

DATE OF MEETING FEBRUARY 11, 2019

AUTHORED BY KARIN KRONSTAL AND JOHN HORN, SOCIAL PLANNERS

SUBJECT HOUSING AND HOMELESSNESS

OVERVIEW

Purpose of Report

To provide Council with information on the current context and City initiatives related to housing affordability and homelessness in Nanaimo.

Recommendation

That the "Housing and Homelessness" report dated 2019-FEB-11 be received for information.

DISCUSSION

Housing and homelessness are major concerns for Nanaimo's growing population. According to a recent release from BC Statistics, Nanaimo's population increased by 1.6% in 2018, to an estimated 97,618 residents. This marks the third consecutive year that Nanaimo's population growth has outpaced that of Victoria. As the pressure increases on Nanaimo's housing market, the effects can be seen in both a rise in the price of housing and the growth of Nanaimo's homeless population.

Between December 2017 and December 2018, the benchmark price of a single-family dwelling in Nanaimo increased seven percent to \$538,300, and the average sale price rose from \$518,452 to \$556,820. The impact of the housing crunch can also be seen in the rental market, where the vacancy rate remains below 3% (2.4% as of October 2018) and average rents continue to rise. Canada Mortgage and Housing Corporation (CMHC) reports the average cost of a two-bedroom apartment increased nearly 10% between October 2017 and October 2018, from \$984 to \$1,084, far outpacing the average BC wage increase of 2.4% in 2018.

In terms of the numbers of absolute homelessness, the April 2018 Point-in-Time (PiT) homelessness count documented 335 homeless individuals in Nanaimo (see Attachment A). This marked a near doubling from the last PiT count in February 2016 of 174 individuals. It is estimated that there are an additional 150-200 homeless individuals who were not captured by the 2018 PiT count, for a total homeless population of approximately 500 people.

In light of these realities, the City has taken concrete steps towards improving housing affordability and availability. On 2018-SEP-17, Council approved the Affordable Housing Strategy (the "Strategy", see Attachment B), the City's first comprehensive study of affordability across the housing continuum, which includes social, non-market and market housing. The Strategy establishes the City's role and priorities with regard to promoting affordable, appropriate, and accessible housing in Nanaimo over the next ten years (2018-2028).

At the same meeting, Council endorsed the Nanaimo Action Plan to End Homelessness (the "Action Plan"), a process that was led by the Nanaimo Coalition on Homelessness (the "Coalition"). The Action Plan is a five-year plan to help Nanaimo end homelessness, or where homelessness persists to diminish the harms it produces, by guiding and organizing homelessness services. The Action Plan is included in this report as Attachment C.

Affordable Housing Strategy - Update

The Strategy describes affordable housing as "*Housing that includes a variety of housing types, sizes, tenures and prices and housing that supports a mix of incomes, ages and abilities. It includes housing across the entire housing continuum from temporary shelter to social or supportive housing, market rental and homeownership.*" Nanaimo's Strategy targets both low- and moderate-income households, as well as renters and owners, but unlike the Action Plan does not seek to address the complex social and health challenges faced by many homeless individuals.

The primary focus of the Strategy is housing needs and affordability. Different levels of affordability apply to different types of households and, as such, the Strategy includes definitions for non-market housing, affordable market rental, and affordable home ownership that were created specifically based on Nanaimo's context and goals. The Strategy outlines five broad policy objectives, each with a number of policies and actions that will help achieve the stated goal. The five objectives are:

1. Increase the supply of rental housing stock
2. Support infill and intensification in existing neighbourhoods
3. Diversify housing form in all neighbourhoods
4. Continue to support income and special needs housing
5. Strengthen partnerships and connections

In total, the Strategy includes 23 policies and over 100 actions. Since the Strategy's adoption in September 2018, City Staff have been working on implementing some of the most immediate action items, including the regulation of short-term rentals, introducing a minimum required number of adaptable units in new multi-family developments, creating an inventory of existing rental stock, developing a secured market rental policy, and establishing criteria for the acquisition of land for the purpose of developing affordable housing. Staff will be bringing forward reports to Council on each action item to provide background information and progress updates.

Action Plan to End Homelessness - Update

The Action Plan lays out ten strategies for addressing the issues and challenges faced by Nanaimo's homeless population and service providers. Since the Plan's adoption, the City and its Coalition partners have been involved with a number of initiatives that align with the strategies of the Action Plan:

Strategy One: Better engagement with people on the perimeter of the shelter system

- Two of the Coalition member agencies (Nanaimo Women's Centre and Nanaimo Citizens Advocacy) have partnered with BC Housing and St. Peter's Catholic Church to

open 35 additional cold weather shelter beds in December 2018 until 2019-MAR-31 to deal with increased homelessness following the closure of the tent city at 1 Port Drive.

- BC Housing has provided funding for additional outreach workers from Canadian Mental Health Association to serve the non-housed population.

Strategy Two: Create a Day-Space/Drop-In Facility

- Staff have been working with our partners at the Coalition and a non-profit organization based in Victoria to identify funding, operating, and location options for a daytime drop-in centre.

Strategy Four: Managing Market Pressures and Income Security

- BC Housing partnered in the Fall of 2018 with member agencies of the Coalition (Canadian Mental Health Association and John Howard Society) to provide 50 additional rent supplements to people at risk of homelessness. However, the tight housing market has meant that finding units to apply the rent supplements to is an ongoing challenge.

Strategy Five: Supportive Housing

- Two member agencies of the Coalition (Island Crisis Care Society and Pacifica Housing) have partnered with BC Housing to operate 170 additional temporary supportive housing units. These units became available in December 2018 to occupants of the tent city at 1 Port Drive who were without shelter.
- City Staff continue to work with BC Housing to identify potential sites that may be suitable for the development of permanent supportive housing.

Strategy Eight: Increased Sector Capacity

- The United Way received a \$36,000 Social Planning Grant from the City of Nanaimo for the purpose of hiring a part-time coordinator of homeless services on behalf the Coalition and its member agencies. This position will enhance the ability of the Coalition to communicate what the issues are regarding homelessness in Nanaimo and what is being done by the Coalition and our partners to address these challenges.

Strategy Ten: Prevention through Agency Coordination

- The Coalition has initiated discussions on how to better coordinate access to homeless services and housing. Over the coming months, the Coalition will be working with our Provincial and Federal partners to identify best practices from other communities with the goal of creating a coordinated access model that works for our local context.

SUMMARY POINTS

- The Affordable Housing Strategy is a municipal plan that establishes the City's role and priorities with regard to promoting affordable, appropriate, and accessible housing in Nanaimo over the next ten years.
- The Nanaimo Action Plan to End Homelessness is a five-year plan by the Nanaimo Homelessness Coalition to help end homelessness in our community, or where homelessness persists to diminish the harms it produces.
- Staff are now working to implement the recommendations of the Strategy and the Action Plan to improve access to housing across the continuum.

ATTACHMENTS

ATTACHMENT A: 2018 Point-in-Time Homelessness Count

ATTACHMENT B: Nanaimo Affordable Housing Strategy (2018-2028)

ATTACHMENT C: Nanaimo Action Plan to End Homelessness (2018-2023)

Submitted by:

Lisa Bhopalsingh
Manager, Community & Cultural Planning

Concurrence by:

Dale Lindsay
Director, Community Development

MINUTES
SPECIAL COMMITTEE OF THE WHOLE MEETING
BOARDROOM, SERVICE AND RESOURCE CENTRE,
411 DUNSMUIR STREET, NANAIMO, BC
MONDAY, 2019-FEB-11 AT 1:00 P.M. – 4:00 P.M.

Present: Mayor L. Krog
Councillor S. D. Armstrong
Councillor D. Bonner
Councillor T. Brown
Councillor B. Geselbracht
Councillor E. Hemmens
Councillor Z. Maartman
Councillor I. W. Thorpe
Councillor J. Turley

Staff: J. Rudolph, Chief Administrative Officer
R. J. Harding, Director of Parks and Recreation
D. Lindsay, Director of Community Development
B. Sims, Director of Engineering and Public Works
Supt. C. Miller, OIC, Nanaimo Detachment RCMP (entered 1:10 p.m.)
K. Fry, Fire Chief
D. LaBerge, Manager of Community Safety
L. Bhopalsingh, Manager, Community and Cultural Planning
J. Horn, Social Planner, Community and Cultural Planning
K. Kronstal, Social Planner, Community and Cultural Planning
D. Blackwood, Client Support Specialist (vacated 1:09 p.m.)
S. Gurrie, City Clerk
J. Vanderhoef, Recording Secretary

1. CALL THE SPECIAL MEETING TO ORDER:

The Special Committee of the Whole Meeting was called to order at 1:01 p.m.

2. APPROVAL OF AGENDA:

It was moved and seconded that the Agenda be adopted. The motion carried unanimously.

3. REPORTS:

(a) Housing and Homelessness

Introduced by Dale Lindsay, Director of Community Development.

Presentations:

1. Lisa Bhopalsingh, Manager, Community and Cultural Planning, provided an overview of the presentations.

2. Karin Kronstal, Social Planner, provided a presentation on affordable housing and spoke regarding the following:

- Nanaimo's affordability challenge
- The Housing Continuum
- Federal government investment
- Homeless Partnering Strategy – federal government allocates \$811,000 annually, agreement has been renewed for another 10 years to be renamed "Reaching Home"
- Role of provincial government - funding programs, provides legislative framework, BC Housing partners with local governments and agencies to develop supportive housing

D. Blackwood vacated the Boardroom at 1:09 p.m.

Supt. C. Miller entered the Boardroom at 1:10 p.m.

- Current BC Housing projects 2019
- Role of municipal government – adopting growth strategies, housing-friendly zoning bylaws, property tax incentives, providing land/buildings
- City of Nanaimo actions:
 - Participates in Nanaimo Homeless Coalition
 - \$36,000 grant to Homeless Coalition
 - Secondary suites, density bonuses, Development Cost Charge relief for affordable/supported housing
 - Rent supplement to John Howard Society
 - Contribution of works and services costs to supported housing
 - Provided land for supported and affordable housing
 - Social planning grants to address homelessness
 - Provided funding to various shelters in the community
 - Funding for shower program and food bank warehouse
- Affordable housing strategy objectives - increase supply of rentals, support infill in existing neighbourhoods, diversify housing forms, support low income and special needs housing
- Affordable housing strategy update on current projects – rental accommodation regulation, adaptive housing bylaw, mapping of rental stock, affordable housing site acquisition criteria

Committee discussion took place regarding the numbers for rental units presented and if these numbers included all rentals within the community or just supportive housing units.

3. John Horn, Social Planner, provided a presentation regarding homelessness and spoke regarding the following:

- Homelessness in Canada and the historical homeless demographic versus today
- On any given night 35,000 people are homeless in Canada
- Count of homeless people recorded in Nanaimo in 2016 versus 2018

- Historical trends in homelessness

Committee discussion took place regarding a decline in homelessness in 2006-2008 on the graph titled “Historic Trends in Homelessness”. John Horn, Social Planner, noted that this was due to an aggressive program to address homelessness at that time. Discussion took place regarding current developments coming forward and if these could have a similar effect on the rental market.

John Horn, Social Planner, continued his presentation as follows:

- Barriers to housing – discrimination, criminal history, addiction, mental health issues, disabilities, domestic violence, cost of rent, low income
- Nanaimo Housing First Action Plan 2008 - goal was to eliminate chronic homelessness through a “Housing First” approach, target of 160 housing units paid by the provincial government, 153 housing units constructed, City provided majority of the land

Committee discussion took place regarding the following:

- Number of tenants in these housing units, the turn over rate of tenants and success rates
- BC Housing building housing for people who do not need supported/staffed housing. John Horn, Social Planner, responded that BC Housing provides many different types of housing to the community.

John Horn, Social Planner, continued his presentation as follows:

- Impact of municipal actions – supportive housing units have housed many of the chronically homeless population, funding provided to the Unitarian Extreme Weather Shelter, Homeless Partnering Strategy
- Staff are conducting studies to show impact of supportive housing projects on the surrounding neighbourhoods

Committee discussion took place regarding the various shelter programs provided across the City. John Horn, Social Planner, spoke regarding the shelters available within the community. Discussion took place regarding the use of drugs and alcohol within these premises. John Horn, Social Planner, noted that drugs and alcohol are not permitted within the premises but people will not be turned away as long as the situation is safe for all involved.

John Horn, Social Planner, continued his presentation as follows:

- Housing Legacy Reserve – established July 2005 by City Council, reduces Development Cost Charges, site works and services, and renovation costs, could be used for land purchases, suits the left side of the Housing Continuum, annual allocation of \$165,000

Committee discussion took place regarding funding from the Housing Legacy Reserve being provided to people who are about to become homeless as a

preventative measure. John Horn, Social Planner, explained that this reserve is designed for construction purposes and has statutory limitations. Discussion took place regarding the \$165,000 annual allocation and the current balance of \$2,270,127.

John Horn, Social Planner, continued his presentation as follows:

- The Homeless Coalition – formed in 2015, members include non-profit agencies, government bodies, faith groups and residents
- Nanaimo's Action Plan to End Homelessness 2018-2023

4. Signy Madden, Executive Director, United Way Central & Northern Vancouver Island, spoke regarding the work of the Nanaimo Coalition of Homelessness as follows:

- Snapshot of Nanaimo's Homelessness - 70% of homeless population are men, 30% are women, 1/3 are First Nations, 335 homeless individuals counted in spring 2018 versus previous count of 174 during the winter of 2016, 55% are between 25-44 years old and 22% are 45-54 years old, most have lived here for 5-40 years

Committee discussion took place regarding how Nanaimo's homeless numbers compare to other local communities. John Horn, Social Planner, noted that most comparable communities are in a similar situation.

Signy Madden, Executive Director, United Way Central & Northern Vancouver Island, continued her presentation as follows:

- Nanaimo needs more supportive housing to address the homeless crisis
- Reasons for the crisis - lack of affordable housing, addiction and mental health, barriers to housing and gaps in services
- Building on previous work – memorandum of understanding between the City and BC Housing, 2006-2008 plans developed, Federal Homelessness Partnering Strategy funding secured, Island Health implemented various strategies, Homeless Coalition
- The Action Plan - strategies in the Action Plan should be updated based on what was learned through Tent City in Nanaimo
- Members of the Homeless Coalition
- United Way's role on the coalition - community entity for federal funds invested in Nanaimo, inspires donors, invests grants to help vulnerable

Committee discussion took place regarding how the federal funding is spent by the United Way and if it is specifically for homeless. It was noted that federal funding is for homelessness. Discussion continued regarding those funds being used for people on the verge of eviction to avoid homelessness. Signy Madden, Executive Director, United Way Central & Northern Vancouver Island, noted that there are opportunities for rent subsidies and other options to assist people.

Signy Madden, Executive Director, United Way Central & Northern Vancouver Island, continued her presentation:

- United Way is a community entity and a fund raising entity
- City's role on the coalition to date – City staff member co-chaired coalition, participated in creating the Action Plan, part of the Allocation Committee and recommended Homeless Partnering Strategy investments
- The coalition is ready to evolve from a place of information to a place of stronger leadership
- Requested political leadership through implementation of the Action Plan and providing Staff with the resources to act on the plan

Committee discussion took place regarding the following:

- The difference between supportive housing and affordable housing
- Growing frustration of the public surrounding the supportive housing units relate to issues of mental health and drug addiction
- Helping the homeless who want help and addressing the criminal aspect that is causing issues
- City taking a more active leadership role to ensure the concerns of the public in areas surrounding supportive housing units are addressed
- Availability of rental accommodation/housing within the community
- What does support look like in supportive housing
- Need for an array of affordable and supportive housing and a coordinated access system to ensure people are supported through the system
- What would City participation look like? Signy Madden, United Way Central & Northern Vancouver Island, suggested that Mayor and Councillors and City Staff work with Island Health, and BC Housing to develop a strategy
- Average room costs in Nanaimo

Jake Rudolph, Chief Administrative Officer, spoke regarding the topic of homelessness being part of a series of debriefings for Council and noted that simultaneously Council is working on its Strategic Plan. He noted that there is no pressure for Council to make a decision today and the intent is to provide an overview and understanding of what is going on.

It was moved and seconded that the "Housing and Homelessness" report dated 2019-FEB-11 be received for information. The motion carried unanimously.

DATE OF MEETING February 11, 2019

AUTHORED BY LISA BHOPALSINGH, MANAGER, COMMUNITY AND CULTURAL PLANNING

SUBJECT BC HOUSING TEMPORARY MODULAR HOUSING UPDATE

OVERVIEW

Purpose of Report

To provide Council with an update of the BC Housing Temporary Modular Housing Sites and City actions to support the sites and neighbouring communities.

