



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 30

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## SITING OF SUPERVISED CONSUMPTION FACILITIES

### **Recommendation**

*It is recommended that the Planning and Environment Committee:*

- 1. ENDORSE both 241 Simcoe Street and 446 York Street as appropriate locations for permanent Supervised Consumption Facilities; and*
- 2. COMMIT that, when a bylaw is put in place to establish specific zoning criteria for Supervised Consumption Facilities in London, the endorsed locations automatically be deemed zoned for such use.*

### **Key Points**

- Approximately 400 people have lost their lives to addiction in London and Middlesex over the past decade, making supervised consumption facilities sorely needed. 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 1700 client visits. Results have been overall very positive.
- The scale of the issue warrants more than one such facility.
- In addition to the two permanent locations identified above, the partners involved have submitted an application for a mobile facility.

### **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 (SCF's) 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 City 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. The focus groups included specific consultations in some of the affected neighbourhoods,

including Downtown, South of Horton (SoHo), Old East Village (OEV), and Hamilton Road. 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. These partners are currently being engaged regarding the establishment of the SCF's.

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.

As of April 20, there have been over 1700 client visits to the TOPS (600 unique visits), and on only three occasions was intervention required 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 infectious disease surveillance. Best practices from across North America have been studied and adopted locally to help prevent overdose and reduce the spread of infectious diseases.

Recent data suggest that there has been a reduction in new HIV and Hepatitis C cases in London, while naloxone has been used by bystanders in the community on several occasions to prevent fatal overdoses. Examples of effective peer support and enhanced client navigation experiences have also been reported at the TOPS location. Communities from across Ontario have been turning to agencies in London for guidance and support in addressing their local situations.

## Needle Recovery

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 have provided 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.

## Planning Considerations

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

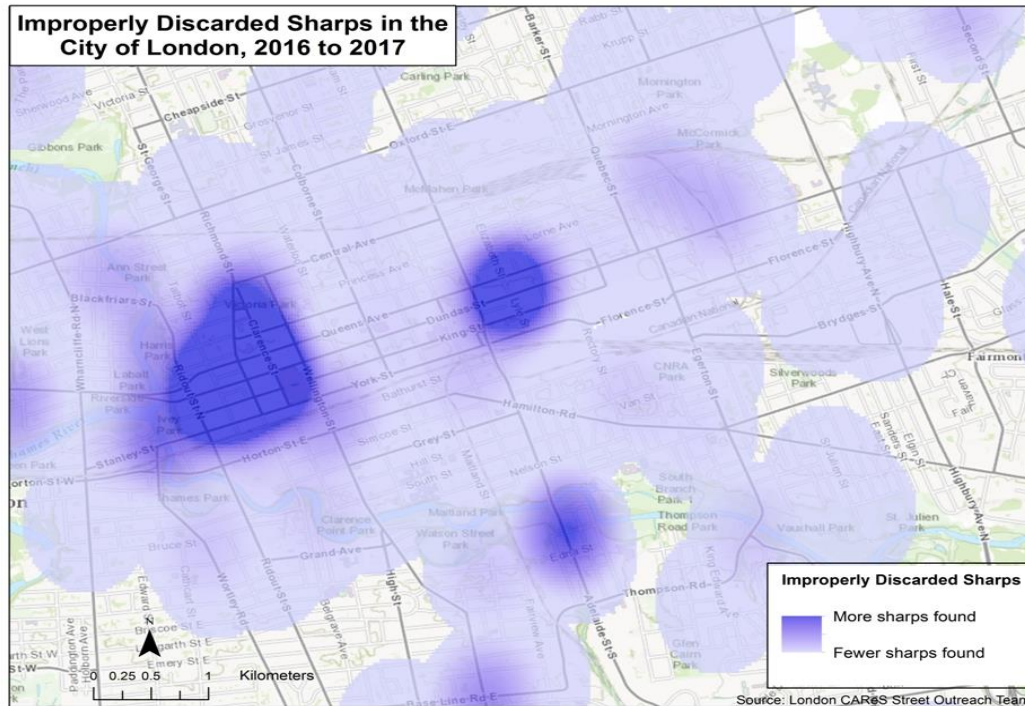
The Council policy established the following evaluation criteria:

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

Supervised consumption facilities should be designed to:

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

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



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 15-20 minutes in the aftercare room in order to ensure that help is available during the period of greatest risk for overdose. With a typical visit averaging 40-50 minutes, clients remain in the facility during the height of their intoxication, which contributes to improved public order in adjacent areas.

