

City Council Meeting

**Date:** Monday, January 17, 2022

**Time:** 1:00 o'clock p.m.

**Location:** Council Chambers, 1<sup>st</sup> Floor, Windsor City Hall

All members will be participating electronically and will be counted towards quorum in accordance with Procedure By-law 98-2011 as amended, which allows for electronic meetings during a declared emergency. The minutes will reflect this accordingly.

**MEMBERS:**

Mayor Drew Dilkens

Ward 1 – Councillor Fred Francis

Ward 2 – Councillor Fabio Costante

Ward 3 – Councillor Rino Bortolin

Ward 4 – Councillor Chris Holt

Ward 5 – Councillor Ed Sleiman

Ward 6 – Councillor Jo-Anne Gignac

Ward 7 – Councillor Jeewen Gill

Ward 8 – Councillor Gary Kaschak

Ward 9 – Councillor Kieran McKenzie

Ward 10 - Councillor Jim Morrison

## ORDER OF BUSINESS

Item #	Item Description
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1.	<b>ORDER OF BUSINESS</b>
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1.1.	In the event of the absence of the Mayor, Councillor Costante has been appointed Acting Mayor for the month of January, 2022 in accordance with By-law 176-2018.
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2.	<b>CALL TO ORDER</b>
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READING OF LAND ACKNOWLEDGEMENT

We [ ] would like to begin by acknowledging that the land on which we gather is the traditional territory of the Three Fires Confederacy of First Nations, which includes the Ojibwa, the Odawa, and the Potawatomie. The City of Windsor honours all First Nations, Inuit and Métis peoples and their valuable past and present contributions to this land.

3.	<b>DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF</b>
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4.	<b>ADOPTION OF THE MINUTES</b>
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5.	<b>NOTICE OF PROCLAMATIONS</b>
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6.	<b>COMMITTEE OF THE WHOLE</b>
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7.	<b>COMMUNICATIONS INFORMATION PACKAGE</b> (This includes both Correspondence and Communication Reports)
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7.2.	2021 Audit Planning Report ( <b>C 199/2021</b> )
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8.	<b>CONSENT AGENDA</b>
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8.1.	Roof Replacement – 4150 Sandwich Street – Tender No 148-21 Results - Ward 1 ( <b>C 197/2021</b> )
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## CONSENT COMMITTEE REPORTS

- 8.2. Zoning By-law Amendment Application for property known as 739 Bridge Avenue, south of Wyandotte Street West, west side of Bridge Ave.; Applicant: Paul Mar Housing; File No. Z-038/21, ZNG/6589; Ward 2 (**SCM 393/2021**) (**S 152/2021**)
- 8.3. Amendments to Official Plan and Zoning By-law 8600; requested by 2800573 Ontario Inc. for the land municipally known as 3165 Walker Road; File Nos. OPA 151 (OPA/6502) and Z-027/21 (ZNG/6501); Ward 9 (**SCM 394/2021**) (**S 158/2021**)
- 8.4. Rezoning - Orak - 1174 Curry - Z-019/21 ZNG/6443 - Ward 2 (**SCM 395/2021**) (**S 155/2021**)
- 8.5. Request for Partial Demolition of a Heritage Listed Property - 1200 University Avenue West, S.W.&A. East Car Barn (Ward 3) (**SCM 396/2021**) (**S 154/2021**)
- 8.6. Request for Partial Demolition of a Heritage Listed Property- 10150 Riverside Drive East, Monarch Liqueurs / W.L. Webster Mfg. Ltd. (Ward 7) (**SCM 397/2021**) (**S 156/2021**)
- 8.7. Downtown CIP Grant Applications made by Roman Maev, owner of Tessonics Holding Corp. for 787 Ouellette, Ward 3 (**SCM 398/2021**) (**S 157/2021**)
- 8.8. Brownfield Redevelopment Community Improvement Plan (CIP) application submitted by 1762643 Ontario Inc. for 669 Tuscarora Street (Ward 4) (**SCM 399/2021**) (**S 150/2021**)
- 8.9. Downtown CIP Grant Applications made by Jackie Lassaline for 493 University Avenue, Owner: 1233961 Ontario Ltd, Ward 3 (**SCM 401/2021**) (**S 124/2021**)

## 9. **REQUEST FOR DEFERRALS, REFERRALS AND/OR WITHDRAWALS**

## 10. **PRESENTATIONS AND DELEGATIONS**

**PRESENTATION:** (10 minute maximum)

- 10.1. Windsor-Essex County Health Unit - Materials to Support Request for City Council Endorsement to Apply for & Establish a Consumption and Treatment Services (CTS) Site at 628 Goyeau Street (**SCM 3/2022**)

## 11. **REGULAR BUSINESS ITEMS** (Non-Consent Items)

- 11.1. Declaration of Vacant Parcel Municipally Known as 0 Randolph Avenue Surplus and Authority to Offer for Sale - Ward 10 (**C 198/2021**)

- 11.2. Declaration of Vacant Parcel Municipally Known as 0 Dougall Avenue Surplus and Authority to Offer for Sale - Ward 10 (**C 200/2021**)

12. **CONSIDERATION OF COMMITTEE REPORTS**

- 12.1. (i) Report of the Special In-Camera meeting or other Committee as may be held prior to Council (if scheduled)

13. **BY-LAWS** (First and Second Reading)

14. **MOVE BACK INTO FORMAL SESSION**

15. **NOTICES OF MOTION**

Councillor Bortolin at the December 20, 2021 Council meeting gave notice he would bring forward the following motion at the January 17, 2022 Council meeting.

Moved by Councillor Bortolin, seconded by Councillor \_\_\_\_\_

Whereas, opioid-related morbidity and mortality have been increasing steadily in Windsor-Essex County over the past several years and are currently at the highest levels ever recorded in the region, and

Whereas, the onset of the COVID-19 pandemic in Ontario in March 2020 have contributed to substantial increases in opioid-related ED visits, opioid and drug overdose-related Emergency Medical Services (EMS) calls, hospitalizations, and deaths, and

Whereas, the majority of opioid and drug overdose cases that present in the emergency department resided in downtown Windsor, and

Whereas, Consumption and Treatment Services (CTS) sites have been established across the province to address opioid overdose and opioid related mortality, and

Whereas, the Windsor-Essex County Health Unit has completed a feasibility study indicating community support for a CTS, and

Whereas, the Windsor-Essex County Health Unit has established a Stakeholder Advisory Committee for the creation of a CTS in the downtown core of the City of Windsor, and

Whereas, the WECHU, in collaboration with partners involved in the WECOSS and the CTS Stakeholder Advisory Committee, has completed a series of comprehensive community consultations (2018-2021) that supported the local feasibility, need, and site-selection for establishing a local CTS site at 628 Goyeau Street in the City of Windsor, and

Whereas, the WECHU has obtained a local Board of Health resolution in support of proceeding with the federal and provincial application processes for establishing a CTS site at the location of 628 Goyeau Street, and

Whereas, the application for a CTS to the provincial government requires the WECHU obtain and submit local municipal council support (i.e. council resolution) endorsing the CTS site at 628 Goyeau Street in the City of Windsor, and

Now Therefore Be It Resolved that the City of Windsor Council support the WECHU's applications to the Ontario Ministry of Health and Health Canada to operate a Consumption and Treatment Services site at the location of 628 Goyeau Street in the City of Windsor through a council resolution, and

Be It Further Resolved that the City of Windsor Council support the WECHU in establishing a CTS site at 628 Goyeau Street in the City of Windsor post-approval from the provincial and federal governments.

Clerk's File: MH/14274

Councillor Kaschak at the December 20, 2021 Council meeting gave notice he would bring forward the following motion at the January 17, 2022 Council meeting.

Moved by Councillor Kaschak, seconded by Councillor \_\_\_\_\_

That City Council advocate and provide written correspondence to the Honourable Doug Ford, Premier of Ontario to take the necessary steps to work with the Federal Government on a bi-lateral agreement to ensure the National Childcare Program be made available to Windsor families and Ontarians as soon as possible.

Clerk's File: GP2022

16. **THIRD AND FINAL READING OF THE BY-LAWS**

17. **PETITIONS**

18. **QUESTION PERIOD**

19. **STATEMENTS BY MEMBERS**

20. **UPCOMING MEETINGS**

Development & Heritage Standing Committee  
Monday, January 10, 2022  
4:30 p.m., Zoom Video Conference

Housing & Homelessness Advisory Committee  
Tuesday, January 25, 2022  
10:00 a.m., Zoom Video Conference

Environment, Transportation & Public Safety Standing Committee  
Wednesday, January 26, 2022  
4:30 p.m., Zoom Video Conference

21. **ADJOURNMENT**



## Council Report: C 199/2021

**Subject: 2021 Audit Planning Report-City Wide****Reference:**

Date to Council: January 17, 2022

Author: Stephen Cipkar

Manager of Financial Accounting

scipkar@citywindsor.ca

519-255-6100 ext. 6234

Financial Accounting

Report Date: December 20, 2021

Clerk's File #: AF/14041

**To:** Mayor and Members of City Council

**Recommendation:**

THAT City Council **RECEIVE FOR INFORMATION** the 2021 KPMG Audit Planning Report for the year ending December 31, 2021.

**Executive Summary:**

N/A.

**Background:**

Section 296 of the *Municipal Act* requires that all municipalities in Ontario undertake an annual audit of their accounts and that the external auditor is responsible for expressing an opinion on the financial statements based on that audit. The City's external auditor is KPMG LLP (KPMG) and their audit plan for the year ended December 31, 2021 is attached as Appendix A.

**Discussion:**

City Council renewed its approval of the appointment of KPMG as the City's external auditor for 2017-2021 with options to renew through 2026 via CR 156/2017. The proposed plan for 2021 is similar in most respects to the approved 2020 audit plan and is reflective of generally accepted auditing standards. As with the 2020 plan, there are significant additions to the 2021 audit plan due to the risks and operational realities of the ongoing Covid-19 pandemic.

**Risk Analysis:**

The risks associated with the Covid-19 pandemic have been incorporated into the KPMG Audit Planning Report.

## Climate Change Risks

### Climate Change Mitigation:

N/A.

### Climate Change Adaptation:

N/A.

### Financial Matters:

As outlined in KPMG's Audit Planning Report, the base fee for the 2021 audit of the City of Windsor Consolidated Financial Statements and Trust Funds statements is \$91,700. This fee has increased by \$950 as per the pricing schedule submitted by KPMG during the RFP process and is part of the Financial Accounting Division's operating budget.

### Consultations:

KPMG LLP

### Conclusion:

It is recommended that the KPMG Audit Planning Report for the year ending December 31, 2021 be received and accepted.

### Approvals:

Name	Title
Stephen Cipkar	Manager of Financial Accounting
Dan Seguin	Deputy Treasurer – Financial Accounting
Joe Mancina	Chief Financial Officer & City Treasurer
Jason Reynar	Chief Administrative Officer

### Notifications:

Name	Address	Email
Cynthia Swift, KPMG LLP		caswift@kpmg.ca

### Appendices:

Appendix A - 2021 KPMG Audit Planning Report

# The Corporation of the City of Windsor

Audit Planning Report  
for the year ended  
December 31, 2021

*KPMG LLP*

Prepared for January 2022 Corporate Services  
Standing Committee Meeting

[kpmg.ca/audit](http://kpmg.ca/audit)



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# Executive summary

## Audit quality

We have a robust and consistent system of quality control. We provide complete transparency on all services and follow Committee approved protocols.

See page 3.

## Audit risks

Our audit is risk-focused. In planning our audit, we have identified areas of financial reporting where significant risks of material misstatement may arise. These include:

- Contingent liabilities
- Classification of capital expenditures
- Management estimates
- Valuation of property tax and outstanding property tax appeals
- Recognition of federal and provincial funding
- Risk of material misstatement due to fraud

See pages 5-11.

## Materiality

Materiality has been established by considering various metrics that are relevant to the users of the financial statements. Materiality has been determined based on total revenues from 2020. We have determined group materiality to be \$8,800,000.

Materiality will be set at lower thresholds where necessary to meet local subsidiary financial statement audit requirements.

See page 4.

## Proposed fees

Proposed fees for the annual audit of the consolidated financial statements are \$87,200 and \$4,500 for the audit of the Trust Fund financial statements.

See page 15.

This report is intended solely for the information and use of management, the Corporate Services Standing Committee, and City Council and should not be used for any other purpose or any other party. KPMG shall have no responsibility or liability for loss or damages or claims, if any, to or by any third party as this report to the Corporate Services Standing Committee has to been prepared for, and is not intended for, and should not be used by, any third party or for any other purpose.



# Audit Quality: How do we deliver audit quality?

**Quality** essentially means doing the right thing and remains our highest priority. Our Global Quality Framework outlines how we deliver quality and how every partner and staff member contribute to its delivery.

**‘Perform quality engagements’** sits at the core along with our commitment to continually monitor and remediate to fulfil on our quality drivers.

Our **quality value drivers** are the cornerstones to our approach underpinned by the **supporting drivers** and give clear direction to encourage the right behaviours in delivering audit quality.

We define **‘audit quality’** as being the outcome when:

- audits are **executed consistently**, in line with the requirements and intent of **applicable professional standards** within a strong **system of quality controls**; and
- all of our related activities are undertaken in an environment of the utmost level of **objectivity, independence, ethics, and integrity**.



**Doing the right thing. Always.**

# Materiality

Materiality is established to identify risks of material misstatements, to develop an appropriate audit response to such risks, and to evaluate the level at which we think misstatements will reasonably influence users of the financial statements. It considers both quantitative and qualitative factors.

To respond to aggregation risk, we design our procedures to detect misstatements at a lower level of materiality (e.g., performance materiality or, in the case of a group audit, component materiality).

Materiality determination	Comments	Amount
<b>Materiality</b>	Determined to plan and perform the audit and to evaluate the effects of identified misstatements on the audit and of any uncorrected misstatements on the consolidated financial statements.  The corresponding amount for the prior year's audit was \$8.5 million.	\$8.8 million
<b>Benchmark</b>	Based on the prior year's total revenues.  This benchmark is consistent with the prior year.	\$886 million
<b>% of Benchmark</b>	The corresponding percentage for the prior year's audit was 1%.	1%
<b>Audit Misstatement Posting Threshold (AMPT)</b>	Threshold used to accumulate misstatements identified during the audit. The corresponding amount for the previous year's audit was \$420,000.	\$440,000
<b>Component Materiality</b>	The materiality level that we will apply to our work over the non-consolidated City of Windsor financial records.  The corresponding amount for the prior year's audit \$6.8 million.	\$7.4 million

## We will report to the Corporate Services Standing Committee:



Corrected audit misstatements



Uncorrected audit misstatements

# Audit risks

## Significant financial reporting risk

Contingent liabilities

## Why is it significant?

The Corporation has been named as a defendant in a number of legal actions. These actions are at various stages of their respective proceedings and the Corporation may not be in a position to mitigate its' liability exposure through insurance.

## Our audit approach

- Evaluation of Administration's understanding of legal claims including their assessment of liability exposure to the Corporation;
- Legal inquiry letters to both internal and external counsel and evaluation of their response;
- Review of Council minutes for the 2021 year and the period subsequent to year-end up to the date of our independent auditors' report;
- Review Administration's basis for estimating the outcome of contingencies and ensure the accruals are reasonable and based on reasonable assumptions.

# Audit risks (continued)

## Significant financial reporting risk

Accounting for tangible capital assets requires the determination as to whether the item constitutes a betterment or an expense.

## Why is it significant?

Capital expenditures represent a significant investment on the part of the City and in certain instances, may involve a degree of subjectivity and/or complexity in terms of whether they meet the criteria for capitalization.

## Our audit approach

- We will perform substantive testing over recorded capital expenditures, including reviewing source documentation for a sample of capital expenditures, to determine the appropriate classification of costs (capitalization vs. expense).
- We will perform substantive testing over repairs and maintenance expenditures, including reviewing source documentation for a sample of capital expenditures, to identify any instances where items should be capitalized as opposed to expensed.
- We will review financial statement presentation and note disclosure of capital assets and deferred revenues.

# Audit risks (continued)

## Significant financial reporting risk

The City's financial statements include a number of significant management estimates, including but not limited to landfill closure and post-closure costs and employee future benefits. An estimate with a high degree of estimation uncertainty is considered a significant risk under professional standards

## Why is it significant?

Management estimates are inherently subjective in nature, requiring the determination of key assumptions that may result in a material misstatement or be influenced by management bias. In addition, Canadian Auditing Standards now requires an increase in audit procedures relating to management estimates. This includes enhanced risk assessment procedures and a comprehensive objectives-based work effort for supporting data and assumptions.

## Our audit approach

- Our audit approach will reflect the requirements of the auditing standards relating to management estimates and will include, among other procedures,
  - Assessing the spectrum of inherent risk in management estimates that considers estimation uncertainty, complexity and subjectivity
  - Developing a separate assessment of inherent risk and control risk for significant management estimates
  - Obtaining evidence from events occurring up to the date of the audit report
  - Developing a point estimate or range to test the appropriateness of management's estimates
  - Undertaking a "stand back" review that involves evaluating the reasonableness of estimates based on corroborative and contradictory audit evidence

# Audit risks (continued)

Significant financial reporting risk	Why is it significant?
Valuation of property taxes and outstanding property tax appeals	The Corporation's municipal tax base includes manufacturing and industrial properties with significant outstanding balances coupled with environmental sensitivities. In recent years, the City was required to pay settlements resulting from property tax appeals on significant properties. The City may experience an increase in property assessment appeals or taxpayers experiencing difficulties with respect to payment of property taxes due to COVID-19. As a result, the City's traditional allowance for doubtful accounts or provisions for property tax appeals may need to be reviewed in the context of COVID-19.

## Our audit approach

- Review Administration's evaluation of properties with significant outstanding tax balances including any environmentally sensitive properties and assess the reasonableness of the valuation allowance with audit procedures as required by the standard for management estimates;
- Obtain an understanding of outstanding property tax appeals through review of Council reports and inquires with Administration and ensure that such appeals are recognized in the consolidated financial statements in accordance with Corporation's significant accounting policies;
- Review subsequent appeal settlements to ensure the Corporation's accounting at year-end is appropriate.

# Audit risks (continued)

Significant financial reporting risk	Why is it significant?
<p>The City receives funding from the Federal and Provincial governments under a variety of programs, including programs with specific revenue recognition criteria. This can result in potential financial reporting issues with respect to the amount of revenue recognized and the treatment of unearned funds at year-end (deferral vs. payable).</p>	<p>Grant revenues represent a major component of the City's revenues, accounting for 32% of reported revenues in the prior year.</p>

## Our audit approach

- We will review administration's calculation of revenues and identified revenues that are conditional in nature, including new funding programs in response to COVID-19. For significant conditional revenue sources, we will review and test supporting documentation demonstrating that the revenue recognition criteria have been achieved.
- We will review administration's treatment of unearned revenues. For significant unearned revenue balances, we will test administration's determination as to whether these represent deferred revenue or payable balances.
- We will review administration's treatment of prior year unearned revenue accounts (deferred revenues, accounts payable) that are recognized as revenue in the current year. For significant income inclusions from prior year amounts, we will review supporting documentation to ensure that revenue recognition criteria have been met.



# Audit risks (continued)

Professional requirements	Why is it significant?
Risk of material misstatement due to fraud resulting from fraudulent revenue recognition.	This is a presumed risk of material misstatement due to fraud.
Our audit approach	
<ul style="list-style-type: none"><li>This fraud risk has been rebutted as it is not applicable to the Corporation as performance is not measured based on revenue or earnings.</li></ul>	

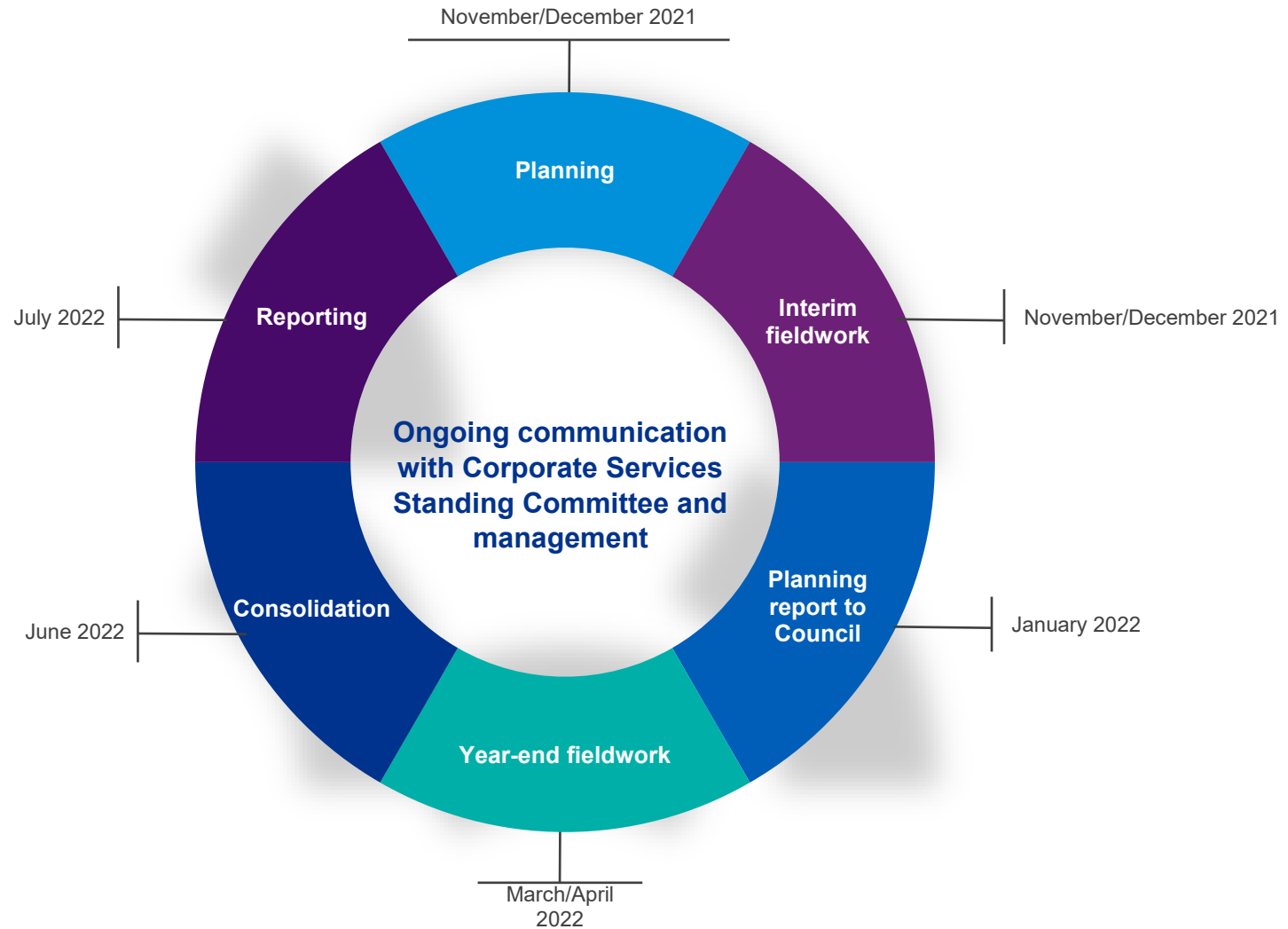
# Audit risks (continued)

Professional requirements	Why is it significant?
Risk of material misstatement due to fraud resulting from management override of controls.	This is a presumed risk of material misstatement due to fraud. We have not identified any specific additional risks of management override relating to this audit.
Our audit approach	
<ul style="list-style-type: none"><li>As this presumed risk of material misstatement due to fraud is not rebuttable, our audit methodology incorporates the required procedures in professional standards to address this risk. These procedures include testing of journal entries and other adjustments, performing a retrospective review of estimates and evaluating the business rationale of significant unusual transactions.</li></ul>	

# Group audit scope

Components	Audit Scope
The Corporation of the City of Windsor	Component audit – individually financially significant component to Consolidated Financial Statements
Windsor Utilities Commission	Stand-alone statutory financial statement audit
Windsor Canada Utilities Ltd.	Stand-alone statutory financial statement audit
Your Quick Gateway (Windsor) Inc.	Stand-alone statutory financial statement audit
Windsor-Detroit Tunnel Corporation	Stand-alone statutory financial statement audit
Windsor Detroit Borderlink Limited	Stand-alone statutory financial statement audit
Downtown Windsor Business Improvement Association	Stand-alone statutory financial statement audit
Windsor Essex Community Housing Corporation	Stand-alone statutory financial statement audit
Essex-Windsor Solid Waste Authority	Stand-alone statutory financial statement audit
The Corporation of the City of Windsor Public Library Board	Stand-alone statutory financial statement audit

# Key milestones and deliverables



# Highly talented and experienced team

Team member	Background / experience	Discussion of role
<p><b>Cynthia Swift</b>  <b>Lead Audit Engagement Partner</b>  <a href="mailto:caswift@kpmg.ca">caswift@kpmg.ca</a>                      T: 519-251-3520</p>	<ul style="list-style-type: none"> <li>— Cynthia is an Audit Partner in our Windsor office with 31 years of experience. Cynthia is involved in the audits of a number of small to large clients including a number of not-for-profit clients. Cynthia has been involved in the City audit for a number of years and has been the lead engagement Partner for the past 6 years.</li> </ul>	<ul style="list-style-type: none"> <li>— Cynthia will lead our audit for the City of Windsor and will be responsible for the overall deliverables to the Corporate Services Standing Committee.</li> <li>— She will do a high-level review of the audit and will always be available and accessible to you.</li> </ul>
<p><b>Kevin Macchio</b>  <b>Audit Manager</b>  <a href="mailto:kmacchio@kpmg.ca">kmacchio@kpmg.ca</a>                      T: 519-251-5247</p>	<ul style="list-style-type: none"> <li>— Kevin is an audit manager with 6 years of public accounting experience. Kevin is involved in the audits of a number of small to large clients including not-for-profit clients. Kevin has been involved with the City audit for 5 of the past 6 years.</li> </ul>	<ul style="list-style-type: none"> <li>— Kevin will work very closely with Cynthia on all aspects of our audit.</li> <li>— He will be on site and directly oversee and manage our audit field team and work closely with your management team.</li> </ul>
<p><b>Bailey Church</b>  <b>Partner</b>  <a href="mailto:bchurch@kpmg.ca">bchurch@kpmg.ca</a>                      T: 613-212-6398</p>	<ul style="list-style-type: none"> <li>— Bailey is a Partner in KPMG's Accounting Advisory service line. Bailey has substantial experience in financial, accounting, and related services within the public sector, with a focus on complex accounting and reporting matters for environmental liabilities, including asset retirement obligations.</li> </ul>	<ul style="list-style-type: none"> <li>— Subject matter expert – available as required</li> </ul>

# Proposed fees

In determining the fees for our services, we have considered the nature, extent and timing of our planned audit procedures as described above. Our fee analysis has been reviewed with and agreed upon by management.

Estimated fees	Current period (budget)	Prior period (actual)
Audit of the financial statements	\$87,200	\$86,300
Audit of the Trust Fund financial statements	\$4,500	\$4,450
Other items – Estimates/COVID	\$2,000	\$2,000

## Matters that could impact our fee

The proposed fees outlined above are based on the assumptions described in the engagement letter.

The following factors could cause a change in our fees:

- Significant changes to the relevant financial reporting framework
- Significant new or changed accounting policies or application thereof
- Significant changes to internal control over financial reporting
- Significant unusual and/or complex transactions
- Changes in the timing of our work
- Other significant issues (e.g. cyber security breaches)
- Any accounting advice

# Appendices

## Content

Appendix 1: Required communications

Appendix 2: Use of technology in the audit

Appendix 3: Insights to enhance your business

Appendix 4: Audit and Assurance Insights

Appendix 5: Current Developments

Appendix 6: Environmental, social and governance

# Appendix 1: Other required communications

## Audit report

A draft report will be provided at the completion of the audit.

## Engagement terms

Unless you inform us otherwise, we understand that you acknowledge and agree to the terms of the engagement set out in the engagement letter and any subsequent amendments as provided by administration.

## Audit findings report

At the completion of the audit, we will provide our findings report to the Corporate Services Standing Committee

## Representations of management

We will obtain from management certain representations at the completion of the audit.

## Required inquiries

Professional standards require that during the planning of our audit we obtain your views on the identification and assessment of risks of material misstatement, whether due to fraud or error, your oversight over such risk assessment, identification of suspected, alleged or actual fraudulent behaviour, and any significant unusual transactions during the period.

## Internal control deficiencies

Other control deficiencies, identified during the audit, that do not rise to the level of a significant deficiency will be communicated to management.

## Audit Quality

The following links are external audit quality reports for referral by the Corporate Services Standing Committee:

- [Audit Quality Insights Report: 2020 Annual Audit Quality Assessments](#)
- [CPAB 2020 Annual Report - Regulatory Oversight in a Global Pandemic](#)
- [CPAB Audit Quality Insights Report: 2021 Interim Inspections Results](#)



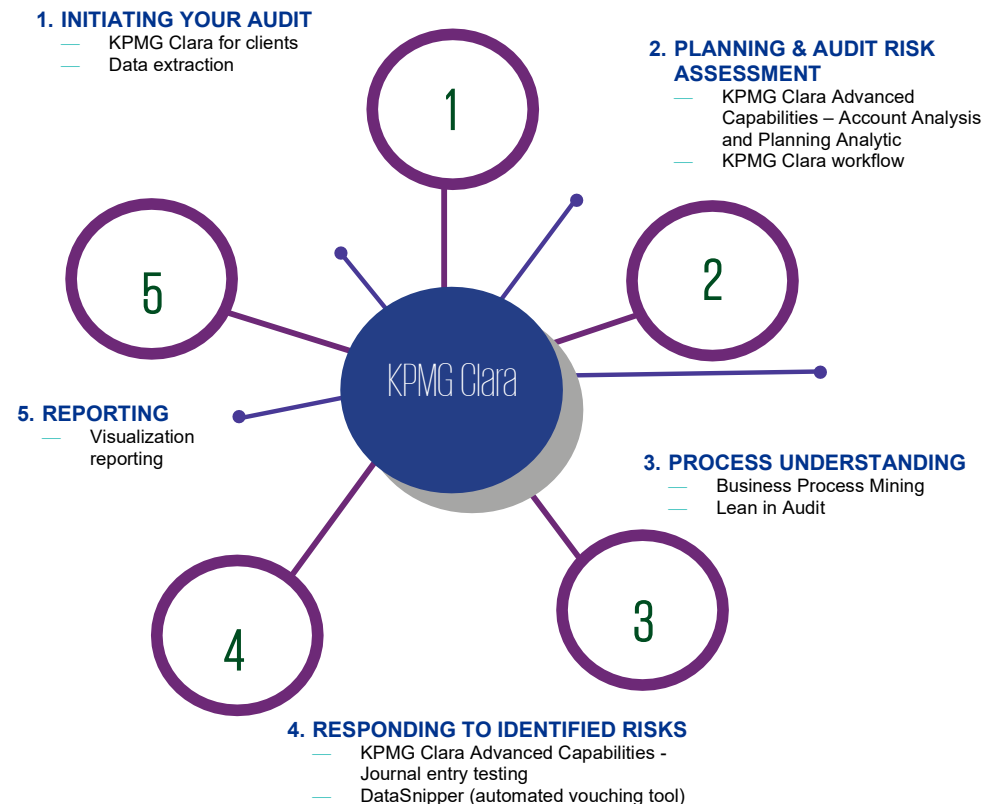
# Appendix 2: Use of technology in the audit

KPMG Clara is our integrated, smart global audit platform that allows our teams globally to work simultaneously on audit documentation while sharing real time information. KPMG Clara embeds analytics throughout all phases of the audit and allows us to visualise the flow of transactions through the system, identify risks in your financial data and perform more specific audit procedures. KPMG's use of technology provides for:

1. a **higher quality audit** – looking at 100% of selected data
2. a **more efficient audit** as we are focussed on the transactions that are considered higher risk and
3. an audit that provides **insights into your business** through the use of technology in your audit with our extensive industry knowledge.

We are also actively piloting Artificial Intelligence (“AI”) tools which will be used in future audits and identifying areas to embed robotic process automation (“KPMG Bots”).

## Our five-phased audit approach



# Appendix 3: Insights to enhance your business

We have the unique opportunity as your auditors to perform a deeper dive to better understand your business processes that are relevant to financial reporting.

## An innovative audit approach to improve quality and value

Lean in Audit™ is KPMG's award-winning methodology that offers a new way of looking at processes and engaging people within your finance function and organization through the audit.

By incorporating Lean process analysis techniques into our audit procedures, we can enhance our understanding of your business processes that are relevant to financial reporting and provide you with new and pragmatic insights to improve your processes and controls.

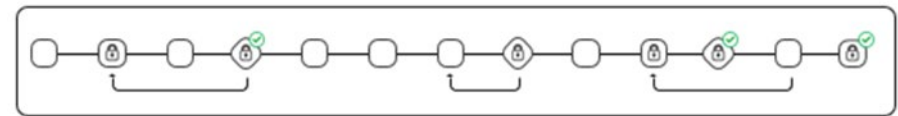
Clients like you have seen immediate benefits such as improved quality, reduced rework, shorter processing times and increased employee engagement.

We look forward to discussing this approach for your audit this year and selecting the relevant processes

## How it works

### Standard Audit

Typical process and how it's audited



### Lean in Audit™

Applying a Lean lens to perform walkthroughs

Typically 95%+ is considered redundant through a customer's lens



### How Lean in Audit helps businesses improve processes

Make the process more streamlined and efficient for all



- Value: what customers want (maximize)
- Necessary: required activities (minimize)
- Redundant: non-essential activities (remove)
- 🔒 Process controls
- ✔ Relevant controls tested

# Appendix 4: Audit and Assurance Insights

Our latest thinking on the issues that matter most to committees and management:

Featured insight	Summary
<a href="#"><u>KPMG Audit &amp; Assurance Insights</u></a>	Curated research and insights for audit committees and boards
<a href="#"><u>KPMG Climate Change Financial Reporting Resource Centre</u></a>	Our climate change resource centre provides FAQs to help you identify the potential financial statement impacts for your business.
<a href="#"><u>You can't go green without blue - The blue economy is critical to all companies' ESG ambitions</u></a>	In this report, we consider how leading corporates and investors can take action to capture the value that can be found in a healthy, sustainable ocean economy.

# Appendix 5: Current Developments

## Public Sector Accounting Standards

Standard	Summary and implications
Asset Retirement Obligations	<ul style="list-style-type: none"> <li>– The new standard is effective for fiscal years beginning on or after April 1, 2022.</li> <li>– The new standard addresses the recognition, measurement, presentation and disclosure of legal obligations associated with retirement of tangible capital assets in productive use. Retirement costs will be recognized as an integral cost of owning and operating tangible capital assets. PSAB currently contains no specific guidance in this area.</li> <li>– The ARO standard will require the public sector entity to record a liability related to future costs of any legal obligations to be incurred upon retirement of any controlled tangible capital assets (“TCA”). The amount of the initial liability will be added to the historical cost of the asset and amortized over its useful life.</li> <li>– As a result of the new standard, the public sector entity will have to:               <ul style="list-style-type: none"> <li>• Consider how the additional liability will impact net debt, as a new liability will be recognized with no corresponding increase in a financial asset;</li> <li>• Carefully review legal agreements, senior government directives and legislation in relation to all controlled TCA to determine if any legal obligations exist with respect to asset retirements;</li> <li>• Begin considering the potential effects on the organization as soon as possible to coordinate with resources outside the finance department to identify AROs and obtain information to estimate the value of potential AROs to avoid unexpected issues.</li> </ul> </li> </ul>
Revenue	<ul style="list-style-type: none"> <li>– The new standard is effective for fiscal years beginning on or after April 1, 2023. The effective date was deferred by one year due to COVID-19.</li> <li>– The new standard establishes a single framework to categorize revenues to enhance the consistency of revenue recognition and its measurement.</li> <li>– The standard notes that in the case of revenues arising from an exchange transaction, a public sector entity must ensure the recognition of revenue aligns with the satisfaction of related performance obligations.</li> <li>– The standard notes that unilateral revenues arise when no performance obligations are present, and recognition occurs when there is authority to record the revenue and an event has happened that gives the public sector entity the right to the revenue.</li> </ul>

# Appendix 5: Current Developments (continued)

Standard	Summary and implications
Financial Instruments and Foreign Currency Translation	<ul style="list-style-type: none"> <li>– The accounting standards, PS3450 <i>Financial Instruments</i>, PS2601 <i>Foreign Currency Translation</i>, PS1201 <i>Financial Statement Presentation</i> and PS3041 <i>Portfolio Investments</i> are effective for fiscal years commencing on or after April 1, 2022. The effective date was deferred by one year due to COVID-19.</li> <li>– Equity instruments quoted in an active market and free-standing derivatives are to be carried at fair value. All other financial instruments, including bonds, can be carried at cost or fair value depending on the public sector entity's choice and this choice must be made on initial recognition of the financial instrument and is irrevocable.</li> <li>– Hedge accounting is not permitted.</li> <li>– A new statement, the Statement of Remeasurement Gains and Losses, will be included in the financial statements. Unrealized gains and losses incurred on fair value accounted financial instruments will be presented in this statement. Realized gains and losses will continue to be presented in the statement of operations.</li> <li>– In July 2020, PSAB approved federal government narrow-scope amendments to PS3450 <i>Financial Instruments</i> which will be included in the Handbook in the fall of 2020. Based on stakeholder feedback, PSAB is considering other narrow-scope amendments related to the presentation and foreign currency requirements in PS3450 <i>Financial Instruments</i>. The exposure drafts were released in summer 2020 with a 90-day comment period.</li> </ul>
Employee Future Benefit Obligations	<ul style="list-style-type: none"> <li>– PSAB has initiated a review of sections PS3250 <i>Retirement Benefits</i> and PS3255 <i>Post-Employment Benefits, Compensated Absences and Termination Benefits</i>. In July 2020, PSAB approved a revised project plan.</li> <li>– PSAB intends to use principles from International Public Sector Accounting Standard 39 <i>Employee Benefits</i> as a starting point to develop the Canadian standard.</li> <li>– Given the complexity of issues involved and potential implications of any changes that may arise from the review of the existing guidance, PSAB will implement a multi-release strategy for the new standards. The first standard will provide foundational guidance. Subsequent standards will provide additional guidance on current and emerging issues.</li> <li>– PSAB released an exposure draft on proposed section PS3251, <i>Employee Benefits</i> in July 2021. Comments to PSAB on the proposed section are due by November 25, 2021. Proposed Section PS 3251 would apply to fiscal years beginning on or after April 1, 2026 and should be applied retroactively. Earlier adoption is permitted. The proposed PS3251 would replace existing Section PS 3250 and Section PS 3255. This proposed section would result in organizations recognizing the impact of revaluations of the net defined benefit liability (asset) immediately on the statement of financial position. Organizations would also assess the funding status of their post-employment benefit plans to determine the appropriate rate for discounting post-employment benefit obligations.</li> </ul>

# Appendix 5: Current Developments (continued)

Standard	Summary and implications
Public Private Partnerships (“P3”)	<ul style="list-style-type: none"><li>– PSAB has introduced Section PS3160, which includes new requirements for the recognition, measurement and classification of infrastructure procured through a public private partnership. The standard has an effective date of April 1, 2023, and may be applied retroactively or prospectively.</li><li>– The standard notes that recognition of infrastructure by the public sector entity would occur when it controls the purpose and use of the infrastructure, when it controls access and the price, if any, charged for use, and it controls any significant interest accumulated in the infrastructure when the P3 ends.</li><li>– The public sector entity recognizes a liability when it needs to pay cash or non-cash consideration to the private sector partner for the infrastructure.</li><li>– The infrastructure would be valued at cost, which represents fair value at the date of recognition with a liability of the same amount if one exists. Cost would be measured in reference to the public private partnership process and agreement, or by discounting the expected cash flows by a discount rate that reflects the time value of money and risks specific to the project.</li></ul>

# Appendix 5: Current Developments (continued)

Standard	Summary and implications
<p>Concepts Underlying Financial Performance</p>	<ul style="list-style-type: none"> <li>– PSAB is in the process of reviewing the conceptual framework that provides the core concepts and objectives underlying Canadian public sector accounting standards.</li> <li>– PSAB released four exposure drafts in early 2021 for the proposed conceptual framework and proposed revised reporting model, and their related consequential amendments. The Board is in the process of considering stakeholder comments received.</li> <li>– PSAB is proposing a revised, ten chapter conceptual framework intended to replace PS 1000 <i>Financial Statement Concepts</i> and PS 1100 <i>Financial Statement Objectives</i>. The revised conceptual framework would be defined and elaborate on the characteristics of public sector entities and their financial reporting objectives. Additional information would be provided about financial statement objectives, qualitative characteristics and elements. General recognition and measurement criteria, and presentation concepts would be introduced.</li> <li>– In addition, PSAB is proposing:               <ul style="list-style-type: none"> <li>• Relocation of the net debt indicator to its own statement and the statement of net financial assets/liabilities, with the calculation of net debt refined to ensure its original meaning is retained.</li> <li>• Separating liabilities into financial liabilities and non-financial liabilities.</li> <li>• Restructuring the statement of financial position to present non-financial assets before liabilities.</li> <li>• Changes to common terminology used in the financial statements, including re-naming accumulated surplus (deficit) to net assets (liabilities).</li> <li>• Removal of the statement of rereasurement gains (losses) with the information instead included on a new statement called the statement of changes in net assets (liabilities). This new statement would present the changes in each component of net assets (liabilities), including a new component called “accumulated other”.</li> <li>• A new provision whereby an entity can use an amended budget in certain circumstances.</li> </ul> </li> </ul> <p>Inclusion of disclosures related to risks and uncertainties that could affect the entity’s financial position.</p>

# Appendix 5: Current Developments (continued)

Standard	Summary and implications
Purchased Intangibles	<ul style="list-style-type: none"> <li>– In October 2019, PSAB approved a proposal to allow public sector entities to recognize intangibles purchased through an exchange transaction. Practitioners are expected to use the definition of an asset, the general recognition criteria and the GAAP hierarchy to account for purchased intangibles.</li> <li>– PSAB has approved Public Sector Guideline 8 which allows recognition of intangibles purchased through an exchange transaction. Narrow-scope amendments were made to Section PS 1000 Financial statement concepts to remove prohibition on recognition of intangibles purchased through exchange transactions and PS 1201 Financial statement presentation to remove the requirement to disclose that purchased intangibles are not recognized.</li> <li>– The effective date is April 1, 2023 with early adoption permitted. Application may be retroactive or prospective.</li> </ul>
2022 – 2027 Strategic Plan	<ul style="list-style-type: none"> <li>– PSAB’s Draft 2022 – 2027 Strategic Plan was issued for public comment in May 2021. Comments were requested for October 6, 2021.</li> <li>– The Strategic Plan sets out broad strategic objectives that help guide PSAB in achieving its public interest mandate over a multi-year period, and determining standard-setting priorities</li> <li>– The Strategic Plan emphasizes four key priorities:               <ul style="list-style-type: none"> <li>– Develop relevant and high-quality accounting standards - Continue to develop relevant and high-quality accounting standards in line with PSAB’s due process, including implementation of the international strategy (focused on adapting International Public Sector Accounting Standards for new standards) and completion of the Conceptual Framework and Reporting Model project.</li> <li>– Enhance and strengthen relationships with stakeholders - Includes increased engagement with Indigenous Governments and exploring the use of customized reporting.</li> <li>– Enhance and strengthen relationships with other standard setters – In addition to continued collaboration with other standard setters, this emphasizes strengthened relationship with the IPSASB.</li> <li>– Support forward-looking accounting and reporting initiatives – Supporting and encouraging ESG reporting, and consideration of the development of ESG reporting guidance for the Canadian public sector.</li> </ul> </li> </ul>



# Appendix 6: Environmental, social and governance

**The time is now to begin a discussion on your entity's ESG journey.**

Environmental, Social and Governance (ESG) has revolutionized how organizations in all sectors and markets are delivering their services. ESG refers to a framework to integrate environmental, social, governance risks and opportunities into an entity's strategy to build long-term sustainability and value creation. KPMG's 2021 CEO Outlook highlighted that 30% of CEO's are planning to invest more than 10% of their revenues towards becoming more sustainable. Stakeholder expectations have changed significantly — ESG is no longer a nice-to-have, or an initiative that can be pursued independent of an entity's other objectives.

To be successful, ESG needs to become an integral component of an entity's strategy, and all facets of its operations. Entities need to transform how performance is measured. ESG is also shaping financial reporting requirements. In addition to substantial investments to support sustainability and climate change, the Government of Canada's Budget 2021 announced a commitment to engage with the provinces and territories on adoption of climate disclosures consistent with the Task Force on Climate-related Financial Disclosures (TCFD). Canada's Crown corporations are presently working to adopt the TCFD standards.

KPMG shares your passion for ESG. Recently, KPMG launched a transformative ESG global strategy to embed ESG in every one of the services we provide, the learning and development of our professionals, and commits the firm to achieve net-zero carbon emissions by 2030. Globally, KPMG is investing over \$1.5 billion over the next three years to accelerate global solutions for environmental, social and governance issues. Our sustainability and impact service offerings cover the full range of requirements, from strategy setting, to impact measurement, decarbonization, reporting and assurance. The time is now to begin a discussion on your entity's ESG journey.

Contact us to discuss how KPMG can advise you on your ESG journey!



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KPMG member firms around the world have 227,000 professionals in 146 countries.





**Subject: Roof Replacement – 4150 Sandwich Street – Tender No 148-21  
Results - Ward 1**

**Reference:**

Date to Council: January 17, 2022  
Author: Kyle McDonald  
Facility Operations Asset Analyst  
kmcDonald@citywindsor.ca  
519-253-2300 Ext. 2774  
Facilities  
Report Date: December 13, 2021  
Clerk's File #: SR/14275

**To:** Mayor and Members of City Council

**Recommendation:**

THAT the following Low Tender for the replacement of the roof at 4150 Sandwich Street **BE ACCEPTED** and **AWARDED**:

TENDERER: H & N Roofing & Sheet Metal Limited

TENDER NO.: 148-21

TOTAL TENDER PRICE: \$336,075.00 (plus applicable taxes)

and,

THAT \$421,990 **BE CONFIRMED** as the overall project budget for the roof replacement project at 4150 Sandwich Street, including construction, contingency and internal project management costs; and,

THAT City Council **APPROVE** the transfer of \$210,000 from Reserve Fund F145 for the replacement of the roof at 4150 Sandwich Street to the Corporate Facilities Roof Replacement Program (Project ID 7085008); and,

THAT City Council **APPROVE** a pre-commitment of Service Sustainability funds (Fund 221) in the amount of \$210,000 from HCP-002-07 Corporate Facilities Roof Replacement Program (Project ID 7085008) for the roof at 4150 Sandwich Street; and,

THAT the Chief Administrative Officer and City Clerk **BE AUTHORIZED** to sign a contract with H & N Roofing & Sheet Metal Limited, satisfactory in legal form to the

City Solicitor, in financial content to the Chief Financial Officer and City Treasurer and in technical content to the City Engineer.

**Executive Summary:**

N/A

**Background:**

4150 Sandwich Street is approximately 24,000 square feet with 2 types of roofs. The majority of the building has a flat roof design and small portion of a more recent addition has a sloped steel roof. Computers for Kids, which is a not-for-profit charity, leases 9,120 square feet of the building. The remaining space is used as storage for various City departments. Computers for Kids has leased the space since 2007 and its current lease terminates June 30, 2022 with two (2) additional one (1) year extensions.

The flat roof system at 4150 Sandwich Street is approaching 30 years of age and is well beyond its serviceable life. The roofing membrane can no longer be repaired, and water has penetrated into the roof system and decking, with multiple leaks into the building interior. If left uncorrected this will lead to a disruption of service for the existing tenant, significant damage inside the facility, and poses the possibility of structural failure.

**Discussion:**

This tender was conducted in compliance with the City's Purchasing By-law 93-2012. Tenders were received from six (6) contractors, ranging in price from \$336,000 to \$474,000, with H & N Roofing & Sheet Metal Limited having the lowest successful tender price.

**Risk Analysis:**

If the roof is not replaced, there is a risk of continued roof leaks, associated property damage, structural failure, and personal injury.

Associated risks to the Corporation resulting from the undertaking of this project include risks typical of a construction project, such as bodily injury, property damage, and matters arising from violations of the Occupational Health and Safety Act. These risks are to be transferred to the successful tenderer through the contract. As part of the contract, there are sufficient insurances in place to cover the Corporation for the potential damage and claims that might arise from their work during or after construction within the maintenance period. This is considered possible to occur and be of medium impact.

Weather or other acts of God may cause schedule delays and affect the Contractors ability to meet project deadlines. An early start to this project will assist in mitigating this risk.

**Climate Change Risks**

N/A

**Climate Change Mitigation:**

N/A

**Climate Change Adaptation:**

N/A

**Financial Matters:**

The total cost estimate for the project is \$421,990, including construction, contingency and internal project management costs.

<b>PROJECT COST</b>	<b>ESTIMATES</b>
Construction (Tender #148-21)	\$336,075
Non-recoverable HST on Construction	\$5,915
Contingency	\$50,000
Internal Project Management Costs	\$30,000
<b>TOTAL PROJECT COST</b>	<b>\$421,990</b>

The table below outlines the funding necessary to complete the project:

<b>FUNDING</b>	
Transfer from Reserve Fund F145	\$ 210,000
HCP-002-07 Corporate Facilities Roof Replacement Program (Project ID 7085008) for 4150 Sandwich Street - Pre-commitment from 2022	\$ 210,000
HCP-002-07 Corporate Facilities Roof Replacement Program (Project ID 7085008) – Unallocated balance	\$ 1,990
<b>TOTAL PROJECT FUNDING</b>	<b>\$421,990</b>

Administration is recommending that this work be funded by a transfer of \$210,000 in funding from the Windsor Waste Management Reserve, Fund 145, as well as a pre-commitment of \$210,000 in 2022 funding in the Corporate Facilities Roof Replacement Program (HCP-002-07). The balance of funding required for this work would come from existing funds in the Corporate Facilities Roof Replacement Program (Project ID 7085008).

Dating back to 2008, lease revenues collected for this building and deposited into Fund 145 total approximately \$210,000. As these revenues relate specifically to this building, Administration is recommending that the revenues be used to fund the roof replacement. Sufficient funding is available in Fund 145 to support the transfer.

**Consultations:**

Donna Desantis – Supervisor, Facilities

Neil Friesen – Roof Technologist

Tracy Ou – Financial Planning Administrator, Facilities

Michael Dennis – Financial Manager, Asset Planning

Mark DiPasquale – Financial Planning Administrator, Legal

**Conclusion:**

Administration recommends that Tender No. 148-21 for the Flat Roof Replacement at 4150 Sandwich Street be awarded to the low bidder, H & N Roofing and Sheet Metal Limited.

**Approvals:**

<b>Name</b>	<b>Title</b>
Tom Graziano	Senior Manager, Facilities
Chris Nepszy	Commissioner, Infrastructure Services
Janice Guthrie	On behalf of Commissioner, Corp. Services/CFO
Jason Reynar	Chief Administrative Officer

**Notifications:**

<b>Name</b>	<b>Address</b>	<b>Email</b>

**Appendices:**



**Committee Matters: SCM 393/2021**

**Subject: Zoning By-law Amendment Application for property known as 739 Bridge Avenue, south of Wyandotte Street West, west side of Bridge Ave.;**  
**Applicant: Paul Mar Housing; File No. Z-038/21, ZNG/6589; Ward 2**

Moved by: Councillor Holt  
Seconded by: Councillor Sleiman

Decision Number: **DHSC 349**

THAT Zoning By-law 8600 **BE AMENDED** by changing the zoning of the land located on the west side of Bridge Ave., south of Wyandotte Street West, described as Plan 369, Lots 234 & 235 (PIN 01224-0375), from Residential District 1.3 (RD1.3) to Residential District 2.1 (RD2.1) in Zoning By-law 8600.

Carried.

Report Number: S 152/2021  
Clerk's File: ZB/14030

**Clerk's Note:**

1. The recommendation of the Standing Committee and Administration are the same.
2. Please refer to Item 7.1 from the Development & Heritage Standing Committee Meeting held December 6, 2021.
3. To view the stream of this Standing Committee meeting, please refer to:  
<http://csg001-harmony.sliq.net/00310/Harmony/en/PowerBrowser/PowerBrowserV2/20211209/-1/5287>



**Subject: Zoning By-law Amendment Application for property known as 739 Bridge Avenue, south of Wyandotte Street West, west side of Bridge Ave.; Applicant: Paul Mar Housing; File No. Z-038/21, ZNG/6589; Ward 2**

**Reference:**

Date to Council: December 6, 2021  
Authors: Justina Nwaesei, MCIP, RPP  
Senior Planner - Subdivisions  
519-255-6543, ext. 6165  
jnwaesei@citywindsor.ca

Minan Song  
Student Planner  
519-255-6543 ext. 6438  
msong@citywindsor.ca

Planning & Building Services  
Report Date: November 12, 2021  
Clerk's File #: ZB/14030

**To:** Mayor and Members of City Council

**Recommendation:**

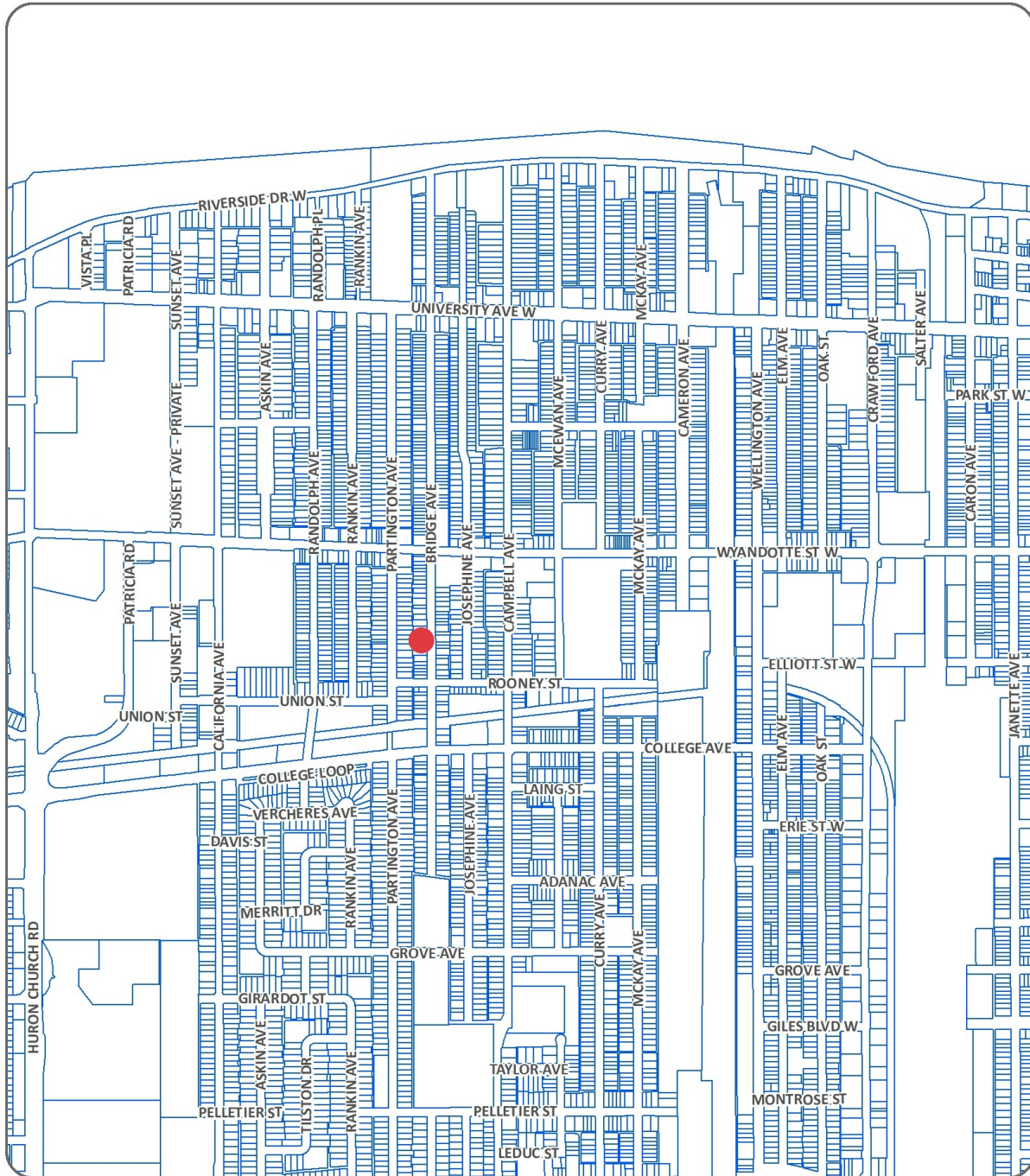
That Zoning By-law 8600 **BE AMENDED** by changing the zoning of the land located on the west side of Bridge Ave., south of Wyandotte Street West, described as Plan 369, Lots 234 & 235 (PIN 01224-0375), from Residential District 1.3 (RD1.3) to Residential District 2.1 (RD2.1) in Zoning By-law 8600.

**Executive Summary:**

N/A

**Background:**

**1. KEY MAP**



**KEY MAP - Z-038/21, ZNG-6589**



● SUBJECT LANDS

## 2. APPLICATION INFORMATION

**LOCATION:** 739 Bridge Avenue

**APPLICANT:** PAUL MAR HOUSING

**AGENT:** PILLION ABBS INC.

**REGISTERED OWNER:** MARCO G. DIBARTOLOMEO

**PROPOSAL:**

The applicant is requesting an amendment to Zoning By-law 8600 for the land located on the west side of Bridge Ave., south of Wyandotte Street West, described as Plan 369, Lots 234 & 235 and municipally known as 739 Bridge Ave. The subject land is designated Residential on Schedule D: Land Use in the Official Plan and zoned Residential District 1.3 (RD1.3) in Zoning By-law 8600.

The applicant proposes to change the zoning of the subject land from Residential District 1.3 (RD1.3) to Residential District 2.1 (RD2.1) to permit the development of a semi-detached dwelling with attached garages. The amendment includes a request for a site-specific provision to permit *an increase in the maximum lot coverage from 45% to 46.58%*.

NOTE: On November 9, 2021, the applicant submitted a revised conceptual site plan that complies with the provisions of the RD2.1 zoning.

SUBMISSIONS BY APPLICANT:

- Zoning By-law Amendment Application form (*revised on Nov. 9, 2021*);
- Development Concept plan (*revised on Nov. 9, 2021*);
- Zoning Matrix (*revised on Nov. 9, 2021*);
- Property Survey; and
- Property Deed.

## 3. SITE INFORMATION

OFFICIAL PLAN	ZONING & ZDM	CURRENT USE(S)	PREVIOUS USE(S)
RESIDENTIAL [Land Use]	RESIDENTIAL DISTRICT 1.3 (RD1.3); ZDM3	Single Unit Dwelling	Unknown
FRONTAGE	DEPTH	AREA	SHAPE
15.24m	30.33m	462.19sq.m. (0.46ha)	rectangular
Note: All measurements are approximate.			

# 4. REZONING MAP

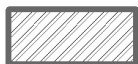


PART OF ZONING DISTRICT MAP 3

N.T.S.

## REZONING

Applicant: Paul Mar Housing



SUBJECT LANDS

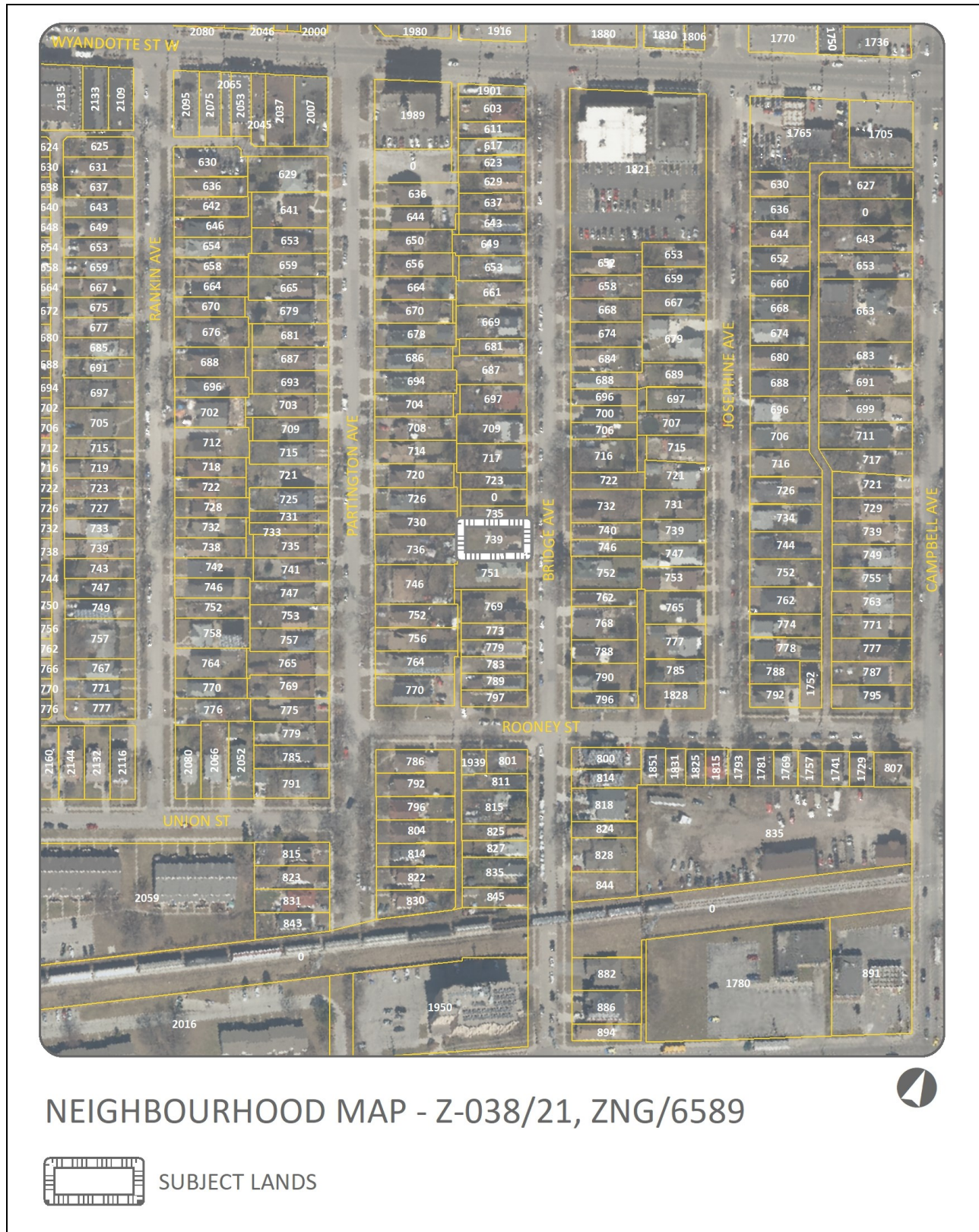
PLANNING & BUILDING DEPARTMENT



DATE : OCTOBER, 2021  
FILE NO. : Z-038/21, ZNG/6589



## 5. NEIGHBOURHOOD CHARACTERISTICS



The surrounding area is an established residential neighbourhood with small scale low profile residential uses (mostly single detached dwellings) serviced by commercial and institutional uses along Wyandotte Street West near the intersection with Bridge Avenue.

#### **SURROUNDING LAND USE**

**North:** Residential developments (low density – mostly single detached dwellings). Further north of Bridge Avenue, there is Wyandotte Street R.O.W, followed by Commercial plazas and institutional use (Centre for English Language Development).

**East, West & South:** Residential developments (low density - mostly single detached dwellings).

#### **MUNICIPAL INFRASTRUCTURE**

- The City's records show that there are municipal storm and sanitary sewers within the abutting roadways, available to service the subject land.
- The subject land is serviced by a 375mm diameter vitrified clay combined sewer.
- Municipal watermains (300 mm diameter PVC), fire hydrants and LED streetlights are available along Bridge Avenue and other nearby local roads in the area.
- ENWIN has overhead and underground power distribution wires in the subject area.
- There are concrete sidewalks, curbs and gutter along both sides of Bridge Avenue.
- Transit Windsor Bus route (Crosstown 2) is available to service the subject land and area.
- There is a bus stop located at Wyandotte & Bridge intersection, approximately 240 metres walking distance from the subject development.
- Wyandotte Street is classified as a Class II Arterial Road; College Avenue is classified as a Class I Collector Road; and Bridge Avenue is a Local Road.

#### **Discussion:**

#### **PLANNING ANALYSIS:**

##### **1. PLANNING ACT**

The Planning Act, in subsection 3(5), mandates that a decision of the council of a municipality, a local board, a planning board, a minister of the Crown and a ministry, board, commission or agency of the government, including the Municipal Board (now the Ontario Land Tribunal), in respect of the exercise of any authority that affects a planning matter, "shall be consistent with" Provincial Policy Statement.

According to subsection 3(6) of the Planning Act, comments, submissions or advice that affect a planning matter that are provided by the council of a municipality, a local

board, a planning board, a minister or ministry, board, commission or agency of the government “shall be consistent with” Provincial Policy Statement.

## 2. PROVINCIAL POLICY STATEMENT (PPS) 2020

Provincial Policy Statement 2020 was issued under section 3 of the Planning Act and came into effect May 1, 2020. It replaces the Provincial Policy Statement issued April 30, 2014, provides policy direction on matters of provincial interest related to land use planning and development, and sets the policy foundation for regulating the development and use of land in Ontario.

The recommended zoning by-law amendment promotes residential intensification, infill and redevelopment in an established residential neighbourhood. The following policies of PPS 2020 are considered relevant in discussing provincial interests related to this amendment:

### *1.1 Managing and Directing Land Use to Achieve Efficient and Resilient Development and Land Use Patterns*

#### *1.1.1 Healthy, liveable and safe communities are sustained by:*

*a) promoting efficient development and land use patterns which sustain the financial well-being of the Province and municipalities over the long term;*

*b) accommodating an appropriate affordable and market-based range and mix of residential types (including single-detached, additional residential units, multi-unit housing, affordable housing and housing for older persons), employment (including industrial and commercial), institutional (including places of worship, cemeteries and long-term care homes), recreation, park and open space, and other uses to meet long-term needs;*

*c) avoiding development and land use patterns which may cause environmental or public health and safety concerns;*

*d) avoiding development and land use patterns that would prevent the efficient expansion of settlement areas in those areas which are adjacent or close to settlement areas;*

*e) promoting the integration of land use planning, growth management, transit-supportive development, intensification and infrastructure planning to achieve cost-effective development patterns, optimization of transit investments, and standards to minimize land consumption and servicing costs;*

*f) improving accessibility for persons with disabilities and older persons by addressing land use barriers which restrict their full participation in society;*

*g) ensuring that necessary infrastructure and public service facilities are or will be available to meet current and projected needs;*

*i) preparing for the regional and local impacts of a changing climate.*

With respect to 1.1.1(a) – This amendment facilitates infill residential development / a redevelopment of the subject land. The amendment introduces an additional residential unit on the subject land. The amendment will result in an efficient use of land, existing municipal services and infrastructure. The amendment also promotes efficient development and land use pattern that will positively impact the financial well-being of the City of Windsor.

With respect to 1.1.1(b) - There is very little mix in housing types in the immediate neighbourhood. The predominant housing type is the single detached dwelling; however, there is one semi-detached dwelling (603-605 Bridge Avenue) located south of the Wyandotte Street & Bridge Avenue intersection, and another semi-detached dwelling (818-822 Bridge Avenue) located north of the Bridge Avenue & Rooney Street

intersection. The recommended amendment will bring about the accommodation of a new *semi-detached dwelling housing type*, which is an appropriate range and mix of residential types in the area.

With respect to 1.1.1(c) – There are no known environmental or public health & safety concerns.

With respect to 1.1.1 (d) - The subject land was previously developed as a low-density residential use surrounded by existing developments. This amendment does not prevent the efficient expansion of the settlement area.

With respect to 1.1.1(e) – The amendment promotes residential intensification, and will achieve a cost-effective development pattern and minimize land consumption and servicing costs.

With respect to 1.1.1(f) - Sidewalks improve *accessibility for persons with disabilities and older persons*. As noted already in this report, there are existing concrete sidewalks on both sides of Bridge Avenue.

With respect to 1.1.1(g) – The subject land is in an area of the City that is built-up and serviced by necessary infrastructure and public utilities.

With respect to 1.1.1(i) – Impacts of climate change are mitigated by the use of the existing sidewalks on Bridge Avenue and nearby roadways. The sidewalks encourage active transportation, connectivity, and the reduction of carbon footprint. The subject area is serviced by public transit located on Wyandotte Street West, and a bus stop located approximately 240m walking distance from the subject land.

In summary, the recommended zoning by-law amendment will facilitate an efficient development that will minimize land consumption and servicing costs by accommodating a semi-detached residential use in an existing residential neighbourhood. The amendment will positively impact the financial well-being of the City of Windsor. There is no known environmental or public health and safety concern arising from this amendment. The recommended zoning by-law amendment is consistent with policy 1.1.1 of the PPS.

*1.1.3.1 Settlement areas shall be the focus of growth and development.*

*1.1.3.2 Land use patterns within settlement areas shall be based on densities and a mix of land uses which:*

- a) efficiently use land and resources;*
- b) are appropriate for, and efficiently use, the infrastructure and public service facilities which are planned or available, and avoid the need for their unjustified and/or uneconomical expansion;*
- c) minimize negative impacts to air quality and climate change, and promote energy efficiency;*
- d) prepare for the impacts of a changing climate;*
- e) support active transportation;*
- f) are transit-supportive, where transit is planned, exists or may be developed; and ...*

*Land use patterns within settlement areas shall also be based on a range of uses and opportunities for intensification and redevelopment in accordance with the criteria in policy 1.1.3.3, where this can be accommodated.*

*1.1.3.3 Planning authorities shall identify appropriate locations and promote opportunities for transit-supportive development, accommodating a significant supply and range of housing options through intensification and redevelopment where this can be accommodated taking into account existing building stock*



*or areas, including brownfield sites, and the availability of suitable existing or planned infrastructure and public service facilities required to accommodate projected needs.*

The subject lands are located within an established residential neighbourhood in a settlement area. This amendment creates opportunity for growth and development within the City of Windsor settlement area. As noted already in this report, the existing single detached dwelling (one unit) on the subject site will be demolished. This amendment will promote redevelopment of the site for a semi-detached dwelling (two units). Consequently, the recommended amendment promotes residential intensification. The amendment will facilitate an efficient use of land, resources, and existing infrastructure, including existing and planned active transportation options such as sidewalks. The subject amendment is consistent with policies 1.1.3.1 and 1.1.3.2 of the PPS.

#### *1.2.6 Land Use Compatibility*

*1.2.6.1 Major facilities and sensitive land uses shall be planned and developed to avoid, or if avoidance is not possible, minimize and mitigate any potential adverse effects from odour, noise and other contaminants, minimize risk to public health and safety, and to ensure the long-term operational and economic viability of major facilities in accordance with provincial guidelines, standards and procedures.*

The subject area is located within 300 meters of the Essex Terminal Rail Corridor. Under Section 7.2.8.8(a) of the Official Plan, all proponents of a new development within 300 metres of a rail corridor may be required to complete a noise study to support their proposal. There are existing buildings between the rail corridor and the proposed semi-detached dwelling at 739 Bridge Avenue. Administration has determined that the existing houses between the proposed subject development and the rail corridor provide the necessary noise barrier; therefore, Noise Study is not required for this development. The intent of Policy 1.2.6.1 is fulfilled.

### *1.4 Housing*

*1.4.1 To provide for an appropriate range and mix of housing options and densities required to meet projected requirements of current and future residents of the regional market area, planning authorities shall:*

*a) maintain at all times the ability to accommodate residential growth for a minimum of 15 years through residential intensification and redevelopment and, if necessary, lands which are designated and available for residential development;*

*1.4.3 Planning authorities shall provide for an appropriate range and mix of housing options and densities to meet projected market-based and affordable housing needs of current and future residents of the regional market area by:*

*b) permitting and facilitating:*

*1. all housing options required to meet the social, health, economic and well-being requirements of current and future residents, ...; and*

*2. all types of residential intensification, including additional residential units, and redevelopment in accordance with policy 1.1.3.3;*

*c) directing the development of new housing towards locations where appropriate levels of infrastructure and public service facilities are or will be available to support current and projected needs;*

*d) promoting densities for new housing which efficiently use land, resources, infrastructure and public service facilities, and support the use of active transportation and transit in areas where it exists or is to be developed;*

This amendment promotes increase in residential units, which will result in the intensification of the subject site and area. The amendment will facilitate the municipality's ability to accommodate residential growth through intensification. This amendment will provide a form of housing that is appropriate in terms of range and mix,

and will meet the social, health and well-being of current and future residents. Appropriate level of infrastructure, active transportation and transit services are available in the subject area. This amendment is consistent with policy 1.4 of the PPS.

### **1.8 Energy Conservation, Air Quality and Climate Change**

*1.8.1 Planning authorities shall support energy conservation and efficiency, improved air quality, reduced greenhouse gas emissions, and preparing for the impacts of a changing climate through land use and development patterns which:*

- a) promote compact form and a structure of nodes and corridors;*
- b) promote the use of active transportation and transit in and between residential, employment (including commercial and industrial) and institutional uses and other areas; and*
- g) maximize vegetation within settlement areas, where feasible.*

The amendment promotes a compact development in an area that promotes active transportation and connectivity through the existing and planned sidewalks; thereby, enhancing air quality and positively impacting climate change. Low impact development should be encouraged through increase in vegetative landscape, where feasible. This amendment is consistent with policy 1.8 of the PPS.

### **3. OFFICIAL PLAN (OP)**

**Land Use Designation:** The site is designated “Residential” in Schedule D of City of Windsor Official Plan. The objectives and policies of the Residential land use designation establish the framework for development decisions in Residential areas within the City of Windsor.

As shown in the attached Appendix B to this report, the Official Plan’s objectives are to support a complementary range of housing forms, promote compact residential form for new developments and promote selective residential redevelopment, infill and intensification initiatives in the City of Windsor. See sections 6.3.1.1, 6.3.1.2 and 6.3 1.3 of OP Vol.1. These objectives of the OP are satisfied by the proposed development on the subject land. The amendment supports a complementary range of housing forms in the subject neighbourhood. The amendment also provides opportunity for residential redevelopment, infill and intensification; thereby, promoting a compact neighbourhood.

**Permitted Uses:** “Uses permitted in the Residential land use designation identified on Schedule D: Land Use include Low, Medium and High Profile dwelling units.” s. 6.3.2, OP Vol. 1.

**Proposed Use:** The amendment will facilitate the development of a semi-detached dwelling, which is deemed a small scale form of low profile housing development under the classification of “types of low profile housing” s. 6.3.2.3 of the OP. Therefore, the amendment is for a permitted use within the residential land use designation.

**Locational criteria,** s.6.3.2.4 of OP Vol. 1, are satisfied by the proposed residential development. The amendment is for a residential development located in a built-up area with access to a Class II Arterial Road (Wyandotte Street West). The subject land can be serviced by full municipal physical services. Existing community services, open spaces and public transportation are available in the neighbourhood.

**Evaluation criteria for neighbourhood development pattern**, s.6.3.2.5 of OP Vol. 1. With respect to the proposed development on the subject land the following evaluation criteria are applicable:

- s.6.3.2.5 (c) compatible with the surrounding area in terms of scale, massing, height, siting, orientation, setbacks, parking and amenity areas;
- (d) provided with adequate off street parking;
- (e) capable of being provided with full municipal physical services and emergency services.

The recommended amendment will facilitate a development that is capable of being designed to be compatible with the surrounding area in terms of scale, massing, height, siting, orientation, setbacks, parking, and amenity areas as per 6.3.2.5 (c).

Each proposed semi-detached dwelling unit has an attached garage; therefore, adequate off-street parking is proposed for the development. Policy 6.3.2.5 (d) is met.

As noted already in this report, the subject land is within a built-up residential neighbourhood; therefore, the proposed infill residential development is capable of being provided with full municipal physical services and emergency services per s.6.3.2.5 (e).

**Energy Conservation**, s.8.5.2.8 of OP Vol. 1: “Council will encourage energy conservation through various guidelines that promote: (c) landscaping that can assist in reducing heating and cooling requirements;” Any development concept that potentially leads to less landscaping/vegetation on site is not desirable and should not be encouraged. Section 8.5.2.8(c), OP Vol. 1 reminds us that landscaping can assist in reducing heating and cooling. Therefore, we should be maximizing vegetative landscaping wherever possible so we can promote low impact developments.

**Infill Development**, s.8.7.2.3 of OP Vol. 1: The proposed infill residential development on the subject land is capable of being designed to function as an integral and complementary part of the existing residential development pattern.

**Amendments Must Conform**, s. 11.6.3.1 of OP Vol. 1: “All amendments to the Zoning By-law(s) shall conform with this Plan”. Based on the analysis provided in this report, the recommended zoning by-law amendment maintains conformity with the Official Plan.

**Evaluation criteria for zoning by-law amendments, s.11.6.3.3 OP Vol. 1:**

- Support studies were not required for this application and no study was submitted; therefore, 11.6.3.3(b) does not apply.
- The requirements, comments and recommendations from municipal departments and circularized agencies have been considered, as noted in the CONSULTATION section of this report; therefore, 11.6.3.3(c) is satisfied;
- This amendment promotes opportunity for residential intensification, redevelopment and infill, which create a compact form of neighbourhood and ensure continuation of

an orderly development pattern in the subject area. The recommended zoning by-law amendment is consistent with the relevant policies of the PPS and conforms with, or can be designed to conform with, the applicable objectives and policies of OP Vol. 1. Therefore, 11.6.3.3(d) is satisfied; and

- With respect to s.11.6.3.3 (e), the recommended amended does not have any known potential to cause adverse impact on the existing uses in the subject area. The analysis provided in this report shows that the proposed development will be compatible and complementary to the surrounding existing uses.

The recommended amendment meets the evaluation criteria set out in s.11.6.3.3 of the OP.

#### 4. ZONING

The subject land is zoned Residential District 1.3 (RD1.3) in the City of Windsor Zoning By-law 8600. The proposed/recommended zoning is Residential District 2.1 (RD2.1) in the City of Windsor Zoning By-law 8600. **Appendix C**, attached to this report, contains relevant excerpts from Zoning By-law 8600. Permitted uses in the RD1.3 and RD2.1 zoning districts can be found in Appendix C. The proposed semi-detached dwelling is permitted in the RD2.1 zoning. Here are some important facts to note:

- a) The RD1.3 zoning district only permits the use of an existing semi-detached dwelling. The RD2.1 zoning district is the next zoning category that is more in line with the neighbourhood, and permits the development of a semi-detached dwelling.
- b) Both the existing and recommended zoning categories (RD1.3 and RD2.1, respectively) have the same lot coverage, building height, front yard depth, rear yard depth and side yard width requirements;
- c) The RD2.1 lot area and lot width requirements for a semi-detached dwelling are identical to the RD1.3 lot area and lot width requirements for existing semi-detached dwellings;
- d) The Conceptual Site Plan (Appendix E, attached to this report) and the Zoning Matrix (prepared by Pillon Abbs Inc., dated Nov. 9, 2021) show that the subject land meets:
  - the minimum lot width requirement of 15m in the RD2.1 zoning district; and
  - the minimum lot area requirement of 450m<sup>2</sup> in the RD2.1 zoning district.

This report supports the request to change the zoning from RD1.3 to RD2.1.

**DRAFT BY-LAW:** A draft by-law is attached as **Appendix F**. The Planning Act, in subsection 24(1) requires that no by-law shall be passed for any purpose that does not conform with the Official Plan. As noted already under OFFICIAL PLAN section of this report, the recommended amendment conforms with the OP; therefore, the draft by-law can be passed at the appropriate time.

## 5. SITE PLAN

The proposed amendment is not a “development” as defined in section 41(1) of the Planning Act; therefore, the applicant is not required to submit an application for Site Plan Approval.

### **Risk Analysis:**

#### **Climate Change Risks**

#### **Climate Change Mitigation:**

Impacts of climate change are mitigated by the existing sidewalks, because sidewalks encourage active transportation and connectivity, thereby, reducing carbon footprint. The subject site is serviced by public transit and is within walking distance of the nearest transit bus stop located on Wyandotte Street West. The existing sidewalks on Bridge Avenue connect pedestrians to the bus stop on Wyandotte Street to use public transit services and positive impact climate change by reducing carbon footprint.

#### **Climate Change Adaptation:**

N/A

#### **Financial Matters:**

N/A

#### **Consultations:**

## 1. DEPARTMENT AND AGENCIES

**Appendix D**, attached to this report, contains comments from municipal departments and external agencies. There are no objections to the proposed zoning by-law amendment. However, the applicant is advised to take note of the comments contained in Appendix D, particularly the following matters:

#### ***Engineering & Geomatics Division:***

- The owner/applicant is advised to obtain right-of-way permits for sewer taps, drain taps, flatworks, landscaping, curb cuts, and driveway approaches from the City Engineer, prior to commencement of any construction on the public highway.
- The owner/applicant is also advised that the following matters shall be addressed prior to any construction permit on the subject land:
  - a) A video inspection of any existing connections proposed for reuse to ensure the suitability of the connection for use in accordance with City of Windsor Standard Specifications S-32 CCTV Sewer Inspection.
  - b) Any redundant connections will be abandoned according to the City of Windsor Engineering Best Practice B.P.1.3.3.
  - c) Any new Connections to combined sewers will follow City of Windsor Engineering Best Practice B.P.1.1.1.

- The owner/applicant is hereby informed that all work associated with the above matters shall be entirely at the cost of the owner/applicant.

***Landscape Architect:***

- There is a large Sugar Maple tree with a 52 cm trunk diameter (dbh) situated in the City right-of-way immediately in front of the subject properties. The applicant is advised to consult with the City Forester prior to any demolition or construction commencing on the subject property.
- The usual requirement for cash-in-lieu of 5% parkland dedication will be imposed at the time of Building Permit.

***Enbridge:***

Owner/applicant is hereby reminded of the following Enbridge requirements

- a minimum separation of 0.6m horizontal and 0.3m vertical from all Enbridge plants less than NPS 16
- a minimum separation of 1.0m horizontal and 0.6m vertical between any CER-regulated and vital pipelines

Additional separation requirements and other relevant Enbridge comments can be found in Appendix D attached to this report.

**2. PUBLIC NOTICE**

The City of Windsor advertised the official notice in the Windsor Star Newspaper per the Planning Act.

The City will also mail courtesy notice to all properties within 120m (400 feet) of the subject parcel, prior to the Development & Heritage Standing Committee (DHSC) meeting.

**Conclusion:**

The planning analysis provided in this report supports my professional opinion that the recommended zoning amendment is consistent with the Provincial Policy Statement 2020, maintains conformity with the Official Plan and constitutes good planning.

The planning recommendation is for approval of the zoning change from RD1.3 to RD2.1, as noted in the Recommendation section of this report.

**Planning Act Matters:**

I concur with the above comments and opinion of the Registered Professional Planner.

**Michael Cooke, MCIP, RPP**

Manager, Planning Policy

**Thom Hunt, MCIP, RPP**

City Planner

I am not a registered Planner and have reviewed as a Corporate Team Leader

**SAH**, Commissioner, Legal & Legislative Services  
Officer

**JR**, Chief Administrative

**Approvals:**

<b>Name</b>	<b>Title</b>
Michael Cooke, MCIP, RPP	Manager of Planning Policy / Deputy City Planner
Thom Hunt, MCIP, RPP	City Planner / Executive Director, Planning & Development Services
Wira Vendrasco	Deputy City Solicitor, Legal Services & Real Estate
Shelby Askin Hager	Commissioner, Legal & Legislative Services
Shelby Askin Hager acting for Jason Reynar	Chief Administrative Officer

**Notifications:**

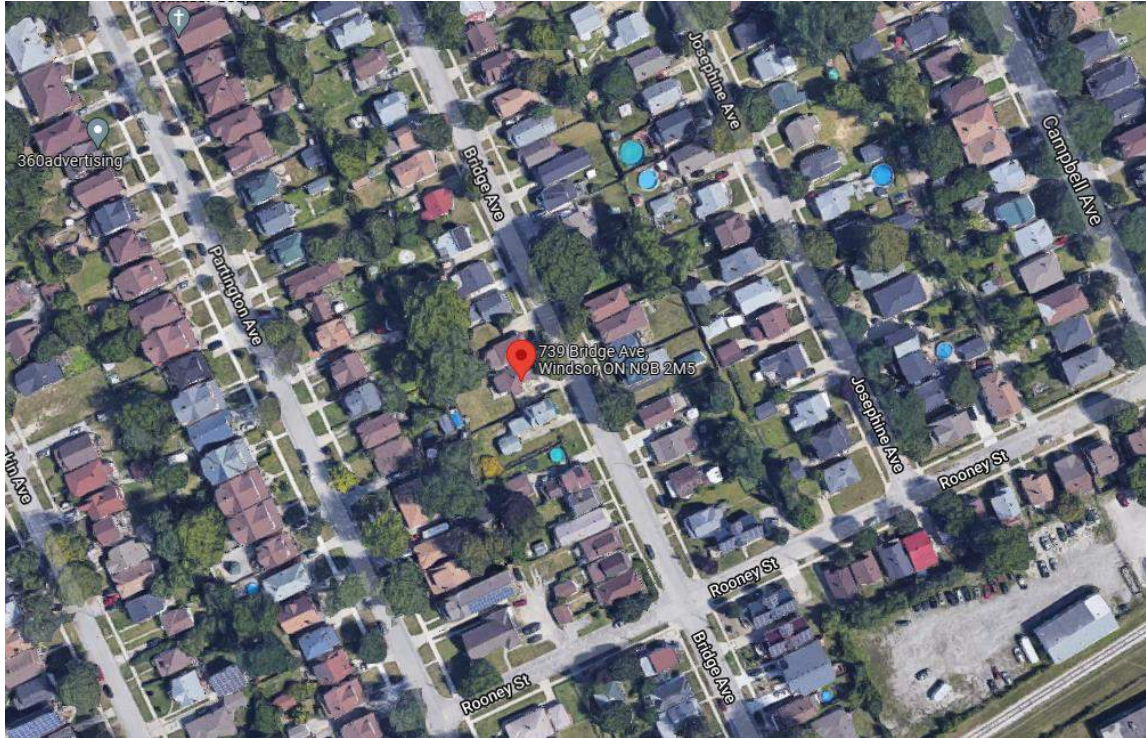
<b>Name</b>	<b>Address</b>	<b>Email</b>
Abutting property owners, tenants/ occupants within 120 meter (400 feet) radius of the subject land		
Applicant: Paul Mar Housing c/o Paolo DiBartolomeo	23 Martin Crescent., Amherstburg, ON N9V 4B7	paulmarhousing@gmail.com
Registered Owner: 739 Bridge Ave.; c/o Marco G. DiBartolomeo	23 Martin Crescent., Amherstburg, ON N9V 4B7	N/A
Agent: Pillion Abbs Inc c/o Tracey Pillion-Abbs	23669 Prince Albert Road, LaSalle, ON N7M 5J7	tpillionabbs@gmail.com
Councillor Fabio Costante	350 City Hall Square West, Suite 220, Windsor, ON N9A6S1	fcostante@citywindsor.ca

**Appendices:**

- 1 Appendix A - Site Photos
- 2 Appendix B - Excerpts from OP
- 3 Appendix C - Excerpts from Zoning By-Law 8600
- 4 Appendix D - Consultations Table
- 5 Appendix E - Conceptual Site Plan
- 6 Appendix F - Draft By-Law for Z-038-21



## Appendix A – Site Photos



**Google Aerial Photo of the subject land and surrounding properties in 2021**



**Nov 5, 2021 - Site Photo of the current Single Dwelling on the subject land (738 Bridge Ave.)**





**Dec. 2020, Google Street View looking north from the subject land**



**Dec. 2020, Google Street View looking south from the subject land**



**Nov 5, 2021 - Site Photo of the subject land looking north of the Single Dwelling (738 Bridge Ave.)**





**Google Street View Image of Wyandotte and Bridge Intersection – Crosstown 2 Bus Stop (240m from subject site)**



**Dec. 2020 Google Street View Image of 603-605 Bridge Avenue (existing Semi Detached Dwelling) located north of subject site near Wyandotte Street West**

# APPENDIX B – EXCERPTS FROM THE OFFICIAL PLAN

## OP Volume I – The Primary Plan

### 3.2.1 Safe, Caring and Diverse Community

- NEIGHBOURHOOD CENTRES* 3.2.1.1 Windsorites want to be a part of neighbourhoods that meet their needs as places to live, shop and play. Each neighbourhood will have a central area that provides a focus for activities and is within a convenient walking distance. Here, people will find shops, jobs, neighbourhood based services, public places that are safe and inviting, and a place to meet with neighbours and join in community life. The neighbourhood centre will provide a variety of housing types for all ages and incomes.
- NEIGHBOURHOOD HOUSING VARIETY* 3.2.1.2 Encouraging a range of housing types will ensure that people have an opportunity to live in their neighbourhoods as they pass through the various stages of their lives. Residents will have a voice in how this new housing fits within their neighbourhood. As the city grows, more housing opportunities will mean less sprawl onto agricultural and natural lands.

## 6.1 Goals

In keeping with the Strategic Directions, Council's land use goals are to achieve:

- NEIGHBOURHOODS* 6.1.1 Safe, caring and diverse neighbourhoods.
- ENVIRONMENTALLY SUSTAINABLE* 6.1.2 Environmentally sustainable urban development.
- RESIDENTIAL* 6.1.3 Housing suited to the needs of Windsor's residents.

## 6.2 General Policies

- TYPES OF DEVELOPMENT PROFILE* 6.2.1.2 For the purpose of this Plan, Development Profile refers to the height of a building or structure. Accordingly, the following Development Profiles apply to all land use designations on Schedule D: Land Use unless specifically provided elsewhere in this Plan:
- (a) Low Profile developments are buildings or structures generally no greater than three (3) storeys in height;
  - (b) Medium Profile developments are buildings or structures generally no greater than six (6) storeys in height; and
  - (c) High Profile developments are buildings or structures generally no greater than fourteen (14) storeys in height.

# APPENDIX B – EXCERPTS FROM THE OFFICIAL PLAN

## 6.3 Residential

The lands designated as “Residential” on Schedule D: Land Use provide the main locations for housing in Windsor outside of the City Centre Planning District. In order to develop safe, caring and diverse neighbourhoods, opportunities for a broad range of housing types and complementary services and amenities are provided.

The following objectives and policies establish the framework for development decisions in Residential areas.

### 6.3.1 Objectives

<i>RANGE OF FORMS &amp; TENURES</i>	6.3.1.1	To support a complementary range of housing forms and tenures in all neighbourhoods.
<i>NEIGHBOURHOODS</i>	6.3.1.2	To promote compact neighbourhoods which encourage a balanced transportation system.
<i>INTENSIFICATION, INFILL &amp; REDEVELOPMENT</i>	6.3.1.3	To promote selective residential redevelopment, infill and intensification initiatives.
<i>MAINTENANCE &amp; REHABILITATION</i>	6.3.1.4	To ensure that the existing housing stock is maintained and rehabilitated.
<i>SERVICE &amp; AMENITIES</i>	6.3.1.5	To provide for complementary services and amenities which enhance the quality of residential areas.
<i>HOME BASED OCCUPATIONS</i>	6.3.1.6	To accommodate home based occupations.
<i>SUFFICIENT LAND SUPPLY</i>	6.3.1.7	To ensure that a sufficient land supply for residential and ancillary land uses is available to accommodate market demands over the 20 year period of this Plan.

### 6.3.2 Policies

In order to facilitate the orderly development and integration of housing in Windsor, the following policies shall apply.

<i>PERMITTED USES</i>	6.3.2.1	Uses permitted in the Residential land use designation identified on Schedule D: Land Use include Low, Medium and High Profile dwelling units.
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## APPENDIX B – EXCERPTS FROM THE OFFICIAL PLAN

- TYPES OF LOW PROFILE HOUSING*      6.3.2.3      For the purposes of this Plan, Low Profile housing development is further classified as follows:
- (a) small scale forms: single detached, semi-detached, duplex and row and multiplexes with up to 8 units; and
  - (b) large scale forms: buildings with more than 8 units.
- LOCATIONAL CRITERIA*      6.3.2.4      Residential development shall be located where:
- (a) there is access to a collector or arterial road;
  - (b) full municipal physical services can be provided;
  - (c) adequate community services and open spaces are available or are planned; and
  - (d) public transportation service can be provided.
- EVALUATION CRITERIA FOR A NEIGHBOURHOOD DEVELOPMENT PATTERN*      6.3.2.5      At the time of submission, the proponent shall demonstrate to the satisfaction of the Municipality that a proposed residential development within an area having a Neighbourhood development pattern is:
- (a) feasible having regard to the other provisions of this Plan, provincial legislation, policies and appropriate guidelines and support studies for uses:
    - (i) within or adjacent to any area identified on Schedule C: Development Constraint Areas and described in the Environment chapter of this Plan;
    - (ii) adjacent to sources of nuisance, such as noise, odour, vibration and dust;
    - (iii) within a site of potential or known contamination;
    - (iv) where traffic generation and distribution is a provincial or municipal concern; and
    - (v) adjacent to heritage resources.
  - (b) in keeping with the goals, objectives and policies of any secondary plan or guideline plan affecting the surrounding area;

## APPENDIX B – EXCERPTS FROM THE OFFICIAL PLAN

- (c) compatible with the surrounding area in terms of scale, massing, height, siting, orientation, setbacks, parking and amenity areas;
- (d) provided with adequate off street parking;
- (e) capable of being provided with full municipal physical services and emergency services; and
- (f) facilitating a gradual transition from Low Profile residential development to Medium and/or High profile development and vice versa, where appropriate.

TENURE  
VARIETY

6.3.2.15 Council shall encourage the provision of a variety of housing tenures which recognize the diverse needs of Windsor’s residents.

### 11.6.3 Zoning By-law Amendment Policies

AMENDMENTS  
MUST  
CONFORM

11.6.3.1 All amendments to the Zoning By-law(s) shall conform with this Plan. The Municipality will, on each occasion of approval of a change to the zoning by-law(s), specify that conformity with the Official Plan is maintained or that the change will be in conformity upon the coming into effect of an amendment to the Official Plan.

REVIEW  
PROCEDURE

11.6.3.2 All applications for Zoning By-law amendments shall be processed in accordance with the provisions of the *Planning Act*, and regulations pursuant thereto, and the procedural requirements of this Plan. In general, after an applicant’s pre-application consultation meeting with municipal staff and submission of an application that is determined to be complete, all applications shall: Added by OPA 65 – 10/22/2007– By-law 192-2007

- (a) Be circulated to appropriate agencies and those agencies be provided with sufficient time to respond; Added by OPA 65 – 10/22/2007– By-law 192-2007
- (b) Be advertised and be presented to the public and the views of the public ascertained at a public meeting to be held in accordance with the Planning Act; and Added by OPA 65 – 10/22/2007– By-law 192-2007
- (c) Be given due and thorough consideration by Council. Added by OPA 65 – 10/22/2007– By-law 192-2007

EVALUATION  
CRITERIA

11.6.3.3 When considering applications for Zoning By-law amendments, Council shall consider the policies of this Plan and will, without limiting the generality of the foregoing, consider such matters as the following:

## APPENDIX B – EXCERPTS FROM THE OFFICIAL PLAN

- (a) The relevant evaluation criteria contained in the Land Use Chapter of this Plan, Volume II: Secondary Plans & Special Policy Areas and other relevant standards and guidelines;
- (b) Relevant support studies;
- (c) The comments and recommendations from municipal staff and circularized agencies;
- (d) Relevant provincial legislation, policies and appropriate guidelines; and
- (e) The ramifications of the decision on the use of adjacent or similar lands.

# APPENDIX C – EXCERPTS FROM ZONING BY-LAW 8600

## 10.4 RESIDENTIAL DISTRICT 1.3 (RD1.3)

### 10.3.1 PERMITTED USES

Existing *Duplex Dwelling*  
Existing *Semi-Detached Dwelling*  
One *Single Unit Dwelling*  
Any use accessory to the preceding uses

### 10.3.5 PROVISIONS

	Duplex Dwelling	Semi-Detached Dwelling	Single Unit Dwelling
.1 Lot Width – minimum	9.0 m	15.0 m	9.0 m
.2 Lot Area – minimum	360.0 m <sup>2</sup>	450.0 m <sup>2</sup>	270.0 m <sup>2</sup>
.3 Lot Coverage – maximum	45.0%	45.0%	45.0%
.4 Main Building Height – maximum	10.0 m	10.0 m	10.0 m
.5 Front Yard Depth – minimum	6.0 m	6.0 m	6.0 m
.6 Rear Yard Depth – minimum	7.50 m	7.50 m	7.50 m
.7 Side Yard Width – minimum	1.20 m	1.20 m	1.20 m

## 11.1 RESIDENTIAL DISTRICT 2.1 (RD2.1)

### 11.1.1 PERMITTED USES

One *Duplex Dwelling*  
One *Semi-Detached Dwelling*  
One *Single Unit Dwelling*  
Any use accessory to the preceding uses

### 11.1.5 PROVISIONS

	Duplex Dwelling	Semi-Detached Dwelling	Single Unit Dwelling
.1 Lot Width – minimum	12.0 m	15.0 m	9.0 m
.2 Lot Area – minimum	360.0 m <sup>2</sup>	450.0 m <sup>2</sup>	270.0 m <sup>2</sup>
.3 Lot Coverage – maximum	45.0%	45.0%	45.0%
.4 Main Building Height – maximum	10.0 m	10.0 m	10.0 m
.5 Front Yard Depth – minimum	6.0 m	6.0 m	6.0 m
.6 Rear Yard Depth – minimum	7.50 m	7.50 m	7.50 m
.7 Side Yard Width – minimum	1.20 m	1.20 m	1.20 m



## APPENDIX D - CONSULTATIONS

### Comments from Municipal Departments & External Agencies

#### **ASSESSMENT MANAGEMENT OFFICER** - Jose Mejalli, October 20, 2021

No objection to the zoning change required to the subject land from Residential District 1.3 (RD1.3) to Residential District 2.1 (RD2.1) to permit the development of a semi-detached dwelling with site specific provision to increasing lot coverage from 45% to 46.58% as per attached conceptual site plan.

#### **WINDSOR MAPPING, Enbridge** - Gord Joynson, October 20, 2021

After reviewing the provided drawing at 739 Bridge Ave. and consulting our mapping system, please note that Enbridge Gas has active infrastructure in the proposed area. A PDF drawing has been attached for reference.

Please Note:

1. The shown piping locations are approximate and for information purposes only
2. The drawings are not to scale
3. This drawing does not replace field locates. Please contact Ontario One Call for onsite locates prior to excavating, digging, etc

Enbridge Gas requires a minimum separation of 0.6m horizontal and 0.3m vertical from all of our plant less than NPS 16 and a minimum separation 1.0m horizontal and 0.6m vertical between any CER-regulated and vital pipelines. For all pipelines (including vital pipelines), when drilling parallel to the pipeline, a minimum horizontal clearance measured from the edge of the pipeline to the edge of the final bore hole of 1 m (3.3 ft) is required. Please ensure that this minimum separation requirement is maintained, and that the contractor obtains locates prior to performing any work and utilizes safe excavation practices while performing any work in the vicinity.

Also, please note the following should you find any abandoned infrastructure in the area:

- Any pipe that is excavated, please assume that it is live
- If during the course of any job, any pipe is found that is not on the locate sheet and is in conflict with your work, please call our emergency number (1-877-969-0999), and one of our Union Gas representatives will respond to determine if that plant is in fact live or dead
- Please note that our Enbridge Gas representative will respond to the live or dead call within 1-4 hours, so please plan your work accordingly

Please contact me if you have any further questions or concerns.

#### **CANADA POST** – Bruno DeSando, October 21, 2021

Canada Post has no comments for this application.

#### **TRANSIT WINDSOR** – Jason Scott, October 25, 2021

Transit Windsor has no objections to this development. The closest existing transit route to this property is with the Crosstown 2. The closest existing bus stop to this property is located on Wyandotte at Bridge SE Corner. This bus stop is approximately 240 metres from this property

falling within our 400 metre walking distance guideline to a bus stop. This will be maintained with our Council approved Transit Master Plan.

**ENGINEERING - DEVELOPMENT, PROJECTS & ROW** – Pier Ruggeri & Pat Winters, Nov, 4, 2021

The subject lands are located at 739 Bridge Avenue, designated Residential by the City of Windsor Official Plan and zoned Residential District 1.3 (RD1.3) by Zoning By-Law 8600. The applicant is requesting an amendment to Zoning By-law 8600 to Residential District 2.1 (RD2.1) in order to allow for a semi-detached dwelling (total of two dwelling units). Parking to be provided on-site for each unit.

**SEWERS** - The site may be serviced by a 375mm vitrified clay combined sewer within Bridge Avenue right-of-way. If possible existing connections should be utilized. Any redundant connections shall be abandoned in accordance with the City of Windsor Engineering Best Practice B.P.1.3.3. The applicant will be required to submit site servicing drawings. Follow Best Practice B.P.1.1.1 for wye connections to combined sewers, where the Building Department determines that separation of storm and sanitary services is required on private property.

**RIGHT-OF-WAY** - Bridge Avenue is classified as a local road, with a current right-of-way width of 20.1m. The current right-of-way is sufficient at 20.1m; therefore land conveyance is not required. Driveways shall be constructed as per AS-221 or AS-222, complete with straight flares and no raised curbs within the right-of-way. Redundant curb cuts shall be removed and restored in accordance with City Standards to the satisfaction of the City Engineer.

In summary we have no objection to the proposed redevelopment, subject to the following requirements (Requirements can be enforced prior to issuance of Building and Right-of-Way Permits):

**Right-of-Way Permits** – The owner agrees to obtain right-of-way permits for sewer taps, drain taps, flatworks, landscaping, curb cuts, and driveway approaches from the City Engineer, prior to commencement of any construction on the public highway.

**Video Inspection (connection)** - The owner further agrees, at its entire expense and to the satisfaction of the City Engineer:

1. To undertake a video inspection, of any existing connections proposed for reuse to ensure the suitability of the connection for use in accordance with City of Windsor Standard Specifications S-32 CCTV Sewer Inspection.
2. Any redundant connections will be abandoned according to the City of Windsor Engineering Best Practice B.P.1.3.3.
3. Any new Connections to combined sewers will follow City of Windsor Engineering Best Practice B.P.1.1.1.

**ENWIN UTILITIES (Hydro Engineering)** – Cecile Dalglish & Usman Bhatti, October 26, 2021  
Hydro Engineering: Has No Objections!

**ENWIN UTILITIES (Water Engineering)** – Cecile Dalglish & Bruce Ogg, October 26, 2021  
Water Engineering has no objections to the rezoning.

**HERITAGE PLANNER**– Kristina Tang, October 21, 2021

There is no apparent built heritage concern with this property and it is located on an area of low archaeological potential.

Nevertheless, the Applicant should be notified of the following archaeological precaution.

1. Should archaeological resources be found during grading, construction or soil removal activities, all work in the area must stop immediately and the City's Planning & Building Department, the City's Manager of Culture and Events, and the Ontario Ministry of Heritage, Sport, Tourism and Culture Industries must be notified and confirm satisfaction of any archaeological requirements before work can recommence.
2. In the event that human remains are encountered during grading, construction or soil removal activities, all work in that area must be stopped immediately and the site secured. The local police or coroner must be contacted to determine whether or not the skeletal remains are human, and whether the remains constitute a part of a crime scene. The Local police or coroner will then notify the Ontario Ministry of Heritage, Sport, Tourism and Culture Industries and the Registrar at the Ministry of Government and Consumer Services if needed, and notification and satisfactory confirmation be given by the Ministry of Heritage, Sport, Tourism and Culture Industries.

Contacts:

Windsor Planning & Building Department:

519-255-6543 x6179, [ktang@citywindsor.ca](mailto:ktang@citywindsor.ca), [planningdept@citywindsor.ca](mailto:planningdept@citywindsor.ca)

Windsor Manager of Culture and Events (A):

Michelle Staaedegaard, (O) 519-253-2300x2726, (C) 519-816-0711, [mstaaedegaard@citywindsor.ca](mailto:mstaaedegaard@citywindsor.ca)

Ontario Ministry of Heritage, Sport, Tourism and Culture Industries

Archaeology Programs Unit, 1-416-212-8886, [Archaeology@ontario.ca](mailto:Archaeology@ontario.ca)

Windsor Police: 911

Ontario Ministry of Government & Consumer Services

A/Registrar of Burial Sites, War Graves, Abandoned Cemeteries and Cemetery Closures, 1-416-212-7499, [Crystal.Forrest@ontario.ca](mailto:Crystal.Forrest@ontario.ca)

**LANDSCAPE ARCHITECT** – Stefan Fediuk, November 4, 2021 (Revised Nov. 10, 2021)

Pursuant to the application for a zoning amendment (Z 038/21) to change the zoning of the subject land from Residential District 1.3 (RD1.3) to Residential District 2.1 (RD2.1) to permit the development of a semi-detached dwelling with site specific provision to increase the lot coverage from 45% to 46.58% on the subject, please note no objections. Please also note the following comments:

**Tree Preservation:**

There is a large Sugar Maple tree with a 52 cm trunk diameter (dbh) situated in the City right-of-way immediately in front of the subject properties. As Sugar Maples are rare in the City of Windsor it would need to be protected. However, not a condition of the rezoning, the applicant is advised to consult with the City Forester prior to any demolition or construction commencing on the subject property.

**Parkland Dedication:**

No parkland implications beyond the usual requirement for cash-in-lieu of 5% parkland dedication, to the satisfaction of the Executive Director of Parks, as per By-law 12780 and the Planning Act.

**MANAGER OF POLICY & REGULATORY SERVICES** – Barbara Rusan, November 4, 2021

The Building Code Act, Section 8.(1) requires that a building permit be issued by the Chief Building Official for any construction or demolition of a building. It is strongly recommended that the owner and/or applicant contact the Building Division to determine building permit needs for the proposed

project. The City of Windsor Building Division can be reached by phone at 519-255-6267 or through email at [buildingdept@citywindsor.ca](mailto:buildingdept@citywindsor.ca)

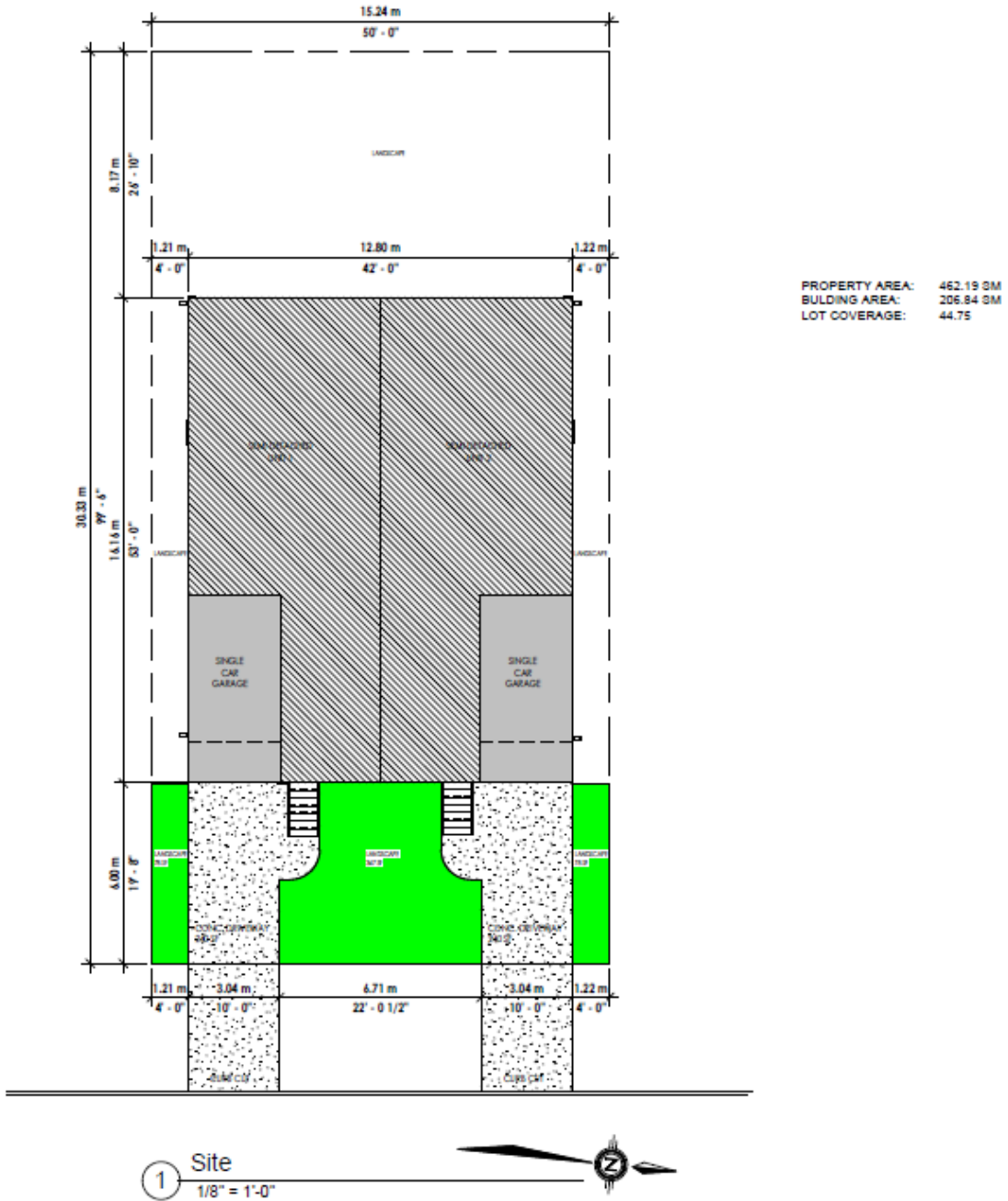
**TRANSPORTATION PLANNING ENGINEER** – Rania Toufeili, November 2, 2021

- Bridge Avenue is classified as a local road with a required right-of-way width of 20.1 meters per the Official Plan. The existing right-of-way width is sufficient and therefore no conveyance is required.
- All exterior paths of travel must meet the requirements of the Accessibility for Ontarians with Disabilities Act (AODA).
- All new accesses shall conform to the TAC Geometric Design Guide for Canadian Roads and the City of Windsor Standard Engineering Drawings.

**ENVIRONMENT & SUSTAINABILITY COORDINATOR** – Averil Parent & Karina Richters, October 26, 2021

No comments.

# APPENDIX E - Conceptual Site Plan



## APPENDIX F

B Y - L A W N U M B E R                    -2021

A BY-LAW TO FURTHER AMEND BY-LAW NUMBER 8600  
CITED AS THE "CITY OF WINDSOR ZONING BY-LAW"

Passed the                    day of                    , 2021.

**WHEREAS** it is deemed expedient to further amend By-law Number 8600 of the Council of The Corporation of the City of Windsor, cited as the "City of Windsor Zoning By-law" passed the 31st day of March, 1986, as heretofore amended:

**THEREFORE** the Council of The Corporation of the City of Windsor enacts as follows:

1. By-law Number 8600 is further amended by changing the Zoning District Maps or parts thereof referred to in Section 1, of the by-law and made part thereof, so that the zoning district symbol of the lands described in Column 3 shall be changed from that shown in Column 5 to that shown in Column 6:

1. Item Number	2. Zoning District Map Part	3. Lands Affected	4. Official Plan Amendment Number	5. Zoning Symbol	6. New Zoning Symbol
1	3	Plan 369, Lots 234 & 235 (PIN 01224-0375), situated on the west side of Bridge Avenue, south of Wyandotte Street West.	N/A	RD1.3	RD2.1

DREW DILKENS, MAYOR

CLERK

First Reading            -                    , 2021  
Second Reading        -                    , 2021  
Third Reading            -                    , 2021

**SCHEDULE 2**

1. By-law \_\_\_\_\_ has the following purpose and effect:

To amend the zoning of the lands described as Plan 369, Lots 234 & 235 (PIN 01224-0375), located on the west side of Bridge Avenue, south of Wyandotte Street West, known municipally as 739 Bridge Avenue, from RD1.3 to RD2.1, under By-law 8600, so as to facilitate the applicant's proposed redevelopment of the subject land for a semi-detached dwelling with attached garages.

The existing single-unit dwelling on the subject land will be demolished in order to accommodate the proposed semi-detached dwelling with attached garages.

2. Key map showing the location of the lands to which By-law \_\_\_\_\_ applies.



PART OF ZONING DISTRICT MAP 3

N.T.S.

**SCHEDULE 2**

Applicant: Paul Mar Housing



SUBJECT LANDS

PLANNING & BUILDING DEPARTMENT



DATE : OCTOBER, 2021  
FILE NO. : Z-038/21, ZNG/6589



Committee Matters: SCM 394/2021

**Subject: Amendments to Official Plan and Zoning By-law 8600; requested by 2800573 Ontario Inc. for the land municipally known as 3165 Walker Road; File Nos. OPA 151 (OPA/6502) and Z-027/21 (ZNG/6501); Ward 9**

Moved by: Councillor Sleiman  
Seconded by: Councillor Morrison

Decision Number: **DHSC 350**

I. THAT the City of Windsor Official Plan, Volume II, Part 1 – Special Policy Areas, **BE AMENDED** by adding a site specific policy as follows:

1. X **WEST SIDE OF WALKER ROAD, BETWEEN E.C. ROW EXPRESSWAY AND SYDNEY AVENUE**

1.X.1 The property described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT), located on the west side of Walker Road, between the E.C. ROW Expressway and Sydney Avenue, municipally known as 3165 Walker Road, is designated on Schedule A: Planning Districts and Policy Areas in Volume I – The Primary Plan.

1.X.2 Notwithstanding the policy in section 6.5.3.1 of the Official Plan, Volume I, *residential use in a combined use building* shall be an additional permitted use on the subject land and all residential units shall be located on the second floor above the non-residential uses on the main floor of a 2-storey building.

II. THAT an amendment to the Zoning By-law 8600 **BE APPROVED** to change the zoning for the property described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT), located on the west side of Walker Road, between the E.C. ROW Expressway and Sydney Avenue, by adding the following site-specific zoning provisions to permit *dwelling units* in a *combined use building* as additional permitted use on the subject land:

**“437. WEST SIDE OF WALKER ROAD, BETWEEN E.C. ROW EXPRESSWAY AND SYDNEY AVENUE**

For the land comprising Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5



to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT) *Dwelling Units in a Combined Use Building* with any one or more of the commercial uses permitted in Section 16.2.1 except an existing *funeral establishment, existing gas bar, or existing service station*, shall be an additional permitted use and shall be subject to the following additional provisions:

- a) All *dwelling units*, not including entrances thereto, shall be located above the non-residential uses;
- b) Section 16.3.5 shall not apply to a *combined use building*;
- c) Building Height – Maximum – 10 m
- d) Building Setback from an Interior Lot Line – Minimum
  - 1. Where a *habitable room window* faces the *interior lot line* 6.0 m
  - 2. Where a *habitable room window* does not face the *interior lot line* 3.0 m from the west lot line; and 0 m for the north and south lot lines.
- e) Landscape Open Space Yard – Minimum – 30% of Lot Area
- f) Exposed flat concrete block walls or exposed flat concrete walls, whether painted or unpainted, are prohibited; and
- g) *Parking spaces* for the *dwelling units* shall be clearly marked, assigned and set apart from other *parking spaces*.  
[ZDM12; ZNG-6502]”

III. THAT the parcel described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, located on the west side of Walker Road, between the E.C. ROW Expressway and Sydney Avenue, **BE EXEMPT** from the provisions of section 45(1.3) of the *Planning Act*; and

IV. THAT the Site Plan Approval Officer **BE DIRECTED** to incorporate the following requirements and other requirements found in Appendix D of this Report, in the Site Plan Approval process and the Site Plan Agreement for the proposed development on the subject land:

- 1) Noise mitigation measures recommended by JJ Acoustic Engineering Ltd.
- 2) Sanitary Sampling Manhole;
- 3) Record of Site Condition;
- 4) Parkland dedication;
- 5) Stormwater management – underground storage required (stormwater chambers);
- 6) Enbridge Gas minimum separation requirements;
- 7) Adequate clearance from existing ENWIN’s pole lines and power lines; and
- 8) Canada Post requirements and guidelines for the proposed multi-unit.

Carried.

Report Number: S 158/2021  
Clerk’s File: ZO/14209 & ZB/14208

**Clerk's Note:**

1. The recommendation of the Standing Committee and Administration are **not** the same.
2. Please refer to Item 7.2 from the Development & Heritage Standing Committee Meeting held December 6, 2021.
3. To view the stream of this Standing Committee meeting, please refer to:  
<http://csg001-harmony.sliq.net/00310/Harmony/en/PowerBrowser/PowerBrowserV2/20211209/-1/5287>

**Subject: Amendments To Official Plan And Zoning By-Law 8600;**  
**requested by 2800573 Ontario Inc. for the land municipally known as 3165**  
**Walker Road; File Nos. OPA 151 (OPA/6502) and Z-027/21 (ZNG/6501); Ward**  
**9**

**Reference:**

Date to Council: December 6, 2021  
Author: Justina Nwaesei, MCIP, RPP  
Planner III - Subdivisions  
519-255-6543, ext. 6165  
jnwaesei@citywindsor.ca

Planning & Building Services  
Report Date: November 17, 2021  
Clerk's File #: ZO/14209 ZB/14208

**To:** Mayor and Members of City Council

**Recommendation:**

- I. THAT the City of Windsor Official Plan, Volume II, Part 1 – Special Policy Areas, **BE AMENDED** by adding a site specific policy as follows:
  1. X **WEST SIDE OF WALKER ROAD, BETWEEN E.C. ROW EXPRESSWAY AND SYDNEY AVENUE**
    - 1.X.1 The property described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT), located on the west side of Walker Road, between the E.C. ROW Expressway and Sydney Avenue, municipally known as 3165 Walker Road, is designated on Schedule A: Planning Districts and Policy Areas in Volume I – The Primary Plan.
    - 1.X.2 Notwithstanding the policy in section 6.5.3.1 of the Official Plan, Volume I, *residential use in a combined use building* shall be an additional permitted use on the subject land and all residential units shall be located on the second floor above the non-residential uses on the main floor of a 2-storey building.
- II. THAT an amendment to the Zoning By-law 8600 **BE APPROVED** to change the zoning for the property described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5

to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT), located on the west side of Walker Road, between the E.C. ROW Expressway and Sydney Avenue, by adding the following site-specific zoning provisions to permit *dwelling units* in a *combined use building* as additional permitted use on the subject land:

**“437. WEST SIDE OF WALKER ROAD, BETWEEN E.C. ROW EXPRESSWAY AND SYDNEY AVENUE**

For the land comprising Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT) *Dwelling Units in a Combined Use Building* with any one or more of the commercial uses permitted in Section 16.2.1 except an existing *funeral establishment, existing gas bar, or existing service station*, shall be an additional permitted use and shall be subject to the following additional provisions:

- a) All *dwelling units*, not including entrances thereto, shall be located above the non-residential uses;
- b) Section 16.3.5 shall not apply to a *combined use building*;
- c) Building Height – Maximum 10  
m
- d) Building Setback from an Interior Lot Line - minimum
  - 1. Where a *habitable room window* faces the *interior lot line*  
6.0 m
  - 2. Where a *habitable room window* does not face the *interior lot line*  
3.0 m
- e) Landscape Open Space Yard – Minimum 30% of  
Lot Area
- f) Exposed flat concrete block walls or exposed flat concrete walls, whether painted or unpainted, are prohibited; and
- g) *Parking spaces* for the *dwelling units* shall be clearly marked, assigned and set apart from other *parking spaces*.

[ZDM12; ZNG-6502]”

- III. THAT the parcel described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, located on the west side of Walker Road, between the E.C. ROW Expressway and Sydney Avenue, **BE EXEMPT** from the provisions of section 45(1.3) of the Planning Act; and
- IV. THAT the Site Plan Approval Officer **BE DIRECTED** to incorporate the following requirements and other requirements found in Appendix D of this Report, in the Site Plan Approval process and the Site Plan Agreement for the proposed development on the subject land:

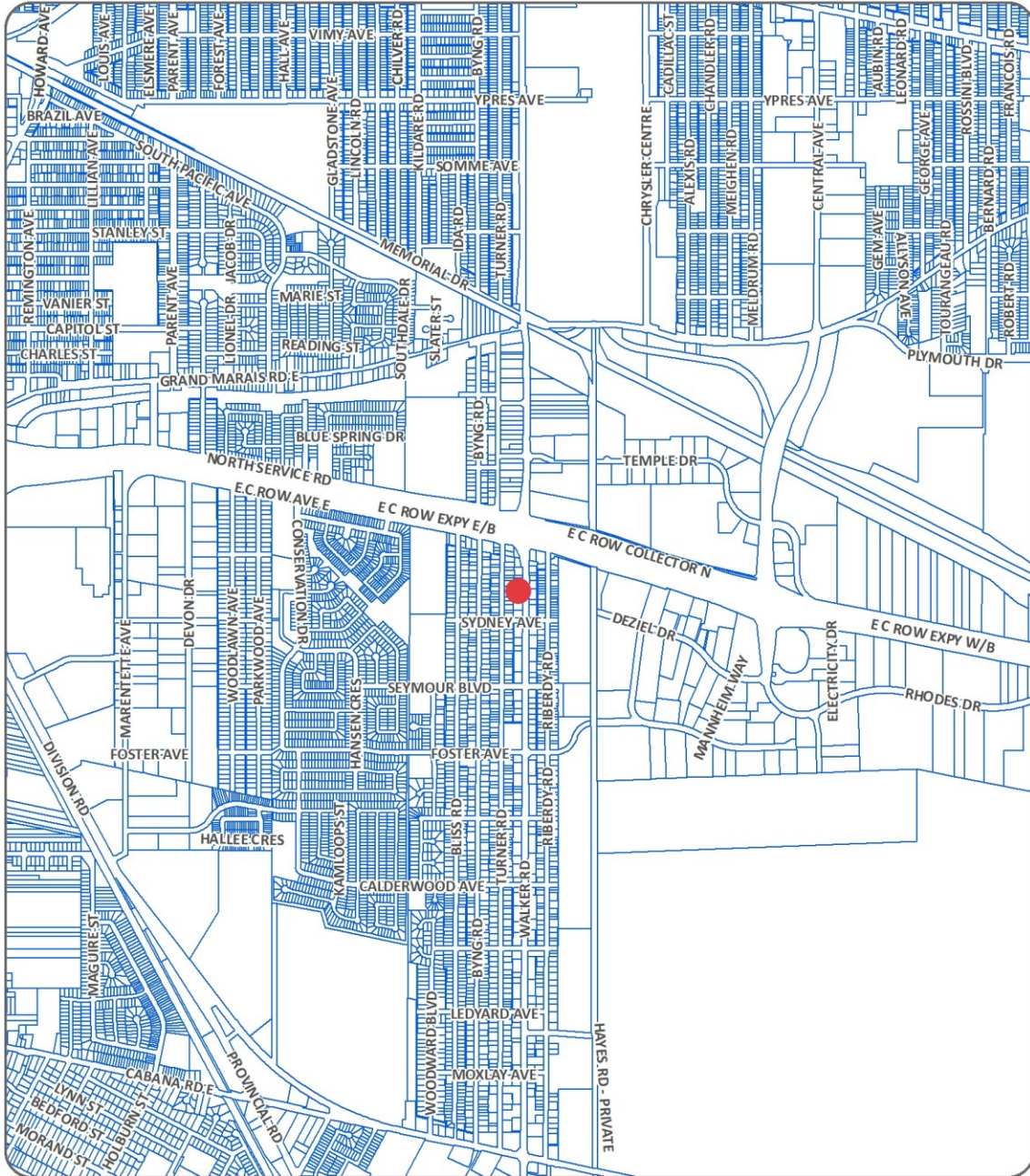
- 1) Noise mitigation measures recommended by JJ Acoustic Engineering Ltd.
- 2) Sanitary Sampling Manhole;
- 3) Record of Site Condition;
- 4) Parkland dedication;
- 5) Stormwater management – underground storage required (stormwater chambers);
- 6) Enbridge Gas minimum separation requirements;
- 7) Adequate clearance from existing ENWIN's pole lines and power lines; and
- 8) Canada Post requirements and guidelines for the proposed multi-unit.

**Executive Summary:**

N/A

**Background:**

**1. KEY MAP**



**KEY MAP - Z-027/21 (ZNG-6501) & OPA 151 (OPA-6502)** 

 **SUBJECT LANDS**

## 2. APPLICATION INFORMATION

**LOCATION:** 3165 WALKER ROAD (West side of Walker Road, between the E.C. ROW Expressway and Sydney Avenue.)

**APPLICANT:** 2800573 ONTARIO INC. (C/O ALEX MEREBY)

**CORPORATE PROFILE:** Hazim Al Harraq and Alex Mereby (First Directors / Incorporators)

**AGENT:** PILLON-ABBS INC (C/O TRACEY PILLON-ABBS)

**REGISTERED OWNER:** SAME AS APPLICANT

### PROPOSAL:

The applicant proposes to change the land use designation of the subject land by adding a site specific policy direction to allow residential use above commercial use on land designated Commercial Corridor, and change the zoning of the subject land from CD3.3 to CD3.1 to permit a combined use building with residential use above commercial use(s). The applicant also requests the following site-specific zoning provisions to facilitate the construction of the proposed 2-storey (7.9m in height) combined use building with 7 commercial units on the main floor and 8 residential units on the second floor:

- a) Reduction in the required minimum number of parking spaces, *from 37 to 34 spaces*
- b) Reduction in the required minimum parking area separation from a street, *from 3m to 0m*
- c) Reduction in the required minimum parking area separation from an interior lot, *from 0.9m to 0m*
- d) Reduction in the required minimum parking area separation from a habitable room window facing the parking area, *from 4.5m to 2m.*

The applicant proposes to provide 1 (one) loading space and 34 onsite parking spaces for the proposed development on the subject land. According to the applicant, the existing one-storey commercial building on the subject site will be demolished in order to accommodate the proposed development.

### SUBMISSIONS BY APPLICANT:

- Applications (OPA & ZBA)
- Planning Rationale Report dated June 25, 2021, prepared by Pillon-Abbs Inc
- Storm Water Management Analysis dated May 2021, prepared by Haddad Morgan & Associates.
- Road Traffic and Stationary Noise Impact Study dated April 30, 2021, prepared by JJ Acoustic Engineering Ltd.
- Topographic Survey
- Conceptual Site Plan and Second Floor Plan
- Corporate Profile
- Deed
- Written Request for Planning Act Section 45(1.3) Exemption, submitted by Pillon-Abbs for the Applicant



### 3. SITE INFORMATION

OFFICIAL PLAN	ZONING & ZDM	CURRENT USE(S)	PREVIOUS USE(S)
<b>Primary Plan Designation:</b> Commercial Corridor – Schedule D: Land Use	Commercial District 3.3 (CD 3.3); ZDM 12	Vacant Commercial building (1-Storey)	Pet and Pet Supply Store, and Hobby Store
FRONTAGE	DEPTH	AREA	SHAPE
56.738 m	irregular	2065 m <sup>2</sup>	Irregular
Note: All measurements are approximate			

### 4. REZONING MAP



PART OF ZONING DISTRICT MAP 12

#### REZONING

Applicant: 2800573 Ontario Inc.

 SUBJECT LANDS

PLANNING & BUILDING DEPARTMENT

N.T.S.