Recommendation

That the report titled "BC Housing Temporary Modular Housing Update" dated 2019-FEB-11 be received for information.

DISCUSSION

Nanaimo's tent city (Tent City) was occupied for approximately six months from the time it was first established at 1 Port Drive on 2018-MAY-18 until it was closed on 2018-DEC-10. At peak occupancy, it was one of BC's largest encampments with an estimated 300 people residing on site. BC Housing announced on 2018-OCT-05 that in response to the crisis they would provide approximately 170 units of temporary housing with supports on two sites:

- 80 units at **250 Terminal Avenue North (Newcastle Place)** – a site purchased by BC Housing and operated by Island Crisis Care Society (ICCS)
- 90 units at **2060 Labieux Road (Nikao)** – City-owned land leased by BC Housing and operated by Pacifica Housing Advisory Association (Pacifica)

Approximately 260 people from Tent City registered for the 170 units of temporary housing. Recognizing the shortfall in housing, BC Housing funded an additional 35 extreme weather shelter beds at St. Peter's Church that were available starting on 2018-DEC-01.

The roughly eight-week timeframe for preparing and fully completing both sites with modular workforce-style housing units proved to be very ambitious. There was pressure to rapidly house those living at Tent City ahead of extreme winter weather conditions and on time for the City's court injunction to close the site by 2018-NOV-30. This resulted in BC Housing moving tenants into the housing sites while they were still under construction.

Between 2018-NOV-30 and 2018-DEC-07, approximately 170 Tent City occupants were moved into the temporary housing at 250 Terminal Avenue North (Newcastle Place) and 2060 Labieux Road (Nikao). While both sites are now close to completion, until very recently, site operators have struggled with trying to manage a residential operation in a construction zone. Challenges have ranged from the ability to lock building and room doors, site access control, power supply, heat, hot water, telecommunications, lack of operating kitchen facilities, meeting spaces, security cameras, and lighting. This has created many complications for operating the sites,

including the ability to establish operating procedures while stabilizing residents with a diversity of complex vulnerabilities and health issues.

There are varying reports from different community members and other sources regarding the extent and severity of social impacts on the surrounding community and whether or not they are caused by residents, visitors to the sites, or others who are living without shelter in the neighbourhoods. What is clear is that there have been impacts and changes to the surrounding community. However, what is not clear is to what extent these sites have alleviated issues in the neighbourhoods around Tent City and also how these community impacts may be connected to an overall shift in social issues across the city related to the housing, mental health, and opioid crises.

In spite of these challenges, progress is being made, particularly in the past two weeks as construction gets completed and the sites are able to operate with proper servicing, improved safety and security, functioning kitchens, meeting rooms, and offices. Site operators and Island Health are reporting successes with some residents participating in site Clean Teams, finding employment, connecting to medical supports (accessing mental health services and detox treatment), and taking general actions to improve their health.

BC Housing, the City, and a number of agencies are taking ongoing actions to improve conditions for site residents and surrounding neighbours. Actions taken include:

BC Housing – BC Housing has oversight responsibility for the two projects and their operators. All correspondence and feedback from the community received by the City is forwarded to BC Housing to address. City Staff are in regular communication with BC Housing. BC Housing has positively responded to issues as they are identified.

Site Improvements – Both modular housing sites have made significant improvements to security and on-site management systems. These include completing fencing, lighting, building and entrance security, strengthening security personnel, and staff training. The site improvement process is ongoing.

Island Health – Health workers regularly attend the sites as part of the wrap-around services being provided to residents of the two modular housing sites. There are offices at each site for health workers to support residents. This allows for consistent and continuous physical and mental health care that is critical for those struggling with addictions to stabilize and access the detox supports being offered.

Neighbourhood Meetings – BC Housing and the operators have held several neighbourhood meetings, open to anyone who is interested, to address community concerns related to the housing. They are in the process of establishing community advisory committees (CACs) for both modular housing sites. Representatives from the neighbouring communities, BC Housing, Island Health, the housing operators, RCMP, and City Staff attend these meetings.

RCMP – The RCMP have ongoing and increased patrols, including their bike squad, general duty officers, and plain clothes officers. The RCMP have provided liaison officers to each site who are providing safety training to the security personnel and staff. Existing and new Block Watch and Citizens on Patrol programs are also being supported by the RCMP. The RCMP are also conducting community education workshops with Island Health.

A Crime Prevention Through Environmental Design (CPTED) assessment has been undertaken for both sites. RCMP are establishing a protocol agreement with the operators to ensure collaboration and information sharing to increase community and site safety. In addition, planning is underway to start an integrated BC Housing outreach model with RCMP, City Bylaw Services Department, and the Canadian Mental Health Association (CMHA) to address homelessness issues in parks and around the housing sites.

City – The City continues to hold ongoing meetings and discussions with BC Housing and the operators to establish close lines of communication and address issues. The City is supporting and coordinating the efforts of groups/agencies involved in addressing community safety. This includes working with CAC members to customize public safety brochures and other information. Internally, City Staff are coordinating across departments and with external partners to determine how best to maintain service levels for clean and safe public spaces while addressing increased demands for service resulting from city-wide social issues related to the ongoing health and housing crises.

There is ongoing coordination of city-wide efforts to maintain public parks and spaces through increased shopping cart, garbage, and needle pick-up. This involves Public Works in collaboration with Bylaw Services, Parks and Recreation, School District 68, housing site Clean Teams, and individual community member efforts. The City is actively supporting efforts to increase fire safety, including providing staff training.

City Parks – The Nanaimo Parks and Recreation Department has identified Beban Park as a high-priority area for monitoring, and a CPTED assessment is being undertaken. Lighting improvements for the area are under review. In addition, the department has ongoing liaison and communications with its leaseholders and user groups. An update to the “Parks, Recreation and Culture Regulation Bylaw 2008 No. 7073” to address concerns related to parks will be presented to Council for their consideration later in February.

Immediate Next Steps – The City is actively working to identify options and work with BC Housing and other partners to build permanent housing options in both the short and long term. As part of this, the City has identified the need to work more closely with the Nanaimo Homelessness Coalition and other agencies to evaluate the need for new collaborative approaches to resolve the growing social crisis the City is dealing with. Related to this, Council will be holding a workshop in the coming months to review the social service system in Nanaimo. Service providers will be engaged as part of the review process.

Staff are reviewing resource demands to maintain levels of cleanliness and safety of public spaces and will provide information to Council for their consideration in February/March. On 2018-MAR-04, Council will have an opportunity to discuss a range of social issues connected to homelessness and housing affordability and actions the City can take to address them.

Long-Term Strategies – The City continues to implement actions to achieve homelessness and affordable housing strategies to address the longer-term issues in the community.

SUMMARY POINTS

- BC Housing, the housing operators, RCMP, and numerous agencies are working collaboratively with the City to take actions that support the successful operation of the two housing sites and address the impacts and concerns of neighbouring community members.
- City Staff are coordinating across departments and with external partners to determine how best to maintain clean and safe public spaces given the increased demand for services resulting from city-wide social issues related to the ongoing health and housing crises.
- The City is actively working with BC Housing to find permanent housing solutions to address the housing crisis in the short and long term.
- The City continues to take actions to implement long-term housing and homelessness strategies.

Submitted by:

Lisa Bhopalsingh
Manager, Community and Cultural Planning

Concurrence by:

Dale Lindsay
Director, Community Development

(b) BC Housing Temporary Modular Housing Update

Introduced by Dale Lindsay, Director of Community Development.

The Special Committee of the Whole meeting recessed at 2:32 p.m.
The Special Committee of the Whole meeting reconvened at 2:43 p.m.

Councillor Maartman vacated the Boardroom at 2:45 p.m.
Councillor Geselbracht returned to the Boardroom at 2:45 p.m.

Presentations:

1. Lisa Bhopalsingh, Manager, Community and Cultural Planning, provided an update on the BC Housing Temporary Modular Housing Sites, and spoke regarding the following:
 - Provided a timeframe for various events relating to homelessness in 2018 and 2019 - Tent City, 30 shelter beds, 35 emergency beds, construction period for the Temporary Modular Housing, 170 people housed
 - Due to the court order to close Tent City and the impending cold weather, BC Housing decided to move people into the modular housing sites before construction was completed
 - Challenges faced by operators - under construction, incomplete site offices, kitchens, communal areas, issues with building locks, fencing, lighting, cameras, ongoing social issues in neighbourhoods
 - Actions being taken to address issues – regular communication with BC Housing, site operators, RCMP and others
 - Communication – community meetings and advisory committees, City is actively collaborating with several agencies to improve conditions for neighbours and residents
 - Site Safety Improvements – B.C. Housing is working on improvements to security and on-site safety such as: fire safety, security cameras, site entrance security improvements, security personnel strengthened, staff training/protocols, Clean Teams established

Councillor Maartman returned to the Boardroom at 2:54 p.m.

- Neighbourhood Support and Safety – City staff are coordinating garbage and needle pick-ups with School District and Clean Teams from the sites
- Parks Bylaw going to Council for consideration
- Beban Park - increased monitoring safety, increased clean up, safety assessment underway, lighting improvements, communications with leaseholders and user groups to address concerns
- Ongoing support for supportive housing residents - Island Health, Canadian Mental Health and others providing daily on-site support services to residents including: mental health care, addictions support, access to community services, connections to employment and training options, transport to medical appointments
- Next steps for the City:

- Working with BC Housing to build permanent housing options
- Collaborate with key agencies to implement plans
- Staff reviewing resource demands to maintain levels of cleanliness and safety of public spaces
- March 4, 2019, upcoming discussion of inter-connected social issues and actions to address them
- Working with the Homelessness Coalition

Committee discussion took place regarding the following:

- The selection process for the 170 people placed in supportive housing
- BC Housing's priority to move people from Tent City specifically
- Providing supportive housing versus nightly shelter beds

2. Dave LaBerge, Manager of Community Safety, spoke regarding the "Parks, Recreation and Culture Regulation Bylaw 2008 No. 7073" and noted the following:

- Amendments to the "Parks, Recreation and Culture Regulation Bylaw 2008 No. 7073" (Parks Bylaw) will be coming to Council
- Various implications to laws and public policies and their enforcement as it relates to homeless individuals
- Amendments to the Parks Bylaw aim to update the bylaw to reflect changes in how municipalities can allow people to shelter in public spaces and use public spaces
- 2005 Victoria and 2015 Abbotsford precedence setting cases shaped how municipalities can respond to people taking shelter in public spaces
- In Abbotsford the Court noted the following:
 - Public spaces are intended for use by all citizens
 - Ruled homeless are allowed to sleep in and set up shelters in public spaces and parks between 7:00 p.m. and 9:00 a.m.
 - Noted this constant movement of homeless exhausted their already vulnerable positions and inhibited service providers from locating these individuals to provide help
 - Did not specify how homeless may use parks for the purpose of shelter but said the local governments should decide where those places should be
 - Suggested that local governments designate areas where people can get uninterrupted sleep, eat, and tend to their personal hygiene
- Working with the Parks and Recreation department to draft a bylaw that is consistent with current case law
- Noted that current legislation is not compatible with the case law when stating a complete prohibition on erecting shelter or taking overnight abode within a park. These laws are unconstitutional
- Schedule D of the proposed amendment bylaw will identify parks that are prohibited from overnight camping

Committee discussion took place regarding facility provisions for people seeking shelter within a park or public space.

3. Supt. Cameron Miller, OIC, Nanaimo Detachment RCMP, provided Councillor Armstrong with a long service certificate for her 35 years of service with the RCMP.

Supt. Cameron Miller, OIC, Nanaimo Detachment RCMP, provided a presentation regarding community-wide safety as follows:

- Homelessness is not a crime
- Timeline of events relating to homelessness beginning in March 2018 - December 2018
- Current situation - large homeless population still exists in Nanaimo, various sites throughout the City, RCMP continue to work with all sectors of community to ensure public safety
- Increases in calls for service between 2017 and 2019
- Increases in calls for service surrounding Labieux Place – increased 10% from previous year in 2018, increased 60% from previous year in 2019, not all calls for service are criminal issues
- Increase in calls for service surrounding Newcastle Place – increased 11% from previous year in 2018, increased 53% from previous year in 2019
- Factors that contribute to increased crime - no one cause, changes to legislation, all crimes are seeking financial gain with the exception of crimes of passion, two types of theories - biological theories and sociological theories
- Current police activities - Community Advisory Committees, Block Watch, increased patrols, enhanced bar watch, crime prevention through environmental design (CPTED) analysis with City Staff and community, community citizens patrolling, dedicated police officer reviewing all files for each location, ongoing relationships with Island Crisis Care Society, Pacifica Housing, BC Housing
- Pro-active community ideas - improving lighting, concealing or removing targets such as cell phones in cars, unlocked sheds etc., Block Watches

Committee discussion took place regarding the following:

- Have crime statistics declined in the downtown area since the closure of Tent City? Supt. Cameron Miller, OIC, Nanaimo Detachment RCMP, responded that there is an upward trend in the community as a whole, but improvement has been noticed in the downtown area since Tent City closed.
- Statistics regarding the percentage of property crimes that are drug related
- Sharing of information between the RCMP and operators of the housing units. Supt. Cameron Miller, OIC, Nanaimo Detachment RCMP, responded that it would be up to the housing provider to decide how to deal with someone who is arrested by the RCMP.

- BC Housing's process for dealing with someone who is selling drugs out of the housing site. Lisa Bhopalsingh, Manager, Community and Cultural Planning, noted that there are ongoing discussions with housing operators and BC Housing. City staff have been addressing this on behalf of the community; however, do not have a say in how operators handle residents.

J. Rudolph vacated the Boardroom at 3:44 p.m.

- What type of criminal activity is recorded on the crime map available on the City website?

It was moved and seconded that the report titled "BC Housing Temporary Modular Housing Update" dated 2019-FEB-11 be received for information. The motion carried unanimously.

J. Rudolph returned to the Boardroom at 3:48 p.m.

4. QUESTION PERIOD:

- Terry Wagar re: youth drop in centre, increased calls for service and percentage of calls for service relating to criminal activity

5. ADJOURNMENT:

It was moved and seconded at 3:51 p.m. that the meeting terminate. The motion carried unanimously.

CHAIR

CERTIFIED CORRECT:

CORPORATE OFFICER

DATE OF MEETING March 4, 2018

AUTHORED BY KARIN KRONSTAL AND JOHN HORN, SOCIAL PLANNERS,
COMMUNITY AND CULTURAL PLANNING

SUBJECT **MUNICIPAL RESPONSE TO HEALTH AND SOCIAL ISSUES**

OVERVIEW

Purpose of Report

To provide Council information about the municipal response to health and social issues affecting the community.

Recommendation

That the report titled "Municipal Response to Health and Social Issues" dated 2019-MAR-04 be received for information.

BACKGROUND

Like many Canadian communities, Nanaimo is affected by a variety of challenging health and social trends. Currently, the most prominent community challenges are related to the opioid public health crisis. This crisis is linked to overlapping issues of poverty and mental health. The crisis has caused the following visible impacts throughout the city, particularly in the downtown areas:

- Higher numbers of those struggling with homeless and insecure housing
- Increased levels of anti-social behaviour related to mental health and addictions
- Increased visibility of public intoxication and substance use
- Residents and businesses experiencing negative impacts as a result of these issues

While senior levels of government have jurisdiction over housing, poverty reduction, and public health, there are many ways that population-level changes in these areas affect the operations of local government. One aspect of addictions, for example, is the public consumption of drugs by means of intravenous injection, after which the used syringe may be discarded on City property in a park, street, or public square. The City of Nanaimo devotes considerable resources to the provision of safe disposal needle boxes, urban clean-up programs, additional sanitation and parks staff, etc., to deal with this one component of the opioid crisis. In short, while the City is not responsible for addressing the root causes of addictions, mental health, and poverty, the impacts of these issues often require a municipal response when they show up in the public areas of our community.

There are several City services that regularly deploy resources to address social and health concerns: Bylaw Enforcement, Sanitation, Parks, Environment, Fire & Rescue, Social Planning, RCMP, and Public Works. Municipalities expend considerable resources dealing with the impacts of health and social problems in the community; indeed, City Hall is often the first point of contact for citizens expressing concerns on these topics. The increase in demand on

municipal services to address social disorder and public safety has resulted in both financial and Staff resources being redirected from other priorities.