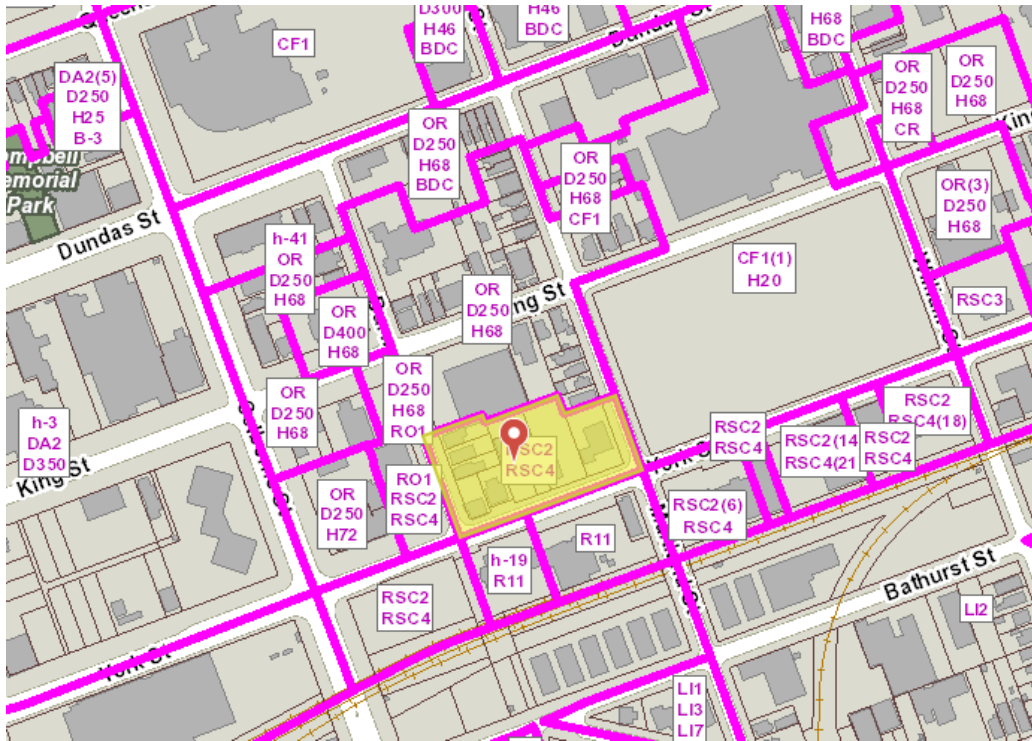
### Identifying Permanent Locations

Dozens of locations have been considered for London's first permanent Supervised Consumption Facility. A handful of these would meet the criteria set by Council. In the remaining cases, the sites were often either not immediately available, or the landlords decided for various reasons not to proceed. Several sites along Dundas Street were not pursued because of the commitment that was made during public consultations not to pursue a permanent site on Dundas in order to respect the request of the Business Improvement Associations and some community members in the Downtown and OEV neighbourhoods.

