Corporation of the City of Cambridge
Special Council Meeting
Addendum

Date: October 12, 2021, 5:00 p.m.
Location: Virtual Meeting

COVID-19
Due to COVID-19 and recommendations by Waterloo Region Public Health to exercise social distancing, members of the public are invited to submit written comments or requests to delegate via telephone related to items on the agenda.

The public wishing to speak at Council may complete an online Delegation Request form no later than 12:00 p.m. on the day of the meeting for Special Council Meetings occurring at 5:00 p.m. and no later than 12:00 p.m. the day before the meeting for Special Council –Statutory Public Meetings occurring at 10:00 a.m.

All written correspondence and delegation submissions will form part of the public record.

4. Presentations
   *4.1. Danielle Manton, City Clerk and Paul Kan, Manager of Realty Services re: 21-293 (CRS) Cambridge Consumption and Treatment Services Community Consultation Summary Report 4 - 13
   *4.2. Sue Cummings, Facilitation Consultant, re: 21-293 (CRS) Cambridge Consumption and Treatment Services Community Consultation Summary Report 14 - 30

5. Delegations and Consideration of Related Reports
   *5.1. Mayor Cam Guthrie, City of Guelph
   *5.2. Carol Thorman
   *5.3. Ruth Cameron, ACCKWA
   *5.4. Martin Asling, Waterloo Region Yes in my Backyard
   *5.5. Keith Rivers
   *5.6. Doug Craig
       Note: 15 minutes
   *5.7. Kathy Moreland

Pages
*5.8. Rev. Jenn Hind-Urquhart on behalf of Jesse Burt
*5.9. Adam Cooper, Neighbourhood Watch
  Note: 15 minutes
*5.10. Dan Clements
*5.11. Michele Kennedy, House of Friendship
*5.12. Kristin Kerr, Stonehenge Therapeutic Community
*5.13. Crystal Laforest
*5.14. Sandy Falkiner
*5.15. Jenn Boyd
*5.16. Kevin Hiebert
*5.17. Simone Morrison
*5.18. Parker Spencer, ACCKWA
*5.19. June Anderson

6. Correspondence
  *6.1. Pat Stager 41 - 43
  *6.2. Janelle McGlashan 44 - 44
  *6.3. Janice Keough 45 - 45
  *6.4. Julie Currie 46 - 46
  *6.5. Sarah Bourbonniere 47 - 47
  *6.6. Lynn O'Hare 48 - 48
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  *6.9. Nuno Silva 52 - 52
  *6.10. Claire and Mark Jennings 53 - 53
  *6.11. Shannon Down, Waterloo Region Community Legal Services 54 - 55
  *6.12. Cambridge North Dumfries Ontario Health Team 56 - 56
  *6.13. Theresa Dejmek, Montessori School of Cambridge 57 - 58
  *6.15. Ray-Ang 60 - 60
  *6.16. Kate Fraser 61 - 61
  *6.17. Pauline Brittenden 62 - 62
  *6.18. Sue Woznuk 63 - 63
  *6.19. Pat Grant 64 - 64
  *6.20. Rosemary Cook 65 - 65
*6.21.  Brian Lester, Regional HIV/AIDS Connection (RHAC)  66 - 85
*6.22.  Michel Lagras  86 - 89
*6.23.  Tim Malone  90 - 91
*6.25.  Leanne Shanks  93 - 93
*6.27.  Angie Campbell  95 - 95
*6.28.  Lori Bennett  96 - 96
*6.29.  Jill Bennett  97 - 97
Purpose

• To provide the feedback report to the Consumption and Treatment Services identified sites Community Consultation process;

• Staff recommend receipt of the report and the feedback.
June 2019

• Council directed Staff to retain a facilitator to complete Community Consultation and identify candidate sites

November 2020

• Council approved CTS Planning Study

November 2020 – March 30, 2021

• Staff identified Candidate Sites and finalized the Community Consultation Framework
April 2021

• Council provided direction to staff based on 2 potential candidate sites to move forward with the Community Consultation Framework;

May-September 2021

• Community Consultation completed.
Site Identification

• From November 2020 to March 2021, sites were identified and evaluated through a screening process;
• In this phase, sites were evaluated based on whether they met certain criteria as primarily set out by the provincial and federal governments;
• The goal was to identify sites that met most criteria and report back to Council potential candidate sites for the next phase of site evaluation (Community Consultation phase);
• Based on the criteria, staff proposed 15 Easton Street and 8 Oxford Street as both properties met the majority of criteria required and received consent from property owners for further consideration.
A Candidate Site Evaluation Checklist was developed to help screen potential sites.

Criteria were selected based on information from the Provincial Consumption and Treatment Services Application Guide, the Meridian Planning Study, and input from stakeholders.

The guiding principles used for developing the evaluation were accessibility, capacity, and community considerations.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Comments/Reference Maps</th>
<th>Meets Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Within Area of Need.</td>
<td>Proximity to Area of Need map (Heat Map).</td>
<td></td>
</tr>
<tr>
<td>2. 10 minutes walking distance between Site and Area of Need.</td>
<td>Travel Time from Area of Need map.</td>
<td></td>
</tr>
<tr>
<td>3. Accessible by public transit.</td>
<td>Travel Time from Area of Need map.</td>
<td></td>
</tr>
<tr>
<td>4. AODA compliant or easy conversion.</td>
<td>Facility should be at ground floor level or have elevators. Existing floor plan should allow for ease of reconfiguration, and should have multiple washrooms, and entrance/exit.</td>
<td></td>
</tr>
<tr>
<td>5. Facility is large enough to accommodate wrap-around services.</td>
<td>Gross floor area of the space should be at least 2,000 sf.</td>
<td></td>
</tr>
<tr>
<td>6. Outside of Core Areas.</td>
<td>Proximity to Downtown Galt Core Area and Buffer Zone Map.</td>
<td></td>
</tr>
<tr>
<td>7. Outside of Buffer Zones.</td>
<td>Proximity to Downtown Galt Core Area and Buffer Zone Map.</td>
<td></td>
</tr>
<tr>
<td>8. 200m from child care centres.</td>
<td>Proximity to Child Care Centres Map.</td>
<td></td>
</tr>
<tr>
<td>9. 200m from schools.</td>
<td>Proximity to Schools Map.</td>
<td></td>
</tr>
<tr>
<td>10. 200m from parks.</td>
<td>Proximity to Parks Map.</td>
<td></td>
</tr>
<tr>
<td>11. 200m from residential areas.</td>
<td>Proximity to Residential Areas Map.</td>
<td></td>
</tr>
<tr>
<td>12. Property Owner is agreeable to use.</td>
<td>The property owner has confirmed that he/she is agreeable for the property to be used as a CTS facility subject to lease terms being finalized.</td>
<td></td>
</tr>
</tbody>
</table>
Site Evaluation Results

- Two sites (15 Easton Street and 8 Oxford) checked the most boxes and most importantly the property owners are agreeable for their properties to be used for a CTS site.

- The table to the right summarizes the evaluation results for 15 Easton Street and 8 Oxford Street.

- Reference maps in the following slides were used as part of the evaluation.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Comments/Reference</th>
<th>15 Easton St.</th>
<th>8 Oxford St.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Within Area of Need</td>
<td>See Map 1 – Proximity to Area of Need</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>2. 10 minutes walking distance between Site and Area of Need</td>
<td>See Map 2 – Travel Time to Area of Need</td>
<td>✗ (walking time is 14 minutes)</td>
<td>✔</td>
</tr>
<tr>
<td>3. Public transit nearby.</td>
<td>See Map 2 – Travel Time to Area of Need</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>4. AODA compliant OR easy for conversion.</td>
<td>Spaces are located on ground floor with open floor space plans for easier re-configuration. However, should be confirmed by SME.</td>
<td>✔ (to be assessed further)</td>
<td>(to be assessed further)</td>
</tr>
<tr>
<td>5. Facility is large enough for expanded services</td>
<td>Gross floor areas are greater than 2,000 sf.</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>6. Outside of Core Areas.</td>
<td>See Map 3 – Proximity to Galt Downtown Core and 500 m Buffer Zone</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>7. Outside of Buffer Zones.</td>
<td>See Map 3 – Proximity to Galt Downtown Core and 500 m Buffer Zone</td>
<td>✔</td>
<td>✗ (By-law expired)</td>
</tr>
<tr>
<td>8. 200m from child care centres</td>
<td>See Map 4 – Proximity to Child Care Centres</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>9. 200m from schools.</td>
<td>See Map 5 – Proximity to Schools</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>10. 200m from parks.</td>
<td>See Map 6 – Proximity to Parks</td>
<td>✔</td>
<td>✗</td>
</tr>
<tr>
<td>11. 200m from residential areas.</td>
<td>See Map 7 – Proximity to Residential Areas</td>
<td>✔</td>
<td>✗ (not identified as a provincial option)</td>
</tr>
<tr>
<td>12. Property owner agreeable for CTS use</td>
<td>Note that there are no binding agreements in place between property owners and the City.</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>
Potential Future Operator(s) Process

• Potential future operator(s) may initiate the application process with the province at any time;
• An operator may come forward at any time with a preferred site;
• An operator is required to receive Council’s endorsement of the site to move forward with submitting their application;
• Council has also requested that an operator provide Council with a comprehensive workplan as part of the application process.
Next Steps

• The report before Council requests receipt of the information.

• Additional budget has not been assigned for staff to review additional sites at this time.

• Should an operator come forward staff would take direction from the province on any future engagement.
Contact

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mantond@Cambridge.ca
519-623-1340 ext. 4585

Paul Kan
Manager of Realty Services
kanp@Cambridge.ca
519-623-1340 ext. 4442
Presentation to City Council

Feedback from the Community Consultation about the suitability of the identified candidate sites for Consumption and Treatment Service with wraparound services
Key Consideration for the Consultation

- It is important to inform the public that the community consultation process is about getting input on two specific candidate sites: Site #1 – 15 Easton Street and Site 2 – 8 Oxford Avenue.

- The consultation is not to recommend a specific site but to collect input from participants across the community on their views on the suitability of the two sites identified.

- The community consultation process is designed to enable all audiences to be comfortable to provide input.

- Participating does not mean that an individual agrees or disagrees with the proposal to consider a CTS Site for Cambridge.
Consultation Activities were simultaneously undertaken between May and September, 2021
How the community was notified

News Release, June 29, 2021 - City of Cambridge seeks community input on potential CTS site locations. Resulted in media coverage in the Record, Kitchener Today, Cambridge Times, 570 News, CBC and CTV.

Notification in the Cambridge Times on July 1, 2021.

Direct mail to Near Neighbours (within 250 metres of each candidate site).

Posts on the City’s social media channel between June 29 – July 30 (five posts with a total reach of 25,088 people). Paid social media ad ran between July 28-30.

Updated information on City’s corporate website.

Dedicated webpage created on Engage Cambridge.

City Clerk notified members of Council.