DATE : OCTOBER, 2021  
FILE NO. : Z-027/21, ZNG/6501

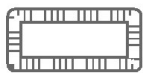


# 5. NEIGHBOURHOOD CHARACTERISTICS

## NEIGHBOURHOOD MAP



NEIGHBOURHOOD MAP - Z-027/21 (ZNG-6501) & OPA 151 (OPA-6502)



SUBJECT LANDS

## **SURROUNDING LAND USE**

Along Walker Road, the existing uses are predominantly commercial. However, between E.C. ROW Expressway & Sydney Avenue, there are a few residential units within some commercial properties fronting on Walker Road. Low profile Residential uses characterize the area west of the subject land on both sides of Turner Road.

NORTH side of Subject land:

- Commercial uses between the subject land and the E.C. Row Expressway Ramp - [Retail (Floor Covering) Store; Dog Dare Care/Dog Care & SPA; Vacant Commercial land and outdoor storage].
- E.C. ROW Expressway – [deceleration lane]

SOUTH side of Subject Land:

- Commercial uses between the subject land and Sydney Avenue - [Retail Store (P.C. Outlet Computer Sales)];
- Combined Use Building containing commercial and residential units - [Multiple dwelling units, Business Office and Automobile Repair Garage].
- Sydney Avenue R.O.W

WEST side of Subject Land:

- Low Profile Residential uses exist in the area west of the subject land on both sides of Turner Road.

EAST side of Subject Land:

- Walker Road R.O.W (5-lanes)
- Commercial uses mixed with Residential uses fronting on Walker Road, between the E. C. Row Expressway and Sydney Avenue
  - Automobile Sales lot
  - Multiple dwelling (six-plex at 3132-3134 Walker Rd)
  - Power Cycle Service
  - Personal Service Shop
  - Combined Use Building (10 residential units and 3 commercial units at 3170 to 3176 Walker Road)
  - Retail Store (Automobile Wheels & Tires)
  - Kavanaugh Services (Computer Analysis)
  - Nail Supply Store
- Low profile Residential uses predominantly occupy the lands further east of the subject land on both sides of Riberdy Road.
- There is a Public Hall on Riberdy Road near the E. C. Row Expressway.

Appendix A contains Site Photos of the subject land and the surrounding land uses.

## **MUNICIPAL INFRASTRUCTURE**

The subject land is serviced by existing municipal infrastructure noted below:

- 250mm diameter PVC sanitary sewer.
- 825mm - 875mm diameter RCP storm sewer on the west side of Walker Rd R.O.W.
- 1950mm diameter RCP storm sewer (main trunk) along mid-section of Walker Rd R.O.W.
- 300mm diameter PVC watermain.

- Fire hydrants, Led street lights and Telecommunications & Fibre Optics.
- Concrete sidewalks, curbs and gutters along both sides of Walker Road.
- Southbound and Northbound Walkerville Transit Windsor Buses provide direct service to the area.
- Closest existing Public Transit Bus stop to the subject land is located at the southwest corner of the intersection of Walker Road and Sydney Avenue.
- Walker Road is classified as Class 2 Arterial Road.

## Discussion:

### 1. PROVINCIAL POLICY STATEMENT (PPS) 2020

Provincial Policy Statement 2020 was issued under section 3 of the Planning Act and came into effect May 1, 2020. The PPS 2020 provides policy direction on matters of provincial interest related to land use planning and development and sets the policy foundation for regulating the development and use of land in Ontario.

The recommended amendments to the Official Plan and Zoning By-law 8600 promote residential intensification along Walker Road Commercial Corridor. The subject block of Walker Road contains mostly commercial uses and a few residential uses. Based on the development proposal and required OPA & ZBA amendments, the following PPS policies are deemed relevant for discussion:

1.1.1 Healthy, liveable and safe communities are sustained by:

- a) promoting efficient development and land use patterns which sustain the financial well-being of the Province and municipalities over the long term;*
- b) accommodating an appropriate affordable and market-based range and mix of residential types (including single-detached, additional residential units, multi-unit housing, affordable housing and housing for older persons), employment (including industrial and commercial), institutional (including places of worship, cemeteries and long-term care homes), recreation, park and open space, and other uses to meet long-term needs;*
- c) avoiding development and land use patterns which may cause environmental or public health and safety concerns;*
- g) ensuring that necessary infrastructure and public service facilities are or will be available to meet current and projected needs;*
- i) preparing for the regional and local impacts of a changing climate.*

The amendments will facilitate the redevelopment of an existing commercial property to promote efficient development that will accommodate a mix of commercial and residential uses on the subject land. The existing residential uses within the immediate area are mostly single detached dwellings on Turner Road and Riberdy Road, plus some dwelling units (in a combined use building or stand alone multiple dwelling) along Walker Road frontage. The recommended amendments will improve the mix and range of residential types in the area. Policies 1.1.1(a) & (b) are satisfied.

With respect to policy 1.1.1(c), the results of the Road Traffic and Stationary Noise Impact Study, dated April 30, 2021 and prepared by JJ Acoustic Engineering Ltd, indicate that there is significant potential environmental impact from road traffic. According to the Study, mitigation measures will be required, including ventilation requirements, special building components and noise warning clauses for each unit. These measures will be integrated into the Site Plan review and approval process for the proposed development on the subject site.

The subject land is currently serviced by existing infrastructure, electricity generation facilities, electricity transmission and distribution systems, and public service facilities per policy 1.1.1(g).

With respect to 1.1.1(i) – Existing active transportation, public transit service, and the fact that people can live and work within their neighbourhood, all contribute to reduction in carbon footprint and positively impact our environment and climate change.

The above shows the recommended amendments are consistent with policy 1.1.1 of the PPS.

*1.1.3.1 Settlement areas shall be the focus of growth and development.*

*1.1.3.2 Land use patterns within settlement areas shall be based on densities and a mix of land uses which:*

- a) efficiently use land and resources;*
- b) are appropriate for, and efficiently use, the infrastructure and public service facilities which are planned or available, and avoid the need for their unjustified and/or uneconomical expansion;*
- c) minimize negative impacts to air quality and climate change, and promote energy efficiency;*
- d) prepare for the impacts of a changing climate;*
- e) support active transportation;*
- f) are transit-supportive, where transit is planned, exists or may be developed;*

*1.1.3.3 Planning authorities shall identify appropriate locations and promote opportunities for transit-supportive development, accommodating a significant supply and range of housing options through intensification and redevelopment where this can be accommodated taking into account existing building stock or areas, including brownfield sites, and the availability of suitable existing or planned infrastructure and public service facilities required to accommodate projected needs.*

The recommended amendments create opportunity for growth and development within the settlement area. The amendments promote a development type (residential above commercial) that will make efficient use of existing infrastructure. Discussion provided under policy 1.1.1 will also apply to policy 1.1.3.2.

There are existing active transportation options (such as sidewalks) and transit services adjacent to the subject land. The proposed redevelopment creates an increase in residential density, which in turn supports public transit. The subject land has frontage on Walker Road, a Class II Arterial Road. Walker Road has Commercial Uses abutting established Residential Neighbourhoods on Turner and Riberdy Roads. The recommended amendments promote the opportunity for a transit-supportive development that will take into account existing building stock or areas. The subject amendments are consistent with policies 1.1.3.1, 1.1.3.2 and 1.1.3.3 of the PPS.

#### *1.4 Housing*

*1.4.1 To provide for an appropriate range and mix of housing options and densities required to meet projected requirements of current and future residents of the regional market area, planning authorities shall:*

- a) maintain at all times the ability to accommodate residential growth for a minimum of 15 years through residential intensification and redevelopment and, if necessary, lands which are designated and available for residential development;*

*1.4.3 Planning authorities shall provide for an appropriate range and mix of housing options and densities to meet projected market-based and affordable housing needs of current and future residents of the regional market area by:*

- b) permitting and facilitating:*
  - 1. all housing options required to meet the social, health, economic and well-being requirements of current and future residents, ...; and*
  - 2. all types of residential intensification, including additional residential units, and redevelopment in accordance with policy 1.1.3.3;*
- c) directing the development of new housing towards locations where appropriate levels of infrastructure and public service facilities are or will be available to support current and projected needs;*
- d) promoting densities for new housing which efficiently use land, resources, infrastructure and public service facilities, and support the use of active transportation and transit in areas where it exists or is to be developed;*

These amendments promote the redevelopment of an existing commercial land currently occupied by a one-storey commercial building. The applicant states that the site is presently underutilized; the existing building is vacant and will be demolished. These amendments will still maintain commercial activities at street level, while accommodating residential use on the site.

The proposed 2 storey building with multi-unit residential use on the second floor creates the opportunity for a higher density and compact development in the subject area; thereby, resulting in a net increase in residential units or accommodation. The amendments being recommended will accomplish the following and more:

- result in an intensification of the subject site and area;
- facilitate the municipality's ability to accommodate residential growth through intensification;
- provide a variety in housing options;
- provide a form of housing that is appropriate in terms of range and mix; and
- meet the social, health and well being of current and future residents.

Appropriate level of infrastructure, active transportation and transit services are available in the subject area. The subject amendments are consistent with policy 1.4 of the PPS.

*1.6.6.7 Planning for stormwater management shall:*

*e) maximize the extent and function of vegetative and pervious surfaces; and*

*f) promote stormwater management best practices, including stormwater attenuation and re-use, water conservation and efficiency, and low impact development.*

The applicant's site-specific relief from the zoning by-law directly impact the extent and function of vegetative landscape and pervious surface on the subject land. Consistency with policy 1.6.6.7 (e) of the PPS is in jeopardy. Consequently, the recommended Zoning By-law amendment does not include the site-specific zoning provisions requested by the applicant, rather conscious effort is made to include zoning provisions that will maximize the extent and function of vegetative and pervious surfaces on the subject site. The recommended amendment is consistent with policy 1.6.6.7 (e) of the PPS.

Comment received from Essex Region Conservation Authority (ERCA) indicates concerns with stormwater management for the subject site. However, Stormwater Management Analysis dated May 2021, was prepared by Haddad Morgan & Associates Ltd. and submitted by the applicant. The SWM analysis states the runoff coefficient increased from 0.79 to 0.86; therefore, outflow will be restricted for the existing 150mm diameter storm outlet. The SWM report also states that site storage requirement for the major storm event will increase by 4 cubic meters. Therefore, to satisfy the requirement for underground storage for the minor (5-year) storm event, the stormwater will be stored in storage chambers. The SWM report also indicates that underground storage will be provided by installing StormTech stormwater chambers by Advanced Drainage Systems Inc. These stormwater storage requirements will be further discussed at the Site Plan review and approval process for the proposed redevelopment of the site. The applicant is advised that vegetative landscaped area should be maximized on the site to enhance stormwater attenuation, and further advised to promote low impact development on the subject site. The recommended amendment is consistent with policy 1.6.6.7 (f) of the PPS.

*1.7.1 Long-term economic prosperity should be supported by:*

*b) encouraging residential uses to respond to dynamic market-based needs and provide necessary housing supply and range of housing options for a diverse workforce;*

*c) optimizing the long-term availability and use of land, resources, infrastructure and public service facilities*

These amendments encourage residential intensification by providing additional housing supply, which is an appropriate response to the market-based housing needs in the City of Windsor. The proposed residential development (8 residential units above commercial uses) optimizes the availability and use of land and infrastructure by intensifying the use of an existing commercial land. The amendments are consistent with policy 1.7.1 of the PPS.

In summary, the above planning analysis demonstrates that the recommended Official Plan amendment and Zoning By-law amendment are consistent with the relevant Policies of the PPS.

## 2. OFFICIAL PLAN (OP)

A safe, caring and diverse community encourages a range of housing types to ensure that people have an opportunity to live in their neighbourhoods as they pass through the various stages of their lives. “As the city grows, more housing opportunities will mean less sprawl onto agricultural and natural lands.” S.3.2.1.2 (Neighbourhood Housing variety), OP Vol. 1. The addition of 8 residential units on the subject land supports Section 3.2.1.2 of the OP by providing additional housing option in the neighbourhood.

The subject land is designated **Commercial Corridor** in the land use schedule of the Official Plan Vol. 1. *Residential use (dwelling units)* is not listed as a permitted use (s.6.5.3.1) or permitted ancillary use (s.6.5.3.2) in the Commercial Corridor land use designation, OP Vol. 1. See **Appendix B** – Excerpts from the Official Plan.

Section 6.5.3.3 of the OP Vol. 1 states that “*development along a Commercial Corridor shall be (a) no more than two storeys in height...*” The recommended site-specific Official Plan Amendment and the applicant’s proposal are for a 2-storey building.

Walker Road is classified as a Civic Way in Schedule G of the OP; therefore, it is expected that the Urban Design Chapter of the OP could play a significant role in the Site Plan Review and Approval process for the proposed development.

Section 11.6.3.1 (Zoning By-law Amendment Policy) of the OP states that “*All amendments to the Zoning By-law(s) shall conform with this Plan. The Municipality will, on each occasion of approval of a change to the zoning by-law(s), specify that conformity with the Official Plan is maintained or that the change will be in conformity upon the coming into effect of an amendment to the Official Plan*”.

In determining if conformity with the OP is maintained, the evaluation criteria under s.11.6.3.3 of the OP are relevant. Section 11.6.3.3 contains evaluation criteria, which state that “*when considering applications for Zoning By-law amendments, Council shall consider the policies of this Plan and will, without limiting the generality of the foregoing, consider such matters as the following:*

- (a) *The relevant evaluation criteria contained in the Land Use Chapter of this Plan, Volume II: Secondary Plans & Special Policy Areas and other relevant standards and guidelines.*
- (b) *Relevant support studies;*
- (c) *The comments and recommendations from municipal staff and circularized agencies;*
- (d) *Relevant provincial legislation, policies and appropriate guidelines; and*
- (e) *The ramifications of the decision on the use of adjacent or similar lands.”*

The subject zoning amendment meets the above noted criteria, save and except for its non-conformity with the permitted use policies, s.6.5.3.1 & 6.5.3.2, of the OP. However, if OPA 151 comes into effect, it will bring the recommended zoning by-law amendment into conformity with the Official Plan.



The evaluation criteria contained in s.6.5.3.3 were examined. I note that the subject land is not within a Secondary Plan nor Special Policy Area; therefore, s.11.6.3.3 (a) does not apply. This planning report considered the recommendations and conclusions contained in the relevant support studies per s.11.6.3.3 (b). This planning report also addresses the comments and recommendations from municipal staff and circularized agencies per s.11.6.3.3 (c). The relevant provincial legislation and policies were considered in this planning analysis per s.11.6.3.3 (d).

With regards to 11.6.3.3 (e), there are no known negative impacts resulting from a decision to approve the Zoning By-law Amendment as recommended in this report. The current zoning category and land use designation of the subject land are being maintained and the site-specific policy direction along with site-specific zoning provisions being recommended are intended to protect adjacent properties and uses while meeting the applicant's need. Therefore, a decision to approve the ZBA will have minimal impact on the use of adjacent or similar lands. The recommendation is to restrict the proposed 2-storey building to a maximum height of 10m, which is identical to the maximum building height permitted for neighbouring low profile residential uses. Furthermore, the proposed 8 residential units will occur within the second floor area of the proposed 2-storey building; therefore, a decision to approve the ZBA will not create any compatibility issues in the subject area.

Based on the above analysis of the relevant policies and objectives of the OP, together with the zoning analysis below, I am of the opinion that the recommended zoning by-law amendment will be in conformity with the Official Plan when OPA151 comes into effect.

### 3. ZONING

The subject land is zoned Commercial District 3.3 (CD 3.3) by the City of Windsor Zoning By-law 8600. As shown in the excerpts from Zoning By-law 8600 attached as Appendix C to this report, the CD3.3 zone does not permit residential use. The applicant proposes to amend the zoning of the subject land from CD3.3 to CD3.1 to permit the proposed residential units. Appendix C shows that the proposed "*dwelling units in a combined use building*" is permitted in the CD3.1 zoning district. Also, the applicant requests site-specific zoning provisions to accommodate some areas of zoning deficiencies in the proposed redevelopment of the site.

The lands fronting on Walker Road, from the E.C. Row Expressway to Ledyard Street near Airport Road are all designated Commercial Corridor and zoned CD3.3. After a detailed review of the Walker Road Commercial Corridor, from E. C. Row to Division Road, it became clear that the more appropriate response to the applicant's request is to maintain the existing CD3.3 zoning on the subject land and use site-specific zoning provision(s) to permit the proposed residential use as in Recommendation II of this report. It is equally useful to note that the CD3.3 zoning category is more commonly used on Commercial Corridors. Therefore, it is good planning to keep the CD3.3 zoning on the subject land and use site-specific zoning provision to permit the proposed development, subject to the following additional provisions:

- *All dwelling units, not including entrances thereto, shall be located above the non-residential uses;* [to implement OPA 151 as in Recommendation I of this report];
- *Maximum Building Height of 10m;* [to implement the 2-storey OP policy 6.5.3.3(a) and align this development with the zoning provision of the abutting residential properties along Turner Road];
- *Minimum Building Setback of 6.0m (from an interior lot line where a habitable room window faces the interior lot line);* [similar to the provisions under CD3.2];

- *Minimum Building Setback of 3.0m (From an interior lot line where a habitable room window does not face the interior lot line); [similar to the provisions under CD3.2];*
- *Minimum Landscape Open Space Yard of 30% of Lot Area; [similar to the provisions under CD3.2]; and*
- *Exposed flat concrete block walls or exposed flat concrete walls, whether painted or unpainted, are prohibited; [in recognition of the Civic Image of this section of Walker Road]*

The following site-specific zoning provisions requested by the applicant should be more appropriately considered at the time of Site Plan Review and Approval:

- Reduction in the required minimum number of parking spaces, from 37 to 34 spaces*
- Reduction in the required minimum parking area separation from a street, from 3m to 0m*
- Reduction in the required minimum parking area separation from an interior lot, from 0.9m to 0m*
- Reduction in the required minimum parking area separation from a habitable room window facing the parking area, from 4.5m to 2m*

Most of the above requested zoning relief tend to minimize vegetative landscape on the site leading to inconsistency with the PPS.

The recommended zoning by-law amendment will permit the creation of 8 dwelling units on the second floor of a 2-storey commercial building; thereby, resulting in a combined use building. It is important to note that section 5.2.20.1 of the zoning by-law prohibits a dwelling unit having a gross floor area of less than 40.0 m<sup>2</sup> (430.6sq.ft.)

Section 24.20.5.1 (Required Parking Spaces) of Zoning Bylaw 8600 contains the following provisions:

*Under “Combined use building - Dwelling Units” and “Multiple dwelling containing a minimum of 5 dwelling units” the minimum required parking is 1.25 spaces for each dwelling unit.*

Therefore, the proposed 8 dwelling units will required 10 parking spaces minimum. These 10 residential parking spaces shall be clearly marked and separated from the commercial parking spaces on the subject land.

The applicant’s Planning Rationale Report and application forms state that 37 parking spaces total are required for the combined use building. As noted above, the applicant’s request for parking reduction from 37 to 34 spaces is best addressed during the Site Plan Control process when detailed information will be available to calculate the parking required for the commercial uses on the ground floor. If at the Site Plan Approval stage more than 34 parking spaces are confirmed to be required on the site, the development will need to be brought into compliance with the zoning by-law.

DRAFT BY-LAW: A draft by-law is attached as Appendix G to this report. The Planning Act, in subsection 24(1) requires that no by-law shall be passed for any purpose that does not conform with the Official Plan. As noted already under OFFICIAL PLAN section of this report, the recommended amendment will conform with the OP when OPA #151 comes into effect; therefore, the draft by-law can be passed at the appropriate time.

#### 4. RESIDENTIAL INTERIM CONTROL BY-LAW

The parcel is subject to Residential Interim Control By-law 103-2020 (RICBL) which prohibits a Group Home, Lodging House, a Shelter, and a dwelling with five or more dwelling units throughout the City of Windsor to allow a land use study to be conducted. Residential Interim Control By-law 103/2020 (RICBL) came into effect in the City of Windsor on July 13, 2020.



On July 13, 2020, Council adopted Council Resolution 364/2020 directing that land use study be undertaken to consider, among other things, residential density and the appropriate location for higher density residential uses in the City of Windsor. The study will review the Official Plan and Zoning By-laws 85-18 and 8600 with respect to land use policies and provisions related to higher density dwellings such as, but not limited to, Group Home, Lodging House, Residential Care Facility, Shelter, and any dwelling with five or more dwelling units within the City of Windsor.

“The main purposes of the study are to:

- 1) Review those definitions that relate to dwellings and dwelling units, or are residential in nature;
- 2) Review zones, zoning districts, and provisions to determine an appropriate range of permitted residential uses and provisions, including merging zones and zoning districts and to ensure that the zones, zoning districts and provisions are consistent with the Provincial Policy Statement, 2020 (PPS), especially, but not limited to, Policy 4.4 that requires the implementation of the PPS in a “*manner that is consistent with the Ontario Human Rights Code*” – and are consistent with the policy direction of the Official Plan;
- 3) Ensure compatibility with existing development, while allowing or encouraging certain areas to evolve to a higher-density and/or higher profile residential development.”  
[excerpt from Report C141/2020]

Interim Control By-law (ICBL) 99-2021 came into effect on June 7, 2021 and extended the effective date of RICBL 103-2020 to July 13, 2022. The extension allows for the additional time required to complete the land use study commenced under the IRCBL 103-2020, and provides the necessary time to implement, if deemed appropriate, the findings of the land use study including any amendments to the Official Plan and /or Zoning By-laws.

The following criteria are hereby deemed acceptable for determining if the proposed development can be exempt from the RICBL:

- *Conformity with the Official Plan* – As noted already in this report, the subject development will be in conformity with the Official Plan when OPA 151 is in effect.
- *Distance to Nearby Services and Amenities* – Neighbourhood Parks, Elementary schools, Places of worship, restaurant and retail store are within a 1.0 km or less walk. The proposed development is within an acceptable distance to nearby services and amenities.
- *Distance to Public Transit* - Existing Walkerville 8 route provides direct service to the subject land and area. There is an existing bus stop located on the southwest corner of Walker and Sydney intersection, approximately 170 metres south of the subject land. The proposed development is within an acceptable distance to public transit.
- *Potential for impact on the Land Use Study* - The recommended Zoning By-law amendment meets the criteria analyzed above. Furthermore, the Commercial Corridor has similar uses (combined use and apartment building) within the immediate area. Therefore, conflict between the proposed development and the land use study is not anticipated.

Section 2(1) of B/L 103-2020 exempts a parcel from the provisions of RICBL where an amending by-law to Zoning By-law 8600 to permit a dwelling with five or more dwelling units comes into force on or after January 1, 2017. Should the request for an amendment to Zoning By-law 8600 be approved, and an amending by-law comes into force, the proposed development will be automatically exempt from Interim Control By-law 103-2020.

## 5. SECTION 45(1.3) and 45(1.4) OF THE PLANNING ACT

The following sections of the Planning Act contain special provisions with respect to minor variance applications:

Two-year period, no application for minor variance

(1.3) Subject to subsection (1.4), no person shall apply for a minor variance from the provisions of the by-law in respect of the land, building or structure before the second anniversary of the day on which the by-law was amended. 2015, c. 26, s. 29 (2).

Exception

(1.4) Subsection (1.3) does not apply in respect of an application if the council has declared by resolution that such an application is permitted, which resolution may be made in respect of a specific application, a class of applications or in respect of such applications generally. 2015, c. 26, s. 29 (2).

In anticipation of some zoning compliance issues for the proposed redevelopment, the applicant submitted a letter requesting relief from section 45 subsection (1.3) of the Planning Act. As shown above, the Planning Act allows for exception to the requirements of subsection (1.3). Based on subsection 1.4 above, Council has the authority to consider the applicant's request. The recommendation is to allow the applicant to submit minor variance within a two-year period of this amendment, upon final by-law approval.

## 6. SITE PLAN

The recommended amendments are intended to facilitate a "development" as defined in section 41(1) of the Planning Act; therefore, the applicant is required to submit an application for Site Plan Approval and execute a Site Plan Agreement for the proposed development on the land.

The following requirements and other relevant requirements found in Appendix D attached, shall be incorporated in the Site Plan Review & Approval process and be included in the site plan agreement for the proposed development on the subject land:

- Noise mitigation measures recommended by JJ Acoustic Engineering Ltd.
- Sanitary Sampling Manhole;
- Record of Site Condition;
- Parkland dedication;
- Stormwater management – underground storage required (stormwater chambers);
- Enbridge Gas minimum separation requirements;
- Adequate clearance from existing ENWIN's pole lines and power lines; and
- Canada Post requirements and guidelines for the proposed multi-unit.

## **Risk Analysis: Climate Change Risks**

### **Climate Change Mitigation and Adaptation:**

The recommended amendments will facilitate a redevelopment of an existing commercial site in a manner that promotes residential intensification within an area that is serviced by existing public transit and sidewalks. The proposed redevelopment will enhance the use of existing public transit and will promote active transportation through the use of the existing sidewalks in the area, thereby, reducing carbon footprint. The amendments also promote the opportunity to live and work on the same site or nearby site, which further reduces carbon footprint. Stormwater management for the site will include a restricted outflow for the existing storm outlet and stormwater storage by way of underground storage chambers on the site.

## **Financial Matters:**

N/A

## **Consultations:**

### **1. DEPARTMENT AND AGENCIES**

Comments from the municipal departments and external agencies are attached as **Appendix D** to this report. There are no objections, except from ENWIN – Hydro Engineering.

*ENWIN – Hydro Engineering* is objecting based on the proximity of the proposed development to existing high voltage overhead conductors. ENWIN has existing overhead and secondary pole lines along the entire west limit of the subject land, as well as an existing high voltage overhead power line at the east limit of the site.

The following comments should be noted:

*Enbridge* has active infrastructure in the proposed area and their comments outline various minimum separation requirements.

*Engineering Division (Geomatics & Development R.O.W)* and *Transportation Planning Division* confirm that the subject site is within the limits of the Walker Road Corridor Environmental Assessment (EA) and all right-of-way improvements have been carried out as per the EA in 2012. Therefore, no conveyance is required even though the current right-of-way width is less than the required width.

The recommended zoning by-law amendment addresses Transportation Planning's comment regarding designating required residential parking for the development. Their comment regarding provision of additional bicycle parking to mitigate any commercial parking deficiency would need to be part of Site Plan Control discussion for the proposed development.

Similarly, the *Landscape Architect's* requirement for ornamental fencing and 3 deciduous shade trees will be deferred to the Site Plan review and approval stage for the subject development.

The owner/applicant is advised to review the entire content of Appendix D and be fully informed of all the municipal and agency requirements noted therein.

### **2. PUBLIC NOTICE**

The City of Windsor advertised the official notice in the Windsor Star Newspaper per the Planning Act.

Courtesy notice will be mailed to all properties within 120m (400 feet) of the subject parcel, prior to the Development & Heritage Standing Committee (DHSC) meeting.

## **Conclusion:**

The recommended Official Plan amendment and Zoning Bylaw amendment provide for an appropriate redevelopment of the subject commercial land. The amendments will result in a use that is compatible with existing and permitted uses in the surrounding neighbourhood.

The recommended site-specific policy amendment to the Official Plan and site-specific zoning by-law amendment complement the existing developments in the immediate area and promote an efficient use of the subject land, existing services and infrastructure. The required noise

mitigation measures, required on-site underground storm storage chamber(s), ENWIN and Enbridge separation requirements and other key municipal requirements can be addressed through the Site Plan Review and Approval process. The recommended amendments to the Official Plan and Zoning By-law are consistent with the Provincial Policy Statement 2020.

The recommended Zoning By-law Amendment will maintain conformity with the Official Plan when OPA 151 comes into effect. The recommended amendments constitute good planning.

**Planning Act Matters:**

I concur with the above comments and opinion of the Registered Professional Planner.

**Michael Cooke, MCIP, RPP**  
 Manager, Planning Policy /  
 Deputy City Planner

**Thom Hunt, MCIP, RPP**  
 City Planner/ Executive Director,  
 Planning & Development Services

I am not a registered Planner and have reviewed as a Corporate Team Leader

**SAH, Commissioner, Legal & Legislative Services**

**JR, Chief Administrative Officer**

**Approvals:**

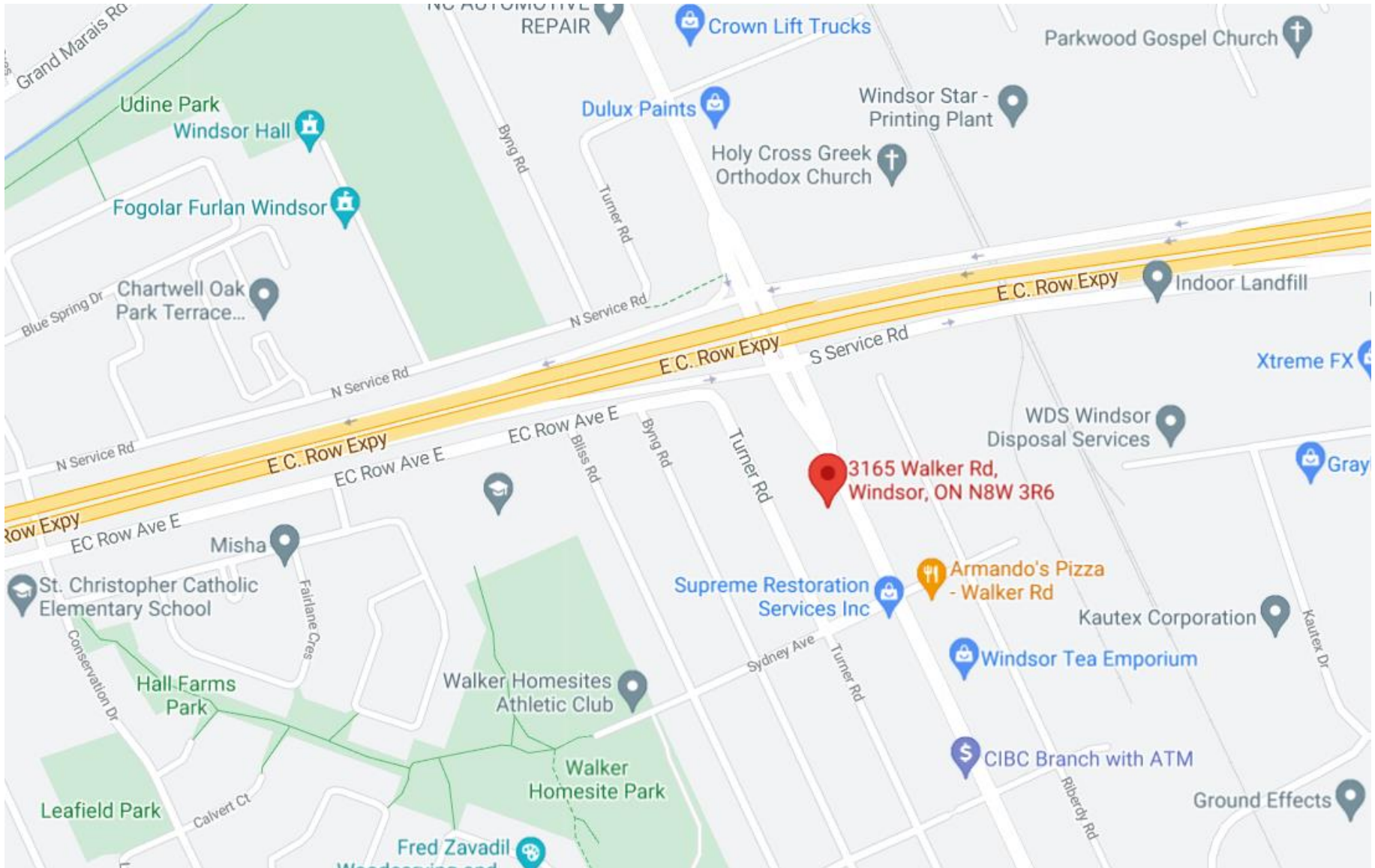
Name	Title
Michael Cooke	Manager of Planning Policy/Deputy City Planner
Thom Hunt	City Planner / Executive Director, Planning & Development Services
Wira Vendrasco	Deputy City Solicitor, Legal Services & Real Estate
Shelby Askin Hager	Commissioner, Legal & Legislative Services
Shelby Askin Hager acting for Jason Reynar	Chief Administration Officer

**Notifications:**

Name	Address	Email
Abutting property owners, tenants/occupants within 120 meter (400 feet) radius of the subject land.		
<b>Registered Owner/Applicant:</b> 2800573 Ontario Ltd. [c/o Alex Mereby]	372 Letino Dr. Belle River Ontario, N0R1A0	amereby@c21showtime.ca
<b>Agent:</b> Pillon-Abbs Inc. [c/o Tracey Pillon-Abbs]	23669 Prince Albert Rd., Chatham, ON N7M 5J7	tpillonabbs@gmail.com
Councillor Kieran McKenzie	350 CHS W., Suite 510, Windsor, ON, N9A 6S1	kmckenzie@citywindsor.ca

**Appendices:**

- 1 Appendix A - Site Photos
- 2 Appendix B - Excerpts from the Official Plan
- 3 Appendix C - Excerpts from Zoning By-law 8600
- 4 Appendix D - CONSULTATIONS
- 5 Appendix E1 - Conceptual Site Plan
- 6 Appendix E2 – Conceptual Floor Plan
- 7 Appendix F - DRAFT OPA 151
- 8 Appendix G - DRAFT Zoning By-law, Z-027-21

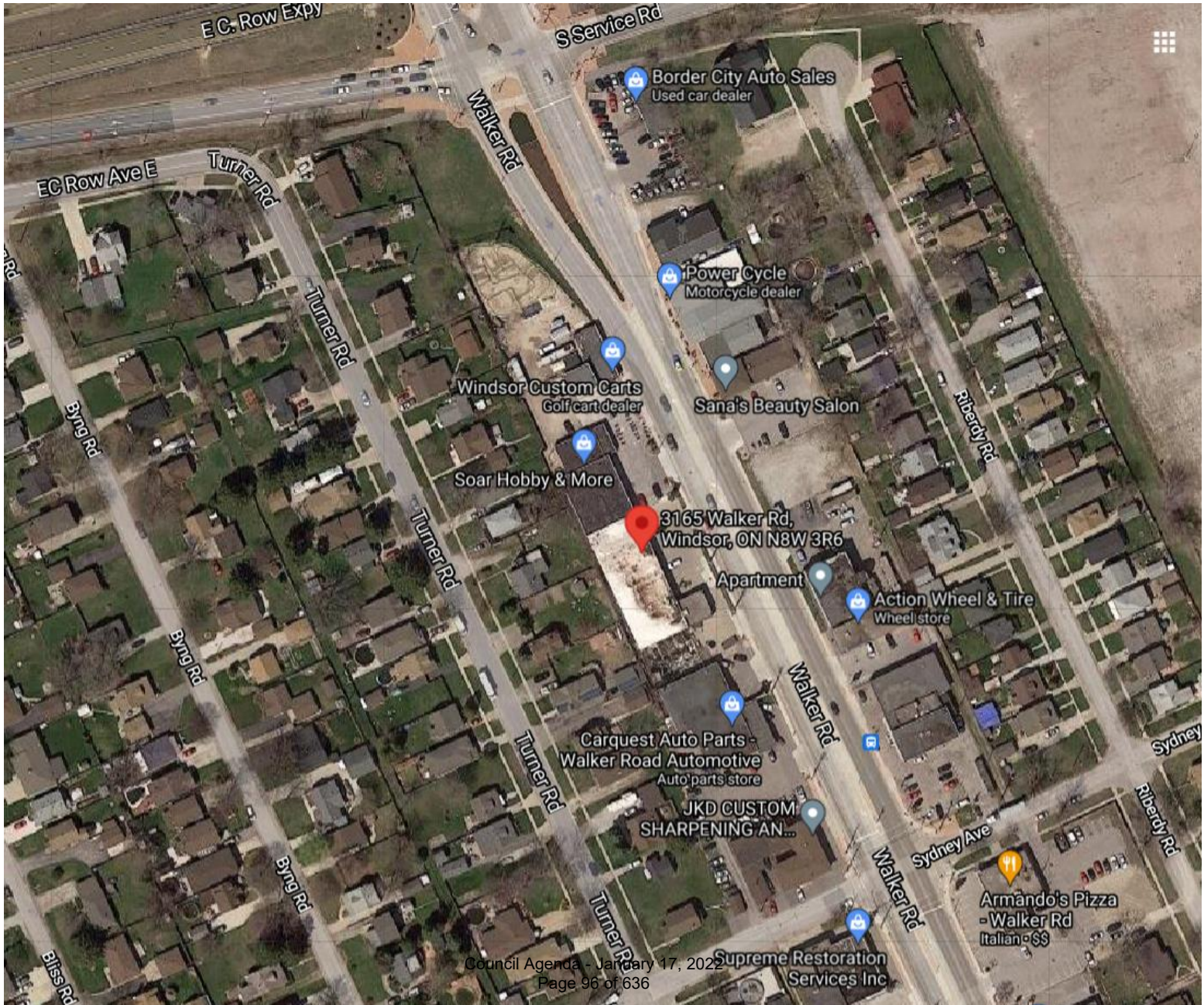


GOOGLE PLAN VIEW OF SUBJECT LAND and SURROUNDING USES

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GOOGLE AERIAL VIEW OF SUBJECT LAND and ADJOURNING PROPERTIES







View of Walker Rd looking south from Walker and E.C. Row Ramp intersection



**VIEW OF SUBJECT LAND**  
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Feb. 2021 image capture

View of adjacent lands on the west side of Walker Rd directly fronting the subject land



Jan. 2021 image capture

View of existing residential neighbourhood west of Walker Road, behind subject land



View of Walker Road, looking north of subject land



View of Walker Road, looking south of subject land





View of Walker & Sydney intersection looking north from south side of Walker (at the intersection)



View of Walker & Sydney intersection looking west from east side of Walker (near Riberdy)



View of Walker & Sydney intersection looking east from west side of Walker (near Turner Rd) 8

# APPENDIX B – EXCERPTS FROM THE OFFICIAL PLAN

## OP Volume I – The Primary Plan

### 3.2.1 Safe, Caring and Diverse Community

- NEIGHBOURHOOD CENTRES* 3.2.1.1 Windsorites want to be a part of neighbourhoods that meet their needs as places to live, shop and play. Each neighbourhood will have a central area that provides a focus for activities and is within a convenient walking distance. Here, people will find shops, jobs, neighbourhood based services, public places that are safe and inviting, and a place to meet with neighbours and join in community life. The neighbourhood centre will provide a variety of housing types for all ages and incomes.
- NEIGHBOURHOOD HOUSING VARIETY* 3.2.1.2 Encouraging a range of housing types will ensure that people have an opportunity to live in their neighbourhoods as they pass through the various stages of their lives. Residents will have a voice in how this new housing fits within their neighbourhood. As the city grows, more housing opportunities will mean less sprawl onto agricultural and natural lands.

### 6.5.3 Commercial Corridor Policies

The Commercial Corridor land use designation is intended for areas which are designed for vehicle oriented commercial uses. Commercial Corridors take the form of commercial strips along Arterial and Collector roads within Windsor. The intent of the following policies is to strengthen identified Commercial Corridors for retail and service uses.

- PERMITTED USES* 6.5.3.1 Uses permitted in the Commercial Corridor land use designation are primarily retail, wholesale store (added by OPA 58, 24 07 2006) and service oriented uses and, to a lesser extent, office uses.
- ANCILLARY USES* 6.5.3.2 In addition to the uses permitted above, Council may permit the following ancillary uses in areas designated as Commercial Corridor on Schedule D: Land Use without requiring an amendment to this Plan:
- (a) adult entertainment parlours provided that:
    - (i) such uses are a minimum of 150 metres from lands used or zoned for residential, institutional or open space purposes; and

## APPENDIX B – EXCERPTS FROM THE OFFICIAL PLAN

- (ii) policy 6.5.3.7 is satisfied, with the exception that the proponent demonstrate that the proposal's market impact is acceptable; and
  - (b) Open Space uses subject to the policies of section 6.7.
- STREET PRESENCE*      6.5.3.3      Council will encourage Commercial Corridor development to provide a continuous street frontage and presence. Accordingly, development along a Commercial Corridor shall be:
- (a) no more than two storeys in height, except on lands immediately adjacent to an intersection with a Class I or Class II Arterial Road or Class I or Class II Collector Road where the height of the building(s) may be no more than six storeys in height; and
  - (b) encouraged to locate the buildings at the street frontage lot line with parking accommodated at the rear of the site.
- INFILL & CONSOLIDATION*      6.5.3.4      Council shall promote the infilling and consolidation of existing Commercial Corridors.
- NEW OR EXTENDED CORRIDORS*      6.5.3.5      Council shall discourage the development of new Commercial Corridors or the extension of existing Commercial Corridors and may only designate or extend a Commercial Corridor when the Municipality is satisfied that the market impact of the proposal on other commercial areas is acceptable (see Procedures chapter).
- LOCATIONAL CRITERIA*      6.5.3.6      Commercial Corridor development shall be located where:
- (a) there is access to Class I or Class II Arterial Roads or Class I Collector Roads;
  - (b) full municipal physical services can be provided; and
  - (c) commercial related traffic can be directed away from residential areas.
- EVALUATION CRITERIA*      6.5.3.7      At the time of submission, the proponent shall demonstrate to the satisfaction of the Municipality that a proposed commercial development is:



## APPENDIX B – EXCERPTS FROM THE OFFICIAL PLAN

- (a) feasible having regard to the other provisions of this Plan, provincial legislation, policies and appropriate guidelines and support studies for uses:
  - (i) within or adjacent to any area identified on Schedule C: Development Constraint Areas and described in the Environment chapter of this Plan;
  - (ii) within a site of potential or known contamination;
  - (iii) where traffic generation and distribution is a provincial or municipal concern; and
  - (iv) adjacent to sensitive land uses and/or heritage resources.
- (b) in keeping with the goals, objectives and policies of any secondary plan or guideline plan affecting the surrounding area;
- (c) capable of being provided with full municipal physical services and emergency services;
- (d) provided with adequate off-street parking;
- (e) compatible with the surrounding area in terms of scale, massing, height, siting, orientation, setbacks, parking and landscaped areas; and
- (f) acceptable in terms of the proposal's market impacts on other commercial areas (see Procedures chapter).

*DESIGN  
GUIDELINES*

6.5.3.8

The following guidelines shall be considered when evaluating the proposed design of a Commercial Corridor development:

- (a) the ability to achieve the associated policies as outlined in the Urban Design chapter of this Plan;
- (b) the provision of appropriate landscaping or other buffers to enhance:
  - (i) all parking lots, and outdoor loading and service areas; and

## APPENDIX B – EXCERPTS FROM THE OFFICIAL PLAN

- (ii) the separation between the use and adjacent sensitive uses, where appropriate;
- (c) as a general rule, the height of buildings are consistent with the height of buildings which characterize the Commercial Corridor. Where Council deems it desirable that higher profile development be permitted in an existing Commercial Corridor, the development should be built at a human scale by utilizing one or both of the following measures:
  - (i) treatment of the lower floors of building(s) to provide continuity; and/or
  - (ii) setting back the upper floors of building(s) from the street to avoid overpowering effects at-grade;
- (d) where possible, parking is located in the rear of the property to encourage continuous building facades adjacent to the street; and
- (e) measures are taken in site design which provide for ease of access for pedestrians between the public sidewalk and building main entrances in a manner which is-distinguishable from access provided for vehicles.

*SITE PLAN CONTROL* 6.5.3.9

Council shall require all development within areas designated as Commercial Corridor to be subject to site plan control, with the exception of Public Open Space uses.

*CORRIDOR IMPROVEMENT* 6.5.3.10

Council will encourage and facilitate the creation and efforts of business improvement associations within Commercial Corridor in accordance with the provisions of the Municipal Act.

*NEIGHBOURHOOD INVOLVEMENT* 6.5.3.11

Council will encourage the improvement of areas designated as Commercial Corridor to be undertaken in consultation with the surrounding neighbourhood.



# APPENDIX B – EXCERPTS FROM THE OFFICIAL PLAN

## 11.6.3 Zoning By-law Amendment Policies

- AMENDMENTS MUST CONFORM* 11.6.3.1 All amendments to the Zoning By-law(s) shall conform with this Plan. The Municipality will, on each occasion of approval of a change to the zoning by-law(s), specify that conformity with the Official Plan is maintained or that the change will be in conformity upon the coming into effect of an amendment to the Official Plan.
- REVIEW PROCEDURE* 11.6.3.2 All applications for Zoning By-law amendments shall be processed in accordance with the provisions of the Planning Act, and regulations pursuant thereto, and the procedural requirements of this Plan. In general, after an applicant's pre-application consultation meeting with municipal staff and submission of an application that is determined to be complete, all applications shall: Added by OPA 65 – 10/22/2007– By-law 192-2007
- (a) Be circulated to appropriate agencies and those agencies be provided with sufficient time to respond; Added by OPA 65 – 10/22/2007– By-law 192-2007
  - (b) Be advertised and be presented to the public and the views of the public ascertained at a public meeting to be held in accordance with the Planning Act; and Added by OPA 65 – 10/22/2007– By-law 192-2007
  - (c) Be given due and thorough consideration by Council. Added by OPA 65 – 10/22/2007– By-law 192-2007
- EVALUATION CRITERIA* 11.6.3.3 When considering applications for Zoning By-law amendments, Council shall consider the policies of this Plan and will, without limiting the generality of the foregoing, consider such matters as the following:
- (a) The relevant evaluation criteria contained in the Land Use Chapter of this Plan, Volume II: Secondary Plans & Special Policy Areas and other relevant standards and guidelines;
  - (b) Relevant support studies;
  - (c) The comments and recommendations from municipal staff and circularized agencies;
  - (d) Relevant provincial legislation, policies and appropriate guidelines; and
  - (e) The ramifications of the decision on the use of adjacent or similar lands.

## **APPENDIX C – EXCERPTS FROM ZONING BY-LAW 8600**

### **SECTION 16 - COMMERCIAL DISTRICTS 3. (CD3.)**

#### **16.1 COMMERCIAL DISTRICT 3.1 (CD3.1)**

##### **16.1.1 PERMITTED USES**

*Business Office*

*Child Care Centre*

*Commercial School*

*Food Outlet - Take-Out*

*Hotel*

*Medical Office*

*Micro-Brewery*

*Personal Service Shop*

*Place of Entertainment and Recreation*

*Place Of Worship*

*Professional Studio*

*Repair Shop - Light*

*Restaurant*

*Retail Store*

*Dwelling Units in a Combined Use Building with any one or more of the above uses*

*Ambulance Service*

*Marina*

*Parking Garage*

*Public Hall*

*Public Parking Area*

Any use accessory to any of the preceding uses. An *Outdoor Storage Yard* is prohibited, save and except, in combination with the following main uses:

*Ambulance Service, Marina.*

### 16.1.5 PROVISIONS

- |     |   |   |
|-----|---|---|
| .4  | Building Height – maximum   | Equal to the length of the longest <i>exterior lot line</i> . |
| .9  | Amenity Area – Per Dwelling Unit – minimum  |   |
|     | a) For the first 8 <i>dwelling units</i> :  | 0.0 m <sup>2</sup> per unit                                   |
|     | b) For each additional <i>dwelling unit</i> :   | 12.0 m <sup>2</sup> per unit                                  |
| .15 | For a <i>Combined Use Building</i> , all <i>dwelling units</i> , not including entrances thereto, are located above the non-residential uses. |   |
| .17 | Exposed flat concrete block walls or exposed flat concrete walls, whether painted or unpainted, are prohibited.                               |   |

## 16.2 COMMERCIAL DISTRICT 3.2 (CD3.2)

### 16.2.1 PERMITTED USES

*Business Office*

*Child Care Centre*

*Commercial School*

*Food Outlet - Take-Out*

*Hotel*

*Medical Office*

*Medical Appliance Facility*

*Micro-Brewery*

*Personal Service Shop*

*Place of Entertainment and Recreation*

*Place of Worship*

*Professional Studio*

*Public Hall*

*Repair Shop - Light*

*Restaurant*

*Retail Store*

*Dwelling Units in a Combined Use Building with any one or more of the above uses*

*Double Duplex Dwelling*

*Duplex Dwelling*

*Lodging House*

*Multiple Dwelling*

*Residential Care Facility*

*Semi-Detached Dwelling*

*Townhome Dwelling*

*Existing Funeral Establishment*

*Existing Gas Bar*

*Existing Service Station*

Any use accessory to any of the above, including a *Caretaker's Residence*. An *Outdoor Storage Yard* is prohibited.

### 16.2.5 PROVISIONS

- |     |  |   |
|-----|--|---|
| .1  | Lot Frontage – minimum   | 15.0 m  |
| .2  | Lot Area – minimum   |   |
|     | For a <i>building</i> containing only non-residential uses:  | 400.0 m <sup>2</sup>  |
| .4  | Building Height – maximum  |   |
|     | a) For the block bounded by Ouellette Avenue, Erie Street, Goyeau Street and Elliott Street:   | 55.0 m  |
|     | b) For any other area:   | Equal to the length of the longest <i>exterior lot line</i> |
| .8  | Landscaped Open Space Yard – minimum   | 30.0% of <i>lot area</i>                                    |
| .10 | Gross Floor Area – Total – maximum   |   |
|     | Within the same <i>building</i> , for a <i>Retail Store</i> , <i>Personal Service Shop</i> , <i>Repair Shop – Light</i> , or any combination thereof   | 250.0 m <sup>2</sup>  |
| .11 | Gross Floor Area Ratio – maximum   | 4.5   |
| .15 | For a <i>Combined Use Building</i> , all <i>dwelling units</i> , not including entrances thereto and a <i>Caretaker's Residence</i> , shall be located above the non-residential uses.   |   |
| .17 | Exposed flat concrete block walls or exposed flat concrete walls, whether painted or unpainted, are prohibited.  |   |
| .20 | Building Setback – minimum –   |   |
|     | a) From an <i>exterior lot line</i> :  | 6.0 m   |
|     | b) From an <i>exterior lot line</i> abutting Pelissier Street or Dufferin Place for that part of the building having a <i>building height</i> of more than 12.0 m:   | 18.0 m  |
|     | c) From an <i>interior lot line</i> where a habitable room window faces the <i>interior lot line</i> for that part of the <i>building</i> having a <i>building height</i> of 12.0 m or less:   | 6.0 m   |
|     | d) From an <i>interior lot line</i> where a habitable room window faces the <i>interior lot line</i> for that part of the <i>building</i> having a <i>building height</i> of more than 12.0 m:   | 11.0 m  |
|     | e) From an <i>interior lot line</i> where a habitable room window does not face the <i>interior lot line</i> for that part of the <i>building</i> having a <i>building height</i> of 12.0 m or less:   | 3.0 m   |
|     | f) From an <i>interior lot line</i> where a habitable room window does not face the <i>interior lot line</i> for that part of the <i>building</i> having a <i>building height</i> of more than 12.0 m:   | 25.0% of building height                                    |
| .50 | Any new <i>building</i> or <i>structure</i> shall be erected on a <i>through lot</i> , except that where a <i>lot</i> is not a <i>through lot</i> , one <i>accessory building</i> or one accessory structure having a maximum <i>gross floor area</i> of 40.0 m <sup>2</sup> may be erected on such lot. |   |

- .60 Dwelling Unit Density - maximum *dwelling units* per hectare:
- a) *Lot Frontage* of less than 30.0 m: 100
  - b) *Lot Frontage* of 30.0 m or more but less than 45.0 m: 230
  - c) *Lot Frontage* of 45.0 m or more but less than 60.0 m: 280
  - d) *Lot Frontage* of 60.0 m or more: 330
  - e) Where both the *landscaped open space yard* is greater than 40% of the *lot area* and the *lot frontage* is more than 30.0 metres, the maximum *dwelling units* per hectare may be increased by 15%.
- .70 Notwithstanding Sections 16.2.5.1 to 16.2.5.60, a *Double Duplex Dwelling*, *Duplex Dwelling*, *Semi-Detached Dwelling* or *Townhome Dwelling* shall comply with the appropriate provisions of Section 11.2.5.

### 16.3 COMMERCIAL DISTRICT 3.3 (CD3.3)

#### 16.3.1 PERMITTED USES

*Ambulance Service*  
*Automobile Repair Garage*  
*Bakery*  
*Business Office*  
*Child Care Centre*  
*Commercial School*  
*Confectionery*  
*Food Outlet - Drive-Through*  
*Food Outlet - Take-Out*  
*Funeral Home*  
*Garden Centre*  
*Gas Bar*  
*Hotel*  
*Medical Appliance Facility*  
*Medical Office*  
*Micro-Brewery*  
*Parking Garage*  
*Personal Service Shop*  
*Place of Entertainment and Recreation*  
*Place Of Worship*  
*Print Shop*  
*Professional Studio*  
*Public Hall*  
*Public Parking Area*  
*Repair Shop - Light*  
*Restaurant*  
*Restaurant with Drive-Through*  
*Retail Store*  
*Service Station*  
*Temporary Outdoor Vendor's Site*  
*Veterinary Office*  
*Warehouse*  
*Wholesale Store*  
*Workshop*

*Existing Automobile Collision Shop*

*Existing Industrial Use*

*Existing Motor Vehicle Dealership*

Any use accessory to any of the above uses. An *Outdoor Storage Yard* is prohibited, save and except with the following main uses: *Ambulance Service, Garden Centre, Temporary Outdoor Vendor’s Site, Existing Automobile Collision Shop, Existing Industrial Use, Existing Motor Vehicle Dealership.*

**16.3.5 PROVISIONS**

- .4 Building Height – maximum 20.0 m
- .10 Gross Floor Area – maximum
  - a) *Bakery or Confectionary* 500.0 m<sup>2</sup>
  - b) *Workshop* – Percent of the *gross floor area* of the *Retail Store* or *Wholesale Store* 200.0%
- .26 A *Temporary Outdoor Vendor’s Site* is prohibited in a *Business Improvement Area*.

## **APPENDIX D: CONSULTATIONS TABLE**

### **ASSESSMENT MANAGEMENT OFFICER**

No objection to the site specific policy direction and site specific zoning provision to allow residential use above commercial use and change the zoning district from CD3.3 to CD3.1 to permit a combined use building with residential use above commercial use.  
(7 commercial units on the main floor and 8 residential units on the second floor)

### **WINDSOR MAPPING – ENBRIDGE**

After reviewing the provided drawing at 3165 Walker Rd. and consulting our mapping system, please note that Enbridge Gas has active infrastructure in the proposed area. A PDF drawing has been attached for reference.

#### **Please Note:**

1. The shown piping locations are approximate and for information purposes only
2. The drawings are not to scale
3. This drawing does not replace field locates. Please contact Ontario One Call for onsite locates prior to excavating, digging, etc

Enbridge Gas requires a minimum separation of 0.6m horizontal and 0.3m vertical from all of our plant less than NPS 16 and a minimum separation 1.0m horizontal and 0.6m vertical between any CER-regulated and vital pipelines. For all pipelines (including vital pipelines), when drilling parallel to the pipeline, a minimum horizontal clearance measured from the edge of the pipeline to the edge of the final bore hole of 1 m (3.3 ft) is required. Please ensure that this minimum separation requirement is maintained, and that the contractor obtains locates prior to performing any work and utilizes safe excavation practices while performing any work in the vicinity.

Also, please note the following should you find any abandoned infrastructure in the area:

- Any pipe that is excavated, please assume that it is live
- If during the course of any job, any pipe is found that is not on the locate sheet and is in conflict with your work, please call our emergency number (1-877-969-0999), and one of our Union Gas representatives will respond to determine if that plant is in fact live or dead
- Please note that our Enbridge Gas representative will respond to the live or dead call within 1-4 hours, so please plan your work accordingly

### **ESSEX REGION CONSERVATION AUTHORITY (ERCA)**

The following is provided as a result of our review of the Notice of Public Meeting to consider Application for Official Plan Amendment OPA 151 and Zoning By-law Amendment Z-027/21. The applicant is proposing to demolish the current building and construct a 7 unit commercial building with 8 dwelling units on a second storey. They are requesting to change the zoning from CD3.3 to CD31.-xx to allow for a combined use development (residential & commercial). The site specific zoning is requested to allow for a reduction in the required parking from 3y7 spaces to 34 spaces (24.20.5.1), a reduced parking separation from the street (25.5.20(s)) from required 3m to 0m, a reduced parking separation from the interior lot (25.5.20 (3)) from the required 0.9m to 0m and a reduced parking separation from habitable room window from the required 4.5m to 2m. The applicant is requesting an OPA change to allow for residential units above the commercial space and to bring the OP designation line with the ZBA for a combined use commercial development for commercial/residential use.

***Delegated Responsibility to Represent the Provincial Interest in Natural Hazards and Regulatory Responsibilities Associated with the Conservation Authorities Act***

The following comments reflect our role as representing the provincial interest in natural hazards as outlined by Section 3.1 of the Provincial Policy Statement of the *Planning Act* as well as our regulatory role as defined by Section 28 of the *Conservation Authorities Act*.

We have reviewed our floodline mapping for this area and it has been determined this site is not located within a regulated area that is under the jurisdiction of the ERCA (section 28 of the *Conservation Authorities Act*). As a result, a permit is not required from ERCA for issues related to Section 28 of the *Conservation Authorities Act*, Development, Interference with Wetlands and Alteration to Shorelines and Watercourses Regulation under the *Conservations Authorities Act*, (Ontario Regulation No. 158/06).

***Watershed Based Resource Management Agency***

The following comments are provided in an advisory capacity as a public commenting body on matters related to watershed management.

***Section 1.6.6.7 Stormwater Management (PPS, 2020)***

ERCA has concerns with the potential impact of the quality and quantity of runoff in the downstream watercourse due to the proposed development on this site. ERCA recommends that stormwater quality and stormwater quantity will need to be addressed up to and including the 1:100 year storm event and be in accordance with the guidance provided by the Stormwater Management Planning and Guidance Manual, prepared by the Ministry of the Environment (MOE, March 2003) and the "Windsor-Essex Region Stormwater Management Standards Manual".

We further recommend that the stormwater management analysis be completed to the satisfaction of the Municipality. We do not require further consultation on this file with respect to stormwater management.

***Planning Advisory Service to Planning Authorities – Natural Heritage Policies of the PPS, 2020***

The following comments are provided from our perspective as an advisory service provider to the Planning Authority on matters related to natural heritage and natural heritage systems as outline in Section 2.1 of the Provincial Policy Statement of the *Planning Act*. The comments in this section do not necessarily represent the provincial position and are advisory for the consideration of the Planning Authority.

The subject property is not within or adjacent to any natural heritage feature that may meet the criteria for significance as defined by the PPS. Based on our review, we have no objection to the application with respect to the natural heritage policies of the PPS.

***Final Recommendation***

With the review of background information and aerial photograph, ERCA advises that a stormwater management plan be completed to the satisfaction of the City of Windsor.

**PARKS DEVELOPMENT**

No comments from Park D&D subject to further review by Stefan (Planning Dept. landscape architect).



## **ENWIN**

### **HYDRO ENGINEERING:**

Objection based on the following:

Please note that ENWIN Utilities has an existing overhead 120/240 volt and 347/600V secondary pole line in the alley rear of the property along the entire west limit of the site.

It appears that the proposed 2 story building may be close to the existing overhead conductors. Adequate clearance must be maintained both during and after construction.

We recommend referring to Occupational Health and Safety (Ministry of Labour) and Building Code to ensure that safe limits of approach and minimum clearance requirements are achieved. In addition, ENWIN has a 27,600 volt overhead power line at the east limit of the site. Adequate clearance must be initiated during construction.

**WATER ENGINEERING:** Water Engineering Has No Objections

### **TRANSIT WINDSOR**

Transit Windsor has no objections to this development. The closest existing transit route to this property is with the Walkerville 8. The closest existing bus stop to this property is located on Walker at Sydney SW Corner. This bus stop is approximately 170 metres from this property falling within our 400 metre walking distance guideline to a bus stop. This will be maintained with our Council approved Transit Master Plan.

### **LANDSCAPE ARCHITECT**

Pursuant to the application for a zoning amendment (Z 027/21) to change current Zoning to CD3.1 and to permit a site specific policy direction to allow residential use above commercial use on lands designated Commercial Corridor on the subject, please note no objections.

#### ***Urban Design & Climate Change Resilience related to Zoning Provisions for Parking Setback:***

Please also note as Walker Road is identified as Civic Way in the Official Plan, the following conditions to be provided by the owner in order for support for the additional site specific provisions requested by the applicant:

- b) Reduction in the required minimum parking area separation from a street, from 3m to 0m
- c) Reduction in the required minimum parking area separation from an interior lot, from 0.9m to 0m
- d) Reduction in the required minimum parking area separation from a habitable room window facing the parking area, from 4.5m to 2m

Please include a site-specific zoning provision in conjunction with the above reductions in setbacks to include that the owner will provide:

- e) Ornamental fencing in the form of a combination of masonry wall and ornamental metal fencing to a 1.2m (4ft) height above the grade of the pavement in lieu of a landscaped parking area separation from a street.
- f) Provision of a minimum of three (3) 70mm caliber deciduous shade trees to the satisfaction of the Planning Department's, Landscape Architect.

#### ***Parkland Dedication:***

All requirements will be determined at the time a Site Plan application is received.

## **CANADA POST**

This development, as described, falls within our centralized mail policy.

I will specify the condition which I request to be added for Canada Post Corporation's purposes

- a) Canada Post's multi-unit policy, which requires that the owner/developer provide the centralized mail facility (front loading lockbox assembly or rear-loading mailroom [mandatory for 100 units or more]) at their own expense, will be in effect for buildings and complexes with a common lobby, common indoor or sheltered space.

Should the description of the project change, I would appreciate an update in order to assess the impact of the change on mail service.

If you have any questions or concerns regarding these conditions, please contact me. I appreciate the opportunity to comment on this project.

### ***Lock-Box Assembly Requirements***

The complete Canada Post Standards Manual for Builders & Developers can be downloaded at: [https://www.canadapost.ca/cpo/mc/assets/pdf/business/standardsmanual\\_en.pdf](https://www.canadapost.ca/cpo/mc/assets/pdf/business/standardsmanual_en.pdf)

### ***Compartments Size***

- Horizontal lock-box models used in mailrooms must have the following minimums:
- Residential compartments must be at least 12.5 x 13.5 cm
- Commercial compartments at least 13.5 x 30.5 cm
- Parcel compartments at least 30.5 x 30.5 cm
- Vertical lock-box models must have min comp size of 25 x 12.5 cm (most models are 40 x 12.7 cm)

### ***Heights***

- All lock box assemblies must be installed in a manner that will not require the delivery employee to reach higher than 170 cm or lower than 45 cm when delivering to the equipment. With respect to horizontal lock-boxes, the limits above will likely mean that the maximum number of compartments that can be included in each column of residential compartments would be eight.

### ***Rear-loading Lock-boxes***

- Projects with more than 100 units are required to be serviced via a rear-loading lock-box assembly
- There must be a width of at least 100 cm of working space from the back of the boxes to the wall
- A ledge under the bottom row of boxes is also recommended in rear-loading designs. This ledge is to be directly under the bottom row of boxes (no space between ledge and bottom of boxes) and must stick out at least 20 cm from the back of the boxes.
- Mailroom door is required to provide a minimum 81 cm opening
- Lighting should be at least 100 lux (measured 75 cm from floor)

### ***Access***

- All buildings where the lock-boxes are required to be serviced from inside the building are required to install a Canada Post Crown lock in the building intercom. The intercom is pre-fabricated with an internal housing for the lock. The lock can be obtained from the local deliver supervisor.
- If the building has more than 100 units, a rear-loading lock-box assembly will be installed. The door to the Canada Post delivery area must be fitted with a specific model of deadbolt.

This is because Canada Post will supply a key cylinder made specifically for the Canada Post key that will fit inside the deadbolt purchased by the developer.

**Numbering**

- Compartments should be numbered vertically and left to right on the delivery side of the boxes

101	109	207
102	110	208
103	201	209
104	202	210
105	203	301
106	204	302
107	205	303
108	206	304

**Grade-Level Components**

If the development includes grade level retail or residential units, please take note that door-to-door delivery will not be provided to these units. Canada Post is happy to install a Community Mailbox to provide service to these units. Please coordinate a location with the Canada Post Delivery Planner for the area. If there is no room on the property for the Community Mailbox, service can be provided via another Community Mailbox in the area. Options to service the units from the tower (lobby) lock-boxes or via a front-loading lock box erected on the outside of the building can also be discussed with the Delivery Planner.

**ENGINEERING**

The subject lands are located at 3165 Walker Road, currently designated Commercial Corridor on Schedule D: Land Use, Official Plan Volume 1, and zoned Commercial District 3.3 (CD3.3) by Zoning By-Law-8600.

The applicant proposes to change the land use designation of the subject land by adding a site specific policy direction to allow residential use above commercial use on lands designated Commercial Corridor and change the zoning district from CD3.3 to CD3.1 to permit a combined use building with residential use above commercial use.

The applicant also requests site-specific zoning provisions to facilitate the construction of the proposed development on the subject land. Applicant proposes to demolish existing commercial building on the property and construct a 2-storey (7.9m in height) combined use building with 7 commercial units on the main floor and 8 residential units on the second floor. One loading space and 34 onsite parking spaces are proposed on the subject land.

Below are the site-specific zoning provisions requested by the applicant:

- a) Reduction in the required minimum number of parking spaces, from 37 to 34 spaces
- b) Reduction in the required minimum parking area separation from a street, from 3m to 0m
- c) Reduction in the required minimum parking area separation from an interior lot, from 0.9m to 0m
- d) Reduction in the required minimum parking area separation from a habitable room window facing the parking area, from 4.5m to 2m

**Sewers**

The Subject lands are serviced by a 250 mm diameter PVC sanitary sewer. There is a 850mm diameter RCP storm sewer available on Walker Rd. A stormwater management study is required to be completed for the subject lands; storm management facilities must be constructed on site

and will ultimately outlet to the municipal storm sewer. A sanitary sampling manhole will need to be installed on any new sanitary connection at the property line to the satisfaction of the City Engineer.

***Right-of-Way***

This site is within the limits of the Walker Road Corridor Environmental Assessment (EA). The Official Plan classifies Walker Road as a Class 2 Collector, requiring a right-of-way width of 32.0m. The current right-of-way width is 26.2m; however; a land conveyance will not be required as all right-of-way improvements have been carried out as per the EA in 2012.

Any driveway approaches shall be constructed of concrete as per AS-204, complete with straight flares and no raised curbs within the right-of-way.

In summary, we have no objections to the proposed amendment to Zoning By-law 8600, subject to the following:

***Site Plan Control Agreement*** – The applicant enter into an agreement with the City of Windsor for all requirements under the General Provisions of the Site Plan Control Agreement for the Engineering Department.

***Sanitary Sampling Manhole*** – The owner agrees for all non-residential uses, to install a sanitary sampling manhole accessible at the property line of the subject lands to the City Engineer at all times. The determination of the requirement or interpretation if a sampling manhole exists or exceptions to such, will be to the satisfaction of the City Engineer.

If you have any further questions or concerns, please contact Amy Kurek, of this department at akurek@citywindsor.ca

**POLICY ANALYST – TRANSPORTATION PLANNING SERVICES**

- Walker Road is classified as a Class II Arterial per the Official Plan with a require right-of-way width of 32 meters per Schedule X. The Walker Road Environmental Study Report does not outline a property requirement at this development and therefore no conveyance is required.
- All new accesses shall conform to the TAC Geometric Design Guide for Canadian Roads and the City of Windsor Standard Engineering Drawings.
- All required residential parking spaces per zoning by-law 8600 should be designated on site. It is recommended that additional bicycle parking be provided on site to mitigate any deficiencies with commercial parking.
- All exterior paths of travel must meet the requirements of the Accessibility for Ontarians with Disabilities Act (AODA).

**HERITAGE PLANNER**

No supporting information required.

There is no apparent built heritage concern with this property and it is located on an area of low archaeological potential.

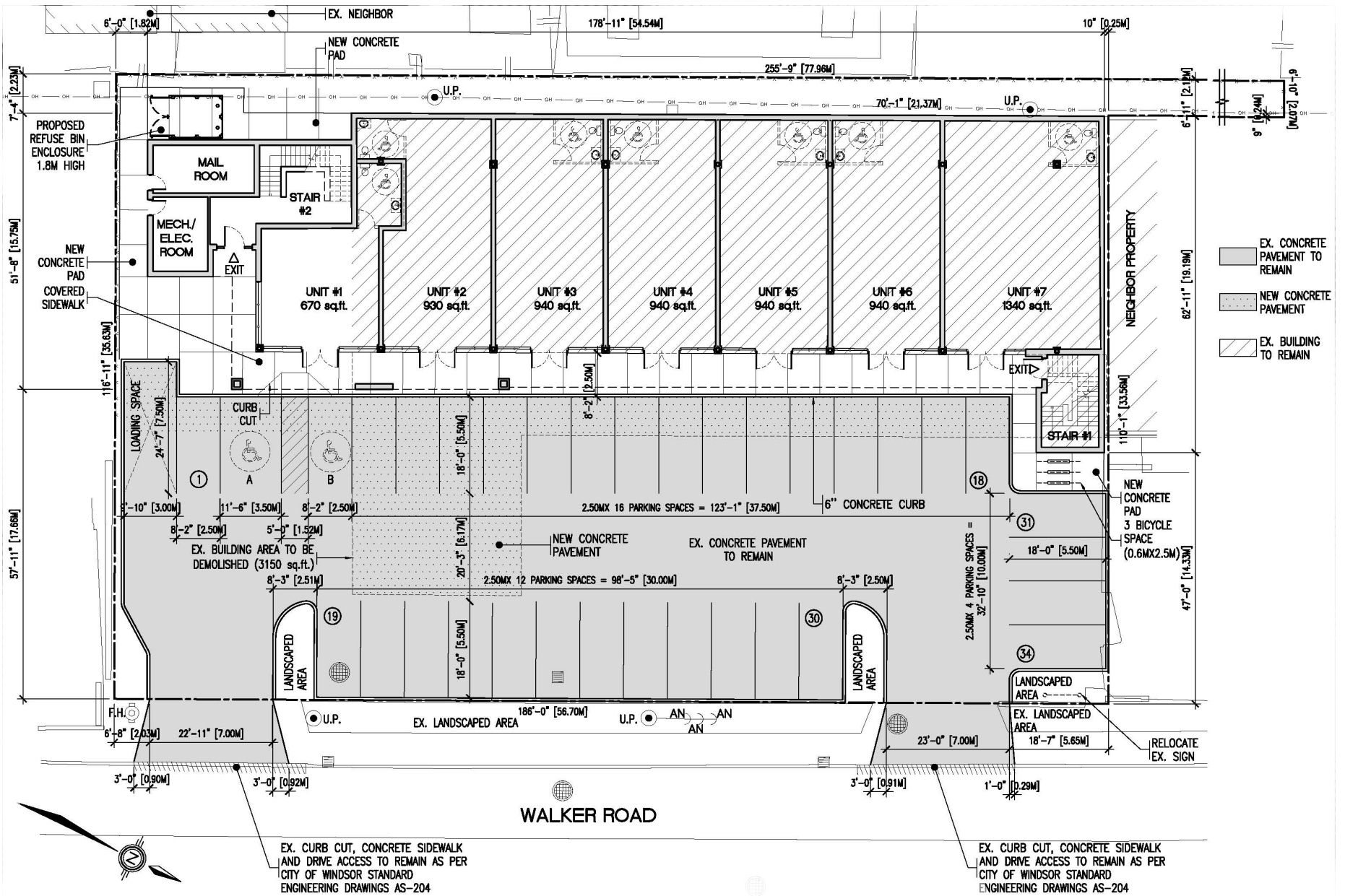
Nevertheless, the Applicant should be notified of the following archaeological precaution.

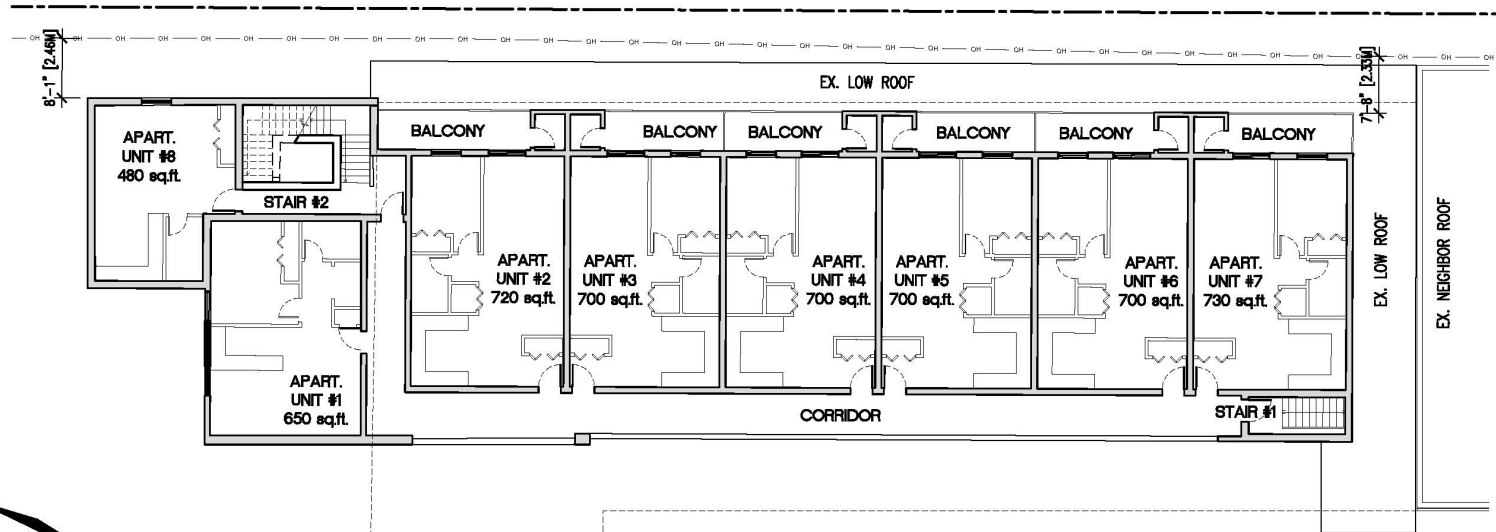
1. Should archaeological resources be found during grading, construction or soil removal activities, all work in the area must stop immediately and the City's Planning & Building Department, the City's Manager of Culture and Events, and the Ontario Ministry of Heritage, Sport, Tourism and Culture Industries must be notified and confirm satisfaction of any archaeological requirements before work can recommence.
2. In the event that human remains are encountered during grading, construction or soil removal activities, all work in that area must be stopped immediately and the site secured. The local police or coroner must be contacted to determine whether or not the skeletal remains are human, and whether the remains constitute a part of a crime scene. The Local police or coroner will then notify the Ontario Ministry of Heritage, Sport, Tourism and Culture Industries and the Registrar at the Ministry of Government and Consumer Services if needed, and notification and satisfactory confirmation be given by the Ministry of Heritage, Sport, Tourism and Culture Industries.

### **POLICY & REGULATORY SERVICES - BUILDING DEPARTMENT**

The Building Code Act, Section 8.(1) requires that a building permit be issued by the Chief Building Official for any construction or demolition of a building. It is strongly recommended that the owner and/or applicant contact the Building Division to determine building permit needs for the proposed project. The City of Windsor Building Division can be reached by phone at 519-255-6267 or through email at [buildingdept@citywindsor.ca](mailto:buildingdept@citywindsor.ca)

In addition to the above, a Record of Site Condition registered on file with the Ministry (MECP) will be required for redevelopment of this property.





SITE DATA TABLE					
NO.	REFERENCE	DESCRIPTION	EXISTING	REQUIRED	PROPOSED
1		ZONING	CD3.3		CD3.1
2		LAND USE	COMMERCIAL		COMMERCIAL + RESIDENTIAL
3		PROPERTY AREA	22200 Sq.ft.		
4		BUILDING AREA TO BE DEMOLISHED			3150 Sq.ft. - 292.64 Sq.m
5		BUILDING AREA TO BE ADDED (FIRST FLOOR)			1450 Sq.ft. - 134.71 Sq.m
6		BUILDING AREA (FIRST FLOOR)	9400 Sq.ft.		7700 Sq.ft. - 715.35 Sq.m
7		COMMERCIAL RETAIL AREA	9400 Sq.ft.		6700 Sq.ft. - 622.45 Sq.m
8		BUILDING AREA (SECOND FLOOR)			6800 Sq.ft. - 631.74 Sq.m
9		NUMBER OF DWELLING (SECOND FLOOR)			8 UNITS
10		MAIN BUILDING HEIGHT-MAX.	16.5 ft.		26 ft. - 7.9 m
11		PARKING SPACES: COMMERCIAL RETAIL AREA = 626 SQ.M.(6740 SQ.FT.) RETAIL PARKING(1/22.5 SQ.M.) = 27 PARKING SPACES RESIDENTIAL UNITS = 8 DWELLING UNITS RESIDENTIAL PARKING(8X1.25) = 10 PARKING SPACES TOTAL REQUIRED PARKING = 37	24	37	34
12		LOADING SPACE	0	1	1
13		BICYCLE SPACE	0	3	3
14	25.5.20(2)	PARKING SEPARATION (STREET)	0	3 m	0
15	25.5.20(3)	PARKING SEPARATION (INTERIOR LOT)	0	0.9 m	0
16	25.5.20(5)	PARKING SEPARATION (BUILDING WALL)	0	2 m	2 m
17	25.5.20(6)	PARKING SEPARATION (HABITABLE ROOM WINDOW)	0	4.5 m	2 m



**DRAFT**  
**AMENDMENT NO. 151**  
**TO THE**  
**OFFICIAL PLAN**  
**CITY OF WINDSOR**

Part D (Details of the Amendment) of the following text, and attached map of the City of Windsor Official Plan constitute Amendment No. 151.

Also included, but not constituting part of the Amendment, are explanations of Purpose, Location, Background and Implementation of the Amendment, Appendix I (Results of Public Involvement)

**A. PURPOSE:**

The purpose of this amendment is to allow residential use on the subject land by providing a site specific policy direction which permits “residential use in a combined use building” as additional permitted use on the subject land designated Commercial Corridor in the land use Schedule of OP Vol. I. The amendment intends to maintain commercial activities at street level, while accommodating residential units above commercial uses.

**B. LOCATION:**

The amendment applies to the land generally described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT), located on the west side of Walker Road, between the E.C.ROW and Sydney Avenue; municipally known as 3165 Walker Road.

**Ward: 9      Planning District: Devonshire**

**ZDM: 12**

**C. BACKGROUND:**

The subject land is designated Commercial Corridor in the land use schedule of the Official Plan Vol. 1. *Residential use* is not listed as a permitted use or permitted ancillary use in the subject land use designation.

The applicant proposes to maintain the existing land use designation of the subject land and add a site specific policy to allow “residential units above commercial use(s)” as an additional permitted use. The existing one-storey commercial building on the subject land will be demolished to accommodate the proposed construction of a 2-storey combined use building on the subject land.

**D. DETAILS OF THE AMENDMENT:**

THAT the City of Windsor Official Plan, Volume II, Part 1 – Special Policy Areas, **BE AMENDED** by adding a site specific policy as follows:

1.( ) **WEST SIDE OF WALKER ROAD, BETWEEN E.C. ROW EXPRESSWAY AND SYDNEY AVENUE**

1.( ).1 The property described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT), located on the west side of Walker Road, between the E.C. ROW Expressway and Sydney Avenue, municipally known as 3165 Walker Road, is designated on Schedule A: Planning Districts and Policy Areas in Volume I – The Primary Plan.

- 1.( ).2 Notwithstanding the policy in section 6.5.3.1 of the Official Plan, Volume I, *residential use in a combined use building* shall be an additional permitted use on the subject land and all residential units shall be located on the second floor above the non-residential uses on the main floor of a 2-storey building.

**E. IMPLEMENTATION:**

- i. Amend Schedule A: Planning Districts and Policy Areas in Volume 1: The Primary Plan to add the following Special Policy Area

**1.( ) WEST SIDE OF WALKER ROAD, BETWEEN E.C. ROW EXPRESSWAY AND SYDNEY AVENUE**

- ii. This amendment shall be implemented through amendment to the Zoning By-law 8600 as recommended in Report Number S xxx/2021 (Z-027/21; ZNG-6501).

**APPENDIX I**

The following are the results of public notification of the amendments and the outcome of public meetings. Comments relate to the Official Plan amendment and the associated rezoning.

A public meeting of the Development & Heritage Standing Committee (DHSC), the statutory meeting, was held on Monday, December 6, 2021. Below is an extract from the minutes of the meeting.

Following the December 6<sup>th</sup> DHSC meeting, another public meeting (Council meeting) was held on (*insert date later*) as noted below.

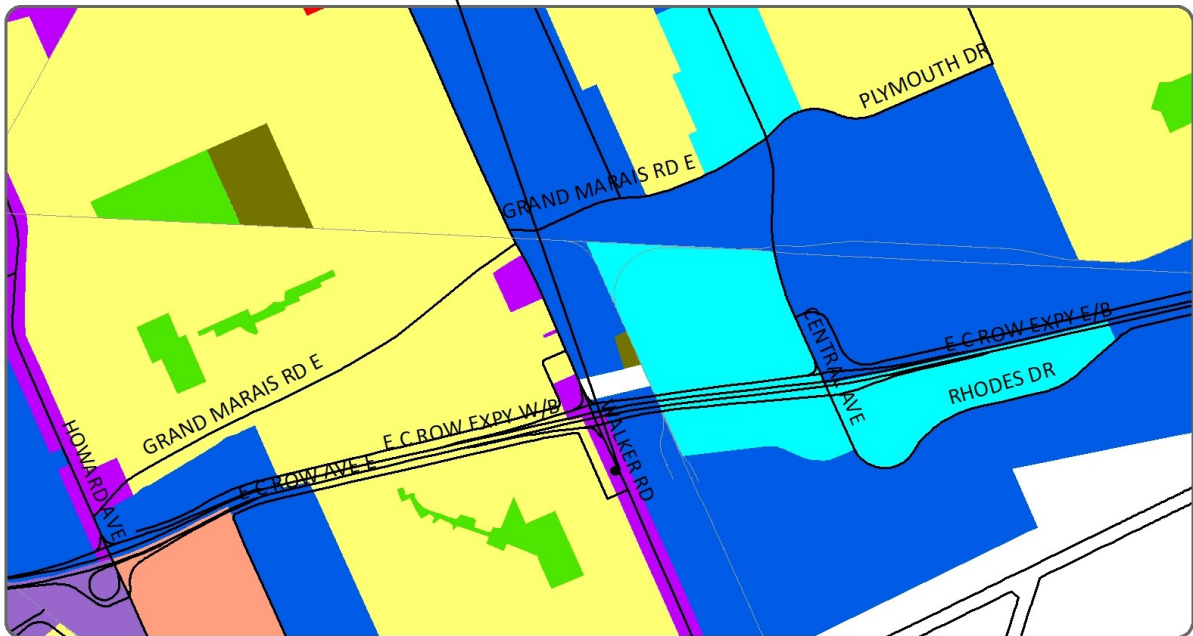
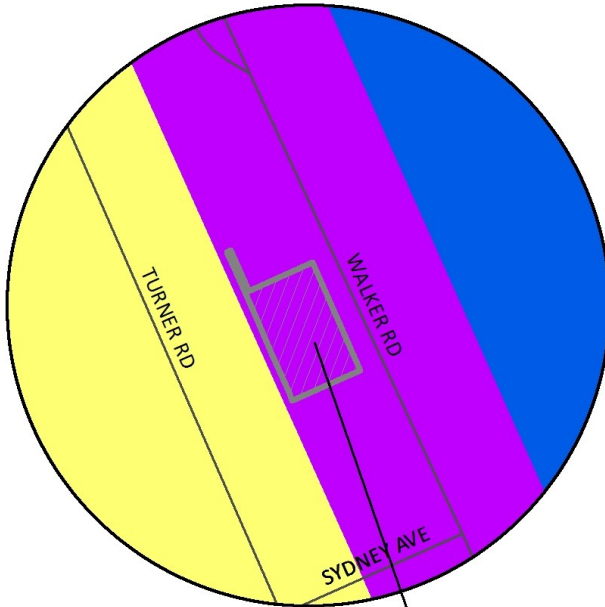
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**COUNCIL MEETING: Monday, February 1, 2021**

A meeting of City Council was held on (*insert date later*), at which time the Official Plan Amendment application was considered along with the accompanying Zoning By-law Amendment application (File No. Z-027/21). The recommended OPA #151 was (*insert Council decision*) by **CRxxx/2021**, and the recommended amendment to the zoning by-law was (*insert Council decision*), by the same **CRxxx/2021**.

# SCHEDULE D

LANDS AFFECTED BY  
OFFICIAL PLAN AMENDMENT NO.151  
(3165 WALKER ROAD)



## OFFICIAL PLAN AMENDMENT NO. 151

	AREA SUBJECT TO OFFICIAL PLAN AMENDMENT NO.151		MIXED USE		INDUSTRIAL		NATURAL HERITAGE
	RESIDENTIAL		COMMERCIAL CORRIDOR		WATERFRONT PORT		OPEN SPACE
	WATERFRONT RESIDENTIAL		BUSINESS PARK		MAJOR INSTITUTIONAL		WATERFRONT RECREATION

# APPENDIX G

BY-LAW NUMBER -2021

A BY-LAW TO FURTHER AMEND BY-LAW NUMBER 8600  
CITED AS THE "CITY OF WINDSOR ZONING BY-LAW"

Passed the \_\_\_\_\_ day of \_\_\_\_\_, 2021.

**WHEREAS** it is deemed expedient to further amend By-law Number 8600 of the Council of The Corporation of the City of Windsor, cited as the "City of Windsor Zoning By-law" passed the 31st day of March, 1986, as heretofore amended:

**THEREFORE** the Council of The Corporation of the City of Windsor enacts as follows:

1. That subsection 1 of Section 20, of said by-law, is amended by adding the following paragraph:

**“437. WEST SIDE OF WALKER, BETWEEN E.C.ROW AND SYDNEY**

For the land comprising Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT), the following shall be permitted:

- 1) *Dwelling Units in a Combined Use Building with any one or more of the commercial uses permitted in the CD3.2 Zoning, excluding Existing Funeral Establishment, Existing Gas Bar and Existing Service Station, provided that*
  - i. All dwelling units, not including entrances thereto, shall be located within the second floor of a 2-storey commercial building on the subject land;
  - ii. Provisions under Section 16.3.5 shall not apply to a combined use building;
  - iii. Building Height – Maximum 10m
  - iv. Building Setback - Minimum 6.0m (*from an interior lot line where a habitable room window faces the interior lot line*),
  - v. Building Setback – Minimum 3.0m (*From an interior lot line where a habitable room window does not face the interior lot line*);
  - vi. Landscape Open Space Yard – Minimum 30% of Lot Area;
  - vii. Exposed flat concrete block walls or exposed flat concrete walls, whether painted or unpainted, are prohibited; and
  - viii. Required parking for the dwelling units shall be clearly marked, assigned and set apart from the commercial parking spaces on the subject land.

ZDM12; ZNG-6502]”

2. The said by-law is further amended by changing the Zoning District Maps or parts thereof referred to in Section 1, of said by-law and made part thereof, so that the lands described in Column 3 are delineated by a broken line and further identified by the zoning symbol shown in Column 5:

1. Item Number	2. Zoning District Map Part	3. Lands Affected	4. Official Plan Amendment Number	5. Zoning Symbol
1	12	Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT) [west side of Walker Road, between the E.C.ROW and Sydney Avenue]	151	S.20(1)437

DREW DILKENS, MAYOR

CLERK

First Reading - , 2021  
Second Reading - , 2021  
Third Reading - , 2021

1. By-law \_\_\_\_\_ has the following purpose and effect:

To amend the zoning of the lands described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT), located on the west side of Walker Road, between the E.C.ROW and Sydney Avenue. This amendment will facilitate the construction of a 2-storey (7.9m in height) combined use building with 7 commercial units on the main floor and 8 residential units on the second floor.

This amendment also has the effect of accommodating a housing type that increases density and housing options in the area. This amendment has the potential to enhance public transit ridership in the area as a result of the residential units that will be accommodated on the subject land.

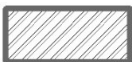
2. Key map showing the location of the lands to which By-law \_\_\_\_\_ applies.



PART OF ZONING DISTRICT MAP 12

## SCHEDULE 2

Applicant: 2800573 Ontario Inc.



SUBJECT LANDS

PLANNING & BUILDING DEPARTMENT

N.T.S.



DATE : OCTOBER, 2021  
FILE NO. : Z-027/21, ZNG/6501

Originally submitted at the  
December 6, 2021  
Development & Heritage Standing  
Committee – Written Submission

**From:** Trikemybike Trike Conversions  
**Sent:** Friday, November 26, 2021 12:47 PM  
**To:** clerks <[clerks@citywindsor.ca](mailto:clerks@citywindsor.ca)>  
**Subject:** File no. OPA/6502 and ZNG/6501

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

In regards to the planning & zoning changes to 3165 Walker Rd we have many concerns about parking on Walker Rd. I have reached out to Justina and she is away until the day of the meeting Dec. 6 2021 and I cannot see any documents or plans for this property as she is away. I will copy the issues we have with the proposed changes to 3165 Walker Rd

Copy of email sent to Justina

Hi Justina we own the property 3101/3143/3151/3153 Walker Rd next to this property in question and I would like some information on the changes applied for 3165 Walker rd. I would like to see the plans of what they want to build and parking as we already have parking issues in this area as the motorcycle shop across the street Power Cycle has only 1 parking space due to expropriation for E.C Row and in the spring & summer months I have to let many of their customers park in our lots including lots of trucks with trailers carrying motorcycles & atvs. The new owners of 3165 want to add 7 more businesses & 8 apartments to this block and parking is already sparse. I see many issues with parking in the future if this is permitted.

We request being part of this meeting Dec. 6 2021 @ 4:30 pm.

Lenn Curtis & Christine Oszter  
SOAR Hobby & More / Windsor Custom Carts  
[www,soarhobby.com](http://www.soarhobby.com)

3151 Walker Road,  
Windsor, Ontario  
N8W 3R6



December 1 2021

City Clerks Office

Development and Heritage Standing Committee

File Nos. OPA 151 (OPA/6502} and Z-027/21 (ZNG/6501) Ward 9

Richard and Nancy Kirkness  
3166 Turner Road

We have notified your office that we would be submitting a request regarding the Amendment and Zoning By-Law.

Our home of over forty years is situated directly behind this site and is probably the one which will be mostly impacted by this change.

We are concerned with the inconvenience we will experience. We understand that there will be excessive noise, dust etc. during demolition and construction and realize that once completed will be eliminated. .

Along with other homeowners on our street we have a concern regarding parking. Cars backed up at the rear of this location will be right at our property line and their exhaust emissions will be directed into our yards.

Our biggest concern is our privacy and life style. We have a large fenced back yard which we use constantly. We garden, bar b que and do a lot of entertaining. Most afternoons we have family and friends over. We have music and horse shoe pits. This will go on into the evening.

The plans for this building show rear (west) facing balconies. These balconies will be right over our backyard allowing the tenants to have an unobstructed view of us, our guests and activities, and of course be able to hear our conversations. As we mentioned earlier this is a major invasion of our privacy.

W respectfully ask that Council consider our concerns in making their decision and we would like to be kept informed on these decisions and this process going forward.

Sincerely

Richard and Nancy Kirkness

**Subject:** Amendments to Official Plan And Zoning By-Law 8600;  
requested by 2800573 Ontario Inc. for the land municipally known as 3165 Walker Road;  
File Nos. OPA 151 (OPA/6502) and Z-027/21 (ZNG/6501); Ward 9

**Reference:**

Date to Council: December 6, 2021  
Author: Justina Nwaesei, MCIP, RPP  
Clerk's File #: ZO/14209 ZB/14208

**To: Mayor and Members of City Council**

I understand the city's desire to approve a new building in this area, as most of the buildings along the 3100 block of Walker are older and some appear a bit dilapidated. A new building would improve the look of this commercial corridor and improve the impression of visitors using this high traffic entrance to our city. The back of the existing 3165 Walker building is unsightly. It has exposed concrete with holes in it that birds and racoons frequent.

I am looking forward to a new building and agree with the Planning Department's recommendations, with reservations. Of particular importance to me and my family are the following items:

d) Building Setback from an Interior Lot Line - minimum

1. Where a *habitable room window* faces the *interior lot line* 6.0 m
2. Where a *habitable room window* does not face the *interior lot line* 3.0 m

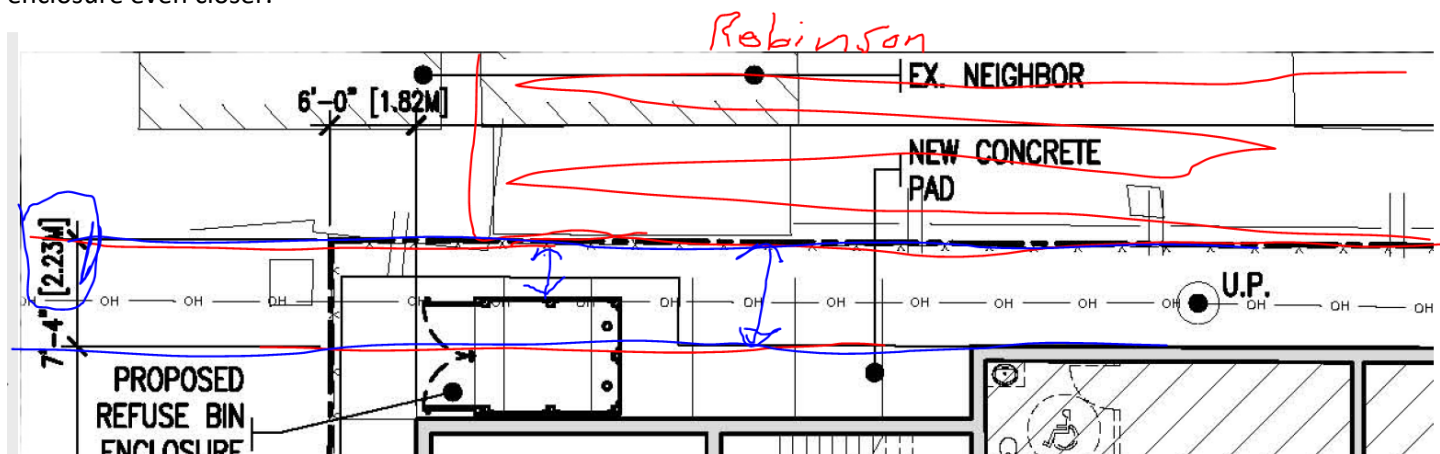
e) Landscape Open Space Yard – Minimum 30% of Lot Area

1) Noise mitigation measures recommended by JJ Acoustic Engineering Ltd. [ and more ]

7) Adequate clearance from existing ENWIN's pole lines and power lines

We feel that the minimum setback of 6 meters *where a habitable room window faces the interior lot line*, is required to provide minimum safety standards for the residents of the building, as well as adjacent properties. If residents are close to the power lines, a falling towel, blanket, or child's toy from a balcony or window could land on the power lines, causing disruption to the entire neighbourhoods' power and, depending on the proximity of the person to the power line, if the item was still in the hand of the resident, possibly death or severe injury. This event could open the city [ and the utility company and the building owners ] to liability for allowing this to happen. It would be best to have a solid wall near the power lines, utilizing the minimum setback of 3 meters *where a habitable room window does not face the interior lot line*, preventing any such accidents from happening. The current building has a solid wall facing the power lines, and to my knowledge, no accident has ever happened with the power lines.

In the proposed diagram, residents would be within a couple of feet of the power lines, which I believe is ---OH ---. The entire space between the edge of the building and the lot line is only +/- 2 meters, with the permanent refuse bin enclosure even closer.



I visited the other “residential over commercial buildings” in the area. None of them appear to have all their windows facing the interior lot line and none of them have balconies. This is not consistent with the proposed building. The proposed building only has windows and balconies facing the interior lot line (our back yards), so apartment residents have no view other than down into our back yards.

Currently, this is a very quiet neighbourhood. There will be additional noise created by 8 new neighbors and 7 businesses and all the traffic that will include. I feel that with the height of the apartments and the soundproofing recommended in the front of the building, that the additional noise will be projected through the windows / balcony doors in the back directly at us.

Specific attention will need to be paid to grading the property, so it will NOT allow run-off from 3165 onto our property – which would cause additional flooding and seepage problems for us. When the alley was purchased some time ago a considerable amount of soil/gravel was moved into the east portion of the alley. As this was soil, the water disburbed through that soil and did not make a significant problem for us. If this is to be changed to concrete or pavement, there is a strong chance that run-off would now flow in our direction.

If there is a complete design change and parking or communal space is provided in the back of the property, we would request that an attractive barrier to a height of 6 or 7 feet should be provided to reduce noise, prevent transfer of garbage across the property lines, and to provide a measure of privacy == possibly ornamental fencing in the form of a combination of masonry wall and ornamental metal fencing. This barrier could also help prevent run-off in our direction.

Although in Canada, residents are not guaranteed privacy in the Charter, common law in Ontario is changing, and citizens have of a greater reasonable expectation of privacy. To facilitate that for us, **if** the windows and balconies were moved to facing the front of the building, we would be happy to agree to reduction in the minimum building setback from an Interior Lot Line where a *habitable room window* does not face the *interior lot line*, to whatever minimums are required by Enbridge and Enwin. Balconies or small courtyards could be attractively placed to the front on the roof, providing a more safe and enjoyable living to both residents of the apartments and residents of the adjacent properties.

**Cairen and Brian Robinson**  
**Turner Road**  
**Windsor**  
**Cell :**

#### **Evolution of the common law**

In January 2012, the [Ontario Court of Appeal](http://www.ontariocourts.on.ca/decisions/2012/2012ONCA0032.pdf) declared that the common law in Canada recognizes a right to personal privacy, more specifically identified as a “**tort of intrusion upon seclusion**”, . . . ramifications of this decision are just beginning to be discussed.  
<http://www.ontariocourts.on.ca/decisions/2012/2012ONCA0032.pdf>

#### **Territorial Privacy**

Privacy over personal territory traces back to the English common law with the maxim that “the house of everyone is to him as his castle and fortress”.<sup>[1]</sup> This has since been adopted into the common law of Canada and the Canadian Charter of Rights and Freedoms.<sup>[2]</sup> The use of the concept of territoriality of certain privacy rights does not contradict the notion that privacy protects people and not places because territoriality is simply an “analytical tool to evaluate the reasonableness of a person’s expectation of privacy”.<sup>[3]</sup> The expectation of territorial privacy has been divided into a “hierarchy” with the home being at the top due to it being the place where “our most intimate and private activities are most likely to take place”. Lesser places include, in descending order, of “perimeter space around the home”, . . .

*Semayne’s Case, supra*, at para 1

↑ Adopted in common law in *Eccles v Bourque et al*, [1974 CanLII 191 \(SCC\)](#), [1975] 2 SCR 739, per [Dickson J](#)

Adopted as applicable to Charter in *Colet v The Queen*, [1981 CanLII 11 \(SCC\)](#), [1981] 1 SCR 2, per [Ritchie J](#)

↑ *R v Tessling*, [2004 SCC 67 \(CanLII\)](#), [2004] 3 SCR 432, per [Binnie J](#), at [para 22](#)

**Planning Committee Recommendation:**

I. THAT the City of Windsor Official Plan, Volume II, Part 1 – Special Policy Areas, BE AMENDED by adding a site specific policy as follows:

**1. X WEST SIDE OF WALKER ROAD, BETWEEN E.C. ROW EXPRESSWAY AND SYDNEY AVENUE**

1.X.1 The property described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT), located on the west side of Walker Road, between the E.C. ROW Expressway and Sydney Avenue, municipally known as 3165 Walker Road, is designated on Schedule A: Planning Districts and Policy Areas in Volume I – The Primary Plan.

1.X.2 Notwithstanding the policy in section 6.5.3.1 of the Official Plan, Volume I, *residential use in a combined use building* shall be an additional permitted use on the subject land and all residential units shall be located on the second floor above the non-residential uses on the main floor of a 2-storey building.

II. THAT an amendment to the Zoning By-law 8600 BE APPROVED to change the zoning for the property described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT), located on the west side of Walker Road, between the E.C. ROW Expressway and Sydney Avenue, by adding the following site-specific zoning provisions to permit *dwelling units in a combined use building* as additional permitted use on the subject land:

**“437. WEST SIDE OF WALKER ROAD, BETWEEN E.C. ROW EXPRESSWAY AND SYDNEY AVENUE**

For the land comprising Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, (PIN 01345-0220 LT and PIN 01345-0470 LT) *Dwelling Units in a Combined Use Building* with any one or more of the commercial uses permitted in Section 16.2.1 except an existing *funeral establishment, existing gas bar, or existing service station*, shall be an additional permitted use and shall be subject to the following additional provisions:

- a) All *dwelling units*, not including entrances thereto, shall be located above the non-residential uses;
- b) Section 16.3.5 shall not apply to a *combined use building*;
- c) Building Height – Maximum 10 m
- d) Building Setback from an Interior Lot Line - minimum
  - 1. Where a *habitable room window* faces the *interior lot line* **6.0 m**
  - 2. Where a *habitable room window* does not face the *interior lot line* **3.0 m**
- e) Landscape Open Space Yard – **Minimum 30% of Lot Area**
- f) Exposed flat concrete block walls or exposed flat concrete walls, whether painted or unpainted, are prohibited; and
- g) *Parking spaces* for the *dwelling units* shall be clearly marked, assigned and set apart from other *parking spaces*.  
[ZDM12; ZNG-6502]”

III. THAT the parcel described as Lots 810 to 814, Pt Lot 809 and Pt Closed Alley, Registered Plan 1126, designated as Part 2 on Plan 12R-13004 and Parts 5 to 10 on Plan 12R-18422, located on the west side of Walker Road, between the E.C. ROW Expressway and Sydney Avenue, BE EXEMPT from the provisions of section 45(1.3) of the Planning Act; and

IV. THAT the Site Plan Approval Officer BE DIRECTED to incorporate the following requirements and other requirements found in Appendix D of this Report, in the Site Plan Approval process and the Site Plan Agreement for the proposed development on the subject land:

- 1) Noise mitigation measures recommended by JJ Acoustic Engineering Ltd.
- 2) Sanitary Sampling Manhole
- 3) Record of Site Condition
- 4) Parkland dedication
- 5) Stormwater management – underground storage required (stormwater chambers)
- 6) Enbridge Gas minimum separation requirements
- 7) Adequate clearance from existing ENWIN's pole lines and power lines and
- 8) Canada Post requirements and guidelines for the proposed multi-unit.



**Committee Matters: SCM 395/2021**

**Subject: Rezoning - Orak - 1174 Curry - Z-019/21 ZNG/6443 - Ward 2**

Moved by: Councillor Morrison

Seconded by: Member Gyemi

Decision Number: **DHSC 351**

THAT Zoning By-law 8600 **BE AMENDED** by changing the zoning of Lots 36 to 37, Registered Plan 1168, (known municipally as 1174 Curry Avenue; Roll No. 040-430-12400; PIN 01217-0209) situated on the east side of Curry Avenue between Grove Avenue & Pelletier Street) from Residential District 1.3 (RD1.3) to Residential District 2.2 (RD2.2).

Carried.

Report Number: S 155/2021

Clerk's File: ZB/14135

**Clerk's Note:**

1. The recommendation of the Standing Committee and Administration are the same.
2. Please refer to Item 7.3 from the Development & Heritage Standing Committee Meeting held December 6, 2021.
3. To view the stream of this Standing Committee meeting, please refer to:  
<http://csg001-harmony.sliq.net/00310/Harmony/en/PowerBrowser/PowerBrowserV2/20211209/-1/5287>

**Subject: Rezoning - Orak - 1174 Curry - Z-019/21 ZNG/6443 - Ward 2**

**Reference:**

Date to Council: December 6, 2021  
Author: Adam Szymczak, MCIP, RPP  
Senior Planner  
519-255-6543 x 6250  
aszymczak@citywindsor.ca

Planning & Building Services  
Report Date: November 16, 2021  
Clerk's File #: ZB/14135

**To:** Mayor and Members of City Council

**Recommendation:**

THAT Zoning By-law 8600 **BE AMENDED** by changing the zoning of Lots 36 to 37, Registered Plan 1168, (known municipally as 1174 Curry Avenue; Roll No. 040-430-12400; PIN 01217-0209) situated on the east side of Curry Avenue between Grove Avenue & Pelletier Street) from Residential District 1.3 (RD1.3) to Residential District 2.2 (RD2.2).

**Executive Summary:**

N/A

**Background:**

**Application Information:**

**Location:** 1174 Curry Avenue  
Lots 36 to 37, Registered Plan 1168, Roll No. 040-430-12400;  
PIN 01217-0209

**Ward:** 2

**Planning District:** 16 - University

**Zoning District Map:** 4

**Applicant/Owner:** Deniz Orak & Halit Orak

**Proposal:**

The applicant is requesting an amendment to Zoning By-law 8600 to change the zoning of the subject parcel from Residential District 1.3 (RD1.3) to Residential District 2.2 (RD2.2) to allow a townhome dwelling as an additional permitted use. The applicant proposes to demolish all existing buildings and construct a townhome dwelling with three dwelling units. Each dwelling unit will have an attached garage and a driveway to Curry Avenue.

**Submitted Information:** Application Form; Site Plan, Elevation, Main Floor Plan, Second Floor Plan (See Appendix A)

**Site Information:**

OFFICIAL PLAN	ZONING	CURRENT USE	PREVIOUS USE
Residential	Residential District 1.3 (RD1.3)	Single Unit Dwelling	N/A
LOT WIDTH	LOT DEPTH	LOT AREA	LOT SHAPE
21.3 m	32.0 m	682.8 sq. m	Rectangular
70 ft	105 ft	7,350 sq. ft.	
<i>All measurements are provided by applicant and are approximate.</i>			



Figure 1: Key Map

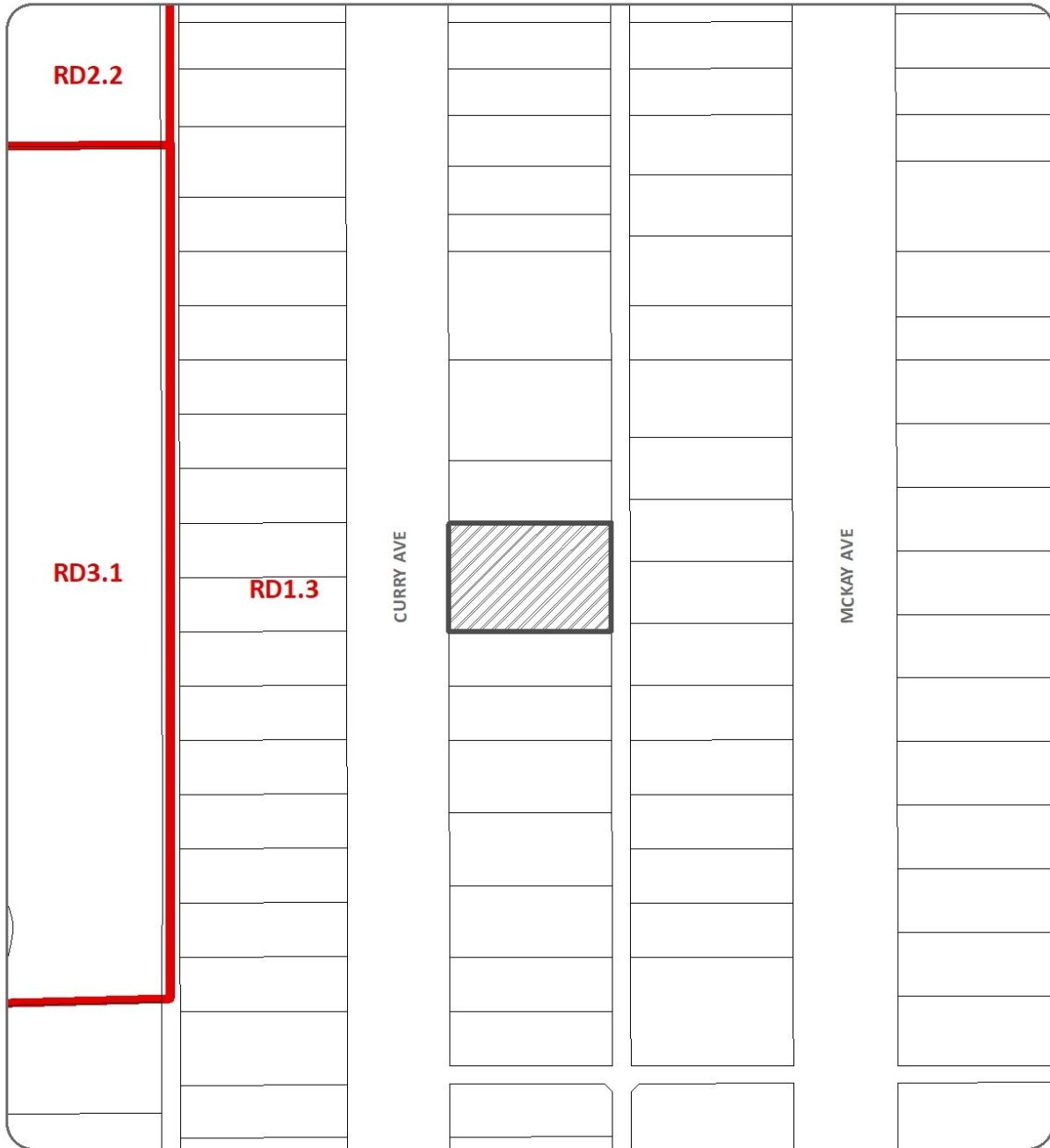


KEY MAP - Z-019-21, ZNG-6443



● SUBJECT LANDS

**Figure 2: Subject Parcel - Rezoning**

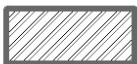


PART OF ZONING DISTRICT MAP 4

N.T.S.

## REZONING

Applicant: Deniz Orak



SUBJECT LANDS

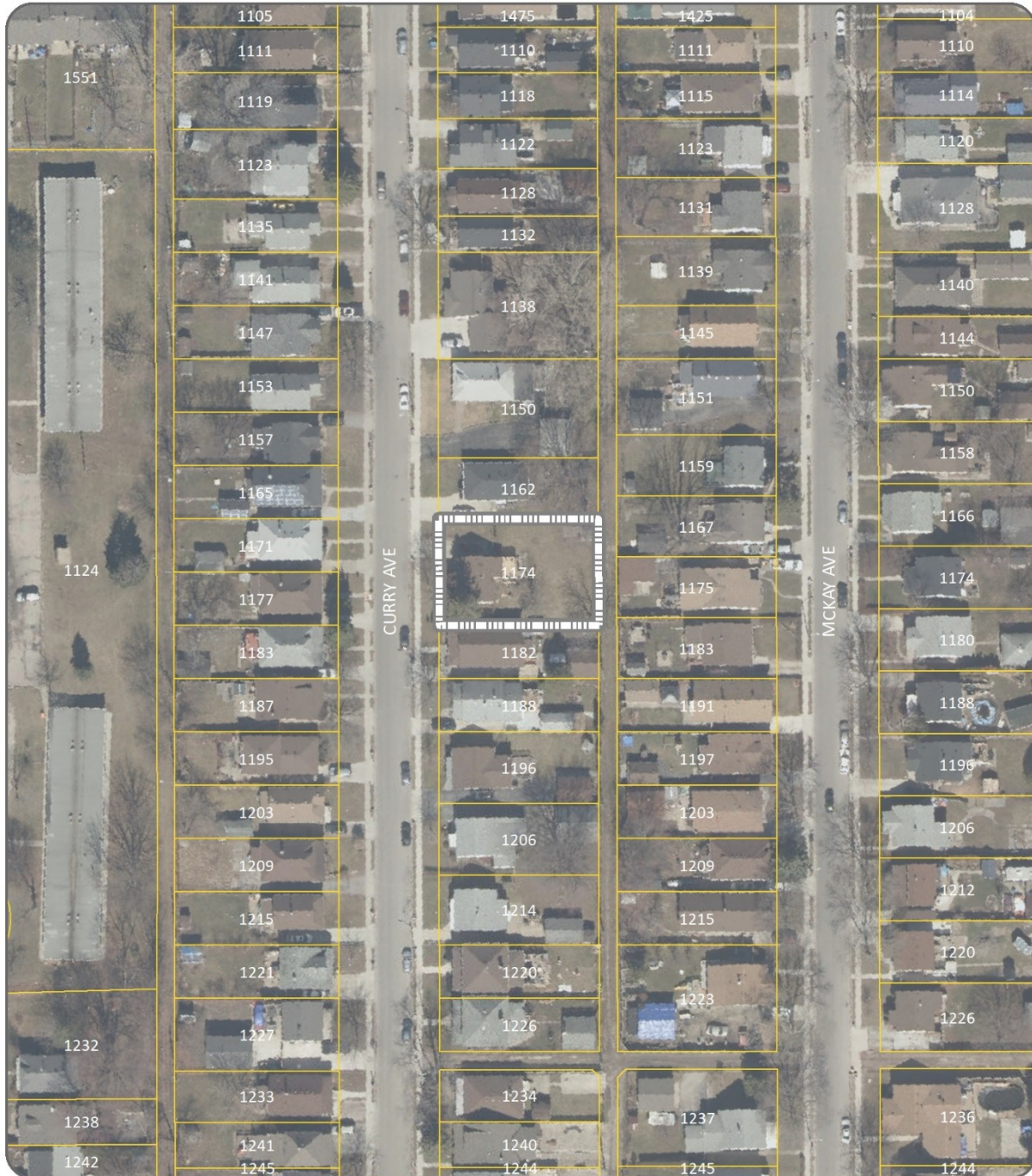
PLANNING & BUILDING DEPARTMENT



DATE : AUGUST 2021  
FILE NO. : Z-019/21, ZNG/6443



Figure 3: Neighborhood Map



NEIGHBOURHOOD MAP - Z-019-21, ZNG-6443



SUBJECT LANDS

## **Neighbourhood Characteristics:**

The subject parcel is located in an established residential neighbourhood occupied by low density residential development. The predominant dwelling type is a single unit dwelling, however the neighbourhood is interspersed with duplex dwellings (1123, 1289, & 1347 Curry), semi-detached dwellings (1445 Adanac; 1002-1006, 1034-1042, 1220-1222, 1226-1228, & 1274-1276 Curry; 1330 McEwan), dwellings with four or more dwelling units (1260-1264 Curry; 1547 & 1615 Pelletier) and townhome dwellings on Grove Avenue and Campbell Avenue.

To the north, the residential area continues to and beyond College Avenue. A small park (Curry Playlot) with a playground is located at Grove Avenue between Curry and McKay. East of the residential uses on McKay is a transport terminal (Verspeeten Cartage). Residential uses continue to the south towards Tecumseh Road East. A mix of commercial, residential and institutional uses are located along Tecumseh Road East. The residential area continues to west to and beyond Campbell Avenue.

Nearby schools include West Gate Public School (elementary), Westview Freedom Academy (secondary), Assumption College (middle/secondary), École élémentaire catholique Saint-Edmond (elementary), and École Secondaire De Lamothe-Cadillac (secondary). Bridgeview Public Library is situated at the northwest corner of Campbell Avenue and Pelletier Street (about 500 m walking distance). Bridgeview Park is located northwest of West Gate Public School. The University of Windsor is about 1.3 km to the northwest.

Curry Avenue is classified as a Local Road, has a two-lane cross section with on-street parking on the east side, and has sidewalks on both sides of the street. Campbell Avenue to the west is a Class I Collector Road. College Avenue to the north and Tecumseh Road East to the south are designated as a Class II Arterial Road. Bike lanes are located on College Avenue to the north and on Campbell Avenue south of Tecumseh Road. Bike lanes are proposed for Campbell Avenue between College Avenue and Tecumseh Road.

Transit Windsor operates the Central 3 West bus route on Tecumseh Road West with the nearest bus stop located approximately 500 m to the southeast at McKay Avenue and the Dominion 5 bus route on Campbell Avenue with the nearest bus stops located approximately 330 m to the northwest at Grove Avenue. The Transit Master Plan proposes similar bus routes.

Storm and sanitary sewers are located in the Curry Avenue right-of-way.

No municipal infrastructure or service deficiencies have been identified.

## **Discussion:**

### **Provincial Policy Statement, 2020**

The Provincial Policy Statement (PPS) provides direction on matters of provincial interest related to land use planning and development and sets the policy foundation for regulating the development and use of land in Ontario.

Policy 1.1.1 of the PPS states:

*“Healthy, liveable and safe communities are sustained by:*

- a) promoting efficient development and land use patterns which sustain the financial well-being of the Province and municipalities over the long term;*
- b) accommodating an appropriate affordable and market-based range and mix of residential types (including single-detached, additional residential units, multi-unit housing, affordable housing and housing for older persons), employment (including industrial and commercial), institutional (including places of worship, cemeteries and long-term care homes), recreation, park and open space, and other uses to meet long-term needs;*
- e) promoting the integration of land use planning, growth management, transit-supportive development, intensification and infrastructure planning to achieve cost-effective development patterns, optimization of transit investments, and standards to minimize land consumption and servicing costs;”*

The proposed townhome dwelling development represents an efficient development and land use pattern that will have no adverse impact on the financial well-being of the City of Windsor, land consumption, and servicing costs, accommodates an appropriate range of residential uses, and optimizes investments in transit. The requested zoning amendment is consistent with Policy 1.1.1 of the PPS.

Policy 1.1.3.1 of the PPS states:

*“Settlement areas shall be the focus of growth and development.”*

Policy 1.1.3.2 of the PPS states:

*“Land use patterns within settlement areas shall be based on densities and a mix of land uses which:*

- a) efficiently use land and resources;*
- b) are appropriate for, and efficiently use, the infrastructure and public service facilities which are planned or available, and avoid the need for their unjustified and/or uneconomical expansion;*
- e) support active transportation;*
- f) are transit-supportive, where transit is planned, exists or may be developed;”*

The subject parcel is located within the settlement area. The proposed zoning amendment promotes land uses that make efficient use of land and existing infrastructure. Active transportation options and transit services are located near the parcel. The zoning amendment is consistent with PPS Policies 1.1.3.1 and 1.1.3.2.

The proposed amendment to Zoning By-law 8600 is consistent with the PPS.

## **Official Plan**

Relevant excerpts from the Official Plan are attached as Appendix C. The subject property is designated Residential on Schedule D: Land Use of the City of Windsor Official Plan.

Objective 6.3.1.1 supports a complementary range of housing forms and tenures in all neighbourhoods. Objective 6.3.1.2 seeks to promote compact neighbourhoods and balanced transportation systems. Objective 6.3.1.3 seeks to promote selective residential redevelopment, infill and intensification initiatives. The proposed townhome dwelling represents a complementary and compact form of housing, redevelopment, and intensification that is near sources of transportation. The zoning amendment satisfies the objectives set out in Section 6.5.1 of the Official Plan.

The proposed townhome dwelling is classified as a small-scale Low Profile housing development under Section 6.3.2.3 (a), a permitted use in the Residential land use designation (Section 6.3.2.1). The proposed development is compatible with the surrounding land uses (Section 6.3.2.5 (c)) and no deficiencies in municipal physical services and emergency services have been identified (Section 6.3.2.5 (e)). The zoning amendment conforms to the policies in Sections 6.3.2.1 and 6.3.2.5 of the Official Plan.

The zoning amendment conforms to the Zoning Amendment Policies, Section 11.6.3.1 and 11.6.3.3, of the Official Plan. The proposed change to Zoning By-law 8600 conforms to the general policy direction of the Official Plan.

## **Zoning By-Law**

Relevant excerpts from Zoning By-law 8600 are attached as Appendix D.

The applicant is requesting a change from Residential District 1.3 (RD1.3) to a Residential District 2.2 (RD2.2), a zoning district that permits a townhome dwelling. The RD2.2 zoning district is an appropriate zoning category and is compatible with the existing uses in the neighbourhood. RD2.2 permits one townhome dwelling on a lot with a minimum width of 20.0 m and a minimum area of 200.0 m<sup>2</sup> per townhome dwelling unit (for a total minimum area of 600 m<sup>2</sup> for three dwelling units) with a minimum front yard depth of 6.0, a minimum rear yard depth of 7.50 m and a minimum side yard width of 1.80 m. The maximum building height is 10.0 m with a maximum lot coverage of 45%.

The lot has a width of 21.3 metres and an area of 682.8 m<sup>2</sup>, which exceed the minimum required by the RD2.2 zoning. The lot coverage is just over 40% which is less than the maximum allowed. The proposed dwelling complies with the minimum front yard depth, minimum rear yard depth and minimum side yard width provisions and must comply with the building height provision of 10.0 m.

One parking space per dwelling unit is required and the conceptual plan shows three attached garages with a driveway to Curry Avenue which complies.

No other zoning deficiencies have been identified.

## **Site Plan Control**

The development as proposed is not subject to site plan control.

## **Risk Analysis:**

N/A

## **Climate Change Risks**

### **Climate Change Mitigation:**

In general, residential intensification will minimize the impacts on the community greenhouse gas emissions as these developments create complete communities and neighbourhoods while using currently available infrastructure such as sewers, sidewalks, and public transit.

### **Climate Change Adaptation:**

The proposed construction of a townhome dwelling will provide an opportunity to increase resiliency for the development and surrounding area.

## **Financial Matters:**

N/A

## **Consultations:**

Comments received from municipal departments and external agencies are attached as Appendix E. There are no objections to the proposed amendment. Any specific requirements will be handled during the building permit process.

Public Notice: Statutory notice was advertised in the Windsor Star, a local daily newspaper. A courtesy notice was mailed to property owners and residents within 120m of the subject parcel.

## **Planner's Opinion:**

The *Planning Act* requires that a decision of Council in respect of the exercise of any authority that affects a planning matter, "*shall be consistent with*" Provincial Policy Statement 2020. The requested zoning amendment has been evaluated for consistency with the Provincial Policy Statement 2020 and conformity with the policies of the City of Windsor Official Plan.

Based on the information presented in this report, it is my opinion that an amendment to Zoning By-law 8600 to rezone the subject parcel from Residential District 1.3 (RD1.3) to Residential District 2.2 (RD2.2) is consistent with the PPS 2020, is in conformity with the City of Windsor Official Plan and constitutes good planning.

## **Conclusion:**

Staff recommend that Zoning By-law 8600 be amended to permit a rezoning of the subject parcel from Residential District 1.3 (RD1.3) to Residential District 2.2 (RD2.2) to allow the construction of a townhome dwelling.



## Planning Act Matters:

I concur with the above comments and opinion of the Registered Professional Planner.