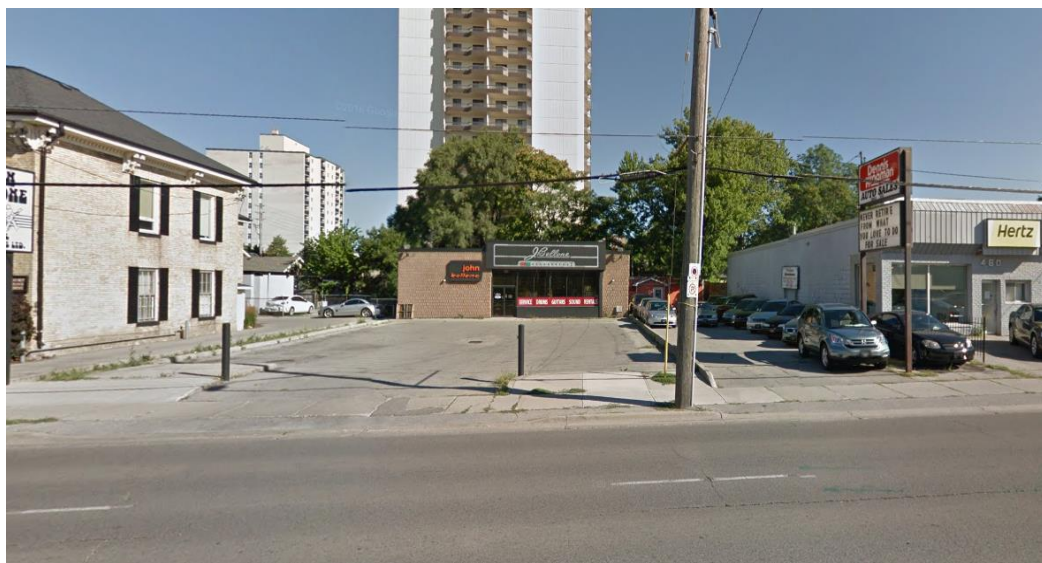
Recently, progress seemed to have been made in negotiating leases with landlords at 120 York Street and 372 York Street. These two locations each had several benefits in terms of client service. Unfortunately, in both of cases, lease negotiations failed.

Subsequently, with the support of their landlords, 446 York Street and 241 Simcoe Street came under consideration for SCF locations. These locations were evaluated by MLHU and RHAC to ensure alignment with Council's policy on the siting of Overdose Prevention Sites and Supervised Consumption Facilities.

The location at 446 York Street is located in close proximity to the Men’s Mission emergency shelter where many of those experiencing homelessness are also battling addictions. The location is positioned in such a way that it can support some of the clients from OEV, Downtown and SoHo. Separation distance from sensitive land uses such as Childreach (250 metres and across the CN Rail tracks) and H.B. Beal Secondary School (300 walking distance) is also suitably accomplished. The larger front yard setback of the building provides an improved degree of privacy for clients accessing the site. The 3,800 square foot floor plate can provide ample space to deliver wrap-around support services in partnership with interested agencies, and is complementary to the rehabilitation services offered at the Men’s Mission.