Phone calls and emails to Service Providers and Outreach Workers.
About the Public Feedback Report

Online Community Survey

Input from Kitchen Table guide

Feedback from telephone and virtual interviews with Service Providers

Input from interviews with Potential CTS Clients (through outreach workers)

The detailed public feedback report should be read in its entirety and includes verbatim responses and comments from all consultation activities, a high-level summary of what was heard, and verbatim public comments in Appendices 1 to 4.
Outline of presentation on community consultation feedback

- Input from Community Survey
- Pros and Cons for each site from:
  - General Public and Near Neighbours
  - Service Providers
  - Potential CTS Clients
- Key Themes about Site Selection
Input from Community Survey

Available through Engage Cambridge (July 1 to 30, 2021)

1014 respondents
94% are residents of Cambridge
13% are business owners
.05% are potential CTS Clients
7% are other

Ranking of factors that are important for a CTS site.
Top 3 responses
• Mental health supports (40%)
• Security on site (35%)
• Access to social services, primary care and treatment support by referral (35%)

Input on site suitability based on site selection criteria identified

Responses for Site #1 at 15 Easton Street
• None of the above are suitable (67%),
• Is large enough for wrap around services for treatment and counselling (27%)
• Has public transit nearby (27%)

687 Comments – included in Report Appendix 1

Responses for Site #2 at 8 Oxford Avenue
• None of the above are suitable (71%)
• Is within 10–15-minute walking distance between site and area of need (25%)
• Has public transit nearby (20%)

699 Comments – included in Report Appendix 2
Responses to which of the two sites do you think would be a better candidate for a CTS location

1000 individuals responded to this question

744 Comments – included in Report Appendix 3

<table>
<thead>
<tr>
<th>Which of the two sites do you think would be a better candidate site? Response choices</th>
<th>Percent of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Site #1 – 15 Easton Street</td>
<td>16.3%</td>
</tr>
<tr>
<td>b. Site #2 – 8 Oxford Avenue</td>
<td>13.6%</td>
</tr>
<tr>
<td>c. Neither site is suitable</td>
<td>70.1%</td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
</tr>
</tbody>
</table>
## Feedback of General Public and Near Neighbours

**Site 1 - 15 Easton Street**

**Verbatim comments noted**

<table>
<thead>
<tr>
<th>Pros Reasons given why this site may be suitable</th>
<th>Cons Reasons given why this site is not suitable</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Easily accessible and more central to Preston, Galt and Hespeler.</td>
<td>• Is at the Delta, a high traffic intersection with so many lights and crosswalks. Is seen as a dangerous and unsuitable location as potential clients will leave the CTS site in an altered state at one of the busiest intersections in the region.</td>
</tr>
<tr>
<td>• More removed from downtown Galt.</td>
<td>• Too far away from the highest need area (downtown).</td>
</tr>
<tr>
<td>• On a major bus route for access for more people to use this facility from all over town, not just downtown and Bridges.</td>
<td>• Too far from where services are located.</td>
</tr>
<tr>
<td>• Is convenient to other essential goods and services.</td>
<td>• Too close to homes.</td>
</tr>
<tr>
<td>• Better lit, around more people, more foot traffic, can blend in more (offers more confidentiality for people going there). Is less visible than 8 Oxford Street.</td>
<td>• Within close proximity and short walk to at least three schools and day cares (i.e. Manchester School, Avenue Road School and St. Peter School) as well as Chaplin Park and Soper Park.</td>
</tr>
<tr>
<td>• Larger space: potentially more space for wrap around services.</td>
<td>• Too close to Galt Collegiate School.</td>
</tr>
<tr>
<td></td>
<td>• Kids come from further away to the plaza than the distance listed.</td>
</tr>
<tr>
<td></td>
<td>• Right beside a popular and busy shopping plaza which will be impacted.</td>
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<tr>
<td></td>
<td>• Concerns about property theft and security for homes and businesses.</td>
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<tr>
<td></td>
<td>• Businesses around the Delta area already struggling as is evident with some underutilized buildings there.</td>
</tr>
<tr>
<td></td>
<td>• A site here will exacerbate the problems that are associated at the Delta already including increase in drug activity, harassment of citizens, vandalism, loitering, and threats to personal security. View that having a site here will further contribute to decline in the area.</td>
</tr>
</tbody>
</table>
## Feedback of General Public and Near Neighbours
### Site 2 – 8 Oxford Avenue
### Verbatim comments noted

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Close to Bridges without being located in the core area (many noted that the city omitted the core area from consideration for potential site locations).</td>
<td>• Is in the middle of a residential area</td>
</tr>
<tr>
<td>• May be closer to area of need and other supporting services located in other buildings i.e., food banks.</td>
<td>• Is too close to homes – adjacent to and across the street from homes in houses and apartments. Families with children of all ages and seniors live nearby. Doesn’t meet the province’s 200 metres distance criterion.</td>
</tr>
<tr>
<td>• Not as busy an intersection than Easton Site.</td>
<td>• Where will they go after they use at a CTS site – This site has backyards and laneways around it where children play, and potential clients would go to a site in this location and then leave after a short while high with the likelihood of wandering into these areas adjacent to the property.</td>
</tr>
<tr>
<td>• Ample staff parking.</td>
<td>• Too close to schools and childcare facilities with short walking distances to Pluto Daycare, to the Montessori School of Cambridge to Manchester Public and the Galt Collegiate Institute which lie directly in the walking path between downtown and the site.</td>
</tr>
<tr>
<td></td>
<td>• Families and children walk by this location daily.</td>
</tr>
<tr>
<td></td>
<td>• There are current problems with theft, break ins, disturbances, threats to personal safety, people hanging out in residents’ backyards, in parks, and along the street and the homeless wandering the area at all hours. The location of the CTS site here would exacerbate an already untenable situation.</td>
</tr>
<tr>
<td></td>
<td>• Assumes that clients come from the area near Bridges and doesn’t take into account potential clients throughout the city.</td>
</tr>
<tr>
<td></td>
<td>• Less accessible. Not close enough to public transit.</td>
</tr>
<tr>
<td></td>
<td>• Highly visible site for those going there. Offers no anonymity with so many people walking around that everyone would see who is going there.</td>
</tr>
<tr>
<td></td>
<td>• Close to major roadways which is worrisome for when they leave the site.</td>
</tr>
<tr>
<td></td>
<td>• Further away from area of need than what is shown on the maps. The maps do not factor in the steep incline that spans from Parkhill Ave to Roseview Ave. The walk up the hill is not accessible for those with mobility issues.</td>
</tr>
<tr>
<td></td>
<td>• Less ability due to smaller size of building and property to have all recovery and rehabilitation services in one location.</td>
</tr>
</tbody>
</table>
# Feedback of Service Providers

<table>
<thead>
<tr>
<th>CTS Service Providers</th>
<th>15 Easton Street</th>
<th>8 Oxford Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pros</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasons given why this site may be suitable</td>
<td>• Offers more anonymity to potential clients due to the commercial location and lots of activity around the site.</td>
<td>• May be closer to area of need for people to walk to from the downtown where they frequent.</td>
</tr>
<tr>
<td></td>
<td>• More accessible being at the Delta and better served by public transit.</td>
<td></td>
</tr>
<tr>
<td><strong>Cons</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasons given why this site is not suitable</td>
<td>• Further away from area of need where people are frequenting.</td>
<td>• Site is isolated from other services.</td>
</tr>
<tr>
<td></td>
<td>• Safety concerns given the busy intersections, lots of traffic and how people would be able to cross the roads to get to the site.</td>
<td>• More eyes on Oxford with more homes and apartments nearby. Clients would be more visible, less comfortable and therefore less likely to go there.</td>
</tr>
<tr>
<td></td>
<td>• No plan for how wrap around services could be offered or supported at the site (for either site).</td>
<td>• Closer to existing residential which may create conflicts between neighbours and people who would go to the CTS location.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• It is close to the shelter and clients may come out at the back of the shelter and up the hill which would create concerns for neighbouring properties.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• No plan for how wrap around services could be offered or supported at this site (for either site).</td>
</tr>
</tbody>
</table>
### Feedback of Potential CTS Clients

<table>
<thead>
<tr>
<th>CTS Potential Clients</th>
<th>15 Easton Street</th>
<th>8 Oxford Avenue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pros</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Reasons given to why this site may be suitable | • Lower barrier site than 8 Oxford Avenue. Clients may feel more comfortable going there. Beside a grocery store in a busy plaza which makes the site somewhat anonymous as there are lots of people walking around there.  
• Delta has lots of buses and connections to the rest of the city.  
• Site could have outdoor space should smoking be allowed/included in a CTS in the future. | • Closer to downtown and closer to other services. |
| **Cons**              |                 |                 |
| Reasons given to why this site is not suitable | • Too much traffic at this site and too near the train tracks. The intersection is really busy with big roads which raises concerns about being able to safely cross the roads to get to/from the site.  
• It is not accessible to everyone, as there are potential clients in the downtown with mobility issues who would not be able to get to the site (i.e. too far to walk from encampments). It was noted that Public transit for the unhoused population is not viable. Most walk and many have bikes to get around. | • They see 8 Oxford as a high barrier site as they would not feel comfortable going to this site in the middle of a neighbourhood here because of the visibility.  
• This site is highly visible and a single destination such that everyone would know why they are going to the site.  
• This site is too close to people’s homes.  
• Don’t want to be near where there are playgrounds or near schools.  
• Not as accessible as 15 Easton Street by public transit.  
• Site would not be suitable for having an outdoor space. |
Key Themes about Site Selection

From individuals that think that either of these two sites is suitable

A small number of individuals provided input that they think that either 15 Easton Street or 8 Oxford Avenue would be a suitable site for a CTS.

A few individuals indicated their direct personal or professional role with potential CTS clients.

Reasons cited include:

(Comments are verbatim)

- The need for this service and/or accompanying services for those visiting a site.
- Support a site for a CTS in Cambridge due to significant need for harm reduction and addictions/mental health treatment services.
- Too much time of inaction on this front has passed already.
- Importance of trying to help those in need and to reduce drug overdoses in the community.
Key Themes about Site Selection

From individuals that do not support a CTS site at either of these two sites

It was observed that a significant number of individuals who provided comments in the survey and who participated in the kitchen table guide live or work in proximity to one or both sites and are very concerned about the impact of a potential location of a CTS site.

Reasons cited include: (comments are verbatim)

- Concerns about declining personal safety with close proximity of the sites to homes, schools, daycares, and businesses.
- Concerns about significant impacts to the safe enjoyment of their homes, streets and neighbourhoods.
- Lack of acknowledgement that these sites are located where there is a high level of walking activity by families and children (particularly for 8 Oxford Avenue) and for families and teenagers (particularly for 15 Easton Street).
- Concern over heightened crime and drug related break-ins and theft.
- Untenable situation of having individuals who go to a CTS site in one of these locations, getting high and then leaving in this state to wander the nearby streets where there are many families, children and seniors.
- Concerns about neighbourhood impacts that are being experienced in areas near the downtown which are already being impacted by drug activity, homelessness and other issues. Anger that these issues are occurring without any apparent solutions being addressed by the municipality and that a CTS location would even be considered for either area given the concerns that exist already.
- View that Cambridge needs to address the root cause(s) of such addiction issues and deal with the homeless situation and lack of detox and rehabilitation and there is too much emphasis here on looking for a CTS site instead of working to assist in really affecting change which is better for drug addicts and our community.
Key Themes about Site Selection

From those individuals that think that another site should be considered

Many others commented that they disapprove of the two sites mentioned and that another site would be better away from these two neighbourhoods closer to people in need and where other services are already located.

Other site locations mentioned in order or how frequently these were noted include: 150 Main Street, the Cambridge Memorial Hospital, at the Bridges Shelter, City Hall, Hespeler Road and other locations.

Reasons cited include:

(comments are verbatim)

- Why aren’t there sites that are closer to downtown where wrap around services already exist.
- Identifying sites without a fulsome plan of what services are going to be offered is backwards. People with substance use problems need to have easy access to a full complement of services, on site.
- For 150 Main Street, some respondents commented that they are either wondering what happened to this option or believing that city council was against the location.
- Some specifically noted issues of concern with the Bridges Shelter and that both of the candidate sites seem focused on being near this location. Others question what will happen to a CTS site if one were set up at either location and then Bridges moves away from its current location.
Key Themes about Site Selection

From those individuals that think that no site should be considered

It was observed that many individuals think that no site should be located anywhere in Cambridge

Reasons cited include:

(comments are verbatim)

- CTS sites don’t combat the drug problem and can normalize illegal substance use.
- CTS sites could worsen the drug problem and don’t offer real help to addicts.
- View that too much focus is being placed on what is perceived as this one type of harm reduction strategy (creating a CTS location) without government attention be given to addressing housing needs, mental health, and other strategies that could make a difference in the growing drug crisis.
- View that more resources should be allocated to treatment methods including rehabilitation, detox, social supports and, affordable housing which should be prioritized over establishing a CTS site.
- Concern over safety within Cambridge now, without a CTS site. Most of these sentiments are coupled with concern over Cambridge becoming less safe with a CTS site present.
- Concerns about activity at the Bridges location.
- Concerns about safety downtown.
In summary

Extensive feedback has been garnered about the suitability of the two candidate sites.