*Neil Robertson, MCIP, RPP*  
Manager of Urban Design

*Thom Hunt, MCIP, RPP*  
City Planner

I am not a registered Planner and have reviewed as a Corporate Team Leader

SAH            JR

## Approvals:

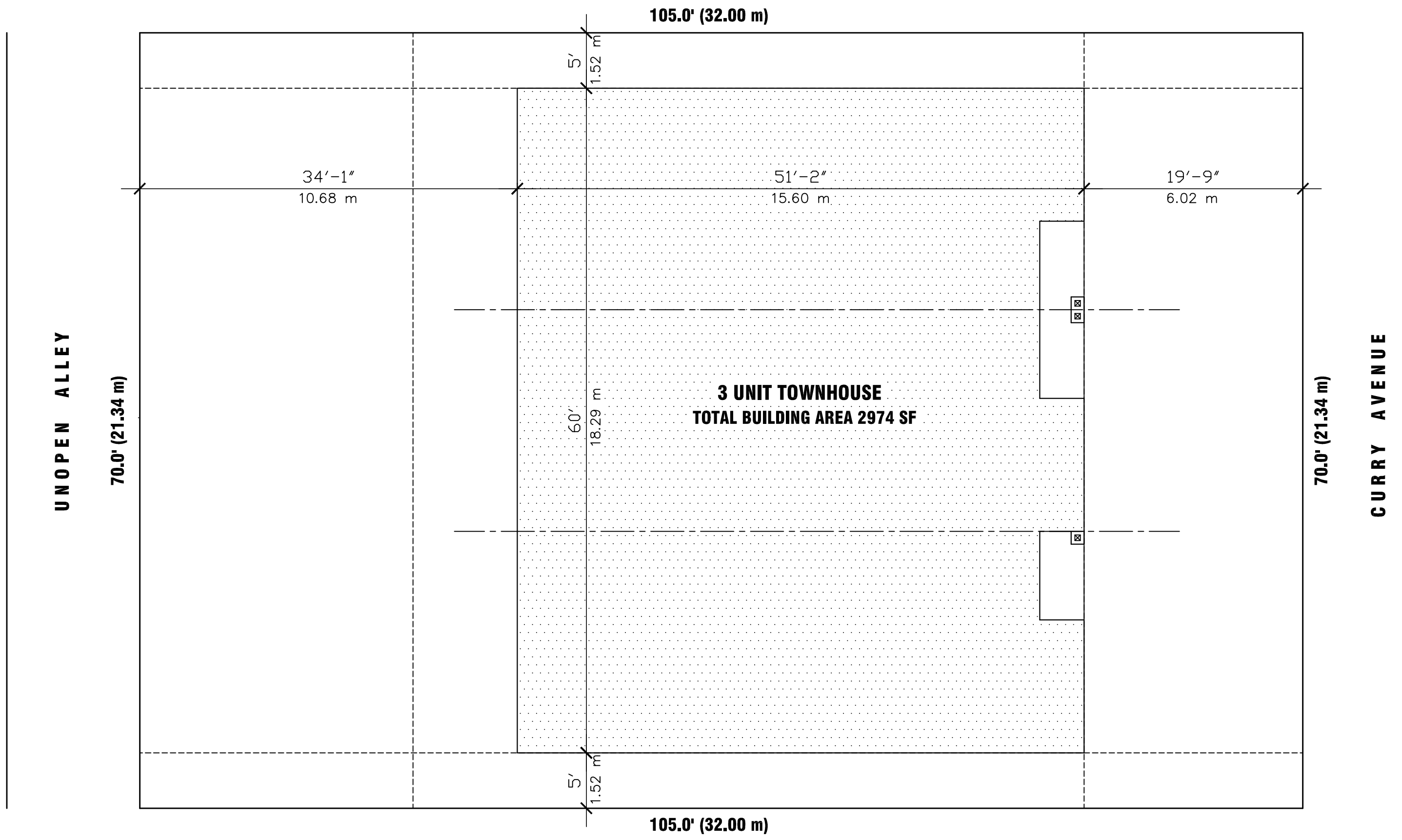
Name	Title
Neil Roberston	Manager of Urban Design / Deputy City Planner
Thom Hunt	City Planner / Executive Director, Planning & Development Services
Wira Vendrasco	Deputy City Solicitor, Legal Services & Real Estate
Shelby Askin Hager	Commissioner, Legal & Legislative Services
Shelby Askin Hager acting for Jason Reynar	Chief Administrative Officer

## Notifications:

Name	Address	Email
Deniz Orak	2259 Rankin Ave Windsor ON N9B 3V8	<a href="mailto:orakconstruction@hotmail.com">orakconstruction@hotmail.com</a>
Halit Orak	2259 Rankin Ave Windsor ON N9B 3V8	<a href="mailto:orakstucco@hotmail.com">orakstucco@hotmail.com</a>
Jackie Lassaline MCIP RPP Lassaline Planning Consultants	P.O. Box 52 1632 County Rd. 31 St. Joachim, ON N0R 1S0	<a href="mailto:jackie@lassalineplan.ca">jackie@lassalineplan.ca</a>
Councillor Costante		
Property owners and tenants within 120 m of the subject parcel		

## Appendices:

- 1 Appendix A - 1 Site Plan
- 2 Appendix A - 2 Elevation
- 3 Appendix A - 3 Main Floor Plan
- 4 Appendix A - 4 Second Floor Plan
- 5 Appendix B - Site Images
- 6 Appendix C - Extracts from Official Plan
- 7 Appendix D - Extracts from Zoning By-law 8600
- 8 Appendix E - Consultations
- 9 Draft Amending By-law



**LOT AREA 7350.0 SF**  
**682.8 SM**

PROPOSED SITE PLAN



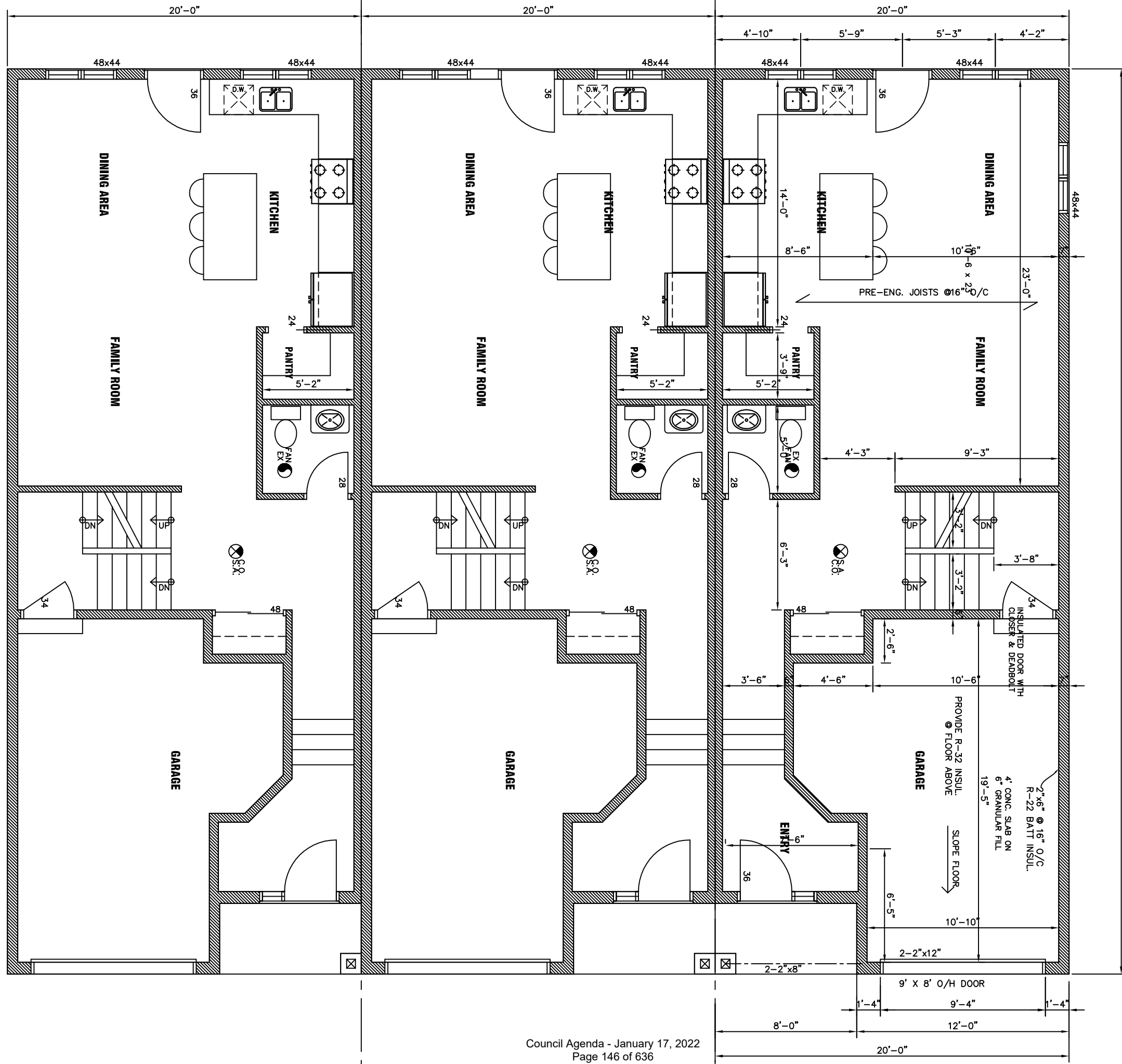
**FRONT ELEVATION**

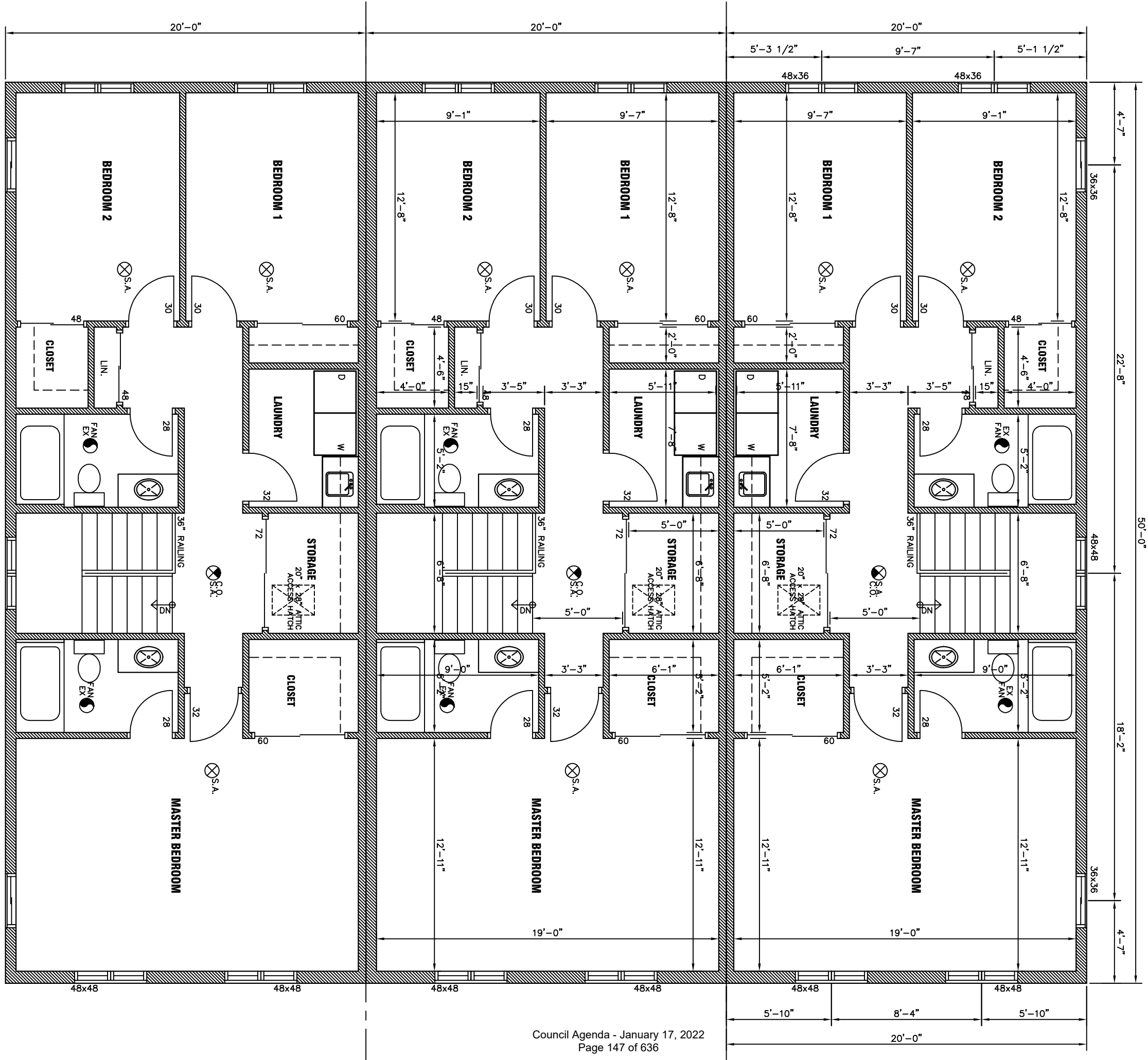
**CURRY AVENUE TRIPLEX**

**JANUARY 3, 2021**

**MAIN FLOOR PLAN**  
CURRY AVENUE TRIPLEX

JANUARY 3, 2021





**SECOND FLOOR PLAN**

JANUARY 3, 2021

CURRY AVENUE TRIPLEX



**APPENDIX B - SITE IMAGES**



**IMAGE 1**

**Subject Parcel – 1174 Curry Avenue - Looking east  
1162 Curry on left side (north); 1182 Curry on right side (south)**



**IMAGE 2**

**Looking south on Curry Avenue  
Subject parcel is located on the left side (east) of Image 2**



**IMAGE 3**



**Looking west from subject parcel  
(Left to Right: 1183, 1177 [sold sign], 1171, 1165 Curry)**

**IMAGE 4**



**Looking north on Curry Avenue  
Subject parcel is on the right side (east) of Image 4**



## APPENDIX C - Extracts from City of Windsor Official Plan

### VOLUME I – LAND USE

#### 6.3 Residential

The lands designated as “Residential” on Schedule D: Land Use provide the main locations for housing in Windsor outside of the City Centre Planning District. In order to develop safe, caring and diverse neighbourhoods, opportunities for a broad range of housing types and complementary services and amenities are provided.

The following objectives and policies establish the framework for development decisions in Residential areas.

##### 6.3.1 Objectives

<i>RANGE OF FORMS &amp; TENURES</i>	6.3.1.1	To support a complementary range of housing forms and tenures in all neighbourhoods.
<i>NEIGHBOURHOODS</i>	6.3.1.2	To promote compact neighbourhoods which encourage a balanced transportation system.
<i>INTENSIFICATION, INFILL &amp; REDEVELOPMENT</i>	6.3.1.3	To promote selective residential redevelopment, infill and intensification initiatives.

##### 6.3.2 Policies

In order to facilitate the orderly development and integration of housing in Windsor, the following policies shall apply.

<i>PERMITTED USES</i>	6.3.2.1	Uses permitted in the Residential land use designation identified on Schedule D: Land Use include Low, Medium and High Profile dwelling units.
<i>TYPES OF LOW PROFILE HOUSING</i>	6.3.2.3	For the purposes of this Plan, Low Profile housing development is further classified as follows: <ul style="list-style-type: none"> <li>(a) small scale forms: single detached, semi-detached, duplex and row and multiplexes with up to 8 units; and</li> <li>(b) large scale forms: buildings with more than 8 units.</li> </ul>

*EVALUATION  
CRITERIA FOR A  
NEIGHBOURHOOD  
DEVELOPMENT  
PATTERN*

6.3.2.5

At the time of submission, the proponent shall demonstrate to the satisfaction of the Municipality that a proposed residential development within an area having a Neighbourhood development pattern is:

- (a) feasible having regard to the other provisions of this Plan, provincial legislation, policies and appropriate guidelines and support studies for uses:
  - (i) within or adjacent to any area identified on Schedule C: Development Constraint Areas and described in the Environment chapter of this Plan;
  - (ii) adjacent to sources of nuisance, such as noise, odour, vibration and dust;
  - (iii) within a site of potential or known contamination;
  - (iv) where traffic generation and distribution is a provincial or municipal concern; and
  - (v) adjacent to heritage resources.
- (b) in keeping with the goals, objectives and policies of any secondary plan or guideline plan affecting the surrounding area;
- (c) compatible with the surrounding area in terms of scale, massing, height, siting, orientation, setbacks, parking and amenity areas;
- (d) provided with adequate off street parking;
- (e) capable of being provided with full municipal physical services and emergency services; and
- (f) facilitating a gradual transition from Low Profile residential development to Medium and/or High profile development and vice versa, where appropriate.

**VOLUME I – TOOLS****11.6.3 Zoning By-law Amendment Policies***AMENDMENTS  
MUST CONFORM*

11.6.3.1 All amendments to the Zoning By-law(s) shall conform with this Plan. The Municipality will, on each occasion of approval of a change to the zoning by-law(s), specify that conformity with the Official Plan is maintained or that the change will be in conformity upon the coming into effect of an amendment to the Official Plan.

*EVALUATION  
CRITERIA*

11.6.3.3 When considering applications for Zoning By-law amendments, Council shall consider the policies of this Plan and will, without limiting the generality of the foregoing, consider such matters as the following:

- (a) The relevant evaluation criteria contained in the Land Use Chapter of this Plan, Volume II: Secondary Plans & Special Policy Areas and other relevant standards and guidelines;
- (b) Relevant support studies;
- (c) The comments and recommendations from municipal staff and circularized agencies;
- (d) Relevant provincial legislation, policies and appropriate guidelines; and
- (e) The ramifications of the decision on the use of adjacent or similar lands.

## APPENDIX D - Extracts from Zoning By-law 8600

### SECTION 3 – DEFINITIONS

#### 3.10 DEFINITIONS

**DWELLING** means a *building* or *structure* that is occupied for the purpose of human habitation. A *correctional institution, hotel, motor home, recreational vehicle, tent, tent trailer, or travel trailer* is not a *dwelling*.

**DUPLEX DWELLING** means one *dwelling* divided horizontally into two *dwelling units* with no direct internal connection between the *dwelling units*. A *single unit dwelling* with *two dwelling units* is not a *duplex dwelling*.

**SEMI-DETACHED DWELLING** means one dwelling divided vertically into two dwelling units by a common interior wall having a minimum area above grade of 10.0 sq. m., and may include, where permitted by Section 5.99.80, up to two additional dwelling units.

**SINGLE UNIT DWELLING** means one dwelling having one dwelling unit or, where permitted by Section 5.99.80, one dwelling having two dwelling units. A single family dwelling is a single unit dwelling. A duplex dwelling, mobile home dwelling, semi-detached dwelling unit, or townhome dwelling unit, is not a single unit dwelling.

**TOWNHOME DWELLING** means one dwelling vertically divided into a row of three or more dwelling units attached by common interior walls, each wall having a minimum area above grade of 10.0 sq. m., and may include, where permitted by Section 5.99.80, additional dwelling units. A semi-detached dwelling is not a townhome dwelling.

**DWELLING UNIT** means a unit that consists of a self-contained set of rooms located in a *building* or *structure*, that is used or intended for use as residential premises, and that contains kitchen and bathroom facilities that are intended for the use of the unit only.

**SEMI-DETACHED DWELLING UNIT** means one dwelling unit in a semi-detached dwelling, and may include, if permitted by Section 5.99.80, one additional dwelling unit.

**TOWNHOME DWELLING UNIT** means one dwelling unit in a townhome dwelling, and may include, if permitted by Section 5.99.80, one additional dwelling unit.

## SECTION 10 - RESIDENTIAL DISTRICTS 1. (RD1.)

### 10.3 RESIDENTIAL DISTRICT 1.3 (RD1.3)

#### 10.3.1 PERMITTED USES

*Existing Duplex Dwelling*

*Existing Semi-Detached Dwelling*

*One Single Unit Dwelling*

Any use accessory to the preceding uses

#### 10.3.5 PROVISIONS

	Duplex Dwelling	Semi-Detached Dwelling	Single Unit Dwelling
.1 Lot Width – minimum	9.0 m	15.0 m	9.0 m
.2 Lot Area – minimum	360.0 m <sup>2</sup>	450.0 m <sup>2</sup>	270.0 m <sup>2</sup>
.3 Lot Coverage – maximum	45.0%	45.0%	45.0%
.4 Main Building Height – maximum	10.0 m	10.0 m	10.0 m
.5 Front Yard Depth – minimum	6.0 m	6.0 m	6.0 m
.6 Rear Yard Depth – minimum	7.50 m	7.50 m	7.50 m
.7 Side Yard Width – minimum	1.20 m	1.20 m	1.20 m

## SECTION 11 - RESIDENTIAL DISTRICTS 2. (RD2.)

### 11.2 RESIDENTIAL DISTRICT 2.2 (RD2.2)

#### 11.2.1 PERMITTED USES

*One Double Duplex Dwelling*

*One Duplex Dwelling*

*One Multiple Dwelling containing a maximum of four dwelling units*

*One Semi-Detached Dwelling*

*One Single Unit Dwelling*

*Townhome Dwelling*

Any use accessory to any of the preceding uses

#### 11.2.5 PROVISIONS

##### .1 Duplex Dwelling

.1 Lot Width – minimum	12.0 m
.2 Lot Area – minimum	360.0 m <sup>2</sup>
.3 Lot Coverage – maximum	45.0%
.4 Main Building Height – maximum	10.0 m
.5 Front Yard Depth – minimum	6.0 m

.6	Rear Yard Depth – minimum	7.50 m
.7	Side Yard Width – minimum	1.20 m
.2	Semi-Detached Dwelling	
.1	Lot Width – minimum	15.0 m
.2	Lot Area – minimum	450.0 m <sup>2</sup>
.3	Lot Coverage – maximum	45.0%
.4	Main Building Height – maximum	10.0 m
.5	Front Yard Depth – minimum	6.0 m
.6	Rear Yard Depth – minimum	7.50 m
.7	Side Yard Width – minimum	1.20 m
.3	Single Unit Dwelling	
.1	Lot Width – minimum	9.0 m
.2	Lot Area – minimum	270.0 m <sup>2</sup>
.3	Lot Coverage – maximum	45.0%
.4	Main Building Height – maximum	10.0 m
.5	Front Yard Depth – minimum	6.0 m
.6	Rear Yard Depth – minimum	7.50 m
.7	Side Yard Width – minimum	1.20 m
.4	Double Duplex Dwelling or Multiple Dwelling	
.1	Lot Width – minimum	18.0 m
.2	Lot Area – minimum	540.0 m <sup>2</sup>
.3	Lot Coverage – maximum	45.0%
.4	Main Building Height – maximum	10.0 m
.5	Front Yard Depth – minimum	6.0 m
.6	Rear Yard Depth – minimum	7.50 m
.7	Side Yard Width – minimum	1.80 m
.5	Townhome Dwelling	
.1	Lot Width – minimum	20.0 m
.2	Lot Area – per <i>dwelling unit</i> – minimum	200.0 m <sup>2</sup>
.3	Lot Coverage – maximum	45.0%
.4	Main Building Height – maximum	10.0 m
.5	Front Yard Depth – minimum	6.0 m
.6	Rear Yard Depth – minimum	7.50 m
.7	Side Yard Width – minimum	1.50 m

## **APPENDIX E – CONSULTATIONS**

### **TRANSPORTATION PLANNING - RANIA TOUFEILI**

- A detailed and clear site plan is required showing accesses, parking, dimensions and the site layout. This layout will help provide appropriate comments.
- Curry Avenue is classified as a Local Road with a required right-of-way width of 20.1 meters according to the Official Plan. The existing right-of-way width is sufficient and therefore no conveyance is required.
- Parking must comply with zoning by-law 8600.
- All accesses shall conform to the TAC Geometric Design Guide for Canadian Roads and the City of Windsor Standard Engineering Drawings
- All exterior paths of travel must meet the requirements of the Accessibility for Ontarians with Disabilities Act (AODA).

### **BUILDING DEPARTMENT - BARBARA RUSAN**

The Building Code Act, Section 8.(1) requires that a building permit be issued by the Chief Building Official for any construction or demolition of a building. It is strongly recommended that the owner and/or applicant contact the Building Division to determine building permit needs for the proposed project. The City of Windsor Building Division can be reached by phone at 519-255-6267 or through email at [buildingdept@citywindsor.ca](mailto:buildingdept@citywindsor.ca)

### **ENGINEERING ROW - PATRICK WINTERS**

The subject lands are located at 1174 Curry Ave, zoned Residential District 1.3 (RD1.3) by Zoning By-law 8600. The applicant is requesting to change the zoning to RD2.2 to permit the construction of a 3 unit, 2-storey townhome.

**SEWERS** – The site may be serviced by a 300mm diameter PVC sanitary sewer within the Curry Avenue right-of-way and a 450mm reinforced concrete pipe storm sewer within the Curry Avenue right-of-way. If possible, existing connection should be utilized. Any redundant connections shall be abandoned in accordance with the City of Windsor Engineering Best Practice B.P1.3.3. The applicant will be required to submit site servicing drawings and storm detention calculations restricting storm water runoff to pre-development levels.

**RIGHT-OF-WAY** – The Official Plan classifies Curry Avenue as a Local road requiring a 20m right-of-way width; the current right-of-way is 20.1m, therefore, a land conveyance is not required. There is an existing curb cut and driveway that will need to be reinstated to accommodate the newly proposed driveways. Driveways shall be constructed as per AS-221 or AS-222 and comply with Engineering Best Practice 2.2.1.



In summary, we have no objection to the proposed redevelopment, subject to the following requirements (enforced prior to issuance of Building and Right-of-Way Permits):

Right-of-Way Permits – The owner agrees to obtain right-of-way permits for sewer taps, train taps, flatworks, landscaping, curb cuts and driveway approaches from the City Engineer prior to commencement of any construction on the public highway.

If you have any further questions or concerns, please contact Amy Kurek, of this department, at [akurek@citywindsor.ca](mailto:akurek@citywindsor.ca).

### **LANDSCAPE ARCHITECT - STEFAN FEDIUK**

Pursuant to the application for a zoning amendment (Z 019/21) to change the zoning of the subject land from RD1.3 to RD2.2 to permit the construction of a 3 unit 2-storey townhome building on the subject, please note no objections to the rezoning. Please also note the following comments:

#### Tree Preservation:

The applicant is to be made aware that there are 2 municipal trees (one Honey locust and one Silver Maple) on the right of way in the front of the proposed development. These trees are not to be removed and the proposed development is to consider this when submitting a final plan for Site Plan Review or Building Permits.

#### Parkland Dedication:

Require a parkland dedication representing 5% of the subject lands, to the satisfaction of the Executive Director of Parks, as per By-law 12780 and the Planning Act.

A BY-LAW TO FURTHER AMEND BY-LAW NUMBER 8600  
CITED AS THE "CITY OF WINDSOR ZONING BY-LAW"

Passed the            day of            , 2021.

**WHEREAS** it is deemed expedient to further amend By-law Number 8600 of the Council of The Corporation of the City of Windsor, cited as the "City of Windsor Zoning By-law" passed the 31st day of March, 1986, as heretofore amended:

**THEREFORE** the Council of The Corporation of the City of Windsor enacts as follows:

1. By-law Number 8600 is further amended by changing the Zoning District Maps or parts thereof referred to in Section 1, of the by-law and made part thereof, so that the zoning district symbol of the lands described in Column 3 shall be changed from that shown in Column 5 to that shown in Column 6:

1. Item Number	2. Zoning District Map Part	3. Lands Affected	4. Official Plan Amendment Number	5. Zoning Symbol	6. New Zoning Symbol
1		Lots 36 to 37, Registered Plan 1168  (known municipally as 1174 Curry Avenue; Roll No. 040-430-12400; PIN 01217-0209; east side of Curry Avenue between Grove Avenue & Pelletier Street)	--	RD1.3	RD2.2

DREW DILKENS, MAYOR

CLERK

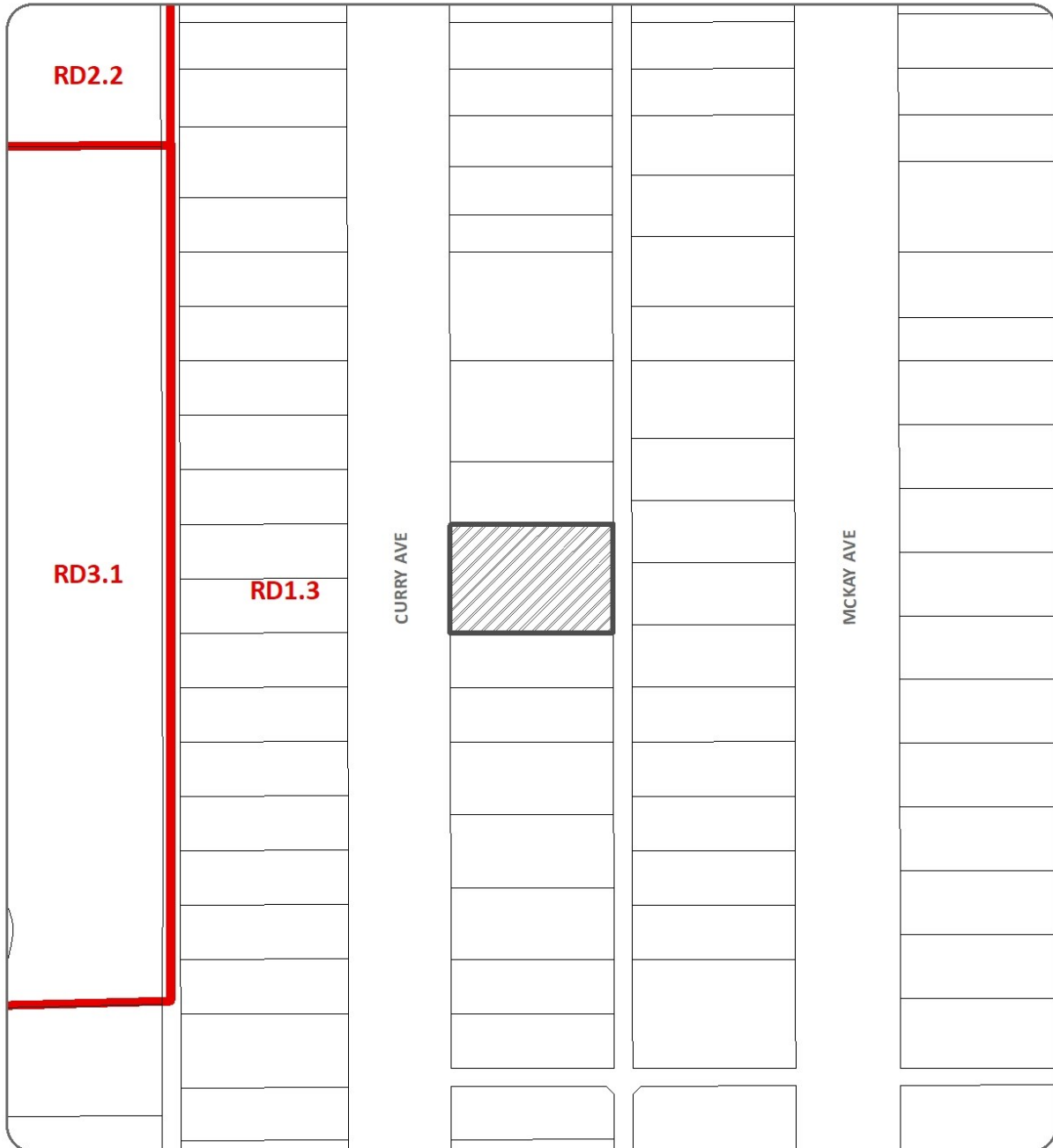
First Reading - , 2021  
Second Reading - , 2021  
Third Reading - , 2021

**SCHEDULE 2**

1. By-law \_\_\_\_\_ has the following purpose and effect:

To amend the zoning of Lots 36 to 37, Registered Plan 1168, (known municipally as 1174 Curry Avenue; Roll No. 040-430-12400; PIN 01217-0209) situated on the east side of Curry Avenue between Grove Avenue & Pelletier Street from Residential District 1.3 (RD1.3) to Residential District 2.2 (RD2.2) to allow the construction of townhome dwelling with three dwelling units.

2. Key map showing the location of the lands to which By-law \_\_\_\_\_ applies.

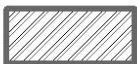


PART OF ZONING DISTRICT MAP 4

N.T.S.

**SCHEDULE 2**

Applicant: Deniz Orak



**SUBJECT LANDS**

PLANNING & BUILDING DEPARTMENT



DATE : AUGUST 2021  
FILE NO. : Z-019/21, ZNG/6443

November 12, 2021

Planning Services  
City of Windsor  
Delivered via email

Attention: **Adam Szymczak**, Senior Planner

**REGARDING:** Zoning Bylaw Amendment Z-019/21  
1174 Curry Avenue, Windsor

---

On behalf of my client, Deniz Orak, I am providing you with a Planning Justification Memo that provides rationale and explanation for the proposed ZBA being requested and how the proposal is consistent with the Provincial Policy Statement (PPS), is supported in context of the policy framework of Windsor Official Plan, and within the regulatory framework of the Comprehensive Zoning Bylaw 8600.

Schedule 'D' of the Official Plan designates the subject lands as 'Residential' while the Comprehensive Zoning Bylaw 8600 shows the subject lands as zoned 'Residential District 1.3 (RD1.3)'.

#### **PROPOSED DEVELOPMENT AND ZBA:**

The owner is proposing the demolition of the existing single detached residence on site and the replacement development of a three unit townhouse dwelling. The ZBA application under file ZNG/6443 purports to rezone these lands from a the 'Residential District 1.3 (RD3.1)' zone to 'Residential District 2.2 (RD2.2)' zone. The residential use is a permitted use while the ZBA provides for the proposed townhouse dwelling and the regulatory framework associated with the three unit building to achieve compliance with bylaw regulations.

#### **NEIGHBOURHOOD:**

The neighbourhood is a predominately residential neighbourhood with the .

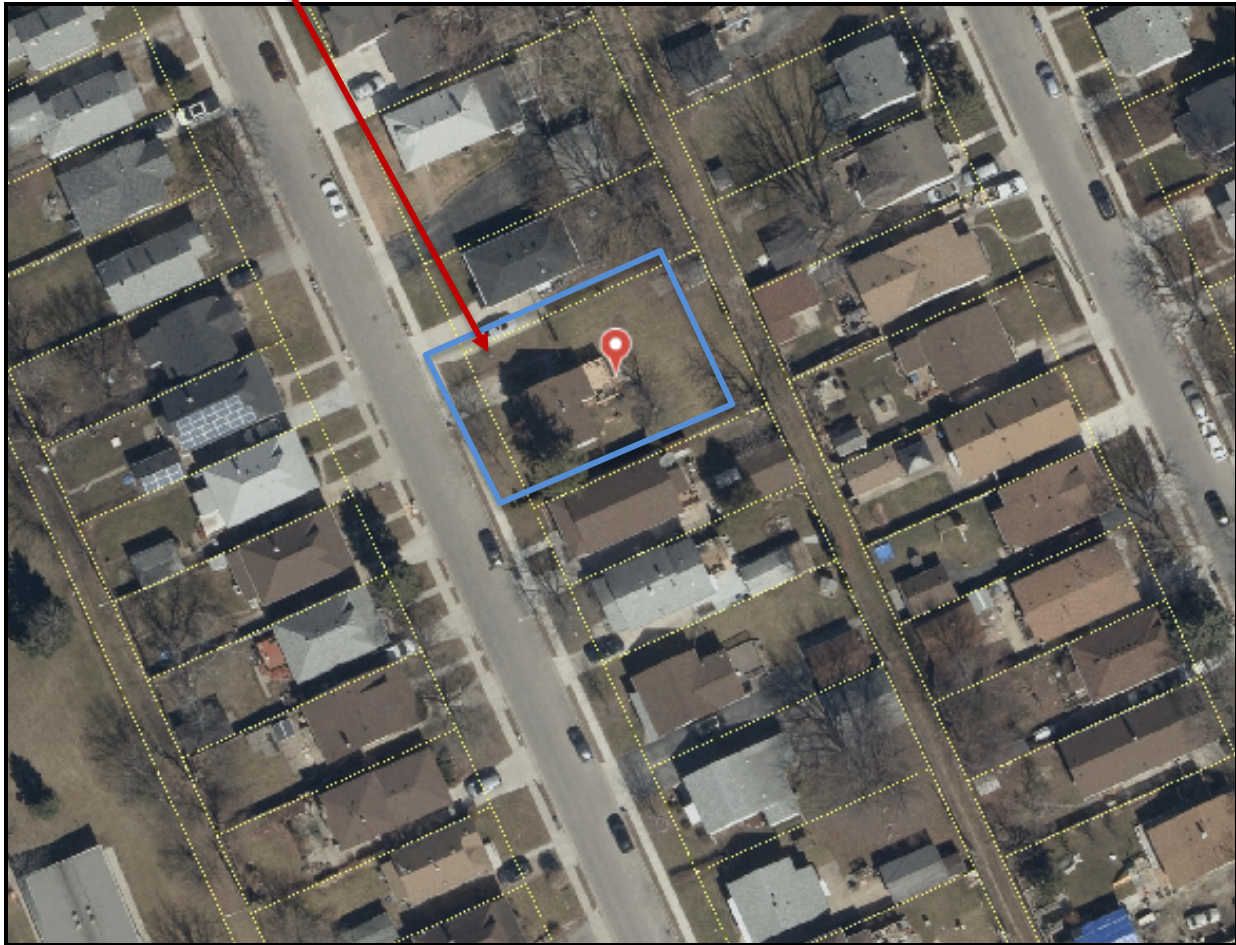
**North:** existing residential;

**West:** existing residential;

**East:** existing residential;

**South:** existing residential.

1174 Curry Avenue



**PPS REVIEW:**

Provincial Policy Statements 2020 provides provincial policy direction and support for efficient and effective development and land use patterns while accommodating development that provides an appropriate and affordable range and mix of residential types and tenures. The permitted land use of residential is not intended to change but rather the ZBA will provide for a change of permitted dwelling types from single detached dwelling to a townhouse dwelling with three residential units.

- “1.1.1 **Healthy, liveable and safe communities** are sustained by:
  - a) *promoting efficient development and land use patterns which sustain the financial well-being of the Province and municipalities over the long term;**

- b) **accommodating an appropriate affordable and market-based range and mix of residential types** (including single-detached, additional residential units, multi-unit housing, affordable housing and housing for older persons), employment (including industrial and commercial), institutional (including places of worship, cemeteries and long-term care homes), recreation, park and open space, and other uses to meet long-term needs;”

The ZBA is consistent with the PPS by supporting the development of the for the provision of an efficient and effective alternative housing style and tenure. In my professional opinion, the ZBA will support the provision of providing for a mix of residential types and tenures, consistent with the provincial policy directions of a Healthy Community.

## **OFFICIAL PLAN REVIEW:**

Official Plan Schedule D designates the subject lands as ‘Residential’.

### **“6.3 Residential Lands**

*The lands designated as “Residential” on Schedule D: Land Use provide the main locations for housing in Windsor outside of the City Centre Planning District. In order to develop safe, caring and diverse neighbourhoods, opportunities for a broad range of housing types and complementary services and amenities are provided. The following objectives and policies establish the framework for development decisions in Residential areas.*

#### **6.3.1 Objectives:**

- 6.3.1.1** *To support a complementary range of housing forms and tenures in all neighbourhoods.*
- 6.3.1.2** *To promote compact neighbourhoods which encourage a balanced transportation system.*
- 6.3.1.3** *To promote selective residential redevelopment, infill and intensification initiatives.*
- 6.3.1.4** *To ensure that the existing housing stock is maintained and rehabilitated.*
- 6.3.1.5** *To provide for complementary services and amenities which enhance the quality of residential areas.*
- 6.3.1.6** *To accommodate home based occupations.*
- 6.3.1.7** *To ensure that a sufficient land supply for residential and ancillary land uses is available to accommodate market demands over the 20 year period of this Plan.”*

The proposed residential use is a permitted use and a three unit townhouse is a permitted building style in the ‘Residential’ designation. In my professional opinion, the proposed development will provide opportunities to increase housing stock, provide for a compact neighbourhood, support a complementary range of housing forms and tenure to the normal, single detached residence, and will provide for appropriate intensification as an infilling development within the existing neighborhood.

In my professional opinion, the requested ZBA conforms with the goals and objectives of the Residential designation of the Official Plan for the City of Windsor as an appropriate infilling re-development of the property.



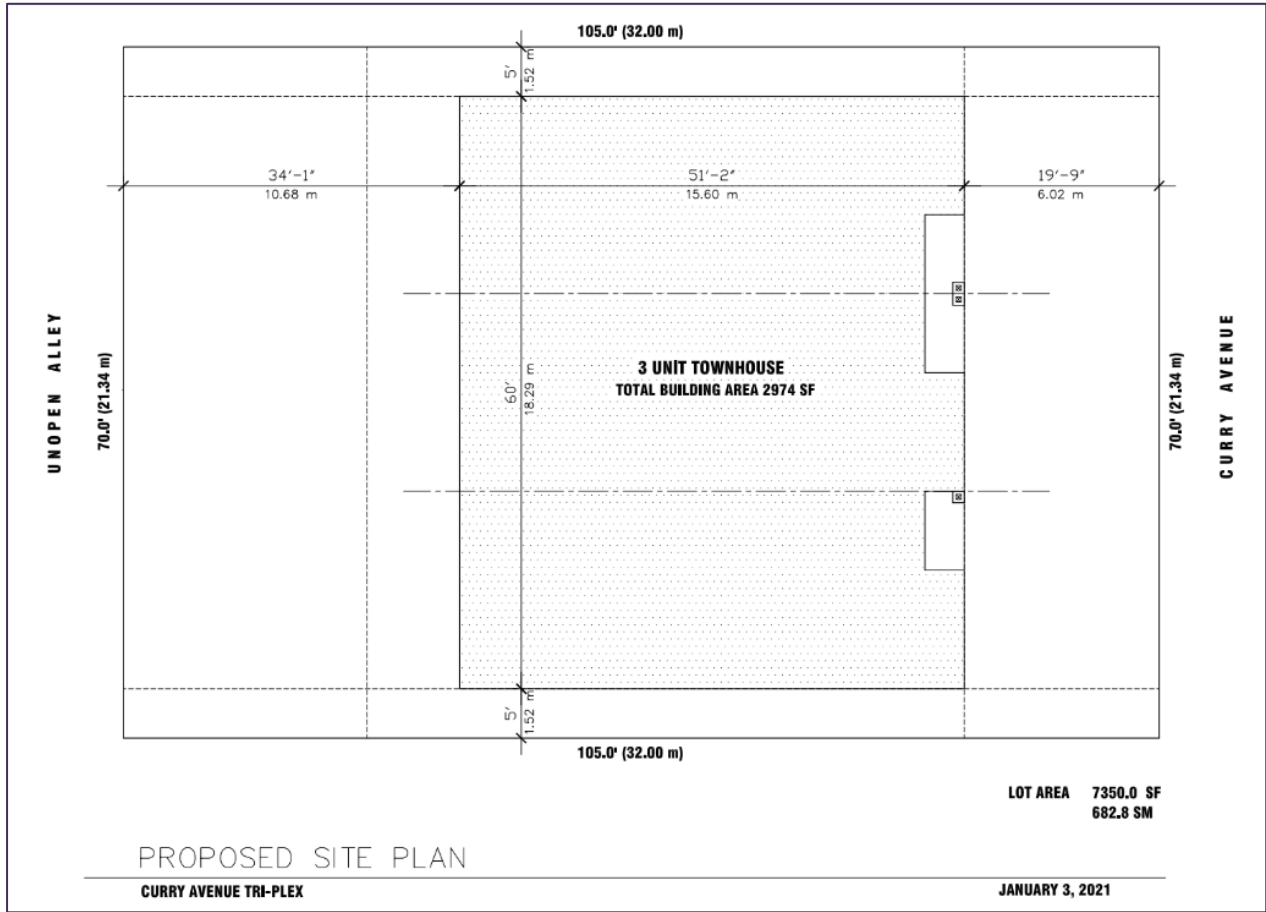
**COMPREHENSIVE ZONING BYLAW REVIEW:**

The owner is proposing the demolition of the existing single detached residence on site and the replacement development of a three unit townhouse dwelling. The ZBA application under file ZNG/6443 purports to rezone these lands from a the 'Residential District 1.3 (RD3.1)' zone to 'Residential District 2.2 (RD2.2)' zone. 1174 Curry has a lot frontage of 21.3 m and a lot area of 682 m<sup>2</sup>.

Each residence will have a garage in the residence as well as parking in the driveway.







	'RESIDENTIAL 2 (R2)'	PROPOSAL 1174 CURRY
<b>LOT AREA - MINIMUM</b>	200 m <sup>2</sup>	682 m <sup>2</sup>
<b>LOT FRONTAGE - MINIMUM</b>	20 m	21.3 m
<b>INTERIOR SIDE YARD - MINIMUM</b>	1.5 m 0 m common wall	1.5 m 0 m common wall
<b>FRONT YARD SETBACK - MINIMUM</b>	6.0 m	6.10 m
<b>BACK YARD SETBACK - MINIMUM</b>	7.5 m	10 m
<b>LOT COVERAGE % - MAXIMUM</b>	45%	40%
<b>PARKING REQ'T</b>	2 sp/unit	2 sp/unit

The requested Zoning Bylaw Amendment will apply the (RD2.2) zoning framework on the subject lands to allow for the appropriate re-development of the existing lot with a residential townhouse. In my professional opinion, the requested ZBA complies with the intent of the CZB 8600 for the City of Windsor.

**CONCLUSION:**

The ZBA will support the City of Windsor's policy initiatives to supply alternative housing through the use of these lands and the design of the development for a townhouse dwelling as an alternative housing style and tenure. The size and density of the proposed townhouse, in my professional opinion, is consistent with the neighbourhood.

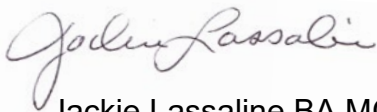
In my professional opinion the requested proposed development and subsequent ZBA:

- 1) is consistent with the policies of the 2020 Provincial Policy Statements;
- 2) conforms with relevant policies of the City of Windsor Official Plan;
- 3) complies with CZB 8600 and when the ZBA is passed, the development will comply with the CZB;
- 4) makes sound planning based on the above noted evaluation.

I hereby certify that this planning memo was prepared by Jackie Lassaline RPP MCIP, a Registered Professional Planner within the meaning of the Ontario Professional Planners Institute Act, 1994.

Do not hesitate to contact me should you have any questions or comments. Thank you for your assistance and attention to this file.

Regards,  
Lassaline Planning Consultants



Jackie Lassaline BA MCIP RPP

e.c. Deniz Orak  
William Tape, Haddad Morgan

**From:** CP Proximity-Ontario <[CP\\_Proximity-Ontario@cpr.ca](mailto:CP_Proximity-Ontario@cpr.ca)>  
**Sent:** Monday, November 22, 2021 1:01 PM  
**To:** clerks <[clerks@citywindsor.ca](mailto:clerks@citywindsor.ca)>  
**Subject:** RE: ZNG/6443 & Z-019/21; 1174 Curry Ave, Windsor

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Afternoon,

**RE: Request for Comments, RE: ZNG/6443 & Z-019/21; 1174 Curry Ave, Windsor, within 500m of CP Rail line**

Thank you for the recent notice respecting the captioned development proposal in the vicinity of Canadian Pacific Railway Company. The safety and welfare of residents can be adversely affected by rail operations and CP is not in favour of residential uses that are not compatible with rail operations. CP freight trains operate 24/7 and schedules/volumes are subject to change. CP's approach to development in the vicinity of rail operations is encapsulated by the recommended guidelines developed through collaboration between the Railway Association of Canada and the Federation of Canadian Municipalities. The 2013 Proximity Guidelines can be found at the following website address: <http://www.proximityissues.ca/>.

Should the captioned development proposal receive approval, CP respectfully requests that the recommended guidelines be followed.

Thank you,

CP Proximity Ontario



**CP Proximity Ontario**  
**[CP\\_Proximity-Ontario@cpr.ca](mailto:CP_Proximity-Ontario@cpr.ca)**  
7550 Ogden Dale Road SE, Building 1  
Calgary AB T2C 4X9



**Committee Matters: SCM 396/2021**

**Subject: Request for Partial Demolition of a Heritage Listed Property - 1200 University Avenue West, S.W.&A. East Car Barn (Ward 3)**

Moved by: Councillor Holt  
Seconded by: Member Baker

Decision Number: **DHSC 352**

THAT Council **BE INFORMED** of the proposed partial demolition (deconstruction) and reconstruction of the exterior brick wall and reinforcement of the foundation on the east facade of 1200 University Avenue West, S.W.&A. East Car Barn.

Carried.

Report Number: S 154/2021  
Clerk's File: MBA/11662

**Clerk's Note:**

1. The recommendation of the Standing Committee and Administration are the same.
2. Please refer to Item 10.1 from the Development & Heritage Standing Committee Meeting held December 6, 2021.
3. To view the stream of this Standing Committee meeting, please refer to:  
<http://csg001-harmony.sliq.net/00310/Harmony/en/PowerBrowser/PowerBrowserV2/20211209/-1/5287>

**Subject: Request for Partial Demolition of a Heritage Listed Property -  
1200 University Avenue West, S.W.&A. East Car Barn (Ward 3)**

**Reference:**

Date to Council: December 6, 2021  
Author: Kristina Tang, MCIP, RPP  
Heritage Planner  
ktang@citywindsor.ca  
519-255-6543 x6179

Tracy Tang  
Planner II- Revitalization & Policy Initiatives  
ttang@citywindsor.ca  
519-255-6543 x6449  
Planning & Building Services  
Report Date: November 16, 2021  
Clerk's File #:

**To:** Mayor and Members of City Council

**Recommendation:**

THAT Council **BE INFORMED** of the proposed partial demolition (deconstruction) and reconstruction of the exterior brick wall and reinforcement of the foundation on the east facade of 1200 University Avenue West, S.W.&A. East Car Barn.

**Executive Summary: N/A**

**Background:**

The building addressed as 1200 University Ave W was 'listed' on the Windsor Municipal Heritage Register on August 27, 2007. The east barn building, commonly known in recent years as "The Junction", was constructed of brick circa 1896, and used as a storage and inspection barn for the S.W.&A. (Sandwich, Windsor, & Amherstburg) railway cars. A heritage designation and heritage conservation easement report was brought forward to Committee on May 10, 2021 (DHSC 282; S47/2021) and Council on June 7, 2021 (CR254/2021). The designation and conservation easement are still in the process of being finalized, pending various moving pieces in the larger redevelopment plan for the entire property of 1200-1220 University Ave W.

In October 2021, Architectura Inc. and D.C. McCloskey Engineering Ltd. informed City staff of structural issues regarding the east wall and foundation of the building. The Heritage Permit Application (Appendix 'A') includes the letter submitted by D.C. McCloskey Engineering Ltd. (Appendix 'B') which describes the stacked stone

foundation with cement parging to be structurally deficient, thereby causing the exterior brick wall to lean outwards. The proposed remediation to the structural issue is to construct new reinforced exterior foundation walls, and deconstruct and reconstruct the existing brick wall with interior reinforcements as per the revised drawings in Appendix 'C'.

Through administrative review, the plans are deemed acceptable from Heritage Planning perspective to address the structural needs for conservation of the heritage attributes of the building. Notification to Heritage Committee and Council is part of the Heritage Act process for partial demolitions on properties recognized on the municipal heritage register.

## **Discussion:**

### **Property description and proposal:**

The building addressed as 1200 University Ave W is located on the north side of University Avenue West, between Elm Avenue and Cameron Avenue. It is situated east of the 'west barn building' addressed as 1220 University Ave W, and west of the mid-century former Government of Canada building at 1100 University Ave W.



Photograph of the east barn building, dated July 2012, showing the south addition and grey painted stucco, with parapet and arched windows visible from the street



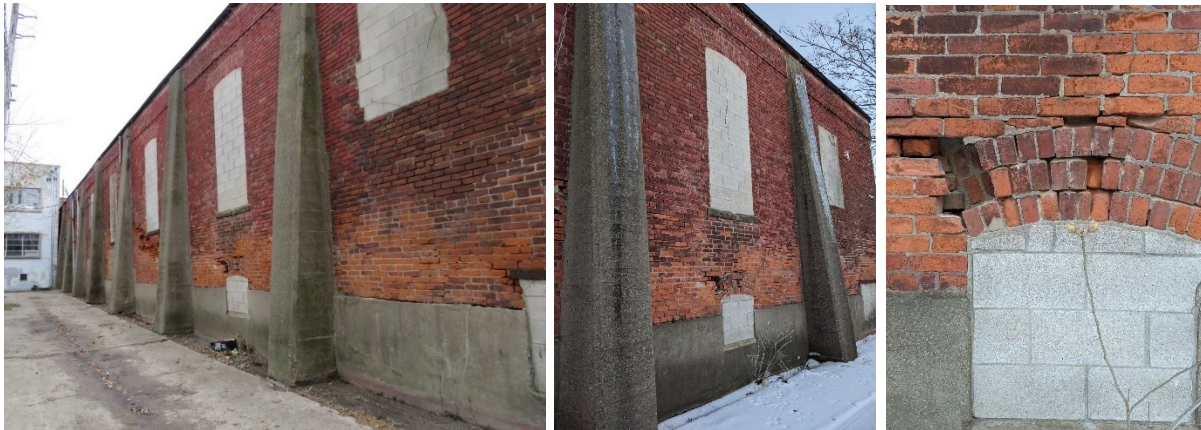
Photographs of the east barn building, showing the alley-facing east wall, concrete buttresses, and painted brick on the north face



The east barn building was constructed of brick c.1896 and designed by an unknown architect. The building is set back from the street, and features a two-step parapet and five small arched insets on the original south facade. Since c.1950, the east barn building had a one-storey front addition to the south side, while keeping the upper part of the original south façade visible. The building was remodelled in the 2000s and covered with synthetic stucco on the south and west sides. The north wall has not been covered by stucco; there are shadow lines of stepped brick parapet pointing out presence of previous structure that has been removed. The original red brick of the building is painted on the north face, and unpainted on the east alley-facing side. The east side has triangular concrete buttresses regularly spaced between brick bays with arched window locations.

The applicant is proposing redevelopment of 1200 University Ave W for medical office and pharmacy use, which includes extensive exterior and interior work. While working on the removal of the mezzanine in the interior, it was discovered that the east wall was out of plumb. The existing foundation is much lower than the floor slab. The structural deficiency has resulted in leaning of the walls which would require correction.

In order to address the structural deficiencies on the east wall, the applicant is proposing partial demolition (deconstruction) and reconstruction of the exterior brick wall and reinforcement of the foundation. The proposed work includes adding to the foundation by constructing heightened exterior foundation walls connected to the ground floor slab structure, installation of steel columns and beams at the interior side of the east wall, and deconstruction and reconstruction of the east walls changing the original brick wall to an insulated brick veneer wall system. The concrete buttresses will be retained. The experience of the exterior heritage walls will be conserved by reusing the sound bricks from the exterior wythe of the original wall and replicating all the exterior brick patterns (e.g. triple row of brick voussoirs).



Photographs of the alley-facing east wall of the 1200 University Ave W building, with close-up of the brick

The structural corrections are also reviewed through Building Permits review and Site Plan Control process. Any further changes to the elevation would be vetted through the Site Plan Control process.



## Heritage Consideration:

The *Standard & Guidelines for the Conservation of Historic Places in Canada* details relevant considerations with respect to structural systems:

### Exterior Walls

#### ADDITIONAL GUIDELINES FOR REHABILITATION PROJECTS

	Recommended	Not Recommended
14	<b>Repairing</b> an exterior wall assembly, including its functional and decorative elements, by using a minimal intervention approach. Such repairs might include the limited replacement in kind, or replacement using an appropriate substitute material of irreparable or missing elements, based on documentary or physical evidence. Repairs might also include dismantling and rebuilding a masonry or wood wall, if an evaluation of its overall condition determines that more than limited repair or replacement in kind is required.	Over-cladding a deteriorated or poorly insulated exterior wall with a new material or assembly, without considering the impact on heritage value or the condition of underlying materials.  Replacing an entire exterior wall assembly when the repair and limited replacement of deteriorated or missing elements is feasible.  Failing to reuse intact cladding when only the internal parts of the wall assembly need replacement.

#### ADDITIONAL GUIDELINES FOR REHABILITATION PROJECTS

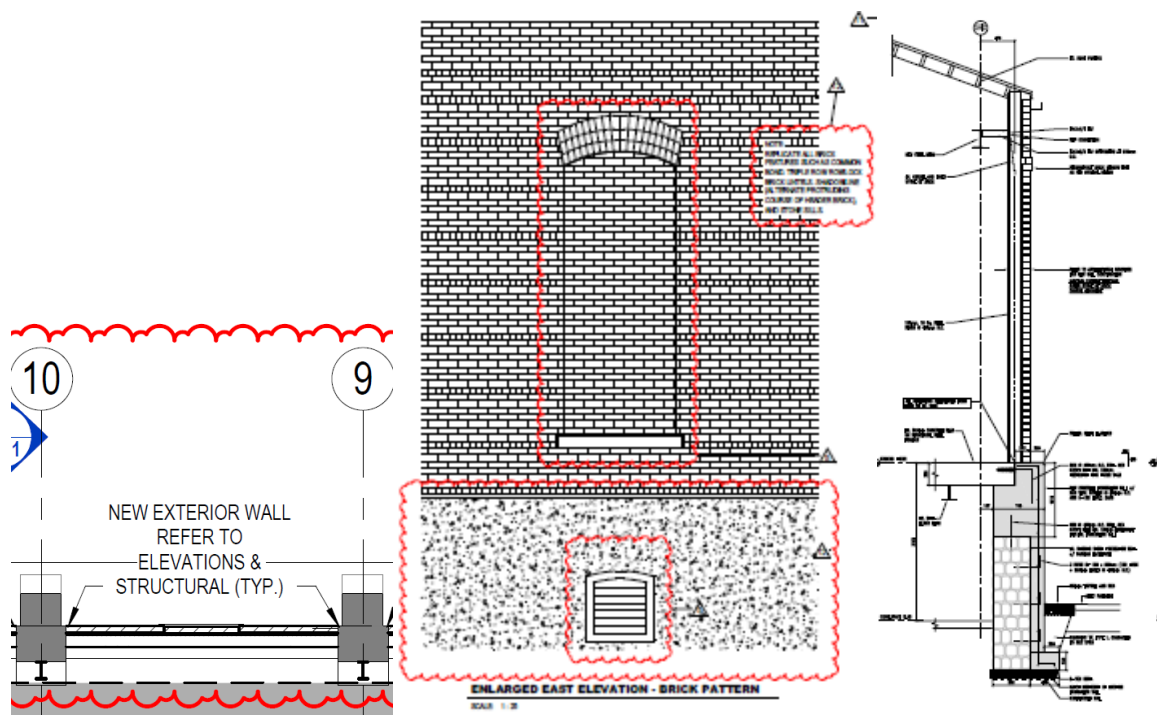
	Recommended	Not Recommended
18	<b>Repairing</b> masonry by patching, piecing-in or consolidating, using recognized conservation methods. Repair might include the limited replacement in kind, or replacement with a compatible substitute material, of extensively deteriorated or missing masonry units, where there are surviving prototypes. Repairs might also include dismantling and rebuilding a masonry wall or structure, if an evaluation of its overall condition determines that more than limited repair or replacement in kind is required.	

#### GENERAL GUIDELINES FOR REHABILITATION PROJECTS

	Recommended	Not Recommended
20	<b>Repairing</b> structural systems by augmenting or upgrading individual components, such as <i>sistering joists</i> with new wood to improve structural efficiency. Repairs might include the limited replacement in kind, or replacement with an appropriate substitute material, of irreparable or missing elements, based on documentary or physical evidence. Repairs might also include dismantling and rebuilding a masonry or timber structure, if an evaluation of its overall condition determines that more than limited repair or replacement in kind is required.	Upgrading a structural system in a manner that alters the character-defining exterior of an historic building, or damages character defining interior features or spaces.  Replacing a structural member or component when it could be augmented and retained.

The consultant engineer has investigated and evaluated that the current stacked stone foundation wall has no lateral support at the top of the wall and, combined with the lack of the roof eavestrough, is resulting in the outward leaning of the east wall. It is the consultant engineer's opinion that the reconstruction of the entire foundation back to the original design is neither financially feasible nor meeting design requirements of the Ontario Building Code. As such, they are proposing to dismantle the brick bay walls to augment and reinforce the deficient foundation walls. The large concrete buttresses will be retained, and other brick wall features such as the common bond, triple row rowlock lintels over previous arched window openings, stone sills, and shadow lines will be replicated. Instead of the current concrete blocks at the openings, recessed brick will be used which would look more compatible given no openings are proposed at this alley-facing side of the wall. The original clay bricks from the exterior wythe of the wall are intended to be salvaged and reused.

This intervention will replicate the heritage attributes that were intended to be part of the heritage designation, and so would not negatively impact the pending designation of the property. In Heritage Planning staff's opinion, the proposed plan is an acceptable solution to address the structural needs for conservation of the heritage attributes of the building.



Snippets of the floorplan (left), elevation (middle), and sectional drawing (right) showing the proposed work, with attention to heightened and reinforced foundation wall over the existing stacked stone foundation wall.

The architect and engineer will conduct testing of the proposed approach on one of the bays first to ensure that it can be repeated on the entire wall plane. There are seven bays facing the alley on the east wall and the architect has indicated that one of the bays that does not require reworking will serve as a reference and template for the

replication. Temporary measures have been taken to stabilize the deflecting wall from the interior and exterior to alleviate the immediate risk of collapse.

Planning and Building Department staff will continue to monitor and work alongside the proponents on this project should any new or unanticipated situations arise that would require changes to the proposal.

### **Legal provisions:**

The subject property is listed on the Windsor Municipal Heritage Register, but has not yet been designated to accommodate the moving pieces in the redevelopment proposal (such as legal boundaries and development of conservation treatments). Hence, Section 27 of Part IV of the *Ontario Heritage Act* still applies, which states for properties included on the Heritage Register, that “[T]he owner of the property shall not demolish or remove a building or structure on the property or permit the demolition or removal of the building or structure unless the owner gives the council of the municipality at least 60 days notice in writing of the owner’s intention to demolish or remove the building or structure or to permit the demolition or removal of the building or structure.” The 60 days only begins after notice is received with accompanying plans and information as Council may require. City of Windsor Council approved “Requirements and Procedures, Application for Demolition of Heritage-Listed Properties” (Council Decision # M163-2015) which outlines the required information for demolition, and notes that Administration has 30 days to evaluate if the information submitted is sufficient. Only after determination has been made that the required information has been submitted, does the 60 day count begin.

During the 60 days after notice, City Council (with Committee consultation) may initiate designation, or decide to take no action. If a property is proposed for designation, a notice of intent to designate must include a statement explaining the cultural heritage value or interest of the property and a description of the heritage attributes of the property, which are those features that are considered important to retain if any alterations to the property are proposed after designation. “Cultural heritage value or interest” is to be considered according to Ontario Regulation 9/06.

There is no explicit provision for the Committee or Council to comment on additions to or remodelling a heritage-listed, non-designated property, other than removal/demolition of structures from the Register under the *Ontario Heritage Act*. There is also no explicit provision for approval of demolition subject to stated conditions.

In this situation, the Building Department have stated that the structural integrity of the east wall is of immediate concern, based on consultation with the architectural design firm Architectura Inc. and consulting engineers firm D.C. McCloskey Engineering Ltd. This remediation project should be addressed as soon as possible. Under this urgent situation, it was considered that the intervention should be reported to Heritage Committee and Council for information but not held back from receiving Building Permits to address the immediate structural problems.

Administration is still overseeing the redevelopment plans for the entire site, and will proceed with the remaining heritage designation and conservation easement processes after finalization of outstanding conservation details.

**Risk Analysis:**

The exterior wall being structurally deficient is at risk of collapse and resulting in loss of heritage components. The current measure of intervention will address the structural deficiency to prolong the life of this heritage building, while posing no negative consequences to the eventual heritage designation of the property.

**Climate Change Risks**

**Climate Change Mitigation: N/A**

**Climate Change Adaptation: N/A**

**Financial Matters:**

The applicant has applied for funding (under the Brownfield Redevelopment Community Improvement Plan and University Avenue & Wyandotte Street W. Community Improvement Plan) and has indicated interest in applying for additional heritage financial incentives. Any discussions are or will be part of separate reports.

**Consultations:**

Discussion took place mostly through the property owner's architect, Architecttura Inc. and engineer, D.C. McCloskey Ltd. Planning and Building department staff were also consulted. Staff have also conducted multiple exterior site visits on the property.

**Conclusion:**

Council is to be informed of the proposed partial demolition (deconstruction) and reconstruction of the brick wall and reinforcement of the foundation to facilitate structural stabilization on the east facade of 1200 University Avenue West, S.W.&A. East Car Barn. The stabilization proposal poses no detriment to the eventual heritage designation of the property and no action is required from Heritage Committee or Council.

**Planning Act Matters: N/A**

**Approvals:**

Michael Cooke	Manager of Planning Policy/ Deputy City Planner
Thom Hunt	City Planner / Executive Director Planning & Development Services
Wira Vendrasco	Deputy City Solicitor, Legal Services & Real Estate
Shelby Askin Hager	Commissioner, Legal & Legislative Services
Shelby Askin Hager acting for Jason Reynar	Chief Administrative Officer

**Notifications:**

<b>Name</b>	<b>Address</b>	<b>Email</b>
Shabeg Singh		shabeg@aipl.com
Vas Papadiamantopoulos		vas@architectura.com
Mark McCloskey		mmcloskey@mccloskeyengineering.com

**Appendices:**

- 1 Appendix A – Heritage Permit Application
- 2 Appendix B – McCloskey Engineering Ltd. Letter
- 3 Appendix C – Proposed Drawing Set



# HERITAGE PERMIT APPLICATION

Revised 10/2021

## CORPORATION OF THE CITY OF WINDSOR

Planning Dept., Suite 320-350 City Hall Sq W, Windsor ON N9A 6S1  
519-255-6543 | 519-255-6544 (fax) | [planningdept@citywindsor.ca](mailto:planningdept@citywindsor.ca)

### 1. Applicant, Agent and Registered Owner Information

Provide in full the name of the applicant, registered owner and agent, the name of the contact person, and address, postal code, phone number, fax number and email address. If the applicant or registered owner is a numbered company, provide the name of the principals of the company. If there is more than one applicant or registered owner, copy this page, complete in full and submit with this application.

#### APPLICANT

Contact Name(s) Shabeg Singh  
Company or Organization 2605385 Ontario Inc & AIPL Canada Holdings  
Mailing Address 545 King Street West, Toronto  
  
Postal Code M5V 1M1  
Email shabeg@aipl.com Phone(s) 416-414-2775

#### ~~REGISTERED OWNER IF NOT APPLICANT~~

~~Contact Name(s) \_\_\_\_\_  
Company or Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
  
Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone(s) \_\_\_\_\_~~

#### ~~AGENT AUTHORIZED BY REGISTERED OWNER TO FILE THE APPLICATION~~

~~Contact Name(s) \_\_\_\_\_  
Company or Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
  
Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone(s) \_\_\_\_\_~~

#### Who is the primary contact?

- Applicant       Registered Owner       Agent

## 2. SUBJECT PROPERTY

Municipal Address: 1200 University Ave W.

Legal Description (if known): \_\_\_\_\_

Building/Structure Type:

- Residential
  Commercial
  Industrial
  Institutional

Heritage Designation:

- Part IV (Individual)
  Part V (Heritage Conservation District)

By-law #: \_\_\_\_\_ District: \_\_\_\_\_

Is the property subject to a Heritage Easement or Agreement?

- Yes
  No *In process of/will enter into Easement at later date*

## 3. TYPE OF APPLICATION

Check all that apply:

- Demolition/Removal of heritage attributes
  Addition
  Alteration\*
- Demolition/Removal of building or structure
  Erection

\*The Ontario Heritage Act's definition of "alter" means to change in any manner and includes to restore, renovate, repair or disturb.

## 4. HERITAGE DESCRIPTION OF BUILDING

*Describe the existing design or appearance of buildings, structures, and heritage attributes where work is requested. Include site layout, history, architectural description, number of storeys, style, features, etc..*

Work will occur at East Wall of the building facing an alley.  
Existing brick wall and its foundation wall need reinforcement  
and repairs. Significant heritage components include triangular  
concrete buttresses regularly spaced between brick bays with  
arched windows at the centre of each bay and shadow line.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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## 5. PROPOSED WORK

*Provide a detailed written description of work to be done, including any conservation methods you plan to use. Provide details, drawings, and written specifications such as building materials, measurements, window sizes and configurations, decorative details, etc.. Attach site plans, elevations, product spec sheets, etc. to illustrate, if necessary.*

*Steel columns and beams will be installed at the interior side of the east wall. Foundation walls will be reinforced with concrete and seven brick wall bays will be dismantled and rebuilt with veneer masonry brick. All heritage features of the existing brick walls will be replicated.*

## 6. HERITAGE PERMIT RATIONALE

*Explain the reasons for undertaking the proposed work and why it is necessary.*

*Structural integrity of the masonry walls are compromised and the walls are leaning outwards. Construction of new exterior foundation wall connected to the ground floor slab structure will reinstate the integrity of the foundation to support the new structural steel/masonry veneer walls.*

*Describe the potential impacts to the heritage attributes of the property.*

*Exterior experience of the heritage walls will be preserved.*  
*All architectural features of existing brick will be replicated.*  
*Existing concrete block infill will be replaced with brick.*

## 7. CHECKLIST OF MATERIALS SUBMITTED Check all that apply:

Required: *Included in drawings packages*

- Photographs (showing the current condition and context of existing buildings, structures, and heritage attributes that are affected by the application)
- Site plan/ Sketch (showing buildings on the property and location of proposed work)
- Drawings of proposed work (e.g. existing and proposed elevations, floor plans, roof plans, etc., as determined by Heritage Planning staff)
- Specifications of proposed work (e.g. construction specification details)

Potentially required (to be determined by Heritage Planning staff):

- Registered survey
- Material samples, brochures, product data sheets etc.
- Cultural Heritage Evaluation Report
- Heritage Impact Assessment (HIA)
- Heritage Conservation Plan
- Building Condition Assessment

## 8. NOTES FOR DECLARATION

*The applicant hereby declares that the statements made herein and information provided are, to the best of their belief and knowledge, a true and complete representation of the purpose and intent of this application.*

*The applicant agrees that the proposed work shall be done in accordance with this application, including attachments, and understands that the issuance of the Heritage Alteration Permit under the Ontario Heritage Act shall not be a waiver of any of the provisions of any By-Law of the Corporation of the City of Windsor, or the requirements of the Building Code Act, RSO 1980, c51.*

*The applicant acknowledges that in the event a permit is issued, any departure from the conditions imposed by the Council of the Corporation of the City of Windsor, or plans and specifications approved is prohibited and could result in the permit being revoked. The applicant further agrees that if the Heritage Alteration Permit is revoked for any cause of irregularity, in the relation to non-conformance with the said agreements, By-Laws, acts or regulations that, in consideration of the issuance of the permit, all claims against the City for any resultant loss or damage are hereby expressly waived.*

**APPLICANT** Signature(s) \_\_\_\_\_ Date Nov 15, 2021  
\_\_\_\_\_ Date \_\_\_\_\_

## SCHEDULE A

### ~~A. Authorization of Registered Owner for Agent to Make the Application~~

~~If the applicant is not the registered owner of the land that is the subject of this application, the written authorization of the registered owner that the applicant is authorized to make the application must be included with this application form or the authorization below must be completed.~~

~~I, \_\_\_\_\_, am the registered owner of the land that is  
*name of registered owner*  
subject of this application for a Heritage Alteration Permit and I authorize  
\_\_\_\_\_ to make this application on my behalf.  
*name of agent*~~

\_\_\_\_\_  
Signature of Registered Owner

\_\_\_\_\_  
Date

If Corporation – I have authority to bind the corporation.

### B. Consent to Enter Upon the Subject Lands and Premises

I, Shabeg Singh, hereby authorize the members of the Windsor Heritage Committee, Planning Standing Committee and City Council and staff of the Corporation of the City of Windsor to enter upon the subject lands and premises described in Section 3 of the application form for the purpose of evaluating the merits of this application and subsequently to conduct any inspections on the subject lands that may be required as condition of approval. This is their authority for doing so.

  
\_\_\_\_\_  
Signature of Registered Owner

Nov 15, 2021

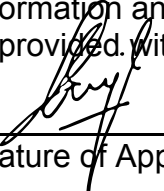
\_\_\_\_\_  
Date

If Corporation – I have authority to bind the corporation.

### C. Acknowledgement of Applicant

I understand that receipt of this application by the City of Windsor Planning Department does not guarantee it to be a complete application. Further review of the application will occur and I may be contacted to provide additional information and/or resolve any discrepancies or issues with the application as submitted.

I further understand that pursuant to the provisions of the Ontario Heritage Act and the Municipal Freedom of Information and Protection of Privacy Act, this application and all material and information provided with this application are made available to the public.

  
\_\_\_\_\_  
Signature of Applicant

Nov 15, 2021

\_\_\_\_\_  
Date

**DO NOT COMPLETE BELOW – STAFF USE ONLY**

**Approval Record**

Date Received by Heritage Planner: \_\_\_\_\_

Building Permit Application Date, if needed: \_\_\_\_\_

Approval requiring City Council:

Windsor Heritage Committee: \_\_\_\_\_

Planning & Economic Development Standing Committee: \_\_\_\_\_

City Council: \_\_\_\_\_

Approval requiring City Planner:

Heritage Planner: \_\_\_\_\_

Staff Decision Appealed to City Council: \_\_\_\_\_

If so, Date to City Council: \_\_\_\_\_

Council Decision Appealed: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECISION**

Heritage Permit No.: \_\_\_\_\_ Date: \_\_\_\_\_

Council Motion or City Planner's Signature: \_\_\_\_\_

**CONTACT INFORMATION**

Planning Department - Planning Policy  
Corporation of the City of Windsor  
Suite 320 - 350 City Hall Square West  
Windsor ON N9A 6S1  
planningdept@citywindsor.ca  
519-255-6543 x 6179  
519-255-6544 (fax)  
http://www.citywindsor.ca



City of Windsor Planning & Building Services  
2<sup>nd</sup> & 3<sup>rd</sup> Floors, 350 City Hall Square West  
Windsor, ON N9A 6S1

29 October 2021  
Project No. M21-186

Attention: Kristina Tang, MCIP, RPP  
Heritage Planner

**RE: 1200 University Avenue – Structural Issues of the East Wall**

Dear Kristina,

Further to our conference call a few weeks back, it was discovered upon further investigation that the foundation of the east wall consists of stacked stone approximately 20" wide with cement parging on both the interior and exterior walls. The extent of the parging below the exterior grade and if this parking parging was placed during construction of the building is not known.

The stacked stone foundation wall currently has no lateral support at the top of this wall and combined with the lack of a roof eaves trough is causing this wall to lean outward. The reconstruction of the entire foundation and exterior wall back to the original design is neither financially feasible nor meeting the design requirements of the Ontario Building Code and good workmanship.

The construction of a new exterior foundation wall connected to the ground floor slab structure will reinstate the integrity of the foundation to support the structural steel stud wall system. As shown on the plans prepared by Architectura, the single wythe brick veneer on this exterior wall will reinstate the brick architectural features.

With our knowledge of the current condition of the east foundation and exterior wall, and my proposed foundation wall repairs, it is my opinion that the intent has been met to retain the heritage features of this building.

I trust the above information is complete and provides you with the information required. If you have any questions and/or concerns regarding this report, please contact our office.

Yours truly,

D.C. McCLOSKEY ENGINEERING LTD.

Mark E. McCloskey, P. Eng.

MEM/amk

C:\Users\designer11\Documents\1835 ARCH\_Bldg B\_vaa\FCHGN.rvt

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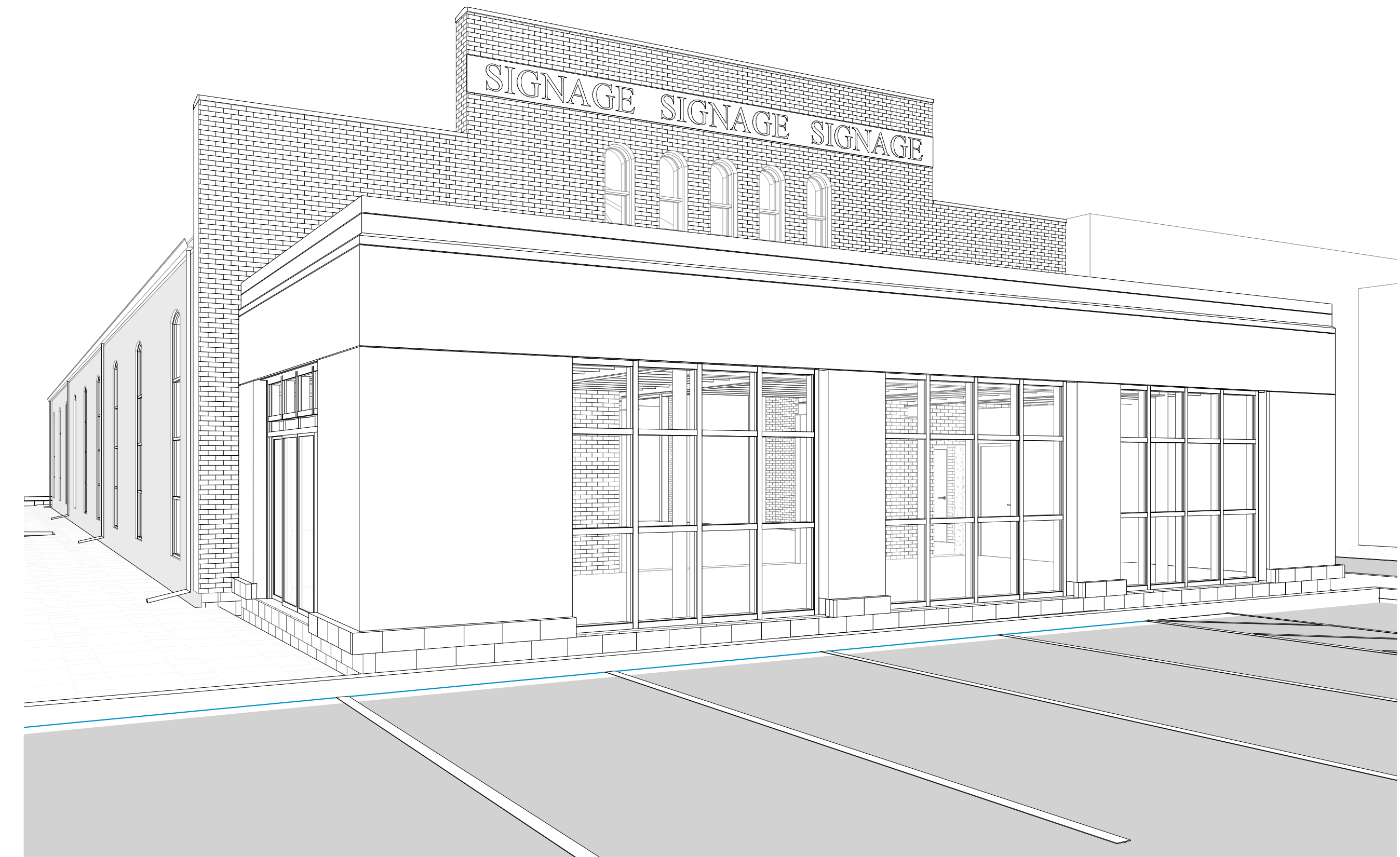
# AIPL CANADA Mixed-Use Development: BLD B

1100 & 1200-1220 University Ave. W, Windsor, ON

Project No. **1835**

### ARCHITECTURAL SHEETS

- A000 COVER SHEET
- A002 GENERAL INFORMATION & CODE COMPLIANCE
- A102 EXISTING & NEW FLOOR PLANS
- A103 ENLARGED PLANS AND SECTIONS - ADDITION
- A104 ROOF PLAN & DETAILS
- A105 PLAN DETAILS
- A401 EXISTING EXTERIOR ELEVATIONS
- A402 EXISTING BRICK ELEVATIONS - IMAGES
- A403 NEW EXTERIOR ELEVATIONS
- A404 WINDOW / CURTAIN WALL ELEVATIONS
- A501 BUILDING SECTIONS
- A601 WALL SECTIONS & DETAILS



Issued For	(YYYY.MM.DD)
SITE PLAN CONTROL	2020.03.16
SITE PLAN CONTROL	2020.08.31
PERMIT-SHELL	2021.01.05
PERMIT UPDATE & CONSTRUCTION	2021.09.23

Date

Revision Schedule  
Description

No.

Sheet Name  
**COVER SHEET**

AIPL CANADA  
**Mixed-Use Development: BLD B**  
1100 & 1200-1220 University Ave. W, Windsor,  
ON

Drawn By: AI      Checked By: AI  
Project No: 1835  
Sheet No:

# A000



**BUILDING CODE MATRIX**

Firm Name: Architectura Inc. Architects  
Certificate of Practice Number: 3267  
180 Eugenie St. W.  
Windsor, ON N9X 2X6  
The Certificate of Practice Number  
of the holder is the holder's BCDN.

Name of Project:  
Graffiti by AIPL - Junction Building - SHELL  
Location:  
1200 University Ave. W. Windsor Ontario

The architect noted above has exercised responsible  
control with respect to design activities. The architect's  
seal number is the architect's BCDN.

Item	Ontario Building Code Data Matrix Parts 3 & 9	OBC Reference
1	Project Description <input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Part 11 11.1 to 11.4	<input checked="" type="checkbox"/> Part 3 2.1.1 2.1.1 9.10.1.3
2	Major Occupancy(s) GROUP D - MEDICAL OFFICE	3.1.2.1.(1) 9.10.2
3	Building Area Existing = 864m <sup>2</sup> (9,300 ft <sup>2</sup> ) New = N/A Total = 864m <sup>2</sup> (9,300 ft <sup>2</sup> )	1.1.3.2 1.1.3.2
4	Gross Area Existing = 864m <sup>2</sup> (9,300 ft <sup>2</sup> ) New = N/A Total = 864m <sup>2</sup> (9,300 ft <sup>2</sup> )	1.1.3.2 1.1.3.2
5	Number of Storeys Above Grade = 1 Below Grade = Crawl Space	3.2.1.1 & 1.1.3.2 2.1.1.3
6	Number of Streets/Firefighter Access 2 - out of 135.2m building perimeter, 82.6m (61%) are located within 15m of access route	3.2.2.10 & 3.2.5. 9.10.19
7	Building Classification 3.2.2.55 - Group D, up to 2 Storeys	3.2.2.20-83 9.10.4
8	Sprinkler System Proposed <input type="checkbox"/> entire building <input type="checkbox"/> basement only <input type="checkbox"/> in lieu of roof rating <input checked="" type="checkbox"/> not required	3.2.2.20-83 3.2.1.5 3.2.2.17 9.10.8
9	Standpipe required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.2.9 N/A
10	Fire Alarm required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.2.4 9.10.17.2
11	Water Service/Supply is Adequate <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.2.5.7 N/A
12	High Building <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.2.6 N/A
13	Permitted Construction Actual Construction <input type="checkbox"/> Combustible <input type="checkbox"/> Non-combustible <input checked="" type="checkbox"/> Both	3.2.2.20-83 9.10.6
14	Mezzanine(s) Area m <sup>2</sup> N/A	3.2.1.1.(3)-(8) 9.10.4.1
15	Occupant load based on: Design <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Occupancy TBD Load TBD persons	3.1.16 9.9.1.3
16	Barrier-free Design <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain)	3.8 9.5.2
17	Hazardous Substances <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hazardous Substances investigation in progress	3.3.1.2 & 3.3.1.19 9.10.1.3(4)
18	Required Fire Resistance Rating (FRR) Horizontal Assemblies FRR (Hours) Floors 45min Roof N/A Mezzanine N/A FRR of Supporting Members Floors 45min Roof N/A Mezzanine N/A Listed Design No. or Description (SG-2) Listed Design No. or Description (SG-2)	3.2.2.20-83 & 3.2.1.4 9.10.8 9.10.9
19	Spatial Separation - Construction of exterior Walls Table 3.2.3.1.B. Wall Area of EBF (m <sup>2</sup> ) L.D. (m) L/H Permitted Max. % of Openings Proposed % of Openings FRR (Hours) Listed Design or Description TYPE OF CONSTRUCTION REQUIRED TYPE OF CLADDING REQUIRED	3.2.3 9.10.14
20	Fire Resistance Ratings Construction Type Used Required Rating OBC Reference Exits N/A - direct exits 3/4 HR 3.4.4.1. Floors N/A N/A 3.2.2.25. Service rooms w/ fuel fired appliances N/A N/A 3.6.2.1.(8) Service rooms w/ fuel fired appliances noncombustible w/ 1 HR FRR 1 HR 3.6.2.1. Electrical rooms noncombustible w/ 2 HR FRR 2 HR 3.6.2.1.(6). Janitors Room N/A N/A 3.3.1.20.	
21	Plumbing Fixtures: Total occupant load for building: 250 OCCUPANTS LOAD FIXTURE TYPE REQUIRED PROVIDED MALE TBD WATER CLOSETS TBD TBD TBD LAVATORIES TBD TBD FEMALE TBD WATER CLOSETS TBD TBD TBD LAVATORIES TBD TBD	

**CODE COMPLIANCE LEGEND**

EXAMPLE: OCCUPANCY CALCULATION  
ROOM DESCRIPTION  
OCCUPANT LOAD (m<sup>2</sup> / PERSON) OBC 3.1.17.1  
AREA OF ROOM (m<sup>2</sup>)  
OCCUPANTS (\* INDICATES BY AREA DESIGN 3.1.17.1.(1,c,d))

EXAMPLE: EXIT CALCULATION  
EXIT DESIGNATION  
PROVIDED DOOR WIDTH (mm) OBC 3.4.3.2  
REQUIRED DOOR WIDTH (mm) OBC 3.4.3.2  
PROVIDED STAIR WIDTH (mm) OBC 3.4.3.2  
REQUIRED STAIR WIDTH (mm) OBC 3.4.3.2  
PROVIDED OCCUPANCY EXIT CAPACITY (PERSONS)

— 3/4 — NEW FIRE SEPARATIONS - NUMBER INDICATES FIRE-RESISTANCE RATING IN HOURS  
— X-3/4 — EXISTING FIRE SEPARATIONS - NUMBER INDICATES FIRE-RESISTANCE RATING IN HOURS

**ARCHITECTURAL LEGEND**

ABBREVIATIONS	SYMBOLS
ACC AIR CONDITIONING CONDENSING UNIT ACP ALUMINUM COMPOSITE PANELS ACT ACUSTIC CEILING TILE ADO AUTOMATIC DOOR OPERATOR AL ALUMINUM AN ANODIZED AFF ABOVE FINISH FLOOR ARS ASSISTANCE REQUIRED SIGNAL AVS AUDIBLE VISUAL SIGNAL AWP ACOUSTIC WALL PANEL BL BREAK LINE CBLK CONCRETE BLOCK CG CORNER GUARD CH COAT HOOK CJ CONTROL JOINT CL CLEAR GLASS CONC CONCRETE CPT CARPET TILE CR CARD READER CT PORCELAIN TILE CUH CABINET UNIT HEATER CV CONVECTOR CW CURTAIN WALL DS DOWNSPOUT EBP EMERGENCY PUSH BUTTON EP ELECTRICAL PANEL ES EMERGENCY SIGN EX EXISTING FB FLOOR BOX - ELECTRICAL FD FLOOR DRAIN FE FIRE EXTINGUISHER FHC FIRE HOSE CABINET FM FLAT MIRROR GB GRAB BAR GL GLASS GYP BD GYPSUM BOARD HM HOLLOW METAL IG INSULATED GLASS IM INSULATED METAL INS INSULATION	N.I.C. NOT IN CONTRACT ND SANITARY NAPKIN DISPOSAL NV SANITARY NAPKIN VENDOR OH OVERHEAD OPP OPPOSITE PLAM PLASTIC LAMINATE PT PAINT PTD PAPER TOWEL DISPENSER/DISPOSAL PUSH TO LOCK RA ROOF ANCHOR RB RESILIENT BASE RD ROOF DRAIN RFID RADIO FREQUENCY IDENTIFICATION RWL RAIN WATER LEADER SCW SOLID CORE WOOD SD SOAP DISPENSER SHWR SHOWER SIM SIMILAR SLR CONCRETE SEALER SR SERVER RACK SS STAINLESS STEEL SSS STAINLESS STEEL SHELF SVT SOLID VINYL TILE TB TACK BOARD TG TINTED GLASS TM TILTED MIRROR T.O. TOP OF TP TOILET PAPER HOLDER TEMPERED GLASS TWSI TACTILE WALKING SURFACE INDICATOR UN.O. UNLESS NOTED OTHERWISE U/S UNDERSIDE V.I.F. VERIFY IN FIELD VINYL FLOOR VCT VINYL COMPOSITE TILE WB WHITE BOARD WD WOOD WI WIRED GLASS WP WATERPROOFING
ROOM NAME	ROOM NUMBER
101a	DOOR NUMBER
G1	WINDOW TYPE
W1a	WALL TYPE/ CEILING TYPE
F1	FLOOR TYPE
R1	ROOF TYPE
?	MATERIAL TYPE
1	REVISION NUMBER
No SHEET No	EXTERIOR BUILDING ELEVATION INDICATOR
No SHEET	MILLWORK ELEVATION INDICATOR
No SHEET	SECTION INDICATOR

**WALL TYPE LEGEND**

TYPE	SECTION	DESCRIPTION
W1		-50.8 mm ALUMINUM COMPOSITE PANEL -116 mm GALVANIZED STEEL Z-GIRTS -76 mm CLOSED CELL SPRAY FOAM INSULATION -19.1 mm EXTERIOR GRADE PLYWOOD SHEATHING -152 mm METAL STUD FRAMING SPACED AT 400mm O.C. w/ R-20 BATT INSULATION -12.7 mm GYPSUM BOARD
W2		-50.8 mm ALUMINUM COMPOSITE PANEL CLIPPED TO EXISTING CONCRETE -EXISTING UNREINFORCED CONCRETE WALL -92.1 mm METAL STUD FRAMING SPACED AT 400mm O.C. w/ R-20 BATT INSULATION -12.7 mm GYPSUM BOARD
W3		-92.1 mm BRICK -25.4 mm AIR SPACE -AIR BARRIER -19.1 mm EXTERIOR GRADE PLYWOOD SHEATHING -152.4 mm (2' x 6") WOOD STUD FRAMING
W4		-63.5 mm MET SIDING SYSTEM -AIR BARRIER -19.1 mm EXTERIOR GRADE PLYWOOD SHEATHING -92.1 mm METAL STUD FRAMING
W5		-10 mm BRICK VENEER -AIR SPACE -AIR BARRIER -12mm DENSGLOSS SHEATHING -150mm METAL STUD FRAMING SPACED AT 400mm O.C. w/ R-20 BATT INSULATION -16mm TYPE 'X' GYPSUM BOARD

**ROOF TYPE LEGEND**

TYPE	SECTION	DESCRIPTION
R1		-60 MIL PVC ROOF MEMBRANE -152 mm R-35 POLYISOCYANURATE INSULATION -19.1 mm EXTERIOR GRADE PLYWOOD SHEATHING
R2		-60 MIL PVC ROOF MEMBRANE -19.1 mm EXTERIOR GRADE PLYWOOD SHEATHING -314.9 mm (2x6") WOOD FRAMING

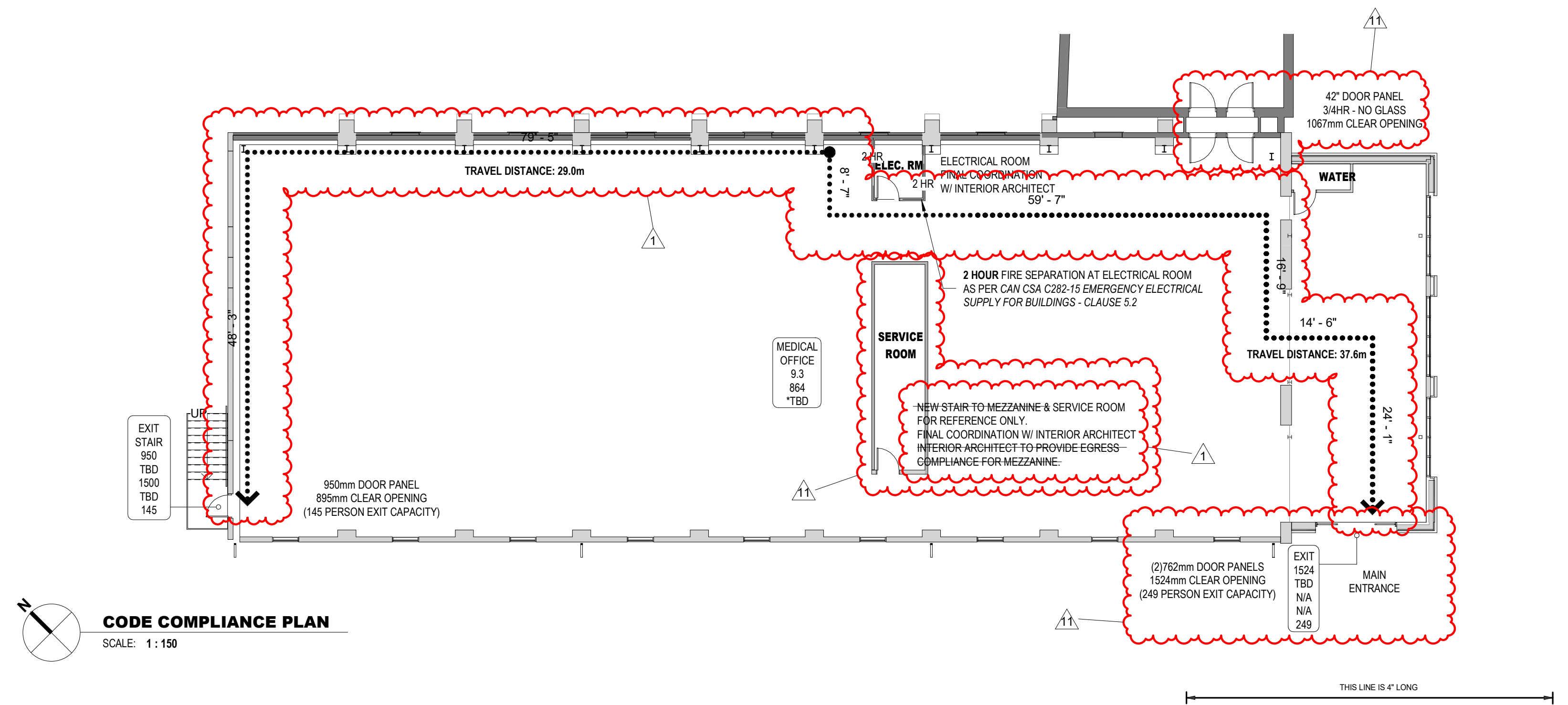
**CEILING, SOFFIT & BULKHEAD LEGEND**

TYPE	DISPLAY/ GRAPHIC	DESCRIPTION
C-1		GYPSUM BOARD CEILING (C-1) 1/2" Gypsum board w/ suspension system

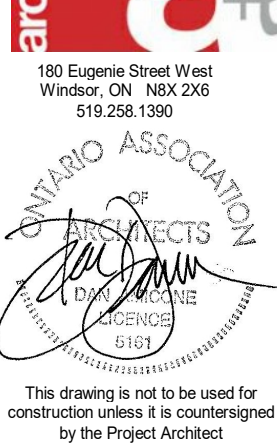
**SHOP DRAWINGS AND SUBMITTALS:**

- a) SUBMIT 5 (FIVE) COPIES OF ALL SHOP DRAWINGS AND SUBMITTALS.
- b) SHOP DRAWINGS AND/OR SUBMITTALS THAT REQUIRE CERTIFICATION BY QUALIFIED PROFESSIONAL ENGINEER SHALL HAVE ORIGINAL SIGNATURE OF AN ENGINEER LICENSED IN THE PROVINCE OF ONTARIO. SHOP DRAWINGS THAT REQUIRE CERTIFICATION BY A PROFESSIONAL ENGINEER MUST BE STAMPED AT THE TIME REQUIRING ENGINEERS CERTIFICATION ARE NOT STAMPED AS REQUIRED, THEY WILL BE REJECTED WITHOUT REVIEW.
- c) THE CONTRACTOR SHALL ALLOW THE CONSULTANT AN MINIMUM OF 10 WORKING DAYS TO REVIEW SHOP DRAWINGS IS REQUIRED, ANOTHER 10 WORKING DAYS SHALL BE ALLOWED.
- d) NO WORK SHALL BE COMMENCED OR MATERIAL ORDERED FOR WORK REQUIRING SHOP DRAWING SUBMISSION UNTIL THE SUBMISSION HAS BEEN RETURNED TO THE CONTRACTOR BEARING THE STAMP OF THE CONSULTANT.
- e) THE FOLLOWING ITEMS REQUIRE SHOP DRAWING AND/OR SUBMISSION.

ITEM	ENGINEERS STAMP REQ'D	COMMENTS
REINFORCING STEEL	NO	SUBMIT ERECTION PLANS AND MATERIAL LISTS FOR ALL REBAR SPECIFIED IN CONSTRUCTION DRAWINGS
CONCRETE MIX DRAWINGS	NO	SUBMIT ALL CONCRETE MIX DESIGNS TO BE USED
CONCRETE BLOCK MILL REPORT INCL COMPRESSIVE STRENGTH TEST RESULTS	NO	
MASONRY TIES, ANCHORS AND HORIZONTAL JOINT REINFORCING SPECS MORTAR AND GROUT MIX DESIGNS AND SPECIFICATIONS	NO	
STRUCTURAL STEEL SHOP DRAWINGS	YES	SUBMIT ERECTION PLANS AND PIECE DETAIL DWGS. FOR STRUCTURAL STEEL SPECIFIED IN CONSTRUCTION DRAWINGS
COLD FORMED STEEL (CFS) FRAMING STUD SHOP DRAWINGS	YES	SUBMIT FULL SHOP DWGS. & CALCULATIONS FOR ALL STUD FRAMING SHOWING LAYOUT & CONNECTIONS. BOTH CERTIFIED.
WINDOW & CURTAIN WALL SHOP DRAWINGS	YES	SHOP DRAWINGS SHALL SHOW ELEVATIONS, SECTIONS, MULLION SECTION PROPERTIES AND ALL CONNECTIONS.



**CODE COMPLIANCE PLAN**  
SCALE: 1 : 150



Issued For (YMM05) 21.01.05  
PERMIT SHELL 21.01.13  
R1 21.01.13  
PERMIT UPDATE & CONSTRUCTION 21.09.23

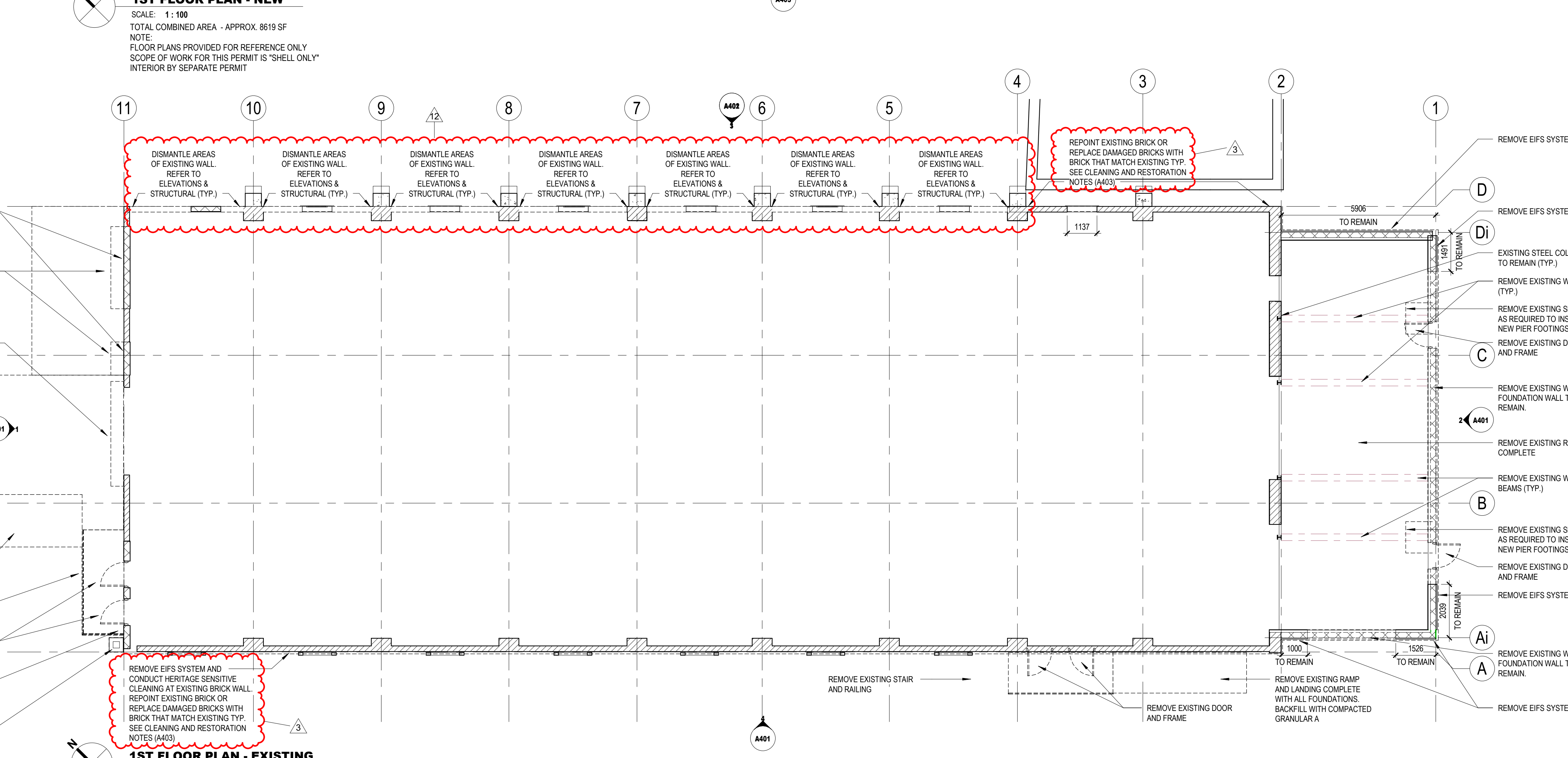
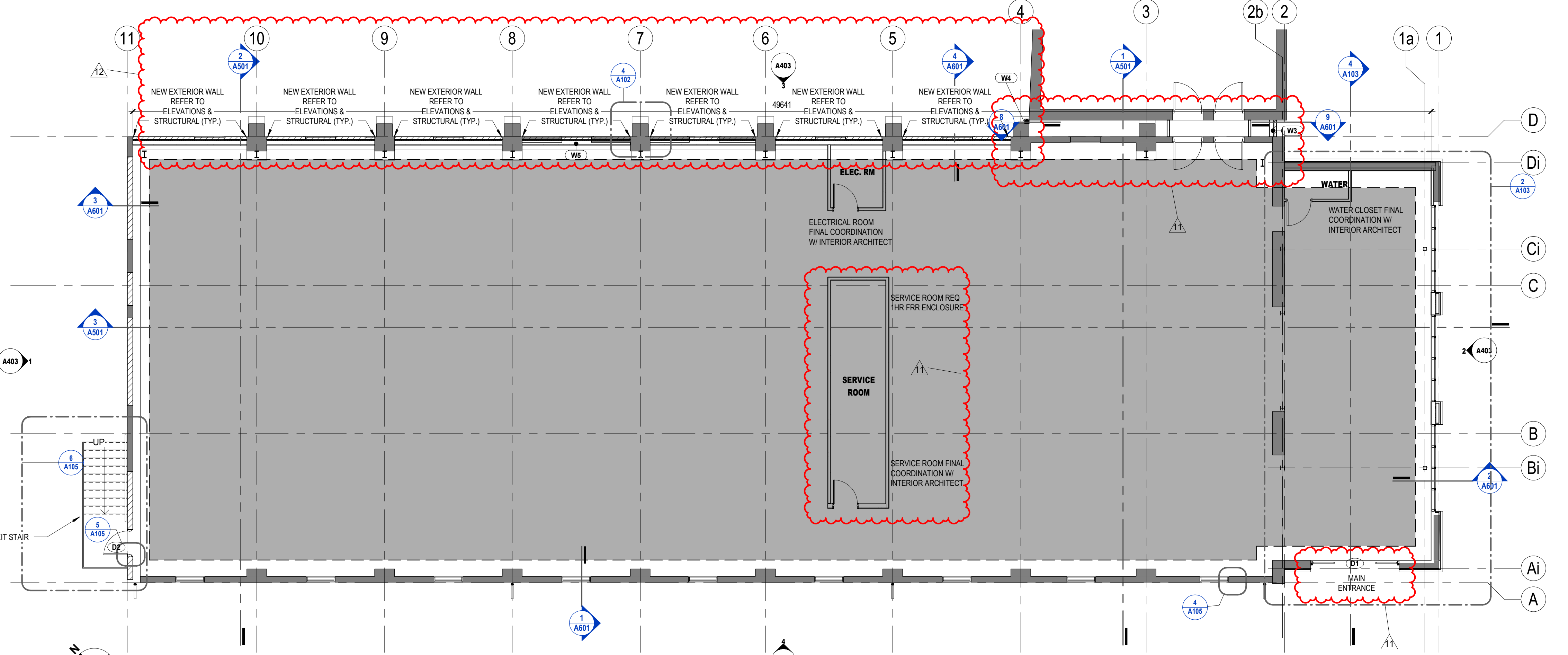
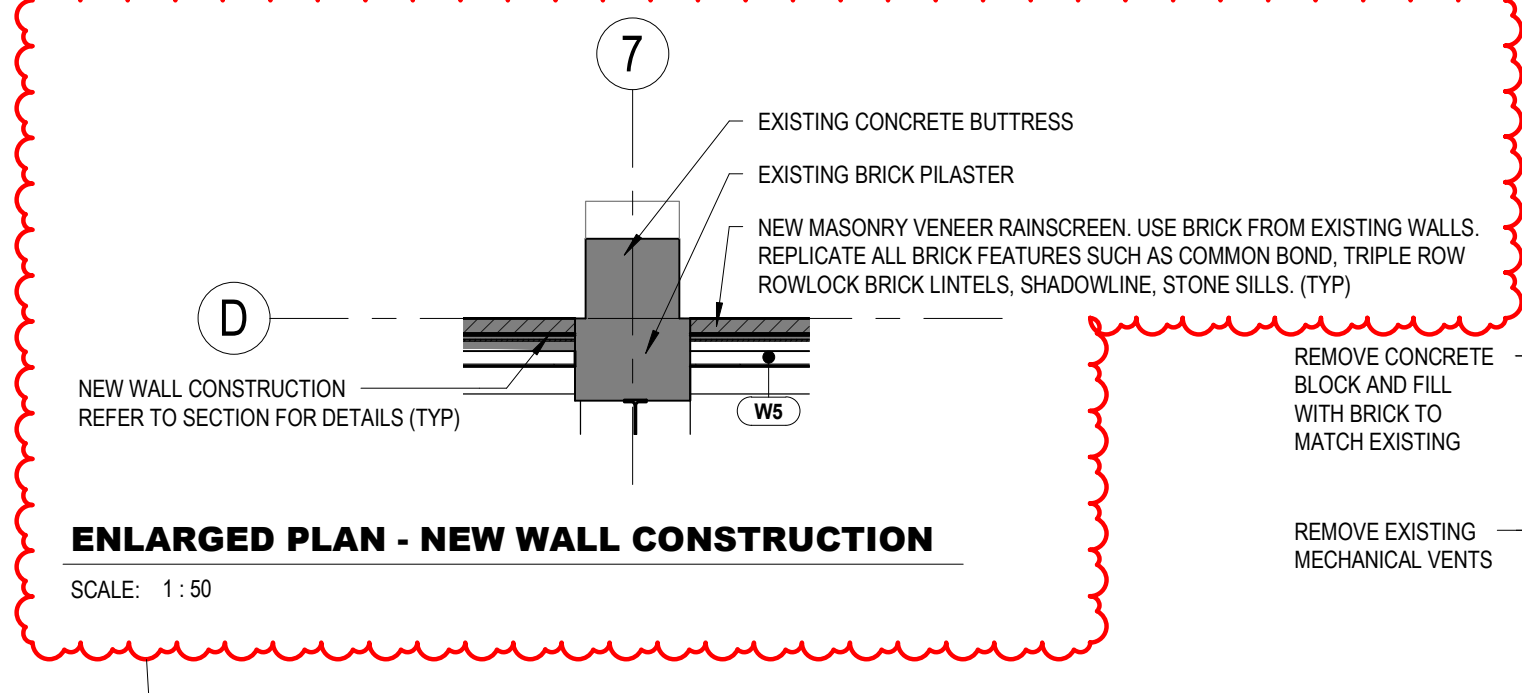
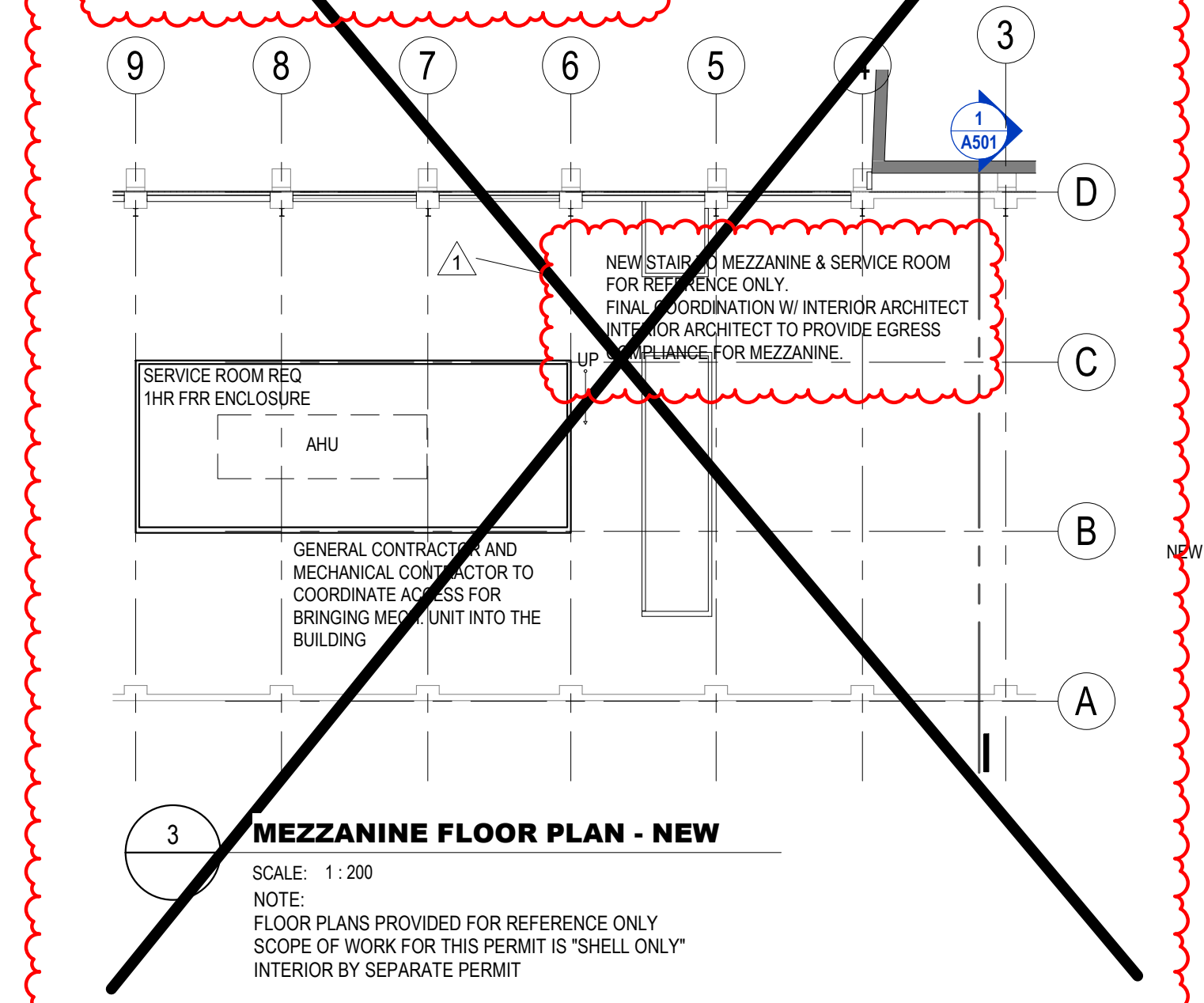
Revision Schedule	Description	Date
1	Rev 1	2021.01.13
11	Rev 11 - Coordination	2021.09.23
12	Rev 12 - East Walls Structural Repair	2021.10.26

**GENERAL INFORMATION & CODE COMPLIANCE**

AIPL CANADA  
Mixed-Use Development: BLD B  
1100 & 1200-1220 University Ave. W. Windsor, ON  
Drawn By: Ai Checked By: Ai  
Project No: 1835  
Sheet No: A002



NOTE:  
DO NOT INSTALL AIR HANDLING UNIT ON MEZZANINE.  
AND OUTDOOR CONDENSER UNIT ON ROOF OF EXISTING BUILDING BEFORE STRUCTURAL REINFORCEMENT OF MEZZANINE AND ROOF IS COMPLETED UNDER THE INTERIOR FIT-UP PERMIT.



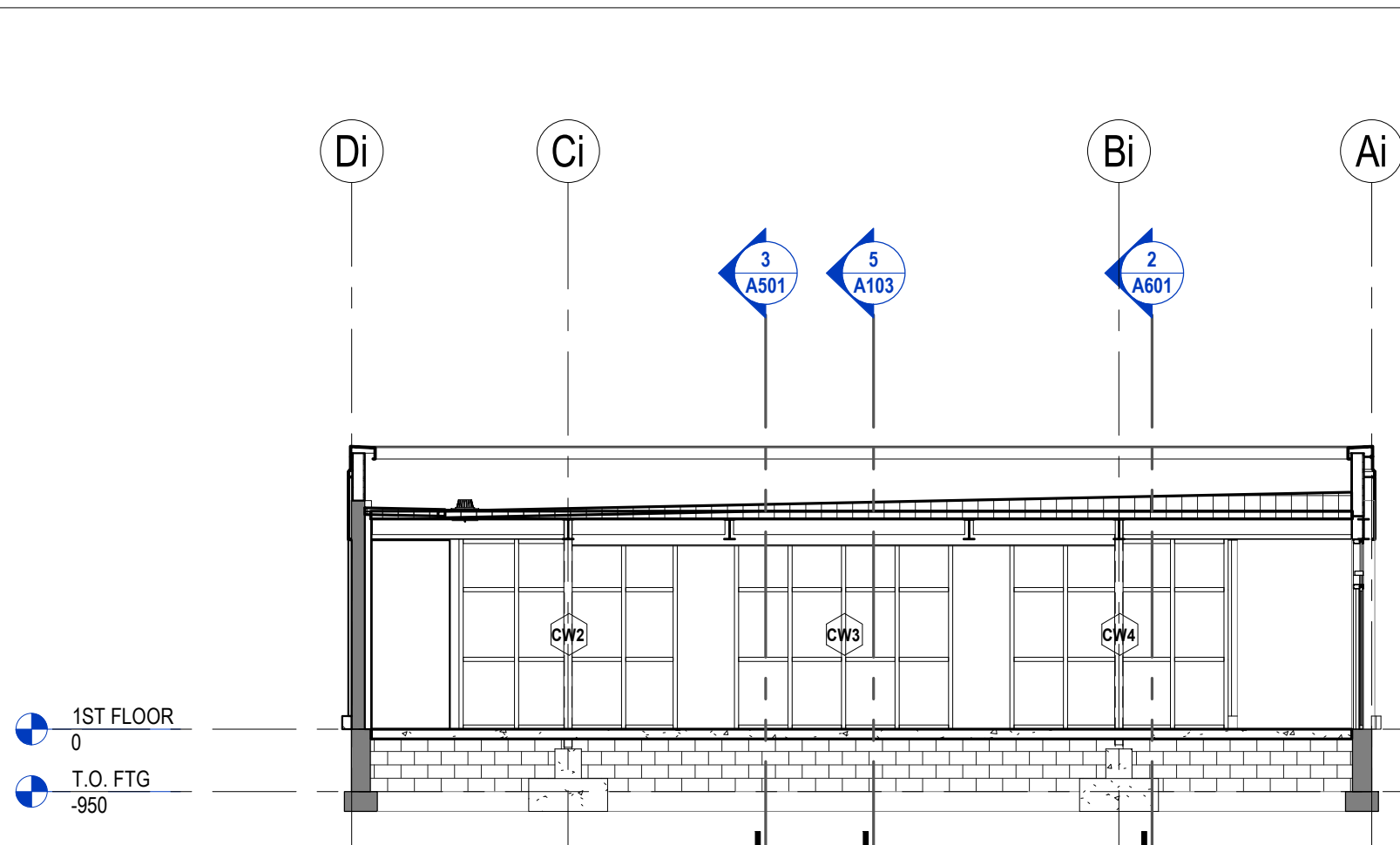
1ST FLOOR PLAN - EXISTING  
SCALE: 1:100  
NOTE:  
EXISTING FLOOR PLANS PROVIDED FOR REFERENCE ONLY  
SCOPE OF WORK FOR THIS PERMIT IS "SHELL ONLY"  
INTERIOR BY SEPARATE PERMIT

Revision Schedule

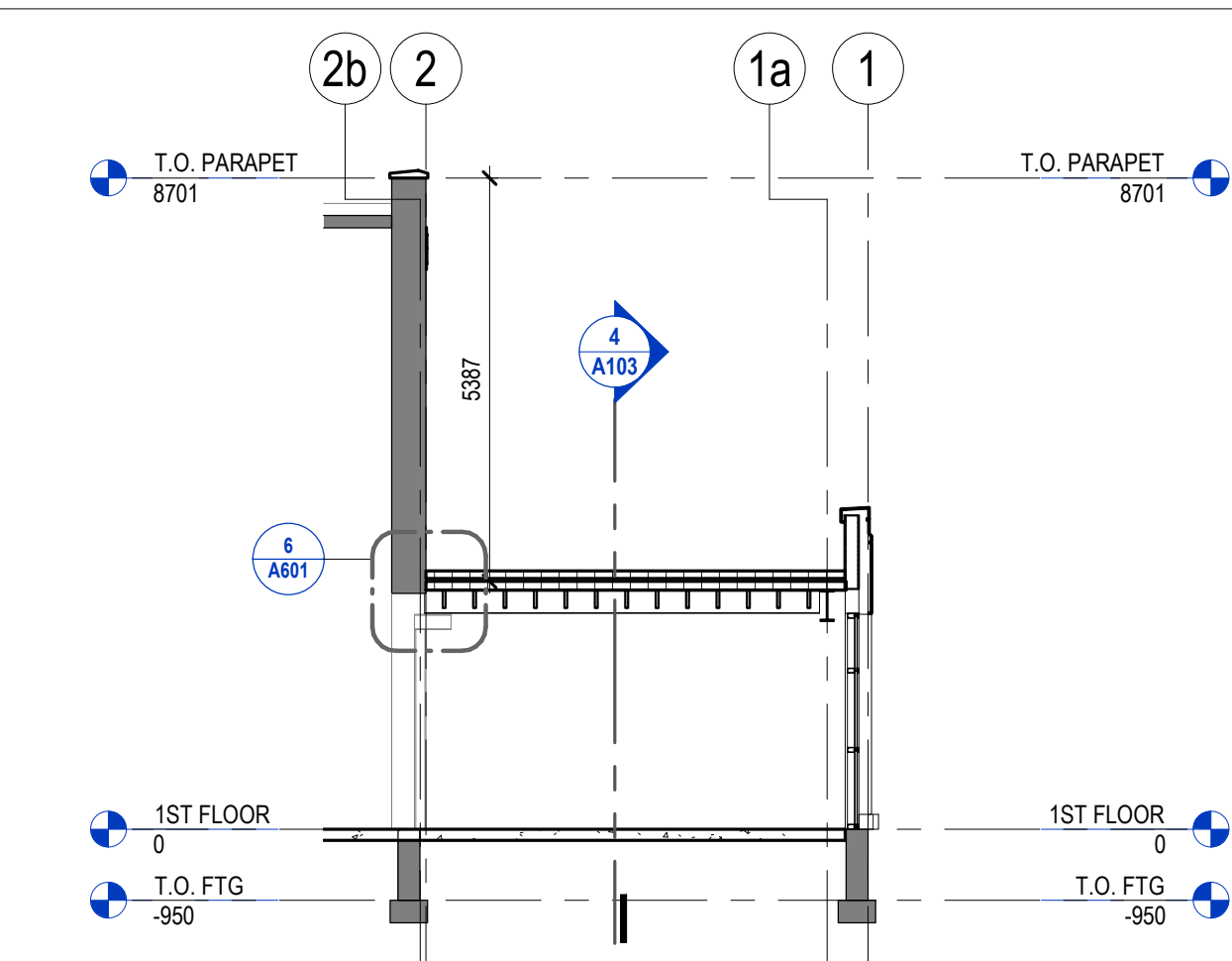
No.	Rev	Description	Date
1	Rev 1	Rev 3 - P12 - Draft SPC Approval Report	2021.01.13
3	Rev 3 - P12 - Draft SPC Approval Report	Comments on HVAC and Structural Reinforcement	2021.03.25
4	Rev 3 - P12 - Draft SPC Approval Report	Comments on HVAC and Structural Reinforcement	2021.04.08
11	Rev 11 - Coordination		2021.09.23
12	Rev 12 - East Walls Structural Repair		2021.10.26

EXISTING & NEW FLOOR PLANS

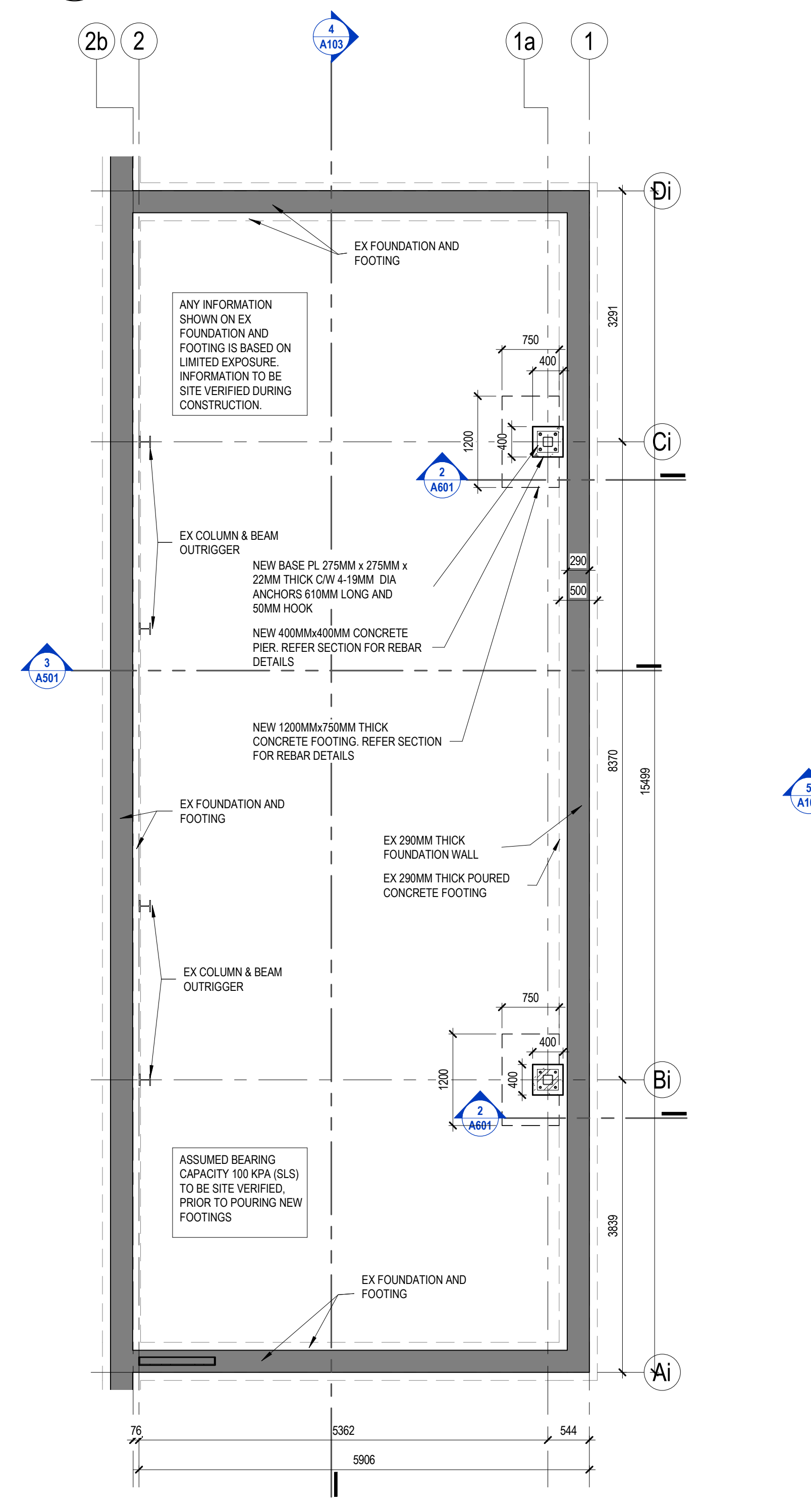




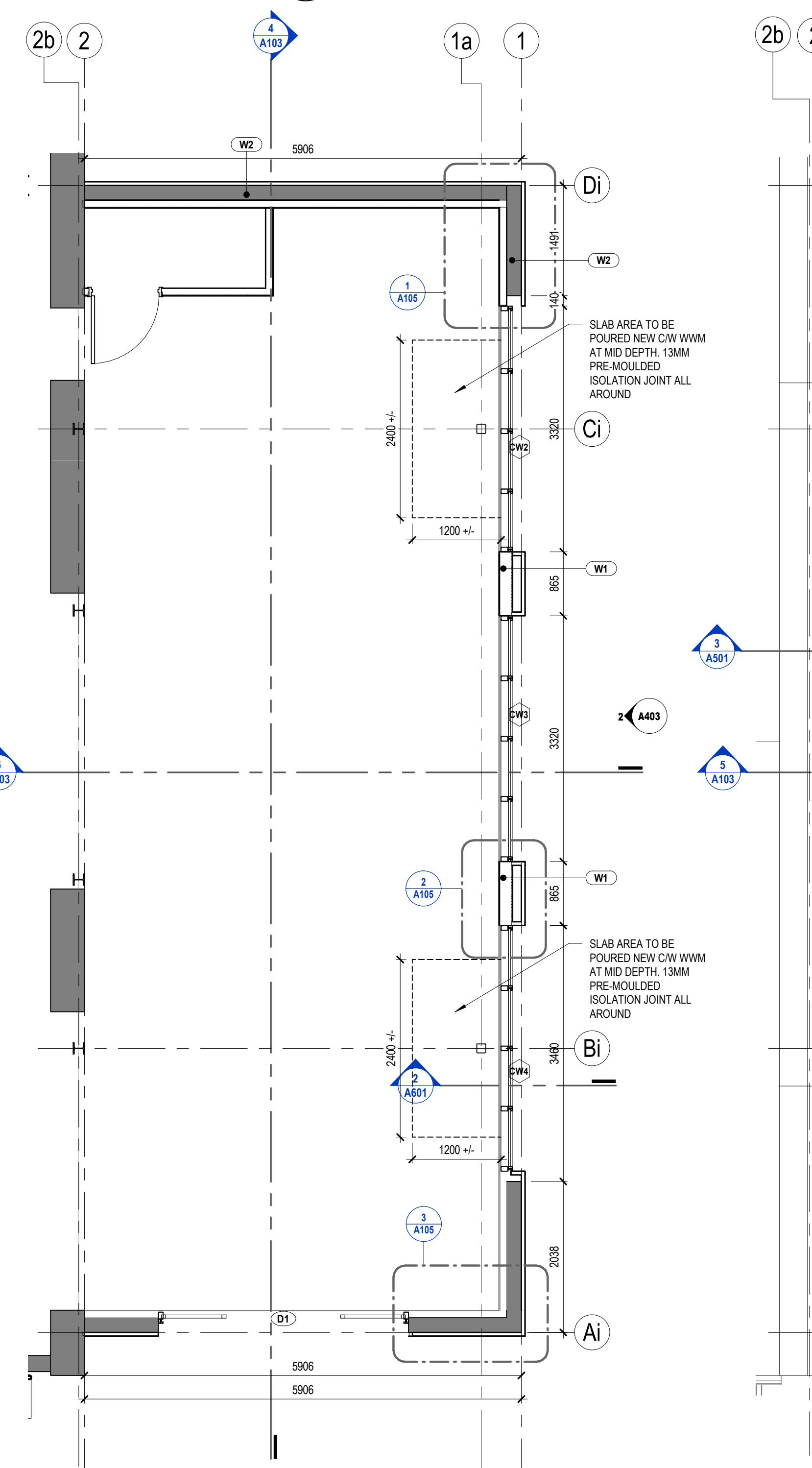
**4 BUILDING SECTION - 4**  
SCALE: 1:100



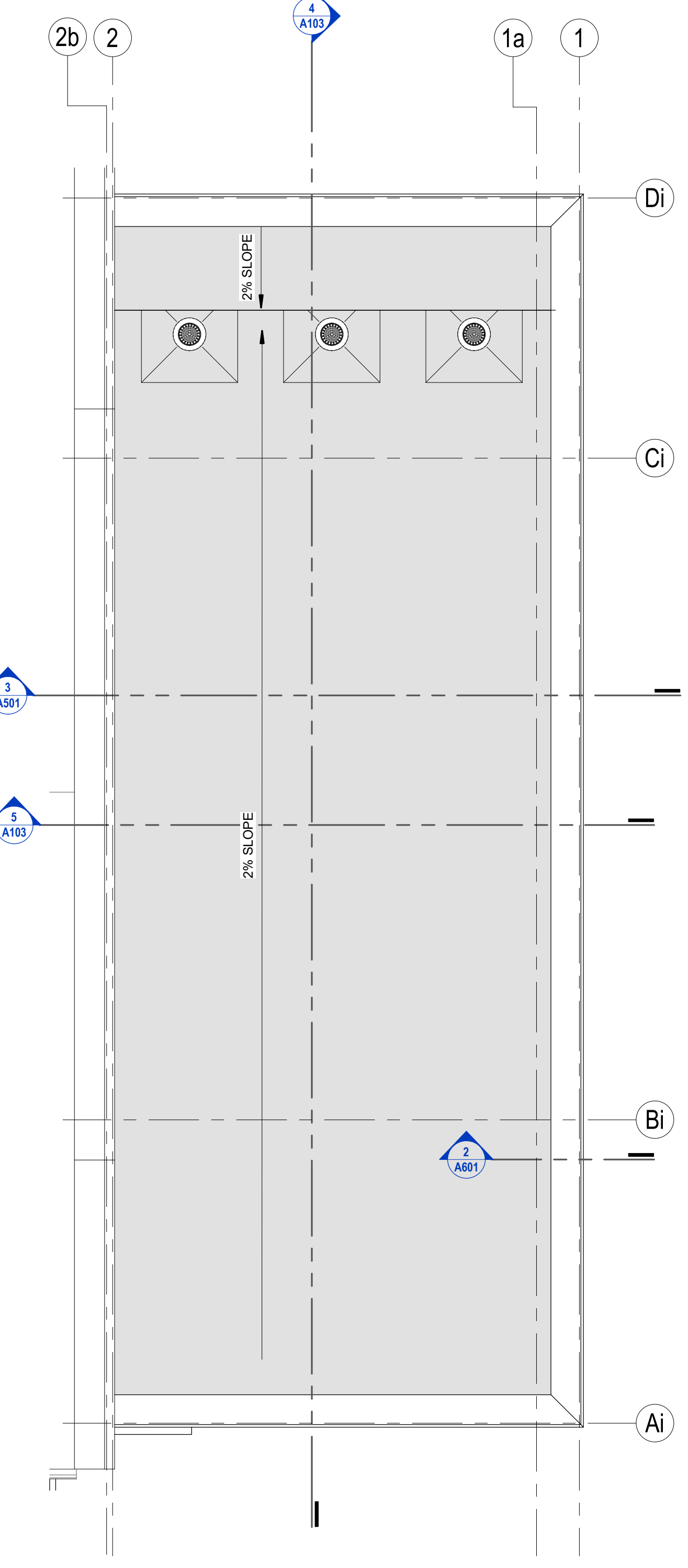
**5 BUILDING SECTION - 5**  
SCALE: 1:100



