first community to request needle boxes in our parks; noting that he lives a block from Carfrae Park, which is one of the worst needle parks in the City of London; noting that is in Old South folks, that is not Old East, that is not Downtown, that is his community; stating that is the community everybody thinks is the best in the city, well that is where he lives; advising that they do not bury their heads in the sand, we requested from the City that needle boxes be out in our parks and they are they are bright yellow; noting that they got a lot of flak from the community for this, but sometimes if you want to be a leader then you have to show leadership; advising that he would not mind an answer to his question, the question really basically just comes down to is two hundred sixty metres, is it not too close, does all the good that it would do just outweigh that particular argument; reiterating that fortunately, he is not the one having to make that decision tonight, but he trusts you to and he does trust the experts that are involved here, that is really the only question he has and the only comment he has and he was very reluctant to bring that comment up tonight because he is fully in support of this facility; wondering if we are making the right decision and why are we making that decision; noting it is the only question he really has.