All audiences participated and provided input.

Perceived benefits (pros) and concerns or risks (cons) about the proposed locations are documented in the Public Feedback Report.

Key themes and observations noted include perspectives from:

• Individuals who think that either of these two sites is suitable
• Individuals that do not support a CTS on either of these two sites
• Individuals that think another site should be considered
• Individuals that think that no site should be considered

Anonymity of input was essential in collecting input and responses.
The One Percent Solution
Proper information is lacking

Why I oppose a Safe Consumption Site

Morality and ethics must be part of this debate
Insite Downtown Vancouver

- User Statistics from January 1- December 31, 2018
- 189,837 visits
- An average of 337 injection room visits a day
- 1,466 overdose interventions
- 0 deaths
- 443 clients or .23 percent accessed Onsite, the adjoining detox treatment facility staying for an average of 11 days (The average over the years is between 1.35% and 3%)
- It is estimated that the Insite facility only covers 5%
Kitchener 150 Duke Street

- User statistics from October 2020 - September 2021
- 5,797 visits
- There were an average of 16 visits a day
- Injection visits not recorded
- 188 overdose interventions
- 0 deaths
- 138 referrals to addiction detox with no recorded follow up
- Mental Health 2060 referrals with no recorded follow up
- 640 referrals to Social Services with no recorded follow up
• Research on lives saved per year at Insite
• Insite averages 175,000 visits a year
• According to Health Canada (2008), it’s parliamentary Expert Advisory Committee on Supervised Injection Sites
• In a separate assessment, researchers Boyd and Andersen (2009) concluded
• Milloy and Associates 2011 concluded in their study published in the British Journal, The Lancet
• In 2016, Dr. Colin Mangham a Vancouver researcher in drug prevention for 37 years concluded
Waterloo Region
Supervised Injection Services
FEASIBILITY STUDY
FEBRUARY 2018
• An estimated 4000 people in Waterloo Region inject drugs (pg.7)
• It is important to note that this is an underestimation (pg.22)
• About half (47.8%) or approximately 2000 who inject drugs inject daily (pg.7)
• the Kitchener Consumption Site.....
• Supervised setting vs unsupervised setting......
• This Regional Harm Reduction strategy is focused on ...
• Last year there were no deaths at the Kitchener Consumption Site.....
• 102 deaths were recorded
A Safe Injection Site is ....
CONCLUSIONS

• We’re in a crisis!
• Canada’s Drug Strategy
• The focus of the Region’s Safe Consumption Site Strategy...
• The consideration of placing a Safe Consumption Site on either Oxford Avenue or Easton Street ...
• The public needs to have a comprehensive review...
• The best option where to place funds and the public survey
• Municipal councils do not have the ....
• MP’s, MPP’s, Regional councillors
A final word...
Safe Drugs?

Don Durban, a social worker, described the opioid vending machine as a 'godsend'. Photo
Mayor and Members of Council

Please consider this email as an objection to opening a CTS within Cambridge.

I did not complete the recent online survey as I feel it was not created to receive a clear yes or no response from the participants.

I am curious to know how many times Council is requesting input on this topic to understand that the majority of the responses, however received, has been a resounding no to CTS. However, there have been numerous comments of yes to providing mental health programs which would benefit this demographic. There is no question that people with addictions need help.

It is, in my opinion, an irresponsible decision to open a CTS in a residential area. I believe that all the Municipalities, Regional Government and Health Units should come together and make sound recommendations on providing facilities or programs that would address the problems associated with addictions.

It’s amazing to me that election promises/statements fall by the wayside once someone has been elected. What happened to this statement?
Please forward this email with other received responses to the City Clerk in order for it to be included in any report being presented to Council.
Thank you, Pat Stager
Good afternoon,

I do not support any location for CTS locations in Cambridge. I request that Council NOT endorse any location within Cambridge for the purpose of a CTS if a service provider proceeds with the application process.

Please include this email on the agenda for Council Tuesday October 12/21, item 7.1.1 report 21-293.

Thank you,
Pat Stager
Dear Council,

I am definitely not in support of a drug consumption site anywhere in Cambridge.

The city is in such bad shape with crime and drug addicts, there is no need to increase this as residents already fear for their safety and hard earned possessions. I do not support any CTS site in any area of Cambridge.

Please ensure this email will be included on the agenda for the council meeting scheduled on Tuesday October 12, 2021.

Item 7.1.1 re: 21-293

Your attention to this issue would be much appreciated.

Best regards,

Janelle McGlashan
I am not in support of a drug consumption site in Cambridge. I am in support of mental health help as well as funding for detox and rehab. I do not endorse any location and I request council to NOT endorse a location anywhere in Cambridge, for the purpose of a CTS, should a service provider proceed with the application process.

There is no need to focus on or debate any specific location as this will only justify them continuing to select alternative locations. A bad plan is a bad plan no matter where it's located.

Please include my letter on the agenda for the council meeting scheduled on Tues. Oct. 12, 2021 Item 7.1.1 re: 21-293

Janice Keough
(Please include my letter on the agenda for the Council meeting scheduled Tuesday October 12, 2021. Item 7.1.1 re: 21-293)

Dear Council,

I am writing in regards to the recommendation that Council receive report 21-293 (CRS) Cambridge Consumption and Treatment Services Site Identification Community Consultation Summary report.

I ask that council remember that there has repeatedly been overwhelming opposition to a CTS site anywhere in Cambridge.

I, as well as many others, have done extensive research and connected with people across the country where similar issues exist. It is clearly evident that these harm reduction policies are failing those struggling with addiction as well as the surrounding communities as a whole. At this time, the definition of “need” in our community supports a designated centre that supports on demand mental health treatment, rehabilitation and preventative education within our schools and community.

I urgently request that Council respect our community and all residents and to NOT endorse any location within Cambridge for the purpose of a CTS, should a service provider proceed with the application process.

Kind regards,

Julie Currie
Mayor McGarry and City Council Members,

I am writing to you again this year to urge you to continue listening to the vast majority of Cambridge residents who do not support a Consumption Treatment Site in Cambridge.

Cambridge is my home. I also own a rental property on Roseview Ave. occupied by two young families. As owners, we have had to endure and pay for years of theft, trespassing, violence and vandalism. Our tenants no longer feel safe living and raising a family there. Adding a site will exacerbate all of these issues to a point where we too will no longer want to live, work and invest in Cambridge.

It is naive to accept that because the people invested in getting paid by a STS/CTS site have declared Kitchener successful that a similar set up will work in Cambridge. Kitchener has extensive established support services that have been in place for almost 40 years as well as a geography and a population large enough to absorb some of the negative impacts. Cambridge will offer nothing but a ‘safe’ space to continue to destroy oneself at the expense of our local businesses, schools and neighbourhoods. People are badly mislead in thinking that a CTS site without and extensive community of services will make any kind of meaningful impact. It is the bare minimum, and it is appalling and irresponsible.

A CTS site sends the message that persons suffering with addiction are not worth saving. They are supported in their addiction and a supervised death. CTS sites do not work. Cambridge cannot support supervised suffering.

Please lead the way in offering more support, rehabilitation and housing. Do not condone the destruction of lives and communities.

Thank you for your time and consideration,

Sarah Bourbonniere
I would like my email to be included on the agenda for the council meeting Tuesday, October 12, 2021
item 7.1.1. re 21-293

Cambridge Council and other officials,

The citizens of the city of Cambridge have repeatedly stood in front of council, and protested outside city hall for years now about rejecting any proposal for a CTS site to be placed here. The needs of the hardworking taxpayers get brushed aside in favor of the criminals and addicts that are over running our town. This will only get worse if a CTS gets implemented. Just look at any city that has one. Nothing improves. Things only get worse. Please do not destroy our beautiful city to the point of no return by bringing a CTS. It doesn't belong near people's homes, schools, businesses etc. There is literally no safe place for it as the surrounding area especially becomes overwhelmed with criminal activity. Please vote no for CTS and let's try to return Cambridge to the safe, clean, beautiful city it once was not so long ago.

Lynn O'Hare
Agenda item 7.1.1 re: 21-293

(Please include my letter on the agenda for the Council meeting scheduled Tuesday October 12, 2021. Item 7.1.1 re: 21-293)

Dear Council,

I am writing in regards to the recommendation that Council receive report 21-293 (CRS) Cambridge Consumption and Treatment Services Site Identification Community Consultation Summary report.

I ask that council remember that there has repeatedly been overwhelming opposition to a CTS site anywhere in Cambridge.

I, as well as many others, have done extensive research and connected with people across the country where similar issues exist. It is clearly evident that these harm reduction policies are failing those struggling with addiction as well as the community.
Mayor when you were running for Mayor your platform you said I quote “no CTS site and if one were proposed you would make sure it would be out near or at the hospital!! “ your words. Did you forget? Or did you say that just to get voted in?

The citizens have signed petitions and did the surveys and a resounding NO CTS SITE ANYWHERE …

You have broke your promise to us citizens and have pushed many things through even though the very people who voted for you were against!

We need DETOX REHAB AND MENTAL HEALTH CENTRES FIRST! ACTUAL TREATMENT!

I know once more my wishes will be ignored as you have your own agenda as always…

Robin Thomas
(Please include my letter on the agenda for the Council meeting scheduled for Tuesday, October 12th, 2021. Item 7.1.1 re 21-293)

Dear Council,

I am writing in regards to 21-293 (CRS) Cambridge Consumption and Treatment Services Site Identification Community Consultation Summary report and to share my opposition to a CTS site anywhere in Cambridge.

I have been a resident of Cambridge now for 12 years (in November) and have been running a local window cleaning company serving the region for the last 4 years. We originally moved to Cambridge because we felt it was a quiet, peaceful, and great community, one where my wife and I felt would be an ideal place to raise our son. Our feelings over the last few years have quickly begun to change as more and more issues appear in our daily lives with connection to the rampant drug use and addiction that has been increasing quickly in our beautiful city. We have come across needles in parks, run into homeless camps while on trails, encounter more and more people downtown that are walking around like zombies, and have had our vehicles broken into on multiple occasions. Our neighbourhood is now one that is full of cameras on virtually every home. This is not the neighbourhood, the community, the city we chose to move to.

I, along with an overwhelming number of other residents of Cambridge, am strongly against a CTS site anywhere in Cambridge. There has been extensive research done where the evidence clearly points to the failure of these sites to help those struggling with addiction. Instead, our community needs more centres that support the rehabilitation of those addicted and provide preventative education to our schools and community.

I strongly request that the Council steps up and respects the opinion of our community, and says NO to any CTS sites in Cambridge. I would like to continue to be a contributing resident of Cambridge for years to come, but failure to say no to CTS in Cambridge will certainly force me and many others to abandon this city we love.

Sincerely,

Jeff Besharah
**Please ensure my email is included on the agenda for the council meeting scheduled on Tuesday October 12, 2021. Item 7.1.1 re: 21-293**

Dear Council,

Once again, I find myself emailing you to voice what appears to be a majority opinion (based on the recent survey results), that the residents of Cambridge do not want to see a CTS site in their city. Not in any location.