Nanaimo's Social and Health Responses (2017 – Present)

While the City has been working to enhance social wellbeing for many years, a renewal of these efforts was triggered by the 2017 rezoning application led by Island Health to address the opioid overdose crisis by locating a permanent Supervised Consumption Service (SCS) at 437 Wesley Street.

The proposed SCS site is the location of an existing temporary Overdoses Prevention Site (OPS) established in 2017. During the public hearing for the rezoning process, residents from the surrounding neighborhoods and business community expressed concerns with allowing a permanent SCS use given a variety of community safety and public disorder issues in and around the temporary OPS, as well as in the broader community.

Council, at its Special Council meeting (Public Hearing) on 2017-MAY-29, denied the proposed site-specific rezoning bylaw amendment for an SCS at Wesley Street, and instead unanimously supported the following motion:

"It was moved and seconded that Council approve the proposed initial response, contained in the Broader Community Context presentation slide for Rezoning Application No. RA379 - 437 Wesley Street, as follows:

- *Enhanced security presence (Footprints Security) - daytime and early evening patrollers;*
- *Urban Clean-up program – downtown focus;*
- *Additional safe disposal needle boxes; and,*
- *Coordination of Bylaws, RCMP and Social Planning response over the summer months.*

A budget of \$45,000 was approved at the 2017-JUN-19 Council meeting to cover ten hours a day of enhanced security by Footprints Security services (\$25,000 for three months), additional needle pick-up (\$20,000), and additional needle boxes. At the same meeting, Staff were directed to provide a range of possible responses to health, social, and safety issues in Nanaimo's downtown.

Staff conducted a series of individual interviews with business owners and employees in the downtown area to gather input on what they are experiencing with respect to safety concerns and social issues, in particular the impact of homelessness, mental health, and addictions on their daily lives. In addition to these individual discussions that focused on identifying the issues, City Staff held three public meetings for merchants and residents in the downtown where attendees were invited to provide input on possible responses. These meetings were attended by approximately 80 people and included a diverse range of stakeholders.

Staff reviewed the list of possible responses arising from the public consultation process and conferred with internal and external agencies, including the RCMP, Nanaimo/Ladysmith School District, Bylaws, Sanitation, Roads and Traffic, Parks, Public Works, Island Health, and local non-profit service providers. The recommended responses were reviewed by the Public Safety Committee on 2017-NOV-02. The Public Safety Committee recommended that the top priority

for action be participating in the supported modular housing initiative recently announced by BC Housing. Staff further reviewed the priority responses and identified those that the City may be in a position to proceed with at this time. A Staff report on recommended priorities was received at the 2017-DEC-11 Council meeting and was further reviewed for budget decisions at the 2017-DEC-13 Finance and Audit meeting.

Council, at its Regular meeting on 2017-DEC-11, provided the following direction:

1. *Approve up to \$60,000 for safety and security provisions in the Downtown; and,*
2. *Direct Staff to return to Council with a report on the balance of funds by 2018-MAR-30.*

On 2018-MAR-14, Staff returned with a report on the current municipal initiatives and expenditure levels to address social issues in the downtown, which included:

- enhanced daytime security presence in the downtown (a contract with Footprints Security);
- implementation of an Urban Clean Up program with the Nanaimo Region John Howard Society;
- two additional safe needle disposal boxes;
- provision of rent supplements to the Housing First program to place homeless individuals in market rentals with support;
- redeployment of Parks, Sanitation, and Public Works Staff to downtown to provide more eyes on the street and enhance cleaning of the city centre;
- provision of funding to the Unitarian Extreme Weather Shelter; and
- the provision of showers for the homeless at Caledonia Park sports field (contract with Unitarian Fellowship).

At the 2018-MAR-14 meeting, Council approved to continue with all of the ongoing initiatives, and added some additional services. Daytime security services for the downtown were given more hours to complete the 24/7 coverage, and the Urban Clean-Up program was extended. The Urban Clean Up initiative consists of contracting with the Nanaimo Region John Howard Society [NRJHS] to walk through the downtown and adjacent residential areas and pick up discarded syringes, litter, etc. The NRJHS staff engage clients who have been street-involved and/or involved in the criminal justice system and are now working to reintegrate into mainstream society.

Council also voted to continue the shower program for the homeless at the Caledonia Park sports field shower facility and to add three portable toilets, safe syringe disposal boxes, and garbage cans to the downtown. The source of the funding for the additional downtown security (\$74,700), shower program (\$40,000), needle boxes (\$2,500), washrooms (\$8,265), and needle pick up (\$45,000) was taxation. The funding provided for these initiatives ended on or before 2018-DEC-31, and while some were capital expenditures (needle boxes) and some have been funded again (showers, needle pick up), some have ended and have not been resourced in the 2019 budget (additional security and provision of public washrooms). The washrooms were a response to the issue of public urination and defecation identified by merchants and residents in the individual interviews referenced above. It should be noted that this issue may arise again, depending on the dynamics and impacts of homelessness over the course of the spring, summer, and fall of 2019. If warranted, Staff may seek additional resources to implement a rapid-response garbage removal and graffiti removal program in the

city centre.

Council also decided to use monies from the Housing Legacy Reserve to provide additional rent supplements in support of a Housing First program for homeless individuals and to offer continued support to the Unitarian Fellowship Emergency Shelter for the winter season 2018-2019 (now ongoing) for those nights not designated as Extreme Weather by the Province of BC. The rent supplement program and the funding for the Emergency Shelter each cost \$45,000, for a total of \$90,000 out of the Housing Legacy Reserve. Finally, Council also voted to provide \$100,000 in annual funding towards the provision of a daytime drop-in resource centre. An update on this project has been provided in the 2019-MAR-04 Information Report 'Daytime Drop-In Resource Centre Update'.

It should be noted that the above investments were approved concurrently with Nanaimo's original tent city, during which approximately 40 protestors and homeless individuals occupied City Hall lawn for ten days in March 2018. Following the approval of \$356,000 in new funding as detailed above, the tent city residents disbanded and left City Hall property. Less than two months later, protestors cut the locks to City property at 1 Port Drive, starting another and much larger tent city (Discontent City) that would last nearly seven months. This is important context as much of the approved resources that were intended to service the greater downtown area (e.g., toilets, Staff resources, etc.) ended up being concentrated on Discontent City.

Currently Council provides funding for a range of activities as specified in Attachment A.

Longer-Term Response

While issues such as the opioid crisis and Discontent City have acute impacts on our community, it is important to note that the City of Nanaimo has taken action to address these issues over the previous 10-15 years and has implemented a number of longer-term initiatives:

- Support to a wide range of agencies via the Social Planning grant programs;
- The provision of land and financial support for supported and affordable housing;
- Support to neighbourhoods to implement Crime Prevention Through Environmental Design principles to address social and health issues, such as public use of illicit substances;
- City Staff convene and facilitate coordinated, strategic, and holistic responses to social and health issues, for example, the Sex Trade Task Force and initiatives like the Nuisance Properties committee;
- City Staff also work to attract investment from senior levels of government and other funders to promote community wellness. One example is the Seniors Connect initiative to address social isolation in Nanaimo residents 55 years and older.

Within the City of Nanaimo, the Social Planning function has engaged with a wide range of community partners to address community wellness, prosperity, and safety. Those partners provide a range of programs that fall within the Health and Social Services framework.

BC Housing provides capital and operating for housing that includes a staffing component to support individuals affected by addictions and mental health to maintain their tenancy.

Island Health provides Mental Health and Substance Use services such as the Assertive Community Treatment Team for dually-diagnosed individuals and harm-reduction services such as Harris House Health Clinic and the Overdose Prevention Site at 437 Wesley Street.

Many non-profit societies work in this area, including Canadian Mental Health Association and Aids Vancouver Island, typically delivering services that are based on supporting individuals in moving towards enhanced health and prosperity. The City aims to continue working with our partners to ensure that we are working in collaboration and leveraging available resources in the most effective way possible.

SUMMARY POINTS

- While municipal government does not have primary jurisdiction over social and health issues, the impact is experienced at the local level and often requires a response.
- Since 2017, the City has been focused on addressing community concerns related to the use of illicit substances and attendant disorder in the public spaces of the city, particularly in the downtown core.
- In addition to short-term, urgent priorities such as needle pick-up, City Staff are working with community partners and senior levels of government to address health and social issues in the longer term. Examples include the provision of affordable housing, improved social connectivity, and a healthy-built environment.

ATTACHMENTS

ATTACHMENT A: Current Responses to Health and Social Issues |

Submitted by:

Lisa Bhopalsingh
Manager, Community and Cultural Planning |

Concurrence by:

Dale Lindsay
Director, Community Development |

ATTACHMENT A

Current Responses To Health And Social Issues

Category of Response	Action	Cost	Funding Source	Timeframe	Frequency
Housing	Support to community partners in developing affordable housing and provide land for modular supported housing.	Land and DCC relief	DCC relief funded from Housing Legacy Reserve; land from existing City holdings	2018/2019	Ongoing
	Support to Extreme Weather Shelter for extended hours of operation	\$7,800	Housing Legacy Reserve	November 2018 thru March 2019	Daily
	John Howard Society Housing First Program (Rent supplements for homeless individuals)	\$45,000	Housing Legacy Reserve	Within 24 months	Ongoing
Public Realm / Built Environment	Urban Clean Up initiative	\$45,000 per annum	General revenue	Within 12 months	Ongoing - funding ends 2019-DEC-31
	Additional safe syringe disposal boxes	\$2,500	General revenue	Within 12 months	Ongoing
	Additional garbage cans at key locations	Staff time	From existing budget	Within 12 months	One time
	Improved lighting	Part of LED replacement program	From existing budget	1-5 years	One time
Services	Provide merchants and residents with Who to Call sheet, Safe Streets Act, Surviving in Nanaimo brochures	Staff time	From existing budget	Within 12 months	Ongoing
	Collaborate with stakeholders in the business community to enhance the downtown	Staff time	From existing budget	Within 12 months	Ongoing
	Shower program for homeless individuals at Caledonia park	\$40,000	General revenue	2019	5 days per week to 2019-DEC-31

- Businesses' concerns
- Needle cleanup strategies

Committee discussion took place regarding the Homeless Outreach Team, funding of the Overdose Prevention Site on Wesley Street and the future of the Community Policing Services Office.

Councillor Bonner entered the Boardroom at 12:44 p.m.

John Horn, Social Planner, continued his presentation which included the following information:

- Supervised Consumption Sites
- City of Nanaimo responses include: supportive housing, emergency shelters, rental supplements, urban cleanup program, needle disposal boxes, coordination across City departments, enhanced patrols, meal programs, affordable housing projects, and funding of local agencies
- Partnership structures and community partners

S. Gurrie vacated the Boardroom at 1:00 p.m.

It was moved and seconded that the report titled "Municipal Response to Health and Social Issues", dated 2019-MAR-04, be received for information. The motion carried unanimously.

(c) Supervised Consumption Service

Introduced by Dale Lindsay, Director of Community Development.

Presentations:

1. Karin Kronstal, Social Planner, provided a presentation regarding supervised consumption service which included the following information:
 - Levels of services provided at an Overdose Prevention Site
 - Municipal Role in Supervised Consumption Site siting includes input into Federal Exemption Application and land use zoning
 - Zoning approach used in different communities
 - Current applicable zoning in Nanaimo

S. Gurrie returned to the Boardroom at 1:06 p.m.

- Zoning options include maintaining the status quo or considering Supervised Consumption Sites as part of a health service provision
- Public engagement relating to zoning options
- Rezoning approaches taken in Victoria, BC, and London, Ontario

DATE OF MEETING March 4, 2018

AUTHORED BY KARIN KRONSTAL, SOCIAL PLANNER, COMMUNITY AND CULTURAL PLANNING

SUBJECT DAYTIME DROP-IN RESOURCE CENTRE UPDATE

OVERVIEW

Purpose of Report

To provide Council with an information update on options for the provision of a daytime drop-in centre for homeless individuals in Nanaimo.

Recommendation

That the report titled "Daytime Drop-in Resource Centre Update" dated 2019-MAR-04 be received for information.

BACKGROUND

The term 'daytime drop-in resource centre', as used in this report, refers to a place for people without stable housing to go during the daytime hours in order to access physical and mental health assistance, as well as to be sheltered from the elements. The intended user population includes both Nanaimo's homeless population and street-involved individuals, who are not necessarily homeless, but who are exposed to the physical, social, and emotional risks of spending significant time on the street.

At the Regular Council meeting on 2018-MAR-19, Council was provided with a range of potential municipal responses to address homelessness and issues related to individuals who are homeless and/or street-involved (needles, loitering on business property, public urination, etc.). One of the options proposed was for the City to explore partnerships with the goal of opening a daytime drop-in resource centre.

The overall intent is to provide a safe space during the daytime gap that currently exists when all other services are closed. For example, right now, the 7-10 Club serves breakfast every day of the week except Sundays, and the emergency shelters are open from 7 PM – 7 AM. For a person reliant on those two services, that leaves a gap of nine hours with no consistent services or shelter on six days of the week (and for 12 hours on Sundays). There are some drop-in services offered by various non-profit groups in Nanaimo for their service user groups, such as the Women's Resource Centre and Seniors Connect, but these have limitations (e.g., are only for particular demographics, have limited hours/space, etc.). Salvation Army's New Hope Centre provides daytime shelter and support for the homeless, but is only available to those who are staying at the shelter.

The concept of opening a daytime drop-in resource centre is not a new idea: Between 2005 and 2007, Island Health entered into a contract with the New Hope Centre to open a daytime drop-in centre. Island Crisis Care Society was sub-contracted by the New Hope Centre to provide this service, which operated seven days a week from 8:30 AM – 3:30 PM. The original location was on Nicol Street, and then moved to the bottom of 55 Victoria Avenue (where the methadone clinic is located). It is estimated around 30-50 individuals were in the space at any

given time, with a minimum staff required of three outreach workers (two frontline workers and a manager).

In speaking with the previous manager of the drop-in centre (which was informally known as 'The Living Room'), he noted that while some crisis response nurses operated satellite offices out of the Living Room, it had not been set up or resourced with a full suite of services. The Living Room was closed when the New Hope Centre opened in 2007; however, the drop-in services provided by the Salvation Army operate on a different model of care (abstinence-based) and, as noted above, are now only available to shelter residents.

As noted in Nanaimo's Action Plan to End Homelessness, the current system of services for homeless individuals in Nanaimo has an obvious gap in that there is no indoor shelter available during the day. This has a negative impact on both the homeless and/or street-involved and the rest of the community, as individuals with nowhere else to go end up in public and semi-public spaces where they are neither welcome nor comfortable (e.g. business doorways).

In the absence of a dedicated drop-in centre, places such as the Vancouver Island Regional Library and fast food restaurants such as Tim Hortons have become the primary indoor communal space for the homeless and/or street involved. This creates challenges for their staff who have limited resources and time to support this group. To this end, the Action Plan recommends the creation of a daytime drop-in centre for the homeless and the street-involved. In addition to providing a warm, dry, safe space to go to when the shelters are closed, a drop-in centre would assist health outreach workers in serving clients whom they might otherwise spend significant time trying to locate.

In response to the 2018-MAR-19 report, Council passed a motion requesting that City Staff:

"Pursue partnerships to provide a day time drop in resource centre for homeless individuals and that Council allocate \$100,000 per year towards a drop in resource centre in the 2018 budget cycle and proceed with determining potential locations for the resource centre and report back to Council."

Following this direction, it was determined that significant additional funding beyond the \$100,000 annual allocation would be required to appropriately resource a drop-in centre, even with limited hours. In consultation with the staff at Our Place Society in Victoria, Nanaimo Staff estimated the costs of operating a drop-in centre for 6-8 hours a day, every day of the week, would cost an estimated \$650,000 per annum. This estimation assumed some leasehold and start-up costs, but was approximate as the location was undetermined.

Subsequently, based on the estimated costs being in excess of what was allocated, Staff recommended approaching the Province for the additional funding needed; however, since there is no Provincial program or budget line assigned to provide funding for this category of service, a special request was necessary. At its Regular Council meeting of 2018-JUL-09, Council passed the following motion:

"That Council direct Mayor McKay to send correspondence to Mr. Leonard Krog, MLA, regarding the City of Nanaimo's request for financial support from the Provincial Government for a daytime drop-in resource centre for homeless individuals in Nanaimo, and ask that this request be brought forward to an inter ministerial forum for consideration."

The inter-ministerial forum referred to was to include BC Housing, Island Health, Ministry of Social Development and Poverty Reduction, Ministry of Mental Health and Addictions, and other Provincial agencies on supporting a request for a drop-in centre in Nanaimo.