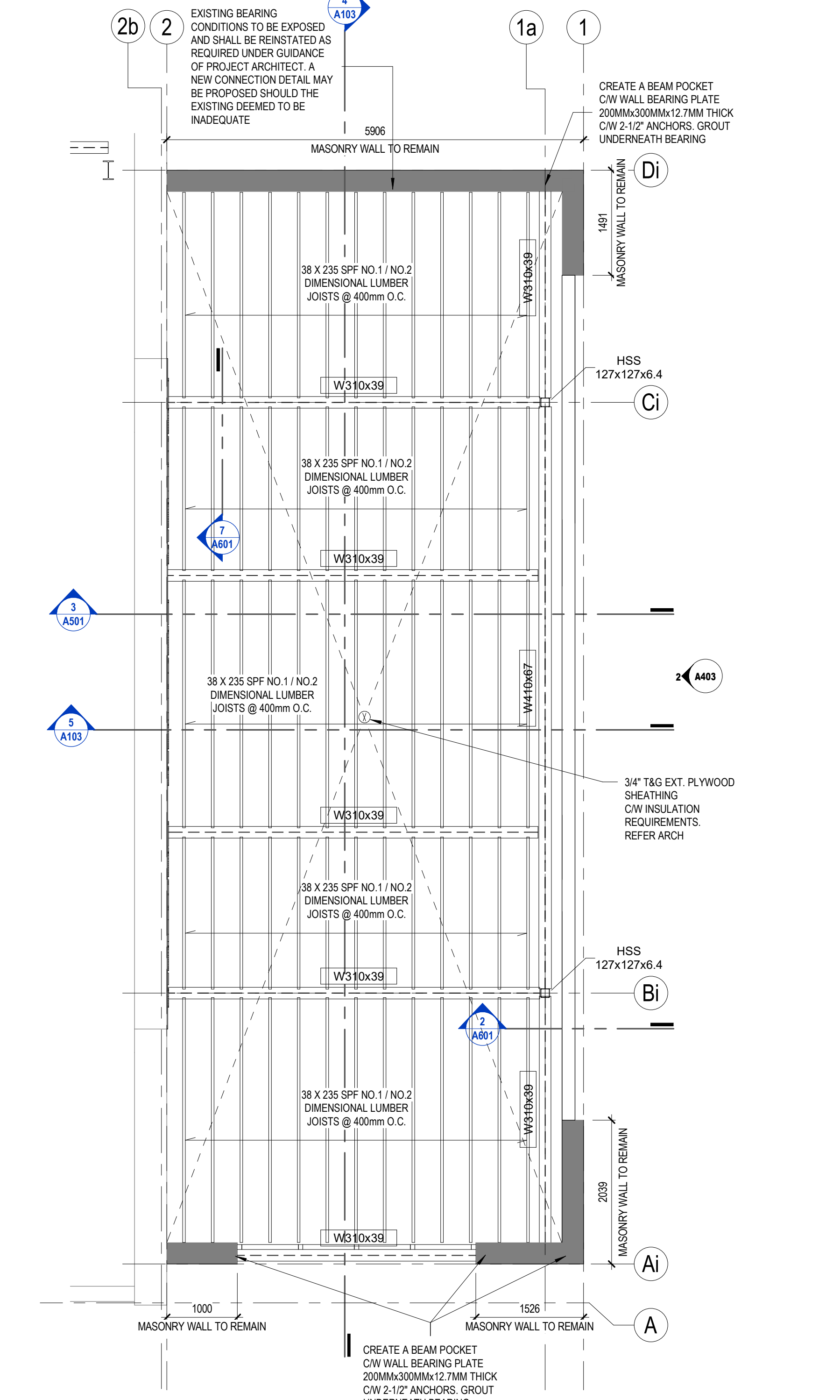
**1 ENLARGED FOUNDATION PLAN - NEW**  
SCALE: 1:50



**2 ENLARGED 1ST FLOOR PLAN - NEW**  
SCALE: 1:50



**3 ENLARGED ROOF PLAN - NEW**  
SCALE: 1:50



**6 ENLARGED FRAMING PLAN - NEW**  
SCALE: 1:50

NOTE:  
GENERAL CONTRACTOR TO VERIFY DIMENSIONS ON SITE  
PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION AND  
FABRICATION OF STRUCTURAL STEEL



Issued For (YMMMO)  
PERMIT-SHELL 21.01.05  
PERMIT UPDATE & 21.09.23  
CONSTRUCTION

Date	Revision Schedule	Description

**ENLARGED PLANS AND SECTIONS - ADDITION**

**AIPL CANADA**  
**Mixed-Use Development: BLD B**  
1100 & 1200-1220 University Ave. W. Windsor, ON

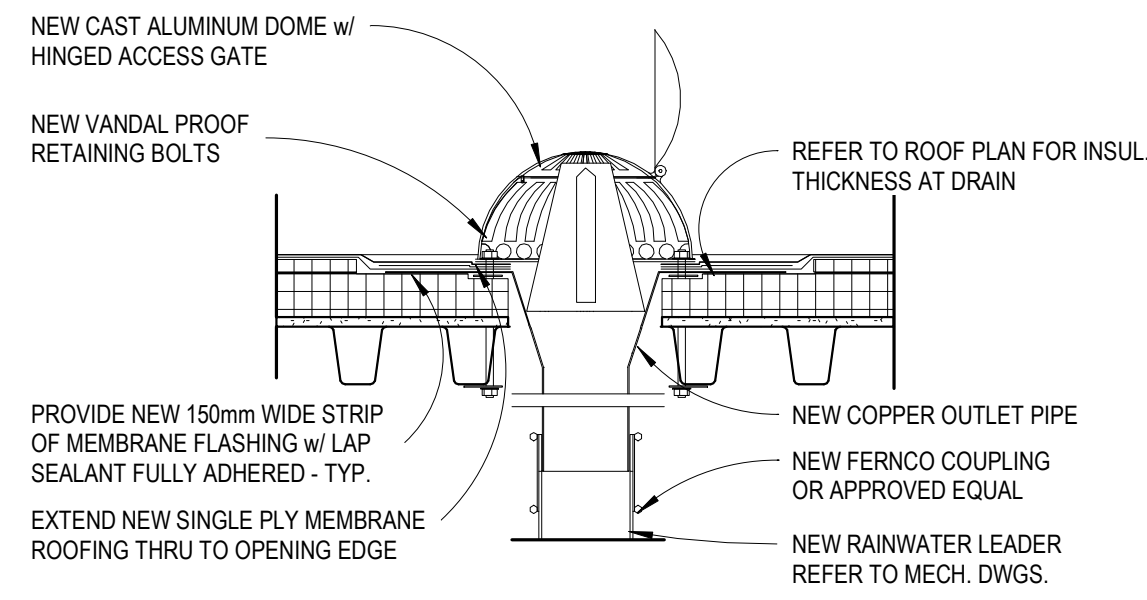
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Author: [Blank] Checker: [Blank]  
Project No: 1835  
Sheet No: [Blank]

**A103**

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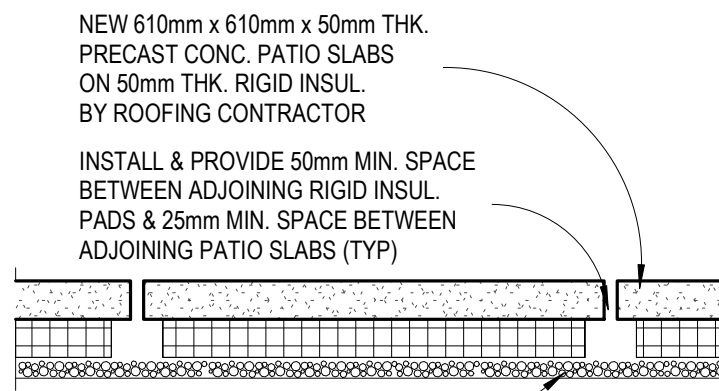
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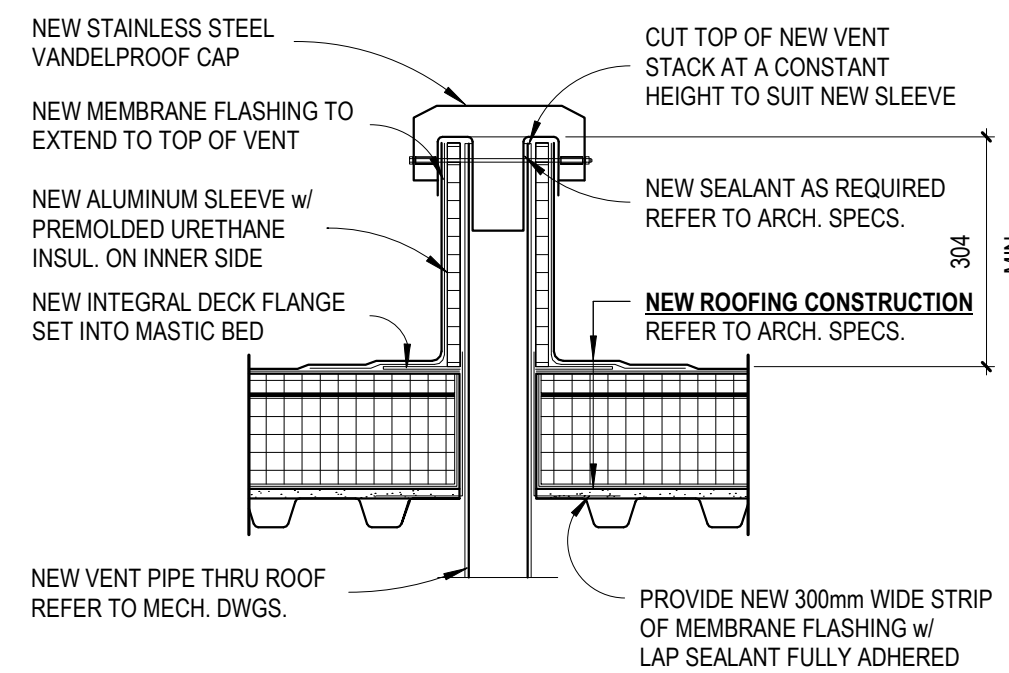
**TYP. ROOF DRAIN DETAIL**

SCALE: 1:10



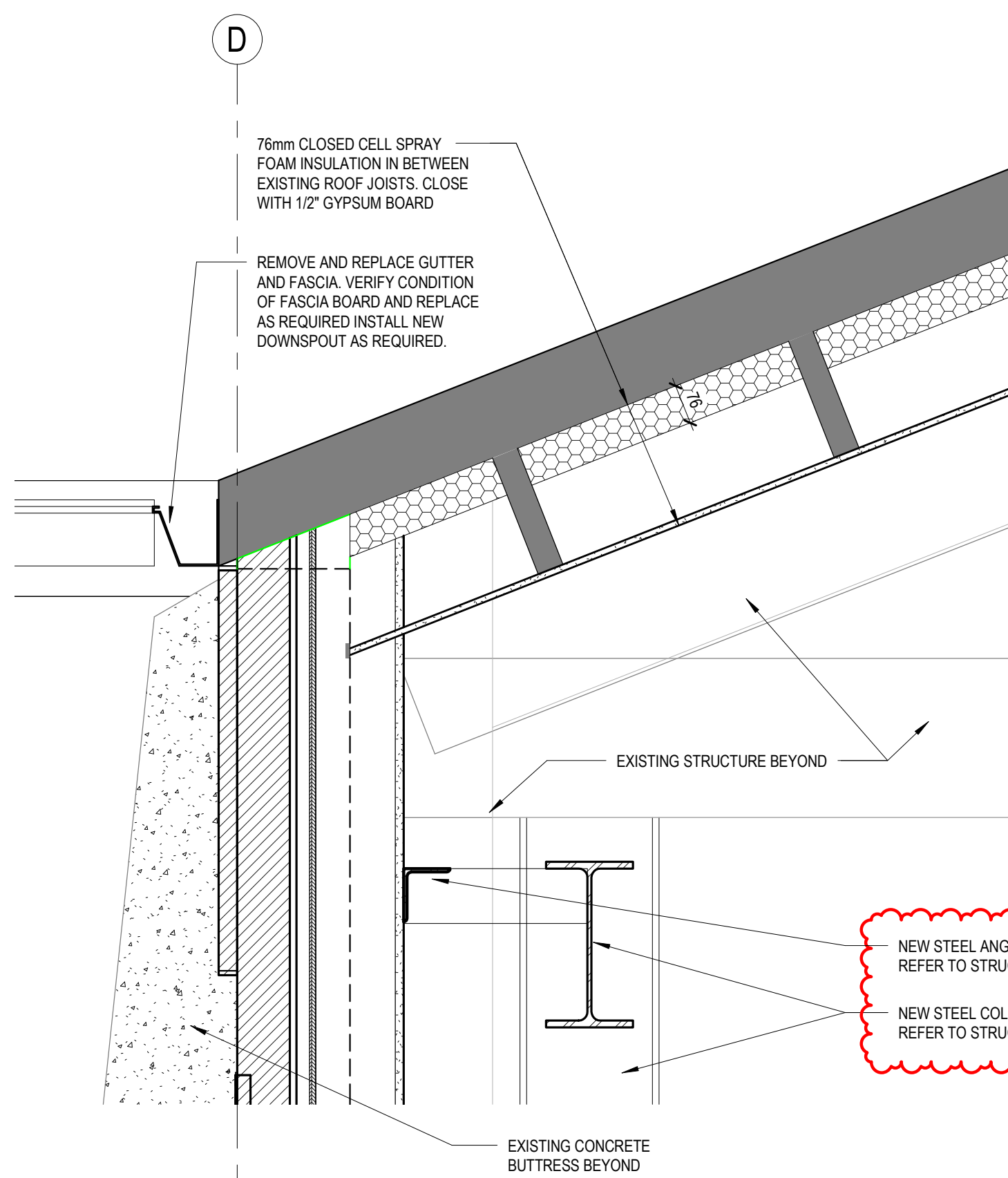
**TYP. ROOF PAVER DETAIL**

SCALE: 1:10



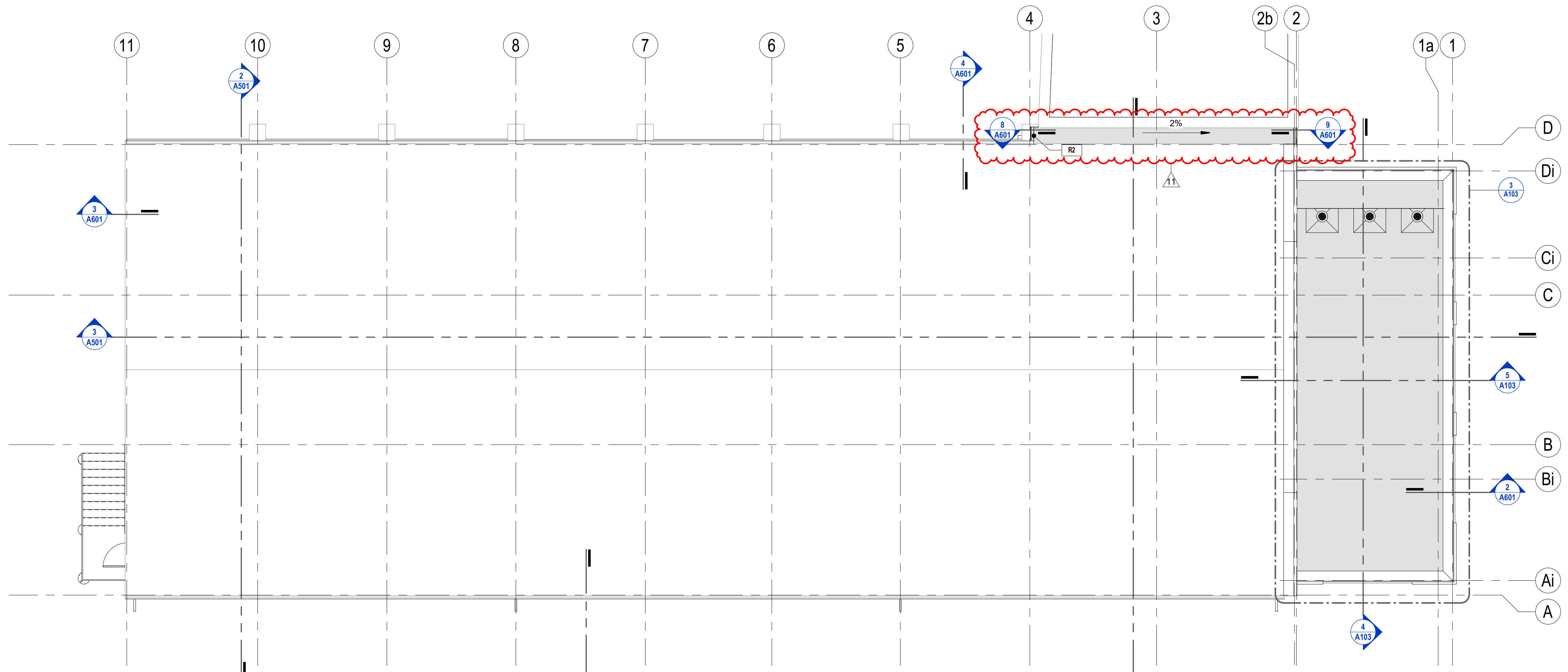
**TYP. ROOF PENETRATION DETAIL**

SCALE: 1:10



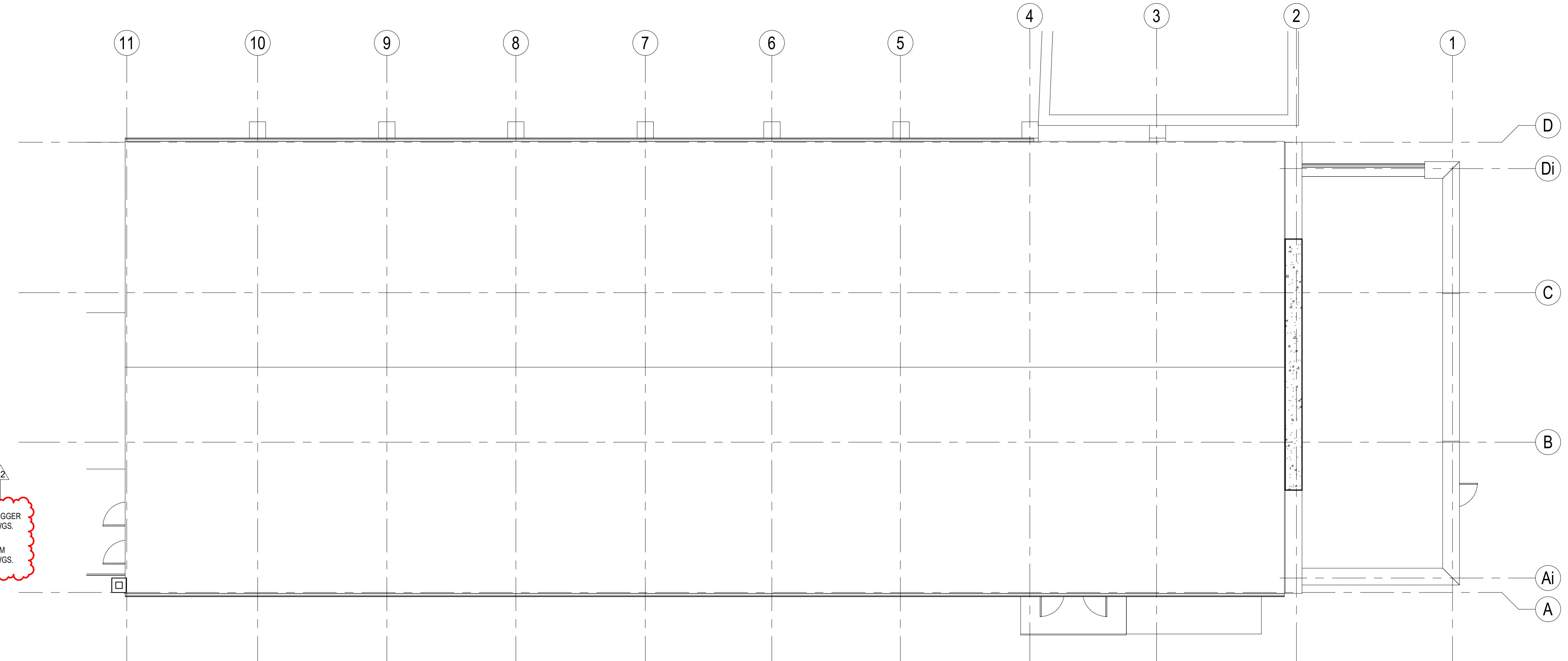
**3 TYPICAL ROOF DETAIL**

SCALE: 1:10



**1 ROOF PLAN - NEW**

SCALE: 1:100



**2 ROOF PLAN - EXISTING**

SCALE: 1:100

THIS LINE IS 4" LONG

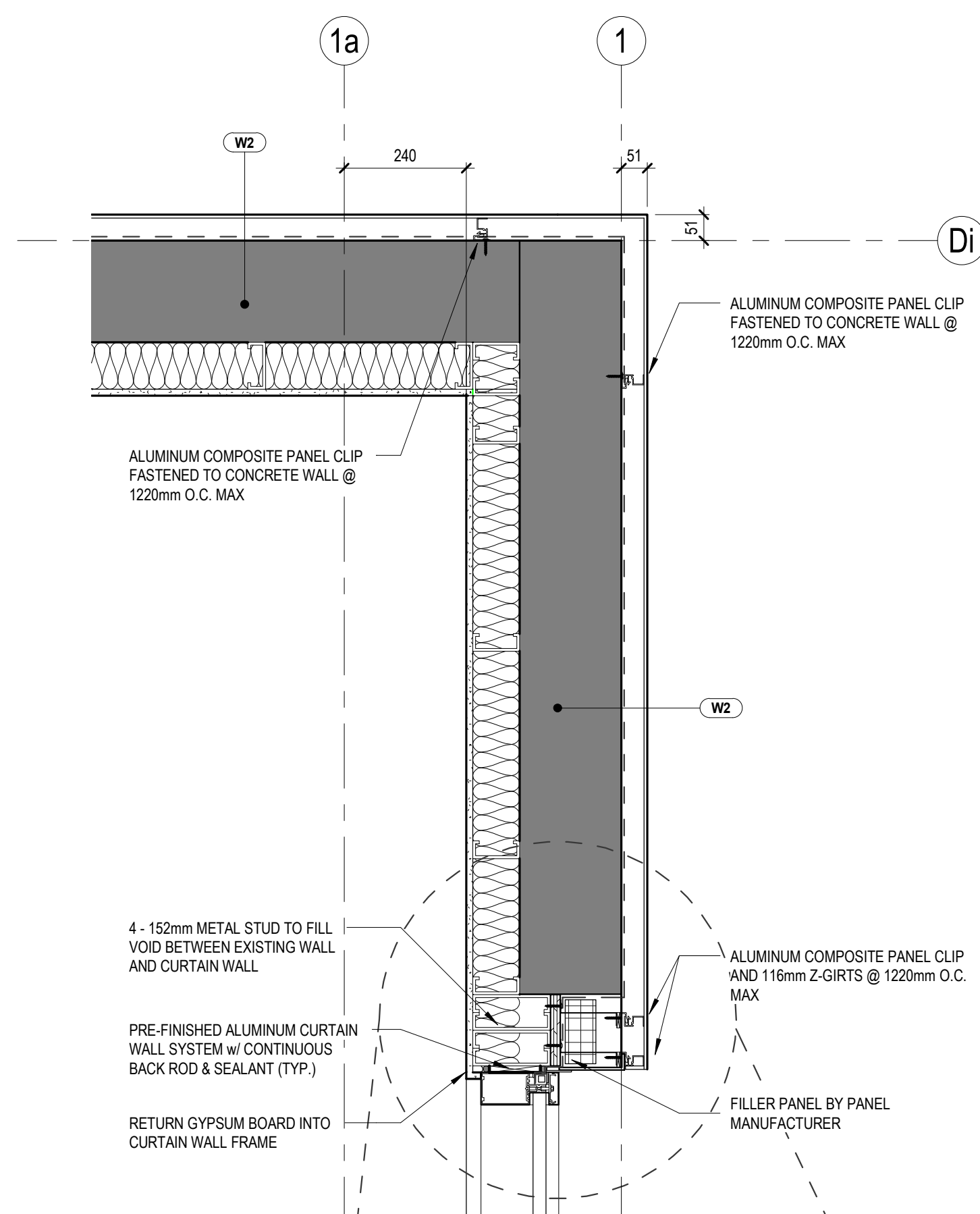
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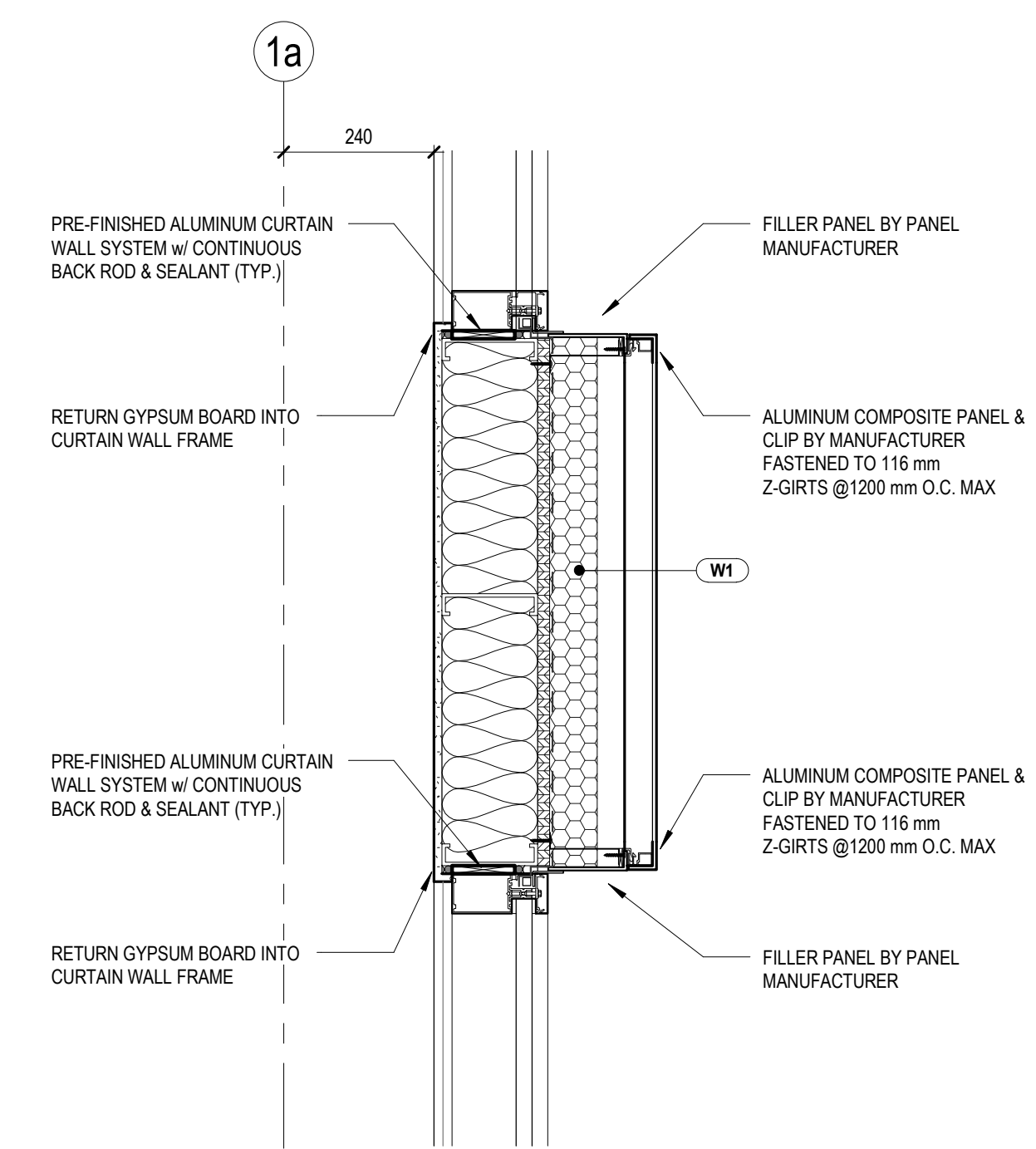
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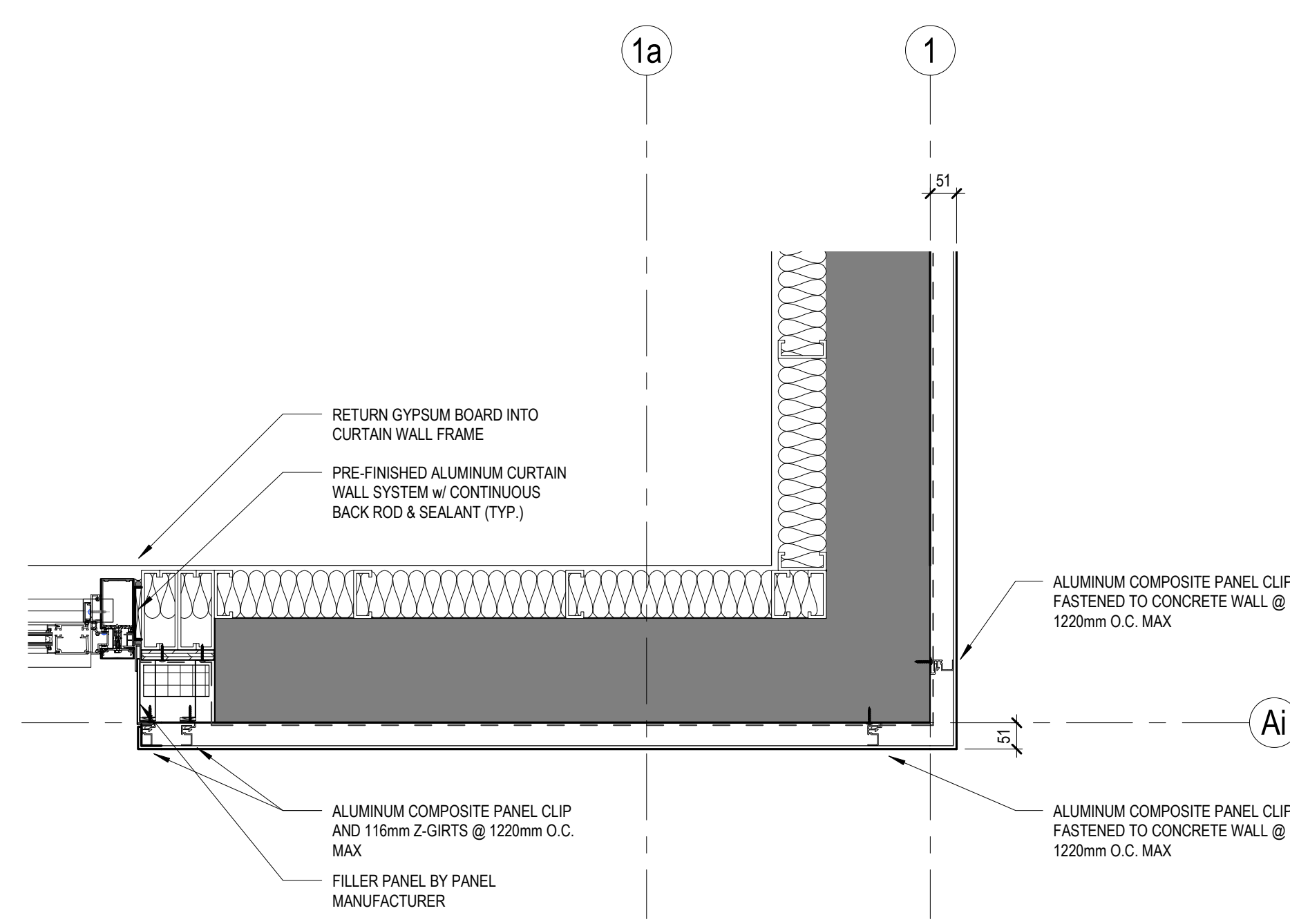
THIS DRAWING SHEET IS 30"X42" IN SIZE. IT IS RECOMMENDED THAT ANY REPRODUCTION, ELECTRONIC OR OTHERWISE, BE TO THE SAME SHEET SIZE TO ENSURE THE ACCURACY OF DRAWING SCALES DEPICTED ON THIS SHEET. THIS DRAWING IS NOT TO BE SCALED. USE FIGURED DIMENSIONS ONLY.



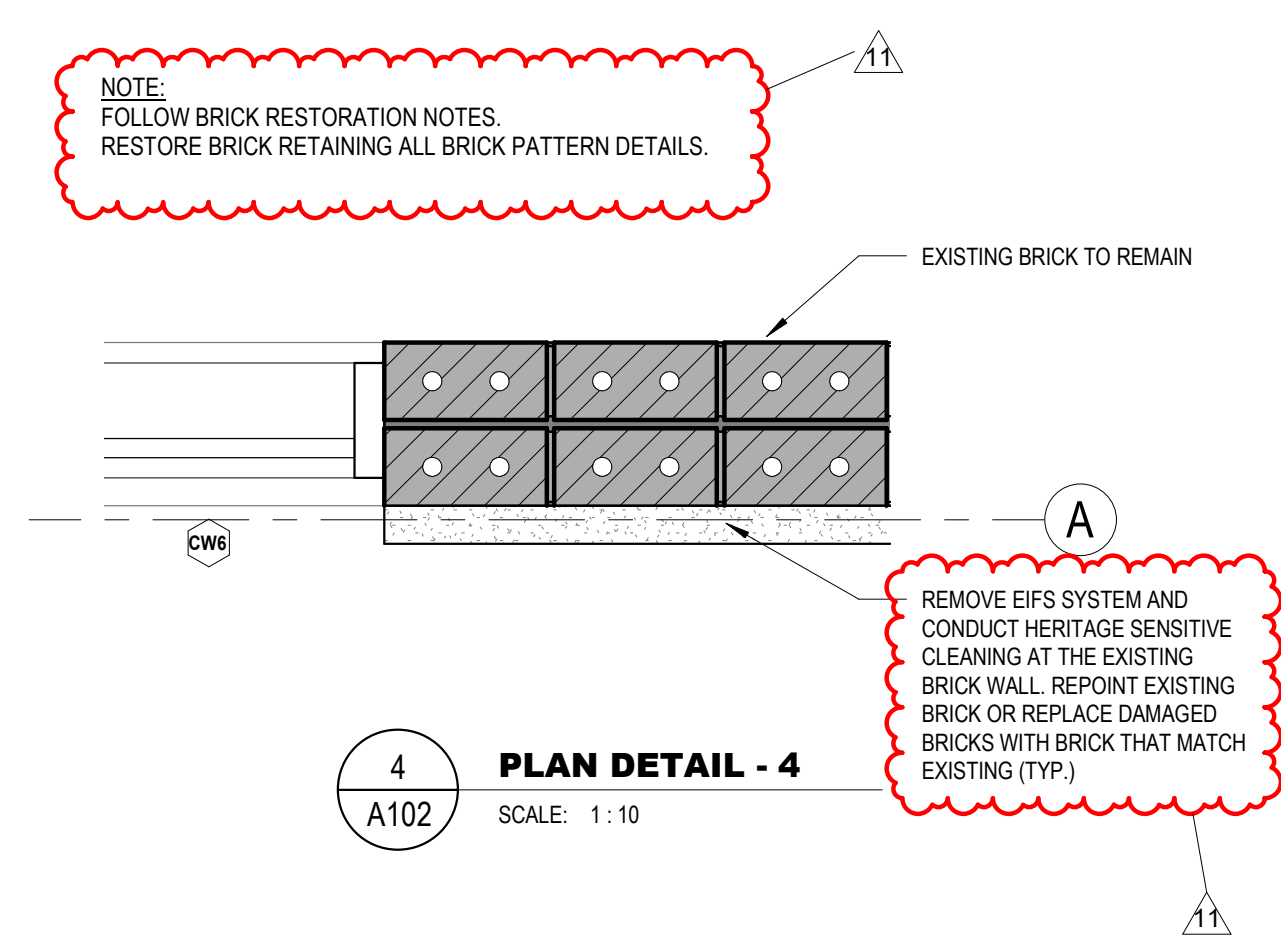
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A103 SCALE: 1:10



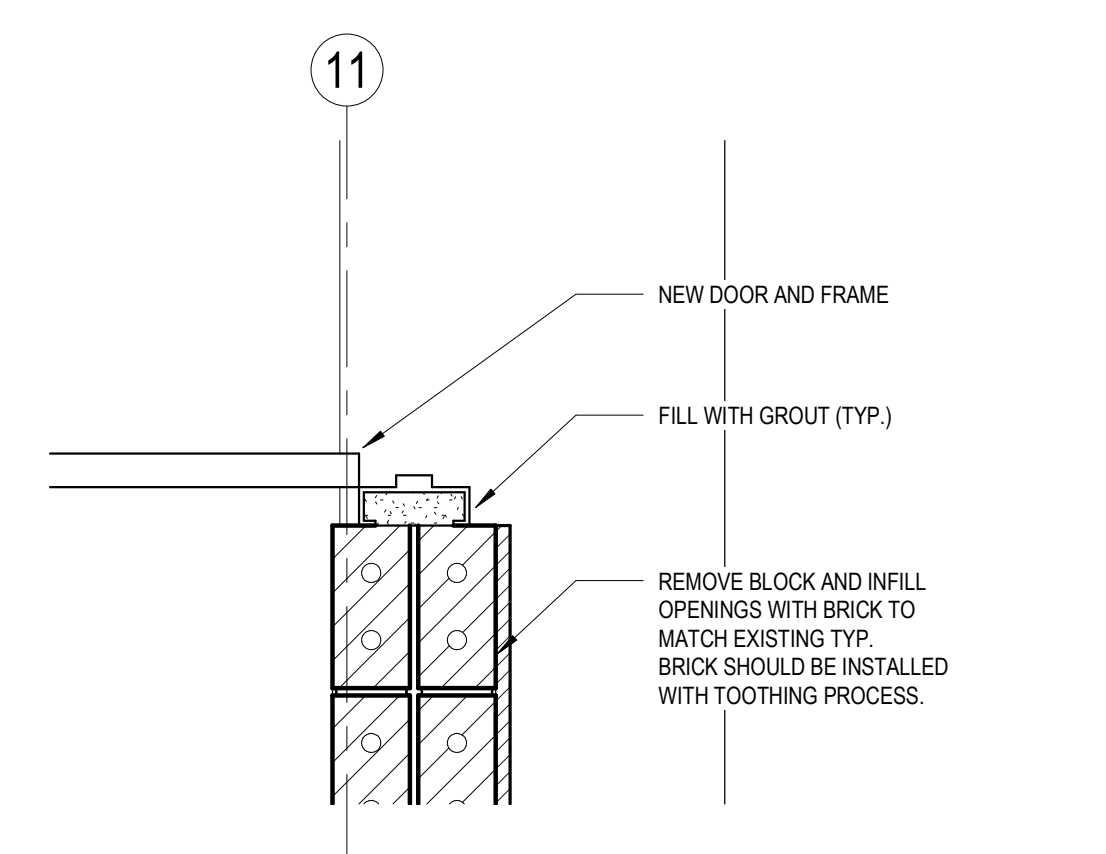
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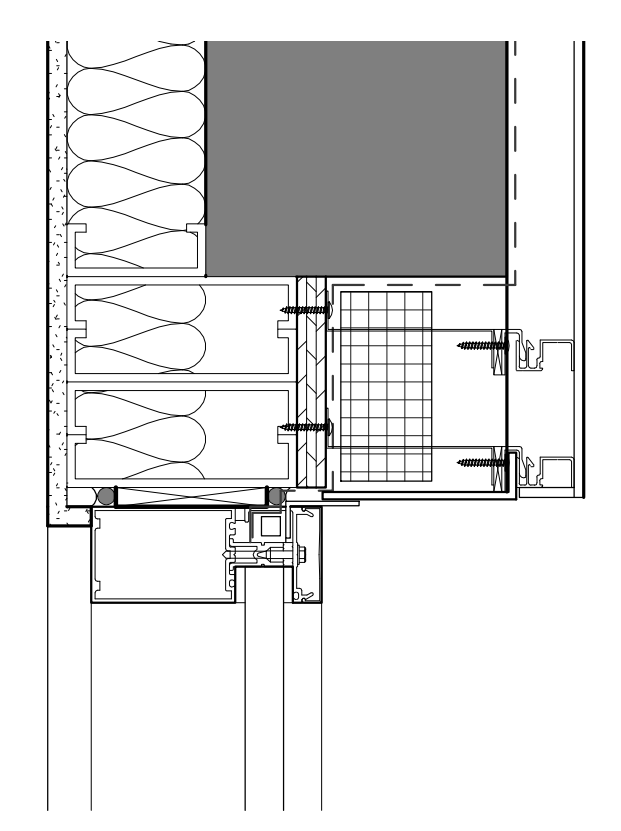
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A103 SCALE: 1:10



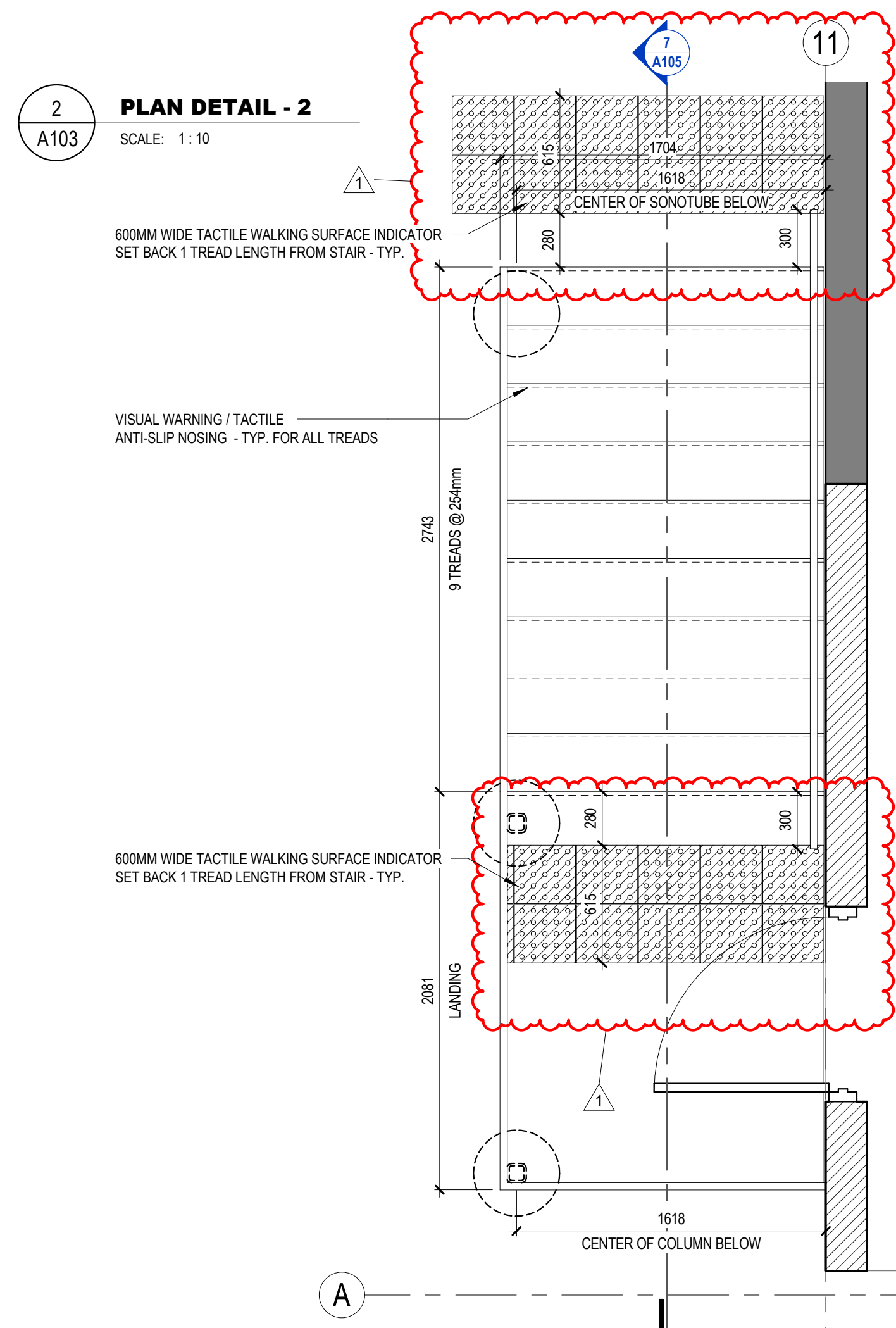
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A102 SCALE: 1:10



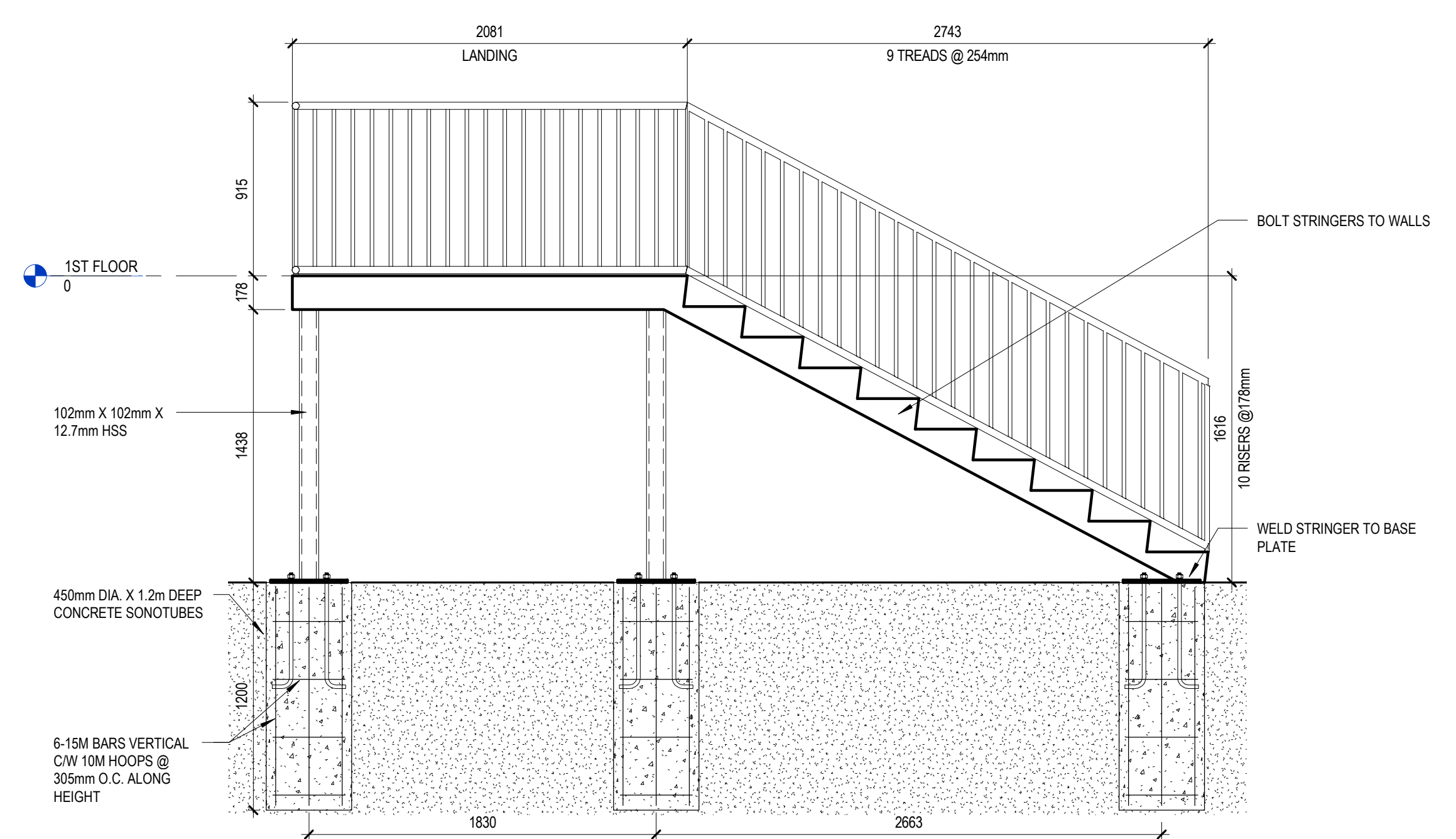
5 PLAN DETAIL - 5  
A102 SCALE: 1:10



SCALE: 1:5



6 STAIR PLAN  
A102 SCALE: 1:25



7 STAIR SECTION  
A105 SCALE: 1:25

Issued For (YMMMO)  
PERMIT-SHELL 21.01.05  
R1 21.01.13  
PERMIT UPDATE & CONSTRUCTION 21.09.23

Date	Description
2021.01.13	2021.09.23
Revision Schedule	Description
No. 1	Rev 1
11	Rev 11 - Coordination

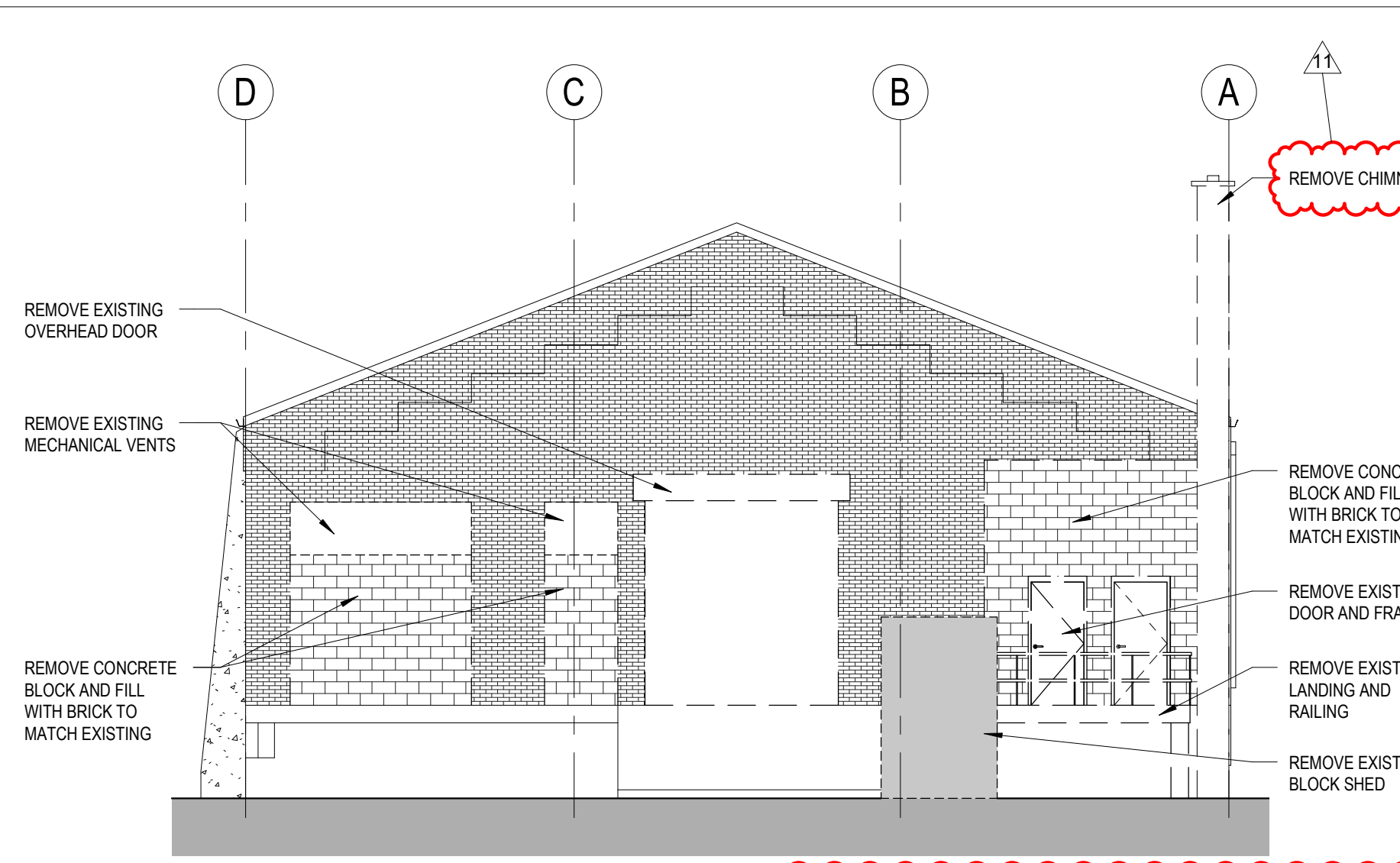
PLAN DETAILS

AIP/L CANADA  
Mixed-Use Development: BLD B

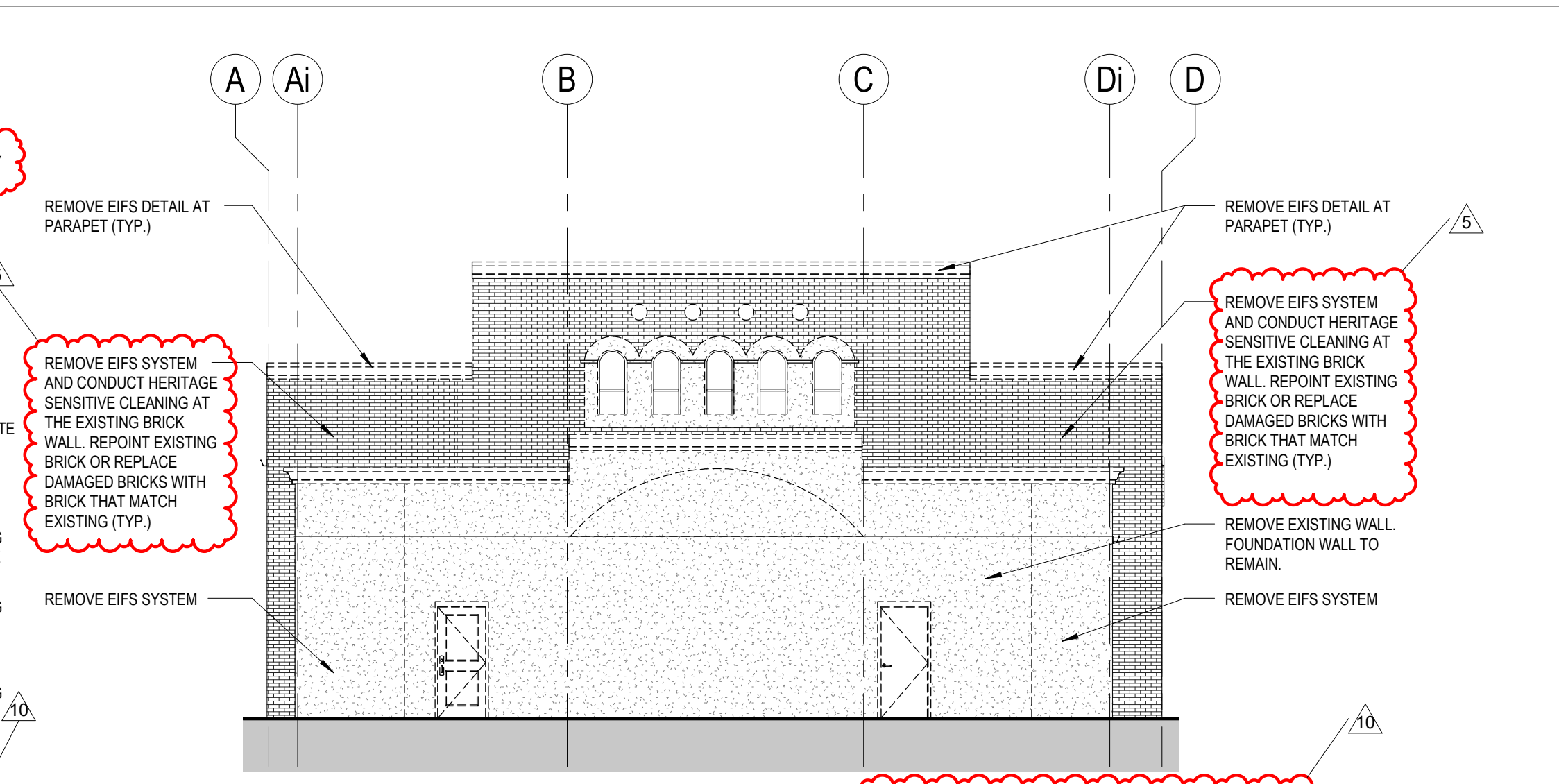
1100 & 1200-1220 University Ave. W. Windsor, ON

Drawn By: Ai  
Checked By: Ai  
Project No: 1835  
Sheet No:

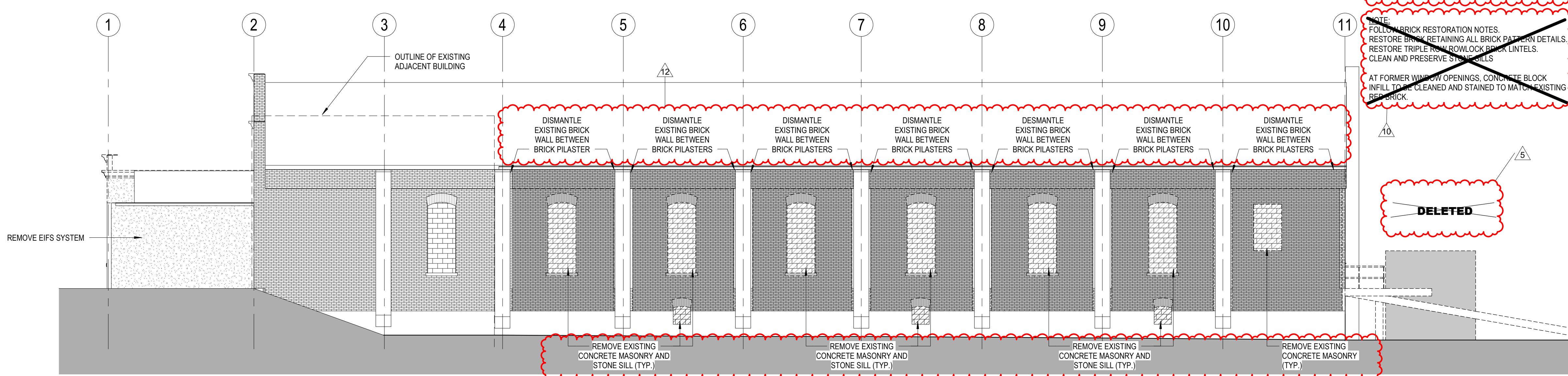




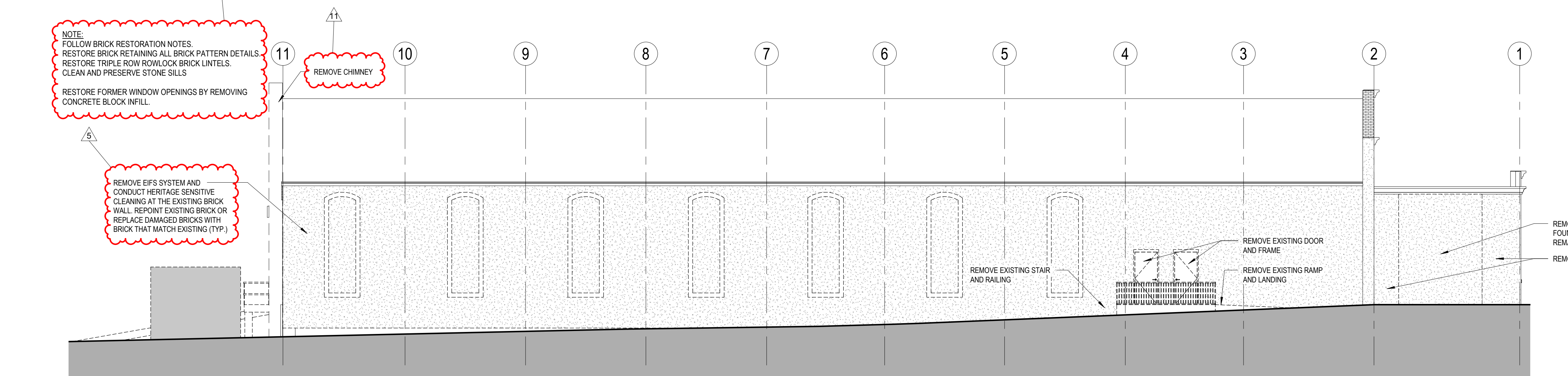
**1 NORTH ELEVATION - EXISTING**  
A102 SCALE: 1:100



**2 SOUTH ELEVATION - EXISTING**  
A102 SCALE: 1:100



**3 EAST ELEVATION - EXISTING**  
A102 SCALE: 1:100



**4 WEST ELEVATION - EXISTING**  
A102 SCALE: 1:100

**EAST WALLS BRICK REMOVALS NOTES.**  
COMPLETE IDENTIFIED AREAS OF BRICK REMOVALS AS FOLLOWS:  
- REVIEW AREA WITH CONSULTANT TO INSPECT AND CONFIRM SITE CONDITIONS PRIOR TO COMPLETING REMOVALS  
- COMPLETE ADJACENT AREAS OF REPOINTING WORK IN ADVANCE OF ANY BRICK REMOVALS  
- DURING REMOVAL, PROTECT SOUND AREAS TO REMAIN. USE MECHANICAL HAND METHODS OF REMOVAL. OBTAIN CONSULTANT'S APPROVAL FOR USE OF POWER TOOLS BEFORE COMMENCING WORK.  
- TAKE CARE TO NOT DESTABILIZE SURROUNDING BRICKWORK. WHERE DESTABILIZING IS A CONCERN, CONTACT CONSULTANT FOR REVIEW PRIOR TO PROCEEDING.  
- SALVAGE ALL EXISTING BRICK AND STORE ON PALLETS WITHIN BUILDING.  
- SORT BRICKS BY WYTHE DURING REMOVALS. DO NOT MIX BRICKS FROM EXTERIOR WYTHE THOSE FROM INTERIOR WYTHES. STORE ON SEPARATE PALLETS, THAT ARE CLEARLY LABELED.  
- FOR HEADERS BETWEEN WYTHES, SORT WITH INNERMOST WYTHE. DO NOT INCLUDE ANY HEADERS ON PALLET FOR EXTERIOR WYTHE.

**NOTE:**  
FOLLOW BRICK RESTORATION NOTES.  
RESTORE BRICK RETAINING ALL BRICK PATTERN DETAILS.  
RESTORE TRIPLE ROW ROWLOCK BRICK LINTELS.  
CLEAN AND PRESERVE STONE SILLS  
AT FORMER WINDOW OPENINGS, CONCRETE BLOCK INFILL TO BE CLEANED AND STAINED TO MATCH EXISTING BRICK.

**NOTE:**  
PROPOSED SCOPE OF WORK PRESENTED ON THIS SHEET REFERS TO RESTORATION OF EXISTING BRICK WALLS. SOME DEMOLITION REQUIRED TO PROVIDE ACCESS TO WORK AREAS FOR THE BRICK RESTORATION. DEMOLITION INCLUDES REMOVAL OF EIFS, CONCRETE MASONRY UNITS FROM EXISTING OPENINGS, AND SOME WALL/ROOF AREAS OF THE ADDITION.

**BRICK RESTORATION NOTES:**  
A. REMOVE EIFS SYSTEM FROM THE EXISTING BRICK WALLS.

**B. REPLACE ALL MODERN MASONRY UNITS. INSPECT EACH EXISTING CLAY BRICK ON THE HERITAGE WALLS. ON WALL AREAS WITH SPALLING OR FAILED BRICKS DISMANTLE AND REBUILD EXTERIOR WYTHE. WORKING SECTIONS SIZES TO BE DETERMINED ENSURING THE STRUCTURAL INTEGRITY OF THE WALLS (UP TO 15' X 15'). REPLACE ALL CRITICALLY DETERIORATED MASONRY UNITS. REPLACEMENT MASONRY UNITS TO MATCH IN SIZE, COLOUR AND TEXTURE THE EXISTING HERITAGE BRICK (I.E. CLAY BRICK). REUSE ANY BRICK SPALLING AT ITS EXTERIOR FACE, AFTER MAKING SURE THAT MATERIAL INTEGRITY IS NOT COMPROMISED. CLEAN THEM AND TURN/INVERT DURING REBUILDING. DAMPEN UNITS AND CAVITIES IMMEDIATELY PRIOR TO INSTALLATION MATCHING THE EXISTING BOND PATTERN AND COURSE. REBUILD TO FOLLOW THE EXISTING COMMON BOND PATTERN. ENSURE THAT REMAINING ORIGINAL BRICK, INVERTED ORIGINAL BRICK AND NEW REPLACEMENT BRICK UNITS ARE REBUILT IN A WAY THAT IS EVENLY BLENDED AND WOULD RESULT IN COHESIVE AND BALANCED END APPEARANCE. SAMPLES MUST BE PRESENTED APPROVED AND VERIFIED BY THE HERITAGE PLANNER AND SENIOR URBAN DESIGNER PRIOR TO INSTALLATION.**

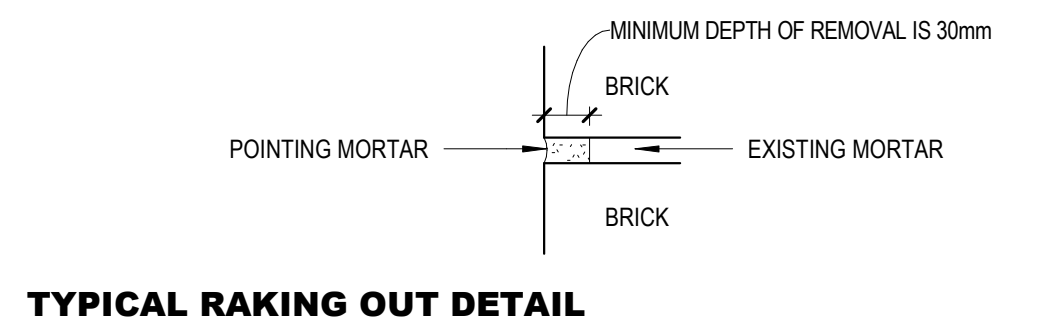
**C. REMOVE ANY MODERN CEMENTITIOUS MORTARS.**  
**D. PREPARE JOINT BY REMOVING DETERIORATED MORTAR. RAKING OUT PROCEDURE:**  
- SAWCUT ALONG CENTER OF JOINT, TO A DEPTH OF MAX 20MM.  
- RAKE OUT EXISTING MORTAR SQUARE TO BRICK.  
- REMOVE ALL RESIDUE FROM STONE FACE TO ALLOW NEW MORTAR TO BOND TO BRICK.  
- DO NOT CHIP OR OTHERWISE DAMAGE EDGE OF MASONRY UNITS DURING REMOVALS.  
- GRINDERS OR SAW BLADES MUST NOT TOUCH MASONRY UNITS FACE. CUT CENTRE OF JOINT CAREFULLY, WITHOUT MARKING BRICK. REMOVE REMAINDER OF MORTAR USING HAND TOOLS.  
- ALL CRACKED MORTAR, MORTAR DEBONDED FROM BRICK, OR DETERIORATED MORTAR OR PORTLAND MORTAR MUST BE REMOVED FROM JOINT PRIOR TO REPOINTING. FOR FULL DEPTH OF BRICK IF NECESSARY.  
- REMOVE ALL PORTLAND CEMENT BASED MORTARS FROM JOINTS.  
- REMOVE ALL CAULKING, WHERE PRESENT IN JOINTS.  
- CLEAN OUT JOINT USING COMPRESSED AIR, OR WASH OUT JOINTS USING PRESSURIZED WATER, PRIOR TO REPOINTING.  
- WHERE BRICK BECOMES LOOSE, REMOVE AND RESET BRICK.

**E. REPOINT ONLY WHEN THE WALL TEMPERATURE IS BETWEEN 5°C (40°F) - 25°C (77°F) TO AVOID EXCESSIVE EVAPORATION OF WATER FROM THE MORTAR OR FREEZING.**  
**F. PREPARE MORTAR PROPORTION BY MEASURING DRY INGREDIENTS BY VOLUME AND MIXING THOROUGHLY BEFORE ADDING WATER. USE WITHIN 30 MINUTES. PROPORTIONS TO BE TRADITIONAL TYPE O MEANING PROPORTION OF MORTAR VOLUMES OF CEMENT: HYDRATED LIME OR LIME PUTTY: SAND IS TO BE 1:2:8.9. PRE-MIXED TYPE O MORTAR MAY ALSO BE PERMITTED WITH MATCHING COLOUR, FOLLOWING MANUFACTURER'S SPECIFICATIONS.**

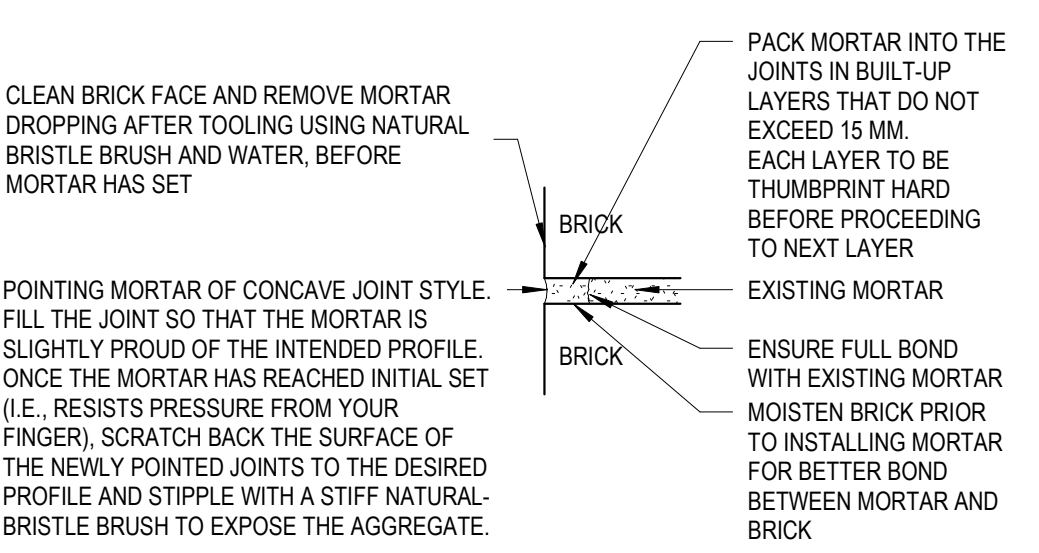
**G. CONDUCT TEST PANEL AT AN INCONSPICUOUS SPOT (3' BY 3') TO BE APPROVED BY ARCHITECT.**  
**H. FILL JOINT WITH COMPACTED SUCCESSIVE LAYERS (1/4" OR 1CM) TO CONTROL RATE OF DRYING AND STRENGTHEN BOND. FINISH WITH A CONCAVE JOINT STYLE, OR AN ALTERNATE IF IT CAN BE DEMONSTRATED TO BE THE ORIGINAL POINTING STYLE.**

**I. NEWLY REPOINTED JOINTS SHOULD BE KEPT IN A DAMP ENVIRONMENT TO PROMOTE CURING. THEY SHOULD BE MISTED AND COVERED WITH DAMP BURLAP AND POLYTHENE SHEETS FOR A PERIOD OF NO LESS THAN 3 DAYS AND AS LONG AS POSSIBLE.**  
**J. CLEAN EXCESS MORTAR WITH NATURAL BRISTLE NYLON BRUSH. NEVER USE METAL BRISTLE BRUSHES ON HISTORIC MASONRY. THE MORTAR ON FRESHLY REPOINTED WALL SHOULD BE FULLY HARDENED BEFORE CLEANING. EFFLORESCENCE MAY BE REMOVED BY BRUSHING WITH STIFF-BRISTLE BRUSH (NOT METAL).**

**K. ABOVE-ROOF (IE. CHIMNEY AND PARAPET) REPAIRS SHOULD BE DONE BEFORE ROOF REPAIRS ARE UNDERTAKEN.**  
**L. PROTECT WORK FROM RAIN AND FREEZING FOR THE FIRST 72 HOURS OR IN HOT WEATHER, PROTECT FROM SUN AND WIND TO AVOID RAPID WATER EVAPORATION FROM MORTAR.**  
**M. APPLICATION OF SEALANTS ARE NOT PERMITTED.**  
**N. WHERE NEEDED, APPLY LOCALLY "KING BIOLOGICAL SOLUTION" FOR HERITAGE SENSITIVE CLEANING. FOLLOW MANUFACTURER'S SPECIFICATIONS.**  
**O. CLEANING IS TO BE CONDUCTED IN THE GENTLEST MEANS POSSIBLE. START WITH LOW PRESSURE, PROGRESSING AS NEEDED TO SLIGHTLY HIGHER PRESSURE NO HIGHER THAN 200 PSI.**



**TYPICAL RAKING OUT DETAIL**

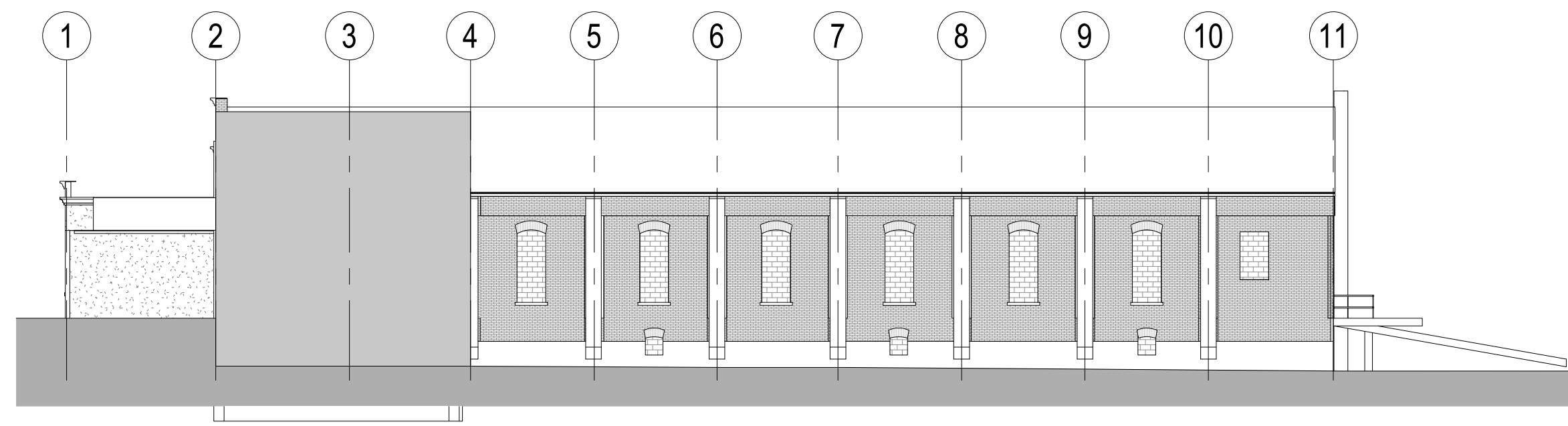


**TYPICAL REPOINTING DETAIL**

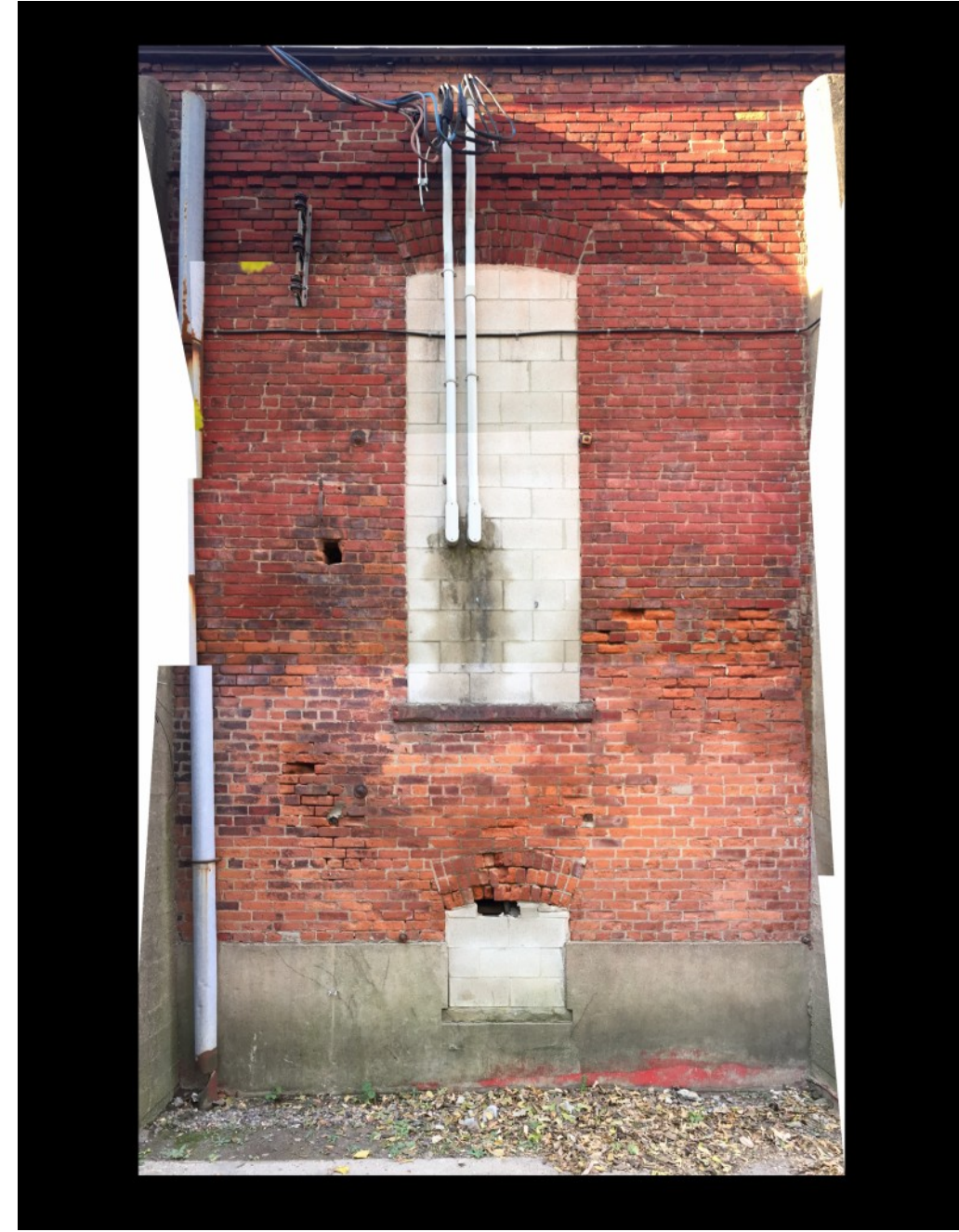
No.	Revision Schedule	Description	Date
5	Rev 5 - Ph2 - Draft SPC Approval Report		2021.04.14
10	Rev 10 - Wall Restoration Scope Of Work		2021.05.30
11	Coordination		2021.09.23
12	Rev 12 - East Walls Structural Repair		2021.10.26

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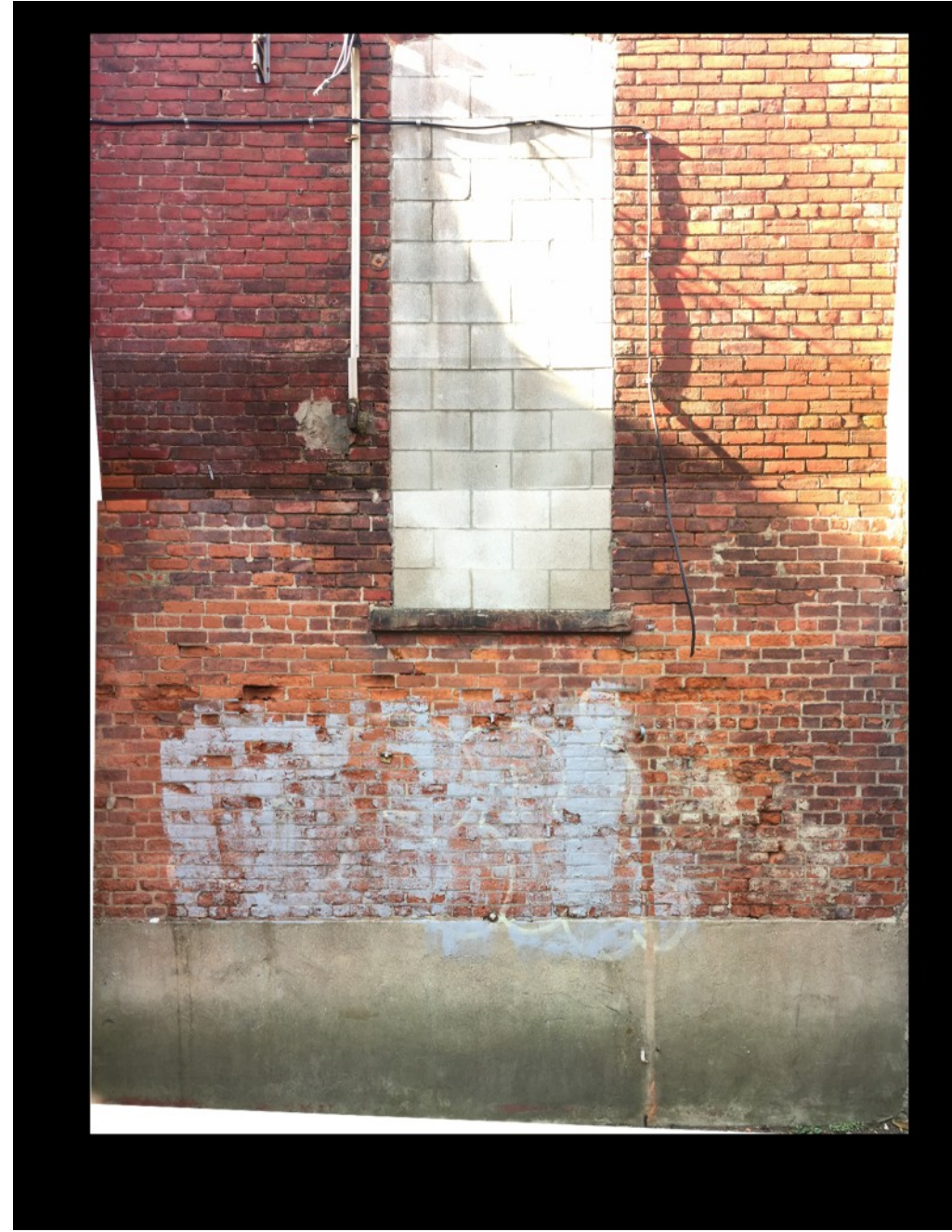




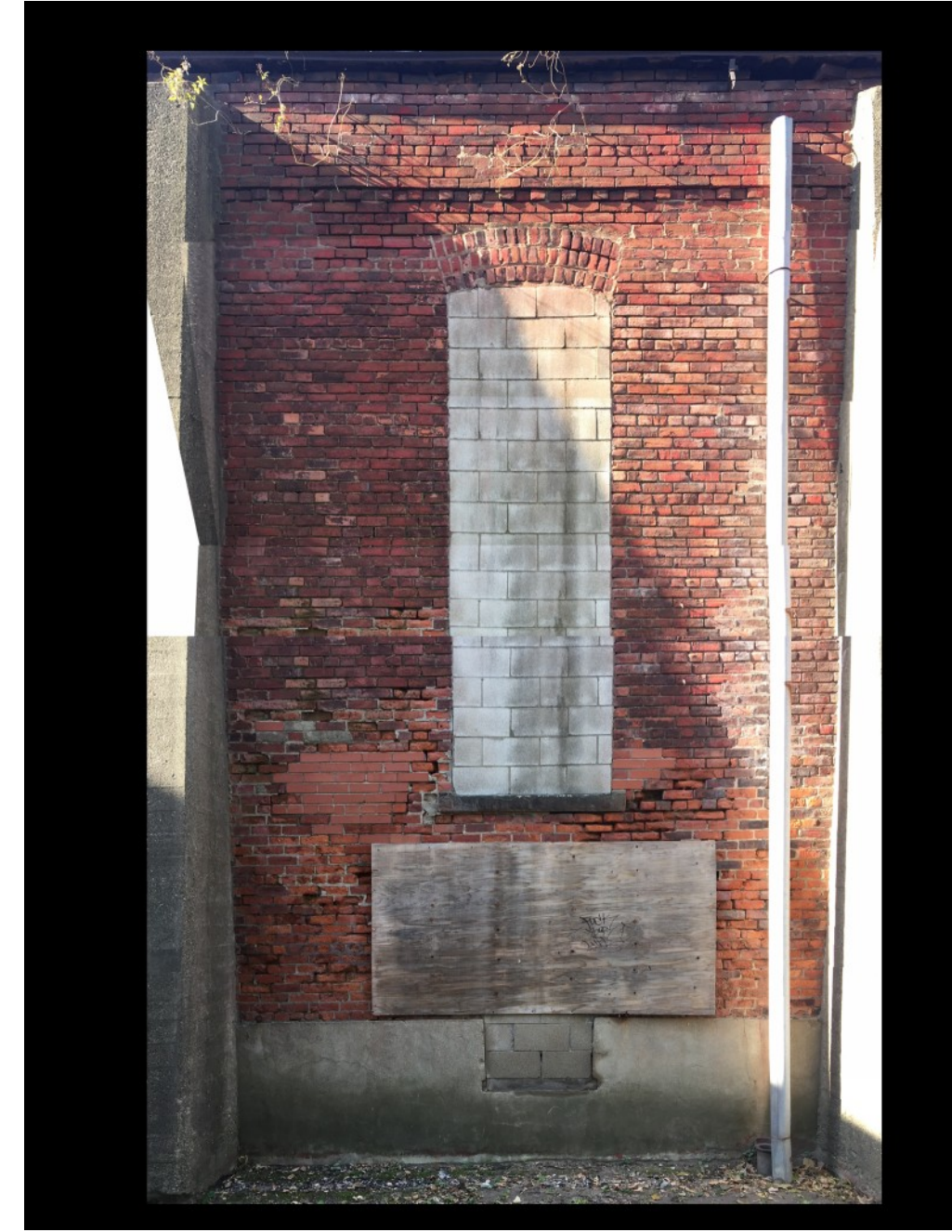
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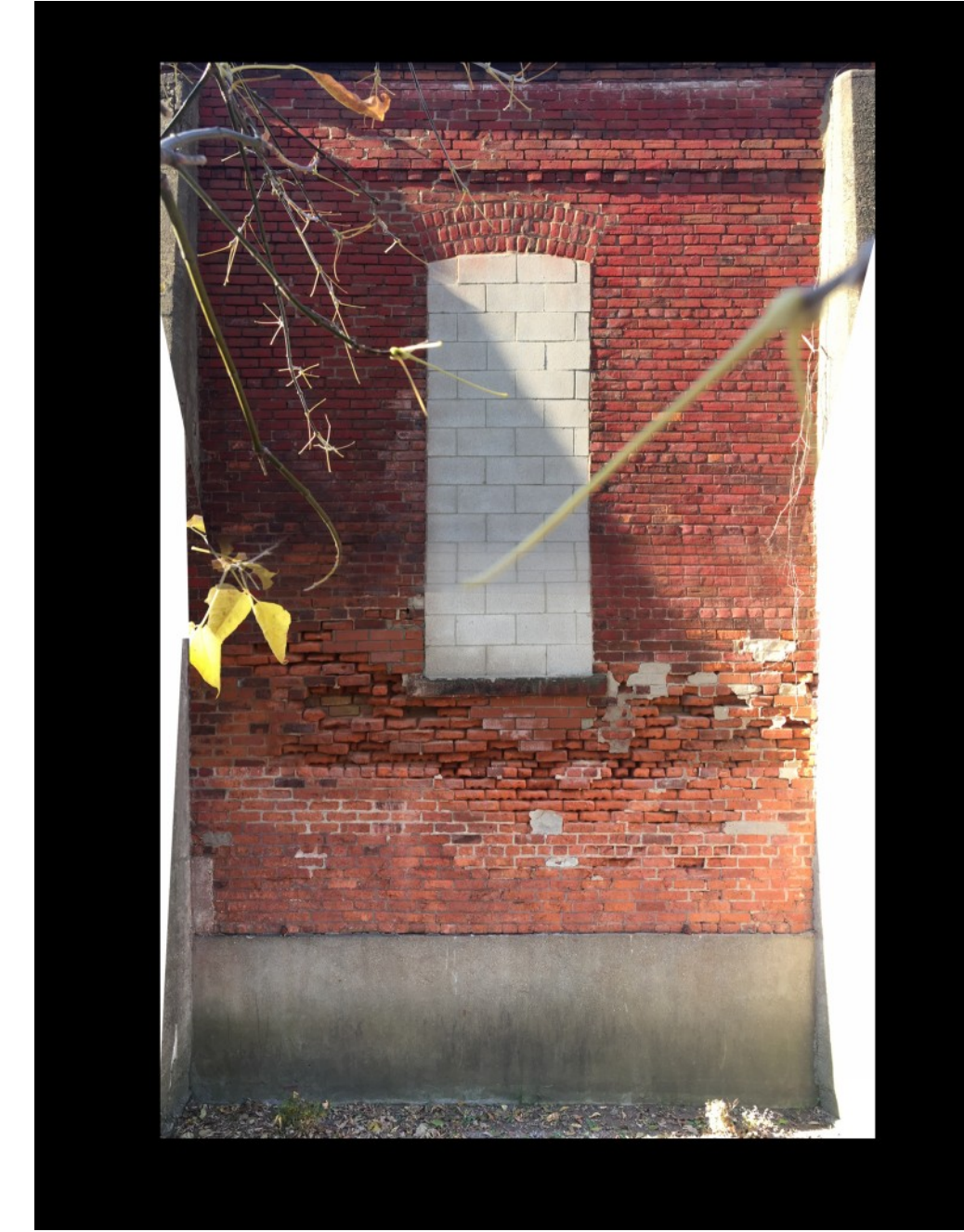
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6-7



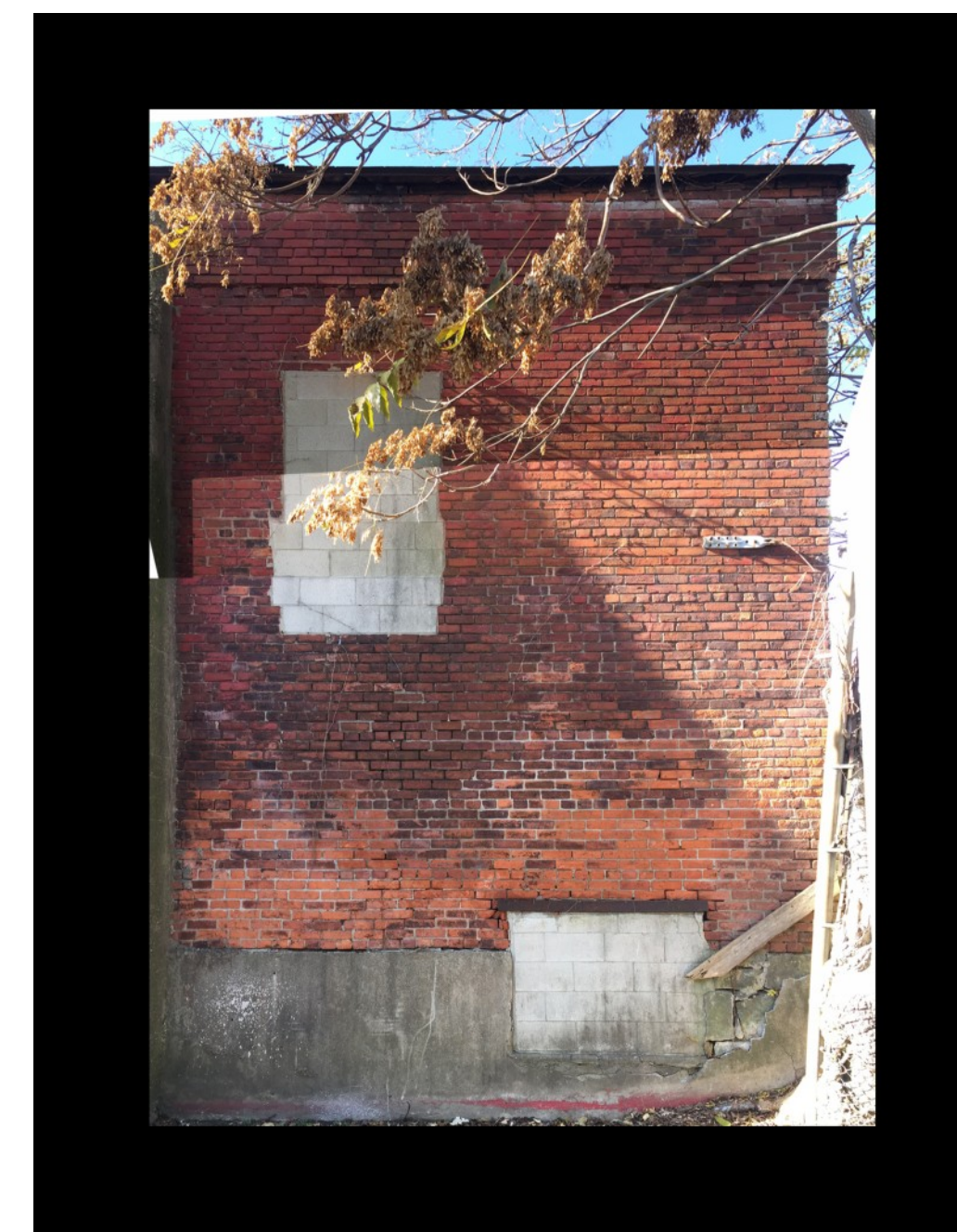
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8-9



9-10



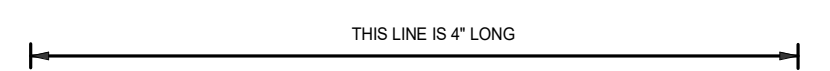
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Revision Schedule	Description	Date
No.		

**EXISTING BRICK ELEVATIONS - IMAGES**

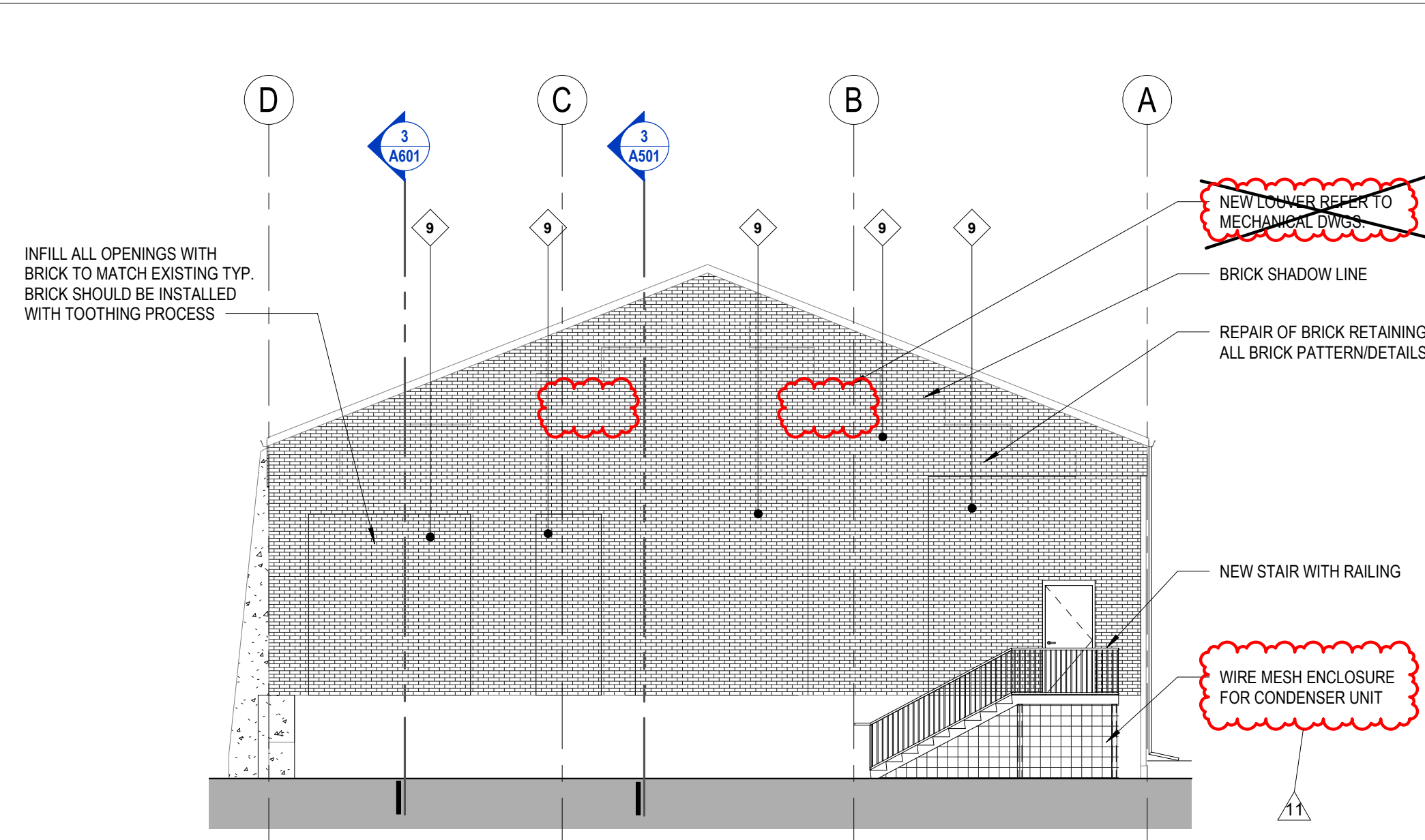
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**Mixed-Use Development: BLD B**  
1100 & 1200-1220 University Ave. W. Windsor, ON

Drawn By Author  
Checked By Checker  
Project No 1835  
Sheet No

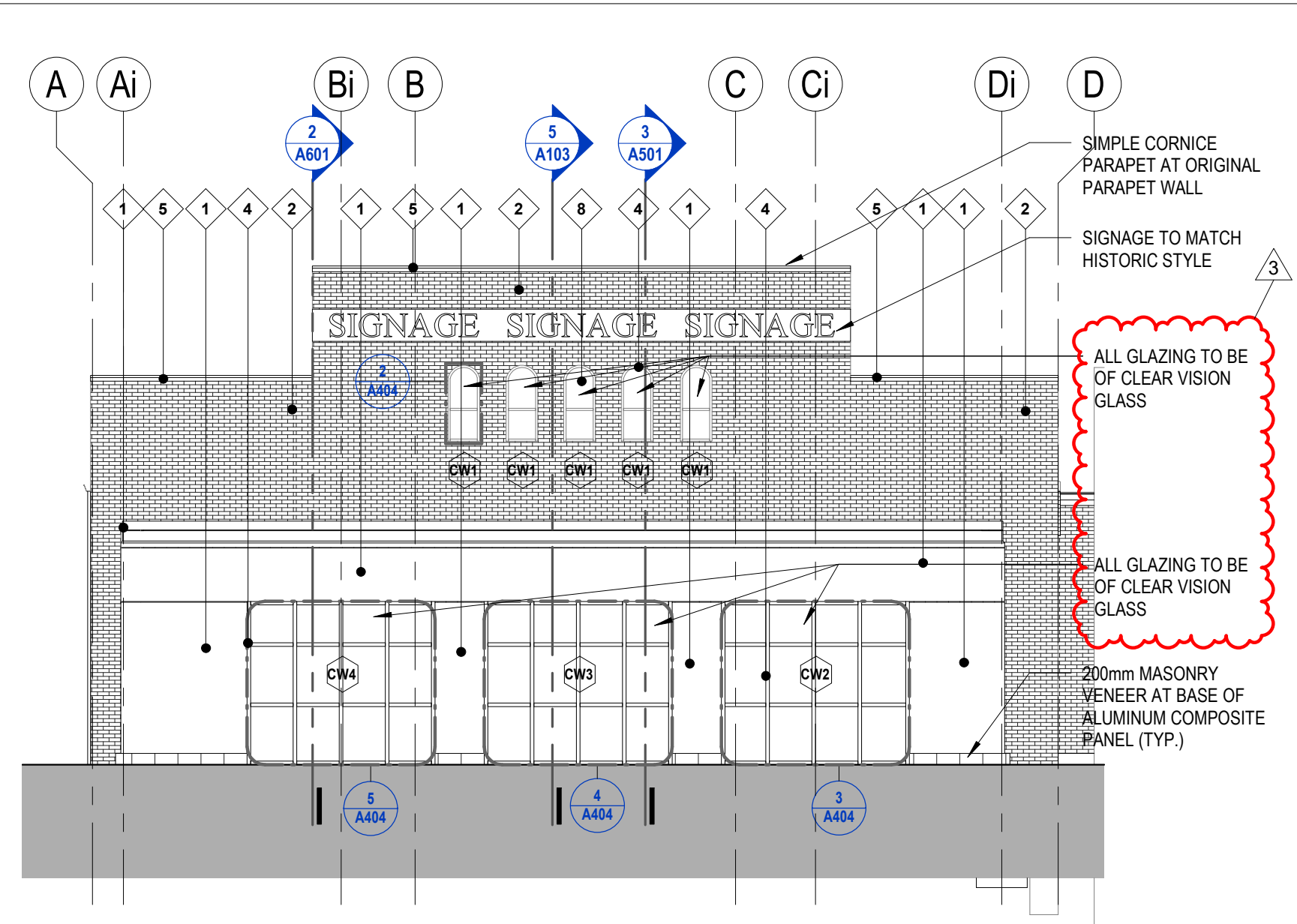


THIS DRAWING SHEET IS 36"X48" IN SIZE. IT IS RECOMMENDED THAT ANY REPRODUCTION, ELECTRONIC OR OTHERWISE, BE TO THE SAME SHEET SIZE TO ENSURE THE ACCURACY OF DRAWING SCALES DEPICTED ON THIS SHEET. THIS DRAWING IS NOT TO BE SCALED. USE FIGURED DIMENSIONS ONLY.

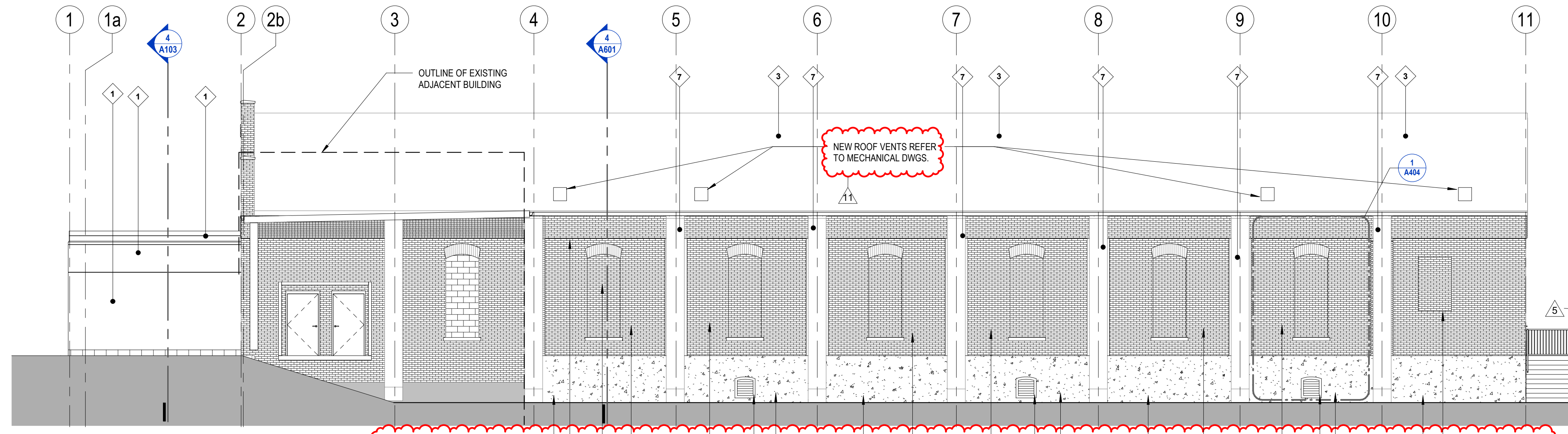




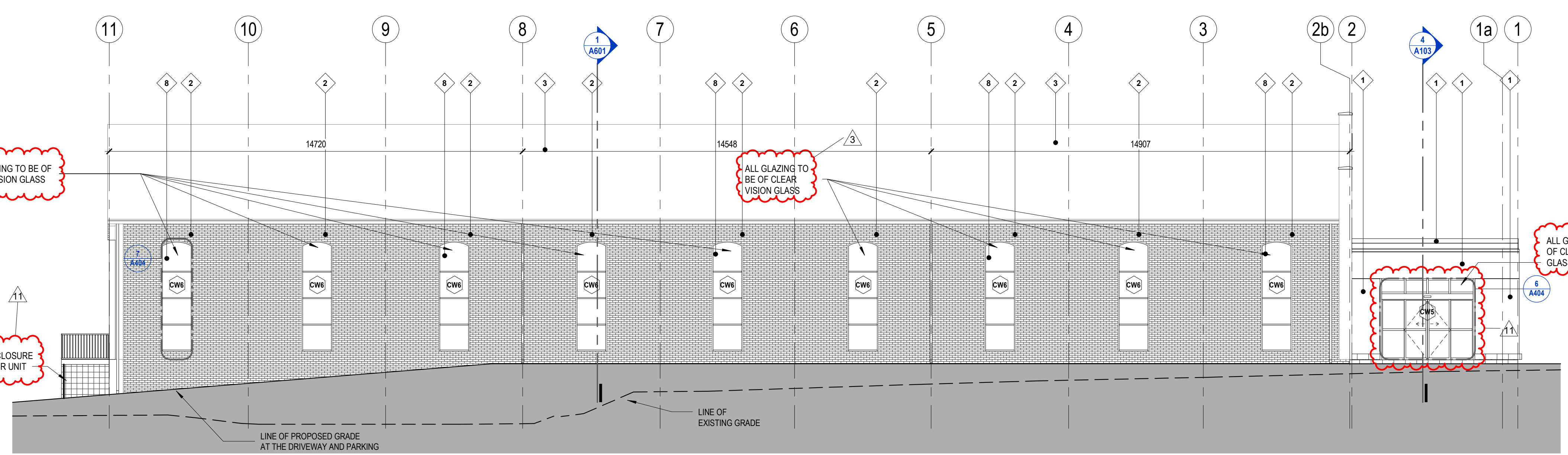
1 NORTH ELEVATION - NEW  
SCALE: 1:100



2 SOUTH ELEVATION - NEW  
SCALE: 1:100



3 EAST ELEVATION - NEW  
SCALE: 1:100



4 WEST ELEVATION - NEW  
SCALE: 1:100

MATERIAL LEGEND	
1	AL. COMP. PANELS
2	REMOVE STUCCO AND REPAIR BRICK BEHIND
3	ROOF
4	ALUMINUM STORE FRONT
5	COPING
6	STAIR
7	BUTTRESS TO BE PRESERVED
8	CLEAR VISION GLAZING
9	BRICK - SEE RESTORATION NOTES
10	CONCRETE BLOCK

\* ALL GLAZING TO BE OF CLEAR VISION GLASS

**NOTE:**  
SECTIONS AND COLOUR SAMPLES OF ALUMINUM COMPOSITE PANELS, WINDOWS AND STOREFRONT FRAMES MUST BE REVIEWED, APPROVED AND VERIFIED BY THE ARCHITECT PRIOR TO INSTALLATION.

**BRICK RESTORATION NOTES:**

A. REMOVE EPS SYSTEM FROM THE EXISTING BRICK WALLS.

B. REPLACE ALL MODERN MASONRY UNITS. INSPECT EACH EXISTING CLAY BRICK ON THE HERITAGE WALLS. ON WALL AREAS WITH SPALLING OR FAILED BRICKS DISMANTLE AND REBUILD EXTERIOR WYTHE. WORKING SECTIONS SIZES TO BE DETERMINED ENSURING THE STRUCTURAL INTEGRITY OF THE WALLS (UP TO 15' X 15'). REPLACE ALL CRITICALLY DETERIORATED MASONRY UNITS. REPLACEMENT MASONRY UNITS TO MATCH IN SIZE, COLOUR AND TEXTURE THE EXISTING HERITAGE BRICK (I.E. CLAY BRICK). REUSE ANY BRICK SPALLING AT ITS EXTERIOR FACE, AFTER MAKING SURE THAT MATERIAL INTEGRITY IS NOT COMPROMISED. CLEAN THEM AND TURN/INVERT DURING REBUILDING. DAMPEN UNITS AND CAVITIES IMMEDIATELY PRIOR TO INSTALLATION MATCHING THE EXISTING BOND PATTERN AND COURSING. REBUILD TO FOLLOW THE EXISTING COMMON BOND PATTERN. ENSURE THAT REMAINING ORIGINAL BRICK, INVERTED ORIGINAL BRICK AND NEW REPLACEMENT BRICK UNITS ARE REBUILT IN A WAY THAT IS EVENLY BLENDED AND WOULD RESULT IN COHESIVE AND BALANCED END APPEARANCE. SAMPLES MUST BE PRESENTED APPROVED AND VERIFIED BY THE HERITAGE PLANNER AND SENIOR URBAN DESIGNER PRIOR TO INSTALLATION.

C. REMOVE ANY MODERN CEMENTITIOUS MORTARS.

D. PREPARE JOINT BY REMOVING DETERIORATED MORTAR. RAKING OUT PROCEDURE:  
- SAWCUT ALONG CENTER OF JOINT, TO A DEPTH OF MAX 20MM.  
- RAKE OUT EXISTING MORTAR SQUARE TO BRICK.  
- REMOVE ALL RESIDUE FROM STONE FACE TO ALLOW NEW MORTAR TO BOND TO BRICK.  
- DO NOT CHIP OR OTHERWISE DAMAGE EDGE OF MASONRY UNITS DURING REMOVALS.  
- GRINDERS OR SAW BLADES MUST NOT TOUCH MASONRY UNITS FACE. CUT CENTRE OF JOINT CAREFULLY, WITHOUT MARKING BRICK. REMOVE REMAINDER OF MORTAR USING HAND TOOLS.  
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- REMOVE ALL PORTLAND CEMENT BASED MORTARS FROM JOINTS.  
- REMOVE ALL CAULKING, WHERE PRESENT IN JOINTS.  
- CLEAN OUT JOINT USING COMPRESSED AIR, OR WASH OUT JOINTS USING PRESSURIZED WATER, PRIOR TO REPOINTING.  
- WHERE BRICK BECOMES LOOSE, REMOVE AND RESET BRICK.

E. REPOINT ONLY WHEN THE WALL TEMPERATURE IS BETWEEN 5°C (40°F) - 25°C (77°F) TO AVOID EXCESSIVE EVAPORATION OF WATER FROM THE MORTAR OR FREEZING.

F. PREPARE MORTAR PROPORTION BY MEASURING DRY INGREDIENTS BY VOLUME AND MIXING THOROUGHLY BEFORE ADDING WATER. USE WITHIN 30 MINUTES. PROPORTIONS TO BE TRADITIONAL TYPE O MEANING PROPORTION OF MORTAR VOLUMES OF CEMENT: HYDRATED LIME OR LIME PUTTY: SAND IS TO BE 1:2:8-9. PRE-MIXED TYPE O MORTAR MAY ALSO BE PERMITTED WITH MATCHING COLOUR, FOLLOWING MANUFACTURER'S SPECIFICATIONS.

G. CONDUCT TEST PANEL AT AN INCONSPICUOUS SPOT (3' BY 3') TO BE APPROVED BY ARCHITECT.

H. FILL JOINT WITH COMPACTED SUCCESSIVE LAYERS (1/4" OR 1CM) TO CONTROL RATE OF DRYING AND STRENGTHEN BOND. FINISH WITH A CONCAVE JOINT STYLE, OR AN ALTERNATE IF IT CAN BE DEMONSTRATED TO BE THE ORIGINAL POINTING STYLE.

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L. PROTECT WORK FROM RAIN AND FREEZING FOR THE FIRST 72 HOURS OR IN HOT WEATHER, PROTECT FROM SUN AND WIND TO AVOID RAPID WATER EVAPORATION FROM MORTAR.

M. APPLICATION OF SEALANTS ARE NOT PERMITTED.

N. WHERE NEEDED, APPLY LOCALLY "KING BIOLOGICAL SOLUTION" FOR HERITAGE SENSITIVE CLEANING. FOLLOW MANUFACTURER'S SPECIFICATIONS.

O. CLEANING IS TO BE CONDUCTED IN THE GENTLEST MEANS POSSIBLE. START WITH LOW PRESSURE, PROGRESSING AS NEEDED TO SLIGHTLY HIGHER PRESSURE NO HIGHER THAN 200 PSI.

**NEW WALL SECTIONS NOTES:**  
- REUSE EXISTING BRICK AND STONE SILLS FOR EXTERIOR LAYER OF VENEER MASONRY WALL.  
- USE BRICKS FROM THE EXTERIOR WYTHE OF THE ORIGINAL WALL ONLY.  
- FOLLOW BRICK RESTORATION NOTES FOR MORTAR AND JOINT STYLE.  
- REPLICATE ALL BRICK FEATURES SUCH AS COMMON BOND, TRIPLE ROW ROWLOCK BRICK LINTELS, SHADOWLINE, STONE SILLS, AS PER EXISTING PHOTO DOCUMENTATION A402 AND ENLARGED EASE ELEVATION BRICK PATTERN FROM A404.  
- AT EXISTING WINDOWS REPLACE CONCRETE BLOCK WITH BRICK (NOT TOOTHED-IN), RECESSED BY 13mm TO SHOW THE TRACES OF ORIGINAL WINDOWS.

~~REPAIR BRICK RETAINING ALL BRICK PATTERN/DETAILS. REPAIR SPALLED AND MISSING BRICK. REPOINT AS NECESSARY.~~

~~FORMER WINDOW OPENINGS. CONCRETE BLOCK INFILL TO BE CLEANED AND PAINTED TO MATCH EXISTING RED BRICK.~~

~~RESTORE TRIPLE ROW ROWLOCK BRICK LINTEL. FOLLOW BRICK RESTORATION NOTES.~~

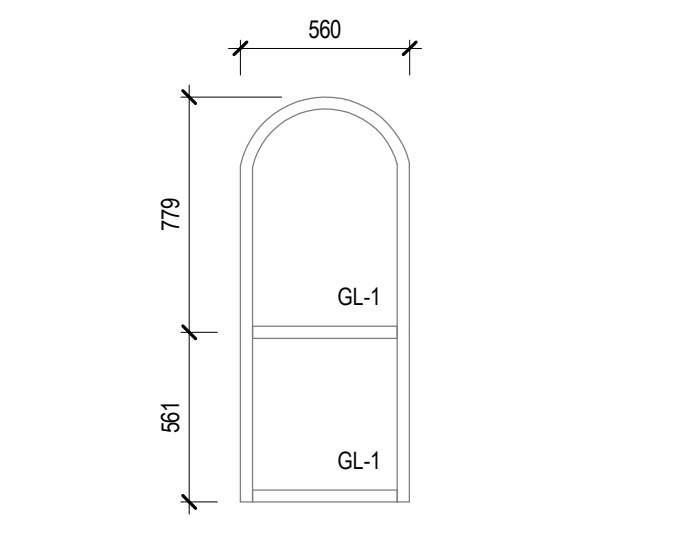
~~CLEAN AND PRESERVE STONE.~~

No.	Revision Schedule	Description	Date
3	Rev 3 - Ph2 -	Draft SPC Approval Report	2021.03.25
5	Comments	Draft SPC Approval Report	2021.04.14
7	Comments	Draft SPC Approval Report	2021.05.17
9	Comments	Heritage Notes	2021.05.28
11	Rev 11 -	Coordination	2021.09.23
12	Rev 12 -	East Walls Structural Repair	2021.10.26

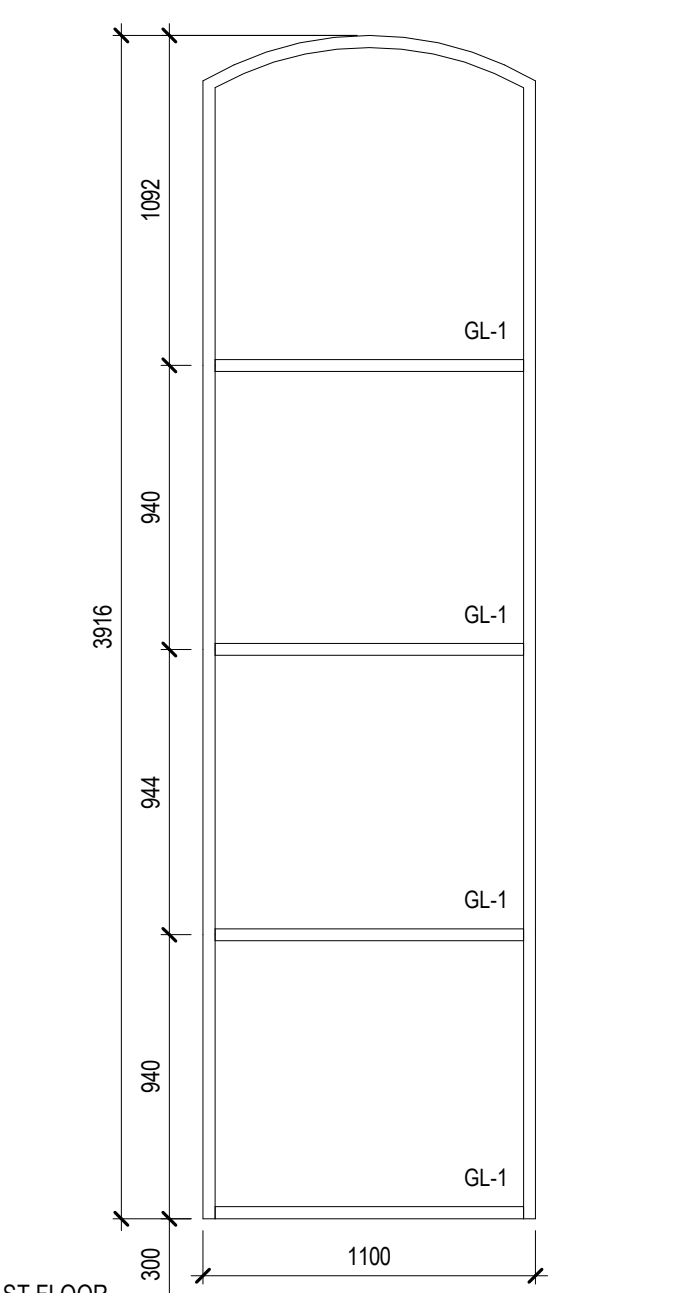
NEW EXTERIOR ELEVATIONS

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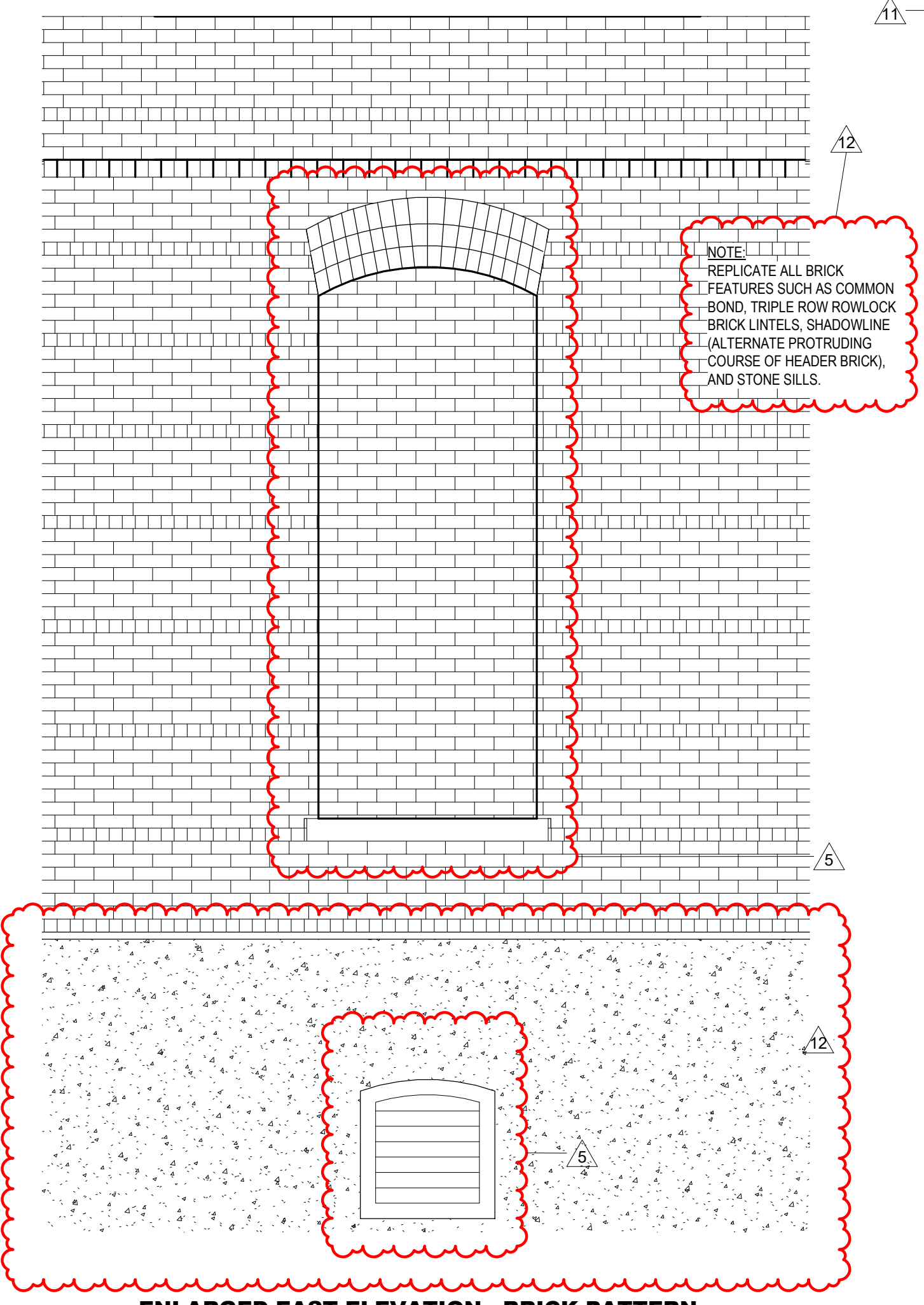




**CW1 - HERITAGE ARCHED WINDOW**  
SCALE: 1:25



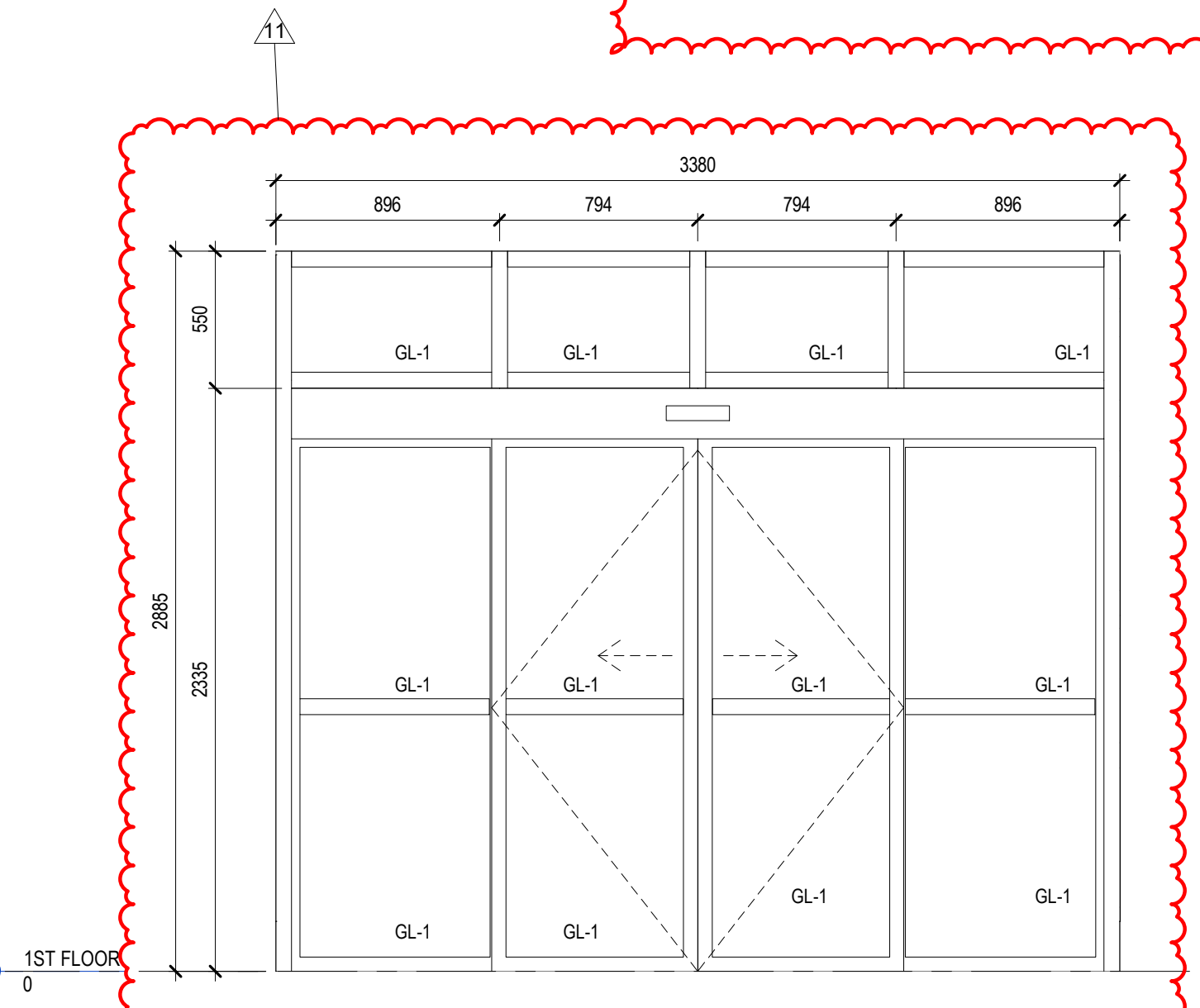
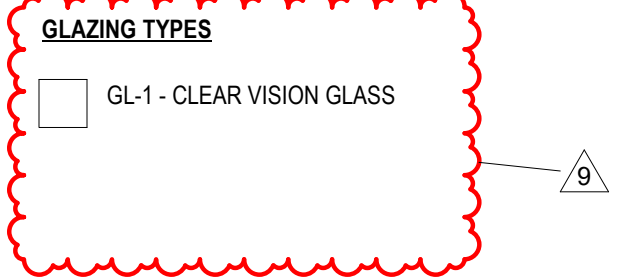
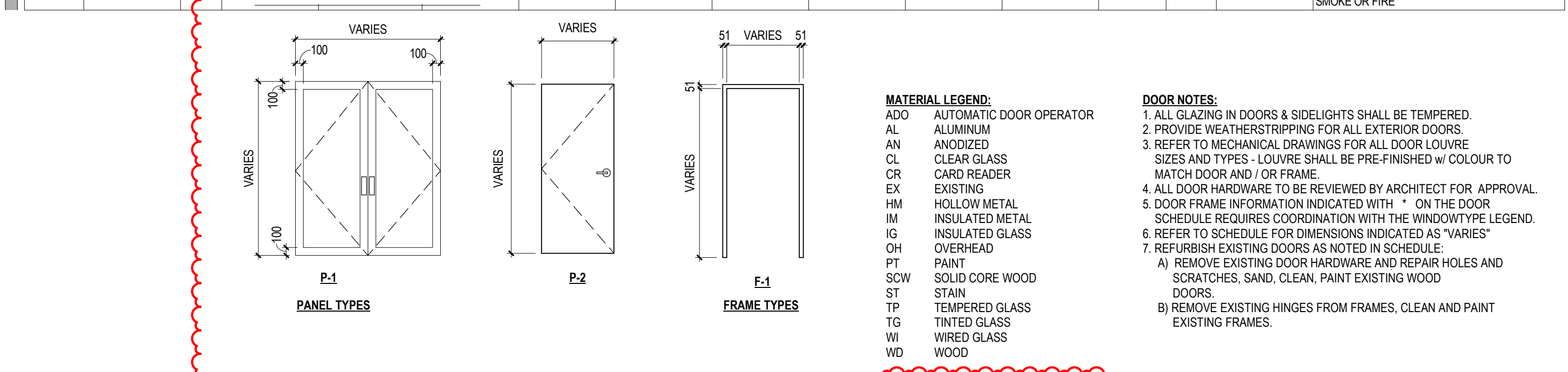
**CW6 - HERITAGE WINDOW**  
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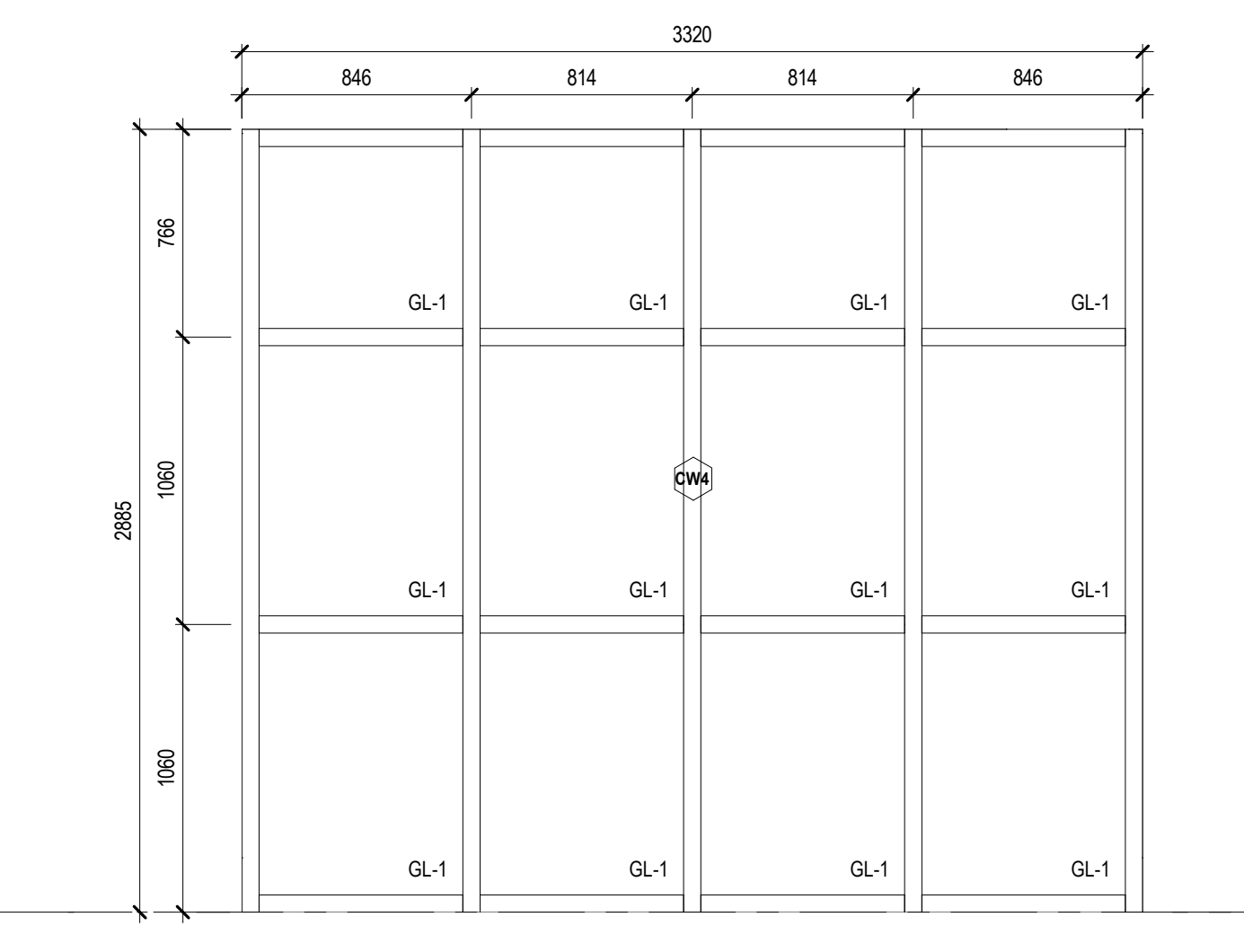
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SCALE: 1:25

**DOOR SCHEDULE**

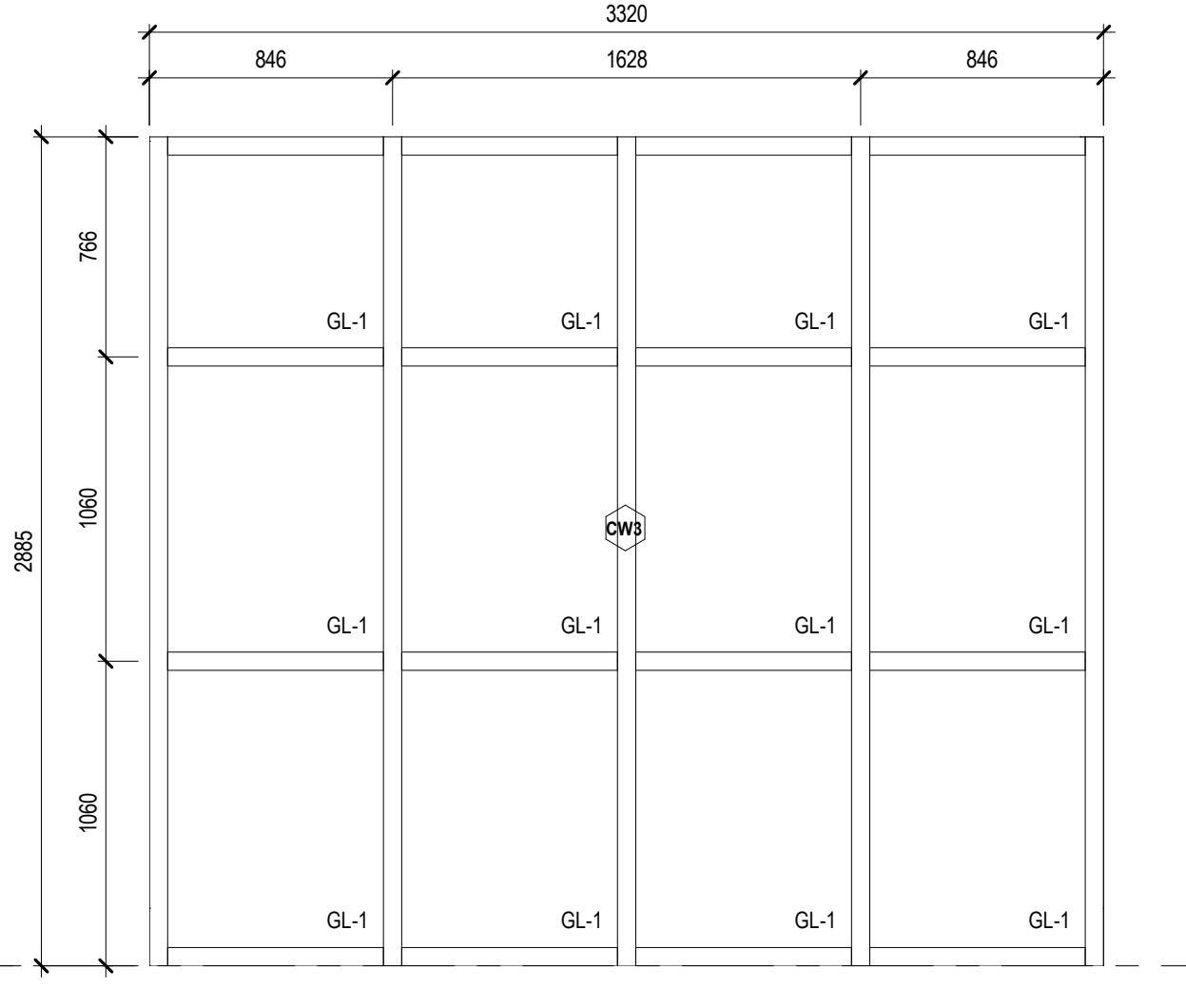
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D1	P1	1	1524	2111	CL, TP, IN	CL		AL	AN	CL, TP, IN	1				
D2	P2	1	914	2134	HM	PAINT	F1	HM	PAINT						
D4	P2	2	1067	2134	HM	PAINT	F1	HM	PAINT				3/4 HR		ELECTRIFIED DOOR CLOSER/HOLDER TO AUTOMATICALLY CLOSE THE DOOR IN CASE OF SMOKE OR FIRE



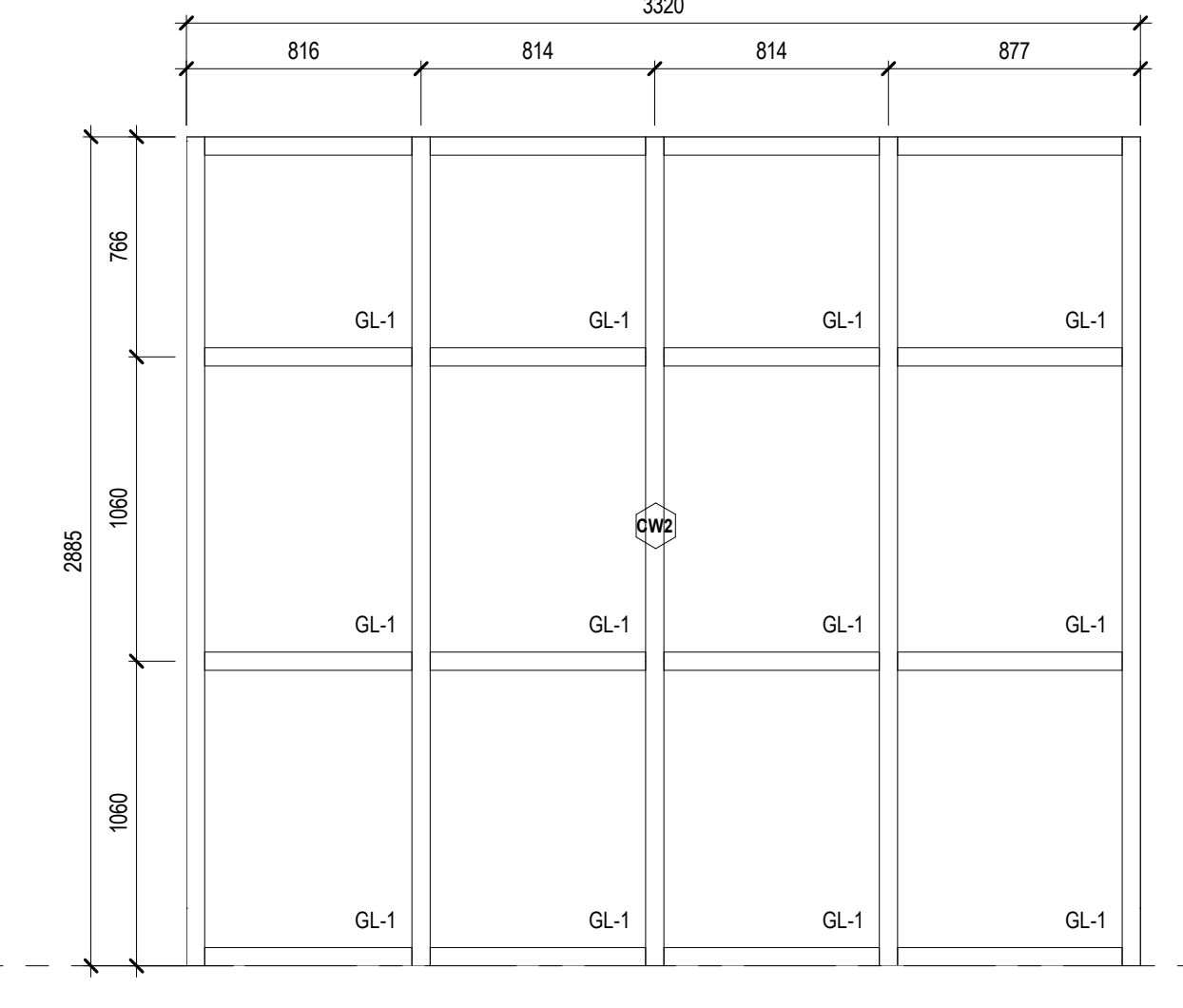
**CW5 - STOREFRONT**  
SCALE: 1:25



**CW4 - STOREFRONT**  
SCALE: 1:25



**CW3 - STOREFRONT**  
SCALE: 1:25



**CW2 - STOREFRONT**  
SCALE: 1:25

**NOTE:**  
SECTIONS AND COLOUR SAMPLES OF WINDOWS AND STOREFRONT FRAMES MUST BE REVIEWED, APPROVED AND VERIFIED BY THE ARCHITECT PRIOR TO INSTALLATION.