Instead, we are asking Council to consider mental health and rehabilitation facilities to help those with addictions. Progressive "harm reduction" policies have ruined neighbourhoods in Canada and the US. We see the disastrous results in Vancouver’s east side, San Francisco, Portland, etc. It’s obvious after years of experimenting that these approaches are not working and we need to get back to helping those with mental health and addiction problems get the help they need to get back on their feet - not prolong their suffering. There’s no point in referring an addict to rehabilitation if there are no openings for months.

Our neighbourhoods have been terrorized by crime and disturbed individuals. Adding a CTS site to any neighbourhood will further exacerbate the current situation (have you walked down Main Street or by Bridges lately?) by inviting individuals to an area to buy and use drugs and then be left to wander the surrounding neighbourhoods further addicted.

Again, PLEASE use the funding, resources, and energy you are currently expending on a solution that most residents disagree with, and redirect it towards a solution that will garner greater support and be more effective in the longer term.

No location in Cambridge (or Ontario) is suitable for a CTS site.

Sincerely,

Nuno Silva
I am writing to make it know that I am so against a safe injection site. Cambridge is a small city with many hard working families, where the majority do not want this type of facility in our neighborhood. A safe injection site would attract drug addicts and dealers from other cities as well as our own. The many school students in the neighbourhood would be affected and possible be influenced by this. As a senior with my husband who have worked hard and paid our taxes, we object to this in our neighborhood. I do not feel sorry for drug addicts, this constant catering to their selfish needs is distressing and does not send a good message to young people. I do believe they deserve rehabilitation, which is their choice, but enabling by making a place for them to do drugs is ridiculous. I pay taxes and cannot enjoy a walk around the riverfront because of drug addicts & needles. Stop trying to push something in our city we do not want, if not for me, for the young families with children who are greatly affected by this.

Claire & Mark Jennings
Via email

July 21, 2021

Mayor Kathryn McGarry and Members of City of Cambridge Council

C/o City Clerk
City of Cambridge
50 Dickson Street, 1st Floor
Cambridge, Ontario
N1R 8S1

Your Worship and Members of Council:

Re: Support for Consumption Treatment Services (“CTS”) Site in Cambridge

I am writing on behalf of the Board of Directors for Waterloo Region Community Legal Services (“WRCLS”). We are a community legal aid clinic providing services to the low-income population of Waterloo Region. WRCLS has an office at Langs Health Centre and provides legal services to the Cambridge community. Our focus is on the following areas of law:

-housing, income supports, employment, immigration, Indigenous Justice and consumer debt.

We understand that the City of Cambridge is currently engaged in a Community Consultation Process in order to determine the appropriate location of the CTS site. WRCLS recognizes the importance of safe consumption sites in urban core areas as an important life-saving tool in the opioid crisis. We understand that there is significant public opposition to having a CTS in the urban core areas of Cambridge, specifically downtown. However, we are writing to urge Cambridge Council to make an appropriate decision based on the needs of the vulnerable members of the community. People in our community are dying unnecessarily from opioid overdoses. These deaths are preventable. The CTS in Kitchener, which is located in the urban core, has reversed hundreds of overdoses during the short time it has been in operation.1 The City of Cambridge has a higher rate of opioid overdose service calls to EMS per 100,000 population compared to Kitchener and Waterloo.2

Clients can access treatment information and obtain referrals to other social service agencies when accessing the services at the CTS. In addition, clients have access to sterile syringes to ensure that they are not exposed to HIV or hepatitis infections. Accessing these safe consumption sites is a basic human right to health and security of the person. Locating the CTS site in a place where there are few barriers to access is key to ensuring the success of the services.

The benefits of safe consumption sites are well documented:

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“SDCFs (Supervised Drug Consumption Facilities) bring people who use drugs into contact with health care services, such as counselling, drug treatment and physical and mental health practitioners services.
- SDCFs provide education concerning HIV/AIDS and drug dependency.
- SDCFs stabilize and promote the health of clients.
- SDCFs reduce public drug use and associated disturbances.
- SDCFs help prevent crime in the neighbourhoods around the facilities.
- SDCFs reduce costs to the health and law enforcement systems.
- SDCFs promote community integration and improved quality of life of people who use drugs.”

WRCLS understands that there will be pressure on Council to locate the CTS in an area that is removed from the core of the community, due to concerns that having a site in the urban core will have an adverse effect on businesses and neighbouring properties. However, that is precisely where the CTS needs to be to serve its intended function. The role of the CTS is to help some of the most marginalized and vulnerable members of our community with as few barriers to access as possible. Placing the CTS in a remote or inconvenient location will hinder the goals of the site.

We appreciate your careful consideration of this difficult but very important determination.

Yours very truly,
WATERLOO REGION COMMUNITY LEGAL SERVICES

Shannon Down, Executive Director on behalf of
Robert Smith, Chair, Board of Directors

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October 7, 2021

Attention: Cambridge City Council

The Cambridge North Dumfries OHT is writing to you in support of a Consumption and Treatment Service (CTS) in Cambridge.

The Cambridge North Dumfries OHT has a task and a responsibility to advocate for and help meet the needs of the health of our local population. The opioid crisis has had a devastating impact in Cambridge, and this impact has only been magnified as a result of the pandemic. It is our shared responsibility as a community to ensure health equity and timely access to service for individuals who experience the health issue of addiction. Consumption and Treatment Services are one evidence-based approach to support the health needs of those who use substances in our communities and are an important part of the treatment continuum. Research suggests that a CTS program would make a significant impact in supporting those that use substances to do so more safely, therefore reducing EMS responses, emergency room visits, long-term health interventions and deaths in the community.

We are confident that the strong working relationships existing between local service partners will ensure a CTS will make a significant and immediate positive impact for our community. We fully endorse the development of a CTS program in Cambridge.

Sincerely,

The CND OHT Steering Committee

David Bakker, St. Luke’s Place
Dr. Sharon Bal, Delta Coronation Family Health Organization
Paula Carere, Waterloo Region Nurse Practitioner-Led Clinic
Chris Cassolato, Two River Family Health Team
Helen Fishburn, Canadian Mental Health Association
Patrick Gaskin, Cambridge Memorial Hospital
Tara Groves-Taylor, House of Friendship
Toby Harris, Traverse Independence
Kristin Kerr, Stonehenge Therapeutic Community
Dr. Mekalai Kumanan, Chief of Family Medicine
Judy Narin, Hospice Waterloo Region
Will Pace, Community Support Connections
Jeff Poll, Grandview Family Medical Centre
Elaine Shantz, Fairview Mennonite Homes
Danika Voison, eHealth Centre of Excellence
Lisa Voll-Leggo, Thresholds Homes and Supports
Kerry-Lynn Wilkie, Langs
October 8, 2021

RE: OPPOSITION NOTICE TO THE PROPOSED RESIDENTIAL CTS SITE

To Whom It May Concern,

This letter is in representation of the Board of Directors of the Montessori School of Cambridge, as well as our entire Montessori community.

We understand there has been an increase in both opioid usage and deaths within our City. The facts surrounding usage and deaths are disheartening and we want to offer our thank you to all those who continue to advocate and care for those in these troubling situations.

Our school houses 85 children ages 18 months to 6 years and we employ 17 staff. The school is located on Roseview Avenue in a beautiful yellow brick building. It is our purpose as Montessori Educators not only to support and foster healthy relationships and community, but to in fact delve deeper and play an important role in raising children who are confident, self-assured and have strong leadership skills. We work with children to ensure they have compassion for others with a focus on community awareness and helping others.

With the above being said, the Montessori School of Cambridge has been the epitome of diversity, culture, education, community and family for very nearly 50 years in Cambridge/Galt; generations of families have attended and supported our school. Furthermore, we have created a safe place for families within our community.

Being a member of the Cambridge/Galt community since 1972, we feel this contribution and dedication must continue now and well into the future. We must stand with our many families who live within close proximity and are safely able to walk from their houses to school without being at risk of crime related events. In addition, it is our duty as educators to provide a safe place for families and children to attend school.

While we understand that the approved distance from a “Consumption and Treatment Services” site (CTS) to schools or daycares is at least 200m, our school is 280m away; not far outside of this approved acceptable distance. It is also located within a residential neighbourhood and is surrounded by family homes; which is not part of the criteria for a CTS site location. In addition, the proposed travel route from the Bridges and Downtown Core up Cambridge St. is a short 66m to our school if they choose to take this route. They could in fact go up Park Hill, which would then lead them to go right past our school on their way to the CTS site. Both of these scenarios are unacceptable in keeping our children and families safe.
Further, Laneway 173 is directly behind our school and is adjacent to our playground. This creates another clear pathway between the school and the CTS site as well as providing a sheltered area for those using and discarding needles. We have grave concern that by having a CTS site so close to the school and within a residential area, this will promote more crime related activity.

Quite pointedly, by having a CTS so close to our school, it will put our business at risk of closure due to parents not wanting to send their young children to a school that is in such close proximity.

We empathize with the complexity of the ongoing opioid crisis and hope that alternative options are provided to help those in need.

In conclusion, the proposed CTS location is unacceptable and we oppose such a site being in any residential community.

Sincerely,

Principal
All,
Please respect the wishes of the majority of the citizens of Cambridge who do NOT want a CTS site here. We have enough problems here that are not being taken care of without adding this here as well.

Myself and my family are totally opposed to this and it would be a great disservice to go against the majority of our residents that are opposed to this.

John Maroney
Please include my letter on the agenda for the Council Meeting scheduled on Tuesday October 12 2021. Item 7.1.1 re: 21-293.

There has been great opposition from the citizens of Cambridge concerning the topic of establishing a CTS Site in Cambridge. I am one of those people who is opposed to this idea.

Drugs are still harmful to people if they do them in a safe consumption site. The purpose should be to save people's lives and not to enable their addiction. It doesn't matter where you do the drugs you are still destroying your body and slowly killing yourself. Enabling the addiction, and not being part of the solution, is not the answer. Rehabilitation is the only answer.

I am opposed to having a CTS Site established in the City of Cambridge and I am asking council to hear the opposition from the residents of Cambridge and vote to NOT endorse any location in Cambridge for a CTS Site.

Thank You

Ray-Ang
**please include my email on the agenda for the council meeting scheduled on Tuesday October 12, 2021.

Item 7.1.1 re: 21-293

I am categorically and absolutely against a CTS site in the city of Cambridge. Please don't do this to our fine city. I do not believe this will help our current situation at all, but rather will enable drug addicts to continue on down their self-destructive road. Spend the money on rehab centres or affordable housing.

Regards, Kate Fraser
I am writing to you as my elected officials regarding the decision to put a CTS in the Cambridge area. I believe that a CTS is a form of enabling at it’s best and the results of this enabling is not compassionate care, rather cruelty and inhumane. In addition, I do not believe that placing a CTS in the City Of Cambridge is in the best interest of the tax paying citizens of Cambridge. In the past three years crime has skyrocketed in Cambridge and it is no longer safe to walk the trails, go to the park or for a walk to the store, we cannot go to our banks or grocery stores without being approached by drug addicts that suffer no consequences for their actions. Just a month ago I had one of these people climb over my 6 foot fenced backyard at 12:05 am. This has made me feel very unsafe in my own home and I have had trouble sleeping at night. Bit by bit these addicts are destroying and burning Cambridge to the ground and still no consequences. These conditions are not here because we do not have a CTS, they are here because Cambridge has enabled drug use and the addicts are not held accountable for their actions. I have lived in Cambridge for 57 years and for the past three years I have seen the results of our elected officials enabling drug use at the expense of the law-abiding, tax paying citizens and it needs to stop. I am asking that you do NOT endorse a location anywhere in Cambridge, for the purpose of a CTS, should a service provider proceed with the application process and put the funding towards addiction treatment, not referrals. I would appreciate your support at the upcoming council meeting on Tuesday October 12, 2021. *Please include my email to the agenda on Tuesday October 12, 2021.*

Thank you,
Pauline Britenden
Not in favour of a cts anywhere in Cambridge

Sue Woznuk
I am opposed to a CTS ANYWHERE in Cambridge.