Upon approval of the above recommendation, a letter was sent to the Member of the Legislative Assembly (MLA). On 2018-JUL-24, the MLA provided a response indicating he would be pleased to meet with City Staff at any time to discuss the initiative. At a subsequent meeting between the Mayor, the MLA and Staff, the MLA requested more information about the project and Staff committed to providing this to him. Due to a change in the local context (i.e., focus on addressing Tent City), this response was delayed. However, in the following months, Staff continued to work with community partners to identify potential locations, operators, and costs for a drop-in centre in order to determine the scope of cost required for a safe and successful operation.

In addition to discussions with the Nanaimo Homelessness Coalition and Island Health, Staff have been in dialogue with Our Place, a non-profit society based in Victoria. Our Place operates one of the largest drop-in centres for the homeless on Vancouver Island, as well as offering transitional housing, shelter space, and a therapeutic recovery centre.

Our Place has expressed interest in working with the City and other partners to open a new drop-in centre in Nanaimo. A summary of their proposed services and budget is included as Attachment A. The estimate they have provided is consistent with previous estimates provided to Council, with the caveat that their proposed budget does not include any lease costs, utilities, or lease improvements.

Scope of Services

A proposed service framework for a drop-in resource centre would include a core staffing function that would ensure the space is safe for attendees and staff. It would also ensure the area immediately adjacent the centre is managed with respect to public safety and anti-social activities, and that the building and grounds are well maintained and functionally operational.

Additional services that may be offered include but are not limited to:

- Shower program (currently provided by the City at a local sports field)
- Health supports, such as wound treatment, foot care, and referrals
- Counselling and advocacy supports
- Individual wellness planning
- Housing placement programs
- Pre-employment skills training
- Support to apply for income assistance
- Clothing program
- Laundry facilities
- Meal program/snacks (Nanaimo's free breakfast program currently operates from a City-owned building downtown)
- Social/recreational programming

The City would employ the services of an experienced organization to act as operator, who would work closely with all our colleagues in the Provincial ministries and non-profit

organizations to ensure that we achieve a well-balanced, supportive environment that complements existing services.

Siting Considerations

Staff have been reviewing a number of options for a potential location for a drop-in centre. Siting considerations include the following:

- Ownership/availability
- Appropriate zoning
- Building code classification (i.e., approved for assembly use) and accessibility
- Capacity/occupancy load
- Proximity to other social services/downtown
- Size requirements for services
- Facility amenities (e.g., showers/bathroom)
- Availability of outdoor/courtyard space
- Potential impact on neighbourhood
- Potential impact on other building tenants (depending on location)

Budget Considerations

Regardless of how many days per week or hours per day the proposed drop-in centre would be open, staffing would be the largest budget line item. One lesson learned from previous experience opening a drop-in space in Nanaimo (the Living Room on Nicol Street) is the need for a core level of professional staffing to ensure the effective and safe operation of a daytime drop-in resource centre. Employing professional, trained staff, in addition to support from community volunteers, will minimize the impact on the surrounding neighbourhood.

Given the limited number of suitable, available municipal buildings, Staff have been reviewing options in the private market. If a suitable option in the private market is identified and selected, this would significantly increase the required budget. Additionally, Council would need to consider whether they are willing to enter into a multi-year lease, which is often a requirement for commercial properties. A major consideration for the budget is the cost of leasing a suitable building. The proposal from Our Place is based on the City providing space and improvements at no cost. There may be opportunities to share space and utility costs with other non-profits if a suitable building is found.

Additional budget considerations include whether the space would provide meals or snacks, start-up costs, the size and ownership of the site selected, and any additional programming that may be offered by the City (in addition to coordinated services offered by service providers such as Island Health). There may be some cost efficiencies by offering a "one-stop shop" for the homeless and/or street-involved. For example, the City may be able to relocate the existing shower program from Caledonia Park to the drop-in centre instead of paying for a stand-alone service.

NEXT STEPS

Staff will continue to work with Our Place and our local service providers to determine the optimal level of service and location. Council will be provided with an update when suitable potential site locations and operation options are determined. Staff are of the opinion that this project will require financial support from the Provincial Government and would note that any future recommendation will likely include a recommendation to pursue support from the Province. |

SUMMARY POINTS

- In 2018, Council allocated \$100,000 per year for the provision of a daytime drop-in resource centre for homeless and street-involved individuals.
- City Staff have been working with Our Place Society in Victoria and local service providers to determine the initial scope of services and budget for a drop-in centre and to identify potential locations.
- Council will be asked to provide direction on location options and pursuing additional funding at a later date. |

ATTACHMENTS

ATTACHMENT A: Our Place Daytime Drop-In Centre Overview |

Submitted by:

Lisa Bhopalsingh
Manager, Community and Cultural Planning |

Concurrence by:

Dale Lindsay
Director, Community Development |

ATTACHMENT A

OUR PLACE SOCIETY Drop-In Centre Services in Nanaimo

Purpose:

Development of a Drop-In Centre to serve the Nanaimo street-involved population. This would include a survey of potential space, development of a budget for capital and operations, community consultation, client needs assessment, and determination of partnerships/key stakeholder relationships.

Description of services:

Proposed Drop-In Centre operations will include basic needs services, social/recreational programming, client assessment and referrals, limited harm reduction, primary medical care, and community development. The Centre would also function as a donation site and volunteer hub. A primary goal would be to develop partnerships in order to offer a range of programs while managing operations costs building on the OPS Drop-In Centre model. Ideally, the Drop-In Centre would be located in the core in order to effectively reduce the current pressures on businesses and residential areas related to anti-social behaviours and congregation downtown. Several proposed operating models have been costed ranging from 5 days/week 2 hours/day to 7 days/week 5 hours/day. There is some flexibility in costing and this can be further negotiated based on ongoing discussion.

Summary of Monthly Budget:

Note: The proposed budget does not include any lease costs, utilities or leasehold improvements.

	Open 5 days per week, 2 hours per day (snacks, no meals)	Open 7 days per week, 2 hours per day (snacks, no meals)	Open 5 days per week, 5 hours per day and includes dinner	Open 7 days per week, 5 hours per day and includes dinner
Staffing (Monthly)	\$4,726	\$7,061	\$11,503	\$15,785
Food (Monthly)	\$1,650	\$2,888	\$10,675	\$12,200
Operations (Monthly)	\$1,098	\$1,098	\$1,098	\$1,098
Start-Up Costs (Monthly)	\$800	\$800	\$800	\$800
Total (Monthly)	\$8,274	\$11,847	\$24,076	\$29,883
<u>ANNUAL COST</u>	<u>\$99,288</u>	<u>\$134,952</u>	<u>\$288,912</u>	<u>\$358,596</u>

Dr. Hasselback, Medical Health Officer for Central Vancouver Island, provided a presentation regarding Nanaimo Opioid Overdose Update which included the following information:

- Engagement with previous Council and committees
- The purpose of an overdose prevention site
- Success of Insite (Safe Injection Site) in Vancouver
- Siting considerations for a Supervised Injection Site
- Dispersal of calls for attendance to overdoses across Nanaimo
- New therapies to address addictions
- Results of the encampment at Port Place
- Modernizing language in zoning bylaw
- Barriers going forward until zoning bylaw is resolved

Committee discussion took place regarding:

- Funding of the Supervised Consumption Sites
- Support, funding and current services available for detox and rehabilitation
- Earlier intervention activities
- Establishment of opiate agonist treatments
- Cannabis encouraged to replace opiates addiction
- Providing substances to those with substance abuse disorders
- Most overdose fatalities occurring in private residences with a small fraction occurring in shelters or in the street

It was moved and seconded that the report titled "Supervised Consumption Service" dated 2019-MAR-04 be received for information. The motion carried unanimously.

(d) Daytime Drop-In Centre Options

Introduced by Dale Lindsay, Director of Community Development.

R. Harding and S. Gurrie vacated the Boardroom at 2:04 p.m.
Councillor Geselbracht vacated the Boardroom at 2:04 p.m.

Presentations:

1. John Horn, Social Planner, and Karin Kronstal, Social Planner, provided a presentation regarding a daytime drop-in resource centre which included the following information:

- Collection of concerns from downtown businesses
- Library downtown being used as a resource centre for the homeless

R. Harding returned to the Boardroom at 2:06 p.m.

- Benefits of the drop-in centre
- Past drop-in centres in Nanaimo

Councillor Geselbracht returned to the Boardroom at 2:09 p.m.
S. Gurrie returned to the Boardroom at 2:12 p.m.

The presentation continued regarding:

- Scope of services to be provided
- Potential partnership with Our Place Society
- Siting considerations
- Working with all providers in community
- How does the drop-in centre fit in the strategic plan
- Who would be the driver to move the project forward

It was moved and seconded that the report titled "Daytime Drop-in Resource Centre Update", dated 2019-MAR-04, be received for information. The motion carried unanimously.

4. QUESTION PERIOD:

No one in attendance wished to ask questions.

5. ADJOURNMENT:

It was moved and seconded at 2:33 p.m. p.m. that the meeting terminate. The motion carried unanimously.

CHAIR

CERTIFIED CORRECT:

CORPORATE OFFICER

DATE OF MEETING May 13, 2019

AUTHORED BY KARIN KRONSTAL, SOCIAL PLANNER, COMMUNITY AND CULTURAL PLANNING

SUBJECT TASK FORCE ON HEALTH AND HOUSING

OVERVIEW

Purpose of Report

To request that Council approve the creation of a Health and Housing Task Force to be chaired by a member of City Council as outlined in the Terms of Reference attached to this report.

Recommendation

That Council:

- 1) approve the creation of a Health and Housing Task Force;
- 2) approve the proposed Task Force on Health and Housing Terms of Reference; and
- 3) appoint a Council representative or representatives to the Task Force on Health and Housing.

BACKGROUND

In the past few years, issues related to mental health, poverty, substance use disorders, homelessness, and housing affordability have escalated in Nanaimo. This has resulted in creating a state of crisis for Nanaimo's most vulnerable community members, with impacts for the wider community. Nanaimo's 2018 Tent City and the ongoing challenges with the temporary modular housing and those who remain street-entrenched clearly demonstrate the need to find more effective ways to tackle these increasingly complex health and housing issues. Strong leadership is required to facilitate the collaboration needed to develop appropriate responses to address these challenges.

At its 2019-FEB-11 Special Committee of the Whole Meeting, Council received an information report on affordable housing and homelessness. One of the subjects outlined in that report was the ongoing work of the Nanaimo Homelessness Coalition (the "Coalition"). The Coalition was formed in 2015 to address the issue of homelessness. Its membership includes a number of non-profit agencies, government bodies, faith groups, and residents of the community (see Attachment A). The group meets monthly to discuss issues related to homelessness and to share information between service providers.

The Coalition was preceded by Nanaimo's Working Group on Homelessness, which began in 2001 and whose make up was very similar to the current Coalition. The Coalition and its constituent members provide a range of responses to housing needs, including:

- emergency shelter beds;
- transitional and supportive housing;

- affordable housing and rent subsidies;
- free or low-cost meal programs;
- homelessness outreach support; and
- mental health, harm reduction, substance use recovery services, and more.

Funding for these programs and services is provided by the Provincial Government through BC Housing, the Federal Government through Service Canada, and by local government through the City of Nanaimo and the Regional District of Nanaimo (RDN). Community donations and volunteer time are also a key resource.

Historically, one of the main roles of the Coalition has been to allocate funding received through the Federal Government's Homeless Partnering Strategy (HPS). The Federal Government through Service Canada has been funding Nanaimo as a designated community since 2001. A sub-committee of the Coalition allocates the \$811,000 in Federal funding received annually under the HPS. There are two streams of funding: Aboriginal (\$256,000) and Designated (\$555,000) streams. The last agreement expired at the end of March 2019 and the program was renewed for ten years under the name "Reaching Home." The United Way acts as the community entity through which the HPS money is received and allocated.

Part of receiving the Federal funding through HPS requires that the Coalition have a community plan that guides the allocation decisions. The Coalition recently completed *Nanaimo's Action Plan to End Homelessness 2018-2023* (the "Action Plan"). The Action Plan is a five-year plan to help Nanaimo end homelessness or diminish the harms produced by homelessness where it persists by guiding and organizing services. At its 2018-SEP-17 Regular Council Meeting, Council endorsed the Action Plan as a companion document to the *Nanaimo Affordable Housing Strategy*.

Challenges with Current Coalition Structure

In its current formation, the Coalition has a large membership that includes numerous non-profit societies of varying sizes and capacity; representatives from the municipal, Provincial and Federal levels of government; faith groups; and community members with an interest in developing and carrying out solutions to homelessness. Due to the size of the group and the spectrum of services it represents, meetings are primarily focused on information sharing. Smaller working groups typically take on specific project work (i.e., the Allocations Committee, and the Community Plan Committee), and since it is often the same individuals and organizations that sit on the smaller working groups, capacity is limited.

A second challenge with the existing Coalition is that it is not a legal entity and has neither a budget nor staff. The United Way did receive a 2019 Social Planning Grant from the City of Nanaimo to hire a part-time communications coordinator for the Coalition, but this is a one-time grant that is not renewable beyond two years. Members end up bringing their own resources to the Coalition agenda and activities. These factors present a significant challenge to the ability of the Coalition to quickly respond to the current health and housing crisis.

Historically, the United Way of Central and Northern Vancouver Island has been a major facilitator of the work of the Coalition by acting as the 'Community Entity' for the HPS funding and taking on much of the communication and administrative work associated with the Coalition. As noted by the Executive Director of the United Way in her 2019-FEB-11 presentation to Council, the scope of the challenge has evolved and the on-going crisis requires a new

approach to governance that builds on the strengths of the existing network. The suggestion made at that time was for the City to take a leadership role to help advance the work to address issues that lead to homelessness.

Task Force Approach to addressing Health and Housing

Other communities facing a similar scale of mental health, substance use, homelessness, and housing affordability challenges as Nanaimo have created a municipal task force with participation of a Council member, or members, some of whom are designated to chair. For example, the Oceanside Task Force on Homelessness was formed by the City of Parksville in 2010 to address homelessness and related issues in School District No. 69, with one Parksville Council member appointed as liaison. Other communities, such as Victoria, Burnaby and New Westminster, have created specific City-led task forces to provide recommendations to Council on policies, projects, and specific initiatives that increase housing supply, diversity, and affordability.

While the City of Nanaimo is a key stakeholder in identifying or facilitating solutions to the health and housing crisis, currently there is no elected municipal leadership on the existing Coalition. In discussions with New Westminster City staff, it was observed that Council and senior City staff participation on their City-led task force allows for more in-depth exploration of issues than time typically permits at a Regular Council Meeting. The appointed Council members also bring forward questions and ideas on behalf of their colleagues without having to wait for a report to Council when they are being asked for a decision.

Frequently, task forces typically have a limited-time mandate. For example, Victoria City Council created the Mayor's Task Force on Housing Affordability in April 2015, which was comprised of citizens and community leaders with experience in planning, architecture, real estate development, anti-poverty, and non-profit housing. Within several months of weekly meetings, the task force developed an action plan which consisted of recommendations to Victoria City Council on innovative housing policy solutions that resulted in Victoria's current Housing Strategy. In this case, it should be noted Victoria's Mayor is also the co-chair of the board of directors of the Greater Victoria Coalition to End Homelessness. Another example is Nanaimo's Cannabis Task Force, which met three times to develop recommendations for how the City should respond to changes to Federal legislation regarding the legalization of cannabis.

Nanaimo is in a good position to create a health and housing task force, given that Council has recently endorsed the Coalition's Action Plan to End Homelessness and the Affordable Housing Strategy that reflect current best practices and identify key priorities. While BC Housing has the primary mandate for housing, and Island Health has the mandate for addressing mental health and substance use, solving issues related to the housing crisis and homelessness is a collaborative work across jurisdictions and sectors that requires one partner to take the lead in facilitating these partnerships. Staff are recommending Council take a leadership role by approving the creation of a task force on health and housing (the "Task Force") with a Council member or members appointed as Chair for an initial term of one year.

The Task Force would have the mandate to facilitate the implementation of policies aimed at increasing housing supply, diversity, and affordability; as well, would consider what each organization can do to address issues that give rise to and perpetuate homelessness. This would include addressing poverty, mental health, and substance use disorders. A draft Terms of Reference for the Task Force is included as Attachment B.