C:\Users\designer11\Documents\1835 ARCH\_Bldg B\_vasHC8GN.rvt

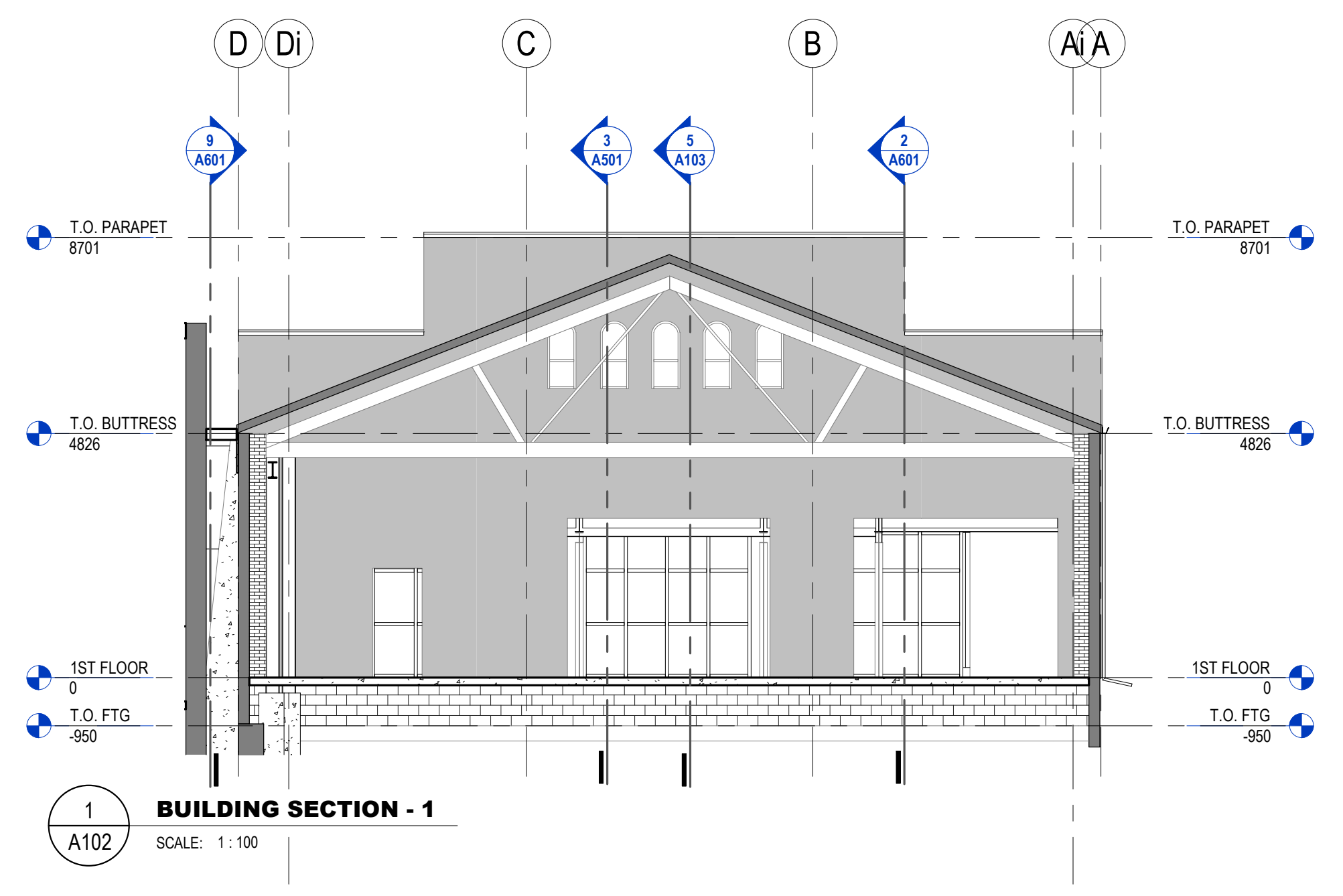
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 CONSTRUCTION

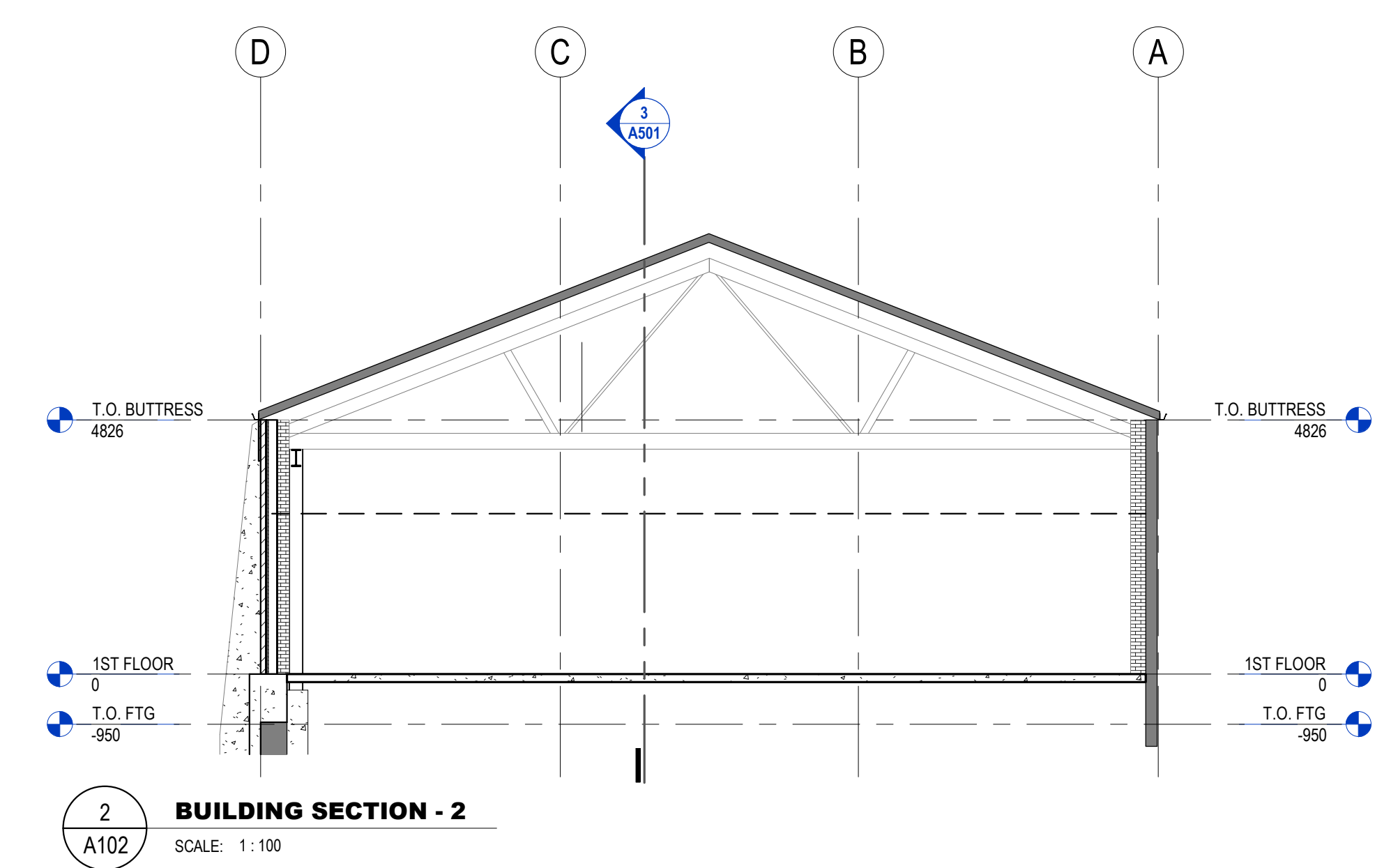
**Revision Schedule**

No.	Description	Date
5	Rev 5 - Ph2 - Draft SPC Approval Report	2021.04.14
8	Rev 8 - Door Schedule	2021.05.17
9	Rev 9 - Change Notes	2021.05.28
11	Rev 11 - Change Notes	2021.09.23
12	Rev 12 - East Walls Structural Repair	2021.10.26

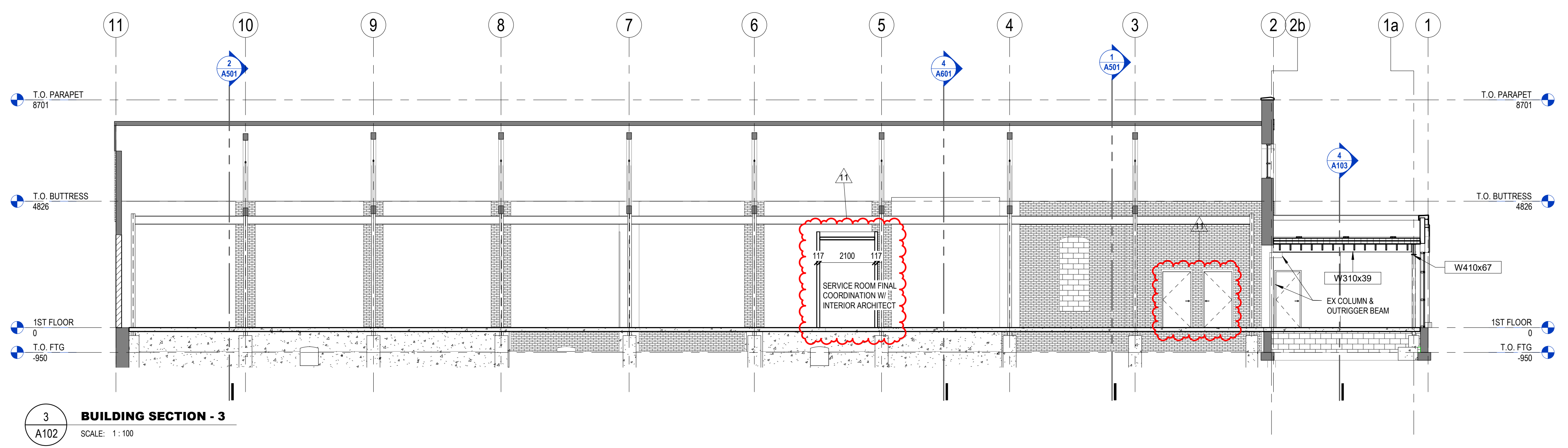
Drawn By: Author  
 Checked By: Checker  
 Project No: 1835



1 BUILDING SECTION - 1  
A102 SCALE: 1:100



2 BUILDING SECTION - 2  
A102 SCALE: 1:100



3 BUILDING SECTION - 3  
A102 SCALE: 1:100

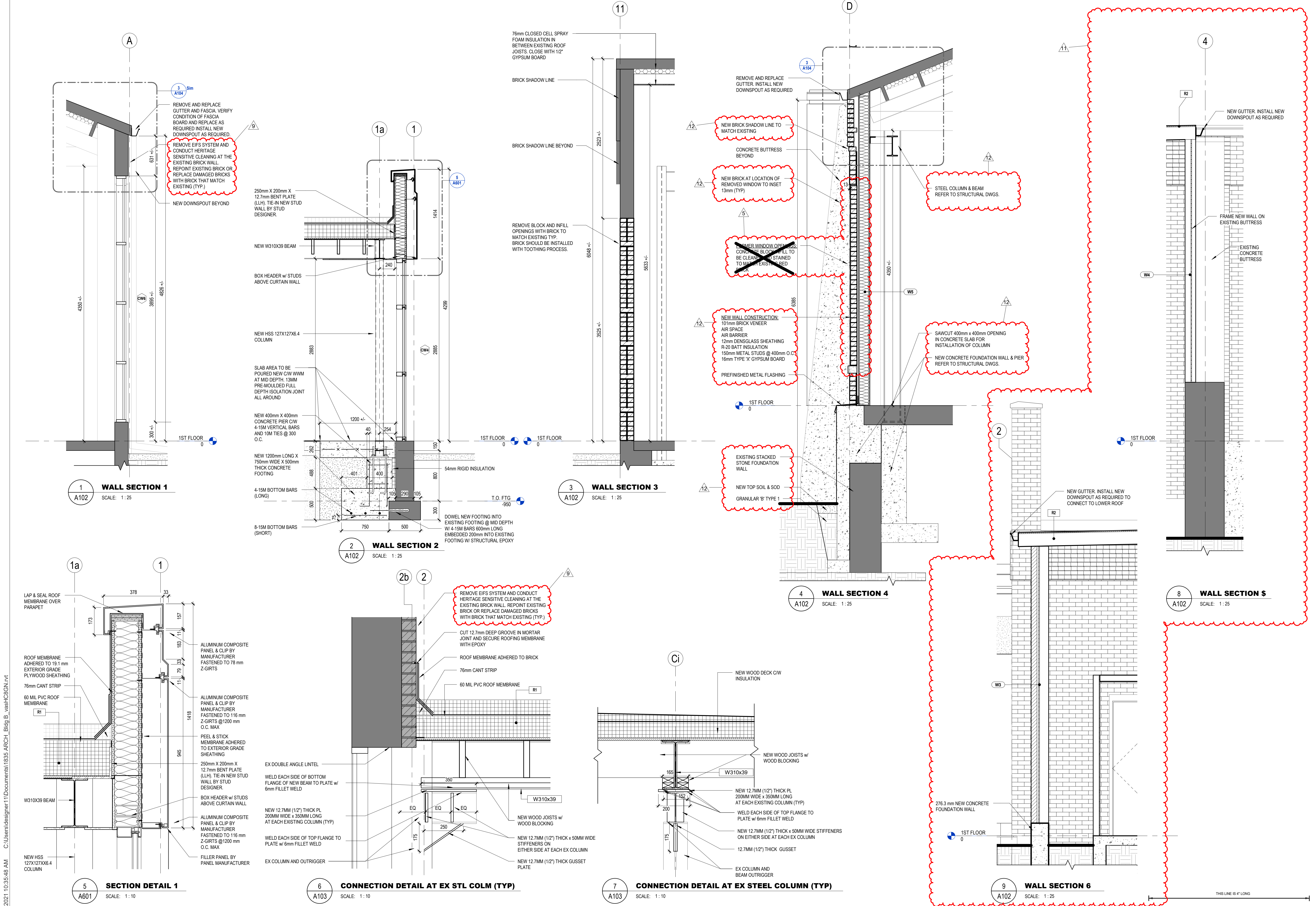
THIS LINE IS 4' LONG

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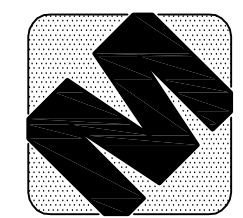
Issued For (YMMMO)  
 PERMIT-SHELL 21.01.05  
 PERMIT UPDATE & 21.09.23  
 CONSTRUCTION

No.	Revision Schedule	Description	Date
5	Rev 5 - Ph2 - Draft SPC Approval Report		2021.04.14
9	Rev 9 - Heritage Notes		2021.05.28
11	Rev 11 - Coordination		2021.09.23
12	Rev 12 - East Walls Structural Repair		2021.10.26

**WALL SECTIONS & DETAILS**

THIS DRAWING SHEET IS 36"x48" IN SIZE. IT IS RECOMMENDED THAT ANY REPRODUCTION, ELECTRONIC OR OTHERWISE, BE TO THE SAME SHEET SIZE TO ENSURE THE ACCURACY OF DRAWING SCALES DEPICTED ON THIS SHEET. THIS DRAWING IS NOT TO BE SCALED - USE FIGURED DIMENSIONS ONLY.



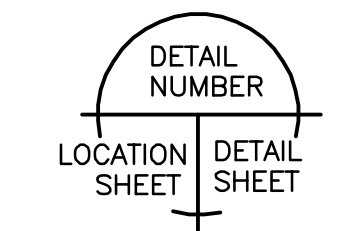


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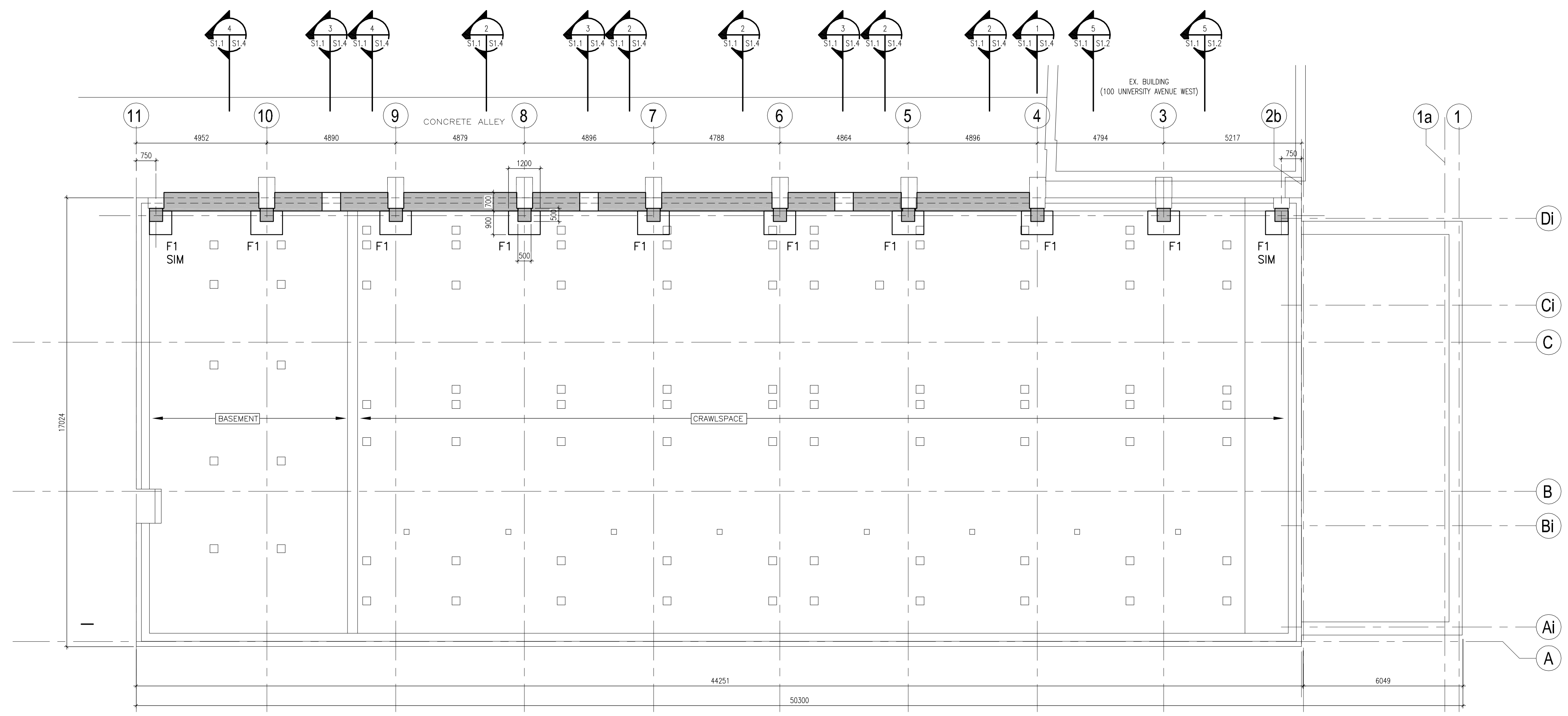
**PROJECT**  
MIXED-USE DEVELOPMENT

1200 UNIVERSITY AVE WEST  
WINDSOR, ONTARIO

**CLIENT**  
AIPL CANADA

**DRAWING TITLE**  
EX. FLOOR PLAN

DATE :	AUG 2021
SCALE :	AS NOTED
DRAWN BY :	TM/JLD
CHECKED BY :	MEM
PROJECT FILE NO.	M21-186
DRAWING NO.	S1.1



**CRAWLSPACE FLOOR PLAN AND FOUNDATION PLAN**

SCALE : 1:100

**CONCRETE**

ALL CONCRETE TO HAVE THE FOLLOWING STRENGTH AT 28 DAYS AND BE AIR ENTRAINED 5% MINIMUM TO 8% MAXIMUM UNLESS NOTED OTHERWISE:

FOOTINGS -20 MPa (HIGH EARLY) -NOT AIR ENTRAINED  
PIERS & FOUNDATION WALLS -30 MPa (HIGH EARLY)

CLEAR CONCRETE COVER TO REBAR TO BE 3" FOR CONCRETE CAST AGAINST THE GROUND AND 2" IN ALL OTHER CASES.

CONCRETE TO BE MOIST CURED FOR 72 HOURS AFTER FINISHING.

TAKE ALL COLD OR HOT WEATHER PRECAUTIONS AS REQUIRED.

REINFORCING STEEL TO BE DEFORMED BARS WITH A YIELD STRENGTH OF 400 MPa IN ACCORDANCE WITH THE LATEST EDITION OF CSA G30.18-M92 (R2019).

ALL SLAB REINFORCING STEEL SHALL HAVE THE FOLLOWING MIN. SPLICES UNLESS NOTED OTHERWISE:  
10M - 18"  
15M - 24"  
20M - 30"  
25M - 40"

DO NOT TACK WELD REBAR.

BEFORE CONCRETE IS PLACED, THE CONTRACTOR SHALL CO-ORDINATE AND CHECK WITH ALL TRADES TO ENSURE THE PROPER PLACEMENT OF ALL SLEEVES, INSERTS, CURBS, ETC. RELATING TO THE WORK AS SHOWN ON THE DRAWINGS.

ALL EXTERIOR EXPOSED CONCRETE SURFACES TO BE CURED WITH WHITE PIGMENTED CURING COMPOUND (SEAL-TIGHT WP-45 OR APPROVED EQUAL) APPLIED IN ACCORDANCE WITH MANUFACTURER'S PRINTED INSTRUCTIONS.

ALL HORIZONTAL REINFORCING STEEL BARS IN CONCRETE WALLS AND GRADE BEAMS SHALL BE CONTINUOUS THROUGH PIERS. BEND AT ALL CORNERS AND INTERSECTIONS OR PROVIDE SEPARATE CORNER BARS OF THE SAME SIZES AND SPACING. LAP ALL BARS WITH 24 BAR DIAMETER OR 12" WHICHEVER IS GREATER.

ALL EXPOSED EDGES OF BEAMS, WALLS, PIERS AND COLUMNS SHALL HAVE 3/4" CHAMFER.

CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS, SUCH AS UNDERGROUND AND/OR ABOVEGROUND UTILITIES, SEWERS, CAISSONS ETC. ON SITE. ALL PRECAUTIONS SHALL BE TAKEN TO PREVENT ANY DAMAGE. CONTRACTOR TO REPORT ANY DISCREPANCIES TO THE ENGINEER IMMEDIATELY.

**FOUNDATIONS**

FOUNDATION IS DESIGNED BASED ON AN ALLOWABLE BEARING PRESSURE OF 2000 PSF. IF ACTUAL SOIL CONDITIONS CANNOT SUPPORT THIS LOAD, CONTACT ENGINEER IMMEDIATELY.

INSTALL FOUNDATIONS ON UNDISTURBED SOIL AT THE ELEVATIONS NOTED. IF SOIL IS DISTURBED, IT SHALL BE REMOVED AND REPLACED WITH EITHER GRANULAR 'A' MATERIAL COMPACTED TO 100% SP100 OR LEAN CONCRETE (15 MPa).

DO NOT PLACE FOUNDATION CONCRETE UNTIL ENGINEER HAS INSPECTED FOUNDATION EXCAVATION.

ALL COLUMNS TO HAVE 1.1/2" HIGH STRENGTH, NON-SHRINK LEVELING GROUT UNDER BASE PLATES.

ALL PIER DOWELS TO HAVE 12" HOOK.

**MASONRY**

ALL MASONRY TO BE CARRIED OUT IN ACCORDANCE WITH THE REQUIREMENTS OF CSA STANDARD A165.1-04 AND CSA A371-14 (R2019)

CONCRETE MASONRY UNITS TO BE MANUFACTURED TO C.S.A. A165.1-04 (BLOCK COMPRESSIVE STRENGTH TO BE 15MPa).

USE FACE SHELL MORTAR BED AND RUNNING BOND.

GROUT SOLID ALL CELLS CONTAINING REINFORCING STEEL AND ANCHORS.

GROUT COMPRESSIVE STRENGTH TO BE 20 MPa UNLESS OTHERWISE NOTED.

ALL JOINTS TO BE TOOLED TO A DENSE, SLIGHTLY CONCAVE SHADE.

MASONRY TO BE ANCHORED TO ALL STRUCTURAL STEEL BACK-UP AT 16" ON CENTRE VERTICALLY AND 32" ON CENTRE HORIZONTALLY UNLESS NOTED OTHERWISE.

BRICK MASONRY TO HAVE FERRO SLOTTED STUD TIES (TYPE 1) (OR APPROVED EQUAL) AT 16" O.C. VERTICALLY AND 32" HORIZONTALLY. INSTALL TIES AT 16" O.C. HORIZONTALLY WITHIN 5 FEET OF ALL BUILDING CORNERS.

ALL MASONRY CONNECTORS SHALL BE IN CONFORMANCE WITH CAN/CSA A370-14 (R2018).

GROUT TWO BLOCKS SOLID BELOW ALL BEAMS BEARING ON MASONRY FOR A WIDTH OF 16" MIN. ALL LINTELS AND BEAMS TO HAVE 8" MIN. BEARING ON MASONRY UNLESS NOTED OTHERWISE.

**SHOP DRAWINGS:**

GENERAL CONTRACTOR TO SUBMIT SHOP DRAWINGS SEALED BY LICENSED PROFESSIONAL ENGINEER IN ONTARIO FOR THE FOLLOWING:

- STRUCTURAL STEEL
- FOUNDATION REBAR
- STRUCTURAL STEEL STUDS
- BRICK MORTAR SPECIFICATIONS TO BE REVIEWED BY ARCHITECT

**NOTIFICATION OF INSPECTING ENGINEER**

IN ACCORDANCE WITH THE REQUIREMENTS OF THE ONTARIO BUILDING CODE, CURRENT EDITION, THE ENGINEER WILL BE REQUIRED TO PERFORM GENERAL REVIEW OF THE BUILDING DURING CONSTRUCTION. THE CONTRACTORS SHALL NOTIFY THE ENGINEER 24 HOURS PREVIOUS TO COMMENCEMENT OF THE FOLLOWING ITEMS:

- PLACING FOOTING CONCRETE
- PLACING RETAINING WALLS, ETC.
- BACKFILLING OF MASONRY OR CONCRETE WALL BELOW GRADE
- INSTALLATION OF STRUCTURAL STEEL, JOISTS, BEAMS, LINTELS, ETC. OR STRUCTURAL WOOD MEMBERS
- PLACEMENT OF WALL OR CEILING INSULATION
- INSTALLATION OF MASONRY BEARING OR CURTAIN WALLS
- PRIOR TO PLACING OF CONCRETE FLOORS
- PRIOR TO INSTALLATION OF ROOFING MATERIALS.
- COMPLETION OF ROOF STRUCTURE BEFORE ROOFING AND INTERIOR FINISHES

CONCRETE MASONRY UNITS TO BE MANUFACTURED TO C.S.A. A165.1-04 (BLOCK COMPRESSIVE STRENGTH TO BE 15MPa).

USE FACE SHELL MORTAR BED AND RUNNING BOND.

GROUT SOLID ALL CELLS CONTAINING REINFORCING STEEL AND ANCHORS.

GROUT COMPRESSIVE STRENGTH TO BE 20 MPa UNLESS OTHERWISE NOTED.

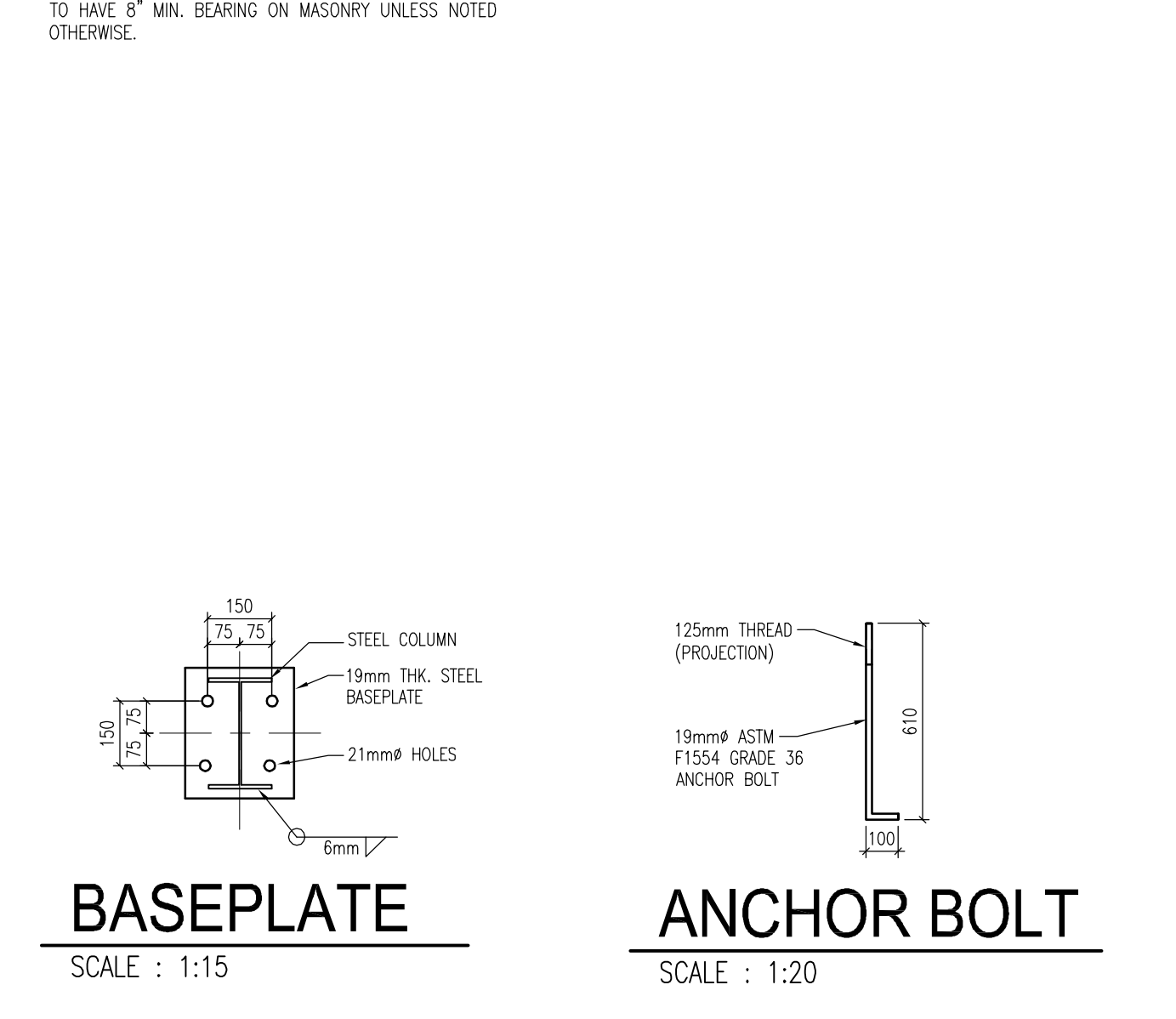
ALL JOINTS TO BE TOOLED TO A DENSE, SLIGHTLY CONCAVE SHADE.

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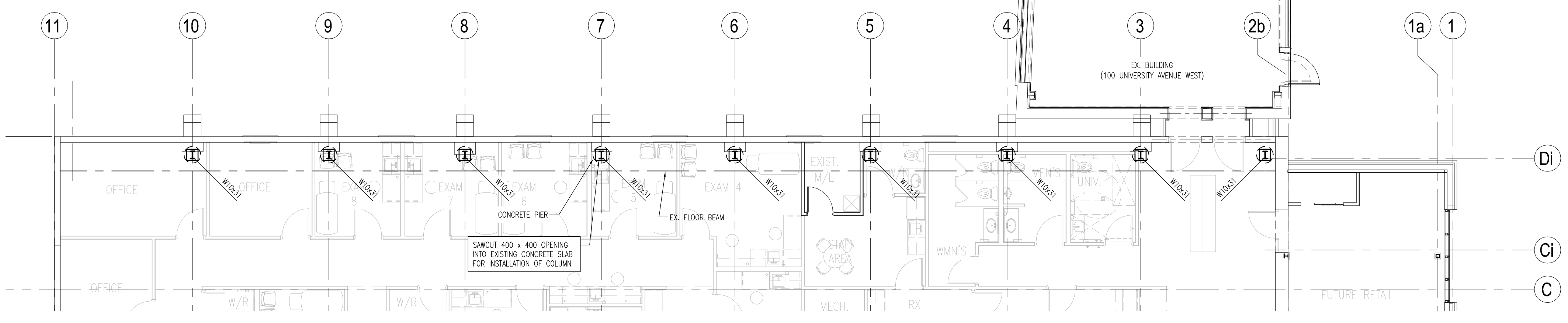
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GROUT TWO BLOCKS SOLID BELOW ALL BEAMS BEARING ON MASONRY FOR A WIDTH OF 16" MIN. ALL LINTELS AND BEAMS TO HAVE 8" MIN. BEARING ON MASONRY UNLESS NOTED OTHERWISE.



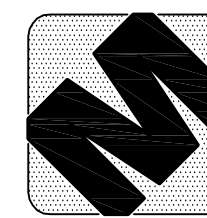
**BASEPLATE**  
SCALE : 1:15

**ANCHOR BOLT**  
SCALE : 1:20

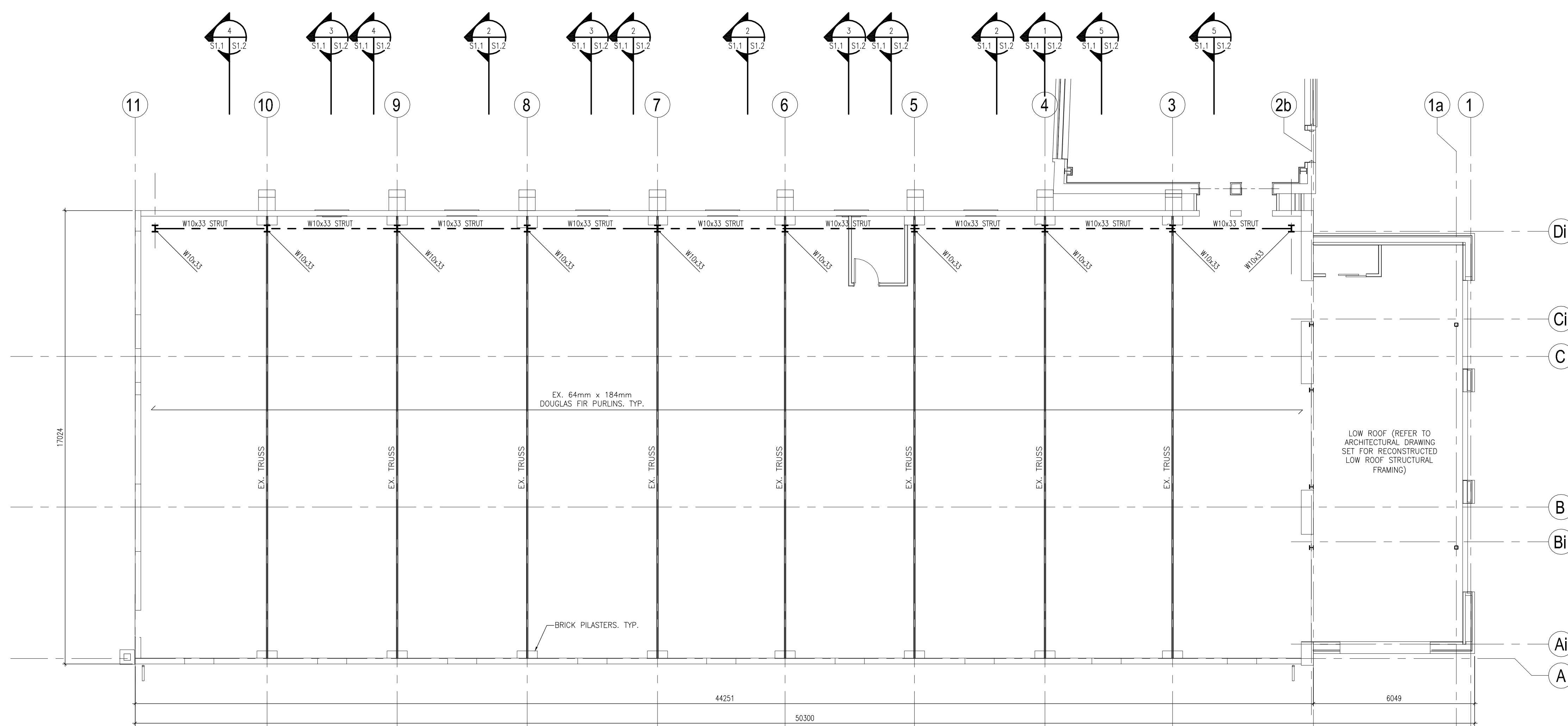


**PARTIAL GROUND FLOOR PLAN**

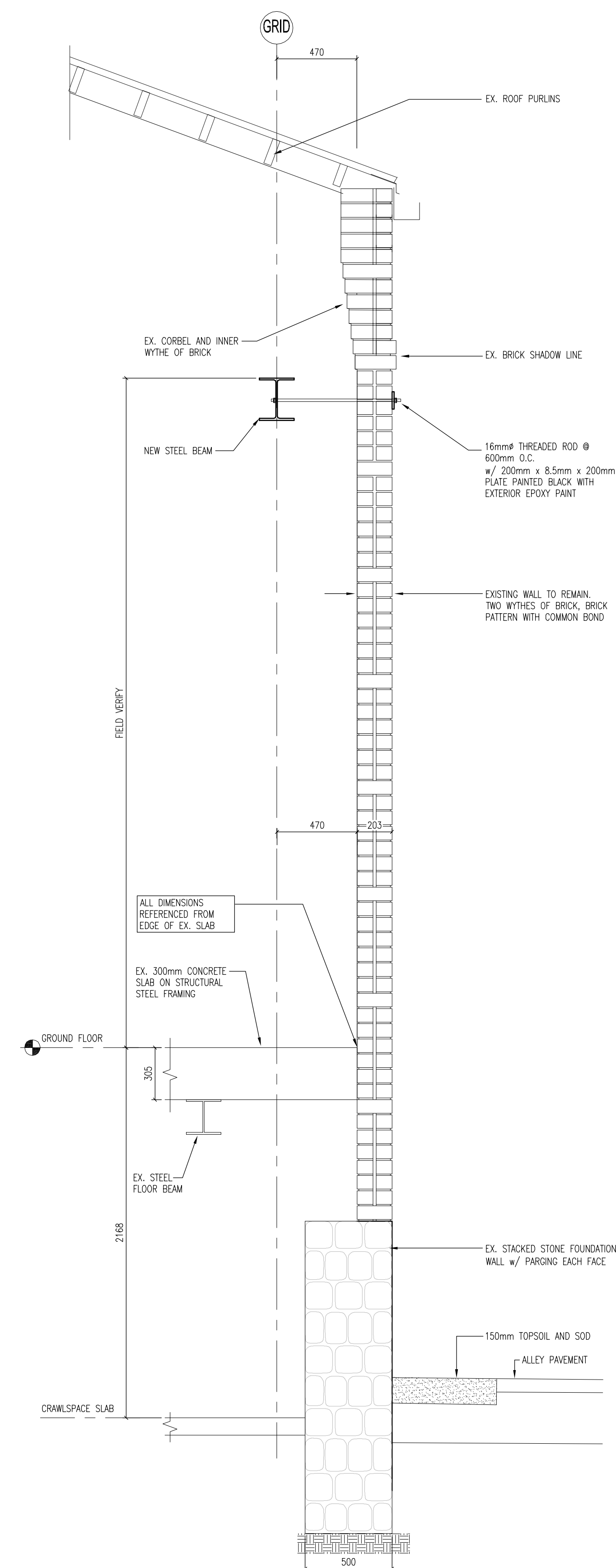
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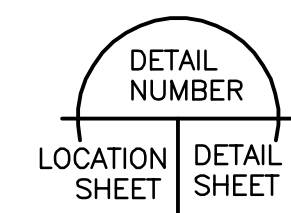
**ROOF FRAMING PLAN**  
SCALE : 1:100



**SECTION 5**  
SCALE : 1:20

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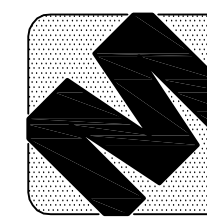
**PROJECT**  
**MIXED-USE DEVELOPMENT**  
  
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**CLIENT**  
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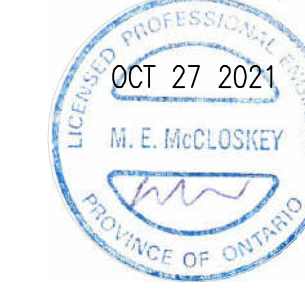
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**ROOF FRAMING PLAN**

DATE :	AUG 2021
SCALE :	AS NOTED
DRAWN BY :	TM/JLD
CHECKED BY :	MEM
PROJECT FILE NO.	M21-186
DRAWING NO.	<b>S1.2</b>



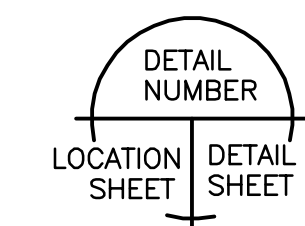


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**AIPL CANADA**

DRAWING TITLE  
**EAST BUILDING ELEVATIONS - EXISTING AND NEW**

DATE : AUG 2021

SCALE : AS NOTED

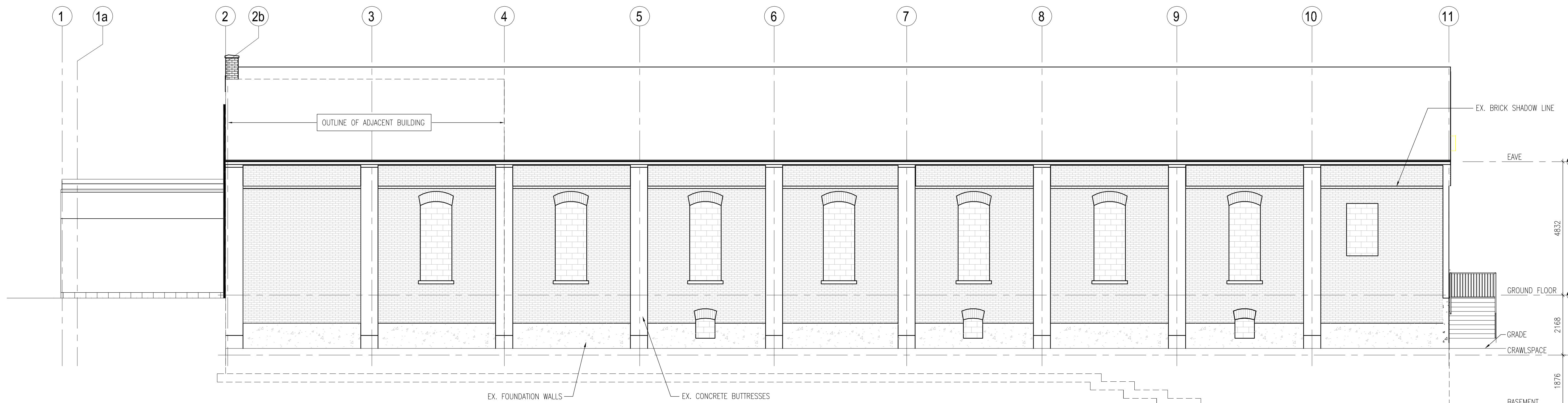
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PROJECT FILE NO. M21-186

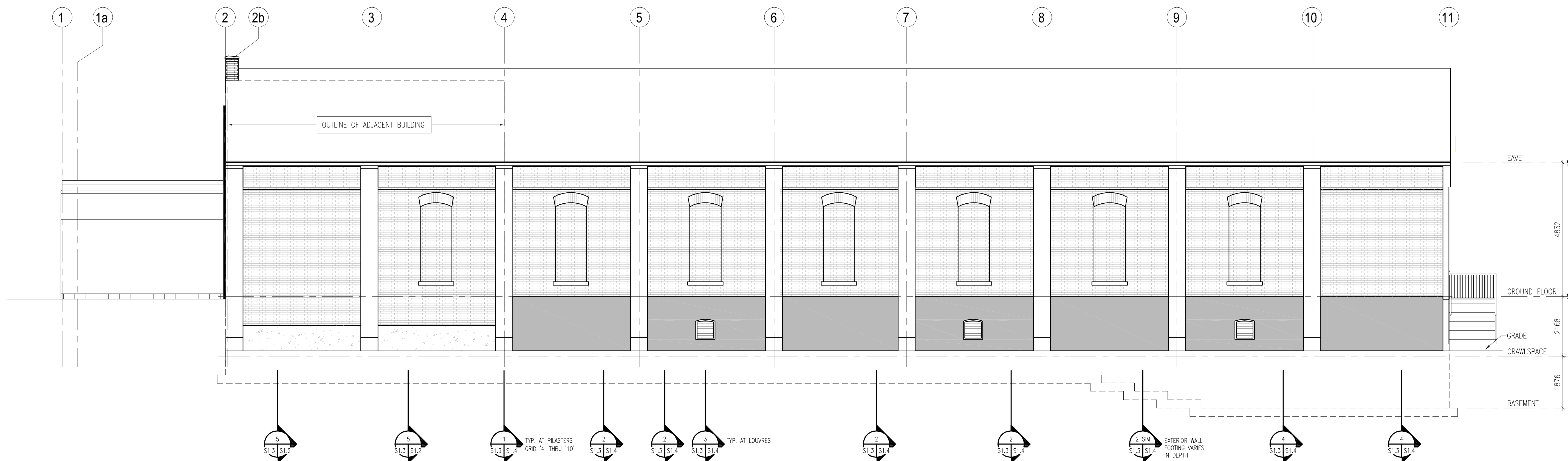
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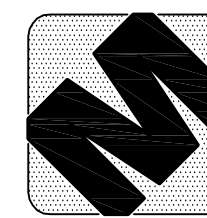
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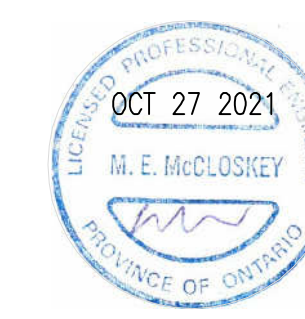


**EAST ELEVATION - NEW**

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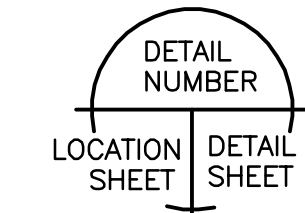


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CLIENT  
**AIPL CANADA**

DRAWING TITLE  
**SECTIONS AND DETAILS**

DATE : AUG 2021

SCALE : AS NOTED

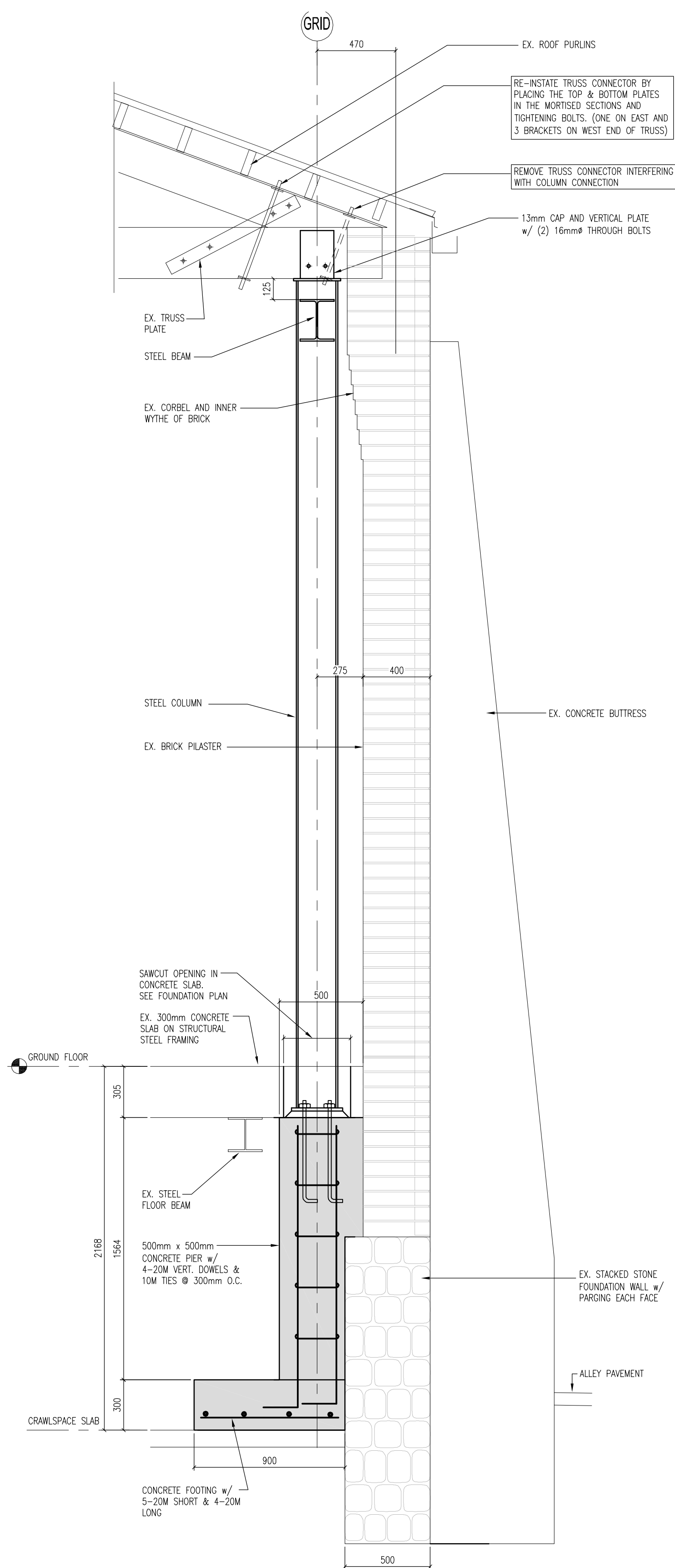
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CHECKED BY : MEM

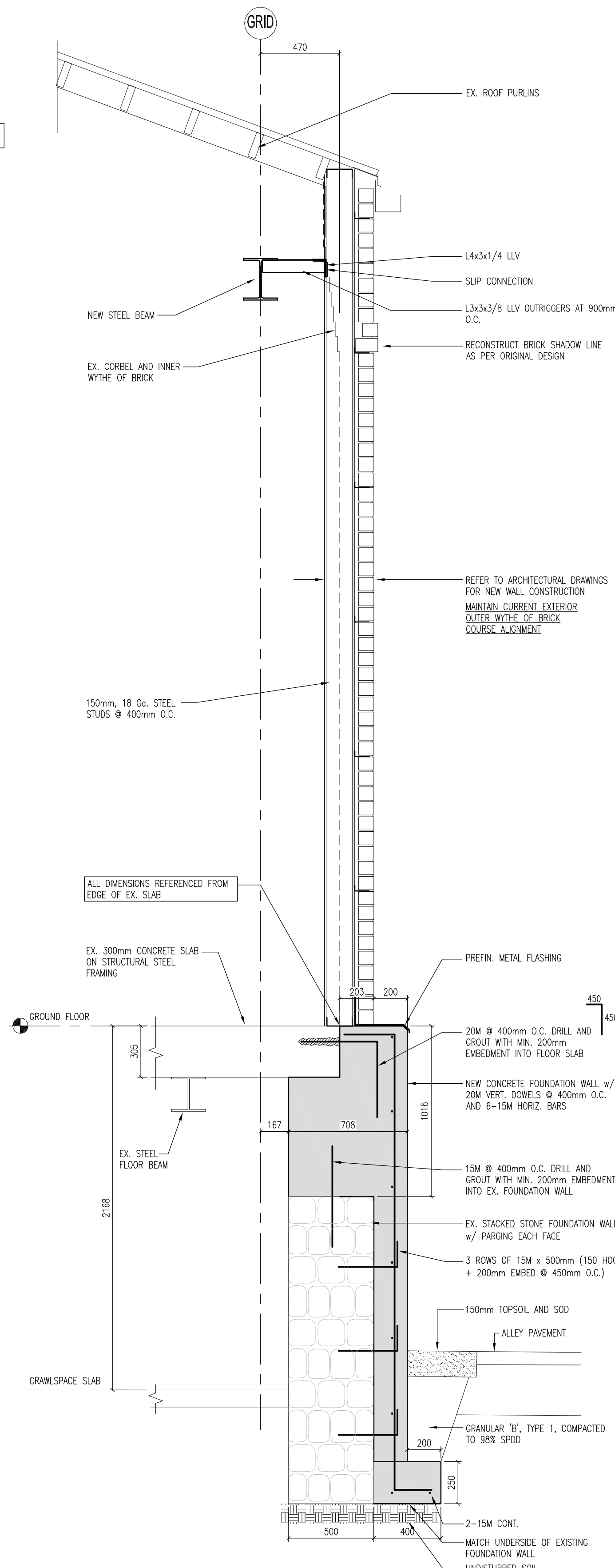
PROJECT FILE NO. M21-186

DRAWING NO.

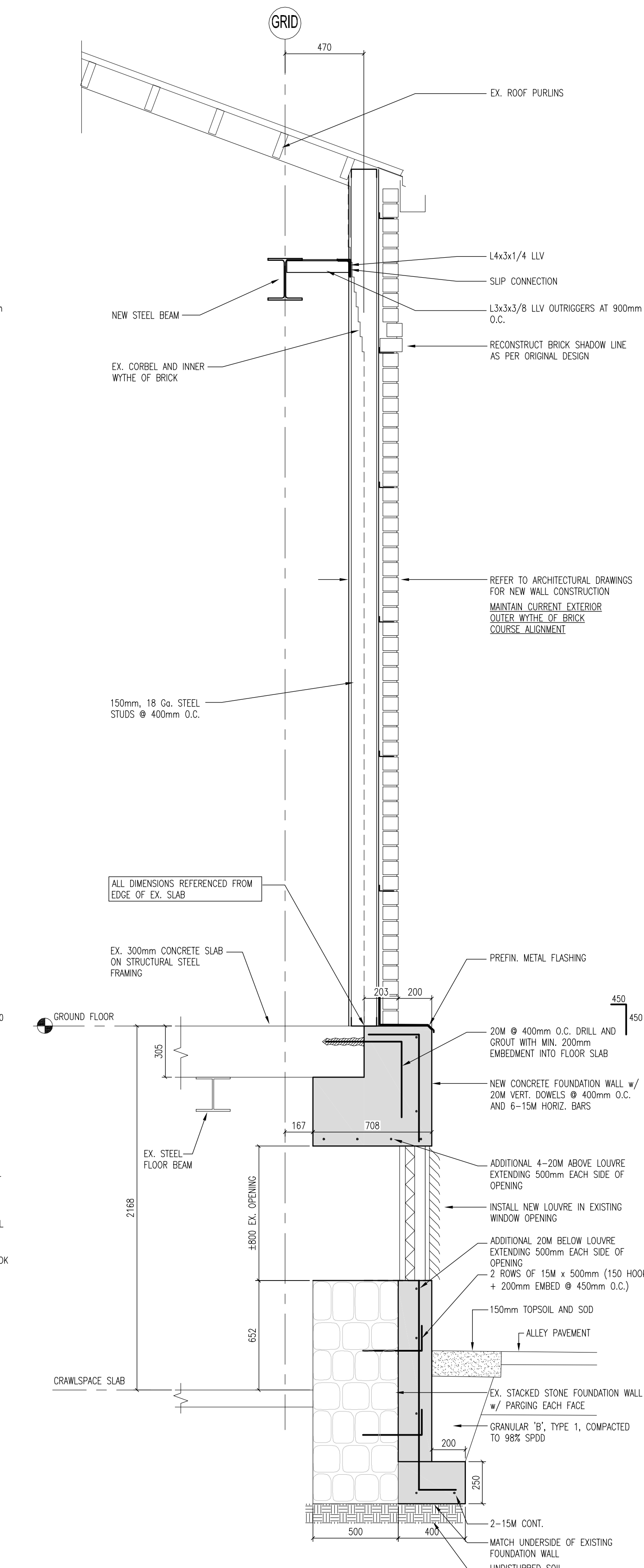
**S1.4**



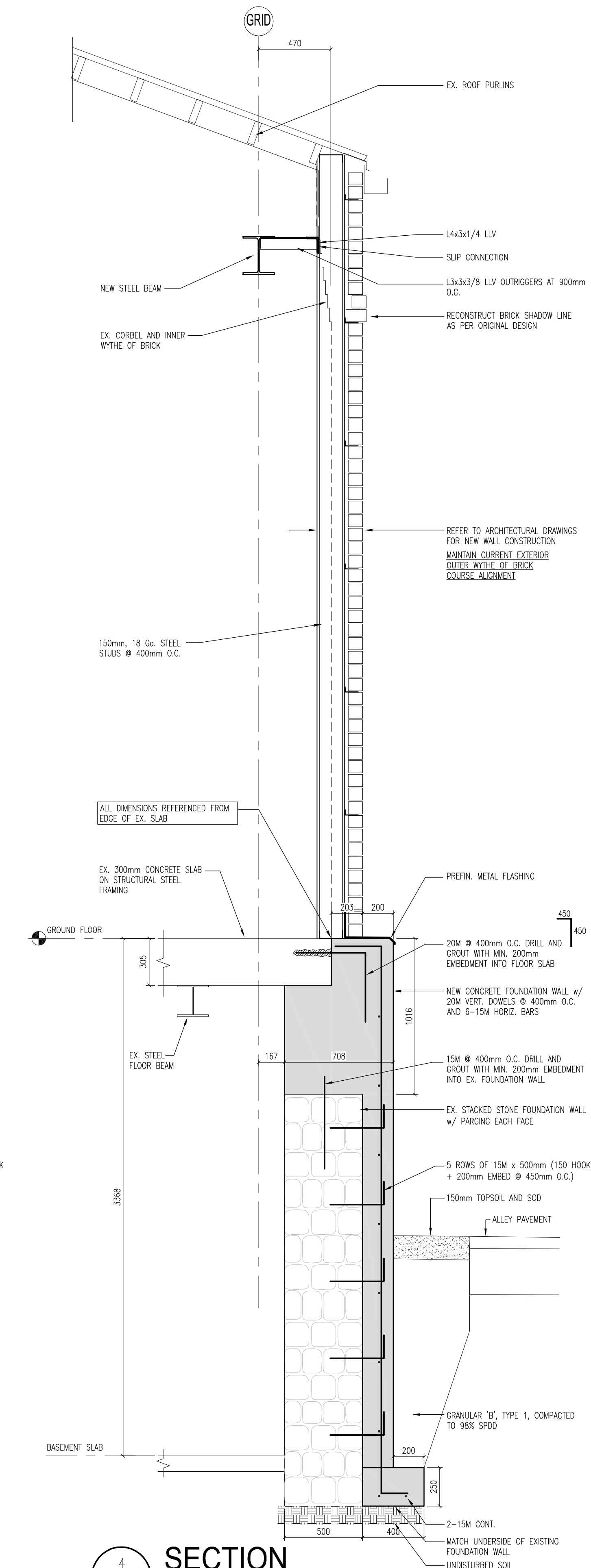
**SECTION 1**  
S1.1 | S1.1 SCALE : 1:20



**SECTION 2**  
S1.1 | S1.1 SCALE : 1:20



**SECTION 3**  
S1.1 | S1.1 SCALE : 1:20



**SECTION 4**  
S1.1 | S1.1 SCALE : 1:20





**Committee Matters: SCM 397/2021**

**Subject: Request for Partial Demolition of a Heritage Listed Property- 10150 Riverside Drive East, Monarch Liqueurs / W.L. Webster Mfg. Ltd. (Ward 7)**

Moved by: Member Foot  
Seconded by: Member Baker

Decision Number: **DHSC 353**

THAT Council **BE INFORMED** of the proposed partial demolition of the one-storey addition at 10150 Riverside Drive East, Monarch Liqueurs / W.L. Webster Mfg. Ltd.  
Carried.

Report Number: S 156/2021  
Clerk's File: MBA/14260

**Clerk's Note:**

1. The recommendation of the Standing Committee and Administration are the same.
2. Please refer to Item 10.2 from the Development & Heritage Standing Committee Meeting held December 6, 2021.
3. To view the stream of this Standing Committee meeting, please refer to:  
<http://csg001-harmony.sliq.net/00310/Harmony/en/PowerBrowser/PowerBrowserV2/20211209/-1/5287>

**Subject: Request for Partial Demolition of a Heritage Listed Property -  
10150 Riverside Drive East, Monarch Liqueurs / W.L. Webster Mfg. Ltd.  
(Ward 7)**

**Reference:**

Date to Council: December 6, 2021  
Author: Kristina Tang, MCIP, RPP  
Heritage Planner  
Email: ktang@citywindsor.ca  
Phone: 519-255-6543 X 6179  
Tracy Tang  
Planner II- Revitalization & Policy Initiatives  
ttang@citywindsor.ca  
519-255-6543 X 6449  
Planning & Building Services  
Report Date: November 16, 2021  
Clerk's File #: MBA/14260

**To:** Mayor and Members of City Council

**Recommendation:**

THAT Council **BE INFORMED** of the proposed partial demolition of the one-storey addition at 10150 Riverside Drive East, Monarch Liqueurs / W.L. Webster Mfg. Ltd.

**Executive Summary:** N/A

**Background:**

The property at 10150 Riverside Dr. E. was 'listed' on the Windsor Municipal Heritage Register on August 27, 2008. The four storey art deco building was designed by architect Albert J. Lothian and constructed in 1928 for Monarch Liqueurs. The first occupancy was short-lived and subsequently the property was the W.L. Webster Manufacturing office and industrial shops, until that ceased too leaving the property vacant for many years.

The current owners, Southwestern Sales Corporation Limited, are now planning to restore and use the property as their headquarters in a two phased approach. The first phase is the demolition of the existing one storey pre-engineered storage structure with a replacement. The second phase will involve the full restoration of the 1928 building and interior renovations. The demolition application is outlined in Appendix A- Heritage Permit Application.

**Discussion:**

**Property description and proposal:**

The subject property is located along Riverside Drive East, close to Florence Avenue, abutting Sandpoint Beach. The Owners run an aggregate business and also own the adjacent properties to the west. The current property would serve as the headquarters in connection to properties to its west, as well as to other full service operations in West Windsor, Kingsville, Samia & Sombra.



Front views of 10150 Riverside Drive East

The heritage architect for this project describes the 1928 Art deco structure as a “poured-in-place concrete structure clad with rug-faced Natco hollow clay-tile”. The prominent heights and distinct heritage feature has made this building a long-time landmark on Riverside Drive East.

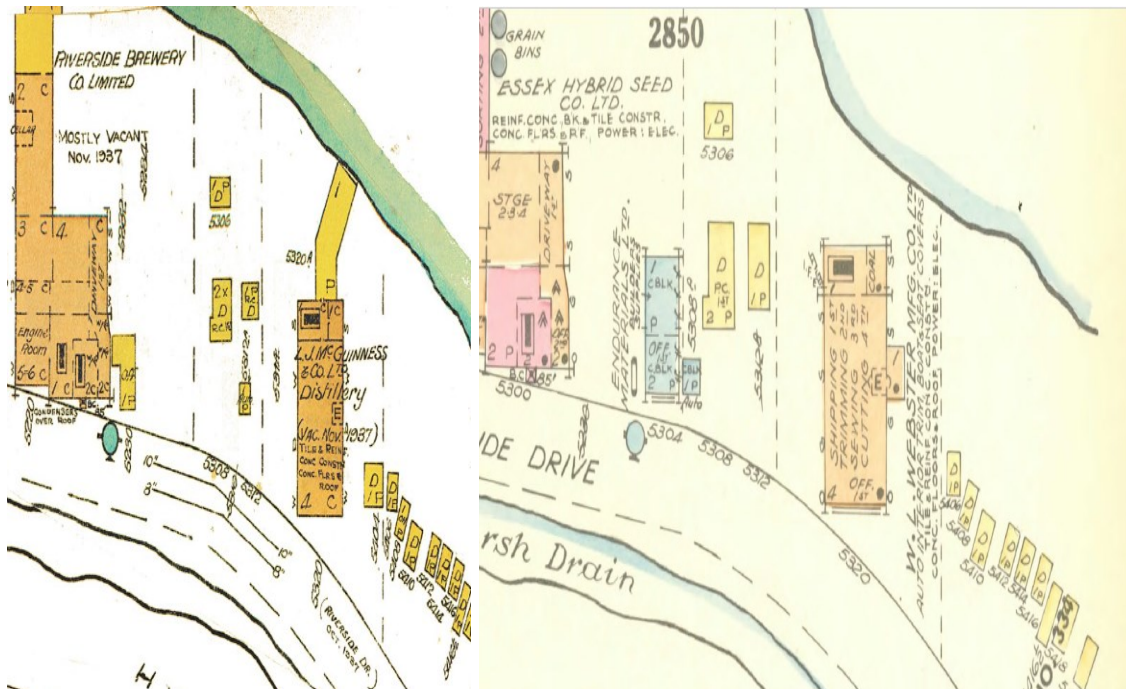


Decorative elements on the front facade



Secondary buildings and structures more than forty years old are included in the Windsor Municipal Heritage Register unless otherwise stated.

From the Fire Insurance Maps, it is noted that a part of the addition was constructed sometime between 1937 and 1953. It is unknown when the other portions of the addition was constructed.



On left, 1937 Fire Insurance Map (Vol 2, Sheet 247) – 5320 Riverside Dr E- L. J. McGuinness & Co. Ltd Distillery. On right, 1953 Fire Insurance Map (Vol 3, Sheet 333) – 5320 Riverside Dr E- W. L. Webster. Mfg. Co. Ltd.



Views of the addition from the east (left) and rear north (right). The addition on the east is the older addition as indicated on the Fire Insurance Map.



Views of the addition from the northwest (left) and west view of the property (right)

The proposed demolition is to remove the current addition which in its current state has been causing some moisture/drainage issues and deterioration to the clay-tile cladding of the 1928 structure. The removal of the addition would allow for proper restoration of the exterior masonry cladding. The replacement addition of smaller footprint would serve as storage space, and consider the *Standards & Guidelines for the Conservation of Historic Places in Canada* to create new additions that are physically and visually compatible with, subordinate to, and distinguishable from the historic 1928 structure (Standard 11).

The current drawings (Appendix B) indicate that the proposed addition would be constructed aligned with the precast medallion (Standard 12- not impairing form and integrity of historic place if the new work is removed in the future), and grey tones would be used for the base sill walls and the architectural metal panels. The drawings are subject to further changes and review under the Site Plan Control review process.

### **Legal provisions:**

The subject property is listed on the Windsor Municipal Heritage Register, but not designated. Section 27 of Part IV of the *Ontario Heritage Act* states that “the register may include property ... that the council of the municipality believes to be of cultural heritage value or interest”, without being designated. Also, “[T]he owner of the property shall not demolish or remove a building or structure on the property or permit the demolition or removal of the building or structure unless the owner gives the council of the municipality at least 60 days notice in writing of the owner’s intention to demolish or remove the building or structure or to permit the demolition or removal of the building or structure.” The 60 days only begins after notice is received with accompanying plans and information as Council may require. City of Windsor Council approved “Requirements and Procedures, Application for Demolition of Heritage-Listed Properties” (Council Decision # M163-2015) which outlines the required information for demolition, and notes that Administration has 30 days to evaluate if the information submitted is sufficient. Only after determination has been made that the required information has been submitted, does the 60 day count begin.

During the 60 days after notice, City Council (with Committee consultation) may initiate designation, or decide to take no action. If a property is proposed for designation, a

notice of intent to designate must include a statement explaining the cultural heritage value or interest of the property and a description of the heritage attributes of the property, which are those features that are considered important to retain if any alterations to the property are proposed after designation. “Cultural heritage value or interest” is to be considered according to Ontario Regulation 9/06.

There is no explicit provision for the Committee or Council to comment on additions to or remodelling a heritage-listed, non-designated property, other than removal/demolition of structures from the Register under the *Ontario Heritage Act* unless designation is initiated. The proposed changes appear to be compatible with the heritage appearance of the property. Designation is not a recommendation of this report at this time. Details and design work of the proposal would continue to be reviewed through the Site Plan Control process.

### **Official Plan Policy:**

The Windsor Official Plan includes (9.0) “A community’s identity and civic pride is rooted in physical and cultural links to its past. In order to celebrate Windsor’s rich history, Council is committed to recognizing, conserving and enhancing heritage resources.”

Objectives include (9.3.2.1) “Council will identify Windsor’s heritage resources by: ... (c) Researching and documenting the history and architectural and contextual merit of potential heritage resources on an individual property basis; ... 9.3.3.4.(a) maintaining and updating the list of built heritage resources known as the Windsor Municipal Heritage Register.”

### **Risk Analysis:**

The demolition proposed would allow the Owner to proceed with their desired renovation plans for the property and facilitate restoration of the property and its historic masonry facade. This project supports the reuse of the heritage structure and would allow and enhance the longevity of the property.

### **Climate Change Risks**

**Climate Change Mitigation: N/A**

**Climate Change Adaptation: N/A**

### **Financial Matters:**

There is no cost to the city; the property owner is paying the full cost of the proposal. The proposed works may increase the assessed value of the property.

### **Consultations:**

Discussion took place between Heritage Planning staff and the Owner’s agents, Heritage Architect Jason Grossi (CAHP), and structural engineer Dr. William Tape. A site visit of the property was conducted in August 2021.

**Conclusion:**

Council is to be informed of the proposed demolition of the additions to 10150 Riverside Drive East, Monarch Liqueurs / W.L. Webster Mfg. Ltd. The demolition would support the reuse and restoration of the heritage property.

**Planning Act Matters: N/A**

**Approvals:**

<b>Name</b>	<b>Title</b>
Michael Cooke	Manager of Planning Policy/ Deputy City Planner
Thom Hunt	City Planner / Executive Director Planning & Development Services
Wira Vendrasco	Deputy City Solicitor, Legal Services & Real Estate
Shelby Askin Hager	Commissioner, Legal & Legislative Services
Shelby Askin Hager acting for Jason Reynar	Chief Administrative Officer

**Notifications:**

<b>Name</b>	<b>Address</b>	<b>Email</b>
Sean Frye		seanfrye@southwesternsales.ca
Jason Grossi		jason@designstudiogG.com
Dr. William Tape		will@haddadmorgan.com

**Appendices:**

- 1 Appendix A- Heritage Permit Application
- 2 Appendix B- Proposed Drawings (Phase 1)





# HERITAGE PERMIT APPLICATION

Revised 10/2021

## CORPORATION OF THE CITY OF WINDSOR

Planning Dept., Suite 320-350 City Hall Sq W, Windsor ON N9A 6S1  
519-255-6543 | 519-255-6544 (fax) | [planningdept@citywindsor.ca](mailto:planningdept@citywindsor.ca)

### 1. Applicant, Agent and Registered Owner Information

Provide in full the name of the applicant, registered owner and agent, the name of the contact person, and address, postal code, phone number, fax number and email address. If the applicant or registered owner is a numbered company, provide the name of the principals of the company. If there is more than one applicant or registered owner, copy this page, complete in full and submit with this application.

#### APPLICANT

Contact Name(s) Sean Frye  
Company or Organization Southwestern Sales Corporation limited  
Mailing Address 100 Lesperance Road Unit #5  
Tecumseh Ontario  
Postal Code N8N 1W1  
Email SeanFrye@southwesternsales.ca Phone(s) (519)818-6451

#### REGISTERED OWNER IF NOT APPLICANT

Contact Name(s) \_\_\_\_\_  
Company or Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone(s) \_\_\_\_\_

#### AGENT AUTHORIZED BY REGISTERED OWNER TO FILE THE APPLICATION

Contact Name(s) Jason Grossi  
Company or Organization Studio g+G inc.  
Mailing Address 1057 Walker Road  
Windsor, Ontario  
Postal Code N8Y 2N6  
Email jason@designstudioG.com Phone(s) (519)551-2535

#### Who is the primary contact?

- Applicant       Registered Owner       Agent

## 2. SUBJECT PROPERTY

Municipal Address: 10150 Riverside Dr E, Windsor, ON N8P 1A1

Legal Description (if known): \_\_\_\_\_

Building/Structure Type:

Residential       Commercial       Industrial       Institutional

Heritage Designation: NA

Part IV (Individual)       Part V (Heritage Conservation District)

By-law #: NA      District: NA

Is the property subject to a Heritage Easement or Agreement?

Yes       No

## 3. TYPE OF APPLICATION

Check all that apply:

Demolition/Removal of heritage attributes       Addition       Alteration\*  
 Demolition/Removal of building or structure       Erection

\*The *Ontario Heritage Act's* definition of "alter" means to change in any manner and includes to restore, renovate, repair or disturb.

## 4. HERITAGE DESCRIPTION OF BUILDING

*Describe the existing design or appearance of buildings, structures, and heritage attributes where work is requested. Include site layout, history, architectural description, number of storeys, style, features, etc..*

The existing buildings located at 10150 Riverside Dr. E, comprises two structures: an historic 1928, 4-storey, office and industrial building designed by architect Albert Lothian, which is a poured-in-place concrete structure clad with rug-faced Natco hollow clay-tile, surrounded by a decapitated 1-storey pre-engineered storage building that are currently in use by the owner. The 4-storey building is abandoned and was last used by the Webster Manufacturing Company as their office and industrial shops.

The proposed work is to be completed in two phases. Phase One, for which this application applies, comprises removal of the existing decapitated 1-storey pre-engineered buildings and replacing them with a more historically sensitive pre-engineered building with a smaller footprint. The purpose of this structure would remain the same as the one currently in use. The intention here is to provide a more appropriately sized, reduced structure to accompany the historic structure, strategically located and detailed to help preserve the original 1928 building.

Phase Two, is currently in the design phase and involves full restoration of the 4-storey building and interior fit-up to retain the original use of the building and become the headquarters location of Southwester Sales Corporation Limited (the current owner of the property).

## 5. PROPOSED WORK

*Provide a detailed written description of work to be done, including any conservation methods you plan to use. Provide details, drawings, and written specifications such as building materials, measurements, window sizes and configurations, decorative details, etc.. Attach site plans, elevations, product spec sheets, etc. to illustrate, if necessary.*

Proposed work comprises of removal of the existing 1-storey pre-engineered buildings located adjacent to the north and east sides of the historic building, protecting the historic building during removal and construction of a new pre-engineered 1-storey building to the east side of the historic building.

## 6. HERITAGE PERMIT RATIONALE

*Explain the reasons for undertaking the proposed work and why it is necessary.*

The existing 1-storey building, in addition to being unsightly and in disrepair, is deleterious to the existing historic building. It is connected in a manner that does not permit us to restore the existing masonry exterior cladding. The intention is to remove the 1-storey structure and replace it with a building that better accompanies the historic structure and permits a Phase Two

*Describe the potential impacts to the heritage attributes of the property.*

The resulting impact to the historic structure is both visible and physical which will make restoration possible in Phase Two. It would provide a new and more historically sensitive addition with a far reduced footprint on the site.

## 7. CHECKLIST OF MATERIALS SUBMITTED Check all that apply:

Required:

- Photographs (showing the current condition and context of existing buildings, structures, and heritage attributes that are affected by the application)
- Site plan/ Sketch (showing buildings on the property and location of proposed work)
- Drawings of proposed work (e.g. existing and proposed elevations, floor plans, roof plans, etc., as determined by Heritage Planning staff)
- Specifications of proposed work (e.g. construction specification details)

Potentially required (to be determined by Heritage Planning staff):

- Registered survey
- Material samples, brochures, product data sheets etc.
- Cultural Heritage Evaluation Report
- Heritage Impact Assessment (HIA)
- Heritage Conservation Plan
- Building Condition Assessment

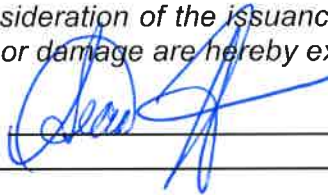
**8. NOTES FOR DECLARATION**

*The applicant hereby declares that the statements made herein and information provided are, to the best of their belief and knowledge, a true and complete representation of the purpose and intent of this application.*

*The applicant agrees that the proposed work shall be done in accordance with this application, including attachments, and understands that the issuance of the Heritage Alteration Permit under the Ontario Heritage Act shall not be a waiver of any of the provisions of any By-Law of the Corporation of the City of Windsor, or the requirements of the Building Code Act, RSO 1980, c51.*

*The applicant acknowledges that in the event a permit is issued, any departure from the conditions imposed by the Council of the Corporation of the City of Windsor, or plans and specifications approved is prohibited and could result in the permit being revoked. The applicant further agrees that if the Heritage Alteration Permit is revoked for any cause of irregularity, in the relation to non-conformance with the said agreements, By-Laws, acts or regulations that, in consideration of the issuance of the permit, all claims against the City for any resultant loss or damage are hereby expressly waived.*

**APPLICANT** Signature(s) \_\_\_\_\_



Date Nov 15/21

Date \_\_\_\_\_



**SCHEDULE A**

**A. Authorization of Registered Owner for Agent to Make the Application**

If the applicant is not the registered owner of the land that is the subject of this application, the written authorization of the registered owner that the applicant is authorized to make the application must be included with this application form or the authorization below must be completed.

I, Southwestern Sales Corporation am the registered owner of the land that is  
name of registered owner

subject of this application for a Heritage Alteration Permit and I authorize  
Jason Grossi to make this application on my behalf.  
name of agent

  
\_\_\_\_\_  
Signature of Registered Owner

Nov 15/21  
\_\_\_\_\_  
Date

If Corporation – I have authority to bind the corporation.

**B. Consent to Enter Upon the Subject Lands and Premises**

I, Sean Frye, hereby authorize the members of the Windsor Heritage Committee, Planning Standing Committee and City Council and staff of the Corporation of the City of Windsor to enter upon the subject lands and premises described in Section 3 of the application form for the purpose of evaluating the merits of this application and subsequently to conduct any inspections on the subject lands that may be required as condition of approval. This is their authority for doing so.

  
\_\_\_\_\_  
Signature of Registered Owner

Nov 15/21  
\_\_\_\_\_  
Date

If Corporation – I have authority to bind the corporation.

**C. Acknowledgement of Applicant**

I understand that receipt of this application by the City of Windsor Planning Department does not guarantee it to be a complete application. Further review of the application will occur and I may be contacted to provide additional information and/or resolve any discrepancies or issues with the application as submitted.

I further understand that pursuant to the provisions of the Ontario Heritage Act and the Municipal Freedom of Information and Protection of Privacy Act, this application and all material and information provided with this application are made available to the public.

  
\_\_\_\_\_  
Signature of Applicant

Nov 15/21  
\_\_\_\_\_  
Date



**DO NOT COMPLETE BELOW – STAFF USE ONLY**

**Approval Record**

Date Received by Heritage Planner: \_\_\_\_\_

Building Permit Application Date, if needed: \_\_\_\_\_

Approval requiring City Council:

Windsor Heritage Committee: \_\_\_\_\_

Planning & Economic Development Standing Committee: \_\_\_\_\_

City Council: \_\_\_\_\_

Approval requiring City Planner:

Heritage Planner: \_\_\_\_\_

Staff Decision Appealed to City Council: \_\_\_\_\_

If so, Date to City Council: \_\_\_\_\_

Council Decision Appealed: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECISION**

Heritage Permit No.: \_\_\_\_\_ Date: \_\_\_\_\_

Council Motion or City Planner's Signature: \_\_\_\_\_

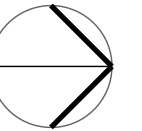
**CONTACT INFORMATION**

Planning Department - Planning Policy  
Corporation of the City of Windsor  
Suite 320 - 350 City Hall Square West  
Windsor ON N9A 6S1  
planningdept@citywindsor.ca  
519-255-6543 x 6179  
519-255-6544 (fax)  
<http://www.citywindsor.ca>

# C-101

Southwestern Sales  
Restoration and  
Accessory Building

windsor, ontario CANADA  
project № D56-21



site plan

structural

Haddad Morgan and Assoc. LTD.  
consulting engineers

24 shepherd street east  
windsor, ontario N8X 2J8  
t: 519 973 1177  
f: 519 253 2740

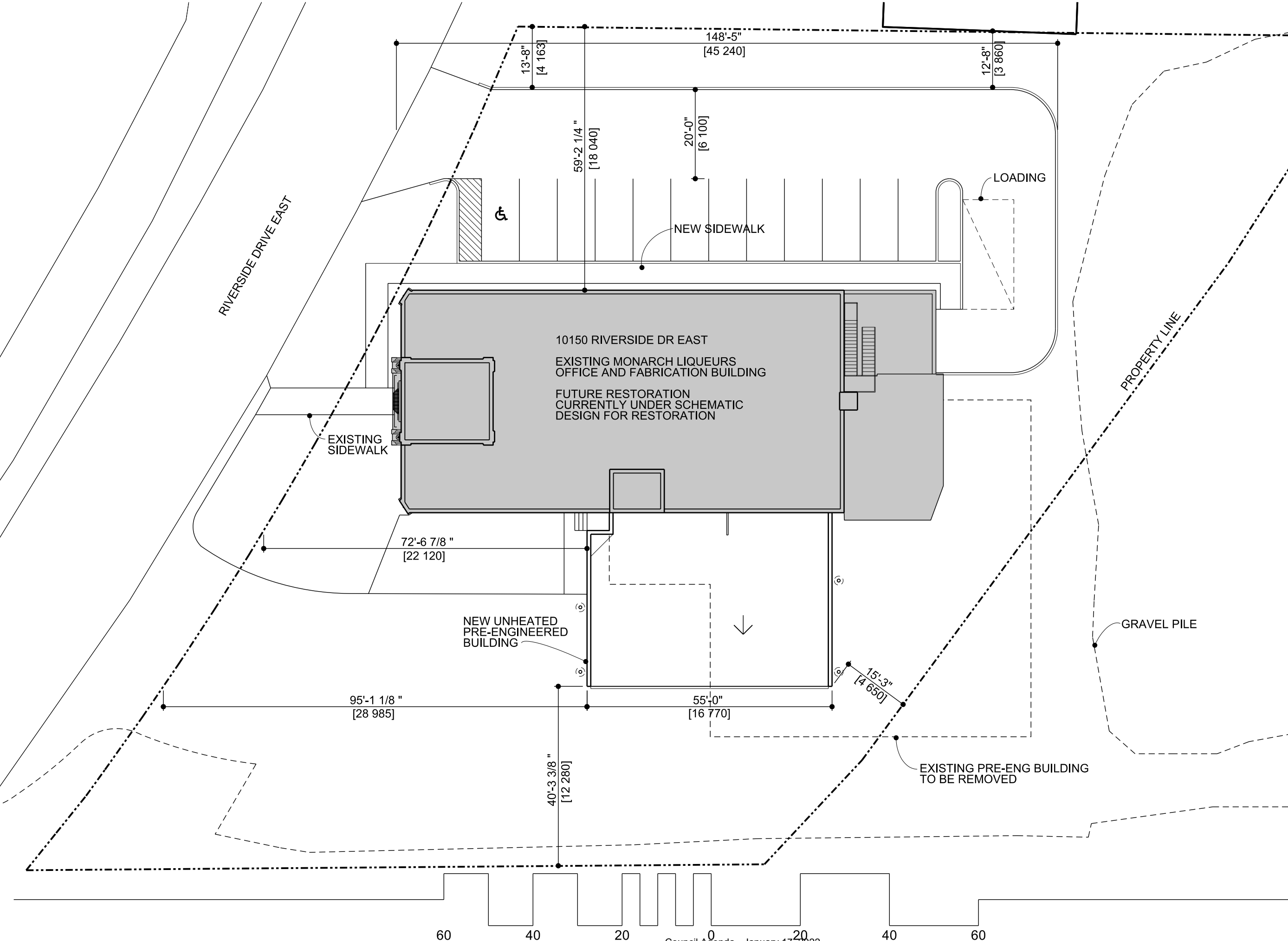


architectural

studio g+G inc., architect

1057 walker road  
windsor, ontario  
N8Y 2N6 CANADA

t: 519 254 8698  
f: 519 254 2401

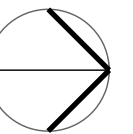


# A-101

EXISTING MONARCH LIQUEUR'S  
OFFICE BUILDING - PARTIAL PLAN

Southwestern Sales  
Restoration and  
Accessory Building

windsor, ontario CANADA  
project № D56-21



floor plan

structural

Haddad Morgan and Assoc. LTD.  
consulting engineers

24 shepherd street east  
windsor, ontario N8X 2J8  
t: 519 973 1177  
f: 519 253 2740

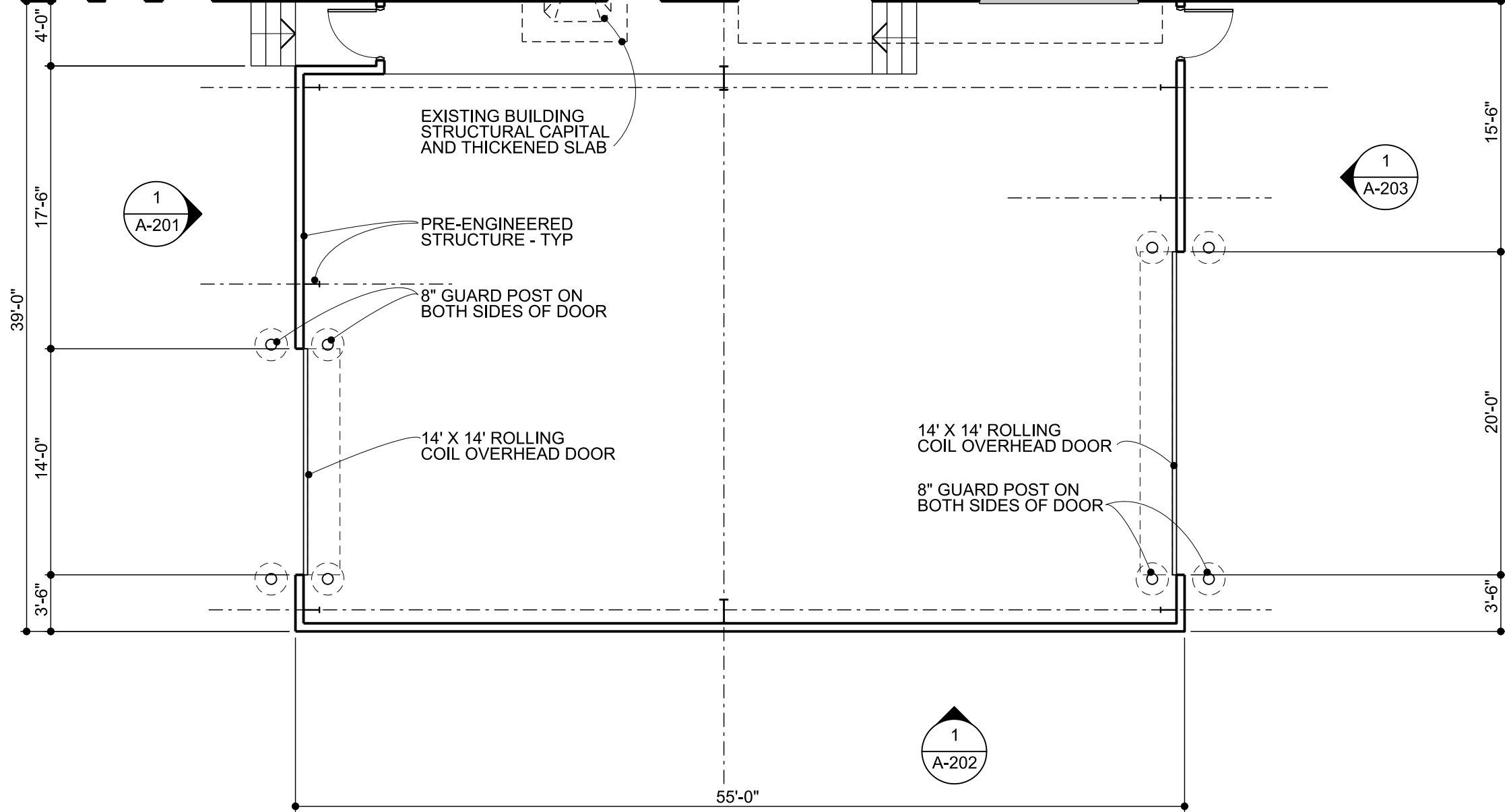


architectural

studio g+G inc., architect

1057 walker road  
windsor, ontario  
N8Y 2N6 CANADA

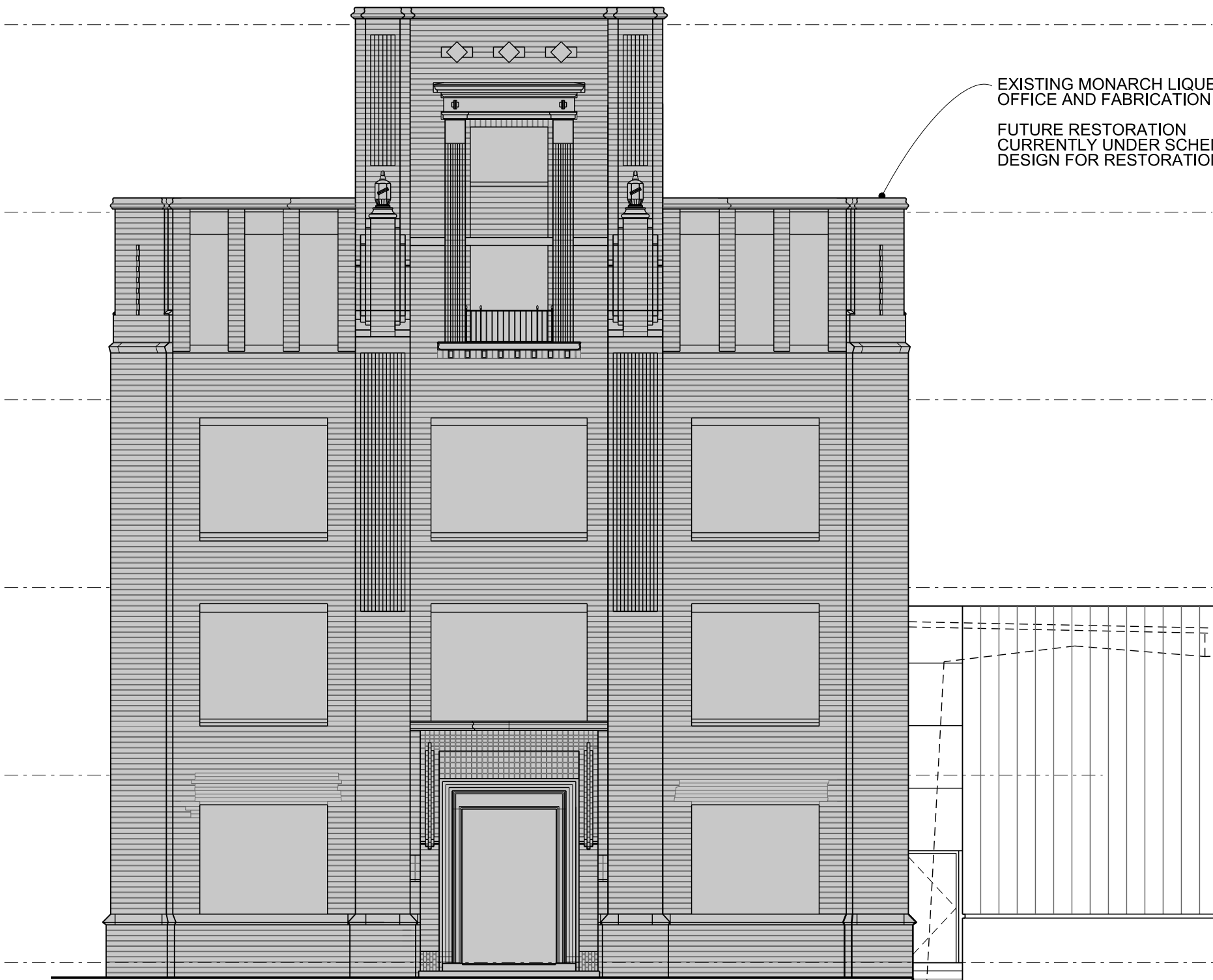
t: 519 254 8698  
f: 519 254 2401



1/8" = 1'-0"

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# A-201

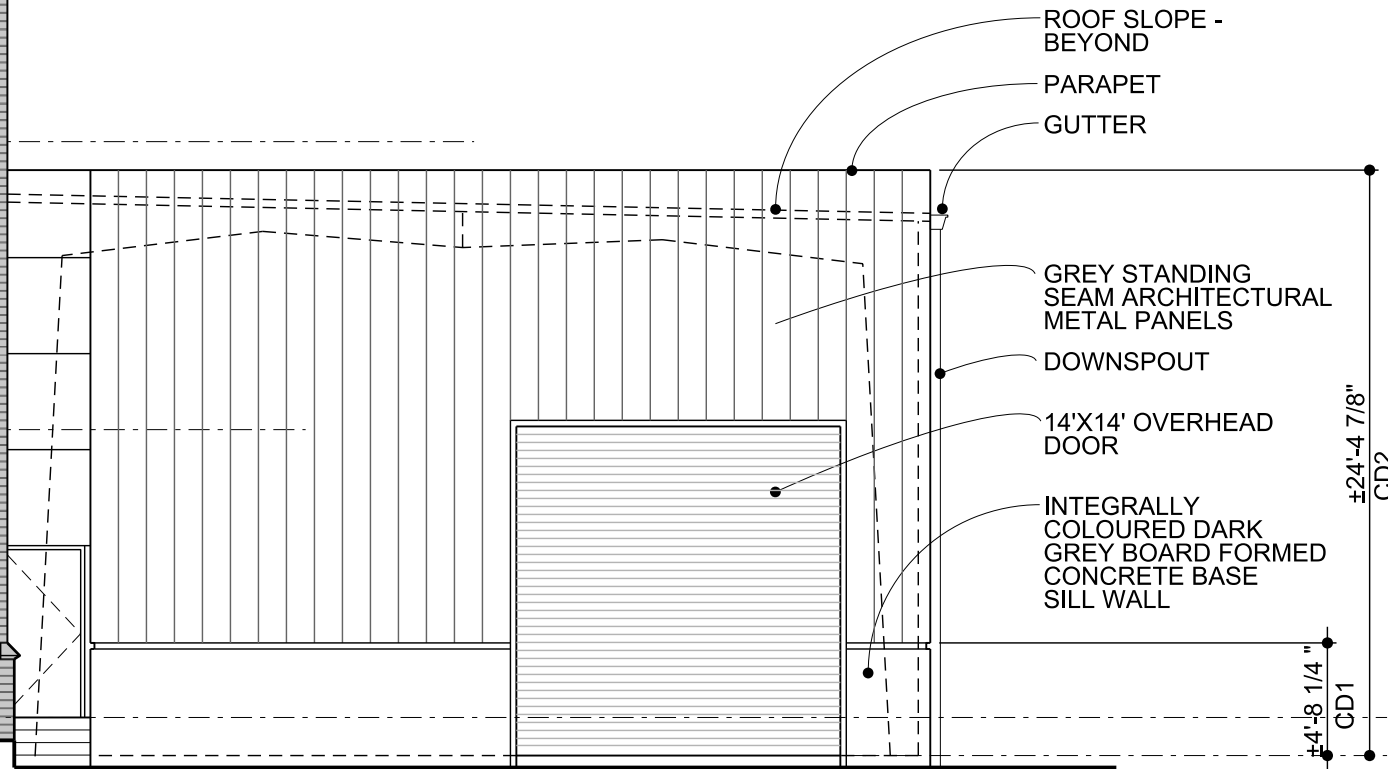


EXISTING MONARCH LIQUEURS  
OFFICE AND FABRICATION BUILDING

FUTURE RESTORATION  
CURRENTLY UNDER SCHEMATIC  
DESIGN FOR RESTORATION

CRITICAL DIMENSIONS  
CR1: ALIGN BASE HEIGHT TO MATCH  
HEIGHT OF EXISTING TILE AND STONE  
BASE WATER TABLE PROJECTION

CR2: SEE A103 FOR ELEVATION ALIGNMENT



ROOF SLOPE -  
BEYOND

PARAPET

GUTTER

GREY STANDING  
SEAM ARCHITECTURAL  
METAL PANELS

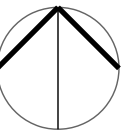
DOWNSPOUT

14'X14' OVERHEAD  
DOOR

INTEGRALLY  
COLOURED DARK  
GREY BOARD FORMED  
CONCRETE BASE  
SILL WALL

±24'-4 7/8"  
CD2

±4'-8 1/4"  
CD1



Southwestern Sales  
Restoration and  
Accessory Building

windsor, ontario CANADA  
project № D56-21

structural

Haddad Morgan and Assoc. LTD.  
consulting engineers

24 shepherd street east  
windsor, ontario N8X 2J8  
t: 519 973 1177  
f: 519 253 2740



architectural

studio g+G inc., architect

1057 walker road  
windsor, ontario  
N8Y 2N6 CANADA

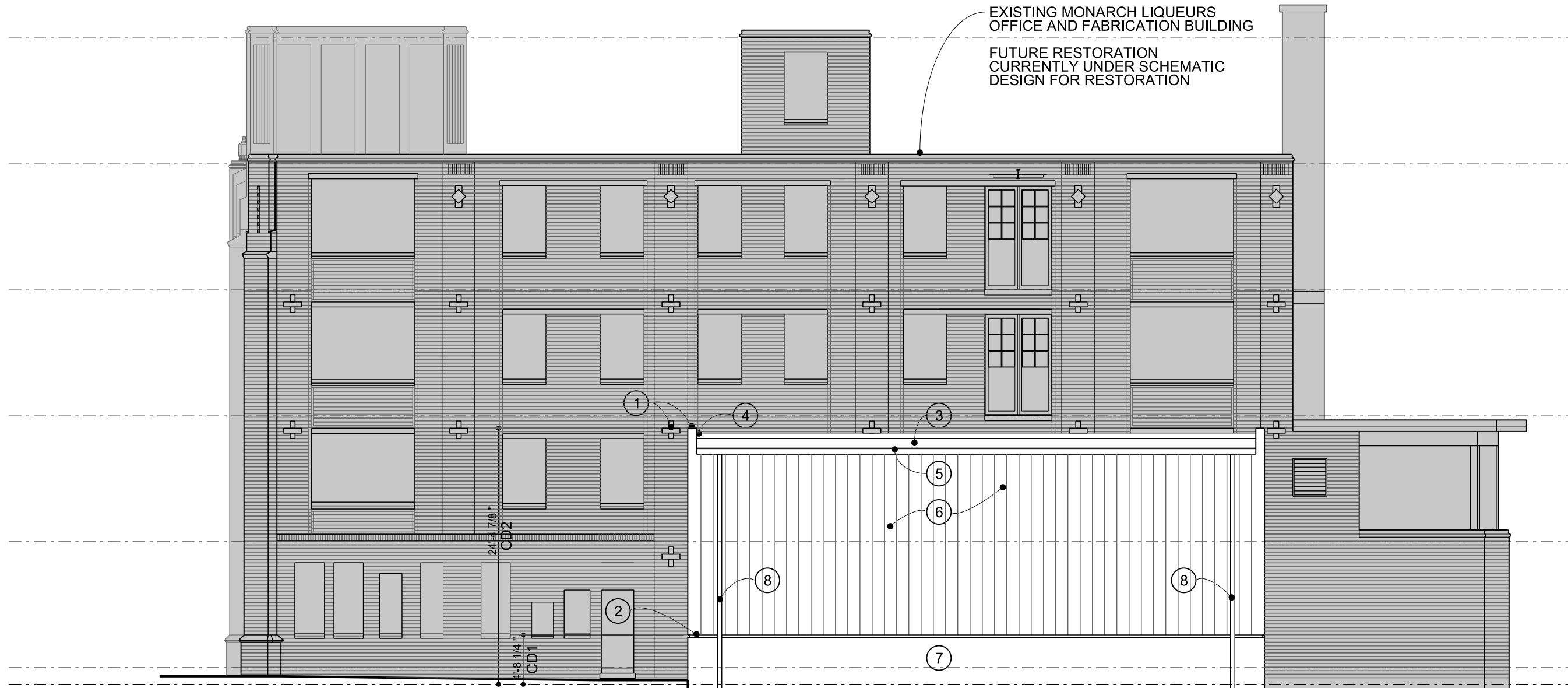
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1/8" = 1'-0"

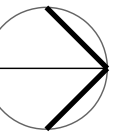
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# A-202



Southwestern Sales  
Restoration and  
Accessory Building

windsor, ontario CANADA  
project № D56-21



east elevation

structural

Haddad Morgan and Assoc. LTD.  
consulting engineers

24 shepherd street east  
windsor, ontario N8X 2J8  
t: 519 973 1177  
f: 519 253 2740



architectural

studio g+G inc., architect

1057 walker road  
windsor, ontario  
N8Y 2N6 CANADA

t: 519 254 8698  
f: 519 254 2401

NOTES:

- ① CRITICAL DIMENSION (CR1): ALIGN BASE HEIGHT TO MATCH HEIGHT OF EXISTING TILE AND STONE BASE WATER TABLE PROJECTION
- ② CRITICAL DIMENSION (CR2): ALIGN TOP OF PARAPET WITH EXISTING PRECAST MEDALION AS SHOWN
- ③ ROOF SLOPE - BEYOND
- ④ PARAPET
- ⑤ CONTINUOUS 6" GUTTER
- ⑥ GREY STANDING SEAM ARCHITECTURAL METAL PANELS
- ⑦ INTEGRALLY COLOURED DARK GREY BOARD FORMED CONCRETE BASE SILL WALL
- ⑧ DOWNSPOUT

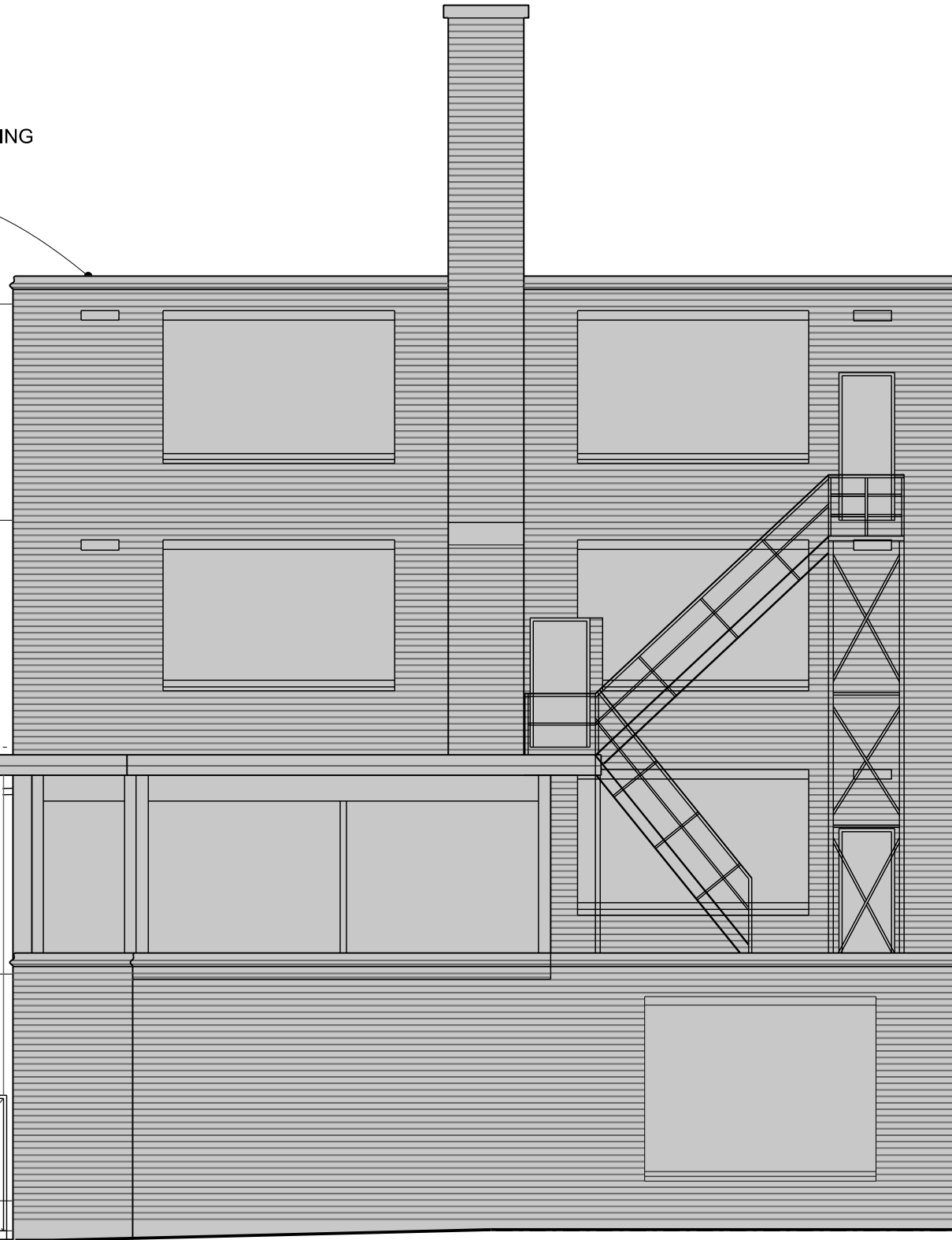
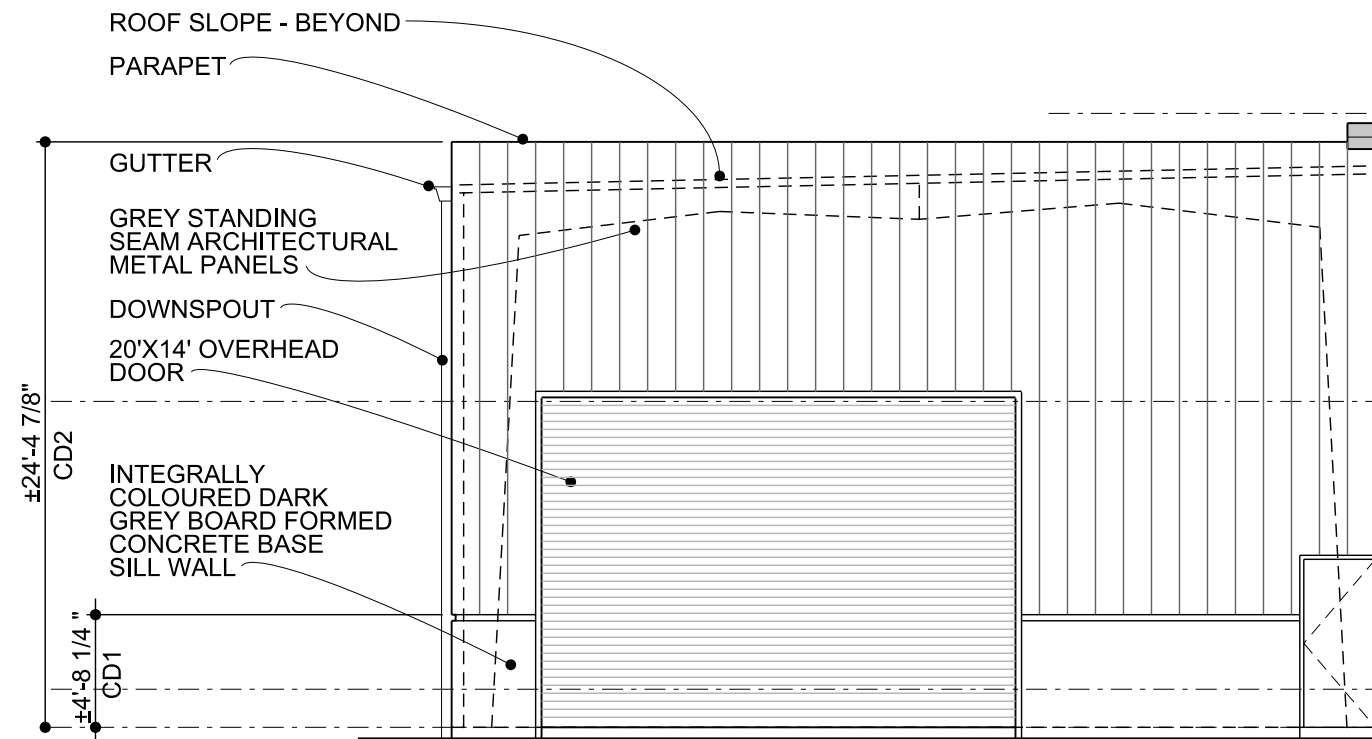
$\frac{3}{16}'' = 1'-0''$

20 10 0 5 10 15 20



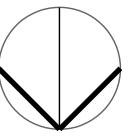
# A-203

EXISTING MONARCH LIQUEURS  
OFFICE AND FABRICATION BUILDING  
  
FUTURE RESTORATION  
CURRENTLY UNDER SCHEMATIC  
DESIGN FOR RESTORATION



Southwestern Sales  
Restoration and  
Accessory Building

windsor, ontario CANADA  
project № D56-21



north elevation

structural

Haddad Morgan and Assoc. LTD.  
consulting engineers

24 shepherd street east  
windsor, ontario N8X 2J8  
t: 519 973 1177  
f: 519 253 2740



architectural

studio g+G inc., architect

1057 walker road  
windsor, ontario  
N8Y 2N6 CANADA

t: 519 254 8698  
f: 519 254 2401





**Committee Matters: SCM 398/2021**

**Subject: Downtown CIP Grant Applications made by Roman Maev, owner of Tessonics Holding Corp. for 787 Ouellette, Ward 3**

Moved by: Councillor Holt

Seconded by: Councillor Sleiman

Decision Number: **DHSC 356**

- I. THAT the request for incentives under the Downtown Windsor Enhancement Strategy and Community Improvement Plan (CIP) made by Roman Maev, owner of Tessonics Holding Corp. for the property located at 787 Ouellette Avenue **BE APPROVED** for the following programs:
  - i. *Commercial/Mixed Use Building Facade Improvement Program* for 50% of the eligible costs to a maximum of \$30,000 for improvements to the Ouellette Avenue and Elliott Street West facades;
- II. THAT funds in the amount of up to \$30,000 under the *Commercial/Mixed Use Building Facade Improvement Program* **BE TRANSFERRED** from the CIP Reserve Fund 226 to the Downtown Windsor Enhancement Strategy and CIP (#7011022) once the work is completed;
- III. THAT grants **BE PAID** to Roman Maev, owner of Tessonics Holding Corp., upon completion of the improvements to the existing three (3) storey building and property located at 787 Ouellette Avenue, from Downtown Windsor Enhancement Strategy Fund (Project # 7011022) to the satisfaction of the City Planner and Chief Building Official;
- IV. THAT should the project not be completed in two (2) years, City Council **AUTHORIZE** that the funds under the *Commercial/Mixed Use Building Façade Improvement Grant Program* for 787 Ouellette be uncommitted and made available for other applications.

Carried.

Report Number: S 157/2021

Clerk's File: Z/14259

**Clerk's Note:**

1. The recommendation of the Standing Committee and Administration are **not** the same.
2. Please refer to Item 11.3 from the Development & Heritage Standing Committee Meeting held December 6, 2021.

3. To view the stream of this Standing Committee meeting, please refer to:  
<http://csg001-harmony.sliq.net/00310/Harmony/en/PowerBrowser/PowerBrowserV2/20211209/-1/5287>

**Subject: Downtown CIP Grant Applications made by Roman Maev, owner of Tessonics Holding Corp. for 787 Ouellette, Ward 3**

**Reference:**

Date to Council: December 6, 2021  
Author: Kevin Alexander, Senior Planner Special Projects  
519-255-6543 x6732  
kalexander@citywindsor.ca

Steven Payne, Community Development Planning Assistant  
519-255-6543 x 6396  
spayne@citywindsor.ca  
Planning & Building Services  
Report Date: November 22, 2021  
Clerk's File #: Z/14259

**To:** Mayor and Members of City Council

**Recommendation:**

- I. **THAT** the request for incentives under the Downtown Windsor Enhancement Strategy and Community Improvement Plan (CIP) made by Roman Maev, owner of Tessonics Holding Corp. for the property located at 787 Ouellette Avenue **BE APPROVED** for the following programs:
  - i. *Commercial/Mixed Use Building Facade Improvement Program* for 50% of the eligible costs of the façade improvements, up to \$20,000 per property;
- II. **THAT** funds in the amount of up to \$20,000 under the *Commercial/Mixed Use Building Facade Improvement Program* **BE TRANSFERRED** from the CIP Reserve Fund 226 to the Downtown Windsor Enhancement Strategy and CIP (#7011022) once the work is completed;
- III. **THAT** grants **BE PAID** to Roman Maev, owner of Tessonics Holding Corp., upon completion of the improvements to the existing three (3) storey building and property located at 787 Ouellette Avenue, from Downtown Windsor Enhancement Strategy Fund (Project # 7011022) to the satisfaction of the City Planner and Chief Building Official;
- IV. **THAT** should the project not be completed in two (2) year, City Council **AUTHORIZE** that the funds under the *Commercial/Mixed Use Building Façade*

*Improvement Grant Program* for 787 Ouellette be uncommitted and made available for other applications;

**Executive Summary:**

N/A

**Background:**

The Downtown Windsor Enhancement Strategy and Community Improvement Plan (Downtown CIP) was adopted by City Council on September 29, 2017 and an adopting by-law was passed by City Council on October 16, 2017.

The Downtown CIP provides financial incentives to encourage new residential development, retail investment, facade improvements, and building/property improvements.

This property is located on 787 Ouellette Ave as shown in Appendix A. The applicant is proposing improvements to the existing three (3) storey building, to incorporate business offices.

**Applicant Information:**

**Applicant/Owner:** Tessonics Holding Corp.

**787 Ouellette Owner:** Roman Maev

**Discussion:**

**Commercial/Mixed Use Building Facade Improvement Grant**

This program is intended to provide economic incentive for the development, rehabilitation and redevelopment of properties in Downtown Windsor. The program provides a grant for 50% of the eligible costs of the façade improvements, up to \$20,000 per property. Applicable projects can be eligible for a grant increase of up to \$10,000.

The applicant proposes to invest \$122,519.47 to improve the facade of the former Windsor Utilities Commission Office Building located at 787 Ouellette Avenue (See Appendix 'B'). The building is listed on the City of Windsor Municipal Heritage Register and is a familiar downtown landmark as drivers/pedestrians enter the core.

Facade improvements include exterior granite panel installation over the existing limestone along the base of the building, removal of the steel exterior band, limestone cleaning and patching areas where the limestone is missing for restoration of the medallions along the exterior of the building.

**Risk Analysis:**

There is low risk associated with the approval of the subject Downtown CIP grant applications. All grants will not be paid to the owner until all requirements and provisions



of the Downtown Windsor Enhancement Strategy and CIP are address, and once the project is completed and inspected by appropriate Planning and Building Department staff.