After living in Cambridge for 64 years, I am disgusted as to what our city has become. I do not feel safe going to the downtown Cambridge area as there are many individuals (from Bridges?) that are on drugs and breaking in everywhere, smashing windows, settings up tents, leaving needles everywhere. They have expanded into residential neighbourhoods as well, stealing bikes and anything they can.

I have almost hit an individual running on the road in a drug state. I truly want help for EVERYONE of these individuals but do not feel giving them more drugs is the answer. It is also not fair to the the taxpaying homeowners in any area of the city.

I would pay tax dollars (which are huge now) to a remedy to at least get them off the streets and into a REHAB facility. The downtown area could be so nice, but would not be safe and beautiful with the Bridges where it is. It was built to help the homeless which I always support but the traffic of out of towners coming here is unreal.

I see some mayors on the news discussing the problems but for some reason there is silence in our city.

Please include my letter on the agenda for the council meeting scheduled for Tuesday, Oct. 12, 2021

Item 7.1.1 re: 21-293

Kind Regards,

Pat Grant
I wish to register my objection to any proposed CTS Sites in our city of Cambridge.

As a lifelong resident of Cambridge I have witnessed things going from bad to worse.

Our core and neighborhoods are being over run with drug addicted, homeless vagrants who seem to have many more rights than our citizens.

These sites are no answer for these people. They need treatment centers not enablement.

I request this communication be entered on the agenda for October 12th.
Item 7.1.1 re 21-293
Regards
Rosemary Cook
October 7, 2021

Attention: Mayor Kathryn McGarry and Cambridge City Council

**Re: The Vital Importance of Consumption and Treatment Services in Cambridge**

Regional HIV/AIDS Connection (RHAC) is submitting this letter (and evaluation information) to the Mayor and Cambridge City Council to help support evidence informed decision making related to the proposed Consumption and Treatment Service (CTS) for Cambridge. As Ontario continues mired in a pervasive opioid and overdose death crisis, global pandemic, and homelessness crisis the demonstrated effectiveness of CTS is undisputable. **To date in London Ontario the service has prevented close to 440 overdose deaths**, made hundreds and hundreds of referrals to supports for addiction treatment, primary care, mental health, housing, indigenous services etc. The program has become an integrated part of the care continuum and has filled a vital service gap for marginalized individuals who may not trust or access the care system.

**CTS History in London ON**

In February 2018 Regional HIV/AIDS Connection (RHAC) and Middlesex London Health Unit (MLHU) commenced operating the Ontario’s first government funded Temporary Overdose Prevention Site (TOPS). While the primary partnership was between MLHU and RHAC, London’s Opioid Crisis Working Group supported this effort including London Police Services, Emergency Medical Services. Numerous organizations provided wrap around support to ensure marginalized citizens not only had access to safe injection services but also receive additional support and referrals, linkages to primary care, access to mental health supports and many other services. These wrap around organizations include Addiction Services of Thames Valley, Canadian Mental Health Association, London Cares Homeless Response Service, London Intercommunity Health Center, Southwestern Ontario Aboriginal Health Access Centre, London Intercommunity Health Centre and more.

MLHU conducted a 6-month evaluation of the program which demonstrated that TOPS had a profoundly positive impact in our community. The highlight report (Saving Lives Changing Lives) is included with this correspondence. Further, the program was honoured with the 2018 Pillar Award for Community Collaboration as well as being selected as the recipient for the Ontario Public Health Association’s 2018 Community Partner Award.
The establishment of this program was preceded by a research initiative and followed up with extensive community consultant prior to launching the permanent CTS in our community. In February 2016, the Ontario HIV Treatment Network and RHAC began assessing the feasibility of supervised injection services (SIS) in London. The study was funded by Canadian Institute for Health Research Centre for REACH in HIV/ AIDS. Many area community partners joined the feasibility study advisory group including individuals with lived experience, local physicians, a member of City Council, London InterCommunity Health Centre, London Police Service, Middlesex-London Health Unit, and My Sisters’ Place. The feasibility study surveyed 199 people who injected drugs in the past six months. Survey participants were asked about their drug use and injecting behaviours, willingness to use supervised injection services, and preferences for the location of a potential supervised injection site. Findings suggested strong support for SIS in London.

The results of the feasibility study were released to the community in 2017 and set the stage for the next phase of planning to bring CTS to London. MLHU took the lead on initiating a comprehensive Supervised Consumption Facilities (SCF) community consultation process conducted by the Centre for Organizational Effectiveness. The consultation reached out to 9 quadrants across the City of London to be inclusive of anyone who wanted their voice heard during this process. This effort reached 2,145 online survey responses, 334 community consultation participants and 56 focus group participants. The report was released in January 2018 and has informed the longer-term planning process.

RHAC is currently operating a Consumption Treatment Service in London under the program name of Carepoint. As of April 1, 2019, the program received annualized funding and is delivered in collaboration with the local Community Health Centre (London Intercommunity Health Centre) with MLHU acknowledged as a founding partner. The program is currently operating at its temporary location 12 hours per day, 365 days a year including statutory holidays.

RHAC secured an intended permanent long-term location at 446 York Street in London. In December 2018 London City Council approved re-zoning to allow for the CTS to operate permanently at 446 York Street. Council approval was met with a zoning appeal to the Local Planning Appeal Tribunal (LPAT) by area neighbours. In December 2020 the LPAT upheld council’s decision to re-zone 446 York Street. Initially the Ministry indicated that they would not support the location however they re-considered this decision following a visit to London from the Minister of Health with Ministry representatives and the results of the zoning appeal. The Mayor of London (Ed Holder) was a strong ally and worked with the Ministry to move the positive decision forward. RHAC is currently working with the Ministry through the capital application process to retro fit the site. We anticipate we will be operating out of the new location by mid-2022.

**CTS Opposition**
It is our experience that the need for this vital service has been broadly supported in London and at the same time there has been opposition from some citizens. The deepest opposition has been associated with the location of the service. In London the intended permanent site has received letters of support from a diverse range of voices including members of the business community, both the Public and Catholic school boards and an area day care center among others. The neighbours in the immediate area who launched the zoning appeal continue to be concerned with our pending relocation to 446 York Street. We remain committed to working well with the community and currently we continue to respond in writing to questions / concerns from one area business owner who has indicated they are representing a larger group of neighbours.

Addressing reasonable concerns with neighbours is vital to the process and site operators must be committed to executing a responsive process. Concern themes include loitering and drug related littering, trafficking and increased crime in proximity of site. It is important for the site provider to provide security services in the area to address individuals who may linger in proximity of the site. Further the operator should conduct sweeps to ensure discarded drug use equipment is disposed of in a safe manner. Working collaboratively with police is another important element of the service and RHAC continues to benefit from a supportive police chief and many officers in the field. Beyond the context of any issues that may present in the proximity of the Carepoint program, London, like most communities is experiencing pervasive homelessness caused by poverty and a lack of affordable housing. Issues that may present in the proximity of a CTS are often present across the core of the city of London and even outside the core. These issues were occurring in our community long before the establishment of the site and not necessarily because of the implementation of the site. The service has helped to respond to these issues by providing bringing individuals off the street. Through this service we are providing first time supports and service connections for many of our city’s most marginalized individuals.

There are several factors that illustrate the vital need for CTS in communities:

- In 2020 there were 2,426 opioid-related deaths reported, which is a 60 percent increase over the same time in 2019 (1,516 deaths). The trajectory for 2021 suggests we will reach another 60% increase - essentially double the increase of deaths in the past 2 years.
- Fentanyl, a high-strength opioid, continues to drive this increase as it is reported to be accountable for 87 percent of deaths. People who use unregulated street drugs may not realize they are consuming fentanyl.
- The deadly health impacts of opioid use and increasingly toxic drug supply require increased access to harm reduction services, including safer opioid supply initiatives, to provide services and support for people who use drugs in Ontario.
- The Canadian Centre on Substance Use and Addiction reported that people who use substances report a loss of social connection and supports, as well as an increase in isolation, fear, and anxiety because of the COVID-19 pandemic. Compared to the general population, they are more vulnerable to the health impacts of COVID-19 and the hardships of physical distancing.
• CTS are 100% effective in preventing on site overdose death
• CTS provide a vital link / referral mechanism to the care continuum for marginalized individuals
• CTS reduce the incidents of public injection and discarded equipment
• CTS reduce the risk of HIV/HCV transmission and other blood borne illnesses

In closing, I hope you find this information helpful as you move forward to support the implementation of a CTS in Cambridge. This is a lifesaving service, and it is my perspective that the expansion of CTS and other harm reduction measures are a moral imperative given the current social conditions impacting our communities most marginalized individuals.

Please do not hesitate to be in touch should you have any questions.

Respectfully,

Brian Lester
Executive Director
Middlesex-London, Ontario, along with many other Canadian communities is experiencing an opioid crisis that has taken the lives of many people in our community. At the same time, there are increased rates of HIV infection and infectious endocarditis in people who use injection drugs (PWUD). Together, this overlapping drug and infectious disease crisis has drawn attention to a complex public health issue requiring the attention of local public health authorities and community partners.

In December 2017, to assist communities with this public health need, the Ministry of Health and Long-Term Care (MOHLTC) introduced a strategy: the establishment of Overdose Prevention Sites (OPS). Communities in need could apply to the MOHLTC to obtain approval and funding to establish an OPS. These sites are a low barrier, time-limited service for people to consume drugs in a supervised environment and facilitate connections to other health and social services. With the support of community partners, the Middlesex-London Health Unit and Regional HIV/AIDS Connection (RHAC) opened Ontario’s first legally sanctioned Temporary Overdose Prevention Site (TOPS) at 186 King Street on February 12, 2018.

In the summer of 2018, a process and outcome evaluation was conducted to capture lessons learned in the first six months of operation, and to document the site’s progress in meeting its intended outcomes.
EVALUATION METHODS:

The purpose of the TOPS Evaluation was:
1. To conduct process and outcome evaluations of the impact and effectiveness of TOPS in Middlesex-London, Ontario.
2. To help inform the development and implementation of a Supervised Consumption Facility in Middlesex-London, Ontario.