It should be noted this is not a proposal to disband the existing Coalition, but rather to build on its strengths while recognizing its limitations. Discussions with the Coalition membership have indicated that most participants would be interested in continuing to meet on a less frequent basis to share information if there was another table of key players working on Action Plan implementation. As outlined in the Terms of Reference, the proposed Task Force would also participate at Coalition meetings to provide updates and solicit input on actions. Should Council approve creating the proposed Task Force, the Coalition could amend its own Terms of Reference to reflect the complementary roles of the two groups.

OPTIONS

1. That Council:

- 1) approve the creation of a Health and Housing Task Force;
- 2) approve the proposed Task Force on Health and Housing Terms of Reference; and
- 3) appoint a Council representative or representatives to the Task Force on Health and Housing.
 - **Budget Implication:** It is anticipated that the Task Force budget would be \$2,500, consistent with typical budgeted amounts for Council committees. This could potentially be funded using existing 2019 budgeted resources for committees. If the committee budget funding is not used, then Council has the option of using Council contingency funds.
 - **Policy Implication:** Creation of a Task Force would facilitate prioritizing activities and implementing the Action Plan to End Homelessness and the Affordable Housing Strategy.
 - **Strategic Priorities Implication:** The proposed Task Force supports the draft 2019-2022 Strategic Plan values of Governance Excellence and Livability.
 - **Political Implication:** Would be responsive to community pressure to address frequently overlapping issues of poverty, mental health, substance use, homelessness, and housing affordability.

2. That Council provide alternative direction to Staff.

SUMMARY POINTS

- Established in 2015, the Nanaimo Homelessness Coalition is a partnership between a number of government and non-governmental agencies working together to end homelessness in our community.
- Input from the Coalition and the increasing complexity and severity of Nanaimo's health and housing crisis requires enhanced municipal leadership.
- A City-led Task Force on Health and Housing created by Council would oversee the implementation of both the Action Plan to End Homelessness and the Affordable Housing Strategy, while also considering actions to address issues related to homelessness, mental health, and substance use.

ATTACHMENTS

ATTACHMENT A: Nanaimo Homelessness Coalition Membership

ATTACHMENT B: Task Force on Health and Housing Terms of Reference (Proposed) |

Submitted by:

Lisa Bhopalsingh
Manager, Community and Cultural Planning |

Concurrence by:

Dale Lindsay
Director, Community Development

Laura Mercer
Acting Director, Financial Services

Sheila Gurrie
City Clerk |

ATTACHMENT A

NANAIMO HOMELESSNESS COALITION MEMBERS

- AIDS Vancouver Island
- BC Housing
- City of Nanaimo
- Canadian Mental Health Association
- First Unitarian Fellowship of Nanaimo
- Haven Society
- Island Crisis Care Society
- Island Health
- Men's Resource Centre
- Ministry of Social Development and Poverty Reduction
- Nanaimo Region John Howard Society
- Nanaimo Women's Resource Centre
- Nanaimo Youth Services Association
- Pacifica Housing
- Nanaimo RCMP
- Service Canada
- Salvation Army
- Tillicum Lelum Aboriginal Friendship Centre
- United Way
- Vancouver Island Mental Health Society
- Widsten Property Management
- 7-10 Breakfast Club
- Citizens at large

ATTACHMENT B



TERMS OF REFERENCE

TASK FORCE ON HEALTH AND HOUSING

PURPOSE:

To address the health and housing crisis in our community. The task force will be required to:

- Work with the Nanaimo Homelessness Coalition (the “Coalition”) to:
 - fulfill the Community Plan requirements of the Federal “Reaching Home” (Designated and Aboriginal) funding; and,
 - determine the optimal governance structure to implement the Nanaimo Action Plan to End Homelessness.
- Oversee the implementation of the Coalition’s Action Plan to End Homelessness and Nanaimo’s Affordable Housing Strategy;
- Provide recommendations to Nanaimo City Council on other issues arising from and giving rise to homelessness in our community (poverty, mental health, substance use disorders);
- Provide status updates on the progress of the task force to the Coalition;
- Determine the connection between the Regional District of Nanaimo affordable housing initiatives and those within the City of Nanaimo.
- Advocate for additional resources from all levels of government for housing, health and poverty reduction initiatives;
- Participate in the creation of a health, housing and homelessness communications strategy; and,
- Address other issues as the task force sees fit.

MEMBERSHIP:

To be most effective the Committee members should be senior level decision makers for each participating organization.

The voting membership of the Committee will be as follows:

- One-two (1-2) members of Council
- Nine (9) members.

Chair – member of Council

Alternate Chair – member of Council/other Committee member

1 – Snuneymuxw First Nation representative (Council member or designate)

1 – RCMP senior executive representative

1 – VIHA senior executive representative

1 – BC Housing senior executive representative

- 1 – Ministry of Social Development and Poverty Reduction senior executive staff representative
- 1 – Service Canada senior executive staff representative
- 1 – Designated “Reaching Home” Community Entity representative*
- 2 – Non-Profit Organization representatives**

The initial term of appointment shall be for twelve (12) months with a review at the end of term for possible renewal for a further twelve (12) months.

MEETING FREQUENCY:

The initial task force meeting will be called by the Chair, with the remaining meeting schedule established by the task force.

STAFF SUPPORT:

The following City Departments will provide support to the Task Force as needed:

- Community Development Staff
- City Clerk
- Other Staff as required

OBSERVERS & COMMUNITY SUPPORTS:

Non-voting representatives may be invited to attend the meeting specific to topics of shared interest. All regular meetings are open to the public.

* Community Entity representative to be appointed by Council

** Non-Profit Organization representatives to be appointed by Council

(b) Pat Squire and Louise Gilfoy regarding buried historical grave markers

Louise Gilfoy and Pat Squire spoke regarding:

- History of headstones at cemetery
- Markers removed to make it easier to mow the grass
- Past presentations to Council and timeline of work in cemetery
- Parts of history of Nanaimo have been lost
- Public Works Department involvement
- Chemainus cemetery in it's natural state

(c) Sapha Habibi, Kevin Donoghy and Sarah Lovegrove, New Leaf Outreach, regarding goals of New Leaf Outreach organization

Sapha Habibi and Sarah Lovegrove, New Leaf Outreach, spoke regarding the purpose, mission and goals of the New Leaf Outreach organization:

- Incorporated as not for profit
- Peer run supervised consumption site
- Collected over 1,140 needles in Nanaimo
- Face barriers to provide work in community
- Requested Council grant them a safe space to operate their work
- Reversed 5 overdoses
- Have served 100-200 people per shift

9. REPORTS:

(a) 2018 Annual Financial Statements

Introduced by Laura Mercer, Acting Director, Financial Services.

It was moved and seconded that Council approve the 2018 Annual Financial Statements for the City of Nanaimo. The motion carried unanimously.

L. Mercer vacated the Shaw Auditorium at 8:09 p.m.

(b) Task Force on Health and Housing

Introduced by Dale Lindsay, Director, Community Development and Lisa Bhopalsingh, Manager, Community and Cultural Planning.

It was moved and seconded that Council:

1. approve the creation of a Health and Housing Task Force; and,
2. approve the proposed Task Force on Health and Housing Terms of Reference.

The motion carried unanimously.

It was moved and seconded that Council appoint Councillor Hemmens and Councillor Bonner as Council representatives to the Task Force on Health and Housing. The motion carried unanimously.

DATE OF MEETING July 8, 2019

AUTHORED BY |KARIN KRONSTAL, SOCIAL PLANNER|

SUBJECT SUPERVISED CONSUMPTION SERVICE ZONING OPTIONS

OVERVIEW

Purpose of Report

To provide Council with options for changes to "City of Nanaimo Zoning Bylaw 2011 No. 4500" related to the siting of a Federally-approved Supervised Consumption Service.

Recommendation

That Council direct Staff to:

- a) bring forward proposed changes to "City of Nanaimo Zoning Bylaw 2011 No. 4500" to repeal the definition of 'Drug Addiction Treatment Facility';
- b) bring forward proposed changes to "City of Nanaimo Zoning Bylaw 2011 No. 4500" to add a definition for 'Supervised Consumption Service'; and
- c) provide Council an update on the 2017-DEC-11 Staff report "*Response to Health, Social and Safety Issues in the Downtown*".

BACKGROUND

On 2019-MAR-04, Council received a report that provided background information regarding the role of local government in the siting of a Federally-approved and Provincially-funded supervised consumption service in our community.

Health services, which includes the supervised consumption of illicit substances, are within the mandate of the Provincial Government. One of the key Provincial responses to the current overdose crisis has been the provision by local health authorities of Overdose Prevention Sites (OPS) and Supervised Consumption Services (SCS). OPSs are typically established as a temporary emergency response, while SCSs are longer-term and can be more comprehensive in the services offered. Temporary OPS facilities are legally enabled by the declaration of a public health emergency by the BC Ministry of Health through Ministerial Order No. M488 in 2017, and as such, do not need to comply with local bylaws. For Island Health or another entity to operate an SCS in Nanaimo, an application must be made and approval received from the Federal Government for a site-specific exemption to Canada's *Controlled Drugs and Substances Act*. The difference in the level of service provided by an OPS versus an SCS is dependent on the discretion of each local health authority to determine service levels and allocation of resources.

Nanaimo's Medical Health Officer, Dr. Hasselback, has noted Island Health's siting criteria for an SCS includes, but is not limited to: availability and site stability, proximity to needs and support services, separation distances, capital and operational costs, contracting requirements (purchasing), legal requirements (e.g., leases, agreements), and community interaction. Municipal zoning is not considered as part of the Federal exemption process, but like any land

use that operates under local government bylaws, appropriate zoning does determine whether a site can operate legally.

In Nanaimo's current "City of Nanaimo Zoning Bylaw 2011 No. 4500" (the "Zoning Bylaw"), the definition that most closely reflects the services offered by an SCS is that of "*Drug Addiction Treatment Facility: the use of a building to treat persons with substance use problems and includes needle exchange facilities, safe injection sites, Methadone clinics and the like*". 'Drug Addiction Treatment Facility' is not currently a permitted use in any zone and therefore must be approved by Council through rezoning on a site-specific basis. This use was introduced into the "City of Nanaimo Zoning Bylaw 1993 No. 4000" in 2006 as part of a comprehensive rezoning of the downtown area, the intent of which was to provide Council and the public with more input on the location of higher-impact land uses.

In January 2017, Council provided support for Island Health to establish a temporary OPS on City-owned land at 437 Wesley Street and directed Staff to amend the lease for this property to allow this use. In May 2017, Island Health (via the City of Nanaimo, the property owner) brought forward a site-specific rezoning application for a permanent SCS at 437 Wesley Street. The application included a new definition, 'Supervised Consumption Service', as both Staff and Island Health agreed the current definition the services falls under does not accurately reflect the services provided at an SCS. Following a Public Hearing, that rezoning application was defeated at third reading by Council based upon concerns related to existing and long-term impacts on the surrounding community and businesses.

On 2018-JUL-09, Council referred review of Zoning Bylaw amendments related to SCS to the Community Planning and Development Committee and the Public Safety Committee for recommendations. City committees were dissolved in September 2018 before there was an opportunity to review this topic, but the issue of zoning for this use remains a concern for Island Health, the City of Nanaimo, and other stakeholders seeking to address the overdose crisis through enhanced health services for safer drug consumption.

DISCUSSION

Federal Exemption Process

Following the March 2019 presentation to Council, Staff continued to work with Island Health and other stakeholders to identify options for establishing siting options for SCS in Nanaimo. Through our discussions, it came to light that the Federal process for approving SCS locations had changed since the last time Council was asked to make a zoning decision on this issue.

Though the Federal application process does not consider zoning, up until May of 2017, municipal input had been a mandatory part of the application for Federal exemption under the *Respect for Communities Act* (legislation amending the *Controlled Drugs and Substances Act*, which had been brought in under the Federal Conservative Government in 2015). The Federal application had required a letter from local government outlining its opinion on the proposed activities at the site, including any concerns with respect to public health or safety, and a description by the applicant of the measures that have been taken or will be taken to address any relevant concerns. This requirement allowed municipalities such as Kamloops to provide letters of conditional approval, outlining measures the municipal government needed from the health authority to provide continued support for the SCS even after zoning was in place.

In May of 2017, shortly after the failed rezoning application for 437 Wesley Street, the *Respect for Communities Act* was amended to simplify the application process. Applicants must now meet five conditions of approval (down from 26 under the previous act), and the new application no longer requires specific input from local government. However, the application does require a consultation report that must include a description of consultation activities undertaken for the proposed site. Results from the consultation, including all feedback and comments received, must be provided as part of the application. Examples of acceptable consultation methods include open houses, online surveys, information meetings, community association meetings, flyers, and door-to-door canvassing. The applicant must also demonstrate how they will address concerns raised by the community during consultation.

To ensure the City fully understood the implications of changes to the Federal exemption process, Staff requested Island Health provide a letter that outlined the following:

- 1) How input from municipal government would be considered as part of any future application to the Federal Government for an SCS;
- 2) An outline of the process that would be followed for public engagement on a proposed site, once a specific site had been identified; and
- 3) A plan for how impacts on the adjacent area would be managed and what resources would be available to manage any impacts on the surrounding community.

On 2019-MAY-23, the City received a response from Nanaimo's Medical Health Officer (MHO), which is included as Attachment A. The letter from the MHO provides information on the level of community engagement typically expected for an application for an SCS to be deemed complete. The letter notes the application usually includes a letter from the Provincial Minister (though this is no longer a requirement), which would ideally be provided with the support of the local government. The MHO notes that through the application consultation, any concerns about site impacts would be identified and addressed proactively through site-specific discussion. The MHO did not provide specific details as to the scope or resources available for off-site impact management, noting this is an ever-evolving issue that requires a dynamic response.

Zoning Bylaw 4500

In the letter received 2019-MAY-23, the MHO requested the definition for 'Drug Addiction Treatment Facility' be removed from the Zoning Bylaw and that an SCS be considered a use under 'Medical/Dental Office', which is permitted in most commercial and mixed-use zones. The City has received input from the MHO that an SCS is an essential health service and that zoning regulations distinguishing this service from any other health service are discriminatory and stigmatizing towards drug users, who are already at risk of overdosing while using alone due to the stigma of drug dependency disorder. The MHO further notes that in a rapidly changing public health context, overly specific zoning regulations may hinder the Health Authority's ability to respond effectively.

Staff recommend repealing the definition of 'Drug Addiction Treatment Facility', as the current definition is both dated and inaccurate (e.g., includes harm-reduction activities not typically found at a rehabilitation centre). Staff further recommend adding a new definition for 'Supervised Consumption Service' and that this use be permitted on a site-specific basis through rezoning. If Council wishes, this use could also be allowed under a Temporary Use

Permit (which grants zoning permission to operate for up to three years and is renewable for another three years). The proposed Zoning Bylaw amendments are included as Attachment B.

The MHO has argued Nanaimo is unique in its requirement for rezoning to allow an SCS; this is not the case. Attachment C outlines the examples of London (ON), Red Deer (AB) and Medicine Hat (AB), where the local councils added definitions for supervised consumption service to their zoning bylaws and permitted the services on a site-specific basis through rezoning. In Abbotsford, from 2005 until 2014, the City of Abbotsford's zoning bylaw prohibited all harm reduction uses in the community, including needle exchanges (Abbotsford currently has two OPSs, but no SCS. Their senior planner confirmed that if one were to be proposed, staff would likely recommend it be considered on a site-specific basis). Even in the BC communities where SCSs have been permitted as a health service without rezoning, council support has at times been conditional on meeting certain requirements (as was the case in Kamloops; see Attachment D for sample letter).

Like Nanaimo, many communities are struggling to find the appropriate balance between the health care needs of a specific population and the impacts on the broader community. In Vernon, Interior Health recently withdrew a Request for Proposal (RFP) for an operator to open an OPS at an unspecified location in Vernon, due to concerns from the downtown business community that they had not been consulted. Interior Health is now reconsidering the terms of the RFP; specifically, whether the proposed OPS will be located at the local hospital instead of downtown.

By permitting an SCS on a site-specific basis, Council will be able to allow this use with conditions of approval attached through the rezoning process. This recommendation aims to strike a balance between acknowledging that an SCS is indeed a necessary health service, while recognizing that the municipality is accountable to the public for impacts that result from introducing a new use to a neighbourhood through regulatory changes. This principle has been established with the rezoning policies for Liquor and Cannabis Retail Stores. These are commercial uses, but the municipality has adopted policies with input from Island Health to guide where they are permitted.