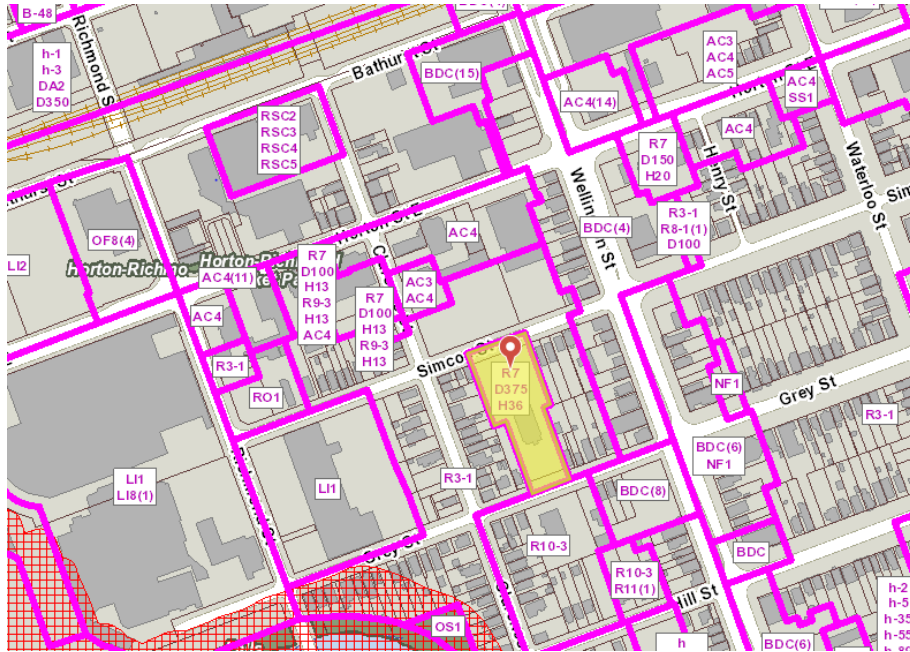


446 York Street – Map



446 York Street – Street View

The site at 241 Simcoe Street is proposed to be established on the ground floor of the LMHC apartment building, though would be accessed from the outside of the building. This location is also directly situated within an area experiencing challenges with substance use. As it is on the northern edge of the SoHo neighbourhood, it would be accessible to clients from that neighbourhood, as well as from Downtown and the Salvation Army Centre of Hope emergency shelter. While recognizing that the location is within a residential facility, the support of the SoHo Community Association is an indicator that people in the neighbourhood already recognize that the drug crisis is affecting the area, and that an SCF has the potential to help reduce its impact. The Board of the London Middlesex Housing Corporation, which manages the facility, is keen to partner. The location is away from schools and pedestrian corridors. It is at least 200 metres from parks. It is adequately separated from the Boys and Girls Club on Horton by 300 metres. This space can also accommodate additional support services, and is philosophically aligned with much of the work done in social service agencies in the area.



241 Simcoe Street – Map



241 Simcoe Street – Street View

By all measures of the drug crisis, the issue in London is on the order of magnitude of that of Toronto (where three SCF's and one TOPS currently operate) and Ottawa (where two SCF's currently operate). The two proposed sites, being on the east and west sides of Downtown, together will serve a large area that has been heavily affected by the drug crisis. Moreover, having more than one site offers the important advantage of preventing the real or perceived stigmatization of any one area.

In the view of MLHU and RHAC, both 241 Simcoe Street and 446 York Street are considered to be materially compliant with the Council policy, and both are necessary to address the health, social, economic and neighbourhood issues caused by the drug crisis in London.

Residents and property owners within 120 metres of each site have been invited to consultation meetings at the Middlesex-London Health Unit to take place in the evening on Thursday, April 26. The results of these meetings will be reported at the Planning and Environment Committee meeting on April 30.

### **Mobile Facility Also Planned**

In addition to the permanent sites, a mobile facility is contemplated, and an application has been submitted for a federal exemption and provincial funding. A mobile facility would help reach parts of the community that are not within easy walking distance of the fixed sites.

While the location of a mobile facility can be adjusted based on practical issues that may arise, predictability is considered of great importance for such facilities. As such, the facility, usually housed in a large van, stops at the same locations each day. The mobile facility will serve Downtown, OEV, and at least one other location, each for 3-6 hours per day. Currently, the third location is envisioned to be in SoHo, but this will be carefully considered once partners have received confirmation of approval of permanent sites. Out of respect for the commitment not to situate a fixed SCF on Dundas Street, proponents also expect to be able to identify, in partnership with neighbours, accessible and appropriate locations for stops that are not directly on Dundas.

While mobile facilities can reach more locations, there is a trade off with capacity. The smaller footprint within a mobile facility means that it can only accommodate two consumption booths, and has limited space for complimentary services. Each of the permanent sites contemplated can accommodate up to six people in consumption booths at one time, and has ample space for other service providers.

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 60 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 241 Simcoe Street and 446 York Street locations, and request Council endorsement of both of these addresses as preferred options for the establishment of permanent SCF's. A commitment from Council is also sought that, when specific zoning is put in place for such facilities, the endorsed location(s) would be automatically deemed zoned for such use.

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