## **Climate Change Risks**

### **Climate Change Mitigation:**

As this project is making use of an existing vacant building rather than a greenfield development, there is an avoidance of a large amount of Green House Gas (GHG) being emitted. Far fewer building materials will be required, construction and installation will be minimal, and overall, less energy will be consumed. Moreover, the proposed facade improvement and storefront encourages a walkable downtown environment. By encouraging downtown revitalization, we are simultaneously encouraging more compact/mixed-use development, which accompanies a greater use of active transport. Therefore, the process of this development is sustainable because of the reuse of a vacant building. Additionally, this project will contribute to a more vibrant downtown Windsor, encouraging further investment into the downtown area and combatting urban sprawl.

### **Financial Matters:**

#### **Commercial/Mixed Used Building Facade Improvement Program**

The grant would be paid from the Downtown Windsor Enhancement Strategy Fund (Project # 7011022) to a maximum amount of \$20,000. On February 22, 2021 Council approved the 2021 budget, which included a new reserve fund 226 for all active CIPs in the City. As CIP grant applications are approved, the approved grant amount will be transferred to the capital project once the completion of the improvements to the existing three (3) storey building and property located at 787 Ouellette Avenue are completed to the satisfaction of the City Planner and Chief Building Official; the funds are to be kept as committed funds, until the grant is ready to be paid out. The uncommitted balance of the CIP reserve fund is \$682,341.62.

If this report is approved the applicant will receive \$20,000 in grants. According to the application, the owner will invest approximately \$122,519.47 on improvements to the exterior of this building. Therefore, the grant to investment ratio will be \$6.13 for every municipal dollar granted to this project.

### **Consultations:**

The Downtown CIP was subject to stakeholder and public consultation as part of the approval process, including public meetings, a statutory public meeting and circulation among internal City staff and the Province.

Planning staff have consulted with the owner prior to accepting the application. Staff from the Planning and Building Division were consulted in the preparation of this report. Through meetings with the agent and owner, Urban Design and Heritage staff have highlighted the heritage value of this building and have encouraged the Owner to pursue heritage designation of the property.

**Conclusion:**

The proposed improvements will contribute to the overall revitalization of the Downtown and the public realm along the Ouellette Avenue Main Street and help preserve this heritage listed Downtown landmark for future generations. There are sufficient funds in CIP Reserve Fund 226 to help fund this project. Staff recommends approval of this application for the Commercial/Mixed Use Building Façade Improvement Grant.

**Planning Act Matters:**

N/A

**Approvals:**

Name	Title
Kevin Alexander	Planner III – Special Projects
Josie Gualtieri	Financial Planning Admin.
Neil Robertson	Manager of Urban Design
Thom Hunt	City Planner/Executive Director of Planning and Building Services
Wira Vendrasco	Deputy City Solicitor
Shelby Askin Hager	City Solicitor
Janice Guthrie	Deputy Treasurer - Taxation, Treasury and Financial Projects
Joe Mancina	Chief Financial Officer/ City Treasurer
Shelby Askin Hager acting for Jason Reynar	Chief Administrative Officer

**Notifications:**

Name	Address	Email
Joe Passa		joseph@passa.ca
Roman Maev		maev@uwindsor.ca

**Appendices:**

- 1 Location Map and Existing Conditions
- 2 Proposed Improvements

APPENDIX 'A'  
LOCATION MAP



LOCATION MAP



 SUBJECT PROPERTY : 787 OUELLETTE AVENUE



APPENDIX 'A'

EXISTING CONDITIONS for 787 Ouellette Ave.



APPENDIX 'A'

EXISTING CONDITIONS for 787 Ouellette Ave.





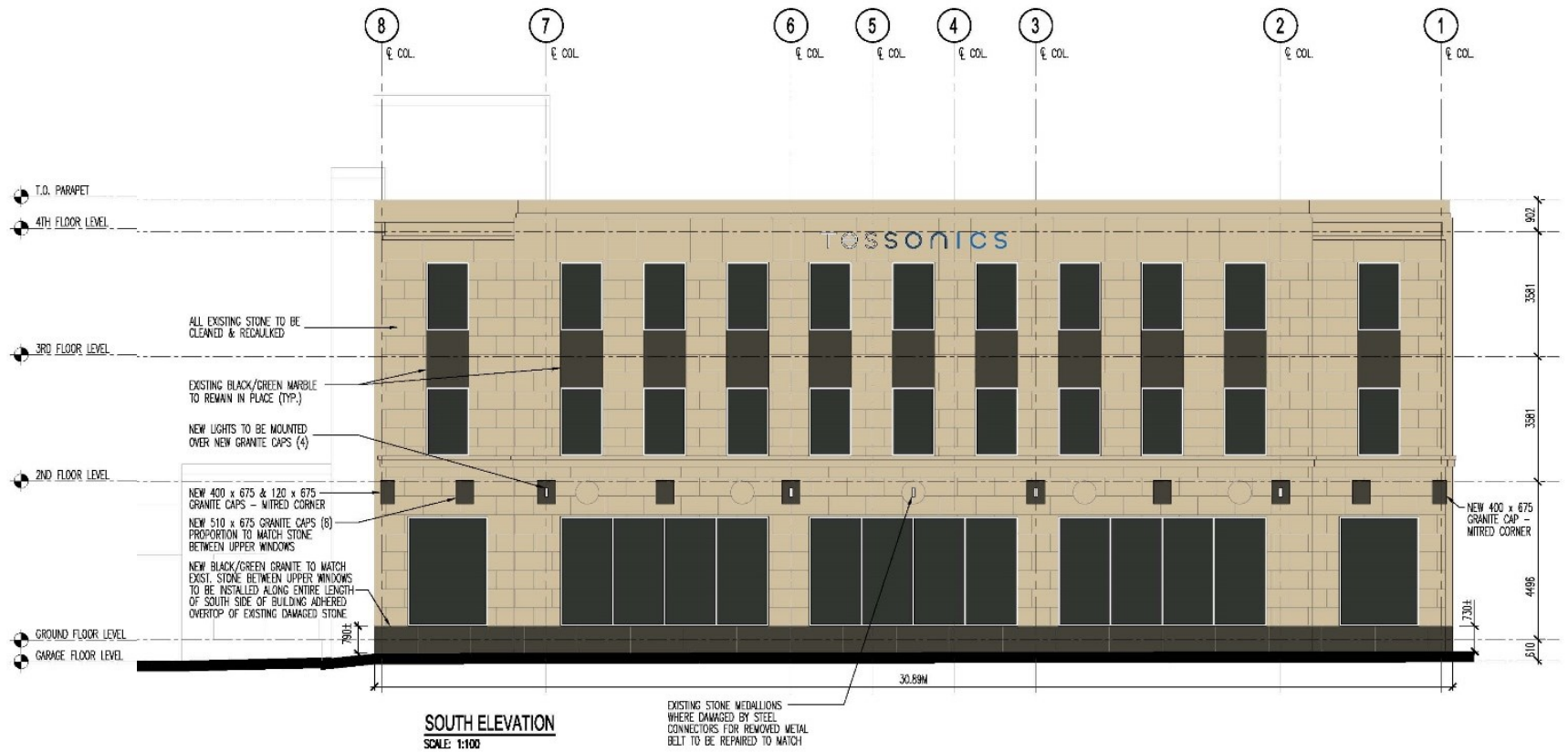
# APPENDIX 'A'

EXISTING CONDITIONS for 787 Ouellette Ave.



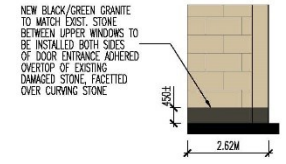
# APPENDIX 'B'

## Proposed Improvements

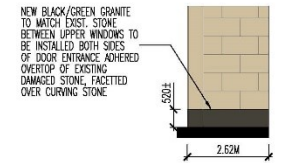


# APPENDIX 'B'

## Proposed Improvements



**DOOR ENTRANCE - NORTH**  
SCALE: 1:100



**DOOR ENTRANCE - SOUTH**  
SCALE: 1:100



**Committee Matters: SCM 399/2021**

**Subject: Brownfield Redevelopment Community Improvement Plan (CIP) application submitted by 1762643 Ontario Inc. for 669 Tuscarora Street (Ward 4)**

Moved by: Councillor Holt  
Seconded by: Councillor Gill

Decision Number: **DHSC 354**

- I. THAT the request made by 1762643 Ontario Inc. to participate in the Environmental Site Assessment Grant Program **BE APPROVED** for the completion of a proposed Phase II Environmental Site Assessment Study for property located at 669 Tuscarora Street pursuant to the City of Windsor Brownfield Redevelopment Community Improvement Plan;
- II. THAT the City Treasurer **BE AUTHORIZED** to issue payment up to a maximum of \$14,175 based upon the completion and submission of a Phase II Environmental Site Assessment completed in a form acceptable to the City Planner and City Solicitor;
- III. THAT the grant funds in the amount of \$14,175 under the Environmental Site Assessment Grant Program **BE TRANSFERRED** from the CIP Reserve Fund 226 to Brownfield Strategy Remediation (project 7069003) when the eligible work is completed to the satisfaction of the City Planner;
- IV. THAT should the proposed Phase II Environmental Site Assessment Study not be completed within two (2) years of Council approval, the approval **BE RESCINDED** and the funds be uncommitted and made available for other applications.

Carried.

Report Number: S 150/2021  
Clerk's File: Z/14257

**Clerk's Note:**

1. The recommendation of the Standing Committee and Administration are the same.
2. Please refer to Item 11.1 from the Development & Heritage Standing Committee Meeting held December 6, 2021.
3. To view the stream of this Standing Committee meeting, please refer to:  
<http://csg001-harmony.sliq.net/00310/Harmony/en/PowerBrowser/PowerBrowserV2/20211209/-1/5287>

**Subject: Brownfield Redevelopment Community Improvement Plan (CIP) application submitted by 1762643 Ontario Inc. for 669 Tuscarora Street (Ward 4)**

**Reference:**

Date to Council: December 6, 2021  
Author: Greg Atkinson, Senior Planner  
519-255-6543 ext. 6582  
gatkenson@citywindsor.ca  
Planning & Building Services  
Report Date: November 10, 2021  
Clerk's File #: Z/14257

**To:** Mayor and Members of City Council

**Recommendation:**

- I. THAT the request made by 1762643 Ontario Inc. to participate in the Environmental Site Assessment Grant Program **BE APPROVED** for the completion of a proposed Phase II Environmental Site Assessment Study for property located at 669 Tuscarora Street pursuant to the City of Windsor Brownfield Redevelopment Community Improvement Plan;
- II. THAT the City Treasurer **BE AUTHORIZED** to issue payment up to a maximum of \$14,175 based upon the completion and submission of a Phase II Environmental Site Assessment completed in a form acceptable to the City Planner and City Solicitor;
- III. THAT the grant funds in the amount of \$14,175 under the Environmental Site Assessment Grant Program **BE TRANSFERRED** from the CIP Reserve Fund 226 to Brownfield Strategy Remediation (project 7069003) when the eligible work is completed to the satisfaction of the City Planner;
- IV. THAT should the proposed Phase II Environmental Site Assessment Study not be completed within two (2) years of Council approval, the approval **BE RESCINDED** and the funds be uncommitted and made available for other applications.



## **Executive Summary:**

N/A

## **Background:**

### **Brownfield Redevelopment Community Improvement Plan (CIP)**

Brownfield sites are properties that may be contaminated due to previous industrial or commercial uses such as a manufacturing facility or gas station. City Council approved a Brownfield Redevelopment CIP at its April 19, 2010 meeting for the purpose of encouraging the study, clean-up, and redevelopment of contaminated properties. The approval of the CIP was the result of nearly five years of study and consultation, which began in October 2005.

### **Importance of Brownfield Redevelopment**

In 2009 the City's Planning Department identified 137 brownfield properties (i.e. 226 hectares or 559 acres) that are candidates for redevelopment. While the inventory is not exhaustive, it illustrates the significance of Windsor's brownfield stock and the need to work with land owners to put these properties back into productive use. Based on approvals to date under the Brownfield CIP a total of 30.4 hectares (75.1 acres) or 13.5% of the inventory has been or is planned to be redeveloped.

Historically, there has been little interest in redeveloping brownfield sites due to the uncertainty surrounding the extent of contamination and the potential cost of clean-up. The Brownfield Redevelopment CIP provides financial incentives to undertake the necessary studies and remedial work necessary to redevelop brownfield sites and reduce the potential negative impacts to the City's environment and neighbourhoods.

The benefits associated with brownfield redevelopment go far beyond the boundaries of the property. For example, they are often strategically located within existing built up areas of the City where services and other infrastructure, such as roads, schools, community facilities and public transit are already available, therefore additional infrastructure costs are not incurred to service these areas. The redevelopment of these sites also remove the negative stigma often associated with brownfield properties, which increases the value of the subject property and adjacent properties.

Brownfield sites also represent a significant underutilization of the land base. According to the National Round Table on the Environment and the Economy (2003), every hectare redeveloped through a brownfield project saves up to an estimated 4.5 hectares of greenfield land from being developed (i.e. agricultural land on the edge of the City); and for every dollar invested in a brownfield redevelopment, it is estimated that \$3.80 is invested in the economy.

## **Site Background**

The subject site is located on the south west corner of Tuscarora Street and Louis Ave—approximately one block south of Wyandotte Street East on the periphery of the Downtown area (See Appendix 1: Location Map). The property is 0.33 hectares (or 0.81 acres) in size and it currently vacant. It most recently contained a vacant institutional building (former Social Services Building), which was demolished in 2020. Prior to 1950 the site contained a school and prior to 1900 the property was used for residential use.

The subject property is designated 'Residential' on Official Plan Schedule E: City Centre Planning District and is zoned H-RD3.4 (high-density residential district). The holding (H) symbol must be removed by Council following the fulfillment of certain criteria.

Mr. Rio Aiello is the principle owner of 1762643 Ontario Inc. Mr. Aiello also owns and operates Dior Homes.

## **Discussion:**

### **Environmental Site Assessment Grant Program**

The Environmental Site Assessment (ESA) Grant Program offers a matching grant to property owners of brownfield sites to conduct environmental studies that provide information on the type and extent of contamination and potential remediation costs. The program offers 50% of the cost of an eligible study up to a maximum of \$15,000. If two studies are required, an additional \$10,000 is available for a maximum total grant value of \$25,000.

The owner proposes to redevelop the property for residential land uses, which requires the filing of a Record of Site Condition (RSC) with the Ministry of the Environment, Conservation and Parks. The owner has completed a Phase I Environmental Site Assessment (ESA) study to support the redevelopment of the property. The Phase I ESA study identified areas of potential environmental concern, and recommends that a Phase II ESA study be completed to assess the existing soil and groundwater conditions at the site and delineate the extent of any contamination. The Phase II ESA study is necessary to support the filing of a RSC.

Clearly identifying the type and delineating the extent of any contamination is an essential step in moving forward with redevelopment plans. Upon completion, the City would retain a copy of the final study report.

## **CIP Goals**

City staff is supportive of the application as it meets all of the eligibility requirements specified within the Brownfield Redevelopment CIP. The proposed study of the subject site also supports the following CIP goals:

- To promote the remediation, rehabilitation, adaptive re-use and redevelopment of brownfield sites throughout the City of Windsor in a fiscally responsible and sustainable manner over the long term;
- Improve the physical and visual quality of brownfield sites;
- Improve environmental health and public safety;
- Provide opportunities for new housing, employment uses, and commercial uses;
- Increase tax assessment and property tax revenues;
- Promote Smart Growth, including the reduction of urban sprawl and its related costs;
- Increase community awareness of the economic, environmental and social benefits of brownfield redevelopment; and
- Utilize public sector investment to leverage significant private sector investment in brownfield remediation, rehabilitation, adaptive re-use, and redevelopment.

## **Policy Support**

The study of brownfield sites to support clean up and redevelopment is supported by policies within the 2020 Provincial Policy Statement, the City's Official Plan and the City's Environmental Master Plan.

## **Risk Analysis:**

As with all brownfield sites, there is a high degree of risk associated with the property remaining contaminated and vacant. Uncertainly related to the extent of contamination will continue to act as a barrier to redevelopment if not addressed. If the site remains vacant it will continue to have a negative effect on the surrounding area.

The proposed Phase II ESA study will assist in mitigating the above noted risks by providing an estimated cost to remediation and establishing next steps in the remediation process. As already indicated, should remediation and redevelopment not be pursued, the City would retain copies of the studies for future reference.

## **Climate Change Risks**

### **Climate Change Mitigation:**

The proposal of a residential redevelopment implements Environmental Master Plan Objective C1: Encourage in-fill and higher density in existing built areas. In particular, the redevelopment would implement the action that supports the existing Brownfields

Redevelopment Strategy and achieve its work plan.

**Climate Change Adaptation:**

The proposed residential redevelopment may be affected by climate change, in particular with respect to extreme precipitation and an increase in days above 30 degrees. While not the subject of this report, any new construction would be required to meet the current provisions of the Building Code, which would be implemented through the building permit process. The site would also be required to incorporate storm water management best practices. Any site plan control application will be reviewed for opportunities to enhance resiliency.

**Financial Matters:**

The cost estimate (excluding HST) for completing the proposed initial Phase II ESA study is \$28,350. If approved, the maximum grant would total \$14,175. Should the actual costs of the study be less than what has been estimated, the grant payments would be based on the lower amount.

The grant would be paid from the Brownfield Strategy Remediation Fund (Project #7069003). On February 22, 2021 Council approved the 2021 budget, which included a new reserve fund 226 for all active CIPs in the City. As CIP grant applications are approved and eligible work is completed, the approved grant amount will be transferred to the applicable capital project account to be held as committed funds, until the grant is ready to be paid out. Transferring the funds to the project when the grant is ready to be paid out allows for the reserve fund to continue to earn interest while waiting payment.

The current uncommitted balance of the CIP reserve fund is \$682,341.62 however this balance does not account for other CIP grant requests that are currently being considered by the standing committee or have been endorsed by the standing committee and are not yet approved by City Council.

**Consultations:**

The development and approval of the Brownfield Redevelopment CIP was subject to extensive stakeholder and public consultation, which sought input from a wide range of stakeholders and internal City departments.

Planning staff have consulted with the applicant prior to accepting the application for the Environmental Study Grant program. Staff from the Planning, Finance, and Legal Departments were consulted in the preparation of this report.

**Conclusion:**

City Staff recommend Council approve the request from 1762643 Ontario Inc. (Dior Homes) to participate in the Environmental Site Assessment Grant Program. In the opinion of planning staff, the proposed study conforms to the Brownfield Redevelopment CIP and assists the City in the achievement of a number of the CIP goals.

**Planning Act Matters:**

N/A

**Approvals:**

<b>Name</b>	<b>Title</b>
Josie Gualtieri	Financial Planning Administrator
Michael Cooke	Manager of Planning Policy / Deputy City Planner
Thom Hunt	City Planner / Executive Director, Planning & Development Services
Wira Vendrasco	Deputy City Solicitor, Legal Services & Real Estate
Shelby Askin Hager	Commissioner, Legal & Legislative Services
Janice Guthrie	Deputy Treasurer – Taxation, Treasury & Financial Projects
Joe Mancina	Commissioner, Corporate Services Chief Financial Officer / City Treasurer
Shelby Askin Hager acting for Jason Reynar	Chief Administration Officer

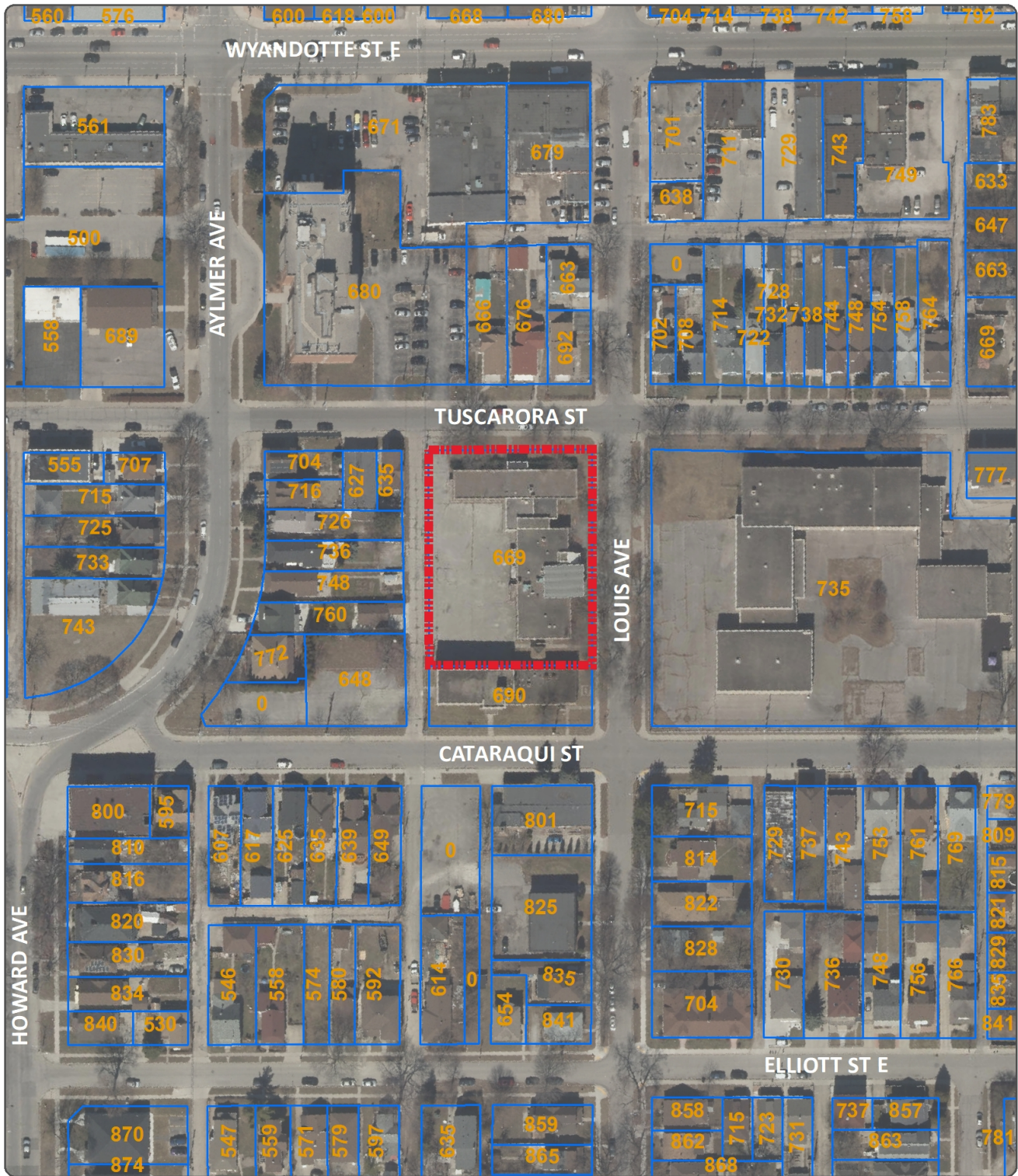
**Notifications:**

<b>Name</b>	<b>Address</b>	<b>Email</b>
JP Baillargeon		jpbaillargeon@dillon.ca
Dior Homes		build@diorhomes.ca

**Appendices:**

1. Location Map





## LOCATION MAP : 669 TUSCARORA STREET



SUBJECT PROPERTY





Committee Matters: SCM 401/2021

**Subject: Downtown CIP Grant Applications made by Jackie Lassaline for 493 University Avenue, Owner: 1233961 Ontario Ltd, Ward 3**

Moved by: Councillor Morrison

Seconded by: Councillor Gill

Decision Number: **DHSC 355**

- I. THAT the request for incentives under the Downtown Windsor Enhancement Strategy and Community Improvement Plan (CIP) made by Jackie Lassaline Applicant for 2770722 ONTARIO Limited for the property located at 493 University Avenue West **BE APPROVED** for the following programs:
  - i. *Commercial/Mixed Use Building Facade Improvement Program* for 50% of the eligible costs of the façade improvements, up to \$20,000 per property;
  - ii. *Building/Property Improvement Tax Increment Grant Program* for 100% of the municipal portion of the tax increment resulting from the proposed development for five (5) years in the amount of +/- \$2,715.85 annually;
  - iii. *Upper Storey Residential Conversion Grant Program* for \$15,000 (\$5000 per new upper storey residential unit created).
- II. THAT Administration **BE AUTHORIZED** to prepare the agreement between the City and 2770722 ONTARIO Limited to implement the *Building/Property Improvement Tax Increment Grant Program* (only) in accordance with all applicable policies, requirements to the satisfaction of the City Planner as to content, the City Solicitor as to legal form, and the CFO/City Treasurer as to financial implications;
- III. THAT the CAO and City Clerk **BE AUTHORIZED** to sign the Grant Agreement(s) in content satisfactory to the City Planner, in financial content to the satisfaction of the City Treasurer and in form satisfactory to the City Solicitor;
- IV. THAT funds in the amount of up to \$20,000 under the *Commercial/Mixed Use Building Facade Improvement Program*, and funds under the *Upper Storey Residential Conversion Grant Program* in the amount of \$15,000 **BE TRANSFERRED** from the CIP Reserve Fund 226 to the Downtown Windsor Enhancement Strategy and CIP (#7011022) once the work is completed;
- V. THAT *Commercial/Mixed Use Building Facade Improvement Program* and *Upper Storey Residential Conversion Grant Program* grants **BE PAID** to 2770722

ONTARIO Limited, upon completion of the improvements to the existing two (2) storey building and property located at 493 University Avenue West, from Downtown Windsor Enhancement Strategy Fund (Project # 7011022) to the satisfaction of the City Planner and Chief Building Official;

- VI. THAT should the project not be completed in two (2) years, City Council **AUTHORIZE** that the funds under the *Commercial/Mixed Use Building Façade Improvement Grant Program* and *Upper Storey Residential Conversion Grant Program* for at 493 University Avenue West be uncommitted and made available for other applications;
- VII. THAT the approval to participate in the *Building/Property Improvement Tax Increment Grant Program* **EXPIRE** if the grant agreement is not signed by applicant within one year following Council approval. The City Planner may extend the deadline for up to one year upon request from the applicant;
- VIII. THAT the City Planner **BE DELEGATED** authority to approve the Site Plan Control application for at 493 University Avenue West.

Carried.

Report Number: S 124/2021  
Clerk's File: Z/14258

**Clerk's Note:**

1. The recommendation of the Standing Committee and Administration are the same.
2. Please refer to Item 11.2 from the Development & Heritage Standing Committee Meeting held December 6, 2021.
3. To view the stream of this Standing Committee meeting, please refer to: <http://csg001-harmony.sliq.net/00310/Harmony/en/PowerBrowser/PowerBrowserV2/20211209/-1/5287>



**Subject: Downtown CIP Grant Applications made by Jackie Lassaline for 493 University Avenue West, Owner: 1233961 Ontario Ltd, Ward 3**

**Reference:**

Date to Council: December 6, 2021  
Author: Kevin Alexander, MCIP RPP  
Senior Planner-Special Projects  
519-255-6543 ext. 6732  
kalexander@citywindsor.ca

Planning & Building Services  
Report Date: August 31, 2021  
Clerk's File #: Z/14258

**To:** Mayor and Members of City Council

**Recommendation:**

- I. **THAT** the request for incentives under the Downtown Windsor Enhancement Strategy and Community Improvement Plan (CIP) made by Jackie Lassaline Applicant for 2770722 ONTARIO Limited for the property located at 493 University Avenue West **BE APPROVED** for the following programs:
  - i. *Commercial/Mixed Use Building Facade Improvement Program* for 50% of the eligible costs of the façade improvements, up to \$20,000 per property;
  - ii. *Building/Property Improvement Tax Increment Grant Program* for 100% of the municipal portion of the tax increment resulting from the proposed development for five (5) years in the amount of +/- \$2,715.85 annually;
  - iii. *Upper Storey Residential Conversion Grant Program* for \$15,000 (\$5000 per new upper storey residential unit created).
  
- II. **THAT** Administration **BE AUTHORIZED** to prepare the agreement between the City and 2770722 ONTARIO Limited to implement the *Building/Property Improvement Tax Increment Grant Program* (only) in accordance with all applicable policies, requirements to the satisfaction of the City Planner as to content, the City Solicitor as to legal form, and the CFO/City Treasurer as to financial implications;

- III. **THAT** the CAO and City Clerk **BE AUTHORIZED** to sign the Grant Agreement(s) in content satisfactory to the City Planner, in financial content to the satisfaction of the City Treasurer and in form satisfactory to the City Solicitor;
- IV. **THAT** funds in the amount of up to \$20,000 under the *Commercial/Mixed Use Building Facade Improvement Program*, and funds under the *Upper Storey Residential Conversion Grant Program* in the amount of \$15,000 **BE TRANSFERRED** from the CIP Reserve Fund 226 to the Downtown Windsor Enhancement Strategy and CIP (#7011022) once the work is completed;
- V. **THAT** *Commercial/Mixed Use Building Facade Improvement Program* and *Upper Storey Residential Conversion Grant Program* grants **BE PAID** to 2770722 ONTARIO Limited, upon completion of the improvements to the existing two (2) storey building and property located at 493 University Avenue West, from Downtown Windsor Enhancement Strategy Fund (Project # 7011022) to the satisfaction of the City Planner and Chief Building Official;
- VI. **THAT** should the project not be completed in two (2) year, City Council **AUTHORIZE** that the funds under the *Commercial/Mixed Use Building Façade Improvement Grant Program* and *Upper Storey Residential Conversion Grant Program* for at 493 University Avenue West be uncommitted and made available for other applications;
- VII. **THAT** the approval to participate in *the Building/Property Improvement Tax Increment Grant Program* **EXPIRE** if the grant agreement is not signed by applicant within one year following Council approval. The City Planner may extend the deadline for up to one year upon request from the applicant;
- VIII. **THAT** the City Planner **BE DELEGATED** authority to approve the Site Plan Control application for at 493 University Avenue West.

### **Executive Summary:**

N/A

### **Background:**

The Downtown Windsor Enhancement Strategy and Community Improvement Plan (Downtown CIP) was adopted by City Council on September 29, 2017 and an adopting by-law was passed by City Council on October 16, 2017.

The Downtown CIP provides financial incentives to encourage new residential development, retail investment, facade improvements, and building/property improvements.



This property is located on 493 University Avenue West as shown in Appendix A is known as the former Navy Club building. The applicant is proposing improvements to the existing two (2) storey mixed-use building, to retain the existing ground floor commercial/retail unit and incorporate 3 new residential units on the upper floor (currently a storage area), and 1 residential unit on the main floor.

**Applicant Information:**

**Applicant:** Jackie Lassaline

**493 University Avenue Owner:** 1233961 Ontario Ltd

**Discussion:**

**Building/Property Improvement Tax Increment Grant Program**

This program is intended to provide economic incentive for the development, rehabilitation and redevelopment of properties in Downtown Windsor. The program provides an annual grant equal to 100% of the increase in municipal property taxes for five years, after the project is completed and reassessed to help offset the costs of rehabilitating and redeveloping properties, as long as such development results in an increase in assessment and therefore an increase in property taxes.

The proposed development is anticipated to increase the municipal assessment and therefore increase municipal taxes. This project qualifies for the Building/Property Improvement Tax Increment Grant and the Financial Matters section of this report discusses the estimated grant amount.

**Commercial/Mixed Use Building Facade Improvement Grant**

This program is intended to provide economic incentive for the development, rehabilitation and redevelopment of properties in Downtown Windsor. The program provides a grant for 50% of the eligible costs of the façade improvements, up to \$20,000 per property.

The proposed improvements to the facade located at 493 University Avenue will contribute a vibrant storefront in the area. The facade will incorporate clear transparent vision glass to improve the indoor/outdoor connection with the public realm along the University Avenue Main Street. This development will help revitalize the downtown area and promote an aesthetically pleasing environment. This project qualifies for the Commercial/Mixed Use Building Facade Improvement Grant and the Financial Matters section of this report discusses the estimated grant amount.

**Upper Storey Residential Conversion Grant**

This program is intended to provide economic incentive for the development, rehabilitation, and redevelopment of properties in Downtown Windsor. The program provides a grant for \$5,000 per each residential unit that is created in the existing upper storey of a building.

The proposed development includes the conversion of the second floor storage area into 3 new residential units. This development will help provide housing in the area and

makes use of an existing building, thereby avoiding unnecessary construction and use of materials. This project qualifies for the Upper Storey Residential Conversion Grant and the Financial Matters section of this report discusses the estimated grant amount.

### **Planning Approvals**

The subject proposal will require Site Plan Control. Typically, staff is delegated site plan control approval authority, however, in certain locations like downtown, City Council is the approval authority unless Council delegates approval back to staff. The applicant will be required to proceed through the site plan control process. In order to expedite the approval process, staff recommends that the City Planner be delegated authority to approve the site plan control application for the proposed development at 493 University Ave.

### **Risk Analysis:**

There is low risk associated with the approval of the subject Downtown CIP grant applications. An agreement between the City and owner will be prepared to ensure the Building/Property Improvement Tax Increment Grant Program requirements, the Upper Storey Residential Conversion Grant requirements, the Commercial/Mixed Use Building Facade Improvement Grants, and provisions of the Downtown Windsor Enhancement Strategy and Community Improvement are met.

### **Climate Change Risks:**

#### **Climate Change Mitigation:**

As this project is making use of an existing vacant building rather than a greenfield development, there is an avoidance of a large amount of green house gases being emitted. Far fewer building materials will be required, construction and installation will be minimal, and overall, less energy will be consumed. Moreover, the proposed facade improvement and storefront encourages a walkable downtown environment. By encouraging downtown revitalization, we are simultaneously encouraging more compact/ mixed-use development, which accompanies a greater use of active transport. Therefore, the process of this development is sustainable because of the reuse of a vacant building. Additionally, this project will contribute to a more vibrant downtown Windsor, encouraging further investment into the downtown area and combatting urban sprawl.

## Financial Matters:

### Commercial/Mixed Used Building Facade Improvement Program

According to the application form, the development includes the investment of \$40,000 into the improvement of the façade (brick and mortar repair, cleaning, staining/replacing the brick, replacing doors and windows, parapet, and improvements to the base of the building). However, the level of investment for the facade work may have increased based on design changes. We are recommending approval of the *Commercial/Mixed Use Building Facade Improvement Program* for a \$20,000 grant.

### Upper Storey Residential Conversion Grant Program

There are three (3) new units being created on the existing upper storey of this building, and each new residential unit created qualifies for a \$5,000 grant. Therefore, we are recommending approval of the *Upper Storey Residential Conversion Grant Program* for \$15,000.

### Building/Property Improvement Tax Increment Grant Program

The program provides an annual grant equal to 100% of the increase in municipal property taxes for five (5) years.

Estimate Property/Building Improvement Tax Increment Grant Calculation 493 University Ave			
Year of Grant	Pre Development Municipal Taxes	Post Development Municipal Taxes	Estimate Value of Grant
1	\$5,635.80	\$8,351.65	\$2,715.85

#### Assumptions

Current Property Value Assessment	\$168,000
Estimate Post Property Value Assessment	\$400,000

Because the Grant Program does not cancel taxes, the owner must pay the full amount of property taxes annually and will subsequently receive a grant for the difference between the pre and post-development municipal taxes. The City will retain the amount of pre-development (base) municipal taxes throughout the lifespan of the grant program; however, will be foregoing any incremental property taxes which could otherwise be used to offset future budget pressures.

The *Commercial/Mixed Use Building Facade Improvement Program* and *Upper Storey Residential Conversion Grant Program* grants will be paid from the Downtown Windsor Enhancement Strategy Fund (Project # 7011022) to a maximum amount of \$35,000.

If this report is approved the applicant will receive approximately \$48,579.25 in grants. According to the application, the owner will invest \$250,000 to improve the facades and interior space. Therefore, the grant to investment ratio will be \$5.15 for every municipal Dollar spent on this project.

On February 22, 2021 Council approved the 2021 budget, which included a new reserve fund 226 for all active CIPs in the City. As CIP grant applications are approved, the approved grant amount will be transferred to the capital project once the completion of the improvements to the existing two (2) storey building and property located at 493 University Avenue West are completed to the satisfaction of the City Planner and Chief Building Official; the funds are to be kept as committed funds, until the grant is ready to be paid out. The uncommitted balance of the CIP reserve fund is \$682,341.62.

**Consultations:**

The Downtown CIP was subject to stakeholder and public consultation as part of the approval process, including public meetings, a statutory public meeting and circulation among internal City staff and the Province.

Planning staff have consulted with the owner prior to accepting the application. Staff from the Planning and Building Division were consulted in the preparation of this report.

**Conclusion:**

The proposed improvements will provide additional residential units and the repurposing of a vacant mixed-use building, contributing to a vibrant main street along University Avenue West and the overall revitalization of the Downtown. There are sufficient funds in CIP Reserve Fund 226 to help fund this project. Staff recommends approval of the grants identified in this report.

**Planning Act Matters:**

N/A

**Approvals:**

Kevin Alexander	Senior Planner-Special Projects
Josie Gualtieri	Financial Planning Administrator
Neil Robertson	Manager of Urban Design / Deputy City Planner
Thom Hunt	City Planner / Executive Director, Planning & Development Services
Wira Vendrasco	Deputy City Solicitor, Legal Services & Real Estate
Shelby Askin Hager	Commissioner, Legal & Legislative Services
Janice Guthrie	Deputy Treasurer - Taxation, Treasury and Financial Projects
Joe Mancina	Commissioner, Corporate Services Chief Financial Officer / City Treasurer
Shelby Askin Hager acting for Jason Reynar	Chief Administrative Officer

**Notifications:**

Name	Address	Email
Jackie Lassaline		<a href="mailto:jackie@lassalineplan.ca">jackie@lassalineplan.ca</a>
The Vanguard Team		<a href="mailto:greg@thevanguardteam.com">greg@thevanguardteam.com</a>

**Appendices:**

- 1 Appendix A - Location Map and Existing Condition
- 2 Appendix B – Proposed Improvements



# APPENDIX 'A'

## LOCATION MAP



## LOCATION MAP



SUBJECT PROPERTY : 493 UNIVERSITY AVENUE WEST

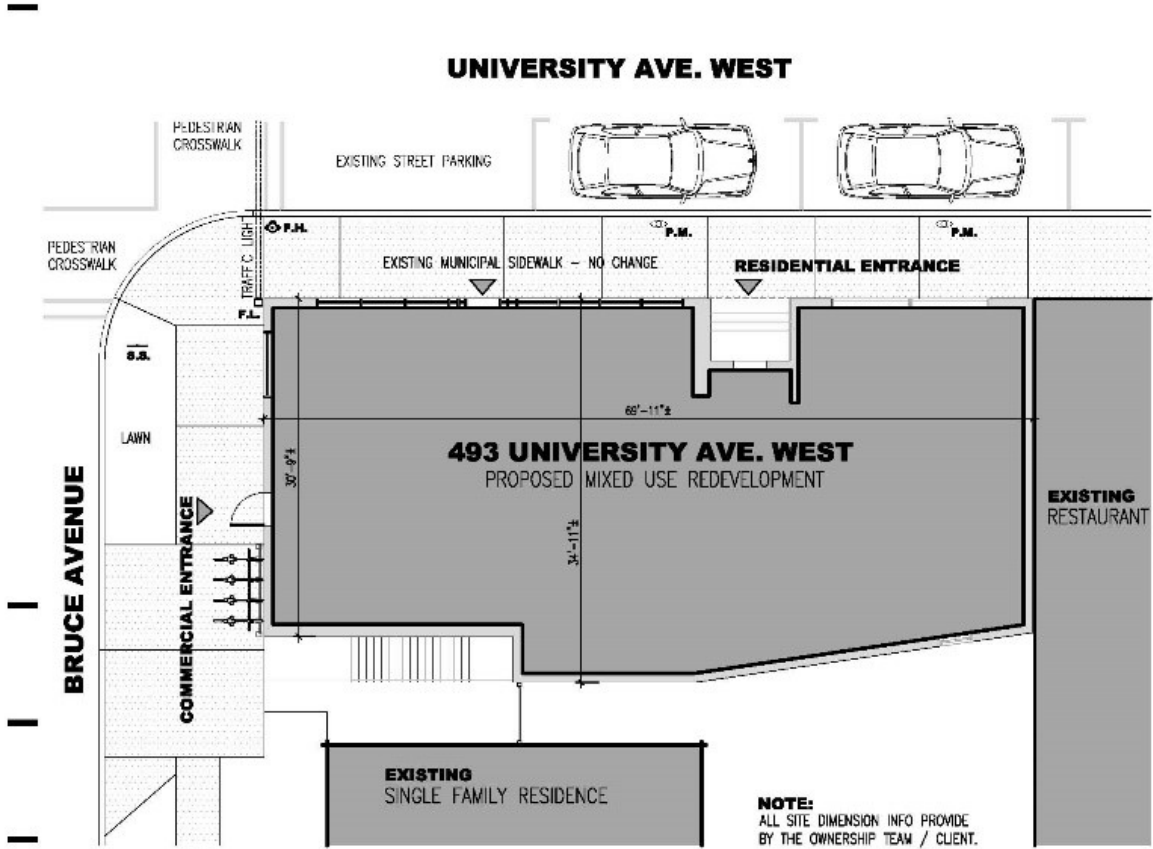




APPENDIX 'A'  
EXISTING CONDITIONS



APPENDIX 'B'  
Proposed Improvements



**ZONING CHART**

No.	DESCRIPTION	REQUIRED	ACTUAL	BYLAW REF.	ADDITIONAL
1	MUNICIPAL ADDRESS	493 UNIVERSITY AVE. WEST	-	-	
2	ZONE CLASSIFICATION	16.6 GENERAL COMMERCIAL (G.C.S.6)	OFFICE	SECTION 16.6	
3	PERMITTED USES	DWELLING UNITS IN A MIXED USE BUILDING; COMMERCIAL UNITS	4 RESIDENTIAL APARTMENTS 1 COMMERCIAL RESTAURANT	SECTION 16.6.1	
4	BUILDING HEIGHT	20 M MAXIMUM	EXISTING NO CHANGE (8.14m)	SECTION 16.6.5.4	
5	PARKING SPACES REQ'D	8 PARKING SPACES	0-APPROVED A-410/21	SECTION 24.20.3.1	
6	AMENITY SPACE	12m <sup>2</sup> /RES UNIT x 4 (48m <sup>2</sup> )	0-APPROVED A-410/21	SECTION 16.6.5	
7	SMC SPACES	WHEN ON SIDEWALK / WALKWAY - 2m FROM ENTRANCE	4 TO REAR ENTRANCE - 2m SETBACK FROM BACK ENTRANCE	SECTION 24.30.20.3	

CHATHAM-KENT - PUBLIC WORKS FACILITY  
ROADS-027

# APPENDIX 'B'

## Proposed Improvements



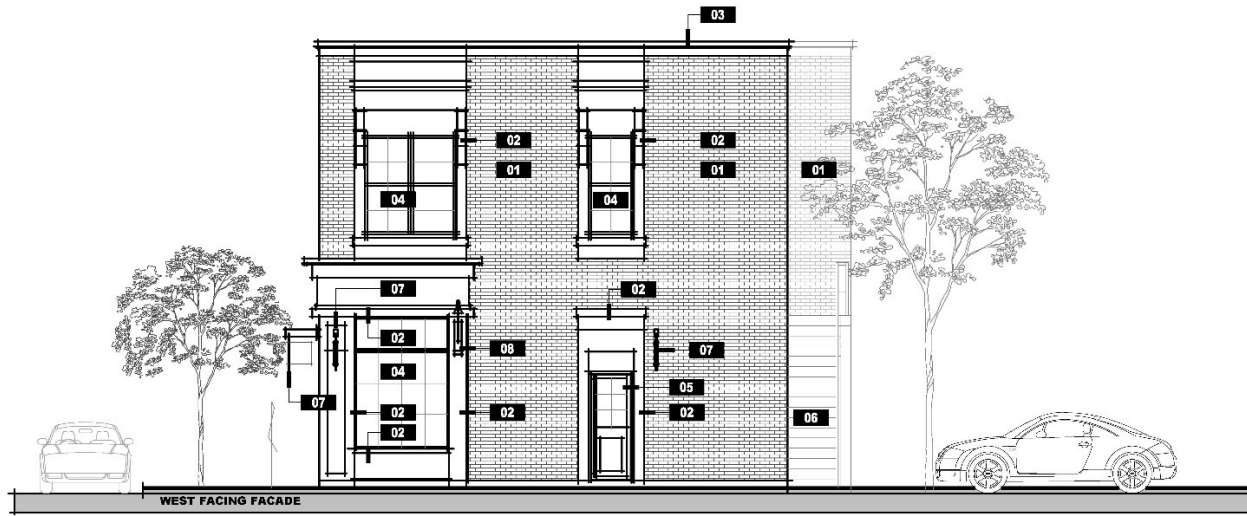
- 01** PAINTED / STAINED BRICK - COLOUR TO BE SELECTED AT A LATER DATE  
NOTE: COLOUR AND TREATMENT OF THE BRICK TO BE DETERMINED IN CONSULTATION WITH THE PLANNING DEPARTMENT.
- 02** PRE-FINISHED ALUMINUM CLADDING FULLY ADHERED TO WOOD SUBSTRATE + FRAMING  
COLOUR: BLACK
- 03** PRE-FINISHED METAL CAP FLASHING CLADDING  
COLOUR: BLACK

- 04** ALUMINUM PUNCHED OPENING - VISION GLASS, BASED ON KAWNEER SYSTEM FINISH No. 29 (BLACK)
- 05** ALUMINUM DOOR SYSTEM - COMPLETE WITH VISION GLASS BASED ON KAWNEER SYSTEM - FINISH No. 29 (BLACK)
- 06** EXISTING PAINTED FIRE ESCAPE - FINISH (BLACK)
- 07** METALLIC ADDRESS SIGN - FINISH (BLACK)
- 08** DECORATIVE LIGHT - FINISH (BLACK)  
BASED ON FIXTURE SAMPLES SUBMITTED



# APPENDIX 'B'

## Proposed Improvements



- 01** PAINTED / STAINED BRICK - COLOUR TO BE SELECTED AT A LATER DATE  
NOTE: COLOUR AND TREATMENT OF THE BRICK TO BE DETERMINED IN CONSULTATION WITH THE PLANNING DEPARTMENT.
- 02** PRE-FINISHED ALUMINUM CLADDING FULLY ADHERED TO WOOD SUBSTRATE + FRAMING  
COLOUR: BLACK
- 03** PRE-FINISHED METAL CAP FLASHING CLADDING  
COLOUR: BLACK
- 04** ALUMINUM PUNCHED OPENING - VISION GLASS, BASED ON KAWNEER SYSTEM FINISH No. 29 (BLACK)
- 05** ALUMINUM DOOR SYSTEM - COMPLETE WITH VISION GLASS BASED ON KAWNEER SYSTEM - FINISH No. 29 (BLACK)
- 06** EXISTING PAINTED FIRE ESCAPE - FINISH (BLACK)
- 07** METALLIC ADDRESS SIGN - FINISH (BLACK)
- 08** DECORATIVE LIGHT - FINISH (BLACK)  
BASED ON FIXTURE SAMPLES SUBMITTED

ROA21-048 483 UNIVERSITY AVENUE



**Item No. 10.1**



**Presentation: SCM 3/2022**

**Subject: Windsor-Essex County Health Unit - Materials to Support Request for City Council Endorsement to Apply for & Establish a Consumption and Treatment Services (CTS) Site at 628 Goyeau Street**

**Clerk's File: MH/14274**

## STRATEGIC PRIORITIES



Communication and Awareness



Partnerships



Organizational Development



Evidence-Based Public Health Practice



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## VISION A HEALTHY COMMUNITY

Windsor City Hall  
350 City Hall Square West  
Windsor, Ontario  
N9A 6S1

**Attn: Steve Vlachodimos**  
Deputy City Clerk/Senior Manager of Council Services  
Tuesday, January 4<sup>th</sup>, 2022

**Subject: Materials to Support Request for City Council Endorsement to Apply for & Establish a Consumption & Treatment Services (CTS) Site at 628 Goyeau Street in the City of Windsor**

Dear Mr. Vlachodimos,

As a date has now been kindly provided by your office to deliver a presentation at the City of Windsor Council meeting on Monday, January 17<sup>th</sup> of 2022, the Windsor-Essex County Health Unit (WECHU) is pleased to provide relevant supporting materials.

As previously outlined, the purpose of the presentation is to request the endorsement of the City of Windsor Council for the WECHU's proposal to apply for and establish a Consumption & Treatment Services (CTS) site at 628 Goyeau Street in the City of Windsor. In order to establish a CTS site at the municipal level, applications must be submitted for approval to both the provincial government (*Ontario Ministry of Health*) and the federal government (*Health Canada*). A key requirement to be addressed in the provincial application document is to obtain municipal council support (i.e., a council resolution) endorsing the proposed CTS operations at the selected site. As such, the WECHU will provide a ten-minute presentation to the City of Windsor Council on Monday, January 17<sup>th</sup> in an effort to obtain this municipal council resolution.

In this current correspondence, the WECHU is enclosing a series of supportive documents related to the presentation on Monday, January 17<sup>th</sup>:

- ***Supervised Injection Services (SIS) Community Consultations Report (WECHU, 2019) – Full Report & Executive Summary Report*** – Results from a needs assessment and feasibility study conducted by the WECHU in 2019 that yielded community support/acceptance and demonstrated a local need for establishing an SIS (now referred to as a CTS) in the City of Windsor.
- ***Consumption & Treatment Services (CTS) Site-Specific Community Consultations (WECHU, 2021) – Full Report & Executive Summary Report*** – Results from a community consultation study conducted by the WECHU, in partnership with the *Windsor-Essex Community Opioid & Substance Strategy* and the *CTS Stakeholder Advisory Committee*, in 2021 that yielded community support/acceptance and demonstrated a local need for establishing a CTS at 628 Goyeau Street in the City of Windsor.

- **Windsor-Essex County Health Unit Consumption & Treatment Services Board of Health Resolution (September, 2021)** – A WECHU Board of Health Resolution obtained in September of 2021 that supports the recommendation from the *CTS Stakeholder Advisory Committee* to proceed with the provincial and federal application processes for establishing a CTS at 628 Goyeau Street, which includes seeking the City of Windsor Council’s approval of the proposed site.<sup>1</sup>
- **Opioid Morbidity & Mortality in Windsor-Essex County Report (WECHU, 2021)** – Summarizes rising trends in opioid-related morbidity and mortality in Windsor-Essex County (WEC) over time, focusing specifically on changes observed before and after the COVID-19 pandemic. The findings highlight the severity of the local epidemic in WEC, and reinforce the need for additional, life-saving supports for people who use drugs in the community, including a local CTS.
- **Consumption & Treatment Services & Supervised Consumption Services Application & Program Requirements – Frequently Asked Questions (FAQ) Document** – An FAQ document that provides answers to commonly asked questions about the provincial (CTS) and federal (Supervised Consumption Services) application and program requirements.
- **Letters of Support from Community Partner Agencies** – Letters in support of the proposed CTS operations at 628 Goyeau Street are being submitted on behalf of the following agencies
- **Letter from Windsor Police Services Regarding Proposed Consumption & Treatment Services (CTS) Site at 628 Goyeau Street** – This letter is being submitted on behalf of Chief Pamela Mizuno.

Should the Office of the City Clerk have any questions or concerns related to these materials, please feel free to contact me at the email address below.

I look forward to your future correspondence.

Sincerely,



Eric Nadalin  
 Director of Health Promotion, WECHU  
[enadalin@wechu.org](mailto:enadalin@wechu.org)

---

• <sup>1</sup> Please note that site-specific community consultation data reported in the Board of Health Resolution (September, 2021) has been since been updated and finalized in the *CTS Site-Specific Community Consultations Report* and *Executive Summary Report* (December, 2021). For final site-specific community consultation results, please refer to the *CTS Site-Specific Community Consultations Report* and *Executive Summary Report*.



# SUPERVISED INJECTION SERVICES COMMUNITY CONSULTATIONS 2019

## REPORT

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WINDSOR-ESSEX COUNTY  
HEALTH UNIT



Suggested Citation: Windsor-Essex County Health Unit. (2019). Supervised Injection Services  
Community Consultations 2019. Windsor, Ontario

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519-258-2146

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## Acronyms and Definitions

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<b>CTS</b>	<b>Consumption and Treatment Services</b>
<b>HIV</b>	<b>Human Immunodeficiency Virus</b>
<b>NIMBY</b>	<b>Not-in-my-backyard (sentiment)</b>
<b>OPS</b>	<b>Overdose Prevention Site</b>
<b>PWID</b>	<b>People who inject drugs</b>
<b>SCS</b>	<b>Supervised Consumption Services</b>
<b>SIS</b>	<b>Supervised Injection Services, Safe Injection Site</b>
<b>WEC</b>	<b>Windsor and Essex County</b>
<b>WECHU</b>	<b>Windsor-Essex County Health Unit</b>
<b>WECOSS</b>	<b>Windsor-Essex Community Opioid and Substance Strategy</b>

### A Note about Terminology

---

Various terminology is used to describe similar interventions to address injection drug use and overdose. During the period in which the consultations were conducted, the term supervised injection services or sites (SIS) was more commonly used and, therefore, was the term used throughout this report.

**Overdose prevention sites (OPS)** are temporary sites that can operate for 3 to 6 months. These sites provide supervised injection, harm reduction supplies, and naloxone. They were developed in response to the opioid crisis because of the immediate need for health services to prevent illnesses and deaths related to drug use. OPS give communities time to plan and consult about more long-term solutions addressing the needs of people who use drugs.

**Supervised consumption services (SCS)** are part of a long-term harm reduction approach. They are provided at legally sanctioned sites that can operate for longer and offer more comprehensive services and education for people who use drugs than an OPS does. SCS includes all methods of consumption, including by injection, through the nose, and by mouth. These include basic health services, testing for infectious diseases, and referrals to health and social services, such as treatment, rehabilitation and housing services. People who are ready to stop or want to reduce their drug use can also come and get support at these sites.

**Supervised injection services (SIS)** refer specifically to injectable drugs and are services provided at SCS. Supervised injection services have also been referred to as safe injection sites.

**Consumption and Treatment Services (CTS)** is the new model announced by the Ministry of Health and Long-Term Care (now known as the Ministry of Health) in the fall of 2018. This model would replace SCS and OPS models providing the same services, but emphasize the need for community consultation, availability of health and social services, and ongoing monitoring and reporting.

## Executive Summary

---

Windsor and Essex County (WEC) is facing increased morbidity and mortality rates related to the use of opioids and other drugs. Supervised injection sites or services (SIS) have the potential to address public health issues such as the discarding of needles in public spaces and the prevention of deaths related to overdoses. As such, the Windsor-Essex County Health Unit (WECHU) sought to examine the need for and acceptability of SIS in WEC by conducting a survey open to the general public, interviews and focus groups with key informants and stakeholders, and face-to-face surveys with people who inject drugs (PWID). This report provides the results from the community consultations to inform planning for services for people who use drugs.

The WEC community consultations invited members of the community to share their perceptions of SIS, including benefits, concerns, and strategies to mitigate identified concerns. The consultations also sought to explore potential clients' willingness to use SIS and their preferences for the design, location, and services offered by SIS.

Overall, participants from the community focus groups and interviews recognized there is a drug crisis in WEC and that efforts must be made to address the issue. Participants also acknowledged that stigma is a barrier for people with addictions to access services. Many emphasized the need for a comprehensive approach to drug use, and that resources should be focused on treatment, rehabilitation, mental health supports, education, and harm reduction efforts. They also communicated the need for a coordinated and united effort by all community leaders.

A majority who completed the community consultation survey supported the implementation of SIS in WEC. They perceived that offering SIS is a compassionate and non-judgmental approach that could address some of the harms related to substance use, namely preventing overdose-related deaths and improving public safety by reducing the number of discarded needles and people injecting in public spaces. Additionally, SIS were seen as an opportunity to engage people who use drugs and to help them facilitate access to medical and social supports, such as rehabilitation and housing.

There was a high level of interest from PWIDs surveyed for SIS. A majority indicated that they would consider using SIS, citing reasons such as having access to sterile injection equipment and being able to prevent and treat overdoses. Many reported they were willing to walk to SIS, and identified preferred areas for the location of SIS, particularly in Windsor's downtown core.

In operating SIS, participants in the community groups and interviews emphasized the need to ensure that SIS have sufficient and sustainable resource capacity to provide comprehensive services. As well, they indicated that SIS should reflect the needs of diverse populations and be provided in a culturally safe environment.

While many supported SIS, community members raised concerns about the impacts of SIS on public safety and the local economy. Specifically, there were concerns about how SIS could contribute to loitering on the streets near the site and about its effects on surrounding property values, the safety of children, businesses, and the general reputation of the community. Additionally, there were concerns that SIS, as a harm reduction approach, would condone drug use and may lead to more drug-related activities, including increased use and trafficking. Some also raised concerns about the efficacy of SIS and the capacity to provide SIS in a timely, safe, and comprehensive manner.

Participants in the community focus groups highlighted two strategies to address concerns and challenges related to SIS: 1) public education regarding addictions, harm reduction, and SIS, and 2) continuous, open, and representative dialogue regarding SIS. The findings from the community consultations indicated the importance of consistent, transparent, and open communication throughout the design, implementation, and evaluation of the SIS. It is essential to have formal feedback mechanisms in place for major concerns and questions to be addressed in a timely manner.

It is also evident through the consultations that drug use affects all in the community and that SIS are needed in WEC, particularly in Windsor, but also in Leamington. This is further supported by local data regarding opioid and substance use. Nonetheless, as the consultations revealed, there are concerns and challenges related to the implementation of the SIS that need to be considered by organizations and agencies looking to provide this service. Continuous engagement and evaluation of SIS is critical to addressing these concerns and challenges and to build trust and support in the community.

# Introduction

## Background and Objectives

### Background

Windsor and Essex County (WEC) is facing increased morbidity and mortality related to the use of opioids and other drugs. In 2015, there were 382 opioid-related emergency department visits in WEC, 3.6-times greater than in 2003.<sup>1</sup> The rate of opioid-related emergency department visits in Windsor was 2.8-times greater than the rate in Essex County: there were 24 opioid-related deaths in WEC in 2015, with 19 deaths in the city of Windsor.<sup>2</sup> Further, the number of hepatitis C cases, a blood-borne infection, increased from 143 reported cases in 2016 to 181 reported cases in 2017.<sup>3</sup> According to data from the Integrated Public Health Information System (iPHIS), out of the 164 confirmed cases that reported at least one risk factor, injection drug use was reported by 62% of cases.<sup>4</sup> In addition, there have been 211 documented needle-related calls from January 1, 2014 to February 5, 2018 to local municipal service (3-1-1), predominantly in downtown Windsor.<sup>5</sup>

An SIS is a legally sanctioned site that provides a location where people can bring their own illicit substances to inject under safer conditions and supervised by trained workers.<sup>6</sup> An SIS reflects harm reduction principles, which recognizes that individuals with addiction or substance use issues may not wish or be able to abstain from substance use, and thus, seeks to minimize the harms associated with drug use. It increases access for those most at risk for harms related to drug use. Benefits of a SIS, as acknowledged by the Government of Canada,<sup>7</sup> include:<sup>8</sup>

- Reduced overdose-related morbidity and mortality;
- Reduced injecting and discarding of needles in public space;
- No evidence of increased drug-related crime or loitering or rates of drug use;
- Increased access to withdrawal management and treatment services and other health and social services;
- Reduced transmission of blood-borne infections, such as hepatitis C and HIV, through decreased needle sharing; and,
- Reduced health care costs, ambulance calls, use of emergency departments, and hospital admissions.<sup>9</sup>

<sup>1</sup> Windsor-Essex County Health Unit. (2017, June). *Opioid misuse in Windsor-Essex*. Retrieved from <https://www.wechu.org/about-us/reports-and-statistics/opioid-misuse-windsor-essex-county>.

<sup>2</sup> Ibid.

<sup>3</sup> Windsor-Essex County Health Unit. (2018). *Monthly infectious disease report— February 2018*. Windsor, ON: Windsor-Essex County Health Unit.

<sup>4</sup> Data Source: Integrated Public Health Information System (iPHIS), Ministry of Health and Long-Term Care [extracted 2018 Jun 8].

<sup>5</sup> Data Source: City of Windsor, 3-1-1 calls [extracted 2018 Feb 05].

<sup>6</sup> Government of Canada. (2017, July 6). Supervised consumption site: Guidance for application form. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/guidance-document.html>.

<sup>7</sup> Government of Canada. (2017, May 26). *Statement from the Minister of Health — Health Canada authorizes four new supervised consumption sites*. Retrieved from [https://www.canada.ca/en/health-canada/news/2017/05/statement\\_from\\_the\\_minister\\_of\\_health\\_health\\_canada\\_authorizes\\_four\\_news.html](https://www.canada.ca/en/health-canada/news/2017/05/statement_from_the_minister_of_health_health_canada_authorizes_four_news.html).

<sup>8</sup> Kennedy, M.C., Karamouzian, M., & Kerr, T. (2017). Public health and public order outcomes associated with supervised drug consumption facilities: A systematic review. *Current HIV/AIDS Reports*, 14(5), 161-183. <https://doi.org/10.1007/s11904-017-0363-y>.

<sup>9</sup> Ibid.



## *Objectives*

Prior to the establishment of SIS and also a requirement of Health Canada's application for exemption under Section 56 of the Controlled Drugs and Substances Act, community engagement is essential to informing the need and feasibility for SIS and predicting its success.

The Windsor-Essex County Health Unit (WECHU) conducted community consultations from October 17, 2018 to April 26, 2019 to understand community perceptions of supervised injection sites (SIS), including levels of support and opposition, and to gather feedback regarding questions and concerns about SIS. Specifically, the project examined the acceptability of SIS in Windsor and Essex County from the perspective of the general public, community stakeholders, and people who inject drugs. The study also explored potential clients' willingness to use such services in addition to identifying preferences and potential barriers to running SIS. The results from this study will contribute to information that may be helpful in the future development of SIS into community health programs for people who inject drugs.

The consultation included four phases: a community survey, focus groups among community groups, interviews among key stakeholders, and peer-conducted interviews among people who inject drugs (PWID). This study emulates similar studies from communities across Canada including Toronto, London, Waterloo, Ottawa, Thunder Bay, and Vancouver. To protect the rights of the participants, the methodology and processes used by the WECHU for consulting with the general public, stakeholders and PWID was cleared by the University of Windsor Research Ethics Board.

The WECHU conducted all phases of the consultation and contracted Ipsos Public Affairs, a third-party research firm, to analyse and report on the findings gathered from all four phases. This Community Consultations Report summarizes the key themes identified from the consultations. An accompanying Executive Report in PowerPoint is available under separate cover.

## **Methodology**

The WECHU employed a mixed methods approach for the consultation including an online survey open to the general public, focus groups among community groups, interviews among key stakeholders, and staff and peer-conducted interviews among PWID. This report is structured with each section representing each phase of the consultation. For more information about the methodology for each phase of the consultation, please see individual sections.

**Section 1. Community Consultation Survey.** An online survey was open to the general public October 17, 2018 to December 17, 2018. A paper version of the survey was also made available at community organizations in Windsor and Essex County. A total of 2520 residents of WEC completed the survey.

**Section 2. Focus Groups among Community Groups.** The WECHU conducted 5 focus groups between November 13, 2018 and March 12, 2019. Participants included citizens and representatives across various community groups including health and social service workers, neighbourhood groups and local business groups. A total of 27 participated in the focus groups.

**Section 3. Interviews among Key Informants.** A total of 20 interviews were completed between November 7, 2018 and February 27, 2019. Key informants included municipal stakeholders, and representatives from health services organizations, emergency services, social services and other community stakeholder groups.

**Section 4. Survey among People who Inject Drugs (PWID).** A face-to-face survey was conducted by the WECHU staff and peers with PWID. The survey was conducted from February 14, 2019 to April 26, 2019. A total of 99 completed the survey.

The project team provided potential participants information regarding the consultation to review prior to receiving written consent to participate in the consultation. Individuals were provided with opportunities to ask questions regarding the process. Participants could choose to skip questions. As such, data presented have varied base sizes.

## Limitations

The SIS community consultation took a multi-pronged approach in engaging the community through a community survey, key informant interviews with key stakeholders, focus groups with relevant community groups, and a survey among PWID. However, as always with collecting primary data, gaining access to participants that are impacted and represent the populations at hand was a challenge.

With the survey among PWID, there were limitations with the recruitment of certain priority groups such as male youth (18 to 24 years of age). Additionally, with no given baseline date, it was difficult to ascertain if these participants represent the demographic and distribution of the population or if certain subgroups were underrepresented. It is possible that some potential participants did not have the opportunity to enroll in the survey and share their perspectives. We used peer interviewers to administer the surveys among PWID and this may have also led to social desirability bias.

With the focus groups, it is possible for certain types of participants to dominate the meetings while others may have the tendency for providing socially acceptable opinions as opposed to an anonymous survey. However, while these were addressed with the moderators and the post-analysis, it is important to note that these types of scenarios can occur regardless. Participation rates varied by citizens and community groups where a lack of participation could be viewed as a lost opportunity for additional findings.

## Section 1. Community Consultations Survey

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### Objectives and Methodology

The WECHU conducted a community consultation in the form of an anonymous online survey (see Appendix A) open to the general public, over the age of 16 who reside, work, or attend school in WEC. The survey was promoted via media outlets through a media release including social media channels, the WECHU's website, and communications with the Windsor-Essex Community Opioid and Substance Strategy Leadership Committee (WECOSS-LC). Paper surveys were also available upon request and on-site at several community organizations.

The purpose of the survey was to gather feedback from the community to understand levels of support for or opposition to SIS, and to understand questions and concerns the community may have about SIS being established in WEC.

A total of 2520 residents of WEC completed the survey.

The open-link survey was posted to the Health Unit's website and was open from October 17, 2018 to December 17, 2018.

### *Notes to Reader*

Statistical significance t-testing was applied across subgroups. The test was done at a confidence level of 95%. When comparing data across subgroups, a green highlighted box indicates a result is significantly higher for this one group when compared with other subgroups.

Throughout the report, totals may not add to 100% due to rounding, or because the question is a multi-select question where respondents were permitted to choose or provide more than one response. Respondents could also skip questions.

## Key Highlights

Respondents who completed the community consultation survey reflected a broad cross-section of the community: a majority (80%) identified themselves as community citizens, but some also identified as family/friends of someone who uses or used drugs (35%), community social services workers (15%), students (13%), health care practitioners (13%), persons with lived experience (10%), business owners (7%), and first responders (3%).

Many who completed the survey were supportive of supervised injection sites (SIS): 6 in 10 (61%) said they thought SIS would be helpful in WEC. Three in 10 (33%), however, opposed SIS and said it would not be helpful; a further 6% were undecided. Respondents who were supportive of SIS argued that SIS would save lives, reduce harm for those who inject drugs, and increase safety for the broader community. SIS was also seen as a compassionate approach and one that helps to reduce stigmatization.

***This currently could have saved about 8 of my friends. Could of kept are [sic] peers alive. There are many that could use this place. (Identified as a Friend or Family of Someone Who Uses Drugs/Other, specify: Recovering addict)***

***It is important to show compassion and treat those with addiction with dignity and civility. (Identified as a Community Citizen)***

Respondents who were not supportive of SIS focused on the negative impact SIS would have on the community. Many were concerned about the depression of property values and neighborhoods and the increase in crime where SIS are located. They also argued that SIS would serve to normalize drug use in the community, enable drug users, and condone illegal drug use. Those who opposed it were vocal in their comments against SIS.

***I do not approve. This is not only condoning illegal drug use, it is assisting people in committing these crimes and attempting to alleviate the possibly deadly repercussions so that they can continue to do so repeatedly. (Identified as a First Responder)***

Particular subgroups within the community were more likely to support SIS than others. Respondents who identified as working for a community social service agency were significantly more likely to be supportive of SIS than most other groups (81% in support), as were students (74%). The majority who identified as health practitioners (68%) were also supportive of SIS. Similar proportions of persons with lived experience and friends or family of someone who uses or has used drugs supported SIS (63% and 66%, respectively). Over half of business owners (56%) and only 32% of those who identified as first responders said SIS would be helpful.

Regardless of opinions in support or opposition of SIS, many respondents emphasized the need for rehabilitation services where PWID are able to access counselling and support services. Many supporters of SIS recognized the challenges in implementing SIS and strongly expressed

the need for education about the benefits of SIS and for ongoing, open communication with the community throughout the planning process should SIS be established. The location of SIS, specifically, was seen as a strong point of contention and one that would require extensive consultation.

## Detailed Findings

### Profile of Respondents

#### Area of Residence and Age of Respondents

Community members from across all areas of WEC participated in the community consultation survey (Table 1). Overall, the majority of respondents (90%) live, work, and/or attend school in Windsor (72% live and 76% work in Windsor, while 37% attend school in the area). Small proportions of respondents reside or work in the surrounding areas of Tecumseh (7%), LaSalle (7%), Lakeshore (6%), Essex (4%), Amherstburg (4%), Leamington (3%) and Kingsville (3%).

**Table 1.** Live, work and/or go to school in WEC (total=combined mentions).

	TOTAL LIVE, WORK, AND/OR GO TO SCHOOL IN	LIVE IN (Q4)	WORK IN (Q5)	GO TO SCHOOL IN (Q6)
<b>Base: All Respondents answering</b>	2520	2515	2507	2451
<b>Windsor</b>	<b>90%</b>	72%	76%	37%
<b>Tecumseh</b>	<b>7%</b>	5%	3%	-
<b>LaSalle</b>	<b>7%</b>	6%	1%	1%
<b>Lakeshore</b>	<b>6%</b>	5%	2%	-
<b>Essex</b>	<b>4%</b>	3%	2%	-
<b>Amherstburg</b>	<b>4%</b>	4%	1%	-
<b>Leamington</b>	<b>3%</b>	2%	2%	-
<b>Kingsville</b>	<b>3%</b>	3%	1%	-
<b>Do not live/work/go to school</b>	-	1%	12%	60%

<sup>Q4</sup> Which municipality do you usually live in?

Overall, the distribution of age groups of respondents was fairly even: 14% were of the youngest age group, 16 to 24; 28% were between 25 and 34 years old; 20% were between 35 and 44 years old; 18% were between 45 and 54 years old; and 21% were over 55 years old (Table 2). The average age of respondents was 40.9 years old.



**Table 2.** Age groups.

	<b>TOTAL</b>
<b>Base: All Respondents answering</b>	<b>2414</b>
<b>16-24 years</b>	<b>14%</b>
<b>25-34 years</b>	<b>28%</b>
<b>35-44 years</b>	<b>20%</b>
<b>45-54 years</b>	<b>18%</b>
<b>55+ years</b>	<b>21%</b>
<b>Average age of respondent</b>	<b>40.9 years</b>

<sup>Q3</sup> In what year were you born?

### Profile of Community Members

While 80% of respondents identified themselves as a community citizen, many selected another subgroup with which they identify: 35% said they are a family member or a friend of someone who uses or has used drugs; 15% work for a community social service agency; 13% attend school (secondary or post-secondary); 13% are health practitioners; 10% are persons with lived experience with drugs; 7% are business owners; 3% are first responders, such as police officers or paramedics; and 1% noted “other” (Table 3). Those who fall into the “Other” category included primarily clergy and those who work in the criminal justice system. Because respondents could select more than one role with which they identify, the below percentages exceed 100% when combined.

**Table 3.** Self-identified type of community member (multiple response).

	<b>TOTAL</b>
<b>Base: All Respondents answering</b>	<b>2512</b>
<b>I am a community citizen</b>	<b>80%</b>
<b>I am a family member or friend of someone who uses or has used drugs</b>	<b>35%</b>
<b>I work for a community social service agency</b>	<b>15%</b>
<b>I am a high school, college or university student</b>	<b>13%</b>
<b>I am a health practitioner</b>	<b>13%</b>
<b>I am a person with lived experience</b>	<b>10%</b>
<b>I am a business owner</b>	<b>7%</b>
<b>I am a first responder</b>	<b>3%</b>
<b>Other Specify</b>	<b>1%</b>

<sup>Q2</sup> Which of the following best describes you?

Participants in the survey could further be grouped by age range for each community subgroup, providing a more in-depth picture of who the respondents are (Table 4). The table below shows the self-identified type of community member by age group. As the highlighted green cells illustrate, those in the younger age groups are significantly more likely to have a closer connection to drugs: 43% of those 16 to 24 and 41% of those 25-34 know someone who uses or has used drugs, while 13% of those between the ages of 16 and 44 have lived experience with drug use, either in the past or presently.

**Table 4.** Self-identified type of member of community by age group.

	TOTAL	AGE GROUP				
		16-24	25-34	35-44	45-54	55+
<b>Base: All Respondents answering</b>	<b>2512</b>	<b>326</b>	<b>670</b>	<b>470</b>	<b>430</b>	<b>512</b>
<b>Community citizen</b>	<b>80%</b>	79%	81%	80%	78%	82%
<b>Family/friend of someone who uses/d drugs</b>	<b>35%</b>	43%	41%	35%	32%	27%
<b>Work for a community social service agency</b>	<b>15%</b>	16%	20%	16%	13%	9%
<b>High school, college or university student</b>	<b>13%</b>	60%	13%	5%	1%	2%
<b>Health practitioner</b>	<b>13%</b>	15%	16%	13%	10%	9%
<b>A person with lived experience</b>	<b>10%</b>	13%	13%	13%	8%	5%
<b>Business owner</b>	<b>7%</b>	1%	7%	10%	11%	7%
<b>First responder</b>	<b>3%</b>	3%	3%	4%	4%	1%
<b>Other Specify</b>	<b>1%</b>	*	*	1%	1%	1%

<sup>Q2</sup> Which of the following best describes you?

### Drugs Affects All Walks of Life

As seen in Table 4-1 below, many respondents identifying across community roles have friends/family who use or have used drugs (e.g. 47% of students know someone who uses/has used drugs). A few, themselves, identified as a person with lived experience (e.g. 13% of business owners identified as a person with lived experience).

**Table 4-1.** Self-identified as a person with lived experience or as family or friend of someone who uses or has used drugs.

	SELF-IDENTIFIED COMMUNITY MEMBER ROLE (TOTAL MENTIONS)									
	TOTAL	FAMILY/FRIEND OF SOMEONE WHO USES/D DRUGS	HIGH SCHOOL/COLLEGE/ UNIVERSITY STUDENT	BUSINESS OWNER	COMMUNITY CITIZEN	WORK FOR A COMMUNITY SOCIAL SERVICE AGENCY	FIRST RESPONDER	HEALTH PRACTITIONER	A PERSON WITH LIVED EXPERIENCE	
<i>Base: All Respondents answering</i>	<b>2512</b>	886	334	188	2012	376	71	327	255	
<i>Self-identified as...</i>										
<b>A person with lived experience</b>	<b>10%</b>	22%	17%	13%	11%	8%	7%	6%	100%	
<b>Being family or friend of someone who uses or has used drugs</b>	<b>35%</b>	100%	47%	44%	38%	35%	20%	32%	77%	

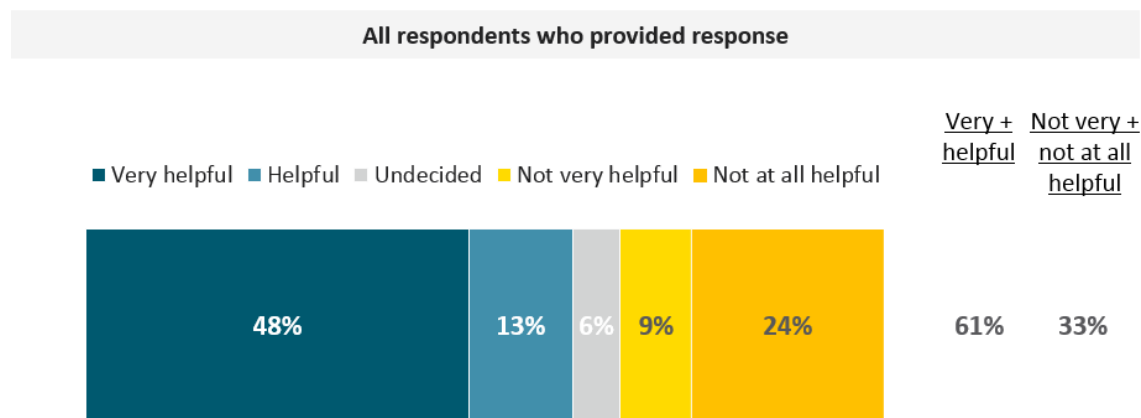
<sup>Q2</sup> Which of the following best describes you? (multi-select question)

**Support for SIS**

Before the main section of the survey, respondents were provided with a description of SIS and the purpose of SIS.

They were then asked if they thought SIS would be helpful in WEC. As Figure 1 shows, a majority of respondents (61%) said that SIS would be helpful. A third (33%), however, said it would not be helpful to the community (this core group remained firm in their opinions and strongly opposed SIS throughout each of the questions in the survey). A further 6% were undecided.

**Figure 1.** Percentage of Respondents who thought SIS were helpful/not helpful.



Q7. To what extent do you think supervised injection services would be helpful in Windsor-Essex County?  
 Base: All respondents answering (n=2480)

***Notable Differences by Sub-Groups***

**Notable Differences by Type of Community Member**

Some subgroups within the community were more likely to support SIS than others (Table 5): respondents working for a community social service agency (81%) and students (74%) were significantly more likely to be supportive of SIS than most other groups. The majority of health practitioners (68%) were also supportive of SIS. Similar proportions of persons with lived experience and friends or family of someone who uses or has used drugs supported SIS (63% and 66%, respectively).

First responders were the least likely group to be supportive of SIS: only 32% said the SIS would be helpful, while 65% did not see it as helpful. And, while over half of business owners (56%) said SIS would be helpful, 39% said it would not be helpful.

**Table 5.** See SIS as helpful by type of community members.

SELF-IDENTIFIED COMMUNITY MEMBER ROLE (TOTAL MENTIONS)										
	TOTAL	BUSINESS OWNER	COMMUNITY SOCIAL SERVICE AGENCY	HEALTH PRACTITIONER	FIRST RESPONDER	HIGH SCHOOL/COLLEGE/ UNIVERSITY STUDENT	PERSON WITH LIVED EXPERIENCE	FAMILY/FRIEND OF SOMEONE WHO USES/D DRUGS	COMMUNITY CITIZEN	OTHER
	2480	187	370	324	68*	326	246	871	1981	15**
<b>Very helpful + helpful</b>	<b>61%</b>	56%	81%	68%	32%	74%	63%	66%	61%	87%
<b>Not very + not at all helpful</b>	<b>33%</b>	39%	14%	24%	65%	22%	31%	28%	33%	13%

\*Base size small - <n=100

\*\*Base size very small -n=<40

Q7 To what extent do you think supervised injection services would be helpful in Windsor-Essex County?

As the quantitative data suggests above, first responders, including police officers, paramedics, and firefighters, were more likely than other groups in the community to be in opposition to the proposal of safe injection sites. However, not all first responders were in opposition of SIS:

***As a Paramedic, one has to simply look at the published research on the subject. These programs save lives, start the process for rehabilitation, [are] more effective on the healthcare system, and [have] nothing but positive results all around. (First Responder)***

### Notable Differences by Age of Respondent

In addition to differences of opinion by type of community member, there was also a marked difference in support for SIS by age (Table 6). Those between the ages of 16 to 24 (75%) and 25 to 34 (71%) were significantly more supportive of an SIS initiative in WEC compared to those 35 years and older.



**Table 6.** See SIS as helpful by age group.

	AGE GROUP					
	TOTAL	16-24	25-34	35-44	45-54	55+
<b>Base: All Respondents answering</b>	2480	319	658	463	422	510
<b>Very helpful + helpful</b>	61%	75%	71%	54%	51%	59%
<b>Not very + not at all helpful</b>	33%	21%	23%	40%	42%	35%

<sup>Q7</sup> To what extent do you think supervised injection services would be helpful in Windsor-Essex County?

As noted earlier, younger respondents who were more supportive of SIS were also more likely to be a family member or friend of someone who uses/has used drugs and were also more likely to have lived experience themselves.

### Notable Differences by Location

Comparing opinion by region, the overall proportion of those in support of and those opposed to SIS remains relatively consistent (Table 7).

**Table 7.** See SIS as helpful by municipality.

LIVE, WORK, OR GO TO SCHOOL IN ANY OF THE FOLLOWING AREAS									
	TOTAL	AMHERSTBURG	ESSEX	KINGSVILLE	LAKESHORE	LASALLE	LEAMINGTON	TECUMSEH	WINDSOR
<b>Base: All Respondents answering</b>	2480	108	113	74	149	178	80	185	2218
<b>Very helpful + helpful</b>	61%	58%	53%	64%	59%	54%	60%	61%	62%
<b>Not very + not at all helpful</b>	33%	37%	38%	30%	36%	40%	34%	35%	32%

<sup>Q7</sup> To what extent do you think supervised injection services would be helpful in Windsor-Essex County?

Respondents who thought SIS would be helpful said...

Respondents who were supportive said that SIS is much needed in WEC,

***Give it a chance in our city!! Watch the results. Then complain!! (Identified as a Social Service Worker/Person with Lived Experience/Family or Friend of Someone Who Uses Drugs/Community Citizen)***

***I believe this service would benefit the community greatly. This is something the area needs. (Identified as a Social Service Worker)***

***This is obviously something that is overdue in Essex County. (Identified as a Business Owner)***

...that many lives would be saved,

***My son, along with family support, fought his addiction to opioids for over 10 years with some periods of apparent success. However, when he relapsed, he died alone in his rented room. If there had been a trusted safe site, on that particular occasion, he would have likely been saved. Every time a life is saved there is another chance of long-term survival. (Identified as a Business Owner/Family or Friend of Someone Who Uses Drugs/Community Citizen)***

***This currently could have saved about 8 of my friends. Could of kept are [sic] peers alive. There are many that could use this place. (Identified as a Friend or Family of Someone Who Uses Drugs/Other: Recovering addict)***

***“Great idea, glad to see some implementation!”  
(Health Practitioner)***

***It saves lives, physically and mentally - so what else is there to debate???? Either you care about the people that need to use the service and you pass it or your just in the way of saving a life. (Identified as a Person with Lived Experience/Family or Friend of Someone Who Uses Drugs/Community Citizen)***

...and that SIS is an approach that is compassionate, and that provides community support without judgement and without stigmatization.

***It is important to show compassion and treat those with addiction with dignity and civility. (Identified as a Community Citizen)***

***Supervised injection sites show addicts that their community is invested in their recovery and well-being. They provide hope and humanity for a group of people who are stigmatized and often ignored. A hallmark of a strong community is the resources***

***they provide for their most down trodden residents. (Identified as a Family or Friend of Someone Who Uses Drugs/Community Citizen)***

***These people are human beings too and deserve help in hopeless situations. We as citizens of this city have no right to judge others when they are down. Unfortunately, that happens way too much in this city. (Identified as a Student)***

***Safe injection sites are necessary in Windsor-Essex. Those who oppose them are in a fixed mindset which includes the notion that drug users are criminals. They are not. They need assistance, not stigmatization. (Identified as a Community Citizen)***

***The opposite of addiction is connection. These sites will ultimately mitigate harm and also offer resources to those people suffering from addiction. It will be easier for those addicted to reach out for help, including detox and rehabilitation. This is a positive step forward in battling the scourge of addiction in our communities and will set an example of empathy and caring for other communities that are hesitating to put similar measures into place. We ignore this epidemic at our mutual peril. (Identified as a Business Owner)***

### **Potential Community Benefits**

Respondents were asked in what ways they thought SIS would be helpful in WEC (Table 8). This section of the survey provided a list of potential benefits to SIS, and respondents could select multiple answers from this list and describe any additional benefits. Because respondents could select more than one potential benefit, the results of this survey question indicate the most popular responses. As outlined in Table 6 below, the top three most common choices among the benefits of SIS for the community were: a reduction of used needles on streets and in parks (64%); less risk of injury and death from drug overdose (62%); and less drug use in public areas (62%). Six in 10 also thought SIS would help to lower risk of diseases like hepatitis C, HIV/AIDS, and group A streptococcal disease (59%) and connect people who use drugs or their family members to medical and/or social services (58%). Half of respondents pointed to benefits of a safer community (49%). Thirty percent (30%) of respondents maintained that they did not think SIS should be in their community.

**Table 8.** Ways in which SIS might be helpful for the community (multiple response).

	<b>TOTAL</b>
<b>Base: All Respondents answering</b>	2516
Less used needles on the streets and in the parks	64%
Less risk of injury and death from drug overdose	62%
Less drug use in public areas, such as streets or parks	62%
Help lowers the risk of diseases like hepatitis C, HIV/AIDS, and group A streptococcal disease	59%
Connect people who use drugs or their family members to medical and/or social services	58%
Safer community	49%
Less work for ambulances and police services	43%
I'm not sure	2%
Other, specify	7%
<b>I don't think there should be supervised</b>	<b>30%</b>

<sup>Q8</sup> In what ways would supervised injection services be helpful in Windsor-Essex County?

**Respondents who thought SIS would not be helpful...**

A clear group of respondents who were not supportive of SIS were very vocal and provided lengthy responses. Their concerns focused on the safety of and negative impact on the community.

*Relative in Galt has experienced all the above [concerns] in the core area and can no longer walk safely outdoors nor can police assistance be obtained ...needles all over parks, dangerous people on drugs attacking and scaring residents, business have left core area, this is not the answer to assist these individuals. (Identified as a Community Citizen)*

*There is too much 'fake news' regarding SIS and little to no attention given to the very real adverse effects arising from SIS such as dramatic spikes in crime around such centers. (Identified as a First Responder/Other: Retired first responder now working in legal profession)*

They also argued that SIS would serve to normalize drug use in the community, that it would enable drug users and condone illegal drug use. There was “zero tolerance” for drugs and little support for PWID among some members of the community who opposed SIS.

**“I cannot even begin to tell you about the negative impact of drugs and addicts around my business that has been broken into. The downtown is a mess; do not make it an even bigger mess.”  
(Business Owner)**

***Use of illegal drugs is against the law. By supervising it you are sanctioning an illegal activity. Drug users need money to purchase and use drugs. In order to get that money, they will engage in illegal activities. (Identified as a Community Citizen)***

***Doing drugs is a choice. We should not enable someone to inject themselves with illegal drugs. Our taxes should go to more policing and getting the people selling this stuff off our city streets. It hasn't been good for Vancouver and other cities. Those people need help. But most of them are unwilling so why give them a safe spot and a nurse to help them inject safely. Needles will still be all over the city. When they want that hit it won't matter where they are to inject. They have no regard for anyone but themselves. They are junkies. (Identified as a Family or Friend of Someone Who Uses Drugs/Community Citizen)***

Others argued there is no proof that SIS works, that it won't solve the drug problem, and that those who use drugs would likely not even use or be willing to walk the distance to access these services.

***I have done some research on this topic and have yet to be convinced that these sites are of great benefit due to very conflicting stats/info. Each addict has a unique life & reasons that have led them to where they are right now so when I think about the SIS, I automatically associate them with the most vulnerable addicts living on the streets/shelters. So my question would be, what will make an addict go to an injection site over doing their drugs right on spot where they purchase them or inside a dwelling? These addicts are not going to stop & say "hey, let me walk to the closest SIS so I can get my fix into me in front of a certified nurse practitioner just in case". They are going to do it as soon as possible. (Identified as a Family or Friend of Someone Who Uses Drugs/Community Citizen)***

***These will not help the drug problem in our city. It will only increase it and give the community a false feeling of safety. Drug addicts will continue to use where ever they are and don't care about the safety of the community. (Identified as a First Responder)***

***Stating the site would reduce overdoses is assuming people are going to use the service. Has any data been collected from users stating they will actually use the facility? (Identified as a Person with Lived Experience/Family or Friend of Someone Who Uses Drugs/Community Citizen)***

***[...] Drug addicts are addicts, and at the end of the day they will shoot up where it is most convenient and/or comfortable for them, whether this is in an alley, a private backyard, in a park. If addicts cannot be responsible enough to walk 30 meters from the Downtown Mission where they shoot up or at the rear of Street Health which is about 20 meters from your yellow bins to throw out their syringes, what makes you think that they will take the time to walk 1 km to go to an injection site? (Identified as a First Responder/Community Citizen)***



Even a few respondents with lived experience themselves gave “rock bottom” testimonials and spoke of the individual’s choice to come clean.

***The fact is drug addicts need to hit their own rock bottom before they will want or accept help. Giving more assistance and cushioning life for addicts prolongs the inevitable and continues the cycle... The easier you make life for them, the longer they will live that lifestyle. When it gets bad enough that the high is not worth it, they will come for help. - Ex user. (Identified as a Person with Lived Experience/Family or Friend of Someone Who Used Drugs/Community Citizen)***

***I did drugs when I was young & would never have gone to a supervised site...this will only cause problems!!!! (Social Service Worker/Person with Lived Experience/Family or Friend of Someone Who Uses Drugs/Community Citizen)***

Many of those who opposed SIS also said it would be a waste of taxpayer dollars and resources and would do little if anything to solve the addiction problem that pervades WEC. The funding could instead be used towards rehabilitation, drug education and supports for mental health.

***I feel that more funding would be better spent on mental health and rehab than SIS sites. (Identified as a Business Owner/Community Citizen)***

***Don't want anymore tax \$ going to “help” people do illegal drugs. Druggies can already get free info pamphlets, free needles, etc. They can get free social assistance -our tax \$ for rent & food. They take \$ 4 drugs & go to free food & clothing banks. Most don't want help- only want a high. Tax \$ can should provide more detox centres & mental health - not help those who do illegal things. (Identified as a Business Owner/Family or Friend of Someone with Experience/Community Citizen)***

***Money would be better spent on drug education, rehab, and mental health services. Help get people off drugs; don't perpetuate the problem by putting a band aid on it. (Identified as a Community Citizen)***

***I have never seen someone resolve their addiction issues because it is “safe” for them to “use”. If it really worked then we would have safe alcohol sites so social workers could meet and counsel them away from their dependency. The reality is, addicts must come to their own realization to seek help instead of pouring resources into helping people “safely use” we should redouble efforts to provide addiction counselling and clinic services when they are needed (without ridiculous wait lists). Expend way more effort on prevention.... (Identified as a Family or Friend of Someone Who Uses Drugs/Community Citizen)***

Regardless of opinions in support or opposition of SIS, many respondents emphasized the need for rehabilitation services in the community.

***I believe along with safe injection sights [sic], we need a full-on rehab centre. Somewhere that people move in to for an extended period of time, receive counselling, housing, support groups...not an emergency room, hospital or shelter that kicks them back out onto the streets after a week. (Identified as a Community Citizen)***

***These sites would be more effective if there were rehab beds concurrent and IMMEDIATELY available. I've had so many overdose patients who want rehab once they are clean, but we can only offer them referrals to wait-listed beds or tell their families they have to come up with thousands of dollars for a wait-listed private bed. In the meantime, these patients have nowhere to go unless they have family, who are put in a sometimes-unsafe environment, as these patients await a rehab bed, most revert back to using and stealing from their family... (Identified as a Health Practitioner)***

#### ***Questions or Concerns About SIS in the Community***

Respondents in the survey were provided a list of questions or concerns that the community may have about SIS and were asked to select those that concerned them (Table 9). Participants were also provided a free-text option to describe any additional questions or concerns. A third of respondents said they did not have any questions or concerns. Two-thirds (66%) had concerns. The most common concerns were as follows: whether more people would be loitering on the streets near the site (40%); whether the services would have an effect on property values (32%); whether SIS would lead to more drug use (29%), to more drug-selling (24%), or to more drug users overall (23%); the safety of children/dependents (23%); and whether SIS would impact the reputation of the community (22%) or have an impact on business profits (21%) (Table 7). Other concerns were focused on quality of life within the community (19%), the impact on personal safety (17%), and increase of needles on the street (11%).

**Table 9.** Questions or concerns about supervised injection services in WEC (multiple response).

<b>WILL SUPERVISED INJECTION SERVICES...</b>	<b>TOTAL</b>
<i>Base: All Respondents answering</i>	2412
Lead to more people loitering on the streets near the site	40%
Have an effect on property values	32%
Lead to more drug use	29%
Lead to more drug selling or trafficking in the community	24%
I have concerns about the safety of my children or dependents	23%
Lead to more people who use drugs in the community	23%
Impact the reputation or image of our community	22%
Have an impact on business or profits	21%
Impact community cleanliness or quality of life	19%
Lead to more crime	19%
Impact personal safety	17%
Lead to more used needles on the street	11%
Other, please specify	13%
I'm not sure	4%
I have no questions or concerns	34%

Q11 What questions or concerns do you have about injection services in Windsor-Essex County?

### **Ways to Address Questions from the Community about SIS**

Respondents were also asked about which ideas might help address questions or concerns from the community about supervised injection services. They were most likely to say that educating the public (63%), as well as evaluating the performance of supervised injection services and communicating results to the public (62%), were priorities to help address concerns in the community (Table 10).

Half of respondents (53%) expressed the need for an information website where members of the community can access information or a phone number.

Providing mechanisms for community engagement, so that there is a process for ongoing feedback from members of the community, was also seen as a priority among half of respondents (52%). This would also include assembling a community group with representation from different community groups (46%). In addition, almost half (45%) said that having lighting in the area surrounding SIS would be one way to address concerns about SIS, and one-third (35%) selected police presence around SIS as a possible solution.

**Table 10.** Ideas that might help address questions or concerns from the community about SIS in WEC (multiple response).

<b>WILL SUPERVISED INJECTION SERVICES...</b>	<b>TOTAL</b>
<i>Base: All Respondents answering</i>	2444
<b>Provide information to the community about the goals and benefits of supervised injection services and how they can help the community.</b>	63%
<b>Evaluate the services to see what's working and what's not, and share results with the community, and take action on the results.</b>	62%
<b>Have website with information and contact email and phone number for questions.</b>	53%
<b>Have a process to get ongoing feedback from the community about supervised injection services.</b>	52%
<b>Have a community group with representation from different community groups.</b>	46%
<b>Increase lighting in the area around where the supervised injection services will be located.</b>	45%
<b>Have more police presence around where the supervised injection services will be located.</b>	35%
<b>I have no suggestions.</b>	14%
<b>Other, specify</b>	12%

Q12 Which of the following ideas might help address questions or concerns from the community about supervised injection services?

Many respondents, emphasized the critical need for open community dialogue and engagement on the issue in order to address major concerns and questions citizens may have as well as to bridge the gap between users, supporters, and detractors through transparency:

*Earning and building trust with the neighbourhood is essential to the success of an SIS. As a member of the faith community and ordained clergy, I wholeheartedly support an SIS in Windsor. Please do not be shy about reaching out to the faith community for consultation and support. Some will be supportive, and some will not, but the more agencies and community groups involved, the better chance we have for a successful SIS. (Identified as a Social Service Worker, Family or Friend of Someone Who Uses Drugs/Community Citizen/Other)*

**“SIS will be much more successful if it is both a 'top down' and 'bottom up' process, where the whole community has an investment in its success rather than it being imposed without meaningful education and consultation. I appreciate that the Health Unit is taking some of this responsibility on.”**  
(Social Service Worker)

***Do proper research and work with the community that you wish to push this upon. Every study I have read says when they don't take the considerations or the input of actual civilians in the community, it will never work out long term. Talk to us in person, get our opinions IN PERSON. Not everyone wants this as we have seen the downtown core at present. Drug use is rampant everywhere needles litter the streets. We don't want to encourage more drug users coming to Windsor because of 'resources.' The safe needle sites, where drug users can get free medical equipment, is just one example on how you have forced a resource into the community but yet don't follow-up with information on how well it's actually working and providing wellness to the community at a whole. I would say proceed cautiously because I wouldn't be surprised if many Windsorites say that they are tired of the drug abuse problems and catering to this population (those with addiction) instead of the rest of the community. (Identified as a Student/Community Citizen)***

***"... [there should be] opportunity for interested community members to get involved in some capacity. Maybe this can address stigma and break down barriers in the community. (Identified as a Community Citizen)***

Respondents also indicated there is a general lack of knowledge about SIS and that providing education (including evidence-based research) would help residents make better informed decisions on whether they support or oppose the implementation of SIS in the community.

***Give the community facts about why this is a good strategy and how it makes our community a safer place. (Identified as a Student/Community Citizen)***

***The service needs to be transparent with the community and share all data regarding its success or otherwise. It has potential to save lives, but the idea of having an acceptable place for people to inject drugs is definitely scary. (Identified as a Family or Friend of Someone Who Uses Drugs/Community Citizen)***

***I think research is more important than public opinion. There is research to support its benefits and the public needs to be aware of the positive impacts. Currently, the name has been thrown out there with people not understanding what it means. There needs to be education and facts. (Identified as a Student/Family or Friend of Someone Who Uses Drugs)***

***I think it is a wonderful and much needed service as we know from other communities they work. I believe Windsor-Essex is struggling as there is a lack of information. Perhaps a city meeting could be conducted to explain the pros of a safe injection site as I truly believe the ones who disagree with this service don't have full knowledge on what they actually do. Have community reps from the city explain why they are beneficial, outside sources, people from other cities who have this service, etc. Education will enhance peoples' decisions to agree or disagree, and I think our***



*city is lacking the education portion. (Identified as a Social Service Worker/Family or Friend of Someone Who Uses Drugs/Community Citizen)*

*Provide the community with factual information about the success of supervised injection sites in other communities. Evidence based practice. (Identified as a Health Practitioner)*

**Possible Locations of SIS**

Four in 10 (38%) respondents thought SIS should be offered across all WEC (Table 11), with the largest proportion selecting Windsor (34%) as the key location. In terms of the smaller communities, respondents were more likely to select Leamington (12% overall; also, note that 21% of those living/working in Leamington selected their own municipality). Very small proportions selected other areas surrounding Windsor, including Tecumseh (5%), Amherstburg (5%), Essex (4%), LaSalle (3%), Kingsville (3%), Lakeshore (3%), and Pelee Island (1%). As with other questions, a third (32%) remained firm in their stand against SIS.

**Table 11.** Where SIS should be offered (multiple response).

<b>WILL SUPERVISED INJECTION SERVICES...</b>	<b>TOTAL</b>
<i>Base: All Respondents answering</i>	2520
<b>All municipalities</b>	<b>38%</b>
<b>Windsor</b>	34%
<b>Leamington</b>	12%
<b>Tecumseh</b>	5%
<b>Amherstburg</b>	5%
<b>Essex</b>	4%
<b>LaSalle</b>	3%
<b>Kingsville</b>	3%
<b>Lakeshore</b>	3%
<b>Pelee Island</b>	1%
<b>I don't know</b>	3%
<b>I don't think there should be supervised injection sites in Windsor-Essex</b>	<b>32%</b>

<sup>Q10</sup> In which municipality, in Windsor-Essex County, do you think supervised injection services should be offered?

The location of SIS generated a number of different opinions. A few thought SIS should be spread out across WEC and not concentrated in one location; others believed it should be located downtown so that there is easy access for users; others said it should be away from businesses and neighborhoods, and schools. One respondent suggested starting with a mobile site to help identify locations where services would be needed most.

*Do it right and I have no issue with the sites, but the community will not tolerate large groups of addicts in one spot, if the sites are spread out, fewer dealers will be*

***around because they will not be able to work all places. Police should be there to deal with the dealers, not the addicts. (Identified as a Community Citizen)***

***These services are needed but the location needs to be private and out of the core. (Identified as a Community Citizen)***

***My only concern is regarding walking patterns of school kids. I would hope the supervised injection sites would be located an appropriate distance from elementary schools - to help maintain privacy and dignity of people needing the sites as well as maintain safety of the kids. (Identified as a Health Practitioner/Family or Friend of Someone Who Uses Drugs/Community Citizen)***

***Starting a mobile service would give us a chance to find the best location for a second site. (Identified as a Health Practitioner)***

***Integrated or Mobile Supervised Injection Services?***

Respondents were asked about which type of SIS would be best for the community: an *integrated service* – supervised injection services at a fixed site that also has other types of services, such as food, showers, counselling, and addiction treatment; or a *mobile service* – supervised injection services provided in a vehicle that travels around to different locations to meet clients (Table 12). Four in 10 respondents (38%) said that both an integrated service and mobile service would best serve the community. One-quarter (24%) selected an integrated service only, while 2% selected a mobile service only. A third (31%) continued to oppose SIS in WEC.

**Table 12.** Type of supervised injection services that would be best for Windsor and Essex County.

<b>WILL SUPERVISED INJECTION SERVICES...</b>	<b>TOTAL</b>
<b><i>Base: All Respondents answering</i></b>	<b><i>n=2516</i></b>
<b>Selected both integrated service and mobile service</b>	<b>38%</b>
<b>Selected integrated service only</b>	<b>24%</b>
<b>Selected mobile service only</b>	<b>2%</b>
<b>Selected integrated, mobile and other</b>	<b>2%</b>
<b>Selected “Other” only</b>	<b>1%</b>
<b>Selected both integrated service and other</b>	<b>1%</b>
<b>I don't know</b>	<b>3%</b>
<b>I don't think there should be supervised injection services in Windsor-Essex</b>	<b>31%</b>

<sup>Q9</sup> What type(s) of supervised injection services do you think would be the best for Windsor-Essex County? (Original multi-select question).

## Section 2. Focus Groups among Community Groups

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### Objectives and Methodology

The WECHU conducted five focus groups from November 13, 2018 to March 12, 2018 with citizens and community groups including first responders, health and social service workers, and local businesses to discuss SIS in WEC. A total of 27 people from the community participated. Groups included a mix of different community members and typically ran 1.5 to 2 hours in length.

The groups discussed the current context of drug related harms in WEC, perceived benefits of SIS, concerns, and suggestions for its implementation. For the discussion guide, see Appendix B.

### Key Highlights

The WECHU held five focus groups among members of community groups, including first responders, health and social service workers, and local businesses.

All participants shared the view that WEC is facing a crisis of drug use.

***Think there are people who are addicted who live everywhere within Windsor and Essex County. One of the things that all our services will continue to tell us is this is not just issue that Windsor is facing; this is an epidemic that has gone across the board. (Focus group participant)***

On the whole, many participants in the groups were in support, or were at least open to the idea, of SIS in WEC. They saw benefits in how it could save lives, reduce demand for emergency services, improve the safety of the public by keeping needles out of public spaces, and help to destigmatize drug use. SIS was seen as the first point of contact with medical as well as social assistance that would help facilitate entry into detox, treatment and mental health programs and into social welfare and housing programs. The minority who opposed SIS tended to oppose the idea in emotionally-charged terms. They argued against SIS because it would have a negative effect on public safety and on businesses within the community, and because it would condone illicit drug use, and even increase drug use.

Both those who opposed and those who supported SIS shared a keen interest in receiving more information about the operational details of any future SIS. A few key questions about implementation arose including: how would the success of SIS be measured and evaluated; would SIS be limited to injectable drugs, or be open to the consumption of other drugs; what medical training would be required by staff?

Their hope was that SIS would be sufficiently resourced to offer the services needed and to operate 24/7. Participants offered a number of suggestions for implementation including the need for adulterant screening (i.e., testing drugs for other substances and contaminants, such

as opioids), chill out rooms, clear procedures to guide and protect staff, streamlined access to emergency medicine, education for drug users, and most importantly integration with wrap-around services to address the root causes of drug use and addiction.

## Detailed Findings

### *Context: Speaking about the Drug Crisis in WEC*

Drug use is pervasive and perceived to be an epidemic in the community

Across all groups there was universal agreement that WEC is facing an unprecedented crisis of drug use. This crisis is defined by an increasing number of drug users and an increasingly potent and harmful drug supply.

***Living downtown for 5 years, noticed an uptrend when things starting to get bad. Didn't feel anything was being done. In 2015 started to get real bad.***

***Biggest problem is we have people experiencing homelessness, and drugs of choice have changed... drugs are in your yard and finding needles because people using in open.***

***Was a time where hydromorphone, oxycodone were the predominant opiate in city, that's no longer the case. Fentanyl has taken over. Don't have stats to prove it, but seems from experience, working within the office, fentanyl related overdoses are taking over. It's a result of a high concentration of drugs.***

***The harm is getting Hep C, finding needles around, near children, overdoses.***

Participants seemed to understand the local situation as part of a national drug crisis but also perceived the situation in their community as especially bad.

***Think there are people who are addicted who live everywhere within Windsor and Essex County. One of the things that all our services will continue to tell us is this is not just issue that Windsor is facing; this is an epidemic that has gone across the board.***

The crisis of problematic drug use pervades the entire community, regardless of neighborhood. Many participants noted that public spaces, such as libraries, fast-food restaurants and coffeeshops, and even private property, are affected by drug use. When asked to identify areas of greatest need for SIS, participants usually began with loose references to “downtown” or “the Mission,” but eventually concluded that almost all areas of the city would be well served by SIS.

***I find people sleeping on my porch with needles in their arm. It sucks. Really awful.***

***Public locations - government city - library, social services offices - tend to see high concentration of people who will spend long periods of time there who aren't there for the reason the building is there for in the first place. Restaurants in the downtown area, Tim Hortons, Burger King - buy a coffee and stay because nowhere else to go. Bus depot gets their fair share of people using their bathrooms, leaving needles in bathrooms even with needle bins there. It's unfortunate - and unfortunate that we even have to put those bins up in the first place.***

***I would rather have everybody in one spot and having that instead of needles wherever, on porch or in library bathroom, providing resources to dispose.***

***If they only have to go to one space to get everything they need - gets people off people's porches, gets them out of public buildings. Gets people away from spaces where public goes and sees users not at their best (which creates public animosity towards them).***

***If they're inside and not on the streets it can help ease that burden on the public having to deal with them on private property or in public places where children and families need to go.***

Participants expressed concern about discarded needles in private spaces like backyards, garages, and front porches; many were especially concerned about needles found on school grounds. Aside from the direct human toll of addiction, participants felt that rampant drug use casts a pall over public spaces and diminishes the sense of community in WEC. In some cases, participants suggested that this has led to antipathy towards those who are addicted to drugs.

***Huge indifference now, people not wanting to care about them. That's a big aspect of addiction; they don't give a sh\*t anymore. I find people leaving needles on my porch, sleeping on it. This develops indifference within the community for these people.***

***It's the same thing as a major outbreak. If there was major outbreak of measles we would be out talking to every school in community, every parent. But because it's drugs they turn around and say, nah, not in my neighbourhood. But it's right next door to them... That's the assignment of value on people.***

Many participants were concerned about the poor availability of treatment services for people who are addicted to drugs. Across several groups there were discussions of waitlists for medically supervised detox. Participants felt that these waitlists were a significant barrier to recovery for people who use drugs, especially because the resolve to kick a drug habit could hardly be expected to last the several weeks required to access a detox program.

***I understand if I had a serious drug addiction issue and went to any one of the agencies and sought help right now, I would be looking at 8-week timeframe. That's***



***huge concern for me because 8 weeks from now I could be dead or so far gone I don't want help.***

***I think more detox facilities is great idea. We speak with people every day that are drug addicts. A lot of times people are using just to get through the day. They don't want to, but just don't want to go through withdrawal again. Might be addiction, but also I want to get help, but do I want to go have flu x10 withdrawal symptoms for two weeks? Keep using because it's easier.***

***Intervention, mental health, more funding for places like Brentwood. Money should be going into recovery. I hear people saying it's been - waiting for 2 weeks to get into this place.***

***Education, mental health services and access to - if you decide to get clean you should be able to go into treatment immediately. Any lag at all and people are susceptible.***

### ***Benefits of Supervised Injection Services (SIS)***

Discussion of the potential benefits of SIS was wide-ranging and touched on both benefits for people who inject drugs (PWID) and the broader community. Participants who supported or were open to SIS offered a more detailed account of the potential benefits. Their holistic vision of the benefits of SIS is reflected in the sections below.

#### **SIS Will Save Lives**

Many participants expect SIS to save lives. Even the participants who exhibited the greatest objection towards SIS tended to concede this point.

***Would reduce the deaths - have health care providers there, if they overdose have necessarily trained staff there to deal with that situation. They're not alone.***

***Very few positives for me. Less deaths. Not many benefits to me but benefits still important. People not OD'ing and people not dying.***

#### **SIS Will Promote Proper Disposal of Needles**

Improper disposal of needles was top of mind for many participants when describing the present drug crisis in WEC. There is a feeling that improper disposal of needles is a public safety issue that affects the community beyond PWID and is a special concern because it puts children at risk. Participants believed that SIS would address this public discarding of needles.

***Less needles, debris, garbage all over from them injecting and shooting up wherever they want. Someone posted during election time - list of things they wished from councillors - less needles on the playground, no homeless people scaring them around school. Horrible things that kids should never have to deal with.***

***[It's] no secret there are schools that have needles around playgrounds.***

***Less needles in street that's [the] number one [benefit] off the top of my head. People would be safe or have someone that's there, available to come to their aid should something go wrong.***

***It would hopefully drive people using on the street to the service. Might help mitigate hardship that business are currently facing and residents facing. Might eliminate number of syringes disposed in public domain.***

***People using on street in front of commercial entities. They're also doing that on residential properties. If there was SIS there might be a significant decrease in number of individuals doing that.***

***Community perspective - less people using on street, in public, in parks and alleys. Leads to other benefits - less needles being found in community and public spaces.***

A few participants also hoped that proper needle disposal could lower rates of bloodborne infection.

***Hopefully see less deaths related to opioid overdose, less needles left in public places where someone unsuspecting could be stuck by one and then end up with Hep C, HIV or other blood borne virus.***

#### **SIS Will Reduce Demands on Emergency Services**

Participants hoped that SIS might reduce public costs by easing the burden on emergency services: they would be relieved altogether in cases where users' medical needs could be met by SIS staff alone, and – where EMS involvement cannot be avoided – overdose victims could be more easily located at SIS and would be better cared for until their arrival.

***If ambulances have SIS and they have people there who can help someone if they are OD'ing or experiencing issues rather than ambulances driving around city into alleys finding these people.***

***Decreasing police and frontline service workers - cost of those are so high. If you're already in a place being funded, cost reduction is astronomical. Would save our healthcare system and our services.***

***Police are the most expensive things and always the one who have to show up at drug calls. [PWID] aren't criminals, they have addiction and don't know what to do about it. They're not dealing. Removing police reduces cost and stigma.***

## SIS Can Help Destigmatize Drug Use

Many held the view that sanctioning personal drug use will reduce the shame and stigma that is both a consequence of addiction and one of its key drivers. It was hoped that this could help smooth the path from addiction to recovery for PWID.

***If you create something open, transparent, honest, we value you - we are now saying we support you, say as a community you matter so you come in. Not pushing them down. Bringing them out into community. That can shift that person, thinking into saying I am not an unwanted community member, not an 'other,' someone that is valued, cared about. Get personalized treatment, access to care, safe space.***

***Huge component of stigmatization that happens, if there was less stigma about drug use, I do think more people would feel less isolated and wouldn't feel they're alone in addiction. That would lead to more recovery.***

***A lot of users feel very isolated, isn't wraparound community support. They use alone. I have a family member that passed away OD'd, gone through treatment. Went home and didn't tell anybody they were using again and OD'd. Don't think SIS would have fixed that. But what I think SIS do [is] they give people an avenue who are struggling a safe place to go.***

***Changing narrative in community is going to be very important to helping to address some of those questions. 2 key components - folks with lived experience will help to change narrative. Humanizing the issue. Those who we've lost to overdoses - support network of family, friends, caregivers, service providers who have been impacted by OD [overdoses] in community - bringing that narrative front and center to those people concerned about SIS that will be more impactful change that need to take place. Demonstrates this is someone you know at the end of the day. This isn't just stereotypical world - these are real people impacted, and you probably know somebody.***

### ***Challenges and Concerns About SIS***

Participants – including those amenable to the establishment of SIS – highlighted several issues that SIS might face going forward. Often, these comments were coupled with suggested actions that could be taken to mitigate concerns.

#### **SIS might meet public opposition**

Even among participants who were open to the establishment of SIS, there was widespread acknowledgement that SIS would face significant public opposition. There was a general expectation that people nearest to a proposed SIS location would be the most strongly opposed. Suspicion that the site might create a pocket of increased crime and economic depression contributes to a 'not-in-my-backyard' (NIMBY) sentiment. Participants expect this to complicate the selection of a location for SIS.

***Location is concern or question - nobody wants it in their backyard, but there's going to be residents everywhere. Whose backyard is it?***

Some participants noted that it may be hard for people to understand the inherent contradiction of the government permitting people to use drugs in a designated area while those same drugs remain illegal to possess.

***[There's] Also going to be public animosity towards the concept of these people aren't supposed to be using drugs, but now the government is funding location for them to go ahead and use drugs. Law is saying one thing, and for some reason government is allowing them to do this which doesn't help the situation. I am a parent, that's bad parenting. Don't do this, but if you do it over there it's okay – hard to justify doing that.***

***These are in contravention of the law, would want to know whether police force would be onboard for supporting this. If they are onboard for supporting it, then how would they police area?***

Some participants said that some in the community will think that SIS would be enabling drug use:

***People are perceiving that SIS mini harm reduction programs are enabling people who use drugs, and it's really just connecting people who use drugs [with] care they need.***

***Guy getting high is not benefit to me, it never is. And it's a terrible thing to see. The fact that we condone it legitimizes it to some degree. Understand only to save lives.***

Disagreements among public authorities throw fuel on the fire

Participants noted the vocal opposition of some public authorities to the implementation of SIS and spoke of the critical need to have all stakeholders on the same page in order to move forward on SIS.

***Healthcare, education, police, EMS, City - anyone who is going to have stake in facility needs to come out together and say we all agree with this, think this is good - reasons why - understand concerns, but feel good outweighs bad.***

***The key thing is to engage stakeholders - starting with city hall, mayors, councillors, Windsor Police, health unit, clinics, meth clinics - folks with firsthand experience, experts. They need to get on the same page and be consistent.***

***Needs to be a holistic approach, come from all levels of government, include various stakeholders, and seek information from users themselves.***

***Community members see right through us as service providers if we're not collectively on same page as to what we're trying to achieve.***

SIS might have negative economic effects

The economic risks of SIS were at the forefront of many respondents' concerns. Participants who were less open to SIS generally had the highest level of concern that SIS would inflict economic damage on its surrounding community – they suggested that SIS might cause a reduction in local property values, mainly driven by drug-related crime. There was a concern that SIS might create the perception that its neighborhood is a 'dangerous' area with the effect of deterring visitors and potential customers from local business.

***Love downtown Windsor and trying to get more families and young families down here to help clean it up. If there were an SIS in area that was right downtown surrounded by residential properties, I can't promote being there. Can't name a single client that would be happy to move near that. If they were to see needles on the street they would be turned off from entire neighborhood. When that happens and get negative stigma in area, neighborhood - west end there are spots people won't move into, rough, drug users, low income families and housing - properties are cheapest in Essex County because of that...***

***Spill-over, congregation of individuals under the influence in particular site is detrimental to residents and businesses in that site. Ottawa - 3 sites in BIA, all the businesses in that neighborhood are no longer in business, boarded up property, huge amount of increase in crime, decrease in property value, lack of visitation in that neighborhood, and it's become very serious issue - struggling for livelihood because of the introduction of the SIS.***

***Downtown is not just gateway to city, it's gateway to region. [For] A lot of folks coming from States side this is gateway, first impression. The BIA can't imagine would support SIS on Main Street.***

***Not fair to those people that put their whole livelihoods, lost everything because of SIS site going in next door. They have to be considered first and foremost. They have to be respected more than they are now. It's always administrators saying we're going to do it here, but it never affects them.***

***If you're going to put something here, it's naïve to think surrounding area isn't going to have increase in crime, affect businesses around there, economy.***



SIS might have a negative effect on public safety

Participants who expressed less support for SIS tended to view users as unpredictable and dangerous – particularly while under the influence of drugs. They were concerned that SIS would have no choice but to turn users out onto the street after using – though occasional discussions of ‘chill-out rooms’ along the lines of those implemented by Vancouver’s SIS went some way to assuage these concerns. Drug-related crimes such as break-ins and vandalism were top of mind in these discussions:

***Folks have ideas that crime rate will increase. Majority of the downtown population we do see are using or users. If you look around [many] of our cars are broken into. We see incidences of overdose on day-to-day basis. But wouldn't say that I felt unsafe for life, for belongings - not sure that fear is justified. Think it's fear of unknown, people shy away from what they don't understand, know. They lash out.***

***Public safety, people finding people sleeping in their backyards. All kind of vandalism that's way higher than used to be. And petty crime is higher, so B&Es and things like that. That's a big issue when you talk about - with people wanting to actually live in the hood. Think it's ruining communities to some degree. Question is - how much does it affect public safety? How much crime goes up near SIS? Have to be careful about infringing rights of others to help some people.***

***Statistics from other police departments that have these sites in their city [show] that there's a noticeable increase, especially in property crimes, after injection site goes up. Break-ins, thefts from autos.***

***It [crime] increases to a certain point and then levels off, but I don't think it drops to what it was prior to the injection site because of the nature of people using that. If they're using, looking for money so they can use again. A lot of them steal to support their habit. Just easier to do it around area that you're already in. Nobody takes a cab to the other side of town to steal.***

Selecting a location will be contentious and challenging

Participants suspected that the public expectations of crime and diminished property values will translate into local opposition to the establishment of SIS. They expect that political opposition will complicate the selection of a location and narrow the range of available options. While there was a general acknowledgement that multiple locations might facilitate greater access and uptake among PWID, participants were pessimistic insofar as multiple locations would also mean NIMBY opposition on multiple fronts:

***If it's not accessible and only in place where certain amount of people can use it, not going to be effective. More locations you have, the more negativity in different neighborhoods, not wanting it in their backyard.***

***Such a tricky spot, because it's got to be in a spot that's accessible by people that need it the most which are drug addicts, but they don't have any money, don't have means to get from Point A to Point B except for by foot.***

***Think multiple locations really important. Close to the university would be one. University students are addicts too. Something like that, small, slightly off campus, nearby.***

***Statistically have to find out highest concentration of where events are taking place. One location isn't necessarily best option. It has to be spread out to be able to provide those resources to as many people as possible and to avoid that herding mentality that you're bringing everybody to one space. Property value - crime goes up, property value goes down. If you're spreading that out a lot, now you're impacting more space.***

**“The negative is going to be what kind of area are [we] going to put this in? Where's the location going to be? Is it going to be accessible? Multiples would be better, but if it is just one, how do you make that selection? Highly doubt anyone is going to want that.”**

There is also a serious concern that SIS might be located near sensitive facilities – most importantly schools – and these sensitivities must be borne in mind in the process of determining a location for SIS.

***Where the sites are going to be located? By schools and that, places where there's a lot of kids? I am asked that weekly. People are concerned about us having sites around those locations.***

**Participants were generally open to the idea of mobile SIS**

A mobile SIS would be a solution that both facilitates access while minimizing “not-in-my-backyard” opposition. Participants in several groups also suggested physically locating the SIS in the existing hospital. This option was seen to address concerns about security while facilitating easier access to emergency care in the event of overdose.

**Safety of both staff and users of the SIS**

Participants, including frontline workers, brought up the risk of conflict between users of the SIS and the need for security to prevent mutual harm. They grappled with the need to provide security while, at the same time, maintain an environment that PWID would be comfortable accessing. Respondents were generally hesitant to resolve security concerns through police presence. Some expressed concern that the sites may attract drug dealers who could prey on users, or that users themselves could be arrested. Such arrests would also undermine efforts to build trust with those who are addicted to drugs in the community.

***Downside of having an area where people can safely inject - concentrating the users to one area which can make them more of a target for people who don't agree with what they're doing or the site, which I feel can impact safety.***

***People who are looking to take advantage of these types of people, if they know they're attending there because have to bring their own product - setting up people to have their things stolen, robbed of product or anything else.***

***From a police perspective people on the streets, users tend to know each other. If they have problems with each other there's potential for violence inside facility. People steal from each other, people have history.***

***You need to be cautious. You don't know what the person has on them, could be carrying, gun or/and knife. Have to look at your safety, and safety of others in location. Everything needs to be in place in regards to safety. If you don't have safety for people in there, how are you going to have safety for clients that come in?***

Beyond the physical safety, participants in the Health and Social Services group were often concerned with protecting the dignity and rights of PWID. They spoke at length of the ethical quandaries that may arise at SIS – for instance, providing care to minors – and expressed particular concern for the privacy of users.

**[SIS will] have to follow legislation and Privacy Act. Make sure [PWID] have access to privacy officers if they have questions.**

**I don't know they're asking for their name when they come through the door. Have it posted clearly that it's confidential? How are we collecting stats, male, female, age? What are we asking from them - do we need a name coming straight through door? For some data collection you'd want age, male/female. If they're coming to use and then leave, I don't know.**

**Provide some privacy to these people. If you want to eliminate obviousness of what they're doing. Like at the Mission you see it, they hang out, having a smoke in parking lot - go there, pick up food or clothing...**

**Also in regard to mobile, being unidentifiable. No signs on it. Don't want a big sign mobile safe injection site when pulling up to an apartment. There are surveillance cameras in communities, and it can end up on internet media - me walking into a mobile site... That's also part of safety.**

Participants also expressed fear for the safety of frontline workers in SIS. Frontline workers could be at risk both of physical injury and of criminal or civil liability in the event they fail to adequately protect their patients:

***Decisions have to be made sometimes. If I decided to say no, you cannot use here because there's potential harm to a child, am I protected by law?***

***I don't want to go to prison or be liable legally on doing something that I should not be doing.***

SIS might excessively concentrate those who are addicted to drugs in a single location

Some participants were concerned that SIS – if placed in locations already struggling with drugs and poverty – could add to the social problems already in the area. Selecting SIS locations on the basis of greatest need could initiate a self-reinforcing pattern of resource allocation. In other words, the excessive concentration of addiction and social services due to need in a single area would attract more drugs and the people who need these services to the area. This area would then bear the brunt of the social harms associated with drug use. Participants preferred that the social harms of drug use be diffused throughout the community.

***If you locate all services in one place, all the people who need services are going to go to that place.***

***It has to be a holistic approach. If you're going to decentralize services you truly have to, and it can't just be safe injection site or supervised injection service. Can't just be one service available in one location; all services have to de-centralized.***

***We are displacing people from communities and forcing them into a ghetto. We are doing the equivalent of red-lining social services.***

### ***Guidance Around Implementation***

SIS must be sufficiently resourced

Participants stressed the need for the SIS' operation to be consistent and extensive enough that PWID can rely on it. In particular, sufficient resources must be set aside to operate as close to 24/7 as possible, have consistent hours at a minimum, and pay staff adequately so that turnover does not preclude trusting relationships between frontline staff and PWID.

***[PWID are] Using 24/7... not using 9-5.***

***People adapt to hours. Changing that multiple times or somebody not being available during those hours – [PWID are] not going to trust you.***

***It has to be done appropriately, funded appropriately. If you're getting \$16 to work at SIS, [you are] going to move on continually, if you have constant turnover and not paying people appropriately you won't generate those relationships.***

***If going through with having supervised injection site, and decision is made to have the site, it's important to have properly funded, fully functional site. Difficult to***

***justify putting something up and doing it halfway. If the site fails you don't really know if it was ever going to succeed in the first place if you don't fund it properly. If site fails or not properly funded then your staff and volunteers - putting too many obstacles in front of difficult journey before you even start. If you're going to go through with it, important to go through with it fully, make sure it's fully funded, fully operational site that can do everything it needs to do.***

Some in the Health Services group suggested that hours of operation should be determined in consultation with PWID.

***Q. Hours of operation? A. Get that when you do consultation with users. When do you use? When would it be beneficial for centre to be open? We can't determine that.***

SIS should include adulterant screening

Some participants were concerned that staff would not be able to protect PWID because they wouldn't know the contents of the drugs coming into the facility. Adulterant screening was seen as a key service for harm reduction and, potentially, a key draw for users skeptical of the program. This service is available at some SIS in other areas.

***A test kit to know if there's laced drugs they're using. So, they know it's not laced with fentanyl. I feel that could be helpful if they knew what they were injecting.***

***Testing quality of drugs bringing in - is it safe or not safe? (indecipherable) Don't know what they're getting on the street now... I think that's key piece. I visited a safe consumption site in Toronto and they had that. It was one of the key services they provided. I think that particular site they serviced 1,000 and hadn't had one overdose.***

SIS should include "chill out rooms"

One of the most serious safety concerns that participants spoke about was the risk of intoxicated PWID being released from the facility. On a couple of occasions, the 'chill-out rooms' offered by Vancouver's SIS were proposed as a solution. Even where the chill-out rooms were not directly discussed among groups, commentary suggested they would go a long way to addressing community safety concerns.

***Places for people to go after they use, what does that look like? Is there suggestions for people - now you've used, and have nowhere to stay, are other services onboard with that? What are policies around that?***

***Where do people go once they inject or consume? How long do they have to stay there?***



***I have concern about where do folks go when finished using? Do they stay at injection service site? Or do they come and use and are encouraged to go back out again? From business perspective that's a concern, but from purely beneficial perspective to people using - if they go back out on the street, how soon are they [released]? Can they stay? Are they safe until high is gone?***

***In Vancouver they have a chill room. After person is injected they get to sober up a bit before they go out into street.***

***Current definition of SIS doesn't stipulate what happens after people come and use the service. Do they stay there? How long does the medical staff stay with them? Option for chill room which was available in Vancouver - do they go back out on the streets high? What harm reduction is there if someone comes and uses and is back out on street 10 minutes later?***

Participants suggested that the SIS serve as a distribution point for naloxone kits for PWID to take with them to other areas where drugs are consumed:

***Also need to make sure that's enough availability of naloxone kits to take with them. If they want 5 kits, give them 5.***

SIS should have clear procedures to guide and protect staff

This finding was specific to the Health Services group. Participants in this group suggested that SIS have clearly established policies and procedures for staff and volunteers both in the interest of providing consistency to PWID and for the legal protection of service providers.

***Well laid articulated policies and procedures in place to spell out what healthcare professional, peer, roles have to be well defined, legal language has to be there that people can follow and understand, so have something to guide you.***

***Everyone at this table provides care, but ultimately, I need to go home safe at the end of the day as well. Who is protecting me? That's huge part of conversation.***

***Policies and procedures need to be in place so they're invisible to user if going to engage person using. We need to know what we're doing beforehand. Need to [engage] client where they're at and have safe environment - need to have our stuff together before start offering service. If it's convoluted when person walks in the door we may do more harm than good.***

SIS should provide streamlined access to emergency medicine

As noted earlier, one of the fundamental benefits of SIS is to streamline PWID's access to medical attention in cases of overdose while also reducing the strain on emergency services. This was seen to have the dual effect of saving lives while reducing public expense.

***Overdosing. In every [SIS] they have some health services available. A nurse or some health practitioner to make sure [people] don't overdose and if they do there's aid there for them.***

***Theoretically also it's one stop per se. Get education. Get your medical - not tying up ER, bringing up paramedics or police. Providing resources, education.***

SIS should educate people who use drugs and the public about harm reduction and best practices

Participants saw two crucial educational functions of the SIS. First, participants wanted to see SIS workers educate PWID to advance harm reduction, giving users lessons on safe injection and consumption practices, vein preservation and overdose reversal.

***Education - if you're going to inject this would be a good place to do it, not in your neck. Having education around that would be helpful.***

***Personalized harm reduction teaching and preventative care. A person who is working there can show me which areas on my body are safer to inject into, tips for more comfortable injection (rotating veins, drinking more water, abscess care, naloxone training).***

***Teaching them to not shoot above shoulders, keep one area that you don't inject that leave alone - end up in hospital and have a spot in case need IV - veins aren't blown out. So they can get what they need to be kept alive.***

Second, participants would like to see the SIS serve as a platform for ongoing community education and consultation around drug use in the community and the role of harm reduction. Some participants cited examples of other SIS programs that engage in continuous community consultation on these subjects.