Alternatively, Council may wish to permit this use by amending the definition of 'Office Medical/Dental' to include SCS activity as requested by the MHO (alternative wording for zoning revisions is in Attachment B). In this scenario, Island Health or any other applicant would be able to apply for a Federal exemption for an SCS wherever medical offices are allowed. This would apply to most commercial and mixed-use zones throughout the city. In this case, Council would not be able to attach conditions of approval, but would rely on the community consultation process outlined by the MHO (see below) to provide input as to any concerns about potential impacts on the area.

Community Consultation

The 2019-MAY-23 letter from the MHO notes that for an application for an SCS to be considered complete, Health Canada requires that "*efforts [be] made to engage with the community to inform them of the proposal and ensure that the voices of community members have been heard*". There is also an expectation that steps would be taken by the applicant to mitigate concerns. The MHO mentions a number of tools that may be employed as part of community engagement (e.g., online communications and surveys, open houses, canvassing, etc.). Staff anticipate any future application for a Federal exemption for an SCS would be

accompanied by comprehensive community engagement by the applicant, with support from City Staff, regardless of which zoning option Council wishes to pursue.

Public Disorder in the Downtown

Staff continue to work on addressing problems in the downtown core, and on 2017-DEC-11, brought forward the report for decision "*Responses to Health, Social and Safety Issues in the Downtown*", which contained a number of recommendations that have since been completed or are actively underway. Some of the recommendations have been successful in addressing public disorder, such as the Urban Clean Up initiative. At the same time, concerns about the state of the downtown, particularly in the areas adjacent to the OPS on Wesley Street, have escalated over the last two years. Staff will bring forward an update to Council on the 2017-DEC-11 Staff report in summer 2019.

OPTIONS

- Option 1 – That Council direct Staff to:
 - a) bring forward proposed changes to "City of Nanaimo Zoning Bylaw 2011 No. 4500" to repeal the definition of 'Drug Addiction Treatment Facility';
 - b) bring forward proposed changes to "City of Nanaimo Zoning Bylaw 2011 No. 4500" to add a definition for 'Supervised Consumption Service'; and
 - c) provide Council an update on the 2017-DEC-11 staff report "*Response to Health, Social and Safety Issues in the Downtown.*"
- Provides Council with a greater level of oversight and accountability as to the siting of a future Supervised Consumption Service. Permits Council to add conditions of rezoning approval. Consistent with precedent policies of requiring rezoning for Liquor Retail Stores and Cannabis Retail Stores.
- Requires that Council make a decision on a specific site location in response to a future application, rather than leaving that decision up to Island Health based on public health criteria. This gives Island Health less flexibility in siting options and could be seen as stigmatizing towards substance users.
- Option 2 – That Council direct Staff to:
 - a) bring forward proposed changes to "City of Nanaimo Zoning Bylaw 2011 No. 4500" to repeal the definition of 'Drug Addiction Treatment Facility'; and
 - b) bring forward proposed changes to "City of Nanaimo Zoning Bylaw 2011 No. 4500" to revise the definition of 'Office Medical/Dental.'
- Defining SCS as a health service is consistent with policy precedents set by other BC cities with established SCSs (Vancouver, Victoria, Kamloops, Kelowna, and Surrey). Adopting this approach could strengthen relationship with Health Authority by demonstrating trust in their siting process, and would ensure that harm reduction services would be in place indefinitely.

- The City would not have a substantive role in site selection. May create site-management issues that end up being addressed by RCMP and Bylaws.
- Option 3 – That Council provide alternative direction to Staff.

SUMMARY POINTS

- British Columbia is currently experiencing an opioid overdose crisis. Harm reduction services such as Overdose Prevention Sites and Supervised Consumption Services are an important aspect of the Province's response to the crisis.
- The difference in the levels of service provided by Overdose Prevention Sites and Supervised Consumption Services is dependent on the discretion of each local health authority to determine service levels and allocation of resources.
- Under the current Zoning Bylaw, a Supervised Consumption Service is allowed only on a site-specific basis through rezoning under the land use defined as "Drug Addiction Treatment Facility."
- Staff recommend revisions to the Zoning Bylaw to repeal the definition of 'Drug Addiction Treatment Facility' and add a definition for 'Supervised Consumption Service' that would be permitted on a site-specific basis.
- An alternative approach would be to remove the definition of 'Drug Addiction Treatment Facility' and revise the definition of 'Office Medical/Dental' so that it includes supervised consumption activities in any zone permitting a medical office (most commercial and mixed-use zones).

ATTACHMENTS:

- ATTACHMENT A: Letter dated 2019-MAY-23 from Medical Health Officer to City of Nanaimo Staff
- ATTACHMENT B: Proposed Zoning Bylaw Amendments – Supervised Consumption Services
- ATTACHMENT C: Local Government Approaches to Supervised Consumption Services
- ATTACHMENT D: City of Kamloops Opinion Letter on Supervised Consumption Services
- PowerPoint Presentation: Supervised Consumption Service Zoning Options

Submitted by:

Lisa Bhopalsingh
Manager, Community Planning

Concurrence by:

Dale Lindsay
General Manager of Development Services

ATTACHMENT A

Letter dated 2019-MAY-23 from
Medical Health Officer to City of Nanaimo Staff

Excellent care, for everyone,
everywhere, every time.



May 23, 2019

Karin Krostal/Lisa Bhopalsingh
City of Nanaimo
Social Planner and Manager Community and Cultural Planning

Re: Nanaimo administrative request for letter outlining supervised consumption site application

Dear Karin and Lisa:

The City of Nanaimo planning department has requested additional information on the proposed zoning bylaw changes as it relates to the establishment of a supervised consumption site.

It is this office's position that the most appropriate solution is the deletion of the current definition of a "Drug Addiction Treatment Facility." We remain concerned about explicitly identifying "supervised consumption service" in the bylaw, or the use of a clinical diagnosis that may be interpreted as limiting access for certain individuals to health services.

The deletion of the current definition clause could be paralleled with a more appropriate redefinition or improved language on "Medical/Dental Office" that would reflect any community-based health service provided by any health provider, other than overnight residential or hospital-based health services. As supervised consumption is a health service, this would be adequate for defining appropriate community locations.

There has been an illusion that if "supervised consumption site" is not explicitly incorporated into the zoning bylaw, then the site could be located, approved and operated while not considering local community perspectives. This is not accurate.

The federal *Controlled Substances Act* requires that any proposed facility must follow a defined process when applying for an exemption to S56 of the act. This process includes the federally legislated requirement for community consultation under S56.1 of the act. The current supervised consumption site application requires information on the consultation process. This would include information on open houses, online communications, online surveys, websites, information meetings, community association meetings, door-to-door canvassing and flyers. Such tools have been used in the establishment of sites to date, and would be considered and expected in future

Medical Health Officer

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applications. Health Canada also requires a “description of measures to address concerns that were raised” and “efforts made to engage with the community to inform them of the proposal and ensure that the voices of community members have been heard.” Such requirements are a strong expectation of the level of robust community engagement required in an application process. To date Health Canada has ensured that such steps are sufficiently addressed while recognizing that any site is likely to stimulate some objections and controversy.

Health Canada, like most regulatory agencies, allows for innovation and creativity by avoiding proscriptive processes. The application process is not designed to undermine principles that are laid out as requirements in S56.1 of the *Controlled Substances Act*, one of which requires applicants to provide “expressions of community support or opposition” (S56.1 (2e)). In discussions for this opinion, Health Canada expressed that local government involvement has been provided for all current applications. No application is predetermined, and Health Canada expects detailed discussions of community engagement that have occurred and steps taken by the applicant to mitigate concerns. The location of a supervised consumption site is often associated with some controversy; however, the application would not be deemed complete if inadequate engagement had occurred. The lack of local government interaction would raise concerns that the application was incomplete.

A second level of assurance is provided as the application encourages a letter of support from the appropriate provincial minister. While this was a previous expectation, Ontario’s expressions of political non-support for this class of health services have resulted in changes to the process. That said, BC governments of different political colours have been involved in approvals for current BC supervised consumption sites, and seeking ministerial support and involvement would be considered appropriate. Currently neither the Ministry of Health nor the Ministry of Mental Health and Addictions have a required process; however, they have previously indicated that they would be unlikely to issue any support letter if local government engagement was lacking. Historically, some communities have opposed a class of health service that might result in an application receiving provincial support despite a lack of local government support. However, if a local government was not seen as implementing systematic, stigmatizing barriers to this health service, then the opinion of the local government regarding the location of a proposed supervised consumption site would be expected.

All current BC supervised consumption sites receive funding or support through Health Authorities, with all but one application having been sponsored directly by a Health Authority (the exception is the Dr. Peter Centre in Vancouver, which is the province’s “original” supervised site). Island Health has repeatedly expressed the value of partnerships – particularly, partnerships with local communities. It is improbable that Island Health, or an Island Health contracted agency, would proceed with a supervised consumption site in Nanaimo without engaging and partnering with city staff and council in the public consultation process or siting decisions. This was the case with the establishment of the Nanaimo overdose prevention site, and the first effort to develop an application for a Nanaimo supervised consumption site. At the moment, there is a limited active pursuit of exemptions under S56.1 for supervised consumption services in the province, given the relative effectiveness of overdose prevention sites. It is anticipated that the current Nanaimo overdose prevention site will remain. However, this site is only established for the duration of the

May 2019

public health emergency. Given current rates of opioid use disorder in Nanaimo, longer-term planning is needed to consider appropriate overdose response services for the city.

These three levels of review – community consultation, provincial support, and partnering with city staff and council – do not exist for other health services currently listed under the definition of a Drug Addiction Treatment Facility, including the provision of harm reduction supplies, needle exchange or substance use treatment such as a “methadone clinic.” Such health services should be appropriately located in a variety of settings throughout the city and aligned with the siting of other health services. With advances in treatment and service, a broadly dispersed distribution model that provides access to care close to where individuals live or work is encouraged and preferable. It should also include access to some form of supervised safer consumption. Many social and some health services benefit from approaches to neighbourhood-area management. Community groups have repeatedly identified their concerns as being more about the impacts near a facility, rather than the services provided within a facility such as a supervised consumption site. Evaluation of Vancouver’s InSite facility demonstrated general neighbourhood-area improvements over time (reduced litter, reduced sharps). Such changes are likely accompanied by a transition period that needs active management. There are learnings to be gained from prior experiences at other sites regarding better practices, and future siting would benefit from such knowledge. The format of ongoing neighbourhood structures will be site-specific and should be integral to the consultation process in a supervised consumption site application.

Given the rapid pace of change associated with this issue, organizations and governments can only realistically provide assurances for a limited number of years. The opioid crisis was not foreseen and developed in just a few years. Advances in treatment approaches to opioid use disorders were also unanticipated – and these advances have benefited hundreds in the Nanaimo area in recent years, and reduced risk and demand for certain community-based services. Cannabis legalization was likely unanticipated when the definition of a “Drug Addiction Treatment Facility” was first formulated. Future modifications to the *Controlled Substances Act* cannot be projected; however they are unlikely to result in stricter controls, as these have not been successful in reducing the social and health impacts of current illicit substances. The challenges of the concurrent housing crisis were also unanticipated, and have too frequently been misinterpreted as a direct consequence of the opioid crisis. Crafting regulatory approaches in a rapidly changing environment should embrace foresight and avoid reactivity.

I would like to take this opportunity to reiterate the recommendations of the Medical Health Officer to Nanaimo City Council, made in February 2018. While progress towards some of these recommendations may have crept forward over the past 15 months, the recommendations remain just as pertinent. They are as follows:

- Council address the obstacle to substance use treatment found in the definition of a Drug Addiction Treatment Facility of the City of Nanaimo zoning bylaw 4500.
- Council support efforts to increase housing availability and options

- Council revisit the recommendations of the Response to Health, Social and Safety Issues in the Downtown report to address those that would support recovery within the community
- Council endorse the Nanaimo Overdose Prevention and Management Working Group as the Community Action Team
- Council support community dialogue to promote prevention of substance use, reduce deaths, increase positive outcomes, reduce fear and stigma, and increase public safety and compassion

Yours in health,



Paul Hasselback, MD, MSc, FRCPC
Medical Health Officer

PH/sv

cc: Nanaimo Mayor Krog and Council
Jake Rudolph – CAO
Dale Lindsay – Director of Community Development

ATTACHMENT B

PROPOSED ZONING BYLAW AMENDMENTS - SUPERVISED CONSUMPTION SERVICES

Recommendation: Define Supervised Consumption Service as Site-Specific Use		
Current Wording in Zoning Bylaw	Proposed Change to Zoning Bylaw	Rationale
<p>DRUG ADDICTION TREATMENT FACILITY - means the use of a building to treat persons with substance abuse problems, and includes needle exchange facilities, safe injection sites, Methadone clinics, and the like.</p>	<p>To remove this definition.</p>	<p>The recommendation is to remove this definition from the Zoning Bylaw, as all of the uses it is meant to capture can be classified as Personal Care Facility, Pharmacy or Office Medical/Dental. The exception to this would be 'safe injection site', which would fall under the definition proposed for 'Supervised Consumption Service'</p>
<p>None</p>	<p>SUPERVISED CONSUMPTION SERVICE – means the supervised consumption of controlled substances as regulated under the Government of Canada's <i>Respect For Communities Act</i> and <i>Controlled Drugs and Substances Act</i>, as well as any subsequent Act or Acts, which may be enacted in substitution thereto.</p>	<p>Provincial and Federal legislation has changed regarding the status of safe injection sites and is more appropriately defined under the proposed definitions for SCS</p>

Alternative Recommendation: Allow Supervised Consumption Service in Office Medical/Dental		
Current Wording in Zoning Bylaw	Proposed Change to Zoning Bylaw	Rationale
DRUG ADDICTION TREATMENT FACILITY - means the use of a building to treat persons with substance abuse problems, and includes needle exchange facilities, safe injection sites, Methadone clinics, and the like.	To remove this definition.	Same rationale as above.
OFFICE MEDICAL / DENTAL - means the office, clinic or laboratory of a licensed professional in the field of medicine, including a doctor, dentist, optometrist, physiotherapist, chiropractor and medical technician.	OFFICE MEDICAL / DENTAL - means the office, clinic or laboratory of a health professional in the field of medicine, including a doctor, dentist, optometrist, physiotherapist, chiropractor and medical technician; and any other health professional designated under the Province of British Columbia's <i>Health Professions Act</i> or <i>Emergency Health Services Act</i> .	The Health Authority has advised this is a more comprehensive and technically correct approach to defining medical office services. Paramedics, who staff the existing OPS, are covered under this definition.