The evaluation aimed to answer the following five evaluation questions:
1. Who is using TOPS services and what substances are they using? (Process)
2. Are the services being provided as intended at TOPS? (Process)
3. Are the services adapting to client and community needs? (Process)
4. Are the intended benefits of TOPS being recognized? (Outcome)
5. How is TOPS impacting the lives of people who use drugs in Middlesex-London? (Outcome)

The evaluation used a concurrent mixed-methods design collecting qualitative and quantitative data to answer the evaluation questions. Primary data was collected using the following surveys and interviews:
- Customer Satisfaction Survey for Clients (n=105)
- Key Informant Interviews with clients (n=26), TOPS Staff/Leads (n=17) and stakeholders providing services in the aftercare room at TOPS (n=9)
- Survey of Community Residents and Business Owners within 120 metres of TOPS (n=15)

(NOTE: Due to the low response rate [2.6% response rate (15/570)], the quantitative findings could not be analyzed. Only qualitative comments from the respondents (n=12) have been included)

Secondary data from the Ministry of Health and Long-Term Care (MOHLTC) Overdose Prevention Site (OPS) Monthly Reporting Form was also used to understand usage statistics.
RESULTS:

PART 1: Usage Statistics for the Temporary Overdose Prevention Site

Visits

- **7152** Total number of visits between February 12 and August 31 2018
  (Data Source: MOHLTC OPS Monthly Reporting Form)

- **70%** of total visits (n=5018) occurred during the afternoon hours
  (Data source: MOHLTC OPS Monthly Reporting Form)

- **30%** of total visits (n=2134) occurred during the morning hours
  (Data source: MOHLTC OPS Monthly Reporting Form)

- **74%** (n=75) of Client Survey respondents reported using the site on the weekends
  (Data source: Client Survey)

During the first six months of operation, February 12 to August 31, 2018, there were over 7,000 visits to the Temporary Overdose Prevention Site. The majority of visits occurred during afternoon hours between 12:00 pm and 4:00 pm (70%, n=5018), while 30% (n=2134) visited during the morning hours between 10:00 am and noon (Data source: MOHLTC OPS Monthly Reporting Form). Among client respondents, 74% (n=75) reported using the site on the weekends. (Data source: Client Survey)

Types of Drugs Consumed

The two most common drugs consumed by clients at TOPS were Hydromorphone (38.3%, n=2818) and Crystal Meth (26.4%, n=1945). Among the types of drugs reported, approximately 60% of the drugs consumed were opioids (i.e., hydromorphone, fentanyl, heroin, oxycodone, unspecified opioid). (Data source: MOHLTC OPS Monthly Reporting Form)

Peer-to-Peer assisted Injections

- **7.3%** of visits (n=523) involved peer-to-peer assisted injections
  (Data source: MOHLTC OPS Monthly Reporting Form)

A total of 523 peer-to-peer assisted injections occurred at the site during the first six months of operation which represents 7.3% of total visits. (Data source: MOHLTC OPS Monthly Reporting Form)
Fentanyl Test Strips

0.3% (n=25) of visits using fentanyl test strips
(Data source: MOHLTC OPS Monthly Reporting Form)

76% (n=78) of client respondents were willing to test their drugs for fentanyl
(Data source: Client Survey)

A low number of clients used fentanyl test strips during the first six months of operation (0.3%, n=25) to test their drugs for fentanyl. Some clients used test strips to confirm fentanyl, rather than rule out fentanyl (MOHLTC OPS Monthly Reporting Form). The majority (76%, n=78) of client respondents were willing to test their drugs for fentanyl; however, it appeared there was a lack of awareness about the availability of the fentanyl test strips and their intended use. (Data sources: Client Survey, Staff interviews)

Demographics

Self-Identification as Indigenous

Approximately 19% (1145/5971) of visits self-identify as Indigenous
(Timeframe: April 1st and August 19th; Data Source: MOHLTC OPS Monthly Reporting Form)

Length of Injection Drug Use

62% (n=63) of client respondents indicated that they have been injecting drugs for more than 5 years. (Data source: Client Survey)

30% (n=31) reported using for one to five years. (Data source: Client Survey)

Length of Time Lived in London

79% (n=81) of client respondents had lived in London for 7 or more years. (Data source: Client Survey)

Frequency of Counterpoint Needle Syringe Program Use

95% (n=97) of client respondents were regular users of Counterpoint Needle Syringe Program prior to using TOPS. (Data source: Client Survey)
PART 2: Successes and Challenges Experienced during Service Delivery

Services

Client Satisfaction

Based on the quantitative and qualitative data, the majority of clients were satisfied with the TOPS services.

- **96%** (n=98) of client respondents rated the quality of service and care received from TOPS staff as good or excellent (Data source: Client Survey)
- **89%** (n=92) of client respondents reported they would be likely or extremely likely to recommend the site to other people who use drugs (Data source: Client Survey)
- **91%** (n=93) of client respondents indicated that the rules and regulations rarely or never get in their way of using the site (Data source: Client Survey)

Many clients valued the services they have received at TOPS and would rather come to the site instead of using public spaces or elsewhere. (Data source: Client Survey and Client Interviews)

Services Exceeding MOHLTC Expectations

TOPS delivers the following services according to MOHLTC guidelines: (1) supervised drug injections, oral and intranasal drug consumption, (2) access to harm reduction supplies, (3) responding to overdoses with oxygen and naloxone, (4) peer-to-peer assisted injections, and (5) fentanyl test strips as a drug checking service. However, findings indicated minimal use of supervised oral and intranasal consumption and fentanyl test strips. (Data source: Staff and Stakeholder Interviews, MOHLTC OPS Monthly Reporting Form)

The site also exceeds service delivery requirements. These additional services include an onsite nurse or paramedic who assist to find veins, provide first aid and wound care assessment, as well as community partners who provide referrals to healthcare services. Clients, staff, and stakeholders recognized the value of these services. (Data source: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

Wrap around service providers in the aftercare room:

Addiction Services Thames Valley (ADSTV),
London Intercommunity Health Center (LIHC),
Regional HIV/AIDS Connection (RHAC),
Southwest Ontario Aboriginal Health Access Center (SOAHAC),
Canadian Mental Health Association (CMHA), and

Wraparound services offered in the aftercare room were also noted as essential given the linkages made to mental health, addiction and treatment, housing and primary care. (Data source: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews). Indigenous supports were also described as a valuable service with its focus on providing culturally appropriate care. (Data source: Staff Interviews, Stakeholder Interviews).
Future Enhancements to Services
While clients, staff and stakeholders value the services delivered at TOPS, several suggestions to enhance service delivery were provided. Suggestions included wound care services, primary health care, access to rehabilitation and treatment services, counselling services and food and refreshments. Suggestions for new services included supervised inhalation services, assistance by medical staff to help set up injections, recreational activities, and additional services to meet clients’ basic needs such as personal hygiene and nutrition. (Data source: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

Hours of Operation
The hours of operation (10:00 am – 4:00 pm Monday to Friday and 11:00 am – 3:00 pm Saturday and Sunday) were frequently reported as a service delivery challenge by clients, staff and stakeholders (Data source: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews).

29% (n=30) of client respondents indicated that the hours of the site often or always get in their way of using the site; 27% (n=28) indicated that the operating hours sometimes got in their way of using the site (Data source: Client Survey).

Drug use occurs at all hours of the day, and when the site is not open, some clients reported that they use drugs alone and some reported injecting in public spaces (Data sources: Client Survey, Client Interviews). Staff indicated that although they would like to be able to increase the hours of operation, financial constraints continue to be the limiting factor (Data source: Staff Interviews).

Wait Time
60% (n=62) of client respondents indicated that wait time was rarely or never a barrier that gets in their way of using the site (Data source: Client Survey).

Feedback on the Client Survey revealed that for 60% (n=62) of clients wait time was rarely or never a barrier that gets in their way of using the site. However, many clients, staff and stakeholders expressed concerns through the qualitative findings that wait times can be problematic when client volume is high resulting in some clients choosing to leave the site and use elsewhere. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews).

Staffing
Staff Characteristics and Skills
The most commonly reported staff characteristics and skills noted to facilitate service delivery included: (1) being nice, warm and friendly, (2) caring and compassionate, (3) understanding of client needs, (4) non-judgemental, (5) knowledgeable, and (6) skilled at de-escalation (Data sources: Client Survey, Client Interviews, Stakeholder Interviews, Staff Interviews). These characteristics and skills were described as essential for creating a safe, welcoming and comfortable environment at the site (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews).

Strategies to Build Relationships with Clients
Staff and stakeholders described effective strategies to engage clients: (1) ensuring consistency of staff and stakeholders at the site, (2) socializing with clients and using a conversational approach, (3) acknowledging clients as the experts, and (4) highlighting the site as the clients’ space where they play a role in creating a safe environment and are encouraged to take ownership of the space. (Data sources: Staff Interviews, Stakeholder Interviews)
Staffing Changes
During the first six months of operation, changes related to staffing were implemented to support service delivery. These changes included: (1) the redistribution of existing staff at RHAC, (2) the addition of the runner to bring clients to and from the reception, (3) reinstating the role of the security guard, and (4) MLHU hiring additional staff for the site (Data sources: Staff Interviews).

Staff Resources, Role Clarity, Training, and Communication
Staff described limited resources as a frequent challenge because of the difficulties maintaining adequate staff coverage during illness, lunches, and breaktimes (Data source: Staff Interviews). Finding time to perform all of the necessary tasks at the site such as scheduling, creating databases, reporting to funders, managing tours, and media requests were also described as ongoing challenges. Roles of nurses and paramedics were described as an area that requires further clarity primarily in the area of wound care assessment. Areas for enhancement include communication between nursing staff and consistency of staff training (Data source: Staff Interviews).

Location
Location Strengths
For the majority of clients, the current site location was ideal.

- **78%** (n=80) of client respondents indicated that the location was rarely or never a barrier for them to use the site (Data source: Client Survey)
- **79%** (n=80) of client respondents noted that the travel time to get to the site was rarely or never a barrier to using the site (Data source: Client Survey)

Feedback from interviews with clients, staff and stakeholders identified several benefits regarding the location. These include: (1) central location, (2) convenient, (3) close to a bus route, (4) close to where clients stay and buy drugs, and (5) discrete with minimal signage. Locating the site within RHAC and alongside the Counterpoint Needle Syringe Program was also highly valued as a result of the familiarity and existing relationships that clients have with staff and the proximity to access clean gear (Data sources: Client Interviews, Staff Interviews, Stakeholder Interviews).

Location Limitations
While the majority of clients satisfied with the site location, there were challenges reported by some respondents. These include: (1) travel time to get to the site, (2) concerns regarding fights, theft, loitering, drug use and drug transactions in the back alley and north entrance, and (3) concerns regarding an increased police presence at the north entrance of the building (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews). Some clients expressed fear that issues in the alley and north entrance of the site may place the site in jeopardy of closing (Data Source: Client Survey, Client Interviews).
Considerations for Future Sites
Several respondents offered location considerations for future supervised consumption facilities including the need for multiple sites across the city, offering a mobile unit, and providing transportation services to the SCF sites (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews). A few clients also suggested providing a safe space for drug transactions at future sites in order to reduce the risk of thefts and ensure they are receiving the type and quality of drug requested. (Data Source: Client Survey)

Space Design
Open Room Layout and Open Table Design
The open layout of the Injection and Aftercare Rooms as well as the open tables in the injection space were noted as positive design features by some respondents because it enables conversations, encourages a sense of community and makes drug use feel less hidden and shameful. (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews). However, some respondents described the challenges experienced as it can be distracting for clients when the site is busy, makes it difficult to have private conversations, and does not provide privacy for clients injecting in private areas or for medical staff providing medical services. (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews) Private booths were recommended as a solution by some clients. (Data sources: Client Survey, Client Interviews)

While the welcoming and comfortable environment was noted as an important feature by many respondents, TOPS was viewed by some clients as being too inviting as it encourages clients to socialize and engage in packing/unpacking belongings leading to longer wait times (Data sources: Client Survey, Client Interview). Staff and stakeholders described challenges at times with moving clients along when there are high volumes of clients but also recognized that many do not want to leave the site because they want to hang out and socialize in the safe space at the site. (Data Source: Staff Interviews, Stakeholder Interviews)

Limited Space
Limited space was a frequently reported challenge by respondents as there are only four injection spaces, limited space to accommodate peer-to-peer assisted injections (e.g., jugular injections requiring floor space) and challenges in providing counselling and medical services in the small space. (Data Sources: Client Survey, Client Interview, Staff Interviews, Stakeholder Interviews)

Operation
Policies and Procedures
Staff and stakeholders identified strategies that contributed to the effective and efficient operation of the site, including the implementation of the Client Code of Conduct and deciding to allow peer-to-peer assisted injections. Key areas identified for improvement included operational policies related to responding to overdoses, needle and bodily splash incidents, and medical directives. (Data sources: Staff Interviews, Stakeholder Interviews)
Data Collection
Several improvements were made to the data collection process over the first six months of operation, such as providing explanations to clients regarding why specific data is collected, implementing an electronic data collection process, and refining the types of data collected. Additional areas for improvement in the data collection process were identified such as collecting intake questions and keeping track of referrals. (Data sources: Staff Interviews, Stakeholder Interviews).