***Facility in Streetsville has monthly public consultations. Free to meet with anyone that has concerns about folks around facilities, very open to public.***

***Maybe 3 times a week offer community workshop, you have somebody there if someone wants to drop in. General workshops for all addictions, have that available so the person can get the knowledge, even if not a consumption site, make it for information. Needs to be more education to help with perception. See safe injection site as enabling. Government says drugs are illegal, but here's a place where you can***

***do it - so harm reduction education - if people are using this is a way to prevent death and as a way to get people clean.***

***I think of these spaces as information centres. They are consumption sites, but someone is there as information person. I think of a lot of university students being heavy drinkers that like to try drugs. I can see university students going to a place wanting to know - can I get more info on this, but also having consumption centre there as well.***

SIS should be integrated with services that treat the root causes of addiction

Participants overwhelmingly emphasized that SIS should not be offered in a vacuum. There was a repeated emphasis on the need for SIS to be embedded within other social services that can address all aspects of addiction beyond harm reduction. Suggested services to integrate with the SIS included prevention/education, harm reduction, treatment/recovery, and enforcement/justice.

SIS was envisioned as a key point-of-contact between those who are addicted to drugs and wrap-around services for those addicted to drugs. If properly embedded in a network of holistic services for socially marginalized populations, the SIS could be an entry point on the journey to recovery for some users. This process could begin by ensuring safe consumption by people who use drugs and potentially progress to referrals to mental health and treatment programs, and housing, social welfare, and employment programs. Many argued that relationships of trust and care between frontline workers and repeat visitors will provide the initial support for these journeys.

***You have folks coming in, establish rapport, therapeutic prevention can start to develop slowly. Research shows if you support a person quitting smoking and ask them enough times, offer support and help they are much more successful in quitting smoking. Yes, we're backlogged, but if you're consistently seeing folks and establishing rapport, SIS could be used at starting point.***

***In isolation it's not a silver bullet. It's like one giant puzzle and SIS is one piece. Other pieces: more outreach, more treatment...it's everything all together.***

***A lot of organizations do quite a bit of harm reduction with supplying needles and things like that. I think a safe injection site should have some spin-off services. Safe injection site located in existing harm reduction facility - can be done in Windsor if the recommendation is to have safe injection site.***

***Hep C, HIV services, STI's, mental health, housing supports, Aids Committee. Addiction stats. Case management to social work. Help them navigate for housing, counseling, primary care referrals. Well-trained people with lived experience. Hub to have that peer support.***

***If these facilities or services is standalone service, it may not do anything curb the crisis. End goal should be that we're reducing the number addicted to meth and opioids all around. That should be end goal. SIS are for harm reduction mostly. Concern is that it's just for harm reduction and not do anything other than that.***

***Housing, social assistance - disability - some type of person from that office to help answer questions, provide guidance if needed to access any of those services.***

***In other cities - Netherlands and Germany they also have mental health assistance. People who are there to help depression. Many of them end up hurting themselves, continue the addiction because they just don't give a shit about themselves anymore.***

***Addiction & mental health services, maybe even neurological or those types of services. A lot of times people have propensity to do those things because have had injuries. Previous injuries may have happened and that's why they're on - learn about things like physiotherapy or something as an option.***

***Support services need to be in place: education component, social work, other kinds of mental health services they need. All the reasons people end up using need to be considered and hopefully managed through that process.***

SIS should balance the need for security with the need for trust among PWID

As detailed above, participants were concerned with the possibility of violence within the SIS – both between users and against staff. While the need for physical security is top-of-mind, participants were hesitant to involve police, or other uniformed security staff because this might break PWID trust in the SIS program. Responses pointed to the need to balance security with PWID's sensitivities:

***Having someone in there in uniform, [users] will turn around and walk out the door. Think get busted or set up then leave.***

***Who is the security? Is it third party agency or someone who has heavy involvement from Windsor Police that's already connected, people know? Are people going to see uniform and think I am not coming here, I don't know who this dude this.***

***Plain clothes something that should be considered. Plain clothes third party, safety, auxiliary agency that has link to police if there's situations that escalate. Someone who is known, visible and familiar face. And trained. Trained possesses first-aid, CPR. Relatively versed in street lingo. They know if you're a poser, not going to get far. If you have street cred and knowledge of what is, what is not, and you can engage and talk to them, might get more reception.***

### ***Questions About How the Program Will Operate***

In general, responses indicated a strong appetite for operational details about the SIS. This came through especially strongly in the health services group. Some additional questions put by participants included:

How will success of the SIS program be measured and evaluated?

***What are measurable outcomes? How do we know what's the effectiveness of this support?***

***Statistical support - How to correlate with hospital admissions, decrease of overdose deaths, how many people actually able to kick habit altogether?***

Would the SIS be limited to injectable drugs – as the name implies – or would they be sites for the consumption of any drugs?

***[PWID who are] Injecting, snorting, would they be coming to use in supervised site? I highly doubt it. If it is supervised consumption site for injection drugs [and] that's not mode of delivery they choose they are still at high risk. There's pieces missing - no way to catch - think missing information about how we're going to deliver service like this that could be useful.***

What medical training would be required for SIS staff?

***What level of education, medical knowledge, expertise [will SIS staff] need to possess? Any possible case scenario is possible.***

***Medically trained workers? Who are those people? Without specially trained with injection drug use and mind of person who injects it's going to look good on paper, [but not work in practice].***

***I don't know how true it is, but a lot of sites currently active are operating with peers. There has to be balance. People do need to feel safe, protected and secure and non-judged. Medically trained workers need to be there for safety.***



## **Section 3. Key Informant Interviews among Key Stakeholders**

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### **Objectives and Methodology**

The WECHU conducted key informant interviews with 20 community stakeholders between November 7, 2018 and February 27, 2019. The 20 stakeholders who were interviewed represented a cross-section of the community including emergency services, health services, municipal stakeholders, and other stakeholders including school boards and community organizations.

The purpose of the interviews was to determine their level of support for SIS in WEC. Informants were also asked questions about their perceptions of drug-related harms in WEC, how SIS might be implemented, benefits and challenges of SIS, as well as other policy responses to drug-related harms.

### **Key Highlights**

The WECHU conducted a series of interviews among key stakeholders (20 interviews in total) representing a cross-section of the community including emergency services, health services, municipal stakeholders and other community organizations.

Similar to the community focus groups, key informants acknowledged the drug crisis that Windsor and Essex County is facing. Many provided anecdotes of how addiction has affected the community including stories of how paraphernalia have been littering school yards and backyards risking harm specifically to children.

A number of participants observed that the lack of consensus among community stakeholders on the best approach to addressing the drug crisis is delaying an effective and cohesive response. This disagreement among authorities reflects the broader public debate on the merits of harm reduction and seeing addiction as a medical problem versus the traditional enforcement-centered and legal approach to drug use.

Stakeholders cautioned that many residents will oppose the establishment of SIS. Supporters argued that this justified an even greater need among community leaders, politicians and enforcement to work together, to put aside ideological differences and to find a solution to reduce harm among users and in the community.

Many stakeholders noted the challenges that would come along with establishing SIS and provided suggestions for implementation including the need to establish trust with people who inject drugs, to educate and train first responders, and to provide care that understands and respects diverse groups including women, those identifying as LGBTQ, and immigrants. As noted above, co-location and/or close collaboration with other services would be important for supporting those who are addicted to drugs to move beyond addiction.

Lastly, ongoing communications and consultation, they noted, is critical to the success of the program, particularly when it comes to the location of the site.

## Detailed Findings

### *Stakeholder Perceptions of the Drug Issue in WEC*

#### Drug-related harms in WEC

Stakeholders were unanimous in their view that WEC is dealing with a worsening and visible problem of injection drug use and related social harms: those who inject drugs are understood to be physically at-risk, socially stigmatized, and to be in avoidance of public services and health care providers.

***Yes, I believe there is a problem in Windsor; actually, very evident in our community. See it on the streets; we have people who send pictures of people injecting on sidewalks and send to 311. People injecting out in the public. Right now, the problem poses a health and safety risk in the individual who chooses to use and the general public. And I also think that because of the issues on the streets, harder to identify and connect with individuals and provide support that they need. Additional risks; increased sharing of needles and blood borne diseases which then impacts people for their lifetime and can be transmitted to non-users. (Municipal stakeholder)***

***Yes, obviously there is an increase in the use of opioids and meth and you see it more. More prevalent in terms of visibility especially in the downtown. In the last few years it has been more obvious, hard to ignore, increased homelessness. (Municipal stakeholder)***

***... we see a lot of people flowing in with injectable drugs (meth and opiates being the most frequent ones). Along with that comes with the realities of the lack of nutrition and avoiding health care providers. Avoidance comes from the stigma. Few cases come in with terrible abscesses, and they're disconnected from their health care provider because they don't want to be judged. Unfortunately, in Windsor, the downtown is being heavily scrutinized, and people are uncomfortable reaching out to HCPs. (Social services)***

***Burdens to family is the big issue. All the determinants of health – it all impacts health (social determinants of health). They're all related. Which one comes before is debatable, and this is probably debatable. It definitely takes a toll on society in general. (Health services)***

A comprehensive approach to drug addiction is needed

Key informants offered different policy measures that could help manage or help address and resolve the issue of drug use in the community. Most stakeholders identified the need for services that address the social determinants of addiction such as unemployment, precarious housing, and poverty.

***If we are to become open minded, we need to be open about the fact that not everyone can go cold turkey. Nobody will get housed successfully with soup and a shower. Much more complex than that. Need to diversify how we address recovery, need multiple solutions for the people that we serve. (Municipal stakeholder)***

***Number one issue is collaborative effort, we work through prevention, consistent prevention of drug issues. Start young in schools, programming delivered by different agencies, mental health, housing, social services, housing all play a role in addressing this issue. (Emergency services)***

#### A lack of consensus among community stakeholders

Many respondents observed that the lack of consensus among community stakeholders on the best approach to addressing the drug crisis is delaying an effective and cohesive response. This disagreement among authorities reflects the broader public debate on the merits of harm reduction and seeing addiction as a medical problem versus the traditional enforcement-centered and legal approach to drug use.

***It is contentious, because there are different opinions. We are not different from other communities, it's just our response has been different. The issue with our response, we are not unified on our thoughts about it. There are a lot of differences in opinion. Lack of knowledge and understanding around the medical aspects in that it is a disease and not an issue with people. It is an actual problem, that has medical basis, and a behavioral basis. It is very complex. (Health services)***

***What I've seen is that a SIS is a first step in decriminalizing to some degree and making it a medical problem and not a legal problem. I have seen and spoken to other physicians in communities and they have gotten the okay to supply patients with safe narcotics and have ceased or quit using these forms of products and using safer medications; reducing injury to self and others and property. (Other organization)***

***The harm reduction is also important. Especially I see harm reduction important for certain groups of people and certain types of drug users. It is a good opportunity – there are many ways to look at harm reduction...(Health services)***

***Creating an environment for more policing where people are not exposed... Increase police presence.... Wondering if this is the best strategy to reduce overdose in our community; is this the most effective strategy and if the desired effect has been accomplished? Are there other things we should be exploring as a community through this or other funding? We should look and be unique. Intelligence policing model- if we are going to commit ... we need to know if other options are as good. We should look at this. (Emergency services)***

### ***Knowledge of SIS among Key Informants***

Informants were all familiar with SIS, the concept of harm reduction, and the general nature of how SIS are intended to operate. At minimum, they understood SIS as medically supervised facilities where drug users inject or otherwise consume drugs and that these sites are intended to reduce rates of overdose and fatality by having medical professionals present to help prevent overdoses or quickly intervene if one occurs. However, the level of knowledge varied among informants and there appears to be no consistency on what people have heard or read about.

***Heard a lot of different things; Safe Consumption facility; Vancouver has been open for 15 years with 3.3 M visits; no deaths, reverses overdoses. (Municipal stakeholder)***

***I know very little knowledge about these sites; been in discussion, get the impression they are sites people can go for needles. Don't know a lot about these sites. (Municipal stakeholder)***

***Be concerned it could drive up illicit drug market. If people using almost feed drug dealers and industry. No stats. I have heard mixed reviews on the crime. Heard from some that stats don't go up and heard from others that crime rates do go up. Need to have clarity on that and education. (Municipal stakeholder)***

***Don't know much; just what I've read about Vancouver, decrease in people overdosing and needles. Would need huge information blitz, to counter that we are encouraging people to get high. (Other stakeholder)***

***What I know is that it is a harm reduction philosophy. It's basically a safe space for people to choose to use drugs, can go to and ensure that there is no undue harm on themselves. They will have access to clean needles, to support for them in their drug use, access to some education about it. Perhaps, liaising with other sorts of treatment and testing for blood borne illnesses. Basically, a safe space to dispose of their needles. (Health Services)***

### ***Support for SIS***

Most of the informants interviewed indicated that they believed SIS have a role to play in WEC. Many stakeholders who were supportive of SIS pointed to its potential benefits, both for those who inject drugs and for the broader community. Though individual respondents tended to emphasize different aspects of SIS' potential benefits to the community, several recurring themes emerged from the discussion:

**“Yes, we have identified we do have a problem. Sitting back is not a solution. Irresponsible not to try, especially with research that they are effective.” (Other stakeholder)**

## SIS will save lives

The principal benefit of SIS in the minds of most stakeholders is the prevention of unnecessary death due to overdose. It is also the benefit that is least in dispute among dissenting voices – almost everyone acknowledged that SIS would extend healthcare providers' ability to provide lifesaving care to drug users in the event of an overdose or prevent overdoses in the first place.

***[SIS would] Reduce the potential number of overdose deaths or serious issues. I don't know how many die on the streets... (Municipal stakeholder)***

***Saving lives first and foremost and having qualified individuals to supervise...(Municipal stakeholder)***

## SIS will help reduce the spread of infections and infectious diseases

Stakeholders frequently identified this as a key public health outcome of establishing SIS. Ensuring access to clean paraphernalia and preventing needle sharing, in order to stop the spread of bloodborne infections and infectious diseases is understood to be a key function of SIS that could benefit the community beyond PWID.

***Researched insight in Vancouver; 8,017 reversals since 2003 without one death. The benefit is that people won't die if they inject in a healthcare facility. Reduced bacterial infections, not sharing needles. Attract and retain high-risk population; reaching those that need service. Cost saving due to reduction in need for emergency medical services. Reduction in drug use in community. (School board stakeholder)***

## SIS will help prevent the public discarding of needles

Proper disposal of drug paraphernalia was another key benefit that stakeholders attached to SIS. In their discussion of the present crisis of drug use, stakeholders identified the issue of discarded needles in both public and private areas as a critical issue resulting from drug use. Stakeholders were most concerned about the potential exposure of children and youth to needles.

***Yes, I do believe that we are having an injection issue; reported by principals, finding used needles on playgrounds and on routes to schools. Some kids are picking them up and asking what they are; having done a campaign to report to an adult. Example, local park used for soccer games, we need volunteers to walk field to make sure there are no needles to jeopardize kids. (Other stakeholder)***

***Safety and security for community, giving people clean needles to be able to inject safely and have a safe disposal of needles and other paraphernalia, rather than hiding in backyard, alley and leaving needles in parks. (Municipal stakeholder)***



***Secondary issues, shooting up or administering in the site means they are not doing it in someone's backyard or alley and not leaving the needles in the backyards. (Municipal stakeholder)***

SIS can act as a 'bridge' between those who use drugs, their families, and wrap-around services

Many stakeholders consistently expressed optimism that a well-resourced SIS could operate as a first point of contact between people who inject drugs and a broad spectrum of public services. While stakeholders generally took a positive view of harm reduction, many expressed a desire to see it as one facet of a holistic strategy that manages harm while providing a path to recovery and addressing the social drivers of addiction.

***[Users will be open to hearing] 'you've come here 4 times per week, here are some options for you, where are you living' etc. We can watch (keep an eye on) people and build relationships. People are self-medicating and don't know how to tell their family; social supports are now available. These are not only SIS; they are a safe place to continue on a path to healthy recovery. Not just a hamster on a wheel. When staffed properly and not taking a short cut, they are successful and each person that does have a success is worth it. Problems occur when you compromise for a budget reason. You cannot do these in half measures. (Municipal stakeholder)***

***Benefits would be to pull this issue of substance use disorder out of the alleys, out of the shadows, out of their homes, and bringing people to the care they need. If we continue to stigmatize we will never be able to find these people and link them to the care that they need... Also to link people to all their social determinant needs; housing, food security and treatment. (Other stakeholder)***

***Ability to connect people with other services they need to overcome addiction and other issues that have contributed to their addictions, unstable housing, unstable income. (Municipal stakeholder)***

***Maximize opportunities' if rolled out properly, can help guide those who are struggling with addiction. Sometimes people are starting on a path to address issues and don't have identification; sometimes these issues are insurmountable. The supervised site offers a place for people (who use drugs) to interface with a nurse or someone who can help; assist with referral to appropriate service. (Municipal stakeholder)***

Some stakeholders took the view that SIS could also be a centre of support not only for PWID but also their families. It could also serve to help break down social barriers between the PWID population and the general public by destigmatizing addiction and helping PWID reintegrate into the community.

***[SIS] can even be a hub for the support system around this person; a lot of people like to think of these users are despondent and loners. If you have a safe and consistent place where you can use and your family knows where you are going and they have information to help. (Municipal stakeholder)***

***A place where there is a symbol that there is a support system; urban myth of who the user is a myth. There are people whose loved ones bring them (to a safe injection site) for their shot and wait because they know it is a place (for the person injecting drugs) to maintain and keep their job; some have part time jobs. When you take the time to listen to people (you learn their story)... Having a safe injection site sends a social signal that we are prioritizing this (the opioid crisis) and rejecting the premise that these people don't have a place in our society... (Municipal stakeholder)***

### ***Perceptions of Concerns regarding SIS in the Community***

Stakeholders cautioned that many residents will oppose the establishment of SIS

As a consequence of concerns about property values and crime, stakeholders predicted that residents in the vicinity of the proposed SIS would publicly oppose the establishment of the site. They stressed the need for extensive consultation with residents who might be affected by the site's establishment to mitigate these concerns.

***From a political view - local residents will use "not in my backyard"; bring up riff raff, theft, damage to properties. Major hurdle when you go for zoning into an area. Will see a huge uprising from citizens. (Municipal stakeholder)***

***The location will be the debate, because you have businesses, who would not want this service because of the stigma attached to it. Right now, we're not even unified in our understanding and support for a need for one. First step is to get everybody on board. Second step is where it should be located? (Health Services Stakeholder)***

***[Challenges in establishing SIS might include] Stigma, public perception, lack of education for non-users, "not in my backyard" syndrome, perception that it will be an enforcement space and not a safe injection space. (Emergency services stakeholder)***

Concerns about the efficacy of SIS

As noted, it is important to note that while most stakeholders were supportive of SIS in the community, not all were fully convinced that the benefits would outweigh the risks and who did not think SIS was necessarily the best solution for the community.

***[Do you think SISs have a role to play in Windsor?] No ...[It's] beneficial to save a person but it doesn't reduce all the harm. (Emergency services stakeholder)***

***I believe there can be a benefit but I'm not sure if the benefit is worth the risk, or if the upside is better than the downside. When I look at what happened last weekend- they occurred in private places; can't see them going to an SIS to do what they did. Not sure it is the panacea that everyone keeps claiming. Need to have broad communication on location; not in my backyard. Where would you put it to minimize complaints and serve the people it is meant to serve? See it more downtown because they live in lodging homes; in downtown area and west side. Needs to be put where clients are intended to be served. There is an impact on the area. Previously there were discussions about methadone, you wouldn't even know where clinics are in Windsor. Where I've seen an SIS you know that they are there and it's not a place where the average person wants to be around. (Municipal stakeholder)***

SIS might create a pocket of depressed property values and increased crime

Stakeholders, especially the few who were not supportive of SIS identified SIS' potential to depress property values in the neighborhood around the facility. One described the areas around Vancouver's SIS as a 'dead zone.' Even those who were less concerned about the effects of SIS on the surrounding area acknowledged that other members of the community may be worried about the effect the site may have on the surrounding community. These concerns tended to revolve around potential increases in drug-related crime around the site, a diminished sense of public safety, and a resulting decrease in property values.

***What I know of what I've seen in Toronto and Vancouver. It troubles me. The location causes problems related to crime in the area, creates a dead zone. The average member doesn't want to walk down Hasting Street; significant increase in crime. Not well versed in crimes in other places. What I've seen with my own eyes isn't something I want to replicate in my own city. (Municipal stakeholder)***

***A lot publicized in media; local impact on businesses, increase in drug dealing, public disorder close to sites. With any type of drug use – complete safety is hard to guarantee. (Other stakeholder)***

SIS might be seen to sanction drug use

Some stakeholders perceived a contradiction between criminalizing and discouraging drug use while, at the same time, seeming to sanction drug use in the SIS. For the minority who opposed the establishment of SIS, this contradiction between law and policy was especially bothersome. Others did not share a concern with this seeming contradiction, but, worried that members of the public may have difficulty accepting that the government both sanctions and criminalizes drugs. They tended to stress the need for greater public education on the role of harm reduction.

***Proximity to schools... seen as an acceptable way to get high. Don't want them [students] to think it is acceptable to use it [drugs]. With cannabis being newly legalized they may think other drugs will become legal. (Other stakeholder)***

***People think [SIS] encourages drug use. I hear people say that a lot of the time. People who don't understand harm reduction, say the same thing. Why would you give a drug addict a needle, you're just telling them to do drugs. Peel back to say that no, that's not what this is about. I had a phone call about naloxone kits found abandoned. They called to ask how they should dispose of it. I advised to bring it back to ACW. The person was upset because there were inhalation kits in the naloxone kit. They were saying that they were upset why we are promoting drug use, they understand naloxone kits and preventing overdoses, but why give equipment. Had to provide some education. They weren't aware of why inhalation kits were helpful. (Social services)***

### ***Challenges around SIS and Suggestions for Implementation***

While most respondents were supportive of establishing SIS in WEC, stakeholders were also cognizant of the many potential pitfalls and challenges SIS might face.

#### **Potential resource and capacity limitations**

Stakeholders were concerned that a failure to adequately resource the SIS program could lead to limited capacity – both from an infrastructural and human resourcing perspective. Capacity limitations were envisioned leading to wait times, users in need of service being turned away, or inconsistent hours of operation that would discourage PWID from coming to the SIS.

***I think the benefits are for users who actually attend - I believe it would save their life. It is the primary goal. When linking in to other services, that is critical, as well as education, and referrals to service providers. The disconnect is if money doesn't come and the person says that it is their last dollar and "I want help" and they say there is a 4-week waiting list for services. Has to be access when people request it. That's where the big issue is right now. (Municipal stakeholder)***

#### **The need to establish trust with PWID**

When working with a vulnerable and socially marginalized population, stakeholders advised that special care must be taken to ensure that the SIS earns – and does not violate – their trust because doing so could deter PWID from using the service and limit its efficacy. A distrust of police was seen as an especially sensitive issue. Many stakeholders were concerned that police in the vicinity of SIS could deter users, especially if police carry out drug arrests near the SIS.

***A segment of the population will use it. Success of it will be the ability to build trusting non-judgmental relationships and allow them to feel safe there, not having a cop. (Municipal stakeholder)***

***Benefit would be that you get them in – relationship of trust between medically trained worker and drug users and would be helping them get off of the drug- lead to helping these people to get away from drug usage in the end. Getting their trust and showing them that someone does care and eventually get them back on the road to being productive citizens- bringing in other agencies. (Municipal stakeholder)***

***The position of Windsor police may deter individuals from being inclined to use site because there has been strong enforcement language. Alternative messaging to give confidence to those that are using that this is a safe place will be needed. (Health services)***

***Drug users will be worried they will be sought out by the police or harassed by others. Staffing and funding will also be an issue. (Other stakeholder)***

***... Police need to be involved but that recognition and sensitivity to the issue and the people who have addictions and choose to use needs to be present. (Health services)***

Several stakeholders recommended the employment of street outreach programs, possibly led by peer workers, to build trust between the SIS and PWID.

***...[There's a need for] Community outreach workers getting people who are using on the streets and alleys to go into an SIS. (Municipal stakeholder)***

***[Uptake] will all depend on how service users are engaged. They have to be engaged to where they are at that moment. If you try to force a service on someone who is not ready [it] will drive that person back... Peer engagement will be important with a genuine interest in person's life and health. (Other stakeholder)***

**“Some sort of balance with the justice and enforcement side and the recognition that this is a struggle that people have, and not always will people magically decide to become abstinent. There are physiological issues, like withdrawal, that may require people to be active users, but they are pursuing active treatment. We don't want people to have repercussions from the police side, while they're being treated.”  
(Health services)**



## Educate and train first responders

One respondent identified the need for a different approach in WEC, one that involves the education and training of first responders, including the police. The buy-in and support for a harm reduction approach from the police is critical.

***We have to rethink idea of criminalizing people, and the public health approach means we have to have first responders not be helpless and not be traumatized in their helplessness. Have had first responders and police officers that do believe they should be equipped with naloxone kits. We need to be looking at how we train; need to be equipped. Takes a change in some of our approaches. We have first responders in our community, policing, paramedics, do understand that we have to invest in that they are willing to train for, but we need everyone to buy in. I'm speaking about first responders from our area. (Municipal stakeholder)***

***Addictions has both a physiological piece and a behavioural piece. It is very complex and needs more sensitivity around it. I'm not sure what the right answer. That's my thought, we need support from the police sector around people that are active users, and that being abstinent is not a goal that will work for everyone. We need collective support around those people who are still using and continue to use, and we won't want them to have to enter into the criminal system if possible. There needs to be some sensitivity. I'm not sure what it looks like. We need to be comprehensive in our approach in the issues of addictions, and how difficult it is to address addictions... (Health services)***

## Provide relevant care to diverse populations

One stakeholder noted the relative overrepresentation of white men in the population of drug users who tend to seek out treatment. This stakeholder pointed to the need to develop services that are sensitive to providing care in a manner that make all feel welcome including women, people of diverse ethnic and cultural backgrounds and immigrants, LGBTQ.

***Clientele that come [today] are mostly white men. We know substance use is occurring in all cultures across all segments and across all genders. If we track information about people who are coming to a SIS, will it be mostly white men. There needs to be some collaboration with women-centred services, LGBTQ services, different cultural services, having interpreters at the site (or translators). Having more diverse populations being consulted and having culturally appropriate service (e.g., we know women use very differently than men do – women are more likely to be second to the needle). (Social services)***

One respondent also expressed a concern with how – and if – the site would provide care for youth and pregnant women. These cases would present ethical complexities that come with

administering drugs to minors and potentially causing harm to children in utero – even for the purpose of mitigating overall harms.

#### **Location of SIS in proximity to users**

Stakeholders were chiefly concerned that the SIS be located close to the areas with the greatest demand for addiction services to ensure that transportation is not a barrier for PWID. Most indicated “downtown” Windsor as the ideal location for SIS, one that is near hospitals or the Health Unit. A significant portion of stakeholders also refrained from recommending a location on the basis that more information (for example on areas with the greatest demand) would be needed to make an informed recommendation. Finally, many stakeholders stipulated that SIS not be located near schools or youth centers. Another noted SIS should be in an isolated area away from residential areas but easily accessible.

***Probably downtown, but I do like the idea of a mobile unit, because it might not always be downtown that is the problem. (Social services)***

***I think personally, in the downtown core. The hospital is down there, because of easy access. If they overdose and you give them naloxone, are they not supposed to go there. I think it would be really cool if there is a mobile site that goes around the city, and people knew such and-such time that it is where they are. That would be phenomenal. I believe that we can have both a permanent site and a mobile site. (Social services)***

***I think it should be near downtown or in downtown. There are backlashes from community members – there is an idea that we are bringing out drug users because of centrally located services, but at the end of the day, the issue is here. We have higher pockets of poverty in and around the downtown and we know people cope with the realities of trauma and poverty by using. (Social services)***

***[The SIS is] Not to be near a youth centre or schools or recovery home. (Other stakeholder)***

***Keep out of residential areas - huge objection. Whether they're operated near hospital or health unit; not in residential area of any kind. An area with a lot of isolation nearby. Difficult to find an ideal place - need to be in the area where your users are. Need to get to your location, isolated from residential and people places and yet availability to get there no problem. (Municipal stakeholder)***

***Needs to be located where people are, and users are. Figuring out a way – balance of putting it out in the open and people know where to go. (Municipal stakeholder)***

Stakeholders who supported the implementation of SIS gave differing accounts of how many SIS should be established. Many suggested one location at the least, in part as a practical response given resource constraints. Another stakeholder suggested areas in the west end and also in Leamington. There was very significant support for the creation of a mobile SIS to augment the capacities of a fixed location.

***Downtown. Want it to be somewhere where people have easy access. Won't travel great distances, needs to be where there is already drug use and already considered a nuisance; site needs to be readily accessible...Start with one; build on that. Hate to start with multiple sites; make it a success and work with the neighbourhood. Start with one. (School Board stakeholder)***

***In an ideal world, we have one downtown, one in the west end (Sandwich and Mill), one small one in Reginald and Ford, and one in the county (start off with Leamington). It is a bit of hike for clients who do come up. They grab supplies in bulk. West end is somewhere to service. (Social services)***

***...Withdrawal management – they have a mobile unit that they can go and support it. That is a very important part, too. Can they be part of the SIS and go there, meeting people where they are at and giving them options. (Social services)***

On the understanding that drug use patterns are highly variable and not limited to any time of day, stakeholders recommended that SIS operate as close to 24/7 as resources would permit. In anticipation that resources may not permit this level of service, stakeholders suggested that the next best option would be to identify times of peak demand and focus operations to these times of day.

### **Implement SIS with a holistic approach that address drivers of addiction**

As described above, stakeholders viewed harm reduction as part of a spectrum of services for those who are addicted to drugs that aims to protect their health in the immediate term while providing them a path to rehabilitation. Accordingly, they suggested that SIS be coupled with everything from treatment and recovery, to health and nutrition, to housing and employment programs. Stakeholders envisioned SIS being integrated with: supervised detox, needle exchange, adulterant screening, emergency medicine, mental health, nutrition, housing, employment, and social assistance programs. Many hoped that a trusting relationship between PWID and frontline workers could smooth the path for referrals into these programs over time.

***An ideal framework- co-located with other like-minded or supportive agencies that could help offset some of those negative behaviours and concerns. Should not be a standalone building. Example, connecting with Mission, would be with people who use substances there, would have to add a whole layer, day program. People are kicked out of Mission at 9am and can't return until 5pm. There is a need for a day program- where people can go and have health professionals and productive***

*activities such as a library. Need for people to go somewhere rather than wandering the streets; place where people are not stigmatized. Multi use type of building (food bank, etc.). (Municipal stakeholder)*

*Organization level: I like the partnership and collaborative piece of SIS. I think there needs to be more work done how harm reduction support workers work alongside nurses and first responders. It is better for the service user because they don't fall through the cracks. Circle of care! (Social services)*

*Have visited site in Vancouver; know that they provide space for people to use illegal drugs, but provide clean needles, safe disposal of used needles, privacy, trained in overdose, people overseeing, clean safe equipment, educational opportunities, counselling accompanying safe injection site. For those who want to get off their drug use; there's a place to do that. I know there is a great resistance to these sites in communities. I know they save lives and without access the rate of overdose and death is greater. (Social services)*

*[SIS should be coupled with] Basic health services; access to counselling services; needle exchange program; emergency medical care; provision of sterile equipment; referrals to other agencies (drug treatment, education on drugs, services; testing and counselling for blood borne diseases and immunizations) navigating healthcare, filling out paperwork. Emotional support and counselling. (School Board Stakeholder)*

*[We] would need pre and post counselling opportunities to refer to appropriate treatment facilities, healthcare facilities, social support facilities, peer lead support groups and social determinants support (e.g., housing, food, employment services). (Other stakeholder)*

SIS must be staffed by medical staff and not primarily by volunteers

One stakeholder cautioned against the running of an SIS primarily by volunteers.

*I've heard a couple of different things. Some are supported by medical staff, nurses. There is another type, which is just volunteers that monitor the SIS. My concern is... I know that people are working there... and my concern is the PTSD support. People are reviving them, some make it and some don't. I'm concerned that if they are volunteers, what kind of services are provided for the volunteers about stress, PTSD, or emotional support for themselves. What do they do if they have 3 people die in the site in one night? You can't control what they inject, you're not providing them with the substance. They don't know. It is a little scary. What if people bring in carfentanil and a person who works there comes into contact with them? You may have all the protocols in the world, but if you're faced with the event, some of the protocols go out of the window. There are a lot of ramifications and repercussions that come out of this. Even if we wanted to save lives, we have to look at what*

***comes out of that. We need a lot of protocols and procedures. It is a tough one to have volunteers. I think people need to be highly trained in order to work the site. Can you have volunteers there – yes but cannot have them solely operate the site. (Social services)***

## ***Communications***

**Engage in ongoing consultation with the public**

Many stakeholders spoke of the importance of continuous public engagement, consultation, and education about drug addiction and harm reduction.

***Community consultation is really important. Sometimes it slows down the process. Communities need to be consulted, there should be community coalitions and groups. Bulk of the work is addressing their fears and happens not in one conversation through several conversations. Sometimes, I worry how community consultation slows down the whole process because we are dealing with how people are dying at the end of the day. The more we wait, the more people are dying. I don't know how to address that. That being said, people changing their mind and accepting the possibility of rethinking things is through conversation, as long as it doesn't slow down everything. (Social services)***

***Roundtable, disseminating information to residents. Anti stigma campaign is good in a broader sense; more than the four neighbourhoods; general public. More contact with general residents in the most impacted areas; service providers look at [the] addict as the number one client. Some residents are experiencing a huge impact due to prevalence of the problem. Those residents need to be part of a conversation as to where an SIS should go. The more residents you have on side the more likely it is to be a success. (Municipal stakeholder)***

***Challenges can be mitigated if we start off with going to District Labour Council, Workers Education Centre where they have specifically engaged people. Tell them this is what we're thinking and they can help you with education. Canadian Labour Council has lines and communication people and ...[they] do a vigil for people who die of overdoses. When the report is released, we have to create that dialogue... Some churches have good female pastors and usually have a social night to talk about things. Talked at United Church regarding issues. (Municipal stakeholder)***

**Education and de-stigmatization around addictions**

A number of stakeholders made mention of the need for an anti-stigma campaign targeted to the general public that would help educate and build compassion. This would involve not only showing the evidence of the efficacy of SIS, i.e. “the stats” but also the stories of addiction and the fact that it can affect anyone including family and friends.



***Education is a big piece with harm reduction; people talking the talk are already dealing with this. Much more education with the general public. Need to build compassion. Even alcoholism, not a stigma anymore; nobody just says let them die. Yet with drug use, people say that all the time. Need to move the bar on education to remove stigma. (Municipal stakeholder)***

***Have a way to show successes of other SISs and data that shows it is working – through media- need to see what they look like. People do not know that there are facilities that are effective and they work. The sites seem to be meeting their mandate; more awareness of successes and positive stories. Media can counter positive stories with the negative and that is what people hear. (School Board)***

***Need to educate public on treatment and what that means (residential vs home based treatment). (Health services)***

***We need to start going beyond stats; putting a face to addiction and people's stories.***

***Preaching to the choir; gotta be on bill boards; on commercials, starting a conference that has nothing about addictions; telling stories (surgeries, addiction, grandma, other trauma).***

***Integrating stories into mainstream - every age and gender and diverse. (Municipal stakeholder)***

One stakeholder noted that the Opioid Strategy should be expanded to include other types of drugs to help in reducing stigma around drug addiction among the general public.

***I believe, beyond Opioid strategy [sic] there should be a poly drug strategy put in place- important because opioid & fentanyl is immediate related to fatalities. Other drugs ranging from crystal meth to synthetic drugs continue to impact community. Opioid strategy is a great start to begin conversations, especially related to drug related harms. (Other stakeholder)***

Buy-in from all community stakeholders is critical

It was very clear from the interviews that there is division among community stakeholders in WEC about how the drug issue can be best addressed. Buy-in from those who do not fully support or those who oppose SIS must be obtained to move forward. Support from political stakeholders would help to legitimize the program and could provide much needed resources.

***Politicians are looking at least amount of controversy if they want expediency; sometimes we need administration and bureaucratic to speak up. And you have to do that. Public service must take the evidence and push this... Convince politicians it is the right thing to do. (Municipal stakeholder interview)***

**Concern in Windsor is the police issue. They are a big part of this. If we don't have them on board... (Health services)**

**Make sure there is a community buy in- key partners' police and mayor, commitment from the city, political leadership from province (MPPs). (Health services)**

**See Windsor Police take a lead on the SIS, instead of saying "I'm against this, I'm against this"... The city to be involved in the education piece, and to be seen in support of it. You cannot go very far without the Windsor Police and City who doesn't support it and will arrest anybody going and doing drugs. (Social services)**

**We have to look at a community response, coordination of services, aligning resources. Get multiple agencies working together to address issue. We are working in isolation; need a coordinated effort. Do it in a timely manner getting these people into treatment centres and programs much quicker- we have wait lists. Try to diminish or eliminate wait lists to get access to services quicker. (Other Stakeholder)**

#### ***Proposed Groups in the Development of the SIS Initiative***

When asked who should be involved in the operation of an SIS in Windsor Essex, stakeholders submitted a long list of potential partners.

**The Health Unit should operate it. We need nurses. Street Health WECHC Community agencies, like the AIDS Committee of Windsor – any agency that works in the areas of community housing (they will give you insight as to whether or not this is accessible for people who do not have resources or the money and access to transportation). A lot of campaigns using internet but there is a huge disparity for those who do not have access. Any social service agency that works in this area (Downtown Mission). I would like everybody involved. The social services agency – a collaborative consultation way rather than be on-site. We should have social services cycling through, not having necessarily a dedicated staff. If people can have opportunity to see what a SIS will look like. PEERS!! Not just peers who have used previously, but peers who currently use. (Social Services)**

Municipal and Provincial Governments

**I think the government is interested in being in on it. Local or provincial is fine. PWUD should be involved in establishing where it is and be asked for input for sure. Possibly staffing if they can help in some fashion. Can one be a volunteer. Medical oversight would be reasonable- I don't know how that's done in other jurisdictions. (Other stakeholder)**

**Partnership between municipal, provincial, MOHLTC, and health care professionals and law enforcement. (Municipal stakeholder)**

Windsor-Essex County Health Unit

***Our public health agency, those experienced in addictions, mental health sector, medical sector, treatment, people from all of these pieces. Someone from social services d/t income insecurity if they don't have basic needs met or basic services. (Municipal stakeholder)***

***The Health Unit – we are doing the opioid strategy. I'd like to see this as part of it. This is what we are looking for. How are we doing this? ...The Health Unit has nursing staff, you just need to get more funding to hire more staff. (Social services stakeholder)***

Windsor Regional Hospital

***Hospitals. This has to be viewed as a health issue; city can't solve on its own. Government needs to provide resources and treatment, under the provincial umbrella. They fund hospitals and treatment and have the most to gain. They overdose and spend 12-14 hours in the hospital before they are released. Could have them in the ED, or have an SIS – staffing in place with nurses; provincial funding for nurses. Use money they are spending now to stop the overdose and try and get treatment. (Municipal stakeholder)***

AIDS Committee of Windsor

***ACW can play a role in community education and peer support. Public health can play a role in community education and support. CHC can play role in biomedical aspects and linkages to community support. (Other stakeholder)***

Canadian Mental Health Association (CMHA)

***Health unit is one partner, mental health addictions (CMHA, or HDGH), clinicians, primary care providers or addiction specialist/expertise and treatment expertise. Should be clinicians. Medical expertise including nurses, NPs, paramedics. (Emergency Services)***

Downtown Windsor Community Collaborative and Glengarry Non-Profit Housing

***There should be a lot of community consultation: DWCC, Glengarry Marentette Initiative – all neighbourhood groups should be utilized to their fullest. They have daily and direct contact with their residents. It should never feel imposed on a neighbourhood or community. Involving the neighbourhood is essential. (Social services)***

Hôtel-Dieu Grace Healthcare

***Heavily rely on medical professionals; collaboration between most if not everyone within the health care sector, especially Hotel Dieu and other community agencies such as health unit, mental health and those treating mental health and addictions. Having people in place with experience and qualifications to deal with specific needs of those with addictions. (Municipal stakeholder)***

## Section 4. Survey among People who Inject Drugs (PWID)

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### Objectives and Methodology

The WECHU conducted a survey among PWID. To assist with the administration of the survey for PWID, the WECHU recruited and trained two peer workers.

Participants were recruited through word-of-mouth and by convenience sampling. Media outlets, social media, and the WECHU website were used to inform potential participants of the study. Recruitment materials were also shared with WECOSS-LC members and other organizations and agencies to disseminate to their contacts and clients. In some cases, participants contacted the Principal Investigators by phone to arrange an interview. In addition, community organizations, including housing and health service organizations, known to service this population, were asked to host the research team for the recruitment of participants onsite.

The participants met the following inclusion criteria:

- Aged 16 years or older;
- Self-reported current injection drug use, defined as an individual who has injected drugs in the past 6 months;
- Live, work or go to school in Windsor;
- Understand English; and
- Be capable of understanding the information provided regarding the survey and to provide informed consent.

The purpose of the 30 to 60-minute survey was to examine acceptability of SIS in Windsor from the perspective of people who inject drugs, explore potential clients' willingness to use such services, in addition to identifying preferences and potential barriers to running such programs. Participants were provided with a \$15 cash honorarium for their time.

The survey was conducted February 14, 2019 to April 26, 2019. A total of n=99 completed the survey.

### *Notes to Reader*

Participants may have potentially been clients of the WECHU and may have known the peer researchers outside of the study. Participants were able to complete the survey with peer researchers or another member of the project team.

Due to small sample sizes, statistical significance testing was not applied across subgroups. Cells that are highlighted indicate qualitative differences.



Throughout the report, totals may not add to 100% due to rounding, or because the question is a multi-select question where respondents were permitted to choose or provide more than one response.

## **Key Highlights**

The survey explored potential clients' willingness to use SIS and their preferences for the design, location, and services offered by SIS.

### ***Consider using SIS***

Eight in 10 people who inject drugs (PWID) said they were aware of SIS. When asked if they would consider using SIS, the majority said "yes" (71%) or "maybe" (7%). Many saw benefits to SIS including the ability to obtain clean, sterile needles, to prevent and treat overdoses, and to have access to indoor facilities and medical professionals. Those who said they would not consider using SIS primarily wished for privacy.

Two-thirds of PWID surveyed would be willing to use SIS if it was part of a community health centre, hospital, family doctor's clinic, walk-in clinic, or social service agency. Almost half preferred to use it during the day between 8 am and 4 pm; a further 3 in 10 said they would prefer between 4 pm to midnight; a small proportion (10%) said they would prefer accessing a SIS between midnight and 8 am.

In terms of the services that SIS could provide, PWID selected those that would address their most immediate needs including: needle distribution, prevention/response to overdose, injection equipment distribution, HIV & Hepatitis C testing, access to washrooms, access to health services, and nursing staff for medical care and supervised injecting, harm reduction education, referrals to drug treatments, withdrawal management, drug testing, and a chill out room after injecting. Counselling services were also considered an important function of SIS, particularly among women.

### ***Drug Use***

Seven in 10 of the PWID interviewed said they had injected drugs in the past 30 days. Three in 10 reported doing so daily. Many (two-thirds) said they are injecting in public or semi-public areas, primarily because they are homeless, there is no safe location where they buy drugs, or because it is simply convenient.

Crystal meth is by far the most widely and frequently injected drug among users: 76% of respondents have injected crystal meth, and over four in 10 (44%) did so daily or more than once per week. Other commonly injected drugs include morphine, hydros, heroin, cocaine, fentanyl, and speedballs.

Many (7 in 10) respondents said they had injected drugs alone. Of those who said they injected alone, almost all had done so in the past six months.

Half of respondents reported having overdosed accidentally, and half of those who have ever overdosed had done so in the past six months (a total of 25 people of the 99 interviewed). The proportion of those who reported that they have ever injected alone is higher among those who have experienced accidental overdoses (88% vs. 58% of those who have not overdosed).

Fentanyl is the riskiest drug: two-thirds of those who have ever overdosed accidentally reported that their last overdose occurred while using fentanyl.

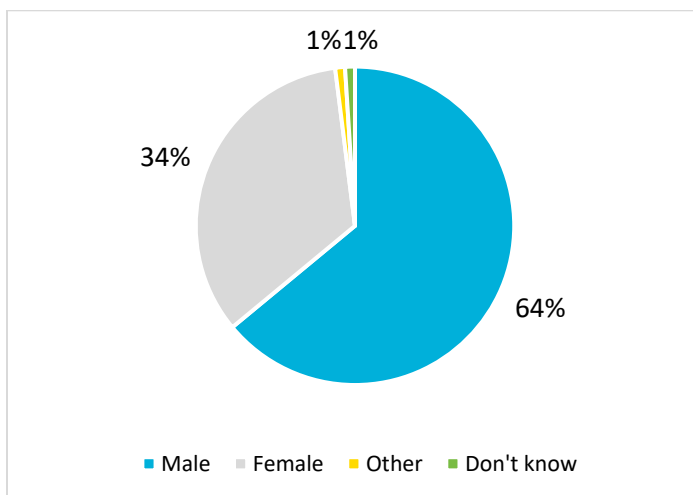
## Detailed Findings

### Profile of Respondents

#### Gender

Two-thirds (64%) of respondents were men, one-third (34%) were women (Figure 2).

**Figure 2.** Sex at birth.



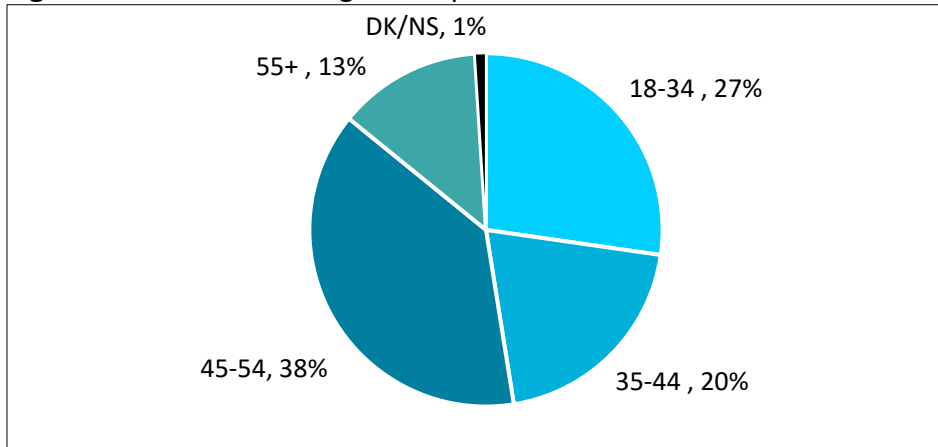
<sup>Q6</sup> What sex were you assigned at birth (e.g., on your birth certificate)? Base: n=99 (All respondents).

#### Age

Respondents who participated in the interviews crossed all age groups and included: 27% 18-34 year olds, 20% 35-54 year olds, 38% 45-54 year olds, and 13% 55 years and older (Figure 3). Women skewed slightly younger (35% were 35-44 years old vs. 13% of men) (Table 13).

**Note:** There were few respondents 55+ years old who completed the survey (n=13); age group comparisons are only made throughout the report where there was a meaningful pattern.

**Figure 3.** Distribution of age of respondents.



<sup>Q5</sup> In which year were you born? Base: n=99 (All respondents).

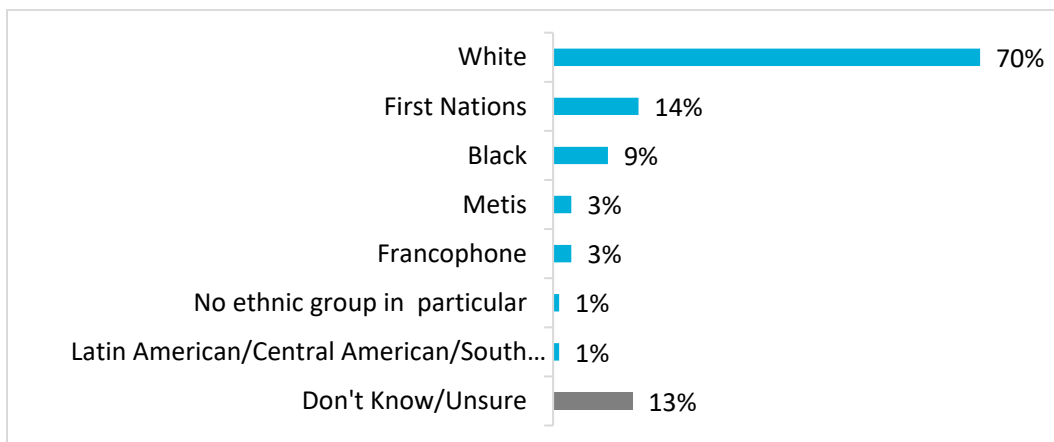
**Table 13.** Age, by gender.

	TOTAL	GENDER	
		MEN	WOMEN
<b>Base: All Respondents answering</b>	<b>n=99</b>	<b>n=63</b>	<b>n=34</b>
<b>18-34</b>	<b>27%</b>	27%	26%
<b>35-44</b>	<b>20%</b>	13%	35%
<b>45-54</b>	<b>38%</b>	44%	29%
<b>55+</b>	<b>13%</b>	16%	9%
<b>DK/NS</b>	<b>1%</b>	-	-

### Racial, ethnic, cultural identity

Seventy percent of respondents (70%) identified as white; 14% identified as First Nations; 9% identified as Black (Figure 4).

**Figure 4.** Racial, ethnic, cultural identity.

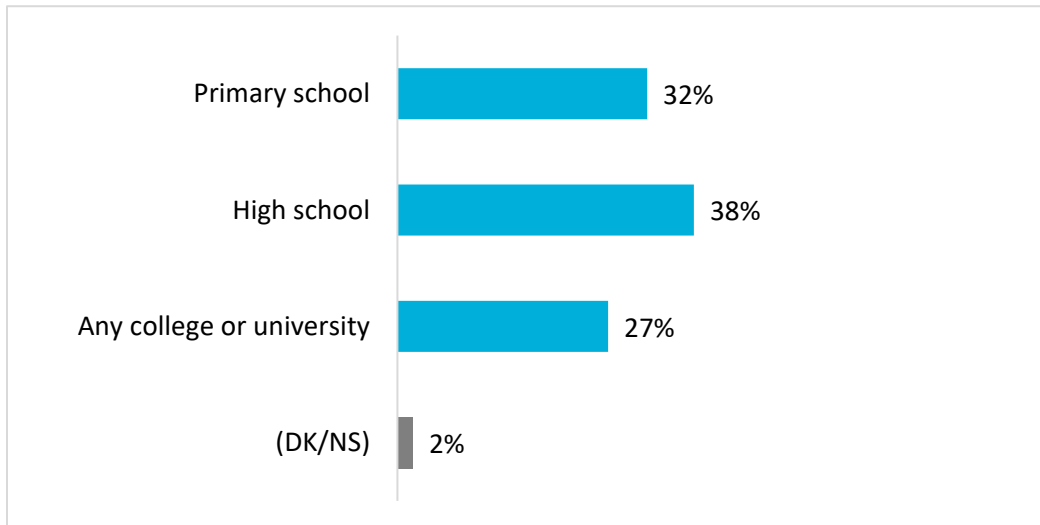


<sup>Q8</sup> To which race, ethnic or cultural group do you feel you belong? Base: n=99 (All respondents).

## Education

One-third (32%) of respondents completed primary school; 4 in 10 (38%) completed high school, while a quarter (27%) had at least some post-secondary education (Figure 5).

**Figure 5.** Level of education.



Q11 What is the highest level of education that you have COMPLETED? Base: n=99 (All respondents).

## Places Lived in Last 6 Months

The majority of respondents lived in precarious housing. Six in 10 respondents (57%) had lived in a shelter or welfare residence in the last six months (Table 14). Half (47%) said they had lived on the street, while four in 10 (37%) said they had no fixed address at one time during the past six months. About three in 10 said they had lived on their own/partner's (28%) or at a friend's/relative's residence (24%). Respondents listed a number of other locations including a place where people gather to use drugs (crack house) (13%), hotel/motel room rented on daily/weekly basis (13%), rooming or boarding house (12%), and a prison/jail/detention centre (10%), among others.

Both men and women reported living in many different places. However, more men said they had lived on the streets (52%), in rooming/boarding houses (16%), and in prison/jail/detention centre (13%). More women said they had no fixed address (47%) or had lived in a place where people gather to use drugs (crack house) (21%).

**Table 14.** Places where respondents have lived over past 6 months (multiple response).

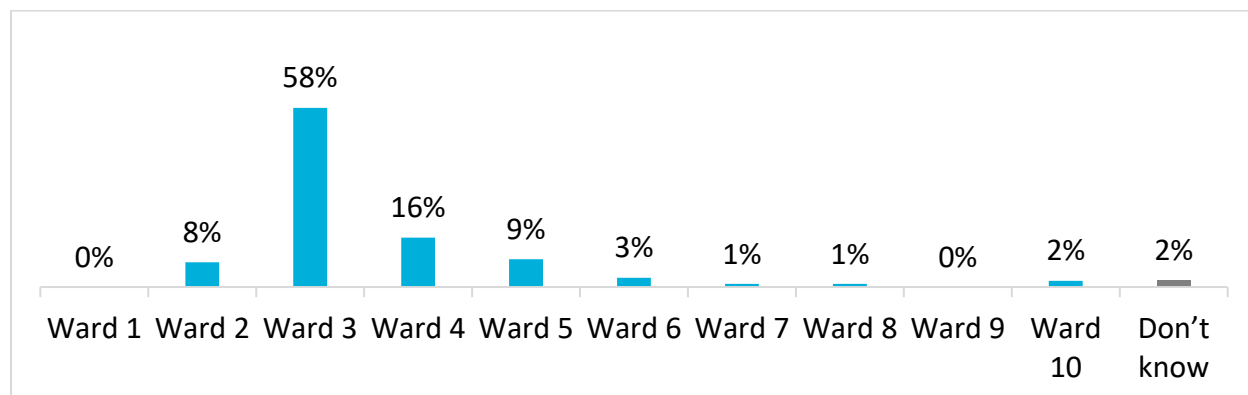
	TOTAL	MEN	WOMEN
<b>Base: All respondents</b>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
<b>Shelter or welfare residence</b>	<b>57%</b>	57%	56%
<b>On the street (abandoned buildings, cars, parks)</b>	<b>47%</b>	52%	41%
<b>No fixed address (couch surfing, here and there)</b>	<b>37%</b>	33%	47%
<b>House or apartment, my own or partner's</b>	<b>28%</b>	27%	32%
<b>House or apartment, someone else's (relative or friend)</b>	<b>24%</b>	25%	24%
<b>A place where people gather to use drugs (crack house)</b>	<b>13%</b>	10%	21%
<b>Hotel/motel room rented on daily/weekly basis</b>	<b>13%</b>	14%	12%
<b>Rooming or boarding house</b>	<b>12%</b>	16%	6%
<b>Prison/jail/detention centre</b>	<b>10%</b>	13%	6%
<b>Hospital</b>	<b>6%</b>	5%	9%
<b>Rehab</b>	<b>4%</b>	2%	9%
<b>With my parents</b>	<b>2%</b>	-	6%
<b>Transitional housing</b>	<b>1%</b>	2%	-
<b>Refused</b>	<b>1%</b>	-	3%
<b>(DK/NS)</b>	<b>1%</b>	-	-

<sup>Q10</sup> Please list all places that you have lived in the last SIX MONTHS.

### Location of residence

Many of the respondents reported living in Ward 3 (58%) followed by Ward 4 (16%), Ward 5 (9%), and Ward 2 (8%); very few reported living in other wards across Windsor (Figure 6).

**Figure 6.** Location of residence.



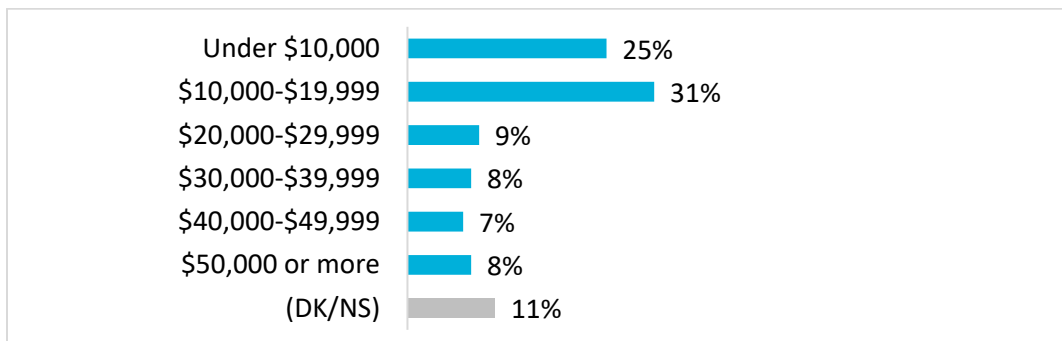
<sup>Q9</sup> In which ward do you usually live? Base: n=99 (All respondents).

### Income and Sources of Income

Over half of respondents earned less than \$20,000: 25% earned less than \$10,000, and 31% earned between \$10,000 and \$19,999 (Figure 7). Another 24% earned between \$20,000 to less than \$50,000. Only 8% earned \$50,000 or more.



**Figure 7.** Income in past year.



<sup>Q12</sup> About how much money did you get (formally and informally) altogether from all sources LAST YEAR? Base=99 (All Respondents).

Respondents reported a number of sources and various ways of earning income in the past six months (Table 15). More than three-quarters of respondents (78%) relied on social assistance (Ontario Works and Ontario Disability Support Program) as their primary source of income in the past 6 months. Women were much more likely to have reported Ontario Works as their primary source of income (53% women vs. 27% men). Twenty-two percent said they sold drugs (27% men vs. 12% women) and 13% reported stealing; 9% reported sex work (2% men vs. 21% women), and 7% earned money from recycling. Only 10% reported a regular job.

**Table 15.** Income Source (multiple response).

	TOTAL	MEN	WOMEN
<i>Base: All Respondents answering</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
<b>NET: ODSP and OW</b>	<b>78%</b>	<b>70%</b>	<b>94%</b>
<b>Ontario Disability Support Program (ODSP)</b>	<b>42%</b>	<b>43%</b>	<b>41%</b>
<b>OW (Ontario Works)</b>	<b>35%</b>	<b>27%</b>	<b>53%</b>
<b>Selling drugs</b>	<b>22%</b>	<b>27%</b>	<b>12%</b>
<b>Theft, robbing or stealing</b>	<b>13%</b>	<b>14%</b>	<b>12%</b>
<b>Regular job</b>	<b>10%</b>	<b>14%</b>	<b>3%</b>
<b>Sex for money</b>	<b>9%</b>	<b>2%</b>	<b>21%</b>
<b>Recycling (binning, buy/sell)</b>	<b>7%</b>	<b>8%</b>	<b>6%</b>
<b>Parent, friend, relative, partner</b>	<b>6%</b>	<b>5%</b>	<b>9%</b>
<b>Temporary work</b>	<b>5%</b>	<b>8%</b>	<b>-</b>
<b>CPP (Canadian Pension Plan)</b>	<b>5%</b>	<b>8%</b>	<b>-</b>
<b>Selling cigarettes/tobacco</b>	<b>5%</b>	<b>5%</b>	<b>6%</b>
<b>Other criminal activity</b>	<b>5%</b>	<b>6%</b>	<b>3%</b>
<b>Panhandling</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>
<b>Self-employed</b>	<b>2%</b>	<b>-</b>	<b>6%</b>
<b>Refused</b>	<b>2%</b>	<b>2%</b>	<b>3%</b>
<b>EI (Employment Insurance)</b>	<b>1%</b>	<b>2%</b>	<b>-</b>
<b>(DK/NS)</b>	<b>5%</b>	<b>6%</b>	<b>-</b>

Q13 Over the LAST 6 MONTHS, what were your sources of income?

One-third of respondents (32%) reported receiving drugs, gifts, shelter, or money in exchange for sex: 23% said they received money; 20% received drugs; 13% received gifts; 12% received shelter; and 11% received food in exchange for sex (Table 16). More women reported to have received items in exchange for sex compared to men (53% vs. 19%).

**Table 16.** Exchange for Sex (read list, multiple response).

	TOTAL	MEN	WOMEN
<i>Base: All Respondents answering</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
<b>NET: Received something in exchange for sex</b>	<b>32%</b>	<b>19%</b>	<b>53%</b>
<b>Money</b>	23%	11%	44%
<b>Drugs</b>	20%	11%	38%
<b>Gifts</b>	13%	8%	24%
<b>Shelter</b>	12%	6%	24%
<b>Food</b>	11%	8%	18%
<b>I have not exchanged any items for sex in the past 6 months</b>	<b>68%</b>	<b>81%</b>	<b>47%</b>

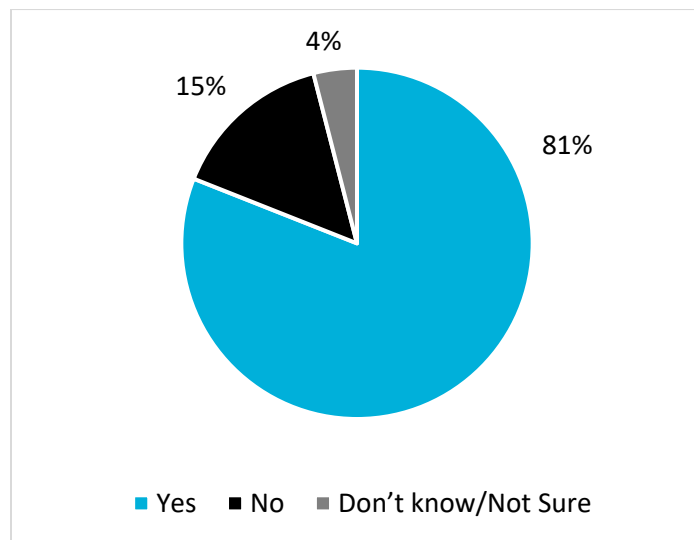
Q14 In the PAST SIX MONTHS, have you received any of the following for sex.

## Awareness and Consideration of Using Supervised Injection Sites (SIS)

### Awareness of SIS

Eight in 10 (81%) respondents said they were aware of SIS (Figure 8).

**Figure 8.** Awareness of SIS.

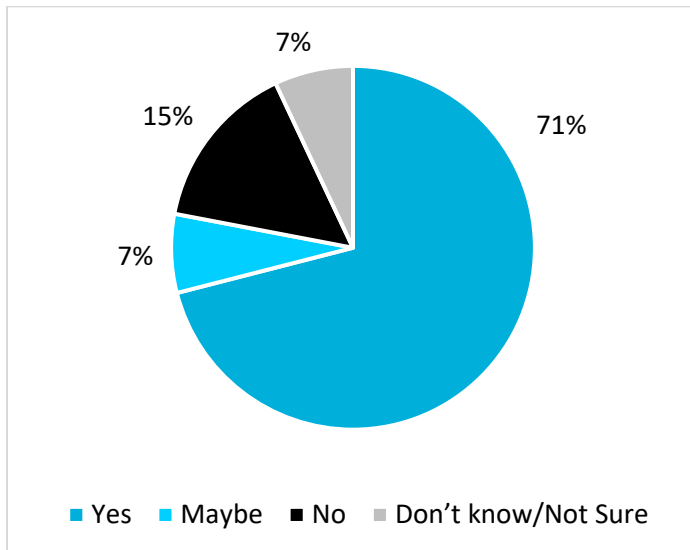


Q29 Have you heard of supervised injection services (SISs)? Base: n=99 (All respondents).

### Consideration of Using SIS and Reasons for Using or Not Using SIS

Nearly eight in 10 (78%) respondents said they would consider using SIS (“yes” or “maybe”) (Figure 9).

**Figure 9.** Consideration to use SIS.



<sup>Q30</sup> If supervised injection services were available in Windsor, would you consider using these services? Base: n=99 (All respondents).

Eight in 10 men (83%) and 7 in 10 women (71%) said they would consider using SIS (Table 17). Overall, consideration of using SIS did not vary much across age groups.

**Table 17.** Consideration to use SIS by gender and age.

	TOTAL	GENDER		AGE		
		MEN	WOMEN	18-34	35-54	55+
<b>Base: All Respondents</b>	n=99	n=63	n=34	n=27	n=58	n=13
<b>NET: Yes + Maybe</b>	<b>79%</b>	83%	71%	85%	76%	77%
<b>Yes</b>	<b>71%</b>	78%	62%	70%	72%	69%
<b>Maybe</b>	<b>7%</b>	5%	9%	15%	3%	8%
<b>No</b>	<b>15%</b>	14%	18%	7%	19%	15%
<b>(DK/NS)</b>	<b>7%</b>	3%	12%	7%	5%	8%

<sup>Q30</sup> If supervised injection services were available in Windsor, would you consider using these services? Base: n=99 (All respondents).

### Reasons for Using or Not Using SIS

The primary stated reason for using SIS is access to clean sterile injection equipment (51%) (Table 18). Other reasons included the prevention of overdoses (42%) as well as treatment for overdose (36%). A third are motivated by being able to inject indoors instead of in public (35%),

being able to see health professionals (30%) and to inject responsibly (30%). Two in 10 said that SIS would be a safe place away from crime (22%) and from police oversight (17%). Fewer said SIS would provide referrals to other services for detox or treatment (14%).

**Table 18.** Reasons for using SIS.

	<b>TOTAL</b>
<b>Base: Yes or Maybe to consider using these services</b>	<i>n=77</i>
<b>I would be able to get clean sterile injection equipment</b>	51%
<b>Overdoses can be prevented</b>	42%
<b>Overdoses can be treated</b>	36%
<b>I would be able to inject in indoors and not in a public space</b>	35%
<b>I would be able to see health professionals</b>	30%
<b>I would be injecting responsibly</b>	30%
<b>I would be safe from crime</b>	22%
<b>I would be safe from being seen by the police</b>	17%
<b>I would be able to get a referral for services such as detoxification or treatment</b>	14%
<b>All</b>	6%
<b>Refused</b>	-
<b>(DK/NS)</b>	6%

<sup>Q31</sup> (If YES or MAYBE) For what reasons would you use supervised injection services?

The primary reason for not wanting to use SIS is privacy (Table 19): of the 22 respondents who said they would not use SIS, one-quarter (23%) said it was because they did not want to be seen, 9% said they did not want others to know they are a drug user, and 5% said they were afraid their name would not remain confidential.

**Table 19.** Reasons for not using SIS.

	<b>TOTAL</b>
<b>Base: Maybe or No to consider using these services</b>	<i>n=22 (very small base)</i>
<b>I do not want to be seen</b>	23%
<b>I do not want people to know I am a drug user</b>	9%
<b>I am afraid my name will not remain confidential</b>	5%
<b>I would rather inject with my friends</b>	5%
<b>I always inject alone</b>	5%
<b>I feel it would not be convenient</b>	5%
<b>I fear being caught with drugs by police</b>	5%
<b>I'm concerned about the possibility of police around the service</b>	5%
<b>All</b>	-
<b>I don't know enough about SIS</b>	5%
<b>Refused</b>	-
<b>(DK/NS)</b>	55%

Q32 (If MAYBE or NO) For what reasons would you NOT use supervised injection services?

### Frequency of Using SIS and Distance Willing to Walk to Use SIS

If SIS were established in a convenient location in Windsor, almost half (46%) of respondents said they would always (31%) or usually (15%) use it to inject, while almost a quarter (23%) would use it sometimes (i.e., between a quarter to three-quarters of the time) (Table 20). Fourteen percent said they would only use SIS occasionally, while 7% said they would never use it.

**Table 20.** Frequency of Potentially Using SIS to Inject.

	<b>TOTAL</b>
<b>Base: All Respondents</b>	<i>n</i> =99
<b>Always (100% of the time)</b>	31%
<b>Usually (over 75% of the time)</b>	15%
<b>Sometimes (26-74% of the time)</b>	23%
<b>Occasionally (&lt;25% of the time)</b>	14%
<b>Never</b>	7%
<b>(DK/NS)</b>	9%

Q39 If SIS was established in a location convenient to you in Windsor, how often would you use it to inject?

A majority (86%) of respondents said they are willing to walk to SIS; of these, 75% said they would be willing to walk at least 20 minutes or more in the summer and 48% said they would be willing to walk at least 20 minutes or more in the winter (Table 21 & Table 22). A core group of 3 in 10 would walk 40 minutes or more both in the summer (28%) or winter (27%).

**Table 21.** Willingness to walk to SIS.

	<b>TOTAL</b>
<b>Base: All Respondents</b>	<i>n</i> =99
<b>Yes</b>	86%
<b>No</b>	6%
<b>(DK/NS)</b>	8%

Q36 Are you willing to walk to SIS?

**Table 22.** Length of time willing to walk to SIS in summer and in winter.

<b>SUMMER</b>	<b>TOTAL</b>	<b>WINTER</b>	<b>TOTAL</b>
<b>Base: Willing to walk in summer</b>	<i>n</i> =85	<b>Base: Willing to walk in winter</b>	<i>n</i> =85
<b>5 minutes</b>	6%	<b>5 minutes</b>	13%
<b>10 minutes</b>	18%	<b>10 minutes</b>	35%
<b>NET: 20 minutes or more</b>	75%	<b>NET: 20 minutes or more</b>	48%
<b>20 minutes</b>	35%	<b>20 minutes</b>	15%
<b>30 minutes</b>	12%	<b>30 minutes</b>	6%
<b>40 minutes or more</b>	28%	<b>40 minutes or more</b>	27%

SUMMER (DK/NS)	TOTAL 1%	WINTER (DK/NS)	TOTAL 4%
-------------------	-------------	-------------------	-------------

Q37\_1 [In summer?] How long would you be willing to walk to use SIS in the SUMMER/WINTER?

Q37\_2 [In winter?] How long would you be willing to walk to use SIS in the SUMMER/WINTER?

## Preference and Needs for SIS

### *Preferred Time to Use and Set-up*

Almost half (45%) of respondents said they would prefer to use SIS during the daytime between 8am and 4pm, while nearly a third (30%) would prefer to use it during the late afternoon or evening between 4pm and midnight (Table 23). One in 10 (10%) respondents said they would prefer to use it overnight from midnight to 8 am.

**Table 23.** Preferred time of day to use SIS.

	TOTAL
<b>Base: All Respondents</b>	<i>n=99</i>
<b>Daytime (8 am – 4 pm)</b>	45%
<b>Evening (4 pm – midnight)</b>	30%
<b>Overnight (midnight – 8 am)</b>	10%
<b>(DK/NS)</b>	14%

Q40 What time of the day would be your FIRST CHOICE to use SIS?

More than half of respondents (53%) said they would prefer private cubicles as the set up for injecting spaces at SIS (Table 24). Only 16% said they would prefer an open plan, either with tables and chairs (13%) or with benches at one large table or counter (3%). Nearly a quarter said they would prefer a combination (23%) of all three arrangements.

**Table 24.** Preferred set-up of SIS injecting spaces.

	TOTAL
<b>Base: All Respondents</b>	<i>n=99</i>
<b>Private cubicles</b>	53%
<b>NET: An open plan</b>	16%
<b>An open plan with benches at one large table or counter</b>	3%
<b>An open plan with tables and chairs</b>	13%
<b>Combination of the above</b>	23%
<b>(DK/NS)</b>	8%

Q41 What would be the best set-up for injection spaces for SIS?

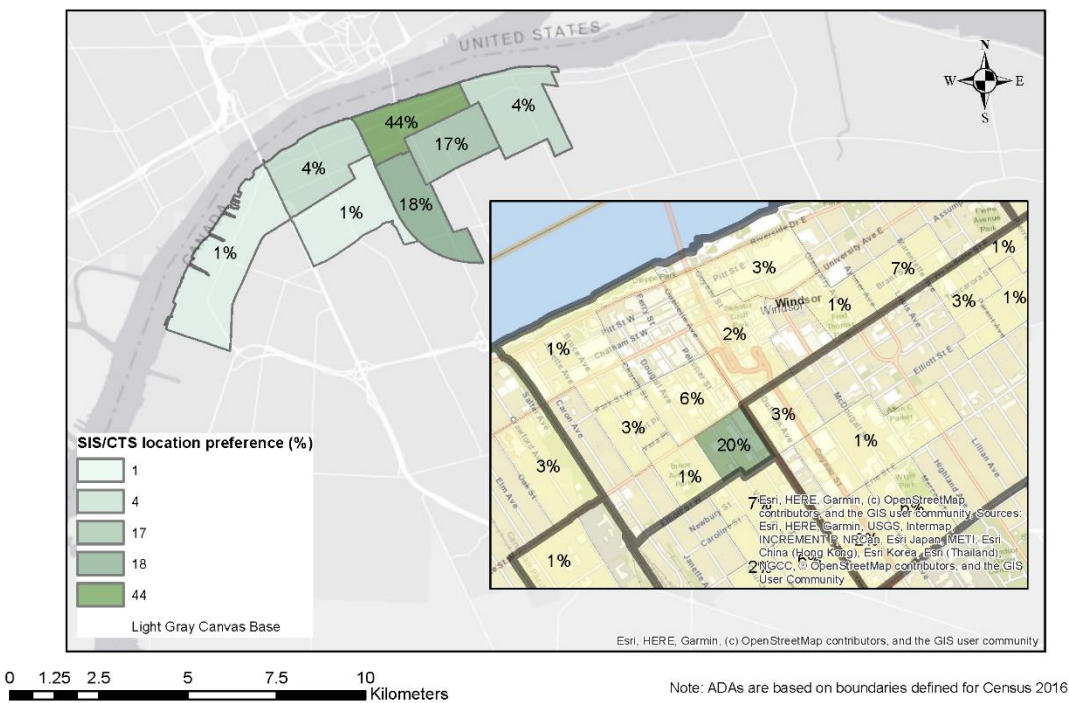


### Preferred Location of SIS Geographically

The following map displays the preferred location for the future SIS. The primary area identified by survey participants was the City of Windsor's downtown core (44%); in particular, the southwest part of the Ouellette Ave. and Wyandotte St. E intersection was the preferred site for 20% of participants. (Figure 10).

**Figure 10.** Preferred Area of SIS.

Preferred location of Supervised Injection Site & Consumption Treatment Site (SIS/CTS) based on People Who Inject Drugs (PWID) survey, WECHU 2019 by aggregate dissemination area (ADA)

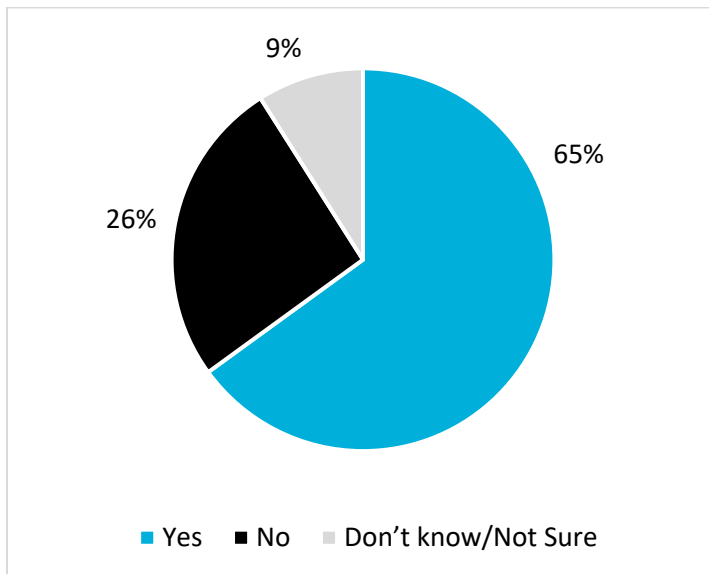


Q38 Using the below map, where would be your FIRST CHOICE for seeing SIS? (Enter the 3-digit DA identifier on the map provided).

### ***Co-location with Other Services***

Two-thirds (65%) of respondents said they would be willing to use SIS if it was a part of a community health centre, hospital, family doctor's clinic, walk-in clinic, or social service agency (Figure 11).

**Figure 11.** Willingness to use SIS if located in health centre/clinic or social service agency.



<sup>Q35</sup> Would you use SIS if it was located in a community health centre, hospital, family doctor's clinic, walk-in clinic, or social service agency? Base: n=99 (All respondents)

### ***Rating of Importance of Different Types of Services that Could be Offered in SIS***

Support was given by the vast majority of respondents to SIS services that helped to minimize the harm of injection, as well as to those services that would make possible treatment and safer withdrawal from drug use (Table 26). These included needle distribution (91%), preventing/responding to overdose (91%), injection equipment distribution (89%), HIV & Hep C testing (89%), washrooms (89%), access to health services (88%), and nursing staff for medical care and supervised injecting (85%). Roughly seven to eight in 10 found harm reduction education (83%) and referrals to drug treatments (82%), withdrawal management (75%), drug testing (74%), and a chill out room after injecting (72%) to be important services.

Counselling services were considered lower in relative importance: drug counsellors (67%); assistance with housing, employment, and basic skills (64%); peer support (63%); social workers (59%); and Aboriginal counsellors (58%). Only 4 in 10 (39%) thought that women-oriented services would be important (39%; but higher among women – 47%). In general, more women than men seemed to place importance on counselling.

**Table 26.** Importance of SIS services

	TOTAL % VERY + MODERATELY IMPORTANT	MEN	WOMEN
<i>Base: All Respondents</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
<b>Needle distribution</b>	<b>91%</b>	92%	91%
<b>Preventing or responding to overdose</b>	<b>91%</b>	94%	88%
<b>Injection equipment distribution</b>	<b>89%</b>	89%	91%
<b>HIV and hepatitis C testing</b>	<b>89%</b>	87%	94%
<b>Washrooms</b>	<b>89%</b>	87%	94%
<b>Access to health services</b>	<b>88%</b>	86%	94%
<b>Nursing staff for medical care and supervised injecting teaching</b>	<b>85%</b>	84%	88%
<b>Harm reduction education</b>	<b>83%</b>	79%	91%
<b>Referrals to drug treatment, rehab, and other services when you're ready to use them</b>	<b>82%</b>	84%	79%
<b>Withdrawal management</b>	<b>75%</b>	73%	82%
<b>Drug testing</b>	<b>74%</b>	76%	74%
<b>A 'chill out' room to go after injecting, before leaving the SIS</b>	<b>72%</b>	76%	65%
<b>Showers</b>	<b>70%</b>	67%	76%
<b>Food (including take away)</b>	<b>68%</b>	65%	76%
<b>Access to an opiate (methadone or buprenorphine) prescribed by a health professional</b>	<b>68%</b>	65%	76%
<b>Drug counsellors</b>	<b>67%</b>	59%	82%
<b>Assistance with housing, employment and basic skills</b>	<b>64%</b>	65%	65%
<b>Peer support from other injection drug user</b>	<b>63%</b>	62%	65%
<b>Social workers or counsellors</b>	<b>59%</b>	51%	76%
<b>Aboriginal counsellors</b>	<b>58%</b>	52%	71%
<b>Special time for women or a women's only SIS</b>	<b>39%</b>	37%	47%
<b>Other, please specify</b>	<b>11%</b>	10%	12%

Q34\_top2 [Top2Box Summary] I'm going to read out a number of services. I will ask you if they are very important, important, moderately important, slightly important, or not that important to you.

### ***Acceptability of Proposed SIS policies***

Nearly nine in 10 (87%) respondents said they would find it acceptable if SIS had injections supervised by trained staff members who can respond to overdoses (Table 27). Nearly three-quarters (72%) said it would be acceptable if they had to wait 10-15 minutes after injecting so that their health could be monitored. Nearly two-thirds said it would be acceptable to be

required to show their client number (65%) or be subjected to a 30-minute time limit for injections (63%).

Barriers to using SIS increase with other proposed policies. Only half say it would be acceptable if they were not allowed to share drugs (52%), or not allowed to assist each other with injections (49%) or in the preparation of injections (47%). Even fewer found it acceptable to have surveillance cameras on site even to protect users (46%), to not be allowed to smoke crack/crystal meth (44%), to register each time (42%), and least of all to be required to show government ID (20%), or to have to live in the neighborhood (17%).

**Table 27.** Acceptability Of SIS policies.

	<b>TOTAL % VERY ACCEPTABLE + ACCEPTABLE</b>
<b>Base: All Respondents</b>	<i>n=99</i>
<b>Injections are supervised by a trained staff member who can respond to overdoses</b>	87%
<b>Have to hang around for 10-15 minutes after injecting so health can be monitored</b>	72%
<b>Required to show client number</b>	65%
<b>30-minute time limit for injections</b>	63%
<b>May have to sit and wait until space is available for you to inject</b>	59%
<b>Not allowed to share drugs</b>	52%
<b>Not allowed to assist each other with injections</b>	49%
<b>Not allowed to assist in the preparation of injections</b>	47%
<b>Video surveillance cameras on site to protect users</b>	46%
<b>Not allowed to smoke crack/crystal meth</b>	44%
<b>Have to register each time you use it</b>	42%
<b>Required to show government ID</b>	20%
<b>Have to live in neighbourhood</b>	17%

Q33\_top2 [Top2Box Summary] For each of the next statements, please let me know if these POLICIES would be very acceptable, acceptable, neutral, unacceptable or very unacceptable to you.

## Respondents' Drug Use

### Age When First Injected Drugs

Almost half (46%) of respondents were between the ages of 18 and 30 when they first injected drugs; three in 10 (30%) were over the age of 31 (Table 28). Two in 10 (19%) were younger than 18 years old when they first injected drugs. A greater proportion of men were younger (under 18 years old) when they first tried injected drugs (24% men vs. 12% women), while a greater proportion of women (35% women vs. 29% men) were older at the time of their first drug injection (31 years or older).

**Table 28.** Age at first drug injection, by gender.

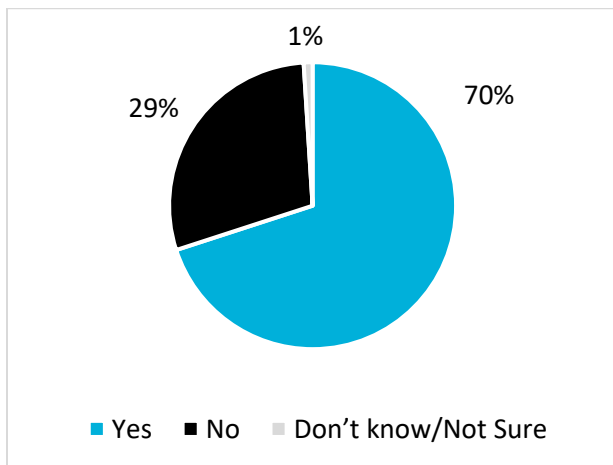
	TOTAL	GENDER	
		MEN	WOMEN
<b>Base: All Respondents answering</b>	<i>n</i> =99	<i>n</i> =63	<i>n</i> =34
<b>Age collapsed into categories:</b>			
<b>Under 18</b>	19%	24%	12%
<b>18-30</b>	46%	46%	47%
<b>31+</b>	30%	29%	35%
<b>(DK/NS)</b>	4%	2%	6%
<b>Mean age</b>	27.5	26.9	28.8

<sup>Q15</sup> How old were you the first time you injected drugs (shot up/fixated) or were injected by someone else?

### Injected Drugs in Past 30 Days

Seven in 10 (70%) respondents reported injecting drugs in the past 30 days (Figure 12). Six in 10 (59%) women injected drugs in the last 30 days compared to 8 in 10 (78%) men (Table 29). Eight in 10 (79%) of those 35-54 injected drugs in the past 30 days compared to 67% of those 18-34 and 38% of those 55+ years.

**Figure 12.** Injected drugs past 30 days.



Q<sup>4</sup> Have you injected drugs in LAST 30 DAYS?

**Table 29.** Injected drugs in last 30 days, by gender.

	TOTAL	GENDER		AGE		
		MEN	WOMEN	18-34	35-54	55+
<b>Base: All Respondents answering</b>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>	<i>n=27</i>	<i>n=58</i>	<i>n=13</i>
<b>Yes</b>	<b>70%</b>	78%	59%	67%	79%	38%
<b>No</b>	<b>29%</b>	22%	41%	33%	21%	62%
<b>(DK/NS)</b>	<b>1%</b>	-	-			

Q<sup>4</sup> Have you injected drugs in LAST 30 DAYS?

***Frequency of Injecting Drugs in Last Month, in Last 6 Months, and on a Typical Day Injecting***

Three in 10 respondents said they had injected drugs daily in the last month (Table 30). Nearly two in 10 said they had injected drugs once a week or more than once a week (3%, 16%). Seventeen percent said they injected about 1 to 3 times, while 4% said less than once a month. One quarter (23%) said they had not injected in the past month.

Forty percent of men said they injected daily, while only 15% of women said the same. Additionally, 44% of those who had ever overdosed by accident said they had injected daily.

**Table 30.** Frequency of injection drugs, last month, by gender and ever overdosed.

	TOTAL	GENDER		EVER OVERDOSED BY ACCIDENT	
		MEN	WOMEN	YES	NO
<b>Base: All Respondents answering</b>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>	<i>n=50</i>	<i>n=43</i>
<b>Less than once a month</b>	4%	2%	9%	2%	5%
<b>1-3 times a month</b>	17%	21%	12%	8%	30%
<b>Once a week</b>	3%	2%	6%	4%	2%
<b>More than once a week</b>	16%	13%	24%	20%	12%
<b>Daily</b>	30%	<b>40%</b>	<b>15%</b>	<b>44%</b>	<b>14%</b>
<b>Never</b>	23%	19%	29%	18%	33%
<b>(DK/NS)</b>	6%	5%	6%	4%	5%

Q<sup>17</sup> How often did you inject in the LAST MONTH?

Exhibiting similar trends to behaviour over the past month, a third of respondents had injected daily in the past 6 months (36%), while a quarter said they had injected drugs once a week or more than once a week (3%, 20%) (Table 31). Nineteen percent said they injected about 1 to 3 times a month, while 16% said less than once a month.



A greater proportion of men (46% vs. 21% women) and a greater proportion of those who had ever overdosed (54% vs 19% never overdosed) said they had injected daily in the past six months.

**Table 31.** Frequency of injection drugs, last six months, by gender and ever overdosed.

	GENDER			EVER OVERDOSED BY ACCIDENT	
	TOTAL	MEN	WOMEN	YES	NO
<b>Base: All Respondents answering</b>	99	63	34	50	43
<b>Less than once a month</b>	16%	17%	12%	6%	28%
<b>1-3 times a month</b>	19%	16%	26%	10%	33%
<b>Once a week</b>	3%	-	9%	4%	2%
<b>More than once a week</b>	20%	19%	24%	26%	14%
<b>Daily</b>	36%	46%	21%	54%	19%
<b>(DK/NS)</b>	5%	2%	9%	-	5%

<sup>Q16</sup> In the LAST 6 MONTHS, how often did you inject drugs?

Three quarters of respondents (75%) said they inject 1 to 3 times a day, on a day when they inject; 16% said they inject 4 to 6 times a day, and 5% said they inject 10 or more times a day (Table 32). On average, this amounts to nearly 3 times per day (mean is 2.9). Eleven percent of those 18-34 years old injected 10 or more times a day.

**Table 32.** Frequency of injection drugs per day.

	TOTAL	18-34	35-54	55+
<b>Base: All Respondents answering</b>	n=99	n=27	n=58	n=13
<b>1-3</b>	75%	78%	71%	92%
<b>4-6</b>	16%	11%	21%	8%
<b>10+</b>	5%	11%	3%	-
<b>(DK/NS)</b>	4%	-	5%	-
<b>Mean</b>	2.9	3.2	2.9	2.2

<sup>Q18</sup> On a day when you do inject, how many times a day do you usually inject on average?

### **Type of Drugs Injected**

Crystal meth is the most widely and frequently used drug among drug users: 76% of respondents have injected crystal meth, and over four in 10 (44%) do so daily or more than once per week (Table 33).

Roughly four in 10 respondents have injected morphine (43%), hydros (42%), or heroin (38%). Of those who inject hydros, a quarter (25%) do so daily or more than once per week, and of those who inject morphine, 2 in 10 (20%) do so daily or more than once per week; fewer inject heroin (7%) frequently.

About 3 in 10 have injected cocaine (33%), fentanyl (29%), and speedballs (29%). Slightly fewer than 2 in 10 inject amphetamines (18%) or generic oxycodone (16%). About 1 in 10 inject oxy neo (13%), valium (11%), crack/rock cocaine (11%), tranquilizers or benzos (10%), ritalin or biphentin (10%), methadone (7%), percocet (7%) and gabapentin (6%).

**Table 33.** Types of drugs injected and frequency of injecting drugs.

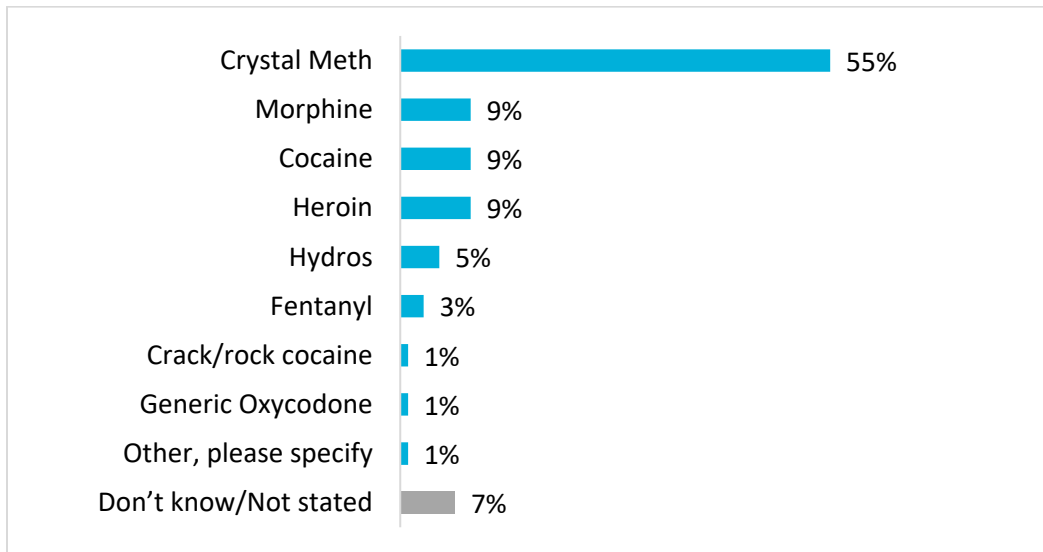
	FREQUENCY OF INJECTING EACH TYPE OF DRUG					
	NET EVER INJECTED	DAILY & MORE THAN ONCE PER WEEK	ONCE PER WEEK & 1-3 TIMES A MONTH	LESS THAN ONCE PER MONTH	NEVER	DK/NS
<i>Base: All Respondents answering</i>	<i>n=99</i>					
<b>Crystal Meth</b>	<b>76%</b>	44%	24%	8%	15%	8%
<b>Morphine</b>	<b>43%</b>	20%	8%	15%	42%	14%
<b>Hydros (HydroMorph Contin or Dilaudid)</b>	<b>42%</b>	25%	4%	13%	41%	16%
<b>Heroin</b>	<b>38%</b>	7%	15%	16%	47%	14%
<b>Cocaine</b>	<b>33%</b>	2%	13%	18%	52%	15%
<b>Fentanyl</b>	<b>29%</b>	11%	8%	10%	55%	16%
<b>Speedball (stimulant mixed with opioids)</b>	<b>29%</b>	8%	12%	9%	57%	14%
<b>Amphetamines (speed/uppers/dexies/bennies)</b>	<b>18%</b>	10%	5%	3%	65%	17%
<b>Generic Oxycodone</b>	<b>16%</b>	5%	4%	7%	67%	17%
<b>Oxy Neo</b>	<b>13%</b>	1%	4%	8%	70%	17%
<b>Valium</b>	<b>11%</b>	5%	1%	5%	72%	17%
<b>Crack/rock cocaine</b>	<b>11%</b>	-	3%	8%	73%	16%
<b>Tranquilizers or Benzos</b>	<b>10%</b>	6%	2%	2%	74%	16%
<b>Ritalin or Biphentin</b>	<b>10%</b>	2%	1%	7%	72%	18%
<b>Methadone prescribed to you</b>	<b>7%</b>	6%	-	1%	77%	16%
<b>Percocet</b>	<b>7%</b>	2%	1%	4%	78%	15%
<b>Gabapentin</b>	<b>6%</b>	3%	2%	1%	78%	16%
<b>Steroids</b>	<b>3%</b>	1%	-	2%	81%	16%
<b>Wellbutrin</b>	<b>2%</b>	-	-	2%	79%	19%
<b>Methadone not prescribed to you</b>	<b>-</b>	-	-	-	83%	17%
<b>Other, Please specify</b>	<b>1%</b>	-	1%	-	14%	85%

Q27 For each drug that you have injected, I will ask if you inject daily, more than once per week, once per week, 1-3 times a month, less than once per month or never.

Supporting the findings above showing that crystal meth is the most injected drug, over half of respondents (55%) reported that they had injected crystal meth the most in the past six months (Figure 13). Heroin, cocaine, morphine, are less used in comparison; only 9% of respondents said they had injected these the most. Five percent injected hydros the most in the past six months.

There are only a few differences in the types of drugs men and women inject (Table 34): 6 in 10 (60%) men compared to 44% of women injected crystal meth most in the last six months; A greater proportion of women had injected cocaine and heroin (15% vs 6% among men).

**Figure 13.** Most injected drugs, last six months.



Q28 In the LAST SIX MONTHS, which of these drugs did you inject the MOST? Base: n=99 (All respondents).

**Table 34.** Most injected drugs, last six month, by gender and age.

	TOTAL	MEN	WOMEN
<i>Base: All Respondents answering</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
<b>Crystal Meth</b>	<b>55%</b>	<b>60%</b>	<b>44%</b>
<b>Morphine</b>	<b>9%</b>	<b>10%</b>	<b>9%</b>
<b>Cocaine</b>	<b>9%</b>	<b>6%</b>	<b>15%</b>
<b>Heroin</b>	<b>9%</b>	<b>6%</b>	<b>15%</b>
<b>Hydros</b>	<b>5%</b>	<b>8%</b>	<b>-</b>
<b>Fentanyl</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>
<b>Crack/rock cocaine</b>	<b>1%</b>	<b>-</b>	<b>3%</b>
<b>Generic Oxycodone</b>	<b>1%</b>	<b>-</b>	<b>3%</b>
<b>Other, please specify</b>	<b>1%</b>	<b>-</b>	<b>3%</b>

	TOTAL	MEN	WOMEN
(DK/NS)	7%	6%	6%

<sup>Q28</sup> In the LAST SIX MONTHS, which of these drugs did you inject the MOST? Base: n=99 (All respondents).

### *Location of Injecting Drugs*

In the past 6 months, nearly half of the respondents had injected in a public washroom or toilet (48%) or at a relative/friend's place (45%) (Table 35). Roughly four in 10 had injected at a place where they bought drugs (43%), a hotel or motel (40%), an alley or laneway (39%), an acquaintance's place (38%), in a stairwell/doorway of a store/building (37%), or at their own place (36%). Other locations where drugs are injected include: place where people pay to use or exchange drugs (34%), parking lot (34%), abandoned buildings (33%), shelter (31%), or their car (30%).

Men and women inject drugs across various locations, but men appear to choose certain public locations more than women including alleys or laneways (44%), stairwell/doorway of a store, office or other building (43%), or abandoned buildings (37%). More women choose a relative or friend's place. A greater proportion of those aged 55+ inject in their own place, friends', or acquaintance's places as opposed to public places, compared to younger respondents, who inject across various locations.

**Table 35.** Places where drugs injected, last six months.

	TOTAL	MEN	WOMEN	18-34	35-54	55+
<i>Base: All Respondents answering</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>	<i>n=27</i>	<i>n=58</i>	<i>n=13</i>
<b>Public washroom or toilet</b>	<b>48%</b>	49%	47%	59%	52%	15%
<b>Relative or friend's place</b>	<b>45%</b>	43%	53%	59%	41%	38%
<b>Place where you buy drugs</b>	<b>43%</b>	51%	32%	59%	41%	23%
<b>Hotel or motel</b>	<b>40%</b>	46%	32%	44%	45%	15%
<b>Alley or laneway</b>	<b>39%</b>	44%	32%	41%	45%	15%
<b>Acquaintance's place</b>	<b>38%</b>	41%	35%	41%	34%	54%
<b>In a stairwell/doorway of a store, office or other building</b>	<b>37%</b>	43%	26%	44%	41%	8%
<b>Your own place (if different from sexual partner's place)</b>	<b>36%</b>	37%	38%	19%	38%	69%
<b>Place which you pay to use or exchange drugs</b>	<b>34%</b>	35%	32%	41%	34%	23%
<b>Parking lot</b>	<b>34%</b>	35%	35%	37%	40%	8%
<b>Abandoned building</b>	<b>33%</b>	37%	26%	44%	34%	8%
<b>Shelter</b>	<b>31%</b>	33%	26%	41%	34%	-
<b>Car</b>	<b>30%</b>	32%	29%	37%	33%	8%
<b>Sexual partner's place</b>	<b>26%</b>	27%	26%	37%	26%	8%
<b>Stranger's place</b>	<b>24%</b>	27%	21%	37%	21%	15%
<b>Park</b>	<b>24%</b>	24%	24%	19%	31%	8%

	TOTAL	MEN	WOMEN	18-34	35-54	55+
<b>Community-based organization or service provider</b>	<b>16%</b>	16%	15%	19%	19%	-
<b>School yard</b>	<b>5%</b>	8%	-	7%	5%	-
<b>Refused</b>	<b>1%</b>	2%	-	4%	-	-
<b>(DK/NS)</b>	<b>4%</b>	3%	3%	-	5%	-

Q19 In the LAST SIX MONTHS, have you injected in (places)?

In the past 6 months, two-thirds (63%) reported injecting drugs in public or semi-public areas like a park, an alley, or a public washroom always or usually; nearly 3 in 10 (27%) said they do so always or usually; 17% said they do so sometimes, while 19% said they do so occasionally (Table 36). One-third (34%) said they never inject in public spaces. More men (24%) chose to always inject in public/semi-public areas than women (6%).

**Table 36.** Injecting in public/semi-public area, last six months.

	GENDER		
	TOTAL	MEN	WOMEN
<i>Base: All Respondents answering</i>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>
<b>NET Injected in a public /semi-public area</b>	<b>63%</b>	<b>63%</b>	<b>65%</b>
<b>Always (100% of the time)</b>	<b>18%</b>	24%	6%
<b>Usually (over 75%)</b>	<b>9%</b>	10%	9%
<b>Sometimes (26-74%)</b>	<b>17%</b>	17%	18%
<b>Occasionally (&lt;25%)</b>	<b>19%</b>	13%	32%
<b>Never</b>	<b>34%</b>	37%	32%
<b>(DK/NS)</b>	<b>3%</b>	-	3%

Q20 In the LAST SIX MONTHS, how often did you inject in public or semi-public areas like a park, an alley or a public washroom?

The majority (62%) of respondents who said they inject in public do so because they are homeless (Table 37). Another four in 10 (40%) indicated they inject in public because there is no place to safely inject where they buy drugs (40%) or it is convenient to where they hang out (38%).

**Table 37.** Reasons for injecting in public (multiple responses).

	TOTAL
<i>Base: Inject in public</i>	<i>n=63</i>
<b>I'm homeless</b>	62%
<b>There is nowhere to inject safely where I buy drugs</b>	40%
<b>It's convenient to where I hang out</b>	38%
<b>I prefer to be outside</b>	16%
<b>Dealing/middling (connecting sellers to purchasers)/steering (guiding potential buyers to selling)</b>	13%
<b>I'm too far from home</b>	11%

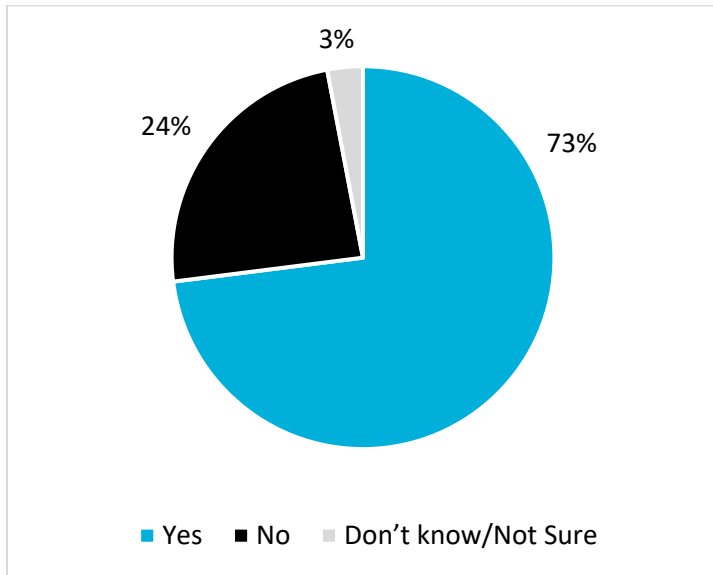
	TOTAL
I need assistance to fix	11%
I don't want the person I am staying with to know I use/am still using	10%
I'm involved in sex work and don't have a place to inject	8%
Guest fees at friend's place, but I don't want to pay	2%
Refused	-
(DK/NS)	5%

Q21 What are some of the reasons you inject in public?

### *Injecting Drugs Alone, and Frequency*

Nearly three-quarters of respondents (73%) have ever injected alone (Figure 14). A larger proportion of men have injected alone compared to women (81% vs 62%) (Table 38). Eight in 10 (81%) respondents who were 35-54 years old said they had ever injected alone compared to 6 in 10 (59%) of those who were 18 to 34 years old, and 7 in 10 (69%) of those who were 55 years and older (Table 39).

**Figure 14.** Ever injected alone.



Q22 Have you ever injected alone?

**Table 38.** Ever injected alone, by gender and age.

	TOTAL	GENDER		AGE		
		MEN	WOMEN	18-34	35-54	55+
<b>Base: All Respondents answering</b>	<i>n</i> =99	<i>n</i> =63	<i>n</i> =34	<i>n</i> =27	<i>n</i> =58	<i>n</i> =13
<b>Yes</b>	<b>73%</b>	81%	62%	59%	81%	69%
<b>No</b>	<b>24%</b>	19%	35%	37%	17%	31%



Over nine in 10 respondents (93%) who said they have ever injected alone did so in the past six months (Table 39). Half (50%) said they had injected alone “usually” (19%) or “always” (31%) in the past 6 months. Fifteen percent said they injected alone “sometimes” and 28% said they did so “occasionally.”

**Table 39.** Frequency of injecting alone, last six months

	<b>TOTAL</b>
<i>Base: Inject alone</i>	<i>n=72</i>
<b>Injected alone in the past 6 months</b>	<b>93%</b>
<b>Always (100% of the time)</b>	31%
<b>Usually (over 75%)</b>	19%
<b>Sometimes (26-74%)</b>	15%
<b>Occasionally (&lt;25%)</b>	28%
<b>Never</b>	7%
<b>(DK/NS)</b>	-

<sup>Q23</sup> In the LAST SIX MONTHS, how often did you inject alone?

Nearly three quarters (72%) of respondents have at some point needed help to inject drugs (Table 40).

**Table 40.** Ever needed help to inject.

	<b>TOTAL</b>
<i>Base: All Respondents answering</i>	<i>n=99</i>
<b>Yes</b>	72%
<b>No</b>	24%
<b>(DK/NS)</b>	4%

<sup>Q24</sup> Have you ever needed help to INJECT drugs?

### Sharing Syringes

One in 10 (9%) have borrowed used syringes at least once in the past six months (Table 41).

**Table 41.** Frequency of borrowing used syringes to inject.

	TOTAL
<b>Base: All Respondents answering</b>	<i>n=99</i>
<b>NET Borrowed in Past Six Months</b>	<b>9%</b>
Less than once a month	5%
1-3 times a month	-
Once a week	-
More than once a week	3%
Daily	1%
Never	88%
(DK/NS)	3%

<sup>Q25</sup> In the PAST SIX MONTHS, how often have you BORROWED syringes that had already been used by someone else to inject?

Nearly one in ten (7%) have loaned a used syringe to someone else to inject (Table 42).

**Table 42.** Frequency of loaning used syringes to inject, last six months.

	TOTAL
<b>Base: All Respondents answering</b>	<i>n=99</i>
<b>NET Loaned in Past Six Months</b>	<b>7%</b>
Less than once a month	5%
1-3 times a month	-
Once a week	1%
More than once a week	1%
Daily	-
Never	89%
(DK/NS)	4%

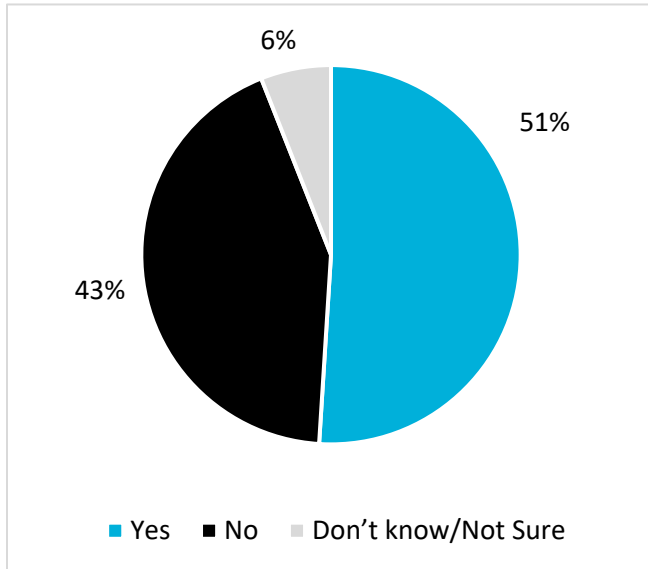
<sup>Q26</sup> In the PAST SIX MONTHS, how often have you LOANED syringes that had already been used by you or were being used by someone else to inject?

### *Proportion of those who have Overdosed, Frequency and Context*

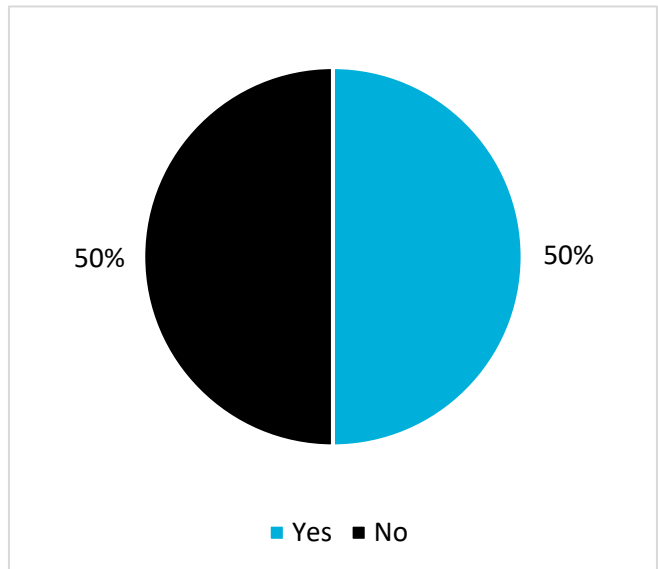
Half of respondents (51%) said they had ever overdosed by accident; and half of those who have ever overdosed accidentally (50%) had done so within the past six months (Figure 15-1 and Figure 15-2). Nearly 6 in 10 men (56%) and 4 in 10 women (44%) have ever overdosed (Table 43). Six in 10 (59%) of those 18 to 34 years old and half of those 35 to 54 (48%) and 55+ years (46%) have ever overdosed.

The proportion of those who have ever injected alone is higher among those who have experienced accidental overdoses (88% vs. 58% have not overdosed) (Table 44).

**Figure 15-1. Ever Overdosed by accident**



**Figure 15-2. Overdosed in past six months (among those who have ever overdosed)**



Q42 Have you EVER overdosed by accident? Base: n=99 (All Respondents)

Q43 Have you overdosed in the PAST SIX MONTHS? Base n=50 (Those who overdosed)

**Table 43. Ever overdosed by accident, by gender and age.**

	TOTAL	GENDER		AGE		
		MEN	WOMEN	18-34	35-54	55+
<b>Base: All Respondents answering</b>	<i>n=99</i>	<i>n=63</i>	<i>n=34</i>	<i>n=27</i>	<i>n=58</i>	<i>n=13</i>
<b>Yes</b>	<b>51%</b>	56%	44%	59%	48%	46%

Q42 Have you EVER overdosed by accident? Base: n=99 (All Respondents)

**Table 44. Injected alone, by ever overdosed.**

	EVER OVERDOSED BY ACCIDENT		
	TOTAL	YES	NO
<b>Base: All Respondents answering</b>	<i>n=99</i>	<i>n=50</i>	<i>n=43</i>
<b>Yes</b>	<b>73%</b>	88%	58%

Q22 Have you ever injected alone?

Of those who have ever overdosed, half (50%) have done so once or twice, while nearly four in 10 (38%) have done so between three and ten times (Table 45). Another one in 10 (12%) have overdosed more than 11 times.

**Table 45.** Frequency of overdose.

	TOTAL
<b>Base: Overdosed</b>	<i>n=50</i>
<b>1-2 (Once or twice)</b>	50%
<b>3-10 (A few times)</b>	38%
<b>11+ (Many)</b>	12%
<b>(DK/NS)</b>	-

Q44 Altogether, how many times have you overdosed in your lifetime?

Six in 10 (62%) had overdosed using fentanyl during their last overdose (48% had injected it) (Table 46). Fewer had overdosed using heroin (22%), crystal meth (16%), cocaine (10%), and other types of drugs. Over three-quarters of those who used heroin (82%) or crystal meth (75%) had injected it.

**Table 46.** Drugs involved in overdose.

	DRUGS INVOLVED IN OVERDOSE	DID YOU INJECT?
<b>Base:</b>	<i>Overdosed: 50</i>	<i>Drug Involved in Overdose:</i>
<b>Fentanyl</b>	62%	48% (n=31)
<b>Heroin</b>	22%	82% (n=11)
<b>Crystal Meth</b>	16%	75% (n=8)
<b>Cocaine</b>	10%	40% (n=5)
<b>Benzodiazepines or tranquilizers</b>	8%	25% (n=4)
<b>Morphine</b>	6%	100% (n=3)
<b>Alcohol</b>	6%	-
<b>Crack</b>	4%	-
<b>Hydros (Hydromorph Contin or Dilaudid)</b>	4%	100% (n=2)
<b>Percocet</b>	2%	100% (n=1)
<b>Speedball</b>	2%	100% (n=1)
<b>Oxycodone</b>	2%	-
<b>Methadone</b>	2%	-
<b>Amphetamines</b>	-	-
<b>Ritalin or Biphentin</b>	-	-
<b>Valium</b>	-	-
<b>Gabapentin</b>	-	-
<b>Suboxone</b>	-	-
<b>Pot</b>	-	-
<b>Wellbutrin</b>	-	-

Q45 [Yes Summary] The last time you overdosed, which drugs or substances were involved? Did you inject them?

Eight in 10 (82%) respondents who have overdosed had their last overdose in the presence of other people (Table 47).

**Table 47.** Presence of other people during overdose.

	TOTAL
<b>Base: Overdosed</b>	<i>n=50</i>
<b>Yes</b>	82%
<b>No</b>	16%
<b>(DK/NS)</b>	2%

Q46 Were other people with you?

Half of respondents who have overdosed had their last overdose at their own place (28%) or a friend's (22%) place (Table 48). One in 10 (12%) had overdosed at a shelter, while others had overdosed in some other location.

**Table 48.** Location of overdose.

	TOTAL
<b>Base: Overdosed</b>	<i>n=50</i>
<b>My own place</b>	28%
<b>Friend's place</b>	22%
<b>Shelter</b>	12%
<b>Partner's place (if different from my own)</b>	6%
<b>Relative's place</b>	4%
<b>Street (alley, doorway, under bridge, etc)</b>	4%
<b>Dealer's place</b>	2%
<b>Public washroom</b>	2%
<b>Abandoned building</b>	2%
<b>Jail</b>	2%
<b>Acquaintance's home</b>	2%
<b>Car</b>	2%
<b>Library</b>	2%
<b>Motel</b>	2%
<b>Trap (crackhouse)</b>	2%
<b>Walmart</b>	2%
<b>Drop-in or social service</b>	-
<b>Other, please specify</b>	4%

Q47 Could you tell me the type of place where you overdosed?

Almost nine in 10 (88%) of those who had overdosed said they had been assisted by other people during their last overdose (Table 49).

**Table 49.** Assistance of other people in overdose.

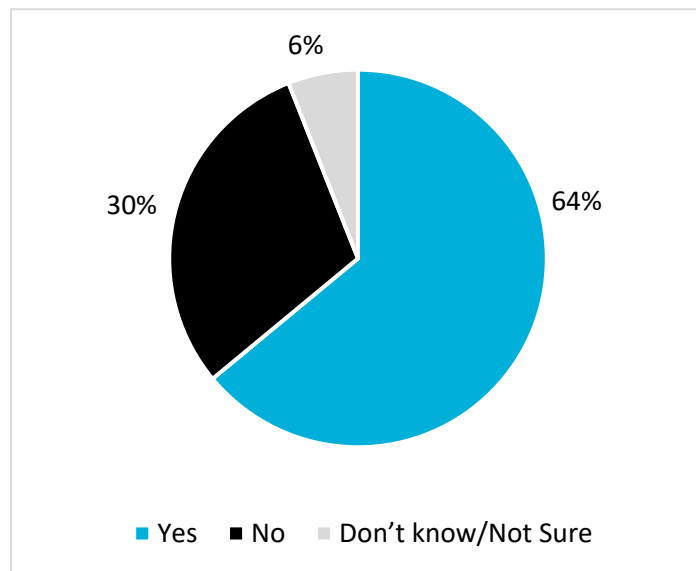
	TOTAL
<b>Base: Overdosed</b>	<i>n=50</i>
<b>Yes</b>	88%
<b>No</b>	12%
<b>(DK/NS)</b>	-

Q48 Were you assisted by other people?

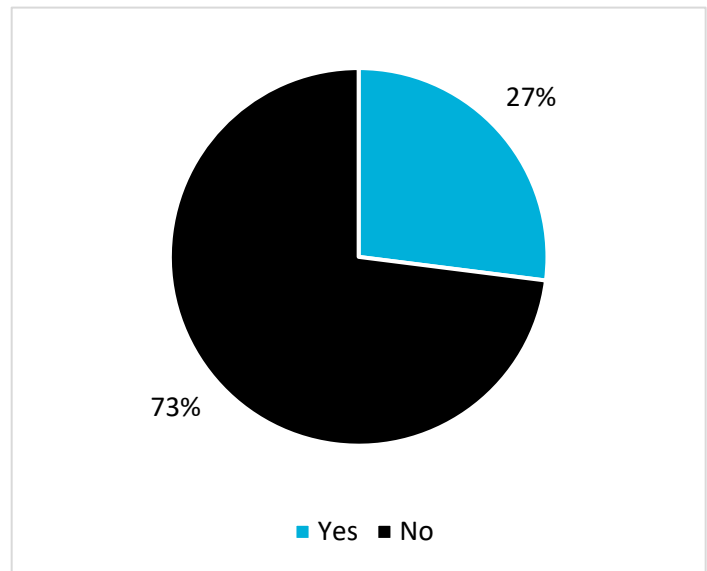
**History of Drug Treatment/Detox Programme**

Almost two-thirds (64%) of respondents have been in a drug treatment or detox programme (Figure 16-1). Of those who have been in a drug treatment programme, roughly a third (27%), have been in such a programme in the past six months (Figure 16-2).

**Figure 16-1.** Ever been in drug treatment programme



**Figure 16-2.** Been in drug treatment programme in past six months (among those who have been in programme)



Q49. Have you EVER in your lifetime been in a drug treatment or detox programme?

Base: n=99 (All Respondents)

Q50. Have you in the LAST SIX MONTHS been in a drug treatment or detox programme?

Base: n=63 (Those had been in a drug treatment or detox programme)

Of those who have been in a drug treatment or detox programme in the past six months (n=17), several had been in a programme with other prescribed drugs (35%), a self-help group for drug



use (35%), residential treatment (29%), a programme with methadone/suboxone (24%), or with out-patient counselling (24%) (Table 50).

**Table 50.** Types of drug treatment/detox programme, last six months (multiple selection).

	TOTAL
<b>Base: Been in a drug treatment or detox programme in the last six months</b>	<i>n=17 (very small base)</i>
Detox programme with other prescribed drugs	35%
Self-help group for your drug use	35%
Residential treatment	29%
Detox program with methadone/suboxone	24%
Out-patient counselling	24%
Detox program with no drugs	12%
Methadone maintenance program	12%
Managed alcohol program	6%
Drug treatment with cultural programming	-
Drug court	-
Healing lodge	-
Addictions case management	-
Another drug treatment/detoxification program	-
Refused	-
(DK/NS)	6%

<sup>Q51</sup> In the LAST SIX MONTHS, which treatment programs have you been in?

One in 10 (14%) of all respondents had tried to get into a treatment programme in the last six months but had been unsuccessful (Table 51).

**Table 51.** Failed attempt to get into treatment/detox programme, last six months.

	TOTAL
<b>Base: All respondents</b>	<i>n=99</i>
Yes	14%
No	79%
(DK/NS)	7%

<sup>Q52</sup> During the PAST SIX MONTHS, have you ever tried but been unable to get into any of the treatment programs?

## Appendix A. Community Survey Questionnaire

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### Supervised Injection Services Community Consultation Survey

Communities across Canada have been experiencing opioid and other drug-related issues. Community organizations across Windsor and Essex County came together to create the Windsor-Essex Community Opioid Strategy to address these issues. The strategy consists of 4 pillars, looking at prevention and education, treatment and recovery, enforcement and justice, and harm reduction.

Supervised injection sites (SIS) are legally sanctioned locations where people can bring their own illicit substances to inject under safer conditions and supervised by trained workers. It is a harm reduction strategy aimed at keeping people alive, safe, and healthy, even if they continue to use drugs. It gives them an opportunity to get treatment when they are ready. Some examples of harm reduction strategies include using a nicotine patch instead of smoking, drinking water while drinking alcohol, or needle syringe programs. For more information on supervised injection services, WECOS, and this study, visit: [www.wechu.org/sis](http://www.wechu.org/sis).

We are seeking community feedback about SIS in Windsor and Essex County. This study will help with decisions about SIS and identify any questions or concerns.

#### SURVEY INFORMATION

To take part in the study, you must live, work, or go to school in Windsor and Essex County, and be 16 years of age or older. The survey will take about **5 minutes** to complete. **Your responses are anonymous** as we will not be asking for your name. There is no way of linking you to your responses. **You can answer all, some, or none of the questions.** You can stop the survey at any time by not submitting your paper survey. If you do so, your data will not be included in the study. Once you submit your answers, we cannot remove the information you provided from the study. The combined results from this study will be published in a report available on [www.wechu.org](http://www.wechu.org). At times, we may use a direct quote. The data may be used in publications, presentations, and to help plan health services.

#### CONTACTS

This study is led by the Windsor-Essex County Health Unit. You may keep this copy of the study information and consent form for your records. If you have any questions or concerns before or after taking part in the study, you can contact the persons below:

- Jenny Diep, RN, Health Promotion Specialist: 519-258-2146, ext 1213; [jdiep@wechu.org](mailto:jdiep@wechu.org)
- Theresa Marentette, RN, CEO: 519-258-2146 ext 1475; [tmarentette@wechu.org](mailto:tmarentette@wechu.org)

This research has been cleared by the University of Windsor Research Ethics Board. If you have questions regarding your rights as a research participant, contact the:

- Research Ethics Coordinator, University of Windsor, at 519-253-3000, ext 3948 or [ethics@uwindsor.ca](mailto:ethics@uwindsor.ca)

Some questions may make you feel emotional or upset. You can call the Community Crisis Centre of Windsor-Essex County at any time or day at 519-973-4435. A list of drug and alcohol treatment and crisis services is available at [www.wechu.org/gethelp](http://www.wechu.org/gethelp) and also by the ballot box.

**1. By checking ALL the boxes below, I agree that I:**

Understand the information provided for the study Supervised Injection Services Community Consultation as described above.

Am 16 years of age or older.

Live, work, or go to school in Windsor-Essex County.

Agree to take part in this study.

*Thank you for agreeing to participate. It will only take about 5 – 10 minutes to complete. To help us better understand the needs of different groups, could you tell us a little bit more about yourself.*

**SECTION A: ABOUT YOU**

**2. Which of the following best describes you? You can choose multiple answers.**

- I am a business owner.
- I work for a community social service agency.
- I am a health practitioner (e.g., nurse, physician, dentist, pharmacist).
- I am a first responder (e.g., paramedic, police, fire).
- I am a high school, college or university student.
- I am a person with lived experience (I currently use drugs or have used drugs in the past).
- I am a family or friend of someone who uses or has used drugs.
- I am a community citizen (I live, work, or go to school in Windsor-Essex County).
- Other, please specify: \_\_\_\_\_

**3. In what year were you born (YYYY)? \_\_\_\_\_**

**4. Which municipality do you usually live in? Choose ONE answer only.**

- Amherstburg
- Essex
- Kingsville
- Lakeshore
- LaSalle

- f. Leamington
- g. Pelee Island
- h. Tecumseh
- i. Windsor
- j. I do not live in Windsor-Essex County

**5. Which municipality do you usually work in? Choose ONE answer only.**

- a. Amherstburg
- b. Essex
- c. Kingsville
- d. Lakeshore
- e. LaSalle
- f. Leamington
- g. Pelee Island
- h. Tecumseh
- i. Windsor
- j. I do not work in Windsor-Essex County

**6. Which municipality do you usually go to school in? Choose ONE answer only.**

- a. Amherstburg
- b. Essex
- c. Kingsville
- d. Lakeshore
- e. LaSalle
- f. Leamington
- g. Pelee Island
- h. Tecumseh
- i. Windsor
- j. I do not live in Windsor-Essex County

**SECTION B: SUPERVISED INJECTION SERVICES**

*In this section, we would like to hear about your thoughts about possible supervised injection services in Windsor. For this survey, we want to use the same definition of supervised injection services to make sure that we are talking about the same type of place.*

**Supervised injection services (SIS)** are provided at legally operated indoor facilities where people come to inject their own drugs under the supervision of medically trained workers. People can inject there under safe and sterile conditions and have access to all sterile injecting equipment and receive basic medical care and/or be referred to appropriate health or social services.

Research in Canada and other countries show that SIS:

- Reduce overdose-related deaths;
- Reduce injecting in public spaces;
- Reduce used needles being left in public spaces;
- Increase access for people who inject drugs to treatment and other health and social services;
- Reduce needle sharing and the spread of infections, such as hepatitis C;
- Reduce overall health care costs, ambulance calls, use of emergency departments, and hospital admissions; and
- Do not increase drug-related crime or loitering or rates of drug use.

**7. To what extent do you think supervised injection services would be helpful in Windsor-Essex County? Choose ONE answer only.**

1 Very helpful	2 Helpful	3 Undecided	4 Not very helpful	5 Not at all helpful
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**8. In what ways would supervised injection services be helpful in Windsor-Essex County? You can choose multiple answers.**

- Less risk of injury and death from drug overdose.
- Less drug use in public areas, such as streets or parks.
- Less used needles on the streets and in the parks.
- Safer community.
- Help lowers the risk of diseases like hepatitis C, HIV/AIDS, and group A streptococcal disease.
- Connect people who use drugs or their family members to medical and/or social services.
- Less work for ambulances and police services.
- I'm not sure.
- I don't think supervised injection services would help our community.
- Other, please specify: \_\_\_\_\_

**9. What type(s) of supervised injection services do you think would be the best for Windsor-Essex County? You can choose multiple answers.**

- Integrated service - supervised injection services at a fixed site that also has other types of services, such as food, showers, counselling, and addiction treatment.
- Mobile service - supervised injection services provided in a vehicle that travels around to different locations to meet clients.
- I don't know.
- I don't think there should be supervised injection services in Windsor-Essex County.
- Other, please specify: \_\_\_\_\_

**10. In which municipality, in Windsor-Essex County, do you think supervised injection services should be offered? You can choose multiple answers.**

- All municipalities
- Amherstburg
- Essex
- Kingsville
- Lakeshore
- LaSalle
- Leamington
- Pelee Island
- Tecumseh
- Windsor
- I don't know.
- I don't think there should be supervised injection services in Windsor-Essex County.

**11. What questions or concerns do you have about supervised injection services in Windsor-Essex County? You can choose multiple answers.**

- I have no questions or concerns.
- Will supervised injection services impact personal safety?
- Will supervised injection services have an effect on property values?
- Will supervised injection services lead to more used needles on the street?
- Will supervised injection services have an impact on business or profits?
- Will supervised injection services lead to more crime?
- Will supervised injection services impact community cleanliness or quality of life?
- Will supervised injection services lead to more drug use?
- Will supervised injection services lead to more drug selling or trafficking in the community?
- Will supervised injection services lead to more people who use drugs in the community?
- Will supervised injection services impact the reputation or image of our community?
- Will supervised injection services lead to more people loitering on the streets near the site?
- I have concerns about the safety of my children or dependents.
- I'm not sure.
- Other, please specify: \_\_\_\_\_



**12. Which of the following ideas might help address questions or concerns from the community about supervised injection services? You can choose multiple answers.**

Provide information to the community about the goals and benefits of supervised injection services and how they can help the community.

Have website with information and contact email and phone number for questions.

Have a community group with representation from different community groups to identify and address any issues as they emerge.

Evaluate the services to see what's working and what's not, and share results with the community, and take action on the results.

Have a process to get ongoing feedback from the community about supervised injection services.

Increase lighting in the area around where the supervised injection services will be located.

Have more police presence around where the supervised injections services will be located.

I have no suggestions.

Other, please specify: \_\_\_\_\_

**13. Do you have any other comments or suggestions about supervised injection services in Windsor-Essex County?**

## Appendix B. Focus Groups with Key Stakeholder Groups Discussion Guide

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### **CONSENT:**

*For the first 15 minutes, participants are provided with consent forms to review and sign, and offered an opportunity to ask any questions.*

### **WELCOME & INTRODUCTIONS:**

**Moderator:** Welcome and thank you for taking part in this information and consultation session. My name is *[insert name]* and I'm going to be facilitating our discussion. We also have a note taker with us, who be taking some notes that we can review at the end to make sure we captured the main ideas that you share with us today *[introduce individual]*. We are very interested to hear your valuable opinion on supervised injection services in Windsor.

We will be taping the focus groups so that we can make sure to capture what we hear from the group. No names will be attached to the focus groups and the tapes will be destroyed as soon as they are transcribed. While we encourage everyone to participate, you may refuse to answer any question or withdraw from the study at anytime.

There are no wrong answers, but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. We are interested in both the positive and negative comments. Some of the questions or discussion might cause some people to feel sad or upset. There is a list of contacts for support available.

This focus group will be about an hour and a half. We will start with the information part of the session and then have the discussion afterwards. There are refreshments at *[provide directions]*. The washrooms are *[provide directions to the washrooms]*. Before we get started, I would like to talk about some ground rules, so that we can have an open and respectful discussion.

- We ask that you turn off your phones or put them on silent.
- We also ask participants to respect each other's confidentiality and not share what is said in the group. We ask that you do not use your name or others' name in the group if you know them.
- We ask that:
  - Only one person talks at a time.
  - We respect each other.
  - You seek to understand and ask questions.

My role is to:

- Guide you through conversation.
- Make sure everyone has a chance to talk.
- Keep us on topic and on time.
- Make sure that the note taker has what they need.

Does anyone have any questions about the process? If you have any questions after, you can always contact a study team member.

### **INFORMATION ABOUT SUPERVISED INJECTION SERVICES:**

Lately, you might have heard that communities across Canada have been experiencing opioid and other drug-related issues. Federal and provincial governments developed strategies to battle this crisis. Locally, community organizations across Windsor-Essex County came together to create the Windsor-Essex County Opioid Strategy (WECOS) to address issues here in Windsor-Essex County. The strategy consists of four pillars, looking at prevention and education, treatment and recovery, enforcement and justice, and harm reduction.