ATTACHMENT C

LOCAL GOVERNMENT APPROACHES TO SUPERVISED CONSUMPTION SERVICES

Municipality	Current Zoning Approach to SCS/OPS	Comments
Medicine Hat	<p>On 19-FEB-2019, City Council passed 2nd and 3rd reading of a bylaw to amend the City of Medicine Hat Land Use Bylaw. The amendment includes the addition of a supervised consumption site (SCS) definition: <i>"A location that is exempted by the Federal Government for medical purposes under Section 56.1 of the Controlled Drugs and Substances Act, and is intended for persons to consume a controlled substance in a supervised and controlled environment on an out-patient basis."</i></p> <p>SCS was also added to the Mixed Use Downtown district as a Discretionary Use.</p>	<p>Including SCS as a Discretionary Use (which means it is permitted on a site-specific basis) in the MU-D district would provide the City with a degree of regulatory control and public transparency regarding the siting of SCS uses.</p> <p>In Medicine Hat, Discretionary Uses can be appealed to the Subdivision and Appeal Board by impacted property owners or the applicant.</p> <p>An application has been made to the Federal government for a SCS in Medicine Hat but is currently listed as incomplete as consultation and policies/procedures report are yet to be submitted. The Alberta Government is also reviewing funding for all SCS.</p>
Surrey	<p>SCS treated as a social service that falls under the "Community Service" use which is defined as: "a use by a non-profit society; (a) providing information referral, counselling, advocacy or physical or mental health services on an out-patient basis; (b) dispensing aid in the nature of food or clothing; or (c) providing drop-in or activity space; but does not include churches, residential uses and independent group homes." This use would be most similar to Nanaimo's "Social Service Resource Centre" use, but in their case Community Services may be permitted in any multiple residential, commercial, mixed employment or industrial zone.</p> <p>There are two sites in Surrey that provide supervised consumption services, both of which are integrated with existing health services. Enhanced opioid agonist treatment is also available at these sites for people who are ready to begin treatment for their</p>	<p>Neither SCS site in Surrey required rezoning, but their City Council and Public Safety Committee in a process that was led by Fraser Health. Those steps were:</p> <ol style="list-style-type: none"> 1) In-camera briefing by Fraser Health of Council/Committee on the topic; 2) Council officially endorsed their application at a public meeting and provided a letter of support that had a conditions attached; 3) Fraser Health conducted some online public engagement; 4) The overall discussion focused on public safety concerns; and 5) There has been considerable ongoing public communication about the resultant drop in overdoses, which has been

Municipality	Current Zoning Approach to SCS/OPS	Comments
	addiction. Both sites provide supervised consumption of substances by injection, oral, and intra-nasal methods.	significant and has resulted in increased public support for the sites.
Kelowna	Supervised consumption services fall under definition of "Health services – major" which is defined as "a development used for the provision of physical or mental health services on an out-patient basis. Services may be of a preventative, diagnostic, treatment, therapeutic, rehabilitative or counseling nature. Typical uses include, but are not limited to, medical and dental offices, chiropractors, massage therapists and acupuncture clinics, health clinics, and counseling services. This use does not include the retail sale or dispensing of marihuana."	<p>While Kelowna identifies the service as mobile, it is actually two specific properties that were identified and approved through the federal application for an exemption; the 'mobile' service travels between two sites on a scheduled basis.</p> <p>As the two approved locations were zoned for Health Services (one is besides the Community Dialysis Centre and the other is the parking lot behind Urban Outreach Health), there was no rezoning required as part of the process.</p>
Kamloops	Supervised consumption services fall under definition of "Health services," which means "development used for the provision of physical or mental health services on an out-patient basis. Services may be of a preventative, diagnostic, treatment, therapeutic, rehabilitative, or counselling nature. Typical uses include medical and dental offices, chiropractors, massage therapists, acupuncture clinics, health clinics and counselling services."	Supervised consumption services are offered at two sites to accommodate Kamloop's geography; one on each side of the river (ASK Wellness and Crossroads Housing). Both of the fixed sites where the mobile unit operates were approved through federal exemption process.
Victoria	Supervised consumption services, when located in the downtown core, fall under definition of personal service, which is defined as "services provided to a person including but not limited to barbering, hairstyling, optometry, spa, medical and dental care, and services provided to the apparel of a customer including laundry and dry cleaning services, tailoring, and shoe, jewelry and watch repair" as defined in Zoning Bylaw 2018 (18-072), which applies only to the Downtown Core Area. Both of the approved SCS in Victoria are in the downtown (941 Pandora and 844 Johnson Street).	The City of Victoria approved a "five pillars" harm reduction policy framework in January 2011. The five pillars approach includes: prevention; harm reduction; addiction treatment and supportive recovery; adequate and affordable housing; and enforcement. This approach is intended to reduce the amount of on-the-street consumption, drug overdose deaths, and the infection rates for HIV and hepatitis, as well as increase the success rate for addictions recovery.

Municipality	Current Zoning Approach to SCS/OPS	Comments
Red Deer	<p>Though they initially had a general definition that would have encompassed SCS, Red Deer City Council approved a new, more specific definition for Supervised Consumption Services that is permitted only on a discretionary basis:</p> <p>“Supervised Consumption Services means a location where, pursuant to an exemption granted for medical purposes by the federal government, a person may consume a controlled substance that was obtained in a manner not authorized under the Controlled Drugs and Substances Act in a supervised and controlled environment.”</p>	<p>Through a series of bylaw amendments, Red Deer City Council approved two potential SCS sites: the Red Deer Regional Hospital (permanent /mobile) or Safe Harbour (mobile only).</p> <p>Before an SCS site can open, an external agency must apply for a federal exemption. They must also obtain the necessary permits and a business licence from The City of Red Deer.</p> <p>The business license is subject to several detailed requirements, which include making the operator, responsible for needle pickup within a 150-metre radius of the permanent site, and installing and maintaining a monitored, professional video camera surveillance system at the site.</p>
London	<p>In January 2018, Council voted to add the following a definition for SCS to the Zoning Bylaw:</p> <p>“Supervised Consumption Facility means a facility that has received an exemption from the Controlled Drugs and Substances Act, where people can bring their illicit drugs to consume in a sterile and safer environment. These sites have equipment and trained staff present to oversee a person’s drug consumption and assist in the event of an overdose or other health risk. These facilities may offer additional health and drug-related support services. These facilities are intended to provide such services on an ongoing, rather than temporary, basis.”</p>	<p>There are currently three SCS operating in London, all of which were subject to site-specific rezoning applications. The future of funding for these sites is uncertain at this time as the Ontario government has announced it is reviewing the funding of all harm reduction services, with plans to limit the total number of SCS funded in the province.</p>

ATTACHMENT D

City of Kamloops Opinion Letter on Supervised Consumption Services



March 7, 2017

Dr. Trevor Corneil
VP Population Health & Chief Medical Health Officer
Interior Health
505 Doyle Street
Kelowna BC V1Y 0C5

Dear Dr. Corneil:

RE: City of Kamloops Opinion - Mobile Supervised Consumption Service

Thank you for your February 2, 2017, letter requesting an opinion from Kamloops City Council regarding Interior Health's submission to Health Canada for an exemption under Section 56 of the Federal *Controlled Drugs and Substances Act* to operate a mobile supervised consumption service (SCS) in Kamloops.

On September 13, 2016, Interior Health presented to Council on the concept and steps moving forward for exploring the installation of an SCS in Kamloops. At that time, Council supported, in principle, the concept of an SCS in the community as an opportunity to address the opiate overdose crisis that was declared on April 14, 2016.

Following this initial support, the community and Interior Health have engaged in conversations regarding the injection drug problem in Kamloops, the concept of an SCS for the community, and the concerns related to the opiate overdose crisis and an SCS. As part of Interior Health's public consultation, the Community Action Team and the Social Planning Council (which comprises multiple stakeholders) supported the ongoing conversation from September 2016 to January 2017. Those stakeholders included citizens from the community, municipal staff from the Community Safety and Corporate Services Department and the Social and Community Development Section, the RCMP, Kamloops Fire Rescue, Emergency Health Services, Kamloops Regional Correctional Centre, and various not-for-profit organizations involved in direct services supporting the local street population and those facing addiction.

The concerns and dialogue expressed supported the desire for a more coordinated response to this crisis. It was also noted that, outside an SCS model, the continuum of care for those entrenched in addiction needs further definition for the whole community. Specific concerns regarding the SCS model included the need for further dialogue with the community on the model proposed (e.g. location, schedule, meeting user needs, and services available through the SCS). As a result, the City supports Interior Health's submission to Health Canada to implement a mobile SCS subject to the following conditions:



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- The SCS shall remain at the initial, pre-determined locations and shall not be relocated to alternate locations without the full support of the City.
- Interior Health shall meet at least quarterly with City's Law Enforcement and Emergency Responder officials and the City's Social and Community Development Supervisor to review the operations of the SCS and any relevant statistics.
- Interior Health shall present an overview of the successes and concerns of the SCS to the City's Coordinated Enforcement Task Force at least two times per calendar year.
- Prior to implementation of the supervised consumption services in the City, Interior Health will provide assurance to the City and the community that the supervised consumption services unit will operate in a sustainable manner and include all necessary safety precautions, such as limited vehicle idling, sustainable power sources, and adequate ventilation and emission control systems to eliminate the risk of releasing potential harmful emissions into the atmosphere.
- Interior Health will commit to expanding current prevention and treatment resources to help further reduce the number of drug users in our community.

As a result of the community dialogue and presentations that Interior Health has provided to the community and Council, we provide the following resolution determined at our March 14, 2017, Regular Council meeting:

[INSERT RESOLUTION]

Yours truly,

P. G. Milobar
Mayor

JC/lm/ts

cc: National Compliance and Exemption Division
Office of Controlled Substances
Controlled Substances and Tobacco Directorate
Health Environments and Consumer Safety Branch
Health Canada

May 22, 2019

Karin Krostal/ Lisa Bhopalsingh
City of Nanaimo
Social Planner and Manager Community and Cultural Planning

Re: Nanaimo administrative request for letter outlining supervised consumption site application

Dear Karin and Lisa:

The City of Nanaimo planning department has requested additional information on the proposed zoning bylaw changes as it relates to the establishment of a supervised consumption site.

It is this office's position that the most appropriate solution is just the deletion of the current definition of a "Drug Addiction Treatment Facility". We remain concerned about explicitly identifying "supervised consumption service" in the bylaw, or the use of a clinical diagnosis that may be interpreted as limiting access by certain individuals to health services.

The deletion of the current definition clause could be paralleled with a more appropriate redefinition or improved language on "Medical/Dental Office" that would reflect any community-based health service provided by any health provider, other than overnight residential or hospital-based health services. As supervised consumption is a health service, this would be adequate for defining appropriate community locations.

There has been an illusion that if "supervised consumption site" is not explicitly incorporated into the zoning bylaw, then the site could be located, approved and operated while not considering local community perspectives. This is not accurate.

The federal *Controlled Substances Act* requires that any proposed facility must follow a defined process when applying for an exemption to S56 of the act. This process includes the federally legislated requirement for community consultation under S56.1 of the Act. The current supervised consumption site application requires information on the consultation process. This would include information on open houses, online communications, online surveys, websites, information meetings, community association meetings, door-to-door canvassing and flyers. Such tools have

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been used in the establishment of sites to date, and would be considered and expected in future applications. Health Canada also requires a “description of measures to address concerns that were raised” and “efforts made to engage with the community to inform them of the proposal and ensure that the voices of community members have been heard”. Such requirements are a strong expectation of the level of robust community engagement required in an application process. To date Health Canada has ensured that such steps are sufficiently addressed while recognizing that any site is likely to stimulate some objections and controversy.

Health Canada, like most regulatory agencies, allow for innovation and creativity by avoiding proscriptive processes. The application process is not designed to undermine principles which are laid out as requirements in S56.1 of the *Controlled Substances Act* one of which requires applicants to provide “expressions of community support or opposition” (S56.1 (2e)). In discussions for this opinion, Health Canada expressed that local government involvement has been provided for all current applications. No application is predetermined, and Health Canada expects detailed discussions of community engagement that have occurred and steps taken by the applicant to mitigate concerns. The location of a supervised consumption site is often associated with some controversy; however, the application would not be deemed complete if inadequate engagement had occurred. The lack of local government interaction would raise concerns that the application is incomplete.

A second level of assurance is provided as the application encourages a letter of support from the appropriate provincial minister. While this was a previous expectation, Ontario’s expressions of political non-support for this class of health services have resulted in changes to the process. That said, BC governments of different political colors have been involved in approvals for current BC supervised consumption sites, and seeking ministerial support and involvement would be considered appropriate. Currently neither the Ministry of Health nor the Ministry of Mental Health and Addictions have a required process; however, they have previously indicated that they would be unlikely to issue any support letter if local government engagement was lacking. Historically, some communities have opposed a class of health service that might result in an application receiving provincial support despite a lack of local government support. However, if a local government was not seen as implementing systematic, stigmatizing barriers to this health service, then the opinion of the local government regarding the location of a proposed supervised consumption site would be expected.

All current BC supervised consumption sites receive funding or support through Health Authorities, with all but one application having been sponsored directly by a Health Authority (the exception is the Dr. Peter Centre in Vancouver, which is the province’s “original” supervised site). Island Health has repeatedly expressed the value of partnerships – particularly, partnerships with local communities. It is improbable that Island Health, or an Island Health contracted agency, would proceed with a supervised consumption site in Nanaimo without engaging and partnering with city staff and council in the public consultation process or siting decisions. This was the case with the establishment of the Nanaimo overdose prevention site, and the first effort to develop an application for a Nanaimo supervised consumption site. At the moment, there is limited active pursuit of exemptions under S56.1 for supervised consumption services currently in the province given the relative effectiveness of overdose prevention sites. It is anticipated that the current

Nanaimo overdose prevention site will remain. However, this site is only established for the duration of the public health emergency. Given current rates of opioid use disorder in Nanaimo, longer-term planning is needed to consider appropriate overdose response services for Nanaimo.

These three levels of review – community consultation, provincial support and partnering with city staff and council – do not exist for other health services currently listed under the definition of a drug addiction treatment facility, including the provision of harm reduction supplies, needle exchange or substance use treatment such as a “methadone clinic.” Such health services should be appropriately located in a variety of settings throughout the city and aligned with the siting of other health services. With advances in treatment and service, a broadly disbursed distribution model that provides access to care close to where individuals live or work is encouraged and preferable. It should also include access to some form of supervised safer consumption. Many social and some health services benefit from approaches to neighborhood-area management. Community groups have repeatedly identified their concerns as being more about the impacts near a facility, rather than the services provided within a facility such as a supervised consumption site. Evaluation of Vancouver’s InSite facility demonstrated general neighborhood-area improvements over time (reduced litter, reduced sharps). Such changes are likely accompanied by a transition period that needs active management. There are learnings to be gained from prior experiences at other sites regarding better practices, and future siting would benefit from such knowledge. The format of ongoing neighborhood structures will be site specific and should be integral to the consultation process in a supervised consumption site application.

Given the rapidity of the pace of change, organizations and governments can only realistically provide assurances for a limited number of years. The opioid crisis was not foreseen and developed in just a few years. Advances in treatment approaches to opioid use disorders were also unanticipated – and these advances have benefited hundreds in the Nanaimo area in recent years, and reduced risk and demand for certain community-based services. Cannabis legalization was likely unanticipated when the definition of a “Drug Addiction Treatment Facility” was first formulated. Future modifications to the *Controlled Substances Act* cannot be projected; however they are unlikely to result in stricter controls, as these have not been successful in reducing the social and health impacts of current illicit substances. The challenges of the concurrent housing crisis were also unanticipated, and have too frequently been misinterpreted as a direct consequence of the opioid crisis. Crafting regulatory approaches in a rapidly changing environment should embrace foresight and avoid reactivity.

I would like to take this opportunity to reiterate the recommendations of the Medical Health Officer to Nanaimo City Council, made in February 2018. While progress towards some of these recommendations may have crept forward over the past 15 months, the recommendations remain just as pertinent. They are as follows:

- Council address the obstacle to substance use treatment found in the definition of a Drug Addiction Treatment Facility of the City of Nanaimo zoning bylaw 4500.
- Council support efforts to increase housing availability and options

May 2019

- Council revisit the recommendations of the Response to Health, Social and Safety Issues in the Downtown report to address those that would support recovery within the community.
- Council endorse the Nanaimo Overdose Prevention and Management Working Group as the Community Action Team
- Council support the community dialogue to promote prevention of substance use, reduce deaths, increase positive outcomes, reduce fear and stigma, and increase public safety and compassion

Yours in health



Paul Hasselback, MD, MSc, FRCPC
Medical Health Officer

PH/td

cc: Nanaimo Mayor Krog and Council
Jake Rudolph – CAO
Dale Lindsay – Director of Community Development



May 23, 2019

Mayor Leonard Krog and Council
City of Nanaimo
455 Wallace Street
Nanaimo, BC V9R 5J6

Sent by email to: mayor.council@nanaimo.ca

Dear Mayor Krog:

I am writing further to the attached letter dated February 28, 2018, from Ministry of Mental Health and Addictions Deputy Minister Doug Hughes, which references that “Zoning bylaws and other regulations may need to be revisited to enable further expansion of substance use treatment in Nanaimo.”

In relation to this reference, it has come to my attention that the City of Nanaimo Zoning Bylaw 4500¹ is a barrier to establishing services for people who experience problems with substance use. This is because the bylaw defines “Drug Addiction and Treatment Facility” as “the use of a building to treat persons with substance abuse problems, and includes needle exchange facilities, safe injection sites, Methadone clinics, and the like” and then does not permit such facilities to exist by not providing for any location in the community where such services can be established, except by means of a site specific zoning bylaw amendment.

As I am sure you are well aware, British Columbia is experiencing one of the most severe public health emergencies in modern times, resulting in extraordinary numbers of overdose deaths (three to four deaths per day), hospitalizations, and ambulance calls. This triggered my predecessor, Provincial Health Officer Dr. Perry Kendall, to declare a public health emergency on April 14, 2016. While many efforts across the province have certainly mitigated the impact of this emergency, it continues to warrant heightened and sustained attention.

Communities throughout BC have stepped up to address this emergency in collaboration with local and provincial health and social service agencies and the federal government by establishing many and diverse facilities from which to deliver services that help address the needs of people in their communities who are experiencing problems with substance use.