Daily Huddles and Debriefs
Staff and stakeholders described the benefits of holding daily huddles before the site opens and debriefing sessions at the end of each day as it helps to ensure the smooth operation of the site. Huddles provide the opportunity to ensure that all staff and stakeholders are aware of important operational items. Debriefing sessions provide the opportunity to discuss critical incidents and strategies to address client behaviours. (Data sources: Staff Interviews, Stakeholder Interviews)

Measures to Ensure Client and Staff Safety
Measures in place to ensure client and staff safety included: (1) placement of signage reflecting rules of the site, (2) use of walkie-talkies, (3) re-introduction of the security guard, (4) controlled access to other rooms at RHAC, and (5) restricted client access to the site for some clients that have physically challenging behaviours or have challenges following site rules (Data sources: Staff Interviews, Stakeholder Interviews). Crisis Prevention Training was noted as valuable for staff; however, some staff noted that they had not yet received this training. (Data source: Staff Interviews)

PART 3: Impacts of the Temporary Overdose Prevention Site

Impacts on Clients
Positive Impacts on Clients
Many clients described positive changes that the site is having on their lives and this was echoed by what the staff and stakeholders have observed.

Two overarching and interconnected themes emerged related to positive impacts on clients: (1) reduction in harms associated with drug use, and (2) building trusting relationships and connections.
Reductions in Harms Associated with Drug Use

Findings from various data sources show reductions in the harms associated with drug use (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interview). These findings highlight progress being made to achieve the intended outcomes of the site and to address the immediate needs in responding to opioid-related overdoses.

• Preventing overdose deaths

I have overdosed here today. Those guys [TOPS staff] have saved my life. I would be dead at this exact moment if it wasn’t for the site. [Data Source – Client Survey]

No overdose deaths occurred  
(Data Source: MOHLTC OPS Monthly Reporting Form)

19 overdoses treated with oxygen  
(Data Source: MOHLTC OPS Monthly Reporting Form)

7 overdoses treated with naloxone  
(Data Source: MOHLTC OPS Monthly Reporting Form)

5 Total number of calls to EMS related to an overdose  
(Data Source: MOHLTC OPS Monthly Reporting Form)

2 Total number of transfers to an emergency department related to an overdose  
(Data Source: MOHLTC OPS Monthly Reporting Form)

91% (n=93) of client respondents agree/strongly agree they can access Naloxone easily at the site  
(Data Source: Client Survey)

• Increasing safer drug use practices

It’s very hygienic in here [TOPS]. If you don’t have an alcohol swab, then they remind you and it’s helpful.  
[Data Source: Client Interview]

74% (n=74) of client respondents agreed that they learned tips at the site to use drugs more safely  
(Data Source: Client Survey)

Several safer drug use practices were self-reported by client respondents including reusing gear less often (72%, n=60), less sharing of their used gear with others (36%, n=14), using sterile water more (34%, n=34), using alcohol swabs to clean injection sites more (43%, n=41), and heating their drugs before using more (43%, n=38).  
(Data Source: Client Survey)

• Creating a safe space

It’s [TOPS] a safe place and you don’t have to worry about doing illegal substances in public areas (e.g. outside and bathrooms).  
[Data Source: Client Interview]

Many clients noted that the site provides a safe, clean and secure place to use drugs where they feel valued and accepted. This sense of safety and acceptance is in contrast to some of their experiences with police, security, shelter workers, and the public.  
(Data sources: Client Survey, Client Interview)

Several clients described feeling less worried now because they have a safe place to use. For some clients, this reduces their ongoing fears of getting caught using or having drugs or drug paraphernalia on them while on the street, in public places, and in shelters.  
(Data Source: Client Survey, Client Interviews)

• Improving access to health and social services

It’s [TOPS] a safe place and you don’t have to worry about doing illegal substances in public areas (e.g. outside and bathrooms).  
[Data Source: Client Interview]

89% (n=88) of client respondents agreed that staff have talked to them and helped them access other health and social services  
(Data Source: Client Survey)
Examples of referrals included wound care at clinics or hospitals, primary care, addiction counselling, recovery and addiction treatment services (e.g., detox clinic), mental health services, pain management clinics, housing supports, and testing and treatment for Hep C and HIV. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

Many respondents in the qualitative feedback highlighted the value of incorporating the wrap-around at the site. The benefits of having medical staff onsite to provide basic first aid and wound care assessment were also noted. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

From the perspective of staff, stakeholders and clients, the building of trusting relationships within TOPS helps to facilitate linkage and referrals to multiple health and social services. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

Building Trusting Relationships and Connections

One of the key facilitators to support safer drug use behaviours was the building of trusting relationships and connections between staff/stakeholders and clients. Many staff and stakeholders described how clients lack trust in healthcare and social services because of previous negative experiences involving discrimination and stigmatization. The establishment of trusting relationships and the building of rapport at the site allows clients to feel safe which in turn encourages them to use the site regularly. With regular visits, staff and stakeholders indicated that clients are more willing to explore safer drug use practices and are having deeper conversations about their drug use and the impacts on their health and well-being. (Data sources: Staff Interviews, Stakeholder Interviews)

From the qualitative data, clients, staff, and stakeholders identified that the site had influenced clients’ lives in the following ways (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews):

- **95%** (n=97) of client respondents indicated that they feel accepted at the site
  (Data source: Client Survey)

- Increased feelings of acceptance and not being stigmatized or judged

- Increased rapport, deeper connections and having someone trusted to talk to and who listens

- Increased feelings of self-worth, sense of hope, feeling valued, cared for and loved

- Increased sense of community and feelings of belonging

With the relationships staff have with clients, clients share personal experiences and information like what led them to start using. Clients are opening up about their personal lives. None of the staff expected that. Clients have let the staff into their lives.

- [Data Source: Staff Interview]

I feel more comfortable in my own skin being around people not judging me, no negativity, and more comfortable when I am using. THIS IS HUGE. They [staff] are here for us if we need to talk. It is HUGE to feel accepted - they do care - you do not feel shameful. That is amazing.

- [Data Source: Client Survey]

I feel that I belong somewhere. I feel like everybody has the same problem, so if I say something people will understand. I do not feel like an outcast. I walk in here and it’s a family. For once in my life, I feel like I belong.

- [Data Source: Client Survey]

Tracking data showed that for the first six months of operation, the site saw an increased number of clients self-identifying as Indigenous (Data source: MOHLTC OPS Monthly Reporting Form). The qualitative data indicated that the presence of Indigenous supports has allowed clients to reconnect with their Indigenous roots through the culturally appropriate care that is offered. (Data sources: Staff Interviews, Stakeholder Interviews)
From the qualitative data, the site also had enhanced peer-to-peer interactions in the following ways: (1) providing peer-to-peer assisted injections, (2) encouraging safer drug use practices, (3) monitoring for signs of overdose, (4) reinforcing rules at the site, (5) promoting use of the site, and (6) building friendships. (Data sources: Client Interviews, Staff Interviews, Stakeholder Interviews)

**Negative Impacts on Clients**

There were some unintended negative impacts on clients identified by a few clients, staff and stakeholders. These included (1) feeling intimidating using the site, (2) feeling ashamed that stakeholders see clients using the site, (3) feeling concerned about information about them being shared with external service providers, and (4) feeling concerned about the potential closure of the site. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews)

**Impacts on Staff**

**Positive Impacts on Staff**

Many staff experienced positive impacts that their involvement at the site has had on both their professional and personal lives. Several staff expressed sincere gratitude and appreciation for their involvement. Many felt it was rewarding to see clients in an environment where they feel comfortable and were inspired by clients’ commitment to survival. Staff also identified professional benefits including: (1) increased job satisfaction, (2) opportunities to put beliefs and values of harm reduction into practice, (3) increased knowledge of drug use practices, (4) increased understanding and compassion for client experiences, and (5) increased understanding of institutional barriers experienced by clients. (Data source: Staff Interviews)
Negative Impacts on Staff
Some staff identified unintended negative impacts the site had on their role and personal lives. These include: (1) feeling physically exhausted and stressed due to under-resourcing of staff, (2) concern about client well-being and availability of supports to meet their needs, (3) limited availability to perform other tasks to support clients, (4) overwhelmed with extensive media coverage and requests for information and tours of the site, and (5) feeling stressed about the uncertainty regarding the continuity of the site. (Data sources: Staff Interviews)

Impacts on Stakeholders and their Organizations
Positive Impacts on Stakeholders and their Organizations
Interviews with stakeholders also identified that stakeholders experienced high levels of satisfaction with their involvement at the site. Several were pleased that their organization supports and partners with other community organizations to deliver TOPS. Stakeholders also identified professional benefits including enhanced knowledge and skills in the following areas: (1) increased knowledge of client experiences, (2) increased knowledge of harm reduction philosophy and approaches, (3) increased understanding of the Indigenous community, culture and history, (4) increased knowledge of services and supports at other organizations, (5) enhanced skills in active listening, and (6) increased ability to connect with clients. (Data sources: Stakeholder Interviews)

Several stakeholders also described how their role has had an impact in different ways on their organizations. These include: (1) increased knowledge of drug use practices and harm reduction practices, (2) expanded the organizations’ ability to reach clients from the population of PWUD, (3) created new approaches or services at their organizations to meet clients’ needs, and (4) strengthened existing relationships between RHAC and stakeholder organizations. (Data sources: Stakeholder Interviews)

Negative Impacts on Stakeholders and their Organizations
While most stakeholders did not identify any unintended negative impacts regarding their involvement in TOPS, a few had concerns regarding (1) their organization’s level of involvement and understanding of their role at TOPS, (2) their time to manage caseloads and priorities from their organization, and (3) the challenges of hearing client stories of violence and trauma. (Data sources: Stakeholder Interviews)

Impacts on Community
Perceived Benefits for the Community
Many clients described how TOPS provides a safe, secure and clean environment for them to use drugs which minimizes public drug use in public washrooms, alleys, and parks. (Data sources: Client Survey, Client Interview)

- 76% (n=70) of client respondents reported injecting less in public spaces
  (Data source: Client Survey)
- 53% (n=32) of client respondents reported disposing of their gear less in public spaces since using TOPS
  (Data source: Client Survey)

Several clients reported less public drug use now that the site exists, including some that indicated that they are not injecting at all in public spaces now. (Data source: Client Survey, Client Interview)
Some clients also shared that they are seeing positive impacts on the behaviour of other people who use drugs as they are witnessing less public drug use among their peers and less discarded needles in public spaces. Some clients also shared that they are grateful to have the site as they often feared members of the public including children seeing them using in public spaces. (Data source: Client Interviews)

Perceived benefits on the broader community were noted by clients, stakeholders, staff, business owners and residents. These include: (1) a recognition that TOPS is savings lives and delivering services in a compassionate way, (2) highlighting the site as a cost-effective strategy, (3) increased awareness about community residents regarding substance use, addictions and the impacts of overdoses, and (4) increased support and acceptance for TOPS and SCFs among community residents. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews, Community Resident and Business Survey)

Perceived Concerns for the Community
While findings provide evidence that the site is having a positive impact on clients’ lives and in the community, there were some perceived concerns raised about negative unintended impacts on the community noted by respondents on the Community Resident and Business Survey and through some key informant interviews with clients, staff, and stakeholders. The main concerns identified included: (1) concerns of public disorder including increased loitering, garbage and drug selling/purchasing around the site, (2) concerns of negative impacts on local businesses and residents due to criminal activity, and (3) concerns that the site promotes drug use. (Data sources: Client Survey, Client Interviews, Staff Interviews, Stakeholder Interviews, Community Resident and Business Survey)

Discussion
Overall, the Temporary Overdose Prevention Site in London, Ontario provides an essential service to reduce the harms associated with drug use including opioid-related overdoses. The evaluation findings reveal that the site creates a safe, clean and secure space for members of our community who use drugs. Based on the consolidated findings from the evaluation, a program theory has been proposed to identify key factors needed to reach the intended outcomes of TOPS (see Figure 1).