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¹ <https://www.nanaimo.ca/bylaws/ViewBylaw/4500.pdf>

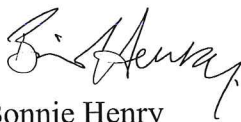
Health and social services that support these community members and their families are critical to saving lives, treating substance use problems and restoring people to healthy and productive living. Facilitating location of such services is an essential local government function. As such, the effect of the City of Nanaimo Bylaw, which does not exist in other BC communities, is an unusual barrier to establishing such services.

Unfortunately, people who experience problems with substance use also experience stigmatization and discrimination. Singling out and restricting vital services for these people further stigmatizes them as well as the services they need. Restricting services for people based on diagnosis of health condition, such as in the current zoning bylaw definition does by referring to people with “substance abuse problems”, could be considered discriminatory.

We know from the overdose emergency that stigmatization and discrimination are important determinants of deaths because they drive people away from services and lead to using drugs furtively and alone. Sadly, as reported by the BC Coroners Service², 69% of people who died used their drugs alone. The actual percentage is likely higher, as coroners were unable to determine whether the person who died used alone or in the presence of others in 15% of cases. One of the solutions to this issue is to engage people in health services by making them accessible across a community.

One of my duties under the *Public Health Act* section 66 is to advise, in an independent manner, public officials on public health related legislation and policies. Given my knowledge of the unique situation in Nanaimo with respect to this restrictive bylaw and its implications for affecting the overdose emergency if such an approach were to be adopted by other communities, it is important that I bring my concerns to your attention. Therefore, I advise that the City of Nanaimo minimize barriers to establishing substance use related services so that they can be located where needed, such as repealing the definition of “Drug Addiction and Treatment Facility” from Zoning Bylaw 4500.

Sincerely,



Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

Cc Dr. Richard Stanwick, Chief Medical Health Officer, Island Health
Dr. Paul Hasselback, Medical Health Officer, Island Health

² *Illicit Drug Overdose Deaths in BC: Findings of Coroners' Investigations*, September 27, 2018.
<https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicitdrugoverdosedeadsinbc-findingsofcoronersinvestigations-final.pdf>



2019-JUNE-18

Dr. Bonnie Henry, MD, MPH, FRCPC
Provincial Health Officer
4th Floor, 1515 Blanshard St
PO Box 9648 STN PROV GOVT
Victoria, BC V8W 9P4

Dear Dr. Henry,

Thank you for your letter dated June 11, 2019 regarding "Health Officers of BC recommends Nanaimo eliminate zoning requirements as a barrier to supervised consumption services". We would like to take this opportunity to provide clarification on some of the information contained in the letter that you may not be aware of.

The City of Nanaimo remains fully committed to supporting the efforts of the Island Health to identify a specific site/s for the provision of permanent supervised consumption services (SCS) and to establish temporary Overdose Prevention Sites (OPS) where a need has been determined. As you may already be aware, the City of Nanaimo's only existing Overdose Prevention Site (OPS) was established with the full support of the City on City land.

Your letter suggests that deaths due to overdoses in Nanaimo are linked to our zoning bylaw and the current requirement that a supervised consumption service go through a rezoning process that would allow for community input and Council approval. We would like to emphasize that under the Provincial Health Order, Island Health can open as many Overdose Prevention facilities that they believe are necessary to address the crisis. These facilities are exempt from zoning and as such the decision is Island Health's alone. To date Island Health has chosen to open only one such facility in Nanaimo.

The current OPS does not allow for inhalation of substances, and in our opinion this has created an unnecessary demand for unsanctioned facilities in the City. We would encourage Island Health to immediately establish an OPS that facilitates inhalation if they believe this is necessary to address this crisis. We understand that providing inhalation services at the existing OPS is at the sole discretion of Island Health and does not need federal approval.

The City of Nanaimo, as with other jurisdictions in BC and Canada, does have a zoning bylaw that requires rezoning in order to establish a federally sanctioned SCS. Island Health made one application to re-zone a site that was ultimately denied by the Council of the day over concerns related to impacts on the surrounding neighbourhood.


We continue to strongly encourage Island Health to identify a site and proceed with an application so that proper community consultation can occur. As an aside, the area around the existing OPS is experiencing significant social disorder that is having negative impacts on the neighbours and community. These impacts became visible to the community after the OPS opened. City Council remain sensitive to the ongoing safety and security concerns expressed by neighbouring businesses and residents, recently approving variances to allow fencing to protect adjacent properties. While it is not clear to what extent the OPS plays a role in this community impact, this issue will need to be addressed if Island Health hopes to obtain community support for additional consumption facilities. We note that even with an OPS some health authorities in BC are balancing the needs of wider community and business interests with those needing to access services. For example, Interior Health is re-evaluating an RFP for siting of a proposed OPS in downtown Vernon based on community and business concerns about impacts.

With respect to zoning and the approach in other communities, our review indicates a wide variety of approaches across the Province and the country. There are several local governments who are in the same position as Nanaimo and others whose bylaws simply do not address the use as it not allowed, or is yet to be considered in their jurisdiction. It is inaccurate to state that Nanaimo is the only municipality to require a formal process to approve an SCS, and through that, ensure that overall community safety and well-being is considered through use of its bylaws. Zoning is used as means of ensuring that the land use impacts of activities that affect community well-being, are adequately addressed. Similarly, Island Health's Chief Medical Officer for Central Vancouver Island, Dr. Hasselback supported a site specific zoning approach for cannabis retail stores and provided important guidance on drafting bylaws intended to protect wider neighbourhood and community interests around these types of activities. This process allows Island Health to respond to referrals by the City on each application to rezone to allow these types of uses on a case by case basis. Without these bylaws in place, neither Island Health nor the Community would have the ability to mitigate the potential negative impacts from this land use on the wider community.

The City's current bylaws that require a rezoning for a permanent land use such as an SCS allows each application to be considered on a case by case basis and work to ensure that any potential negative impacts to the community are adequately addressed by the applicant.

In closing, the mandate for the response to this health crisis is held by the Province and Island Health, which has the tools to address this through the immediate provision of an additional OPS or enhancing the existing one to allow inhalation if they believe there is a need. We would be pleased to meet with you, Island Health's Chief Medical Health Officer Dr. Hasselback, Director, Mental Health and Substance Use, Lisa Murphy and BC Provincial Health Officer Dr. Bonnie Henry to discuss this further if that is helpful.

Sincerely,


Leonard Krog
MAYOR

cc: Dr. Paul Hasselback, Chief Medical Officer, Central Vancouver Island, Island Health
Dr. Richard Stanwick, Chief Medical Health Officer, Island Health



2019-JUNE-18

By Email: c/o Kirsten.mitchell@bccdc.ca

Dr. Eleni Galanis, MD, MPH, FRCPC
Chair, Health Officers Council of BC

Dear Dr. Galanis,

Thank you for your letter dated June 11, 2019 regarding "Health Officers of BC recommends Nanaimo eliminate zoning requirements as a barrier to supervised consumption services". We would like to take this opportunity to provide clarification on some of the information contained in the letter that you may not be aware of.

The City of Nanaimo remains fully committed to supporting the efforts of the Island Health to identify a specific site/s for the provision of permanent supervised consumption services (SCS) and to establish temporary Overdose Prevention Sites (OPS) where a need has been determined. As you may already be aware, the City of Nanaimo's only existing Overdose Prevention Site (OPS) was established with the full support of the City on City land.

Your letter suggests that deaths due to overdoses in Nanaimo are linked to our zoning bylaw and the current requirement that a supervised consumption service go through a rezoning process that would allow for community input and Council approval. We would like to emphasize that under the Provincial Health Order, Island Health can open as many Overdose Prevention facilities that they believe are necessary to address the crisis. These facilities are exempt from zoning and as such the decision is Island Health's alone. To date Island Health has chosen to open only one such facility in Nanaimo.

The current OPS does not allow for inhalation of substances, and in our opinion this has created an unnecessary demand for unsanctioned facilities in the City. We would encourage Island Health to immediately establish an OPS that facilitates inhalation if they believe this is necessary to address this crisis. We understand that providing inhalation services at the existing OPS is at the sole discretion of Island Health and does not need federal approval.

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application to re-zone a site that was ultimately denied by the Council of the day over concerns related to impacts on the surrounding neighbourhood.

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Sincerely,



Leonard Krog
MAYOR

cc: Dr. Paul Hasselback, Chief Medical Officer, Central Vancouver Island, Island Health
Selina Robinson, Minister of Municipal Affairs and Housing
Adrian Dix, Minister of Health
Dr. Bonnie Henry, BC Provincial Health Officer
Judy Darcy, Minister of Mental Health and Addictions



HEALTH OFFICERS COUNCIL OF BRITISH COLUMBIA

Dr. Eleni Galanis, Chair

Phone: 604-707-2558

Fax: 604-707-2516

June 11 2019

Mayor and Council
City of Nanaimo, BC
mayor&council@nanaimo.ca

Dear Mayor and Council,

Re: Health Officers Council of BC recommends Nanaimo eliminate zoning requirements as a barrier to supervised consumption services

In April 2019, the Health Officers Council of BC¹ formally adopted the position that monitored consumption services should be made available to people who use illegal drugs throughout BC, and that local governments should not create or maintain barriers to the establishment of such services.

There is clear scientific evidence² that monitored consumption services save lives and improve engagement in other health and social services among people who use drugs; that such services do not increase drug use, property crime, or litter; and that in order to be effective, such services must be located within close proximity to where clients already reside and use other health and social services.

These services have been recognized by the Supreme Court of Canada as necessary health services³, the BC Minister of Health instructed health authorities and their community partners to implement these services in December 2016⁴, and Health Canada has affirmed that this is legal in the context of a public health emergency⁵.

¹ The Health Officers' Council of BC was created in 1947 and currently represents over 120 public health physicians in BC. Its purpose is to advise, assist in development of, and advocate for public policies, programs and services that are directed towards improving and protecting the health of the population, and reducing health inequities. More information can be found at <https://www.healthofficerscouncil.net/>.

² BC Centre on Substance Use (2017). Supervised Consumption Services Operational Guidance, section 1.a, Background and Evidence (pp.8-10). Available at: <http://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-Operational-Guidance.pdf>.

³ Canada (Attorney General) v. PHS Community Services Society, 2011 SCC 44, [2011] 3 S.C.R. 134. Available at: <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/7960/index.do>

⁴ BC Minister of Health (2016). Ministerial Order No. M488. Available at: http://www.bclaws.ca/civix/document/id/mo/mo/2016_m488.

⁵ Health Canada (2019). Supervised consumption sites explained: Overdose prevention sites. Available at: <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html#a5>



HEALTH OFFICERS COUNCIL OF BRITISH COLUMBIA

Dr. Eleni Galanis, Chair

Phone: 604-707-2558

Fax: 604-707-2516

In the past three years, more than 100 people have died unnecessarily of an overdose in the Nanaimo area⁶. During this time, the City of Nanaimo's zoning bylaw has impeded the establishment of a supervised consumption site, which is necessary to preserve the life and health of some of the most vulnerable residents of Nanaimo. **Health Officers Council strongly recommends that the City of Nanaimo eliminate the use of zoning requirements as a barrier to health services, including supervised consumption services, for people who use drugs.**

Bylaws or other local policies which restrict access to health services unnecessarily endanger the lives of individuals living with substance use disorders, and contribute to inaccurate and stigmatizing perceptions about people who use drugs. Such bylaws are prohibited by the Public Health Bylaw Regulations of BC's Community Charter⁷, and may also be contrary to the BC Human Rights Code, which prohibits discrimination on the basis of disabilities such as substance use disorder⁸.

Health Officers Council of BC members work throughout BC. We are not aware of any other municipality in BC currently applying zoning bylaws to restrict access to health services for people with substance use disorders. We invite the City of Nanaimo to join the many communities across the country which have successfully implemented collaborative solutions for addressing the overdose crisis, and substance use more generally, which have helped make communities safer for all.

Sincerely,

Dr. Eleni Galanis, MD, MPH, FRCPC
Chair, Health Officers Council of BC

cc: ✓ Dr. Paul Hasselback, Medical Health Officer, Central Vancouver Island, Island Health
✓ Dr. Bonnie Henry, BC Provincial Health Officer
Selina Robinson, Minister of Municipal Affairs and Housing
Adrian Dix, Minister of Health
Judy Darcy, Minister of Mental Health and Addictions

⁶ BC Coroners Service (2019). Illicit Drug Overdose Deaths in BC. <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>

⁷ BC Reg. 42/2004, available at http://www.bclaws.ca/Recon/document/ID/freeside/34_42_2004.

⁸ Government of BC (2016). Human Rights in British Columbia: Discrimination against people with physical or mental disabilities, available at <https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/human-rights/human-rights-protection/disability.pdf>.

It was moved and seconded that Council deny the application and associated readings to "Zoning Amendment Bylaw 2019 No. 4500.151" (To rezone 4061 Norwell Drive in order to permit "Cannabis Retail Store" as a site-specific use in the Neighbourhood Centre [CC2] zone). The motion carried.

Opposed: Councillor Brown

(f) Supervised Consumption Service Zoning Options

Introduced by Dale Lindsay, General Manager, Development Services.

S, Gurrie vacated the Shaw Auditorium at 8:31 p.m.

Presentation:

1. Lisa Bhopalsingh, Manager, Community and Cultural Planning, provided a presentation regarding the services provided at a supervised consumption site (SCS), the Wesley Street Overdose Prevention Site (OPS), local government's role in the siting of an SCS, current applicable zoning in the City, other municipalities responses to the zoning, the advantages and disadvantages of the different zoning options and Health Canada's community engagement requirements.

S. Gurrie returned to the Shaw Auditorium at 8:41 p.m.

Delegation:

1. Dr. Paul Hasselback, Medical Health Officer, Island Health spoke regarding the City's approval, other communities, site-specific zoning, Public Hearings, fencing around Wesley Street, and opportunities to contribute to future solutions.

It was moved and seconded that Council direct Staff to:

- a) bring forward proposed changes to "City of Nanaimo Zoning Bylaw 2011 No. 4500" to repeal the definition of 'Drug Addiction Treatment Facility';
- b) bring forward proposed changes to "City of Nanaimo Zoning Bylaw 2011 No. 4500" to add a definition for 'Supervised Consumption Service'; and
- c) provide Council an update on the 2017-DEC-11 Staff report "Response to Health, Social and Safety Issues in the Downtown".

The motion was defeated.

Opposed: Councillors Bonner, Geselbracht, Thorpe and Turley

It was moved and seconded that Council direct Staff to:

- a) bring forward proposed changes to “City of Nanaimo Zoning Bylaw 2011 No. 4500” to repeal the definition of ‘Drug Addiction Treatment Facility’;
- b) bring forward proposed changes to “City of Nanaimo Zoning Bylaw 2011 No. 4500” to revise the definition of ‘Office Medical/Dental’ with siting requirements developed in consultation with Island Health.

The motion carried.

Opposed: Mayor Krog, Councillors Armstrong and Thorpe

L. Bhopalsingh and D. Lindsay vacated the Shaw Auditorium at 9:57 p.m.

10. CORRESPONDENCE:

- (a) Correspondence from the Office of the Ombudsperson, dated 2019-JUN-15, regarding the Quarterly Report: January 1 - March 31, 2019
- (b) Correspondence from the Regional District of Nanaimo, dated 2019-JUN-07, regarding the Regional District of Nanaimo Offer to Partner in Hosting the 2020 Association of Vancouver Island and Coastal Communities Convention

It was moved and seconded that the City of Nanaimo partner with the Regional District of Nanaimo in hosting the 2020 Association of Vancouver Island Coastal Communities Convention. The motion carried unanimously.

11. NOTICE OF MOTION:

- (a) Councillor Bonner Re: Reinforcement of “Traffic and Highways Regulation Bylaw 1993. No. 5000”

That Council direct Staff to send a letter to all property owners of commercial properties along all bus routes in the City of Nanaimo reminding the owners of the following:

- “Traffic and Highways Regulation Bylaw 1993. No. 5000” Section 3(21) titled “Trees over Highways” which reads “Every person being the owner or occupier of real property shall cause all trees, shrubs, or other vegetation to be properly trimmed and cut back, so as to prevent physical obstruction or visibility impairment to pedestrian and vehicle traffic on a sidewalk or highway.”

And

- “Traffic and Highways Regulation Bylaw 1993. No. 5000” PART 3 Section 22(1) titled “Removal of Snow, Ice or Rubbish” which reads “Owners or occupiers of real property shall remove snow, ice or rubbish from the sidewalk and footpaths bordering the property owned or occupied by them within 24 hours of the accumulation of such snow, ice or rubbish on such sidewalk.”