Figure 1: Proposed Program Theory for the Temporary Overdose Prevention Site

<table>
<thead>
<tr>
<th>PROPOSED PROGRAM THEORY</th>
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<tr>
<td>Safe, Clean &amp; Secure Space</td>
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<tr>
<td>Caring, stigma-free services</td>
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<td>Building trusting relationships</td>
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Through the caring, compassionate and stigma-free service delivery, TOPS has created a welcoming and non-judgmental space that has allowed people to feel accepted. Building trusting relationships between clients, staff and stakeholders was identified as a critical factor that enables clients to feel safe, secure and valued. Building trusting relationships provides the space for staff and clients to engage in deeper conversations about safer drug use practices and opportunities to connect them with health and social services.

The findings demonstrated direct progress being made to reduce opioid-related deaths by responding to overdoses. Furthermore, activities at the site also promote safer drug use practices and increase linkages to health and social services for clients. These outcomes are reducing potential harms for clients and promoting changes in their behaviours. The site is not only saving lives, but also changing them.

There was also evidence of changes to some public order outcomes. The existence of the site is leading to less public drug use and less disposal of gear in public spaces. However, findings also indicated that other public order outcomes such as loitering, garbage, and drug selling/purchasing may have increased in the vicinity of the site.

The evaluation findings provide a snap shot in time at the 6-month point of operation. Now that the site has been operating for over one year, there are many more lessons learned through its implementation. Many of the challenges that were raised during the evaluation are being addressed or in the process of further review to enhance service delivery. The site has transitioned from the Temporary Overdose Prevention Site under a new provincial model as of April 2019 to become the city’s interim Consumption and Treatment Service. The findings from the evaluation are being utilized to inform planning for the permanent site.

It is recognized that TOPS is just one harm reduction strategy and cannot be expected to address all of the interconnected and complex issues associated with the drug crisis. Ongoing efforts by many key stakeholders in the community are required to address the crisis.

FUNDING
This evaluation was funded by the Middlesex-London Health Unit. The evaluation was conducted by Program Evaluators on the Program Planning and Evaluation Team at the Middlesex-London Health Unit in collaboration with Regional HIV/AIDS Connection.

ETHICS APPROVAL
The evaluation received ethics approval through the Public Health Ontario (PHO) Ethic Review Board.

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e-mail: health@mlhu.on.ca
Dear Cambridge concil,

My email letter from March 2021 is still valid. Please direct funds to the Police, let them work and allow them to clear our city from drug dealing.

My family and I will never support a CTS.

Below I forward my original email for a recap on our position.

Sincerely,

Michel L. Chagas

437 992 2511

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is in favor of it, at least no one I know who lives in the entire Cambridge / Waterloo / Kitchener is ok with it.

Secondly we came from Vancouver, a city completely changed to worse due to those “progressive” policies that filled many great spots of the city with drug dealers and its “customers” (victims). We left Vancouver for Ontario due to that as well. We can’t raise kids in a place like that and we won’t think twice about moving away from here if we ever see any of this in our city. Consequently taking our Tax Payment away from this Community.

Thirdly you should be focusing on eliminating the drug dealing in our city, not validating / normalizing its consumption. REFUND OUR POLICE AND ALLOW THEM TO WORK! Only then treat the population / victims from this hideous crime, by providing them the detox needed for them to think clearly. They cannot think straight under effect and reviving them from OD is not the way.

Lastly although Canadian Citizens my family and I came from Latin America, from a place that still suffers from Drug Cartels and the “collateral” violence. ALL of this is a consequence of several things allowed by the Government. It is all good until authorities lose control and the cartels take charge. We saw that once and it hurts us a lot to see that Canada might be going in the same path.

Sincerely,

Michel L. Chagas
437 992 2511

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Your voice is needed in support of some of the most vulnerable citizens in our community.

On Tuesday, March 30, Cambridge City Council will consider a city staff report on possible locations for a Consumption Treatment Site (CTS) for citizens-in-need in our community. The staff report and meeting agenda will be posted next week.

We have been engaging with the city to try and expedite the process. While we have not seen the report, this is what we understand may take place . . .

Following adoption of the staff recommendations - very important at this meeting - a neighbourhood consultation will take place for any proposed locations, leading to selection of the final location.

At that point, the Region (responsible for Public Health) will work on clinical plans with health care agencies, seek provincial/federal approvals, plus secure funding.

Thankfully the Region already has experience and a successful track record with CTS which should speed up the schedule. As part of the Provincial approval/funding process, the city must endorse a CTS location, that’s why Cambridge City Council, in view of their past concerns, has been granted this location-selection part of the process by the Region.

A CTS is a centre where those who are dealing with addiction can safely consume a drug in the presence of health care support staff. Such a location ensures that treatment is immediately available if a drug is laced with a lethal substance. It also provides a personal connection to helpful wrap-around services critical to improved health outcomes, including overcoming addiction.

Unfortunately, Councillors are still hearing loud messages from a small group of Cambridge citizens who continue to argue that a CTS will increase drug use and cause harm to local residents and business owners alike.

They want CTS banned from ever coming to our community.

We have carefully observed the implementation of a Guelph CTS and a Kitchener CTS. Both have produced very positive results that refute negative arguments.

It's time for Cambridge to follow the lead of the province and many progressive cities across Ontario.

It's time to recognize how much a CTS location is needed to target overdose deaths and significantly reduce the costs related to unsafe drug use that falls on taxpayers.

We believe that implementing a Cambridge CTS with wraparound services is an important action for our councillors to take.

While a CTS cannot eliminate the opioid crisis, it’s a necessary, life-saving and health improvement mechanism critical to the effectiveness of our community’s response.

Your city councillors need to know their community is behind them. Please make your positive voice heard in support of CTS. Encourage moving ahead with CTS location assessments.

You can help - please email Cambridge council before March 30 at council@cambridge.ca - your letters make a difference!

If you wish to share your thoughts directly to council on March 30, you can register as a speaking delegation here.
Thank you.

Keith Rivers
Citizens for Cambridge
kbueno1@gmail.com

Citizens for Cambridge is a volunteer-based organization dedicated to harnessing the passion, ingenuity and commitment of Cambridge citizens to support the development of a better community for all.

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Dear Elected Officials,

According to the latest article in the Cambridge Times, the recent public input survey shows that over 70% of The Cambridge residents and businesses are not in favour of a CTS site anywhere in Cambridge. This should be no surprise since it is the third such consultation effort over the last few years organized by the Region and City that have all comeback with overwhelming responses from the people in rejecting a site, in spite of the strong efforts by some councillors, health care bureaucrats, social service providers and our very bias media sources pushing for a site. (how many times do the people of Cambridge have to be called in humane, cruel and uncaring by our so called neutral media)

With all the effort that has been put on Cambridge over the last 5 years to accept the need for a CTS, and the highest support you can find is only 30%, just maybe (is it possible), that CTS is not the answer? Interesting situation we are now in. Do we operate as a democracy, and do what the majority of the constituents are asking, or do we continue to behave in a way that says “we the elected officials know better?”

I realize this is a very difficult issue, but it is not complicated, but yes very difficult, there is a difference! Difficult because we are dealing with death, and when faced with having to tell victims families the truth about what should be done to stop it, we begin to bend as they grieve. Instead we need to stand straight, look them in the eye, hold their hand if they will let us and tell them the truth. Making it easier for love ones to continue to use and engage in dangerous, unhealthy behaviour is never the answer. Education, effective communication, counselling, rehab, detox, tough love, empathy (not sympathy) and most ultimately setting boundaries is what is needed. When we do this, we then provide real hope!!!

It is time to listen to the people of Cambridge and do what they expect. Stick your neck out, great leaders don’t follow they take charge. We don’t need to follow Guelph, Kitchener, London, Ottawa and certainly Vancouver. Now is the time to insist on getting proper funding for the services we need to curb this crisis instead of prolonging it. And I might add, each and everyone of you have a responsibility and duty to your citizens to address the situation at the Bridges, our homeless shelter, as to why it has become the epicentre for drug overdose. Why does their still seem to be a lack of oversight at this facility? Clearly it continues to be a big problem.

I hope you can find the courage to do what is needed and not bend to political will.

Sincerely,

Tim Malone
88 Blair Rd.
Cambridge, ON
I had visited Cambridge many years ago, enjoyed my time here, and came back today hoping to find a community to which I might retire. But as I rode in on the GO bus, I was horrified to see how much asphalt I was surrounded by. My God, I was coming from Toronto, and I truly thought that your Hespeler streetscape was about the least attractive I have ever seen. The "Smart Centre" area is beyond awful. I know that there are lovely neighbourhoods in Cambridge, but much of it simply looks shabby, grey and hard. How could your city council have allowed such unbridled paving over of a once lovely town? It's just too sad for words.

cc: Cambridge Times

Sent from my iPod
Just to let you know that I am in support of a Consumption Treatment Site for the city of Cambridge.

Thank you for your work on this matter.

Leanne

Sent from my iPhone
Hello Mayor and Council

I have delegated before but choose this time to send an email.

I am writing in support of locating a CTS site in Cambridge.

No site choice will be perfect, so it is easy to poke holes in this process. Let's instead focus on the positives that have occurred in other communities located close to us. I think it is very important to listen to those folks who provide these services in other communities. Certainly we have had time to listen and learn from neighbouring communities who have had sites up and running for a few years now.

I would caution about listening to those who have had no direct experience with these services that would come with a site in Cambridge.

I notice that several of the objections seem to think it is a binary choice between having a site and providing more support to those who are struggling with addiction or mental health issues. Why wouldn't we have both?

We can only provide that help to those who are still alive.

I was able to talk to a former member of the Guelph Downtown Health Centre and they had nothing but positives about how the site was functioning. From what I see in the press the Kitchener site is proving to also be successful.

I am sure you have access to all the data including how fiscally a site makes economic sense even if you discard the compassionate side of the debate.

Please support the next steps necessary to have a CTS located in Cambridge.

Sincerely

Bob Howison

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Bob Howison
Chair: Affordable Housing
Citizens For Cambridge
www.citizensforcambridge.org
info@citizensforcambridge.org
Twitter:@For_Cambridge
Facebook:@CitizensForCambridge
Improving the future of Cambridge as a community
I Good day everyone,

I would like to comment on the CTS survey that was done on the locations of choice. Not only was there a majority not in favour of these locations but there was a resounding no to a CTS anywhere in Cambridge. The same results happened when they had the in-person consultations over 2 years ago. Clearly the citizens of Cambridge are saying no to a CTS and as our representatives you too should be saying no. Please include this email with the agenda for the council meeting on Tuesday October 12, 2021 as I am unable to delegate that evening.

Thank-You
Angie Campbell
Resident of Cambridge, Ontario
Good Morning,

I am writing to voice my SUPPORT for a CTS in Cambridge. I have read of the positive results from the CTS located within Kitchener. As a City we need to make a decision on a location and move forward. **It is time** to take the sigma away from addition and treat it for what it is – an illness. **It is time** for us to help our most vulnerable citizens. **It is time** to make a site selection.

Regards,

Lori Bennett
Hi there,

Seeing how well the CTS does in Kitchener I 100% support getting a CTS in Cambridge.

Thank you,

Jill Bennett

Sent from my iPhone
I strongly believe that the CTS site is important for Cambridge. I live fairly close the
downtown and realize the importance of having a site to serve men and women in need of a
safe place and supervision, and ongoing support.
I encourage council to make a decision as this has gone on too long. Lives are being lost!
Regards,
Sandra Wilson