Harm reduction strategies are aimed at keeping people alive, safe, and healthy, even if they continue to use drugs. It gives them an opportunity to get treatment when they are ready. Some examples of harm reduction strategies include using a nicotine patch instead of smoking, drinking water while drinking alcohol, giving out naloxone kits, or needle syringe programs. Supervised injection services are another harm reduction strategy. I've provided you with a definition of supervised injection services, so that we are all on the same page. I'll just read this out loud for everyone.

*Supervised injection services are provided at legally operated indoor facilities where people come to inject their own drugs under the supervision of medically trained workers. People can inject there under safe and sterile conditions and have access to all sterile injecting equipment and receive basic medical care and/or be referred to appropriate health or social services.*

*Research in Canada and other countries show that supervised injection services:*

- *Reduce overdose-related deaths;*
- *Reduce injecting in public spaces;*
- *Reduce used needles being left in public spaces;*
- *Increase access for people who inject drugs to treatment and other health and social services;*
- *Reduce needle sharing and the spread of infections, such as hepatitis C;*
- *Reduce overall health care costs, ambulance calls, use of emergency departments, and hospital admissions; and*
- *Do not increase drug-related crime or loitering or rates of drug use.*

Our community is seeing more emergency department visits related to opioids, especially in Windsor. In 2015, 19 opioid-related deaths out of the 24 opioid-related deaths in Windsor-Essex County were in the city of Windsor. Also, the number of hepatitis C cases, a blood-borne infection that people can get from sharing needles, has gone up from 143 reported cases in 2016 to 181 in 2017. 101 of these cases reported injection drug use. Number of needle-related calls to the City of Windsor have also significantly gone up, from 43 in 2016 to 121 in 2017.

Community partners and the community are looking into these issues and have started having conversation about supervised injection services. No decisions have been made about providing supervised injection services in Windsor. The Health Unit and the Erie St. Clair Local Health Integration Network (LHIN) are conducting this study to get the community's opinion about these services, through these consultation sessions and other methods. The content of this discussion will help with decisions about supervised injection services and how to address questions and concerns.

Does anyone have any questions about this before we get started?

**DISCUSSION QUESTIONS:**

1. What do you feel should be done to address drug-related harms in Windsor?
2. What do you think might be the potential benefits of S15 in your community? *(Prompts: How would they help those who inject drugs, your neighbourhood, your community, Windsor?)*
3. Some people have questions or concerns about supervised injection services. What questions or concerns do you have about supervised injection services in Windsor?
4. Do you have any ideas as to how to address questions or concerns about supervised injection services in Windsor?
5. Injection drug use can occur in all areas of Windsor; however, some areas or neighbourhoods are more impacted by injection drug use than others. What areas of Windsor do you think are most impacted by drug use? *(Prompt: Is there a specific neighbourhood or intersection close to this location?)*
6. The Ministry of Health and Long-Term Care requires that supervised injection services be integrated with other services. What services or organizations do you think should be involved in operating supervised injection services or be located in the same facility? *(Prompts: Are there any other services you think should be offered to people using a supervised injection site?)*
7. Is there anything else you would like to share about supervised injection services?

**DEBRIEF:**

That's all of the questions! Let's take a look at what our note-taker has written. I'm just going to go over it. If there is something we've missed, feel free to let me know. *[Reviews notes]*.

I just wanted to say thank you so much for all of your time. We really appreciate you sharing with us your thoughts. If you have any questions or concerns, or are interested in the results, it is all outlined in the copy of the consent form we provided you at the beginning of the session. As well, there is the list of resources available, should you wish to talk to someone about your feelings.

Thank you again!

## Appendix C. Key Informant Interview Guide

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**INTERVIEWER:** Thank you for agreeing to take part in this interview to share your thoughts about supervised injection services, or SIS for short, in Windsor. Before we get started, I am going to take a few minutes to review the study purpose and consent form we sent you. This interview should take about 30 minutes of your time. I will ask you questions about the need for SIS, its benefits and challenges, and what these services could look like in Windsor. I may sometimes refer to supervised injection services as SISs. Your participation is strictly voluntary. You do not have answer any questions that you do not want and can stop the interview at any time. It will not affect any care, service, or partnership with the Windsor-Essex County Health Unit you currently are a part of or plan to be a part of in the future. Some of the questions may have made you feel emotional or upset. I have (emailed/provided) a list for you of services where you can talk to someone about how you are feeling. Any information you give us is confidential and shared only with your permission and will only be reported as combined results. If you have checked off that you agree, we may choose to include direct quotes from you in the final report. We will make sure that the quotes do not say who you are, but we cannot ensure that participants cannot be identified by these quotes. The information we gather will be used to help with decisions about SISs and identify any questions or concerns and how to address them. Do you have any questions about the study or the consent form?

**INTERVIEWER:** Great, if you have no more questions or concerns, we can get started. Should you have any questions later on, you can definitely contact any member of the study team. So we'll start off with the first question about injection drug use in general.

1. **Do you believe that there is a problem with injection drug use in Windsor, and if so, what problems do you believe exist?** (*Probes: What health problems have emerged? How have these impacted PWID? How has the broader community been affected?*)
2. **What do you feel should be done to address drug-related harms in Windsor?**
3. **What do you know about supervised injection services?**
4. **What do you think might be the benefits of having SISs?** (*Probe for individual, organizational, and community-level benefits.*)
5. **Do you think SISs have a role to play in Windsor? If so, why, if not why?**
6. **What do you think might be some challenges of having SISs in Windsor?** (*Probe for individual, organizational, and community-level negative effects.*)
7. **If you support the creation of SISs in Windsor,**
  - a) Where do you think SISs should be located?
  - b) How many SISs are needed?
  - c) For what days and hours do you think it should operate
  - d) Who should be involved in establishing and operating a SIS in Windsor?
8. **Do you think SISs will be accepted and used by local people who inject drugs? If yes/no, please explain.**



9. **What do you think are the concerns of the broader community? If yes/no, please explain.**

a) How might we address those concerns? Do you have any strategies for addressing those concerns?

10. **What other programs or services would need to be in place to help ensure the effectiveness of SIS?**

11. **Do you have any other thoughts or concerns about SISs and/or injection drug use in general that you would like to share?**

**INTERVIEWER:** Thank you so much for your time. We really appreciate you sharing your thoughts with us. We are hoping to collect all this data by the end of December. The results of the study will be made publicly available on the WECOSS and the Windsor-Essex County Health Unit websites. These links are on the copy of the consent form I provided you. Again, should you have any questions, you can call or email me. If there is anyone else you would suggest we talk to, please feel free to provide them with our contact information.

## Appendix D. PWID Survey Questionnaire

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### Supervised Injection Services Community Consultation: In-Person Survey

#### SECTION 1: DEMOGRAPHICS

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*To begin, I'd like to ask you some questions about yourself. We are asking everyone the same questions.*

**1.1** Have you injected drugs in the **LAST 30 DAYS**?

- i. Yes
- ii. No

**1.2** In which year were you born? \_\_\_\_\_  Refused

*In this study, we are trying to reach a diversity of people including men, women, and transgender people. We are asking these questions to everyone to ensure we capture accurate information.*

**1.3** What sex were you assigned at birth (e.g., on your birth certificate)? **(Pick ONE only.)**

- i. Female
- ii. Male
- iii. Other, specify: \_\_\_\_\_
- iv. Refused

**1.3a** What is your current gender identity? (Do not read out list. Pick ONE only.)

- i. Female
- ii. Male
- iii. Trans woman – Male-to-Female
- iv. Trans man – Female-to-Male
- v. Non-binary/third gender
- vi. Other, specify: \_\_\_\_\_
- vii. Refused

**1.4** Some people identify with an ethnic group or cultural background. To which ethnic or cultural group do you feel you belong? **(Read out list. Check ALL that apply.)**

- Arab/West Asian
- Latin American/Central American/South American

- |  |  |
|--|--|
| <input type="checkbox"/> Black         | <input type="checkbox"/> Metis                         |
| <input type="checkbox"/> Chinese       | <input type="checkbox"/> South Asian                   |
| <input type="checkbox"/> Filipino      | <input type="checkbox"/> Southeast Asian               |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> White                         |
| <input type="checkbox"/> Francophone   | <input type="checkbox"/> No ethnic group in particular |
| <input type="checkbox"/> Inuit         | <input type="checkbox"/> Other, specify: _____         |
| <input type="checkbox"/> Japanese      | <input type="checkbox"/> Don't know/Unsure             |
| <input type="checkbox"/> Korean        | <input type="checkbox"/> Refused                       |

**1.5 In which neighbourhood do you usually live? (See NEIGHBOURHOODS map card. Pick ONE only.)**

- |             |              |
|-------------|--------------|
| i. Ward 1   | vi. Ward 6   |
| ii. Ward 2  | vii. Ward 7  |
| iii. Ward 3 | viii. Ward 8 |
| iv. Ward 4  | ix. Ward 9   |
| v. Ward 5   | x. Ward 10   |

**1.6 Please list all the places that you have lived in SIX MONTHS. (Do not read out list. Check ALL that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> All of the below   | <input type="checkbox"/> Rehab  |
| <input type="checkbox"/> A place where people gather to use drugs (crack house)   | <input type="checkbox"/> Rooming or boarding house                              |
| <input type="checkbox"/> Hospital   | <input type="checkbox"/> Shelter or welfare residence                           |
| <input type="checkbox"/> Hotel/motel room rented on daily/weekly basis            | <input type="checkbox"/> With my parents  |
| <input type="checkbox"/> House or apartment – my own or partner's                 | <input type="checkbox"/> Medical hostel (live-in home or rehabilitation centre) |
| <input type="checkbox"/> House or apartment – someone else's (relative or friend) | <input type="checkbox"/> Transitional housing                                   |

- No fixed address (couch surfing, “here and there”)
- On the street (abandoned buildings, cars, parks)
- Prison/jail/detention centre
- Other, specify:
- Refused

**1.7** What is the highest level of education that you have **COMPLETED?** (Read out list. Pick **ONE** only.)

- i. Primary school
- ii. High school
- iii. Any college or university
- iv. Refused

*In this section, I am going to ask you some questions about your income, including both formal and informal sources. We ask about informal income because many people in this study report getting at least some money through informal sources in order to make ends meet. Because people’s health is greatly affected by the amount of their income, we want to understand how people make enough money to live, and how this may impact their health.*

**1.8** About how much money did you get (formally and informally) altogether from all sources **LAST YEAR?** (Do not read out list. Pick **ONE** only.)

- i. Under \$10,000
- ii. \$10,000-\$19,999
- iii. \$20,000-\$29,999
- iv. \$30,000-\$39,999
- v. \$40,000-\$49,999
- vi. \$50,000 or more
- vii. Don’t know/Unsure
- viii. Refused

**1.9** Over the **LAST 6 MONTHS**, what were your sources of income? (Do not read out list. Check **ALL** that apply.)

- Regular job
- Temporary work
- Self-employed
- Parent, friend, relative, partner
- Theft, robbing or stealing
- Selling needles

- |  |   |
|--|---|
| <input type="checkbox"/> Recycling (binning, buy/sell)             | <input type="checkbox"/> Selling cigarettes/tobacco |
| <input type="checkbox"/> Panhandling                               | <input type="checkbox"/> Selling drugs              |
| <input type="checkbox"/> OW (Ontario Works)                        | <input type="checkbox"/> Other criminal activity    |
| <input type="checkbox"/> Ontario Disability Support Program (ODSP) | <input type="checkbox"/> Sex for money              |
| <input type="checkbox"/> CPP (Canadian Pension Plan)               | <input type="checkbox"/> Stipend for honoraria      |
| <input type="checkbox"/> EI (Employment Insurance)                 | <input type="checkbox"/> Other, specify:            |
| <input type="checkbox"/> GST rebate                                | <input type="checkbox"/> Refused                    |

**1.10** In the **PAST SIX MONTHS**, have you received any of the following for sex? (**Read out list. Check ALL that apply.**)

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Money   | <input type="checkbox"/> Food  |
| <input type="checkbox"/> Drugs   | <input type="checkbox"/> I have not exchanged any items for sex in the past 6 months |
| <input type="checkbox"/> Gifts   | <input type="checkbox"/> Other, specify:   |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Refused   |

## **SECTION 2: DRUG USE & INJECTION PRACTICES**

---

*Now I am going to ask you some questions about your drug use and injecting practices. Again, we are asking everyone the same questions.*

**2.0** How old were you the first time you injected drugs (shot up/fixated) or were injected by someone else?

Age in years: \_\_\_\_\_

**2.1** In the **LAST SIX MONTHS**, how often did you inject drugs? (**See Frequency (1) prompt card. Check ONE only.**)

- i. Less than once a month
- ii. 1-3 times a month
- iii. Once a week

- iv. More than once a week
- v. Daily
- vi. Refused

**2.1a** How often did you inject in the **LAST MONTH?** (See Frequency (1) prompt card. Check **ONE** only.)

- i. Less than once a month
- ii. 1-3 times a month
- iii. Once a week
- iv. More than once a week
- v. Daily
- vi. Never
- vii. Refused

**2.2** On a day when you do inject, how many times a day do you usually inject on average?

- i. Number of times a day: \_\_\_\_\_
- ii. Don't know
- iii. Refused

*Now I am going to ask you some more details about the places where you've injected drugs in the LAST SIX MONTHS.*

**2.3** In the **LAST SIX MONTHS**, have you injected in (places)? (Rest out list. Check **ALL** that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Sexual partner's place                                    | <input type="checkbox"/> School yard   |
| <input type="checkbox"/> Your own place (if different from sexual partner's place) | <input type="checkbox"/> In a stairwell/doorway of a store, office or other building |
| <input type="checkbox"/> Relative or friend's place                                | <input type="checkbox"/> Car   |
| <input type="checkbox"/> Acquaintance's place                                      | <input type="checkbox"/> Public washroom or toilet (e.g., library)                   |
| <input type="checkbox"/> Stranger's place  | <input type="checkbox"/> Hotel or motel  |
| <input type="checkbox"/> Place which you pay to use or exchange drugs              | <input type="checkbox"/> Place where you buy drugs                                   |
| <input type="checkbox"/> Abandoned building  | <input type="checkbox"/> Shelter   |
| <input type="checkbox"/> Parking lot   | <input type="checkbox"/> Community-based organization or service provider            |
| <input type="checkbox"/> Alley or laneway  | <input type="checkbox"/> Other places I haven't mentioned, specify:                  |



Park

Refused

**2.4** In the **LAST SIX MONTHS**, how often did you inject in public or semi-public areas like a park, an alley or a public washroom? **(Read out list. See FREQUENCY (2) prompt card. Pick ONE only.)**

- i. Always (100% of the time)
- ii. Usually (over 75%)
- iii. Sometimes (26-74%)
- iv. Occasionally (<25%)
- v. Never → **GO TO Q2.5**

**2.4a** What are some of the reasons you inject in public? **(Read out list if needed. Check ALL that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> It's convenient to where I hang out                                    | <input type="checkbox"/> I need assistance to fix  |
| <input type="checkbox"/> There is nowhere to inject safely where I buy drugs                    | <input type="checkbox"/> Guest fees at friend's place, but I don't want to pay   |
| <input type="checkbox"/> I'm homeless   | <input type="checkbox"/> I prefer to be outside  |
| <input type="checkbox"/> I'm involved in sex work and don't have a place to inject              | <input type="checkbox"/> Dealing/middleing (connecting sellers to purchasers)/steering (guiding potential buyers to selling) |
| <input type="checkbox"/> I don't want the person I am staying with to know I use/am still using | <input type="checkbox"/> Other, specify:   |
| <input type="checkbox"/> I'm too far from home  | <input type="checkbox"/> Refused   |

**2.5** Have you ever injected alone?

- i. Yes
- ii. No → **GO TO Q2.6**
- iii. Refused → **GO TO Q2.6**

**2.5a** In the **LAST SIX MONTHS**, how often did you inject alone? **(Read out list. Show FREQUENCY (2) prompt card. Pick ONE only.)**

- i. Always (100% of the time)
- ii. Usually (over 75%)
- iii. Sometimes (26-74%)

- iv. Occasionally (<25%)
- v. Never
- vi. Refused

**2.6** Have you ever needed help to **INJECT** drugs?

- i. Yes
- ii. No
- iii. Refused

**2.7a** In the **PAST SIX MONTHS**, how often have you **LOANED** syringes that had already been used by you or were being used by someone else to inject? **(Read out list. Show FREQUENCY (1) prompt card. Pick ONE only.)**

- i. Less than once a month
- ii. 1-3 times a month
- iii. Once a week
- iv. More than once a week
- v. Daily
- vi. Never
- vii. Don't know/Unsure
- viii. Refused

**2.8** Now I'm going to ask about some of the drugs you inject and how often you use them. For each drug that you have injected, I will ask if you inject daily, more than once per week, once per week, 1-3 times a month, less than once per month or never.

Have you injected [drug] in the **LAST SIX MONTHS**? **(Read list out. For each drug they have injected, ask the frequency of use. Check the response that applies.)**

Injection Drugs	Less than once per month	1-3 times a month	Once per week	More than once per week	Daily	Never
Heroin						
Crystal Meth						
Cocaine						
Crack/rock cocaine						
Speedball (stimulant mixed with opioids)						
Methadone prescribed to you						
Methadone not prescribed to you						

Morphine						
Hydros (HydroMorph Contin or Dilaudid)						
Percocet						
Generic Oxycodone						
Oxy Neo						
Fentanyl						
Wellbutrin						
Ritalin or Biphentin						
Tranquilizers or Benzos						
Amphetamines (speed, uppers, dexies, bennies)						
Steroids						
Valium						
Gabapentin						
Other (specify each)						

**2.8a** In the **LAST SIX MONTHS**, which of these drugs did you inject the **MOST**?

- |   |   |
|---|---|
| i. Heroin                                   | xii. Oxy Neo  |
| ii. Crystal Meth                            | xiii. Fentanyl                                      |
| iii. Cocaine                                | xiv. Wellbutrin                                     |
| iv. Crack/Rock Cocaine                      | xv. Ritalin or Biphentin                            |
| v. Speedball (stimulant mixed with opioids) | xvi. Tranquilizers or Benzos                        |
| vi. Methadone prescribed to you             | xvii. Amphetamines (speed, uppers, dexies, bennies) |
| vii. Methadone not prescribed to you        | xviii. Steroids                                     |
| viii. Morphine                              | xix. Valium   |
| ix. Hydros                                  | xx. Gabapentin                                      |
| x. Percocet                                 | xxi. Other, specify:                                |
| xi. Generic Oxycodone                       | xxii. Refused                                       |

**SECTION 3: SUPERVISED INJECTION SERVICES**

I’m going to ask you a number of questions about supervised injection services. I will refer to supervised injection services as ‘SIS’ throughout the rest of the questionnaire. There will be some general questions about your knowledge of them and your acceptance of SIS if a facility were to be opened in the Windsor area.

**3.0** Have you heard of supervised injection services (SISs)?

- i. Yes
- ii. No
- iii. Refused

For this interview, we want to use the same definition of SISs, to make sure that we're talking about the same type of place. A supervised injection service is a legally operated indoor facility where people come to inject their own drugs under the supervision of medically trained workers. People can inject there under safe and sterile conditions and have access to all sterile injecting equipment (cotton, cooker, water, etc.) and receive basic medical care and/or be referred to appropriate health or social services.

**3.1** If supervised injection services were available in Windsor, would you consider using these services?

- i. Yes → **SKIP Q3.1 AND Q3.1A**
- ii. Maybe → **ANSWER ALL QUESTIONS**
- iii. No → **SKIP Q3.2A**
- iv. Refused → **SKIP Q3.2A**

**3.1a.** (If **YES** or **MAYBE** to **Q3.1**), for what reasons would you use supervised injection services? (DO NOT read out list. Check ALL that apply.)

- |   |   |
|---|---|
| All of the following.   | I would be able to get a referral for services such as detoxification or treatment. |
| I would be to get clean sterile injection equipment.            | Overdoses can be prevented.   |
| I would be safe from crime.                                     | Overdoses can be treated.   |
| I would be safe from being seen by the police.                  | I would be injecting responsibly.   |
| I would be able to inject in indoors and not in a public space. | Other, specify:   |
| I would be able to see health professionals.                    | Refused   |

**3.2 (If *MAYBE* or *NO*) For what reasons would you NOT use supervised injection services? (DO NOT read out list. Check ALL that apply.)**

- |   |   |
|---|---|
| All of the following.   | I do not trust supervised injection services.   |
| I do not want to be seen.   | I can get new sterile needles elsewhere.  |
| I do not want people to know I am a drug user.                    | I have a place to inject.   |
| I am afraid my name will not remain confidential.                 | I feel there are too many rules and restrictions associated with using supervised injection services. |
| I would rather inject with my friends.                            | I need to avoid other people that would use the SIS.  |
| I always inject alone.  | I don't know enough about SIS.  |
| I feel it would not be convenient                                 | Other, specify:   |
| I fear being caught with drugs by police.                         | Refused   |
| I'm concerned about the possibility of police around the service. |   |

**3.3 There are a number of **POLICIES** being considered for SISs. For each of the next statements, please let me know if these **POLICIES** would be very acceptable, acceptable, neutral, unacceptable or very unacceptable to you. (For each statement, read it out and ask how acceptable this would be to them. Show ACCEPTABILITY prompt card. Check the corresponding answer.)**

Policy	Very acceptable	Acceptable	Neutral	Unacceptable	Very unacceptable	Refused
a) Injections are supervised by a trained staff member who can respond to overdoses						
b) 30 minute time limit for injections						

c) Have to register each time you use it						
d) Required to show government ID						
e) Required to show client number						
f) Have to live in neighbourhood						
g) Video surveillance cameras on site to protect users						
h) Not allowed to smoke crack/crystal meth						
i) Not allowed to assist in the preparation of injections						
j) Not allowed to assist each other with injections						
k) Not allowed to share drugs						
l) May have to sit and wait until space is available for you to inject						
m) Have to hang around for 10 to 15 minutes after injecting so that						



your health can be monitored						
------------------------------	--	--	--	--	--	--

**3.4** There are various **SERVICES** being considered to provide with SIS. I'm going to read out a number of services. I will ask you if they are very important, important, moderately important, slightly important, or not that important to you. **(Read out each service and for each ask how important the service would be to them. Show IMPORTANCE prompt card. Check response for each question.)**

Service	Very important	Important	Moderately Important	Slightly Important	Not Important	Refused
a) Nursing staff for medical care and supervised injecting teaching						
b) Washrooms						
c) Showers						
d) Social workers or counsellors						
e) Drug counsellors						
f) Aboriginal counsellors						
g) Food (including take away)						
h) Peer support from other injection drug user						
i) Access to an opiate (methadone or buprenorphine) prescribed by a health professional						
j) Needle distribution						
k) Injection equipment distribution						
l) HIV and hepatitis C testing						
m) Withdrawal management						

n) Special time for women or a women's only SIS						
o) Referrals to drug treatment, rehab, and other services when you're ready to use them						
p) A 'chill out' room to go after injecting, before leaving the SIS						
q) Preventing or responding to overdose						
r) Access to health services						
s) Assistance with housing, employment and basic skills						
t) Harm reduction education						
u) Drug testing (a service to check if your drug may have been cut with another potentially dangerous substance)						
v) Other, specify: Click or tap here to enter text.						

## SECTION 4: LOCATION AND SERVICE DESIGN PREFERENCES

Now, I'm going to ask you more specific questions about your preferences in the location and design of services for SIS.

**4.0** Would you use SIS if it was located in a community health centre, hospital, family doctor's clinic, walk-in clinic, or social service agency?

- i. Yes
- ii. No
- iii. Refused

**4.1** Are you willing to walk to SIS?

- i. Yes
- ii. No → **GO TO Q4.2**
- iii. Refused → **GO TO Q4.2**

**4.1a/b** How long would you be willing to walk to use SIS in the **SUMMER/WINTER?** (Read out list. Check **ONE** only.)

<b>4.1a ... IN SUMMER?</b>	<b>4.1b ... IN WINTER?</b>
5 minutes	5 minutes
10 minutes	10 minutes
20 minutes	20 minutes
30 minutes	30 minutes
40 minutes or more	40 minutes or more
Refused	Refused

**4.2** Using the below map, where would be your **FIRST CHOICE** for seeing SIS? (Enter the **3-digit DA identifier on the map provided.**)

3-digit DA Number: \_\_\_\_\_

**4.3** If SIS was established in a location convenient to you in Windsor, how often would you use it to inject? (Read out list. Show **FREQUENCY (2)** prompt card. Check **ONE** only.)

- i. Always (100% of the time)
- ii. Usually (over 75%)
- iii. Sometimes (26-74%)
- iv. Occasionally (<25%)
- v. Never
- vi. Don't know/Unsure
- vii. Refused

**4.4** What time of the day would be your **FIRST CHOICE** to use SIS? (Read out list. Check one under **FIRST CHOICE.**)

- i. Daytime (8 am – 4 pm)
- ii. Evening (4 pm – midnight)
- iii. Overnight (midnight – 8 am)
- iv. Refused

**4.5** What would be the best set-up for injecting spaces for SISs? (**Show CORRESPONDING picture to each choice of facility set-ups below. Read out list. Check ONE only.**)

- i. Private cubicles (**Show picture 1**)
- ii. An open plan with benches at one large or counter (**Show picture 2**)
- iii. An open plan with tables and chairs (**Show picture 3**)
- iv. Combination of the above
- v. Don't know/Unsure
- vi. Refused

## **SECTION 5: EXPERIENCES OF OVERDOSE**

---

The next questions are about overdosing. Different people have different ideas about what an overdose is.

**5.1** Have you **EVER** overdosed by accident?

- i. Yes
- ii. No → **SKIP to 7.0**
- iii. Refused → **SKIP to 7.0**

**5.2a** Have you overdosed in the **PAST SIX MONTHS**?

- i. Yes
- ii. No
- iii. Refused

**5.2b** Altogether, how many times have you overdosed in your lifetime?

- i. TIMES: \_\_\_\_\_
- ii. Don't know/Unsure
- iii. Refused

**5.3a** The last time you overdosed, which drugs or substances were involved? Did you inject them? **(READ OUT LIST. Check ALL that apply.)**

Drug/Substance	Involved in OD?		Injected?	
	Yes	No	Yes	No
Cocaine				
Crack				
Hydros (Hydromorph Contin or Dilaudid)				
Heroin				
Methadone				
Suboxone				
Morphine				
Percocet				
Wellbutrin				
Oxycodone				
Fentanyl				

Drug/Substance	Involved in OD?		Injected?	
	Yes	No	Yes	No
Ritalin or Biphentin				
Benzodiazepines or tranquilizers				
Speedball				
Amphetamines				
Crystal Meth				
Valium				
Gabapentin				
Alcohol				
Pot				
Other injection drugs				
Other non-injection drugs				

**5.4** Were other people with you?

- i. Yes
- ii. No
- iii. Refused

**5.5** Could you tell me the type of place where you overdosed? **(DO NOT read list out. Check ONE only).**

- i. My own place
- ii. Partner's place (if different from my own)
- iii. Friend's place
- iv. Relative's place
- v. Dealer's place
- vi. Street (alley, doorway, under bridge, etc)
- vii. Public washroom
- viii. Shelter
- ix. Abandoned building
- x. Jail
- xi. Drop-in or social service

- xii. Other, specify:
- xiii. Don't know/Unsure
- xiv. Refused

**5.6** Were you assisted by other people?

- i. Yes
- ii. No
- iii. Refused

## **SECTION 6: DRUG TREATMENT**

---

**6.0** Have you **EVER** in your lifetime been in a drug treatment or detox programme?

- i. Yes
- ii. No → **GO TO Q 7.2**
- iii. Refused → **GO TO Q 7.2**

**6.1** Have you in the **LAST SIX MONTHS** been in a drug treatment or detox programme?

- i. Yes
- ii. No → **GO TO Q 7.2**
- iii. Refused → **GO TO Q 7.2**

**6.1a** In the **LAST SIX MONTHS**, which treatment programs have you been in? (**Read out list. Check all that apply.**)

- |  |  |
|--|--|
| <input type="checkbox"/> Detox program with methadone/suboxone     | <input type="checkbox"/> Drug court                                    |
| <input type="checkbox"/> Detox program with other prescribed drugs | <input type="checkbox"/> Healing lodge                                 |
| <input type="checkbox"/> Detox program with no drugs               | <input type="checkbox"/> Addictions case management                    |
| <input type="checkbox"/> Methadone maintenance program             | <input type="checkbox"/> Managed alcohol program                       |
| <input type="checkbox"/> Out-patient counselling                   | <input type="checkbox"/> Another drug treatment/detoxification program |
| <input type="checkbox"/> Self-help group for your drug use         | <input type="checkbox"/> Other, specify:                               |
| <input type="checkbox"/> Drug treatment with cultural programming  | <input type="checkbox"/> Refused                                       |
| <input type="checkbox"/> Residential treatment                     |  |



---

**6.2** During the **PAST SIX MONTHS**, have you ever tried but been unable to get into any of the treatment programs?

- i. Yes
- ii. No
- iii. Refused**



**WINDSOR-ESSEX COUNTY  
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# SIS Community Consultations

## Executive Report

September 2019



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- **what we set out to achieve**
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# project background



- Windsor and Essex County (WEC) is facing **increased morbidity and mortality** related to the use of opioids and other drugs.
- In response, the Windsor-Essex County Health Unit (WECHU) sought to examine the **need for and acceptability of supervised injection site(s) (SIS)** in the community.
- As a requirement of Health Canada's application for exemption under Section 56 of the Controlled Drugs and Substances Act, **community engagement is essential** to informing the need for and feasibility of an SIS.

Supervised injection site (SIS): An SIS is a legally sanctioned site that provides a location where people can bring their own illicit substances to inject under safer conditions and supervised by trained workers.

An SIS reflects harm reduction principles, which recognizes that individuals with addiction or substance use issues may not wish or be able to abstain from substance use. It thus seeks to minimize the harms associated with drug use.

# what we set out to achieve



- The WECHU conducted community consultations from **October 17, 2018 to April 26, 2019**.
- The purpose was to **understand community perceptions of SIS**, including levels of support or opposition, and to gather feedback regarding questions and concerns about SIS.
- The WECHU also explored **potential clients' willingness to use SIS and their preferences** for the design, location, and services offered by SIS.
- The results from this study will contribute to information that may be helpful in **planning future services** for people who use drugs.
- This SIS Community Consultations Executive Report **summarizes the key themes** identified from the consultations. For more detailed findings, please see the full report under separate cover.



# how we accomplished it

Community engagement took place from October 2018 to April 2019



GENERAL PUBLIC	COMMUNITY GROUPS	KEY INFORMANTS	PEOPLE WHO INJECT DRUGS**
online open-link survey* (n=2520)	in-person focus groups (5 groups; 27 participants)	one-on-one interviews (20 interviews)	in-person staff/peer-conducted interviews (n=99)

The WECHU conducted all phases of the community engagement. Ipsos Public Affairs, a third-party research firm, was engaged to analyze the findings and write a full report.

\*And paper surveys were distributed to community organizations.

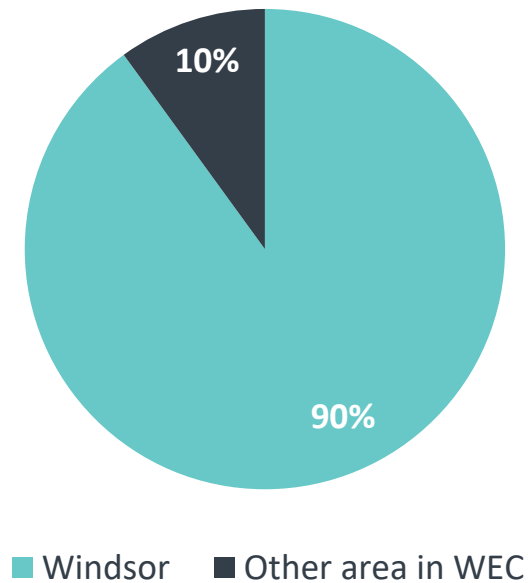
\*\*People who inject drugs=PWID

# who we consulted

# profile of survey respondents

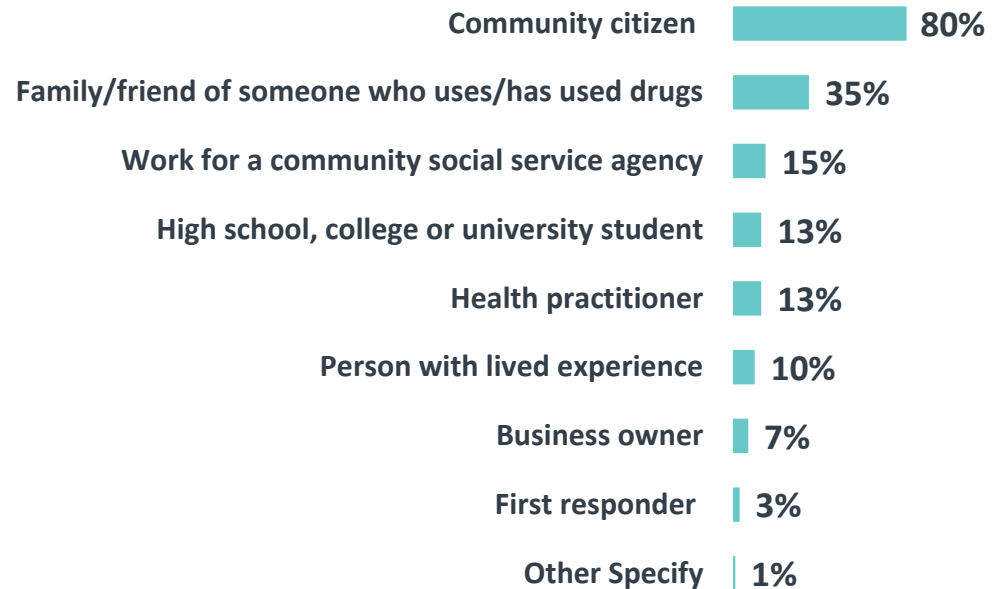
- **n=2520** of the general public completed the survey
- An online survey (open link) was posted on the WECHU's home page, and paper surveys were distributed to community organizations

## Live, work, and/or go to school in...(n=2520)



## Self-identified as a...(n=2512)

Multiple response



Note to reader: The survey was programmed online so that respondents could skip questions. Base sizes exclude no responses and may, therefore, vary from question to question.



# drugs affect all walks of life

- Many respondents identifying across community roles have friends/family who use or have used drugs (e.g. 47% of students know someone who uses/has used drugs).
- A few, themselves, identified as a person with lived experience (e.g. 13% of business owners identified as a person with lived experience).

	Total	Self-identified as a...(multi-response)							
		Family/Friend of Someone Who Uses/d Drugs	High School/ College/ University Student	Business Owner	Community Citizen	Work for a Community Social Service Agency	First Responder	Health Practitioner	A person with lived experience
Base: All Respondents answering	2512	886	334	188	2012	376	71	327	255
<b>Self-identified as...</b>									
<b>A person with lived experience</b>	<b>10%</b>	<b>22%</b>	<b>17%</b>	<b>13%</b>	<b>11%</b>	<b>8%</b>	<b>7%</b>	<b>6%</b>	<b>100%</b>
<b>Being family or friend of someone who uses or has used drugs</b>	<b>35%</b>	<b>100%</b>	<b>47%</b>	<b>44%</b>	<b>38%</b>	<b>35%</b>	<b>20%</b>	<b>32%</b>	<b>77%</b>

Q2. Which of the following best describes you? (multi-select question)



# community groups & stakeholders



## Focus groups

Representatives across various community groups:

- Health and social service workers
- Neighbourhood groups
- Local business groups



## Key informant interviews

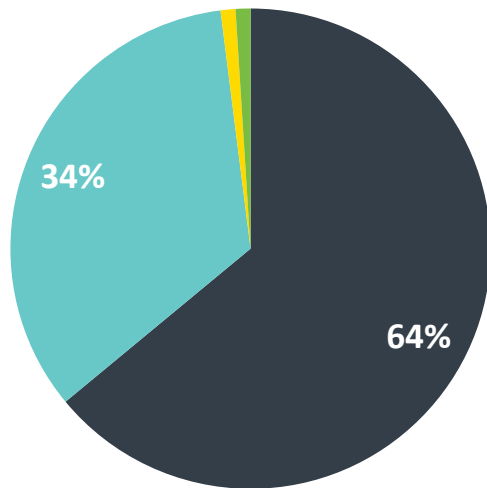
Stakeholders from:

- Government (municipal, provincial, federal)
- Health services organizations
- Emergency services
- Social services, and
- Other community organizations

# profile of PWID

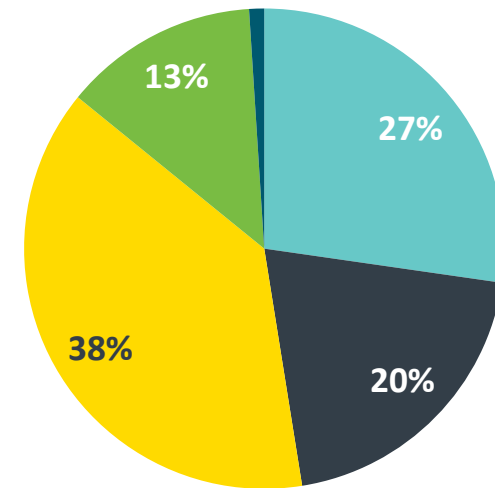
- n=99 PWID completed the survey
- In-person interviews conducted by the WECHU's staff and/or peers
- Respondents compensated \$15 each for their participation

Gender



■ Male ■ Female ■ Other ■ Don't know

Age



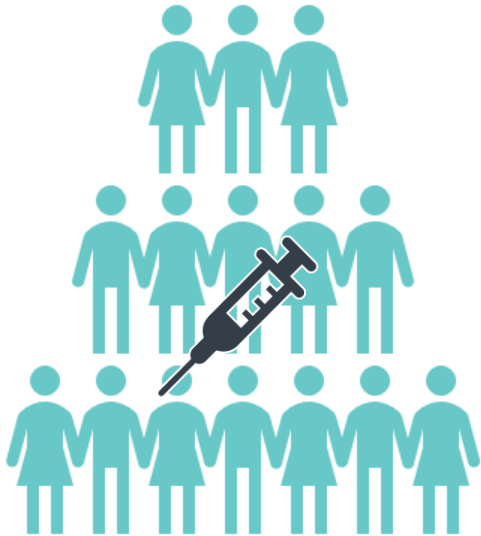
■ 18-34 ■ 35-44 ■ 45-54 ■ 55+ ■ DK/NS



# what we heard: key themes

# a drug crisis

unanimously, community stakeholders said WEC is in the midst of a drug crisis



- Drug use is perceived as a pervasive **epidemic**, regardless of the community.
- View that the community is dealing with a **worsening and visible problem** of injection use and related social harms:
  - Those who inject are seen to be physically at risk, socially stigmatized, and in avoidance of public services and health care.
  - Issues of homelessness, injecting in public, and discarded needles in private and public spaces including schoolyards, parks, backyards, front porches.



*Yes, I believe there is a problem in Windsor; actually, very evident in our community. See it on the streets; we have people who send pictures of people injecting on sidewalks and send to 311. People injecting out in the public. Right now, the problem poses a health and safety risk in the individual who chooses to use, and the general public...*

- Key informant interview

# support for SIS

many who responded to the community survey showed support for SIS



- Overall, **61%** of community survey respondents said SIS would be helpful to Windsor and Essex County.
- Many who participated in the community focus groups and key informant interviews were **favourable** towards, or at least open to the idea of, SIS.



# perceived benefits of SIS

- Save lives
- Decrease harm for those who inject drugs
- Reduce infectious diseases/infections
- Increase safety for the community
- Decrease stigma
- Connect people who use drugs or their family members to medical and/or social services
- Reduce public costs by easing demand for emergency services
- Serve as a compassionate approach

# who is more supportive?

## Said SIS would “be very helpful/helpful” to WEC:

- **81%** of social service workers (n=370)
- **74%** of students (n=326)
- **68%** of health practitioners (n=324)
- **66%** of friends/family of someone who uses/used drugs (n=871)
- **63%** of those with lived experience (n=246)
- **56%** of business owners (n=187)
  
- ***But only 32%*** of those who identified as first responders said SIS would “be very helpful/helpful” (n=68)

Note to reader: Respondents self-identified as one of the above subgroups in the community survey. See slide 8.



# oppose SIS

## vocal opposition to SIS in the community



- Overall, **33%** of community survey respondents said SIS would not be helpful to WEC; 6% were undecided. Those who were in opposition were vocal in their responses, and **expressed concerns** that were focused on safety and the negative impact SIS would have on the community.
- A couple of community stakeholders interviewed were not convinced that any benefits of SIS would necessarily **outweigh the risks**.
- Those identifying as first responders were the least likely group to be supportive of SIS – **65% did not see it as helpful**. And, while over half of business owners (56%) said SIS would be helpful, they were the second most likely group to be opposed to SIS, with **39% saying it would not be helpful**.



# perceived negative impacts of SIS

- Decrease property values
- Increase crime in SIS area(s)
- Normalize drugs
- Enable drug users
- Condone illegal drug use
- Will not solve the drug problem
- Would likely not even be used by PWID
- Be a waste of taxpayers dollars; some said, instead, that funding could go towards rehabilitation, drug education and supports for mental health

# drug use

## half of PWID reported having overdosed on drugs by accident



- **Three-quarters** of PWID said they typically **inject 1 to 3 times a day**; 1 in 5 said they inject 4 or more times a day.
- Two-thirds of PWID have **injected in public or semi-public spaces** in the past 6 months. The main reasons for doing so was being homeless and having no place to inject drugs safely.
- **Of those who reported having overdosed:**
  - half had done so in past 6 months;
  - half had overdosed 3 or more times; and
  - 9/10 said they had injected drugs alone.

# use of SIS

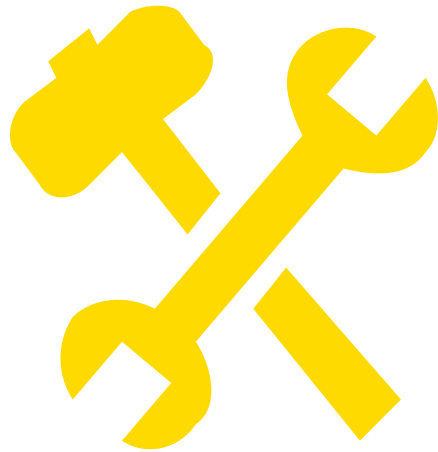
## majority of PWID said they would consider using SIS



- 8 in 10 PWID were **aware** of SIS.
- 8 in 10 said they would **consider using** SIS if it were available (71% said “yes” and 7% said “maybe”).
- **3 in 10** said they would consider using SIS **always (100% of the time)**.
- Almost half said they would use it during daytime hours (8am to 4pm), while 3 in 10 said they would use it in the evening from 4 pm to midnight.
- Among those who said they would maybe consider or would not consider using SIS, **privacy and confidentiality** were the primary concerns.
- **Establishing trust** with PWID is critical to the success of SIS.

# SIS services

most important services that could be offered in SIS for PWID



- Access to sterile needles and injection equipment
- Prevent and respond to overdoses
- HIV & Hepatitis C testing
- Access to washrooms, including showers
- Access to health services and counselling
- Supervision when injecting
- Harm reduction education
- Referrals to drug treatment, rehab, and other services
- Withdrawal management
- Drug testing
- Chill out room

# holistic approach

many suggested SIS could operate as the bridge to a broad spectrum of public services



- Many community members and stakeholders said SIS could be **one facet of a holistic strategy** that manages harm, while providing a path to recovery and addressing the social drivers of addiction.
- SIS could include services/programs from treatment and recovery to health and nutrition to housing and employment programs.
- SIS could also be a locus of support not only for PWID but also their **families**.



# implementation

## community stakeholders highlighted concerns about...



- **Safety** for both frontline staff and users of the SIS: need to provide security while, at the same time, maintain an environment that PWID would trust.
- **Ethical considerations** such as providing care to minors and issues of **privacy** for users of SIS.
- Excessive **concentration** of those who inject drugs in a single location.
- **Resource and capacity limitations:** SIS must be sufficiently resourced to operate 24/7 (have consistent hours at a minimum), and pay staff adequately to reduce turnover.

# location

## the location of the SIS will be the most contentious and challenging



- Overall, there was a general sense that there would be opposition by many residents to the location of the proposed SIS near their homes, schools or businesses (**NIMBY – “not-in-my-backyard” sentiment\***).
- Many who participated in the consultations thought that the **City of Windsor**, particularly the area around the **downtown core**, would be well served by SIS.
- Some respondents in the survey, however, thought SIS should also be **offered across WEC**.
- A mobile service would be one option to ensure broader geographical coverage across the community: 4 in 10 (38%) respondents from the community survey said that **both an integrated service and a mobile service** would be best for the community.

\* “Used to express opposition by local citizens to the locating in their neighborhood of a civic project such as a jail, garbage dump, or drug rehabilitation center, that, though needed by the larger community, is considered unsightly, dangerous, or likely to lead to decreased property values.” Dictionary.com: accessed on August 26, 2019: <https://www.dictionary.com/browse/nimby>

# consult

## stakeholders expressed the critical need to *continue* consultations and dialogue



- Continued **public engagement** will be critical to building community support and to bridging the gap between users, supporters and detractors.
- **Dialogue** will help address concerns and questions citizens may have.
- It would help to build **trust** with the community through **transparency**.
- Engagement will be most important regarding the **location(s)** of SIS, as many residents will oppose the establishment of SIS in their own neighborhoods.



*SIS will be much more successful if it is both a **'top down' and 'bottom up' process**, where the whole community has an investment in its success rather than it being imposed without meaningful **education and consultation**.*

- Survey: self-identified as social service worker

# educate

## education about drug addiction and harm reduction is needed



- Stakeholders noted that education is needed to help **reduce stigma** and to encourage greater **compassion**.
- This would include communicating research **findings that support the efficacy** of SIS but also, importantly, **telling the stories** of those affected by drugs including family and friends.
- Education would help community members make **better informed decisions** on whether they support or oppose SIS.



*Changing narrative in community is going to be very important to helping to address some of those questions. 2 key components. - **folks with lived experience will help to change narrative.***

***Humanizing the issue.** Those who we've lost to overdoses - support network of family, friends, caregivers, service providers who have been impacted by OD in community - bringing that narrative front and center to those people concerned about SIS that will be more impactful change that need to take place. **Demonstrates this is someone you know at the end of the day.** This isn't just stereotypical world - these are real people impacted, and you probably know somebody.*

- Focus group participant



# consensus

Community members spoke of the critical need to move forward with key leaders working together



- Many respondents observed that the **lack of consensus** among community leaders on the best approach to addressing the drug crisis is **delaying an effective and cohesive response**.
- Some stakeholders and representatives from community groups cautioned that many residents will oppose the establishment of SIS. This, supporters argued, justified the even greater need for community leaders to work together to put aside ideological differences and to **find a solution** to reduce harm among users and in the community.



*It is contentious, because there are **different opinions**. We are not different from other communities, it's just our response has been different. The issue with our response, **we are not unified** on our thoughts about it. There are a lot of differences in opinion. Lack of knowledge and understanding around the medical aspects in that it is a disease and not an issue with people. It is an actual problem, that has medical basis, and a behavioral basis. It is very complex.*

- Key informant interview (Health Services)

# summary

# summary (1 of 3)

- Overall, the consultations show **support for SIS** in the community: among 61% of community consultation survey respondents and among many community stakeholders and representatives.
- SIS is recognized as a program that would **save lives and reduce harm**.
- SIS is seen as a **compassionate** approach.
- However, there is **strong, vocal opposition** from community members who are concerned with the impacts of SIS on public safety and the local economy.
- Also, there are thoughts that SIS would **condone drug use** and lead to more drug-related activities and an increase in crime.

# summary (2 of 3)

- The results from the survey among people who inject drugs reveals the grim picture of drug use and overdose: half have **overdosed and** many of them have done so **3 or more times**. The majority of those who have overdosed said they typically inject drugs **alone**.
- Regardless of support or opposition, SIS is recognized by many as a solution that would help **save lives** by providing a place for safe, supervised injections.
- SIS would also provide access to sterile needles and injection equipment to **help prevent the spread of disease and infection**.

# summary (3 of 3)

- In the implementation, many argued that SIS should be a part of a **holistic strategy** with wrap-around services.
- Other important considerations: **safety measures, privacy** and ethical considerations, and sufficient **resources and capacity**.
- Determining the **location of SIS** will be the most contentious and challenging.
- Critical need to continue **consultations and dialogue**, and to **educate** the public not only about SIS but also about drug addiction to help **reduce stigma**.
- In order to move forward, some community members identified the need for **consensus and collaboration** among stakeholders to develop a solution to address drug-related harms in the community.



# appendix

# a word about terminology

Various terminology is used to describe similar interventions to address injection drug use and overdose. During the period in which the consultations were conducted, the term supervised injection services or sites (SIS) was more commonly used and was, therefore, the term used throughout this report.



- **Overdose prevention sites (OPS)** are temporary sites that can operate for 3 to 6 months. These sites provide supervised injection, harm reduction supplies, and naloxone. They were developed in response to the opioid crisis because of the immediate need for health services to prevent illnesses and deaths related to drug use. OPS give communities time to plan and consult about more long-term solutions to addressing the needs of people who use drugs.
- **Supervised consumption services (SCS)** are part of a long-term harm reduction approach. They are provided at legally sanctioned sites that can operate for longer and offer more comprehensive services and education for people who use drugs than an OPS does. SCS includes all methods of consumption, including by injection, through the nose, and by mouth. These include basic health services, testing for infectious diseases, and referrals to health and social services, such as treatment, rehabilitation and housing services. People who are ready to stop or want to reduce their drug use can also come and get support at these sites.
- **Supervised injection services (SIS)** refer specifically to injectable drugs and are services provided at SCS. Supervised injection services have also been referred to as safe injection sites.
- **Consumption and Treatment Services (CTS)** is the new model announced by the Ministry of Health and Long-Term Care (now known as the Ministry of Health) in fall of 2018. This model would replace SCS and OPS models providing the same services, but emphasizing the need for community consultation, availability of health and social services, and ongoing monitoring and reporting.

# support for or opposition to SIS

Before the main section of the community consultations survey, respondents were provided with the following description of supervised injection services (SIS):

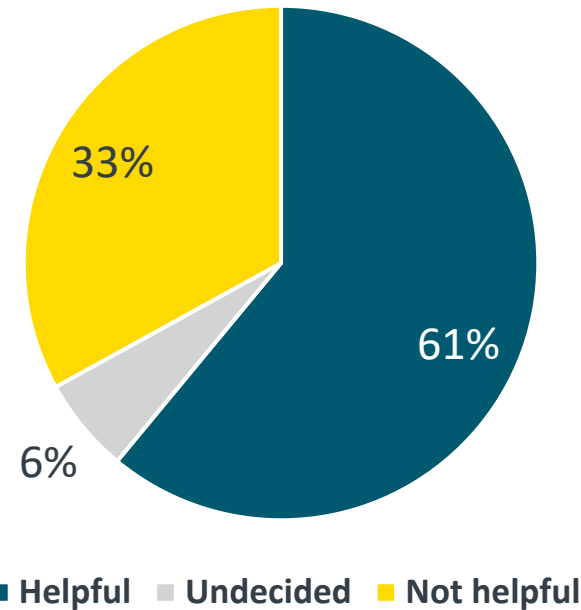
Supervised injection services are provided at legally operated indoor facilities where people come to inject their own drugs under the supervision of medically trained workers. People can inject there under safe and sterile conditions and have access to all sterile injecting equipment and receive basic medical care and/or be referred to appropriate health or social services.

Research in Canada and other countries show that SIS:

- Reduce overdose-related deaths;
- Reduce injecting in public places;
- Reduce used needles being left in public spaces;
- Increase access for people who inject drugs to treatment and other health and social services;
- Reduce needle sharing and the spread of infections, such as hepatitis C;
- Reduce overall health care costs, ambulance calls, use of emergency departments, and hospital admissions; and,
- Do not increase drug-related crime or loitering or rates of drug use.

## Community Consultation Survey (n=2480)

- 61% support SIS
- 33% oppose SIS
- 6% undecided in their opinion



Q7. To what extent do you think supervised injection services would be helpful in Windsor-Essex County?

# support for or opposition to SIS by subgroup

		Self-identified as... (multiple responses)									
		Total	Business Owner	Community Social Service Agency	Health Practitioner	First Responder	High School/ College/ University Student	Person with Lived Experience	Family/ Friend of Someone Who Uses/d Drugs	Community Citizen	Other*
Base size	n=	2480	187	370	324	68*	326	246	871	1981	15**
<b>Helpful</b>		<b>61%</b>	56%	81%	68%	32%	74%	63%	66%	61%	87%
<b>Not helpful</b>		<b>33%</b>	39%	14%	24%	65%	22%	31%	28%	33%	13%
<b>Undecided</b>		<b>6%</b>	5%	5%	8%	3%	4%	6%	6%	6%	-

Note to reader: \*small base <n=100; \*\* very small base size <n=30

\*Those who fall into the "Other" category included primarily clergy and those who work in the criminal justice system.

Q7. To what extent do you think supervised injection services would be helpful in Windsor-Essex County?

# CONSUMPTION & TREATMENT SERVICES SITE-SPECIFIC COMMUNITY CONSULTATIONS REPORT (2021)



**Suggested Citation:** Windsor-Essex County Health Unit. (2021). Consumption & Treatment Services Site-Specific Community Consultations Report. Windsor, Ontario.

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## Terminology Notes

Various terminology is often used to describe similar interventions that address injection, intranasal, and oral drug use and overdose. For the purposes of this report, the most up-to-date terminology announced by the Ontario Ministry of Health in 2018, *Consumption & Treatment Services (CTS)*, has been utilized. Related terminology to Consumption & Treatment Services are defined in Table 1 below.

Table 1 – Terminology Definitions	
Terminology	Definition
<b>Overdose Prevention Sites (OPS)</b>	<ul style="list-style-type: none"> <li>• Temporary sites that can operate for 3 to 6 months.</li> <li>• These sites provide supervised injection, harm reduction supplies, and naloxone.</li> <li>• These sites were developed in response to the opioid crisis and the immediate need for health services to prevent illnesses and deaths related to drug use.</li> <li>• OPS give communities time to plan and consult about more long-term solutions for addressing the needs of people who use drugs.</li> </ul>
<b>Supervised Consumption Services (SCS)</b>	<ul style="list-style-type: none"> <li>• Part of a long-term harm reduction approach.</li> <li>• These sites are provided at legally sanctioned sites that can operate for longer and offer more comprehensive services and education for people who use drugs than OPS sites.</li> <li>• SCS includes all methods of consumption, including consumption through injection, through the mouth, and by nose.</li> <li>• These sites include basic health services, testing for infectious diseases, and referrals to health and social services, such as treatment, rehabilitation, and housing services. People who are want to stop or reduce their drug use can also access support at these sites.</li> </ul>
<b>Supervised Injection Services (SIS)</b>	<ul style="list-style-type: none"> <li>• Refer specifically to injectable drugs and are services provided at SCS.</li> <li>• Supervised injection services have also been referred to as safe injection sites.</li> </ul>
<b>Consumption &amp; Treatment Services (CTS)</b>	<ul style="list-style-type: none"> <li>• New model announced by the Ministry of Health in the fall of 2018.</li> <li>• This model replaces SCS and OPS models that provide the same services, but emphasizes the need for community consultation, availability of health and social services, and ongoing monitoring and reporting.</li> </ul>

## Executive Summary

### The Local Opioid & Drug Overdose Crisis

Over the last five years, opioid and drug-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC):

- ✚ **358 opioid-related emergency department visits** were reported in WEC for 2020, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108).<sup>1</sup>
- ✚ **68 opioid-related deaths** were reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.<sup>1</sup>

In response to the worsening opioid and drug overdose crisis in WEC, the *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) has moved forward with a project to implement a **Consumption & Treatment Services (CTS)** facility in the City of Windsor.

#### *What is a CTS Facility?*

- ✚ A **harm reduction strategy** aimed at reducing the risks associated with substance use and preventing opioid-related injuries and deaths in the community
- ✚ A **legally operated, indoor facility** where people come to use their own pre-obtained substances under safe conditions, with the supervision of medically trained workers, and with on-site access and/or referrals to basic medical care, social services, and mental health/substance use treatment

[Research in Canada](#) shows that supervised consumption services (SCS) (now referred to as consumption and treatment services under the Ontario Ministry of Health model) can have many health and social benefits for both people who use substances and the larger community and can help to **save lives**.<sup>2</sup>

#### *Did We Consult the Community?*

Yes. In 2018 and 2019, the Windsor-Essex County Health Unit (WECHU) conducted a series of community consultations to gather feedback from members of the community about the overall feasibility and need for a Supervised Injection Services (SIS) facility (now referred to as CTS facilities under the Ontario Ministry of Health model) in WEC. Key findings outlined in the [SIS Community Consultations Report](#) demonstrated local support for an SIS in the City of Windsor:<sup>3</sup>

- ✚ **61%** of community members who responded to the online survey (N=2520) said that an SIS would be helpful to WEC.
- ✚ **A majority** of survey respondents who identified as a person who injected drugs (N=99) said that they would consider using a local SIS if it were available (**71%** said “**yes**”; **7%** said “**maybe**”).
- ✚ **Many** of the respondents thought that the area of the downtown core in Windsor would be a well-served location for a local SIS.

---

<sup>1</sup> Public Health Ontario (PHO). (2021). Interactive Opioid Tool – Opioid Related Morbidity and Mortality in Ontario. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed October 13<sup>th</sup>, 2021.

<sup>2</sup> Health Canada. (2021). Supervised consumption sites and services: Explained. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>.

<sup>3</sup> Windsor-Essex County Health Unit. (2019). *Supervised Injection Services Community Consultations Report*. Retrieved from <https://www.wechu.org/sis-community-consultation-reports>.

## CTS Site Selection & Application Process

Subsequent to the release of the *SIS Community Consultations Report*, the WECHU, with the support of the *CTS Stakeholder Advisory Committee*, determined two candidate locations for a potential CTS in Windsor's downtown core – [101 Wyandotte Street East](#) & [628 Goyeau Street](#).

### *How Were the Candidate Locations Selected?*

- ✦ An extensive consultation and communication process with local property owners
- ✦ With adherence to the mandatory site requirements outlined in the *Health Canada* and *Ontario Ministry of Health* application documents for the creation and approval of a local CTS/SCS, as well as to complementary eligibility criteria established by the *CTS Stakeholder Advisory Committee*
- ✦ **Crime Prevention through Environmental Design (CPTED) Audits** (Windsor Police Services, 2021) found that both of the candidate sites would lend themselves sufficiently to establishing manageable “Safe Consumption Zones”

## The CTS Site-Specific Community Consultation

As such, the WECOSS launched a site-specific community consultation on June 17<sup>th</sup> of 2021 to gather feedback from members of the community about the overall feasibility and acceptability of establishing a potential CTS at either of the candidate locations. The input collected through the community consultation would be used to inform the selection of one optimal location to submit through applications to the federal and provincial governments for approval. A four-phased, multi-pronged data collection approach was employed as part of the comprehensive community consultation plan:

- ✦ A community survey with a total of **448 survey responses**
- ✦ **13 key informant interviews** with business and agency stakeholders operating within a defined radius from the sites (Note: At the time of this publication, 12 of the 13 key informants had provided their authorization to include their feedback within the final, public reporting materials in aggregate format)
- ✦ **7 focus groups** with area stakeholder groups
- ✦ **3 Virtual Town Hall meetings** that allowed community members to ask questions and voice concerns to a panel of expert speakers. In total, **53 community members** registered to participate.

### *What Did We Hear from the Community?*

Key findings collected through the site-specific community consultations yielded local support and emphasized the need for the creation of a potential CTS at either of the candidate locations. Nonetheless, based on the feedback collected, **628 Goyeau Street** was identified as the **preferred or optimal location** for a local CTS site.

### *Community Survey Results*

- ✦ A **majority of respondents** indicated that they would **provide at least some degree of support for a potential CTS at 628 Goyeau Street (68%) and/or 101 Wyandotte Street East (67%)**.
- ✦ While respondents most frequently indicated that they would provide equal support for a CTS at either of the candidate locations (39%), **19% preferred 628 Goyeau Street**, and **13% preferred 101 Wyandotte Street East. Nineteen percent (19%)** indicated that they **did not support or prefer** either location.
- ✦ Of respondents who either lived, worked, owned a business, and/or went to school in the downtown core (N=168), **31%** equally supported both locations, **22% preferred 628 Goyeau Street**, and **14% preferred 101 Wyandotte Street East. Twenty-three percent (23%)** indicated that they **did not support or prefer** either location.



## Key Informant Interview & Focus Group Results

- + A **majority of key informants and focus groups** demonstrated **openness or support** towards establishing a potential CTS at one or both of the candidate sites, with very few expressing strong opposition towards either location.
- + Predominantly, many of the participants cited **greater advantages** to establishing a potential CTS at **628 Goyeau Street** due to the **lighter traffic flow** surrounding the location and the **less visible nature** of the site:
  - o Less risks of pedestrian and vehicular-related injuries and traffic disruptions
  - o Greater privacy for potential service users
  - o Mitigates concerns related to neighbourhood image/reputation and revitalization efforts
- + While **3** of the key informants **equally supported** both locations, **4 preferred 628 Goyeau Street**, and **3 preferred 101 Wyandotte Street East**. **Two** of the key informants expressed **strong opposition** towards either location (did not support or cite a preference for either location).
- + **Five of the seven focus groups** reached a **consensus (i.e., majority will)** or a general agreement that **628 Goyeau Street** is or may be the **preferred, optimal, or more beneficial location** for a potential CTS in downtown Windsor.

## Next Steps

- + The WECHU, with the support of the *CTS Stakeholder Advisory Committee*, will present the consultation findings to the City of Windsor Council and seek municipal endorsement to apply for and create a CTS at 628 Goyeau Street.
- + Pending approval from the City of Windsor Council, the WECHU, in partnership with *the CTS Stakeholder Advisory Committee*, will submit the *Health Canada* and *Ontario Ministry of Health* applications for approval of a CTS at 628 Goyeau Street.
- + Should the WECHU receive approval from the federal and provincial governments to establish the proposed CTS, the WECHU will transfer grant funds to the Windsor-Essex Community Health Centre (WECHC) to assume the primary responsibilities of operating the services delivered at the site once operationalized. Positive Pathways Community Services (PPCS) will be responsible for embedding the PPCS Needle Syringe Program into the direct operations of the site.

## Introduction

### The Local Opioid & Overdose Crisis

Over the last five years, opioid-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC). The onset of the global COVID-19 pandemic in March of 2020 has only served to exacerbate the local opioid and overdose crisis in WEC, with substantial increases in opioid-related emergency department (ED) visits and opioid-related mortalities observed in the year since the COVID-19 pandemic began. In fact, for the year of 2020, there were a total of 358 opioid-related emergency department (ED) visits reported locally in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108).<sup>4</sup> Additionally, 68 opioid-related deaths were reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.<sup>4</sup>

These upward trends have continued into 2021, with a total of 95 opioid-related ED visits and 15 opioid-related deaths already reported in the first three months of this year (January – March of 2021).<sup>5,6</sup> Additionally, compared to the total number of drug-related community alerts issued by the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)* for the entire year in 2020 (3) and 2019 (9), the WECOSS issued a total of 13 drug-related community alerts between January and November of 2021 alone.<sup>7</sup> These trends highlight that there is an urgent need for collective, community action to address the worsening opioid and overdose crisis in WEC.

### The Windsor-Essex Community Opioid & Substance Strategy (WECOSS)

In response to the emerging opioid and overdose crisis, key leadership stakeholders across multi-disciplinary sectors formed the *Windsor-Essex Community Opioid & Substance Strategy Leadership Committee (WECOSS-LC)* in December of 2016. As led by the WECHU, the WECOSS-LC was established with the core purpose of seeking to address the rising rates of opioid use in WEC by developing and implementing the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)*.

In 2018, the WECOSS was developed by the *Leadership Committee* in consultation with residents of the community, beginning with an environmental scan of existing community resources and a review of best practices from other regions at the provincial, national, and international levels. This set of strategies was then further refined through a community consultation process involving two community forums and an online community survey. Subsequently, the development process resulted in the creation of a [WECOSS Action Plan \(2018\)](#), which outlines a set of eight key recommendations that relate specifically to addressing opioid and other substance use in the community. These recommendations are outlined at [www.wecoss.ca/strategy](http://www.wecoss.ca/strategy).

The WECOSS Action Plan proposed a four pillar based approach to addressing the harms associated with substance use at the community level – Prevention and Education, Harm Reduction, Treatment & Recovery, and Enforcement & Justice. As a result, four pillar-based working groups were comprised of community partners committed to a shared purpose and set of activities to support the implementation of the recommendations outlined in the *WECOSS Action Plan (2018)*. Each of the pillar working groups include people with lived/living experience with substance use (PWLLE), who provide their input and voice into the programs and services that are developed.

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<sup>4</sup>Public Health Ontario (PHO). (2021). Interactive Opioid Tool – Opioid Related Morbidity and Mortality in Ontario. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed October 13<sup>th</sup>, 2021. Opioid-related ED data and opioid-related mortality data are considered preliminary.

<sup>5</sup> Ontario Ministry of Health. (2021). National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health.

<sup>6</sup>Coroner's Opioid Investigative Aid, Office of the Chief Coroner for Ontario, Sept 2 2021.

<sup>7</sup>Windsor-Essex Community Opioid & Substance Strategy (WECOSS). (2021). Past Alerts. Retrieved from [https://wecoss.ca/past\\_alerts](https://wecoss.ca/past_alerts).

Since its inception in 2018, the WECOSS has initiated many partnered activities and projects to operationalize the guiding recommendations in the *WECOSS Action Plan*. Additional information about the projects that have been formulated under each of the pillar working groups can be found through the *Annual Reports* for 2018 – 2020 on the WECOSS website: [www.wecoss.ca/annual-reports](http://www.wecoss.ca/annual-reports).

### *Harm Reduction Pillar of the WECOSS*

One of the four pillar working groups in the WECOSS represents the Harm Reduction Pillar. As part of the strategy’s overall goals and objectives, the WECOSS Harm Reduction Pillar focuses on interventions that seek to reduce the health, social, and economic harms associated with substance use in the community. These interventions recognize that some individuals with substance use issues may not wish or have the ability to abstain from substances. Harm reduction interventions undertaken through this pillar working group aim to minimize the risks associated with drug use while individuals continue to use, reduce the spread of communicable diseases (e.g., HIV/Hepatitis), prevent overdose harms and deaths, reduce consumption of illicit substances in unsafe settings, and increase awareness of lower risk use.

With the launch of the WECOSS, the Harm Reduction Pillar initiated a project in 2018 to facilitate community engagement for *Consumption & Treatment Services* (CTS) in WEC. This project addressed guiding recommendation five in the *WECOSS Action Plan*, which was to “increase access to a variety of harm reduction options for people who use opioids and those affected by people who use opioids in the community”.<sup>8</sup> The *Community Engagement for Consumption & Treatment Services* project commenced a set of actions and activities that occurred over a three-year period (2018-2021) to assess the overall feasibility and need for establishing a CTS in WEC, and to identify a suitable and accessible location for a local CTS.

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<sup>8</sup> Windsor-Essex Community Opioid & Substance Strategy (WECOSS). *Windsor-Essex Community Opioid & Substance Strategy: An Action Plan for Our Community*. Windsor, Ontario. Retrieved from <https://wecoss.ca/action-plan/windsor-essex-community-opioid-strategy-action-plan-our-community>.

## Project Background

### What is a Consumption & Treatment Services Facility?

A Consumption & Treatment Services (CTS) facility is one of many harm reduction approaches aimed at reducing the harms associated with substance use and preventing opioid-related injuries and deaths in the community. CTS facilities are provided at legally operated, indoor spaces where people come to use their own pre-obtained substances under safe conditions and with the supervision of medically trained workers. Individuals that access services at a CTS facility are provided with a range of sterile harm reduction supplies (e.g., sterile needles), education on safer consumption practices, overdose prevention and intervention services (i.e., use of oxygen and naloxone), and medical and counselling services. These facilities also offer on-site access and/or referrals to primary medical care, mental health and substance use treatment, housing and income support, and other health and social services.

Research in Canada shows that supervised consumption services (now referred to as consumption and treatment services under the Ontario Ministry of Health model) can offer many health and social benefits for both people who use substances and the larger community, including: <sup>9,10</sup>

- Reduced rates of drug overdoses, poisonings, and deaths
- Reduced risk factors leading to the spread of infectious diseases, such as HIV and Hepatitis
- Reduced unsafe consumption practices
- Reduced public drug use and less publicly discarded needles
- Increased uptake of withdrawal management and mental health and drug treatment services
- Connection and referrals to other health and social services
- Cost-effective use of focused harm reduction supports and staff

In order to establish a CTS facility at the municipal level, applications must be submitted for approval to both the provincial government (*Ontario Ministry of Health*) and the federal government (*Health Canada*). The application to the federal government requests an exemption to Section 56.1 of the *Controlled Drugs and Substance Act* (CDSA) to legally operate Supervised Consumption Services (SCS) in Canada.<sup>11</sup> The provincial application augments Health Canada's SCS program to include additional requirements for treatment and support services.<sup>11</sup> In order to receive provincial funding for a CTS facility through the Ontario Ministry of Health, applicants must demonstrate that their proposed service meets the federal requirements, as well as the additional requirements outlined under Ontario's CTS program.<sup>11</sup>

### Review of the Supervised Injection Services Community Consultations (2018-2019)

A key requirement of the provincial and federal applications for a CTS site is community engagement. Community engagement is considered essential to informing the feasibility and need for a local CTS, as well as ensuring its successful integration into the community.

In response to the worsening opioid and overdose crisis in WEC, the WECHU initiated a public health-led assessment in 2018 to measure the feasibility of establishing a CTS site in the City of Windsor. As part of this process, the WECHU conducted a series of community consultations from October 17<sup>th</sup> of 2018 to April 26<sup>th</sup> of

<sup>9</sup> Health Canada. (2021). Supervised consumption sites and services: Explained. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>.

<sup>10</sup> Marshall, B.D.L., et al. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: A retrospective population-based study. *Lancet*. Published online April 18, 2011. DOI: 10.1016/S0140-6736(10)62353-7.

<sup>11</sup> Ministry of Health & Long-Term Care. (2018). Consumption and Treatment Services: Application Guide. Retrieved from [https://health.gov.on.ca/en/pro/programs/opioids/docs/CTS\\_application\\_guide\\_en.pdf](https://health.gov.on.ca/en/pro/programs/opioids/docs/CTS_application_guide_en.pdf)

2019 to understand community perceptions about the overall acceptability and need for creating a Supervised Injection Site (SIS) (now referred to as a CTS site under the Ontario Ministry of Health model) in WEC.<sup>12</sup> The SIS community consultation assessed levels of support and/or opposition for a local SIS, and gathered feedback from members of the community regarding questions and concerns associated with an SIS in WEC.<sup>12</sup> The WECHU also explored potential clients' willingness to use an SIS and their preferences regarding the design, location, and services offered by a potential site.<sup>12</sup>

The SIS community consultation adopted a mixed methods approach for engaging the community, which included several consultation components. The comprehensive consultation plan is outlined below:<sup>12</sup>

- **Community Consultation Survey** – An online survey was open to the general public from October 17<sup>th</sup> of 2018 to December 17<sup>th</sup> of 2018. A total of 2520 residents of WEC completed the survey.
- **Focus Groups** – Five focus groups were facilitated with local community groups between November 13<sup>th</sup> of 2018 and March 12<sup>th</sup> of 2019. Participants included representatives across various community groups, including health and social service workers, local neighbourhood groups, and local business groups. In total, 27 representatives participated in the focus groups.
- **Key Informant Interviews** – 20 one-on-one interviews were completed between November 7<sup>th</sup> of 2018 and February 27<sup>th</sup> of 2019. Key informants included municipal stakeholders and representatives from health service organizations, emergency services, social services, and other community stakeholder groups.
- **Survey Among People Who Inject Drugs (PWID)** – A face-to-face survey was conducted by WECHU staff and peers with PWID. The survey was conducted between February 14<sup>th</sup> of 2019 and April 26<sup>th</sup> of 2019. In total, 99 PWID completed the survey.

## Recap of the Supervised Injection Services Community Consultation Results

The findings from the SIS community consultations yielded local support for establishing an SIS in WEC. Key highlights outlined in the SIS Community Consultations Executive Report (2019) that supported this conclusion are as follows:<sup>12</sup>

- ✚ Overall, **61%** of community survey respondents said an SIS would be helpful to WEC.
- ✚ **Many** of the participants who participated in the community focus groups and key informant interviews were **favourable towards**, or **at least open to the idea of**, an SIS.
- ✚ **Majority of PWID** said that they **would consider using an SIS** if it were available – **71%** of PWID said “yes” and **7%** said “maybe”.
- ✚ **Almost half of PWID** said that they would **use an SIS** during **daytime hours** (8:00 a.m. – 4:00 p.m.), while **3 in 10** said they would use it in the **evening** from **4:00 p.m. to midnight**.
- ✚ Among **PWID** who said that they would **maybe consider** or **would not consider using an SIS**, **privacy** and **confidentiality** were the **primary concerns**. **Establishing trust** with PWID is **critical** to the success of an SIS.
- ✚ **Many** who participated in the consultations thought the **City of Windsor**, particularly the area around the **downtown core**, would be a **well-served location** for an SIS.
- ✚ Continued public engagement will be critical to building community support and to bridging the gap between users, supporters, and detractors. Engagement will be most important regarding the selection

<sup>12</sup> Windsor-Essex County Health Unit. (2019). Supervised Injection Services Community Consultations Report. Windsor, Ontario. Retrieved from <https://www.wechu.org/sis-community-consultation-reports>.

of a location(s) for an SIS, as many consultation participants felt that there would be opposition by residents to the location of the proposed SIS near their homes, schools, or businesses (**NIMBY-ISM – “not-in-my-backyard” sentiment**).

Based on the findings of support gathered through the initial community consultations, the WECHU proceeded with the federal and provincial application processes for the creation of a CTS site in the City of Windsor. As per the consultation findings, the next step identified by the WECHU was to complete a comprehensive community consultation to determine a suitable and accessible location for a local CTS site.

## Preparing for the Location Selection & Application Submission Process

In succession of the *Supervised Injection Services Community Consultations Report 2019*, the WECHU initiated several activities between the Fall of 2019 and May of 2021 in order to facilitate the site-selection and application processes. A timeline of these activities are summarized in Figure 1.

To commence the site-selection process, the WECHU initiated the development of a *CTS Stakeholder Advisory Committee* in 2019 including membership from eight partnering agencies representing the multiple interdisciplinary sectors with a vested interest in the creation of a CTS. In addition to the WECHU, the initial partnering agencies on the *CTS Stakeholder Advisory Committee* were as follows:<sup>13</sup>

-  The City of Windsor
-  Positive Pathways Community Services
-  Windsor-Essex Community Health Centre
-  Hôtel-Dieu Grace Healthcare
-  Canadian Mental Health Association – Windsor-Essex County Branch
-  Windsor Police Services
-  Downtown Mission of Windsor

Subsequently, in 2020, the WECHU partnered with the *CTS Stakeholder Advisory Committee* to establish local criteria and requirements for an eligible site. The local requirements complement the mandatory criteria outlined in the federal and provincial application documents and are outlined below:

- Site must be 200m from a sensitive land use (e.g. parks, daycare centers, schools), as well as 600m from other CTS sites; **OR** if located within 200m of a sensitive land use, the application must include plans on how to address community concerns
- Site must be easily accessible by public transit
- Site must be within walking distance to areas known to be frequented by people who use drugs
- Space should be greater than 590 square feet (for six consumption booths) or 385 square feet (for three consumption booths)

Using this criteria, and in consultation with WECHU legal representation and procurement procedures, the WECHU issued a Request for Expressions of Interest (RFEOI) through the MERX Online Public Tenders Solicitation database in 2020 to help identify eligible property owners with interest in leasing their spaces for a potential CTS. With an expiry period of one week, the initial RFEOI did not result in any responses. A second, more widely promoted RFEOI was issued subsequent to the initial request, and received media coverage from

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<sup>13</sup> Since its inception, membership on the CTS Stakeholder Advisory Committee has changed (2020 – 2021). As of 2021, the Downtown Mission of Windsor and the Canadian Mental Health Association – Windsor-Essex County Branch are no longer engaged with this committee, and Family Services Windsor-Essex has joined the committee.



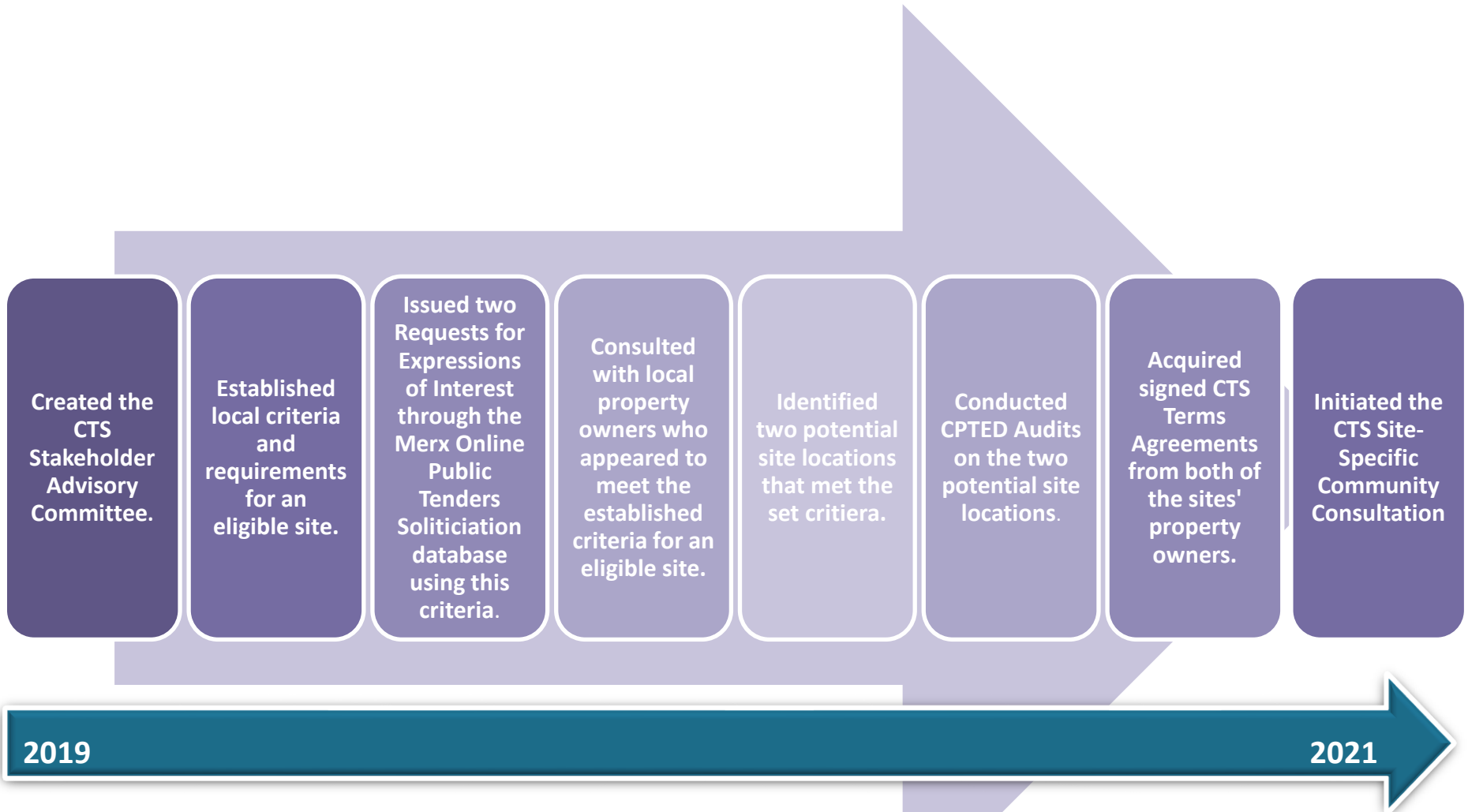
all major media outlets in WEC. Per the WECHU's standard procurement process, Information Sessions were hosted with two interested parties to answer questions and to provide additional information about the site criteria and selection process. Ultimately, this tender also expired without any submissions.

Thereafter, the WECHU collaborated with the *CTS Stakeholder Advisory Committee* to consult with additional property owners in WEC who appeared to meet the established criteria for an eligible site. After an extensive communication and assessment process with local property owners in WEC, two candidate locations for a potential CTS facility in Windsor's downtown core were identified – [101 Wyandotte Street East](#) & [628 Goyeau Street](#). Both of the candidate locations satisfied each of the mandatory and complementary requirements for an eligible site, and both were situated in the preferred neighbourhood identified through the initial *Safe Injection Services Community Consultation Report* – the downtown core (N9A postal code area).

Prior to facilitating the community consultation process, Crime Prevention through Environmental Design Audits (CPTED) audits were completed by Windsor Police Services (WPS) in order to determine the safety of the candidate locations, and to guide any mitigating interventions for improving the surrounding safety of the sites and discouraging criminal activity (see Appendix A and Appendix B). Through the CPTED audits, it was determined that the placement and orientation of both site locations would lend themselves sufficiently to establishing manageable "*Safe Consumption Zones*" whereby public safety can be maintained with any identified risks to be mitigated.

For the purposes of securing the proposed buildings during the community consultation and application process, the WECHU also consulted with its legal representation and procurement procedures to acquire signed CTS Terms Agreements with each of the corresponding property owners, with tentatively agreed upon commencement dates of three year tenancy for January 1<sup>st</sup> of 2022. As a result of fulfilling these binding stipulations, the WECHU initiated a **site-specific community consultation** on June 17<sup>th</sup> of 2021 as focused to the assessment of these two potential sites.

**Figure 1 – Timeline of CTS Site-Selection Activities (2019-2021)**



## The Candidate Locations for a CTS Site in WEC

### Brief Site Descriptions of 101 Wyandotte Street East & 628 Goyeau Street

As per the extensive assessment and communication process with local property owners and the *CTS Stakeholder Advisory Committee*, the two candidate locations identified for a potential CTS in WEC were [101 Wyandotte Street East](#) and [628 Goyeau Street](#). Brief descriptions of the candidate locations and their interior and exterior layouts are outlined below. A brief summary of the CPTED audits conducted at both of the candidate locations by WPS can also be found in Appendix A (101 Wyandotte Street East) and Appendix B (628 Goyeau Street).

#### *101 Wyandotte Street East – Windsor, Ontario, N9A 3H3*

[101 Wyandotte Street East](#) is located on a corner lot at the intersection of Goyeau Street and Wyandotte Street East in the N9A postal code area of downtown Windsor. It is situated directly across the street from the Windsor to Detroit Tunnel when facing Wyandotte Street East.

Figure 2 demonstrates the street view and satellite images of this potential site location from the frontage of Wyandotte Street East. At the time of this publication, this site was located in a standalone building, independent from other property owners or tenants, and the property agreement type was a lease agreement with the corresponding property owner.

**Figure 2 – Street View & Satellite Photos of 101 Wyandotte Street East**



*Google Maps Image, November (2021)*



*Google Maps Image, November (2021)*

### Physical Characteristics of the Space

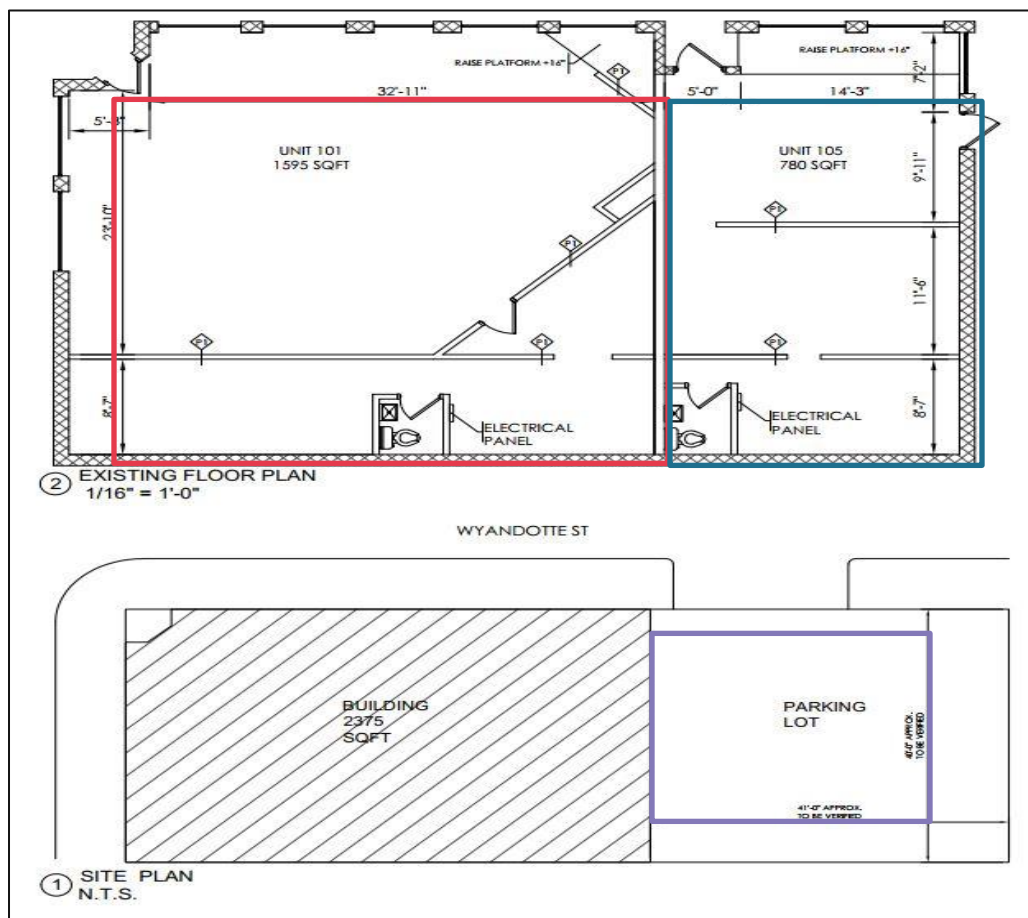
Figure 3 demonstrates the floor plan mock up of the interior (top of the figure) and exterior (bottom of the figure) layouts of 101 Wyandotte Street East. For the purposes of the site-specific community consultation, the proposed CTS operations at this location were inclusive of both Unit 101 (left of the figure) and Unit 105 (right

of the figure). Between both units, this building contained a total of five, interior spaces, two washrooms, one outdoor space, and three entrances or exits.

In total, the interior square footage of 101 Wyandotte Street East was 2,375 square feet. The main area of the building, which is highlighted in red in Figure 4 and located in Unit 101 of the space, was a total of 1,595 square feet. This area of the building included a larger, open space, along with an additional, closed off space to the south of the site. These spaces had the potential to support multiple functions of the proposed CTS facility, such as consumption areas, pre and post consumption areas or waiting rooms, wraparound service rooms, storage areas, and staffing or office areas. In addition, one of the two washrooms at the site was located on the Unit 101 side of the building within the closed off space to the south.

Unit 105 occupied the other half of the building and is highlighted in blue in Figure 4. This half of the building contained a total of 780 square feet and was separated into three independent spaces or rooms, all of which had the potential to support various functions of the proposed CTS. To the south of Unit 105, in one of the three independent spaces towards the back of the building when facing Wyandotte Street East, was the second washroom at the site. A large outdoor area was also located directly beside the 105 Unit of the building and to the left of the site when facing Wyandotte Street East (highlighted in purple). This space had the potential to operate as a parking lot or an outdoor pre or post consumption area. The outdoor space was also connected to a back alleyway to the right of the building when facing Wyandotte Street East.

**Figure 3 – Floor Plan Mock Up of 101 Wyandotte Street East**





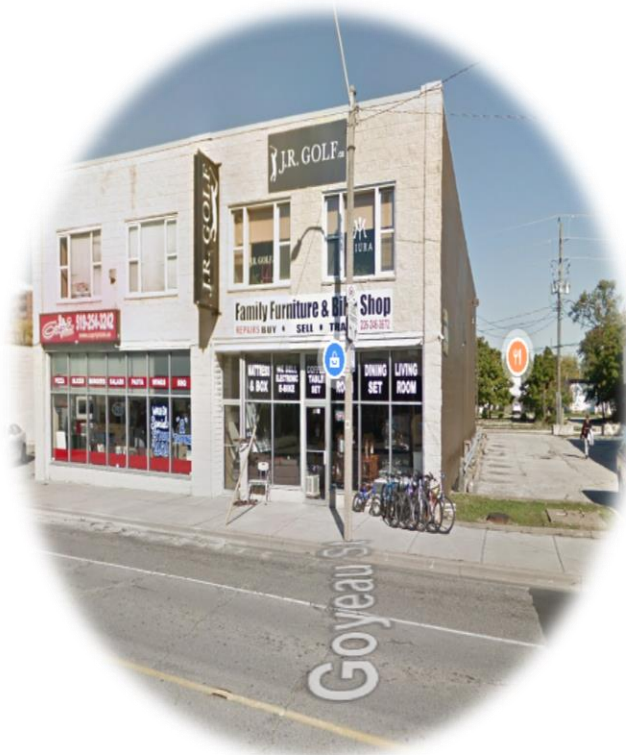
## 628 Goyeau Street – Windsor, Ontario, N9A 1H4

**628 Goyeau Street** is also located in the N9A postal code area of Windsor’s downtown core. It is situated directly behind the 101 Wyandotte Street East location when facing Wyandotte, and is positioned between the streets of Wyandotte Street East and Tuscarora Street on Goyeau Street.

Figure 4 demonstrates the street view and satellite images of this potential site location from the frontage of Goyeau Street. At the time of this publication, the existing signage for 628 Goyeau Street read as “Family Furniture & Bike Shop” on the main floor of the building and “JR Golf” on the second floor of the building. For the purposes of the proposed CTS operations at this location, there was the potential to occupy both the main and second floors of the site, with the second floor being an optional addition to the main floor.

At the time of this publication, this building was shared with other tenants that held standing lease agreements with the site’s property owner. As such, the proposed CTS operations at this site location involved a shared tenancy with the existing occupancies, and the agreement type was a lease agreement with the corresponding property owner.

**Figure 4 – Street View & Satellite Photos of 628 Goyeau Street**



Google Maps Image, November (2021)



Google Maps Image, November (2021)

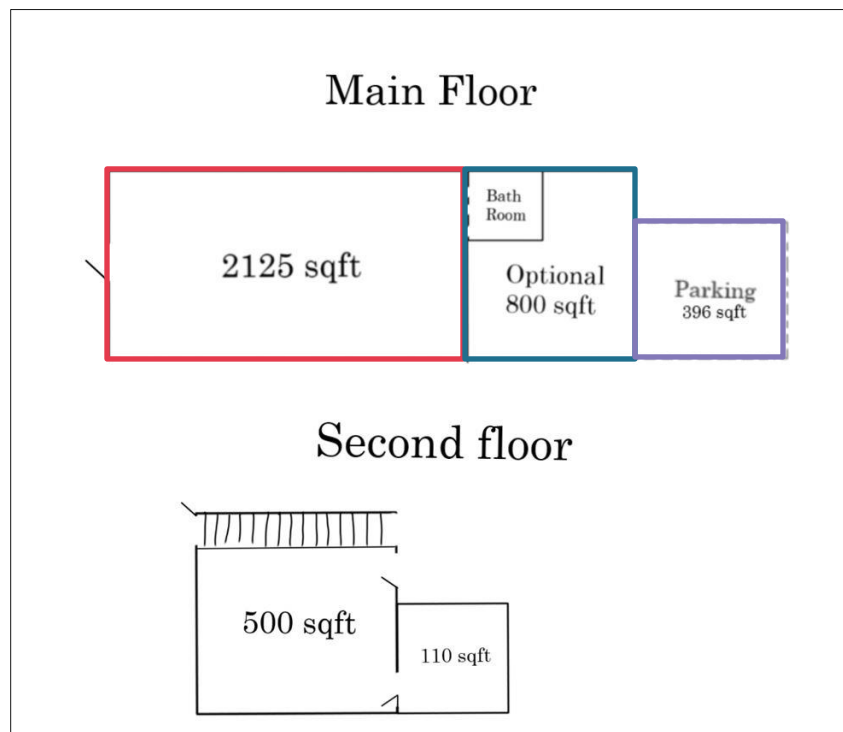
## Physical Characteristics of the Space

Figure 5 demonstrates the floor plan mock up of the interior and exterior layouts of 628 Goyeau Street. Between both levels of the building, this site contained a total of four, interior spaces, one washroom, one outdoor space, and three entrances/exits.

Independently, the square footage of 628 Goyeau Street was 2,925 square feet on the main floor of the building and 610 square feet on the second floor. Both floors combined had a total square footage of 3,535 square feet. The main, open area of the building, which is highlighted in red in Figure 4 and on the main level of the site, was a total of 2,125 square feet. This floor also contained an additional, closed off space to the right of the site when facing Goyeau Street that had a total of 800 square feet and a washroom facility (highlighted in blue in Figure 6). In addition, the second floor of the building contained two independent spaces, one of which was 500 square feet and the other of which was 110 square feet. Similar to 101 Wyandotte Street East, both the main and second floor spaces all had the potential to support multiple functions of the proposed CTS facility. In total, this building contained two entrances/exits on the main floor of the building and one entrance/exit on the second floor.

An outdoor area is also located directly beside the building and to the right of the site from the frontage of Goyeau Street (highlighted in purple). This space was a total of 396 square feet and had the potential to operate as a parking lot or an outdoor pre or post consumption area. The outdoor space was also connected to a back alleyway in-behind the building, which is the same alleyway that was connected to 101 Wyandotte Street East.

**Figure 5 – Floor Plan Mock Up of 628 Goyeau Street**





## Consumption & Treatment Services Site-Specific Community Consultation

### Purpose & Objectives

Subsequent to the selection of the candidate locations, the WECHU partnered with the *CTS Stakeholder Advisory Committee* and the WECOSS to launch a site-specific community consultation on June 17<sup>th</sup> of 2021. The purpose of the site-specific community consultation was to understand community perceptions about the feasibility and acceptability of establishing a potential CTS facility at both of the candidate locations. Primary objectives for the consultation were as follows:

- ✦ To gather site-specific community feedback about the proposed CTS operations at both of the candidate locations
- ✦ To address questions and concerns raised by the community about the two candidate sites
- ✦ To identify and implement community-informed mitigation strategies for addressing the cited concerns about the two candidate sites (if any)
- ✦ To use the site-specific community consultation results to inform the selection of one optimal location for establishing a potential CTS in Windsor's downtown core
- ✦ To submit the selected site location for approval through the federal and provincial applications to *Health Canada* and the *Ontario Ministry of Health* for creating a local CTS

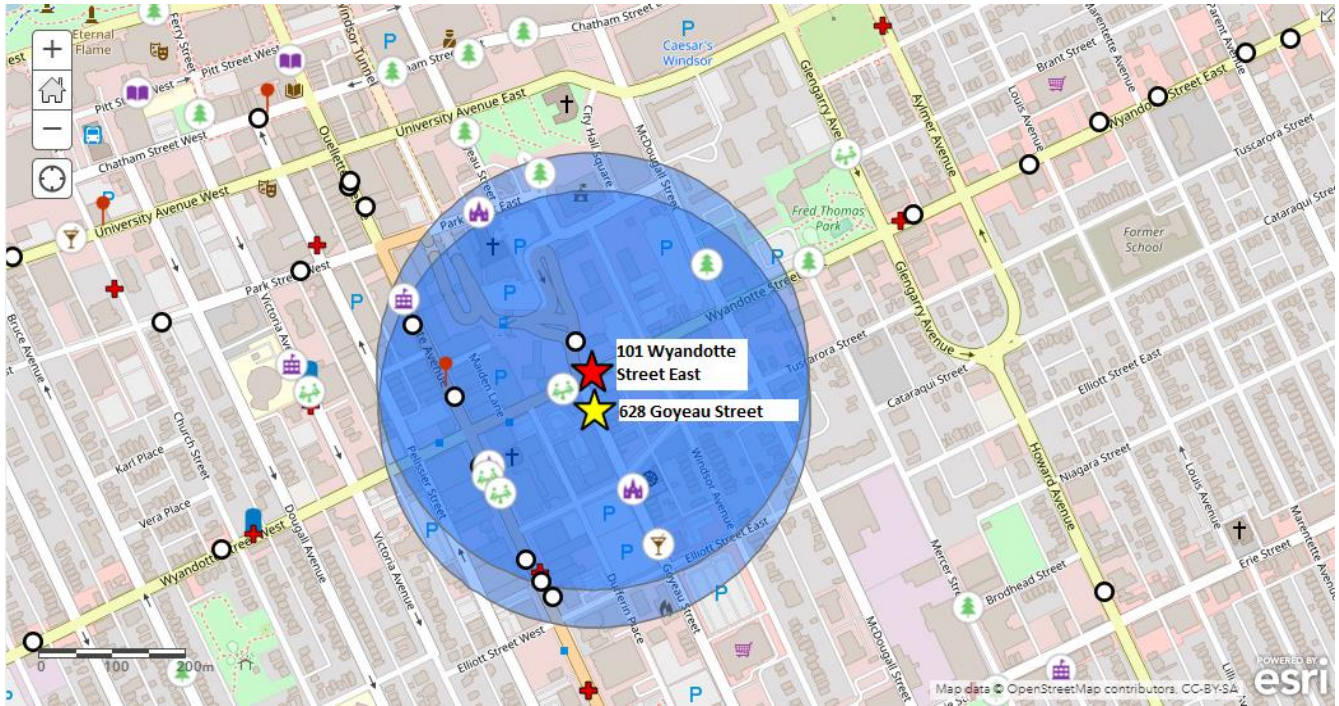
The site-specific community consultation adopted a multi-pronged data collection approach, which included a community survey, key informant interviews with business and agency stakeholders that operated within a defined radius from the sites, focus groups with area stakeholder groups, and a series of Virtual Town Hall meetings with the public. This study emulates similar studies conducted across other regions in Ontario.

### Target Consultation Groups

The site-specific community consultation granted opportunities for all residents, employees, business owners, and students ages 16+ across Windsor and Essex County to provide their feedback about the two candidate locations. Given that both of the candidate locations were situated in the downtown core (N9A postal code area), emphasis was placed on targeting residents, employees, business owners, and students located within this neighbourhood to participate in the consultations. For the purposes of reaching those who would be most affected by the proposed CTS operations at both of the candidate sites, a consultation radius of 300 metres from other residential and business properties in geographic proximity to the site locations was determined by the *CTS Stakeholder Advisory Committee* for targeted data collection. Businesses, agencies, and area stakeholder groups that operated within the 300 metre radius from the candidate locations were primarily targeted for participant recruitment in the consultations. This radius was determined following a thorough review of consultation radiuses adopted across similar CTS site-specific community consultations in Ontario.

The Geographic Information System (GIS) map in Figure 6 depicts the 300 metre consultation radius surrounding both of the candidate locations using the blue circles. This map was used to help identify neighbourhood establishments and groups to consult through the study.

**Figure 6 – Geographic Information System (GIS) Map Demonstrating the 300 Metre Consultation Radius Surrounding the Candidate Locations**



Windsor-Essex County Health Unit (WECHU). (2021). [ArcGIS Map – Consumption & Treatment Services](#). Windsor, Ontario.

## Data Methodologies

A four-phased, mixed methods approach was employed as part of the comprehensive site-specific community consultation plan. Summarized descriptions of the data methodologies are outlined below. Additional information about the methodologies employed for each phase of the consultation can be found through the individual sections of this report.

1. **Consumption & Treatment Services Site-Specific Community Consultation Survey** – A public, online survey was launched on June 17<sup>th</sup> of 2021 and closed on July 9<sup>th</sup> of 2021. The survey was open to all residents, employees, business owners, and students ages 16+ in Windsor and Essex County. Paper versions of the survey were made available to community partners and the general public upon request. Translated and accessible versions of the online survey were also made available in many, diverse languages and accessible formats using the BrowseAloud translation software. In total, 448 community members participated in the survey.
2. **Virtual Key Informant Interviews with Neighbouring Businesses & Agencies** – A total of 13 virtual key informant interviews were conducted with business and agency stakeholders that operated within, in close proximity, or in-service to the 300 meter consultation radius. The key informant interviews were conducted with 8 neighbouring businesses and 5 neighbouring stakeholder organizations/agencies between June 21<sup>st</sup> and July 15<sup>th</sup> of 2021. Eight of the interviews were conducted one-on-one with single representatives from the respective consultation business or agency, and five were conducted with two or more representatives from the same consultation business or agency. In total, 20 stakeholders participated in the key informant interviews. Of note, at the time of this publication, 12 of the 13 key informants had provided their authorization to include their feedback within the final, public reporting

materials in aggregate format (disclosure/consent provided at the beginning of the key informant interviews). Qualitative results from one of the thirteen key informant interviews are not included within this report.

3. **Virtual Focus Groups with Area Stakeholder Groups** – A total of 7 virtual focus groups were conducted with area stakeholder groups within, in close proximity, or in-service to the 300 meter consultation radius between June 22<sup>nd</sup> and June 30<sup>th</sup> of 2021. Participation included two focus groups with persons with lived/living experience with substance use (PWLLESU), two with local business groups, one with downtown neighbourhood groups, one with the healthcare sector, and one with housing and emergency shelter services. In total, 37 stakeholders were consulted through the focus groups.
4. **Virtual Town Hall Meetings** – Three Virtual Town Hall meetings were facilitated during the week of August 2<sup>nd</sup> to August 6<sup>th</sup> of 2021. The Virtual Town Hall meetings allowed community members to ask questions and voice concerns to a panel of eight expert speakers about the proposed CTS operations at each of the candidate locations. Representation on the panel included stakeholders from public health, municipal services, harm reduction agencies, existing CTS operators in Ontario, healthcare agencies, policing and law enforcement agencies, and a PWLLESU. All of the meetings were facilitated and recorded via Zoom. Meeting recordings were also posted on the WECOSS website following the completion of the events: [www.wecoss.ca/cts](http://www.wecoss.ca/cts). In total, 53 community members registered to participate in the Virtual Town Hall meetings.

## Key Indicators for Measurement

Key indicators for measurement throughout the site-specific community consultation are outlined in Table 2. Mainly, the WECOSS strived to gather site-specific community feedback about the overall level of benefit and concern associated with each of the candidate locations, as well as specific benefits and concerns tied to operating a CTS at both of the proposed sites. Emphasis was placed on gathering recommendations from members of the community as to how the WECHU and WECOSS partners can help to address or mitigate the site-specific concerns that were identified through the consultations. Levels of support and preferences between the two site options were also assessed.

Topic	Indicators	Measurement Tool
<b>Benefit of a CTS Facility</b> 101 Wyandotte Street East 628 Goyeau Street	Benefit and level of benefit associated with a CTS at each location Perceived benefits of a CTS at each location	Community Survey Key Informant Interviews Focus Groups
<b>Concerns with a CTS Facility</b> 101 Wyandotte Street East 628 Goyeau Street	Concern and level of concern associated with a CTS at each location Perceived concerns with a CTS at each location	Community Survey Key Informant Interviews Focus Groups
<b>Recommendations &amp; Mitigation Strategies</b> 101 Wyandotte Street East 628 Goyeau Street	Recommended mitigation strategies to address perceived concerns with each location	Community Survey Key Informant Interviews Focus Groups



<b>Levels of Support for a CTS Facility</b> 101 Wyandotte Street East 628 Goyeau Street	Levels of support for a CTS facility at each location	Community Survey
<b>Preferences on Location</b>	Preferences between the two candidate locations	Community Survey Key Informant Interviews Focus Groups

## Public Education & Anti-Stigma Awareness Campaigns

Throughout the duration of the consultation, simultaneous educational opportunities about consumption and treatment services and the local opioid and drug crisis were also made available to community members through several approaches. These opportunities were as follows:

- WECOSS Consumption & Treatment Services Web Page** – A dedicated Consumption & Treatment Services web page was launched on the WECOSS website that provided general information about CTS facilities, benefits of a CTS facility, and answers to other frequently asked questions about CTS sites. Other pertinent information from the site-specific community consultation was also posted on this web page, such as the community survey link, media event recordings for the launch of the consultation, and meeting recordings from the Virtual Town Hall events. A dedicated email address was also created by the WECHU and promoted on the web page to allow community members to submit additional questions or concerns about the proposed CTS operations at each of the sites to program staff at the WECHU. The web page, which undergoes ongoing reviews and updates, can be found at [www.wecoss.ca/cts](http://www.wecoss.ca/cts).
- Label Me Person Anti-Stigma Campaign (Positive Pathways Community Services)** – Positive Pathways Community Services (PPCS) is a local community agency that provides client advocacy, support, harm reduction, health promotion, and education services to people living with, affected by, or at-risk of HIV, Hepatitis C, and other sexually transmitted blood borne infections (STBBIs) in WEC and Chatham-Kent. Leadership from PPCS hold membership on the WECOSS-LC and Chair the Harm Reduction Pillar Working Group of the WECOSS. One of the key projects that is led by PPCS under the WECOSS Harm Reduction Pillar is the Label Me Person (LMP) Anti-Stigma Campaign. During the site-specific community consultation period (June to August of 2021), PPCS launched a 10 Week Summer Awareness Campaign under the LMP project to bring attention to the Opioid, Substance, & Overdose Crisis in WEC. The goal of this campaign was to increase awareness about substance use stigma and to humanize the opioid and substance use crisis in the community.<sup>14</sup> Because of the tremendous loss that the community has experienced as a result of this epidemic, the summer campaign also sought to acknowledge and support those experiencing grief and loss.<sup>14</sup>

  - Over the course of the consultation period, PPCS worked with community partners in the WECOSS to facilitate a variety of campaign events and activities and to share information and resources about the Opioid, Substance, & Overdose Crisis. This included the following:<sup>14</sup>

<sup>14</sup> Pozitive Pathways Community Services (PPCS). (2021). Label Me Person. Retrieved from <http://www.labelmeperson.com/>.

- **LMP Website** – An LMP Anti-Stigma Campaign website containing several informational resources and tools about the crisis was launched and made available at [www.labelmeperson.com](http://www.labelmeperson.com).
- **LMP Videos & Podcasts**: The LMP website highlighted a series of videos and podcasts that were conducted with diverse community stakeholders and PWLLESU to offer their unique perspectives on the crisis: <https://www.labelmeperson.com/resources/>.
- **LMP Webinars** – PPCS invited community members to learn more about the crisis through two webinar opportunities. The first webinar opportunity provided education about CTS sites and their overall benefits for the community. The second webinar focused on an evidence-based exploration of drug decriminalization and legalization.
- **Overdose Awareness Candlelight Vigils** – The LMP campaign also included the facilitation of several overdose awareness candlelight vigils to honour those who have been lost to the opioid and overdose crisis and acknowledge those who are experiencing grief and loss.

# Phase 1 – Consumption & Treatment Services Site-Specific Community Consultation Survey

## Methodologies

The first phase of the site-specific community consultation included the launch of the *Consumption & Treatment Services Site-Specific Community Consultation Survey*. The online survey was open for participation to all residents, employees, business owners, and students ages 16+ in Windsor and Essex County. Survey promotions included the facilitation of a media event on June 17<sup>th</sup> of 2021 to launch the initiation of the consultation,<sup>15</sup> social media and website messaging on the WECHU and WECOSS media platforms, and promotional communications to all members of the WECOSS Leadership Committee, each of the WECOSS Pillar Working Groups, and all staff members at the WECHU (Appendix C). Paper versions of the survey were made available to community partners and the general public upon request (Appendix D). Translated and accessible versions of the online survey were also made available in many, diverse languages and accessible formats using the BrowseAloud translation and accessibility software.

The online survey was hosted by the WECHU through *LimeSurvey* and was open for participation inclusively between Thursday, June 17<sup>th</sup> and Friday, July 9<sup>th</sup> of 2021. The survey was developed with reference to similar CTS site-specific community consultation surveys across the province, including those administered by Toronto Public Health and the Peterborough Drug Strategy.<sup>16,17</sup> The survey link was posted on both the WECHU and WECOSS websites for community members to access. In total, 448 community members responded to the survey.

## Purpose & Objectives

The purpose of the *Consumption & Treatment Services Site-Specific Community Consultation Survey* was to gather community feedback about each of the two candidate locations for a CTS facility in downtown Windsor. The survey assessed the overall feasibility, acceptability, and levels of support for establishing a potential CTS facility at both of the candidate locations. The primary goal of the survey was to acquire input from members of the community that would help to inform the selection of one optimal location for establishing a CTS in Windsor's downtown core.

## Data Analysis

Data cleaning and analysis were conducted using RStudio Version 1.3.1093. A total of 712 community surveys were submitted, including both paper surveys and online surveys. After excluding respondents that a) did not complete any of the site-specific questions, b) did not consent to participate in the survey, c) were under 16 years of age, and or d) did not reside, work, or attend school in Windsor-Essex County, 448 surveys remained and were analyzed for this report.

Descriptive statistics, including means, medians, standard deviations, and interquartile ranges for continuous variables, and frequencies and percentages for categorical variables, were used to describe the demographic characteristics of the sample, as well as to summarize responses to the site-specific questions. Analyses were presented for the full sample, and for Windsor-Essex County residents, business owners, employees, and students separately. Full and sub-sample analyses were also stratified by N9A and non-N9A FSA, and by whether

<sup>15</sup> The CTS media event recording can be found at [www.wecoss.ca/cts](http://www.wecoss.ca/cts).

<sup>16</sup> MASS LBP. (2016). *Results of the Independently Facilitated Public Consultations Regarding the Addition of Supervised Injection Services in Toronto*. Prepared for Toronto Public Health. Toronto, Ontario.

<sup>17</sup> Peterborough Drug Strategy. (2020). *Consumption & Treatment Services Site Community Consultation Report*. Retrieved from <https://peterboroughdrugstrategy.com/cts/>.



the respondent worked with people with substance use issues, knew someone with substance use issues, or had substance use issues themselves.

## Data Notes & Limitations

Throughout the report, some of the response totals may not add up to 100% due to the following:

- **Rounding** – Unless otherwise indicated, all survey percentages in this report are rounded to the closest whole number. Thus, response totals may be slightly less or greater than 100%.
- **Multiple Choice Questions** – Some of the questions in the survey allowed participants to select more than one response option. As a result, response totals for these questions may be greater than 100%.
- **Voluntary Questions** – All of the questions in the survey were voluntary, meaning that participants were provided the opportunity to skip questions that they did not wish to answer. As a result, response totals may be less than 100% due to skipped questions.
- Results for certain sub-samples (e.g., business owners, students) could not be included within this report due to small sample sizes or a low number of respondents to certain response options across various questions.

Both of the candidate sites were assessed individually through separate pages of the survey. Section D of the survey focused on the assessment of 101 Wyandotte Street East, and Section E focused on the assessment of 628 Goyeau Street. Section F of the survey focused on assessing and comparing levels of support and preferences between the two candidate locations simultaneously.

Thus, in terms of sequence, 101 Wyandotte Street East was assessed first through the online and paper versions of the survey. As such, the total number of respondents for some of the questions specific to 101 Wyandotte Street East are larger than the total number of respondents for the identical questions specific to 628 Goyeau Street. This is because some of the respondents either withdrew from the survey prior to reaching the 628 Goyeau Street section, skipped some of the questions that focused on 628 Goyeau Street, or skipped the 628 Goyeau Street section altogether. As a result, with the exception of the direct comparative questions in Section F, the results reported for Sections D & E of the survey should be interpreted cautiously for comparative purposes due to the inconsistencies in the response rates for identical questions specific to each site.

## Community Survey Results

### Demographic Profile of Participants

#### Age, Gender, & Connection to WEC

Table 3 summarizes the age and gender compositions of all survey respondents and their connection to WEC. Of the 448 survey respondents, the average age reported was forty-four (44) years old and the median age was forty-three (43). Sixty-one percent (61%) of the survey sample identified as female, 33% identified as male, and 4% identified as either transgender (man or woman), gender queer, agender, gender non-conforming, two spirit, intersex, and/or bigender (*TGQAGN2SIB*). The majority of survey respondents were residents of WEC (99%), while 60% were employees, 9% were business owners, and 7% were secondary or post-secondary students in WEC.

Table 3 – Demographic Profile of Survey Respondents Age, Gender, & Connection to WEC		
Demographic Category	Mean (Standard Deviation)	Median (IQR)
Age	44 (14.62)	43 (24)
Demographic Category	Characteristic	Number (%) of Total Sample (N=448)
Gender	<i>Female</i>	273 (61%)
	<i>Male</i>	147 (33%)
	<i>TGQAGN2SIB</i>	16 (4%)
Connection to Windsor-Essex County	<i>Resident</i>	442 (99%)
	<i>Employee</i>	270 (60%)
	<i>Business Owner</i>	40 (9%)
	<i>Secondary or Post-Secondary Student</i>	33 (7%)

#### Employment & Business Sectors

Table 4 demonstrates the primary employment and business sectors consulted through the survey. Of the 270 respondents who identified as an employee in WEC, the primary employment sectors consulted were social and community services (34%) and healthcare services (23%). The primary business sectors reported among business owners (N=40) were accommodation and food services (13%), healthcare services (13%), and retail and sales trades (13%).

Table 4 – Demographic Profile of Survey Respondents Employment & Business Sectors		
Demographic Category	Characteristic	Number (%) of Employee Sample (N=270)
Employment Sectors	<i>Accommodation &amp; Food Services</i>	17 (6%)
	<i>Agriculture, Farming, Natural Resources, &amp; Landscaping</i>	2 (1%)
	<i>Arts, Culture, Recreation</i>	3 (1%)
	<i>Business, Finance, &amp; Administrations</i>	8 (3%)

	<i>Education Services</i>	12 (4%)
	<i>Healthcare Services</i>	61 (23%)
	<i>Manufacturing, Industrial Services, &amp; Utilities</i>	18 (7%)
	<i>Municipal &amp; Public Administrations</i>	9 (3%)
	<i>Professional, Scientific, &amp; Technical Services</i>	15 (6%)
	<i>Public Protections</i>	3 (1%)
	<i>Retail &amp; Sales Trade</i>	11 (4%)
	<i>Social &amp; Community Services</i>	93 (34%)
	<i>Trades, Transport, &amp; Equipment Operations</i>	8 (3%)
	<i>Other</i>	6 (2%)
	<i>Prefer not to answer</i>	7 (3%)
<b>Demographic Category</b>	<b>Characteristic</b>	<b>Number (%) of Business Owner Sample (N=40)</b>
<b>Business Sectors</b>	<i>Accommodation &amp; Food Services</i>	5 (13%)
	<i>Agriculture, Farming, Natural Resources, &amp; Landscaping</i>	2 (5%)
	<i>Arts, Culture, Recreation</i>	3 (8%)
	<i>Business, Finance, &amp; Administrations</i>	3 (8%)
	<i>Healthcare Services</i>	5 (13%)
	<i>Manufacturing, Industrial Services, &amp; Utilities</i>	2 (5%)
	<i>Professional, Scientific, &amp; Technical Services</i>	3 (8%)
	<i>Real Estate &amp; Rental/Leasing</i>	3 (8%)
	<i>Retail &amp; Sales Trade</i>	5 (13%)
	<i>Social &amp; Community Services</i>	3 (8%)
	<i>Other</i>	3 (8%)
	<i>Prefer not to answer</i>	2 (5%)

### Respondents' Residential, Workplace, Business, and School Locations by Postal Code Area

Table 5 demonstrates the residential, workplace, and business locations for all respondents by postal code area. In total, 168 survey respondents (38%) indicated that they either lived, worked, owned a business, and/or went to school in the N9A postal code area, the identified neighbourhood of the candidate sites. The N9A sample size (N=168) is inclusive of all respondents who identified that at least **one** of their associated establishments (i.e., residence, workplace, business, or school) was located in the N9A; however, some of these respondents reported more than one associated establishment in this postal code area. Specifically, ninety-five (95) residents, 97 employees, 15 business owners, and 2 students indicated that their associated establishment was located in the N9A. This adds to a sum of 209 associated establishments located in the identified neighbourhood of the candidate sites.

In contrast, a total of 280 survey respondents (63%) did not report at least one associated establishment in the N9A and identified that they either lived, worked, owned a business, and/or went to school in alternative postal code areas across WEC. This included 347 residences, 173 workplaces, 25 businesses, and 31 schools outside of the N9A postal code area. This adds to a sum of 576 associated establishments in alternative postal code areas across WEC.

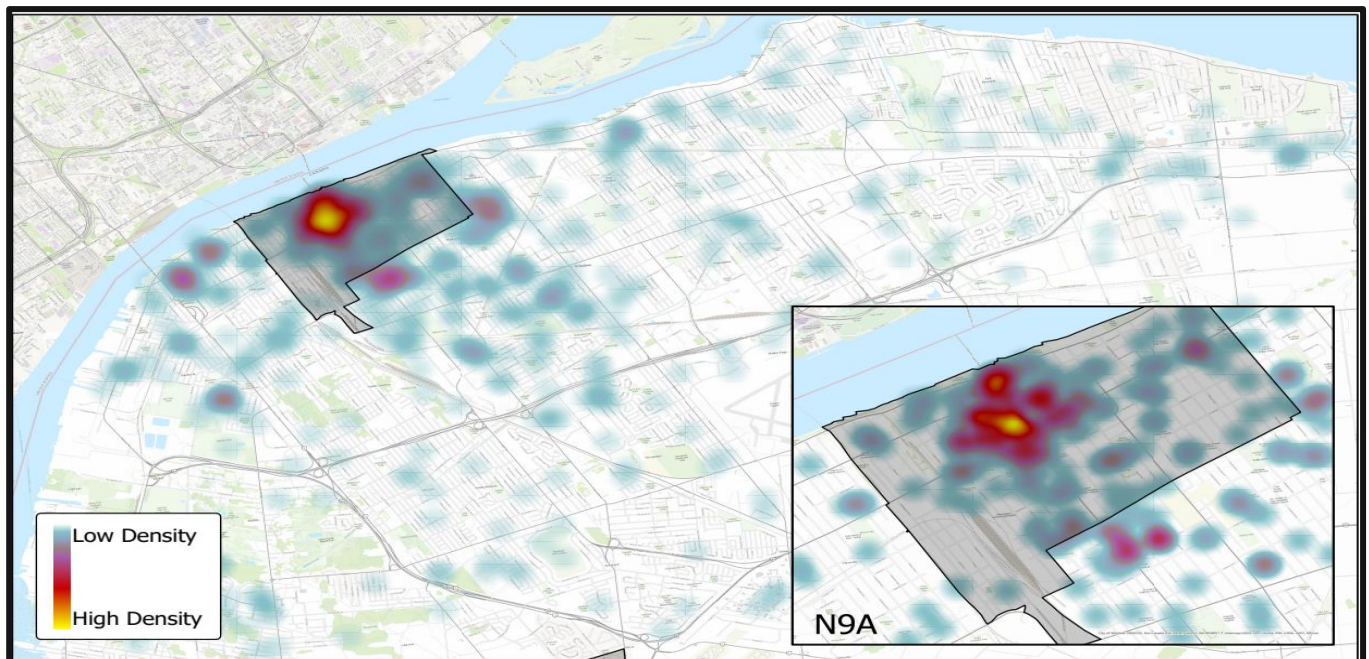
**Table 5 – Demographic Profile of Survey Respondents  
Residential, Workplace, & Business Locations by Postal Code Area**

Demographic Category	Characteristic	Number (%) of Total Sample in the N9A Postal Code Area (N=448)	Number (%) of Total Sample Outside of the N9A Postal Code Area (N=448)
Postal Code Area of Respondents	<i>Live, Work, Own a Business, and/or Go to School in Identified Postal Code Area</i>	168 (38%)	280 (63%)
Demographic Category	Characteristic	Number (%) of Sub-Sample in the N9A Postal Code Area	Number (%) of Sub-Sample Outside of the N9A Postal Code Area
Postal Code Area by Establishment	<i>Residences (N=442)</i>	95 (21%)	347 (79%)
	<i>Workplaces (N=270)</i>	97 (36%)	173 (64%)
	<i>Businesses (N=40)</i>	15 (38%)	25 (63%)
	<i>Schools (N=33)</i>	2 (6%)	31 (94%)

**Distribution & Density of Respondents’ Residential, Workplace, Business, and School Locations by Postal Code Area in the City of Windsor**

In order to determine the distribution and density of survey respondents across the City of Windsor, the longitudinal and latitudinal coordinates of respondents’ residences, workplaces, businesses, and schools were used to generate a heat map (Figure 7).

**Figure 7 – Distribution & Density of Respondents’ Residential, Workplace, Business, and School Locations by Postal Code Area in the City of Windsor**



Note: 159 establishments in all of WEC could not be mapped due to missing coordinates. This includes 32 establishments with a reported Forward Sortation Area (first three digits of postal code) of N9A.

As depicted in the map, the greatest density of survey participation came from the downtown core, with 177 establishments mapped in the N9A postal code area. Comparatively, the highest density areas outside of the downtown core included several postal code areas adjacent to the N9A, including the N8X (65 mapped establishments), N8W (51 mapped establishments), N8Y (51 mapped establishments), and N9B (45 mapped establishments) postal code areas. The lowest density areas depicted in the map include the N9H, N8H, N0P, and N9Y postal code areas.

As such, in comparison to other neighbourhoods across the City of Windsor, the heat map highlights that the greatest proportion of survey participation came from individuals that either lived, worked, owned a business, and/or went to school in the identified neighbourhood of the candidate sites, or in nearby neighbourhoods in close proximity to the two candidate sites.

### Connection to Substance Use & the Substance Use Work Sectors

Table 6 summarizes the connection of survey respondents to substance use and the related substance use work sectors.

Table 6 – Demographic Profile of Survey Respondents Connection to Substance Use & the Substance Use Work Sector			
Demographic Category	Number (%) of the Total Sample (N=448)	Capacity of Work with People Who Have/Had Substance Use Issues	Number (%) of Substance Use Sector Sample (N=174)
Respondent works with people who have/had substance use issues through their profession	174 (39%)	<i>Social Service Provider</i> <i>Treatment Provider</i> <i>Harm Reduction Provider</i> <i>Healthcare Provider</i> <i>First Responder</i> <i>Leadership/Supervision</i> <i>Programming, Polices, &amp; Practices</i> <i>Research</i> <i>Other</i>	78 (45%) 24 (14%) 42 (24%) 22 (13%) 4 (2%) 33 (19%) 38 (22%) 9 (5%) 26 (15%)
Demographic Category	Characteristic	Number (%) of the Total Sample (N=448)	
Respondent has lived/living experience with substance use	<i>Family, friend, or loved one</i> <i>Has/had substance use issues</i>	171 (38%)	43 (10%)

In total, 174 survey respondents (39%) indicated that they worked with people who have or had substance use issues, have overdosed, or have been at-risk of overdose in some capacity through their profession. Of these respondents, the majority identified as a social service provider (45%) and/or a harm reduction provider (24%). Twenty-two percent (22%) of survey respondents who worked with people who have/had substance use issues indicated that their capacity of work involved supporting the development, implementation, and/or evaluation of community-level programs, services, polices, or practices designed to support people who use substances. Nineteen percent (19%) of these respondents provided leadership and/or supervision over staff members that worked directly with this target population, while 14% were treatment providers and 13% were healthcare



providers. The least representation in terms of capacity of work with people who have/had substance use issues were among researchers in the field of mental health, substance use, social services, or other related fields (5%) and first responders (2%).

Fifteen percent (15%) of survey respondents who worked with people who have/had substance use issues indicated that their capacity of work involved supporting the provision of other services that were not otherwise listed. The primary roles and responsibilities identified by survey respondents within this response option were administrative (e.g., receptionists) and volunteer roles at local community agencies, caretakers, and housing or emergency shelter providers.

In addition, a total of 171 (38%) survey respondents indicated that they were a family member, friend, or loved one of someone who has/had substance use issues, while 43 (10%) identified that they personally have/had a substance issue, have been at-risk of overdose, or have overdosed themselves.



## 101 Wyandotte Street East – Site-Specific Community Survey Results

This section will report on the site-specific community survey results related to establishing a potential CTS at 101 Wyandotte Street East. Site-specific questions for 101 Wyandotte Street East assessed the perceived benefits and/or concerns associated with establishing a potential CTS at this location, as well as potential mitigation strategies for addressing the cited concerns.

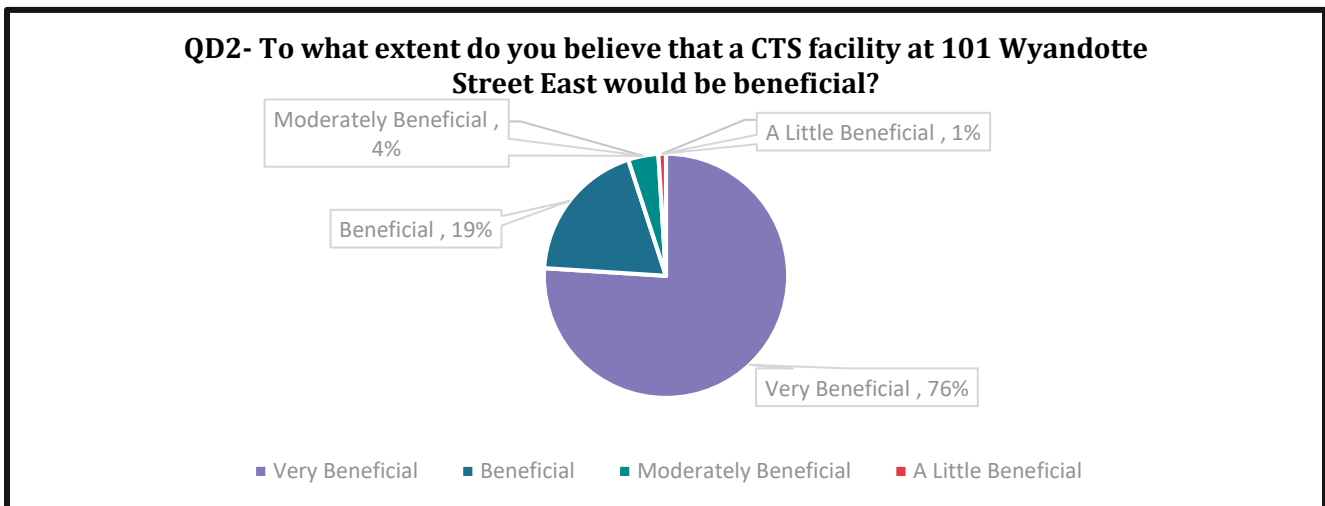
### Overall Benefit & Level of Benefit Attributed to Establishing a Potential CTS at 101 Wyandotte Street East

#### Total Sample (N=448)

Table 7 demonstrates the number and percentage of survey respondents (N=448) who believed that a CTS at 101 Wyandotte Street East would be at all beneficial to the community. A majority of survey respondents believed that a CTS at 101 Wyandotte Street East would be at all beneficial to WEC (70%). Of the 314 respondents who believed that a CTS at 101 Wyandotte Street East would be at all beneficial, 95% believed that a CTS at this location would be either very beneficial (76%) or beneficial (19%) to the community (Figure 8). To review the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall benefit and level of benefit attributed to establishing a potential CTS at 101 Wyandotte Street East, please see Appendix E.

Table 7 – Overall Benefit of a CTS at 101 Wyandotte Street East (Total Sample)	
QD1– Do you believe that a CTS facility at 101 Wyandotte Street East would be at all beneficial?	
Response Option	Number (%) of Total Sample (N=448)
Yes	314 (70%)
No	110 (25%)
I Don't Know	22 (5%)

Figure 8 – Level of Benefit Attributed to a Potential CTS at 101 Wyandotte Street East (Total Sample, N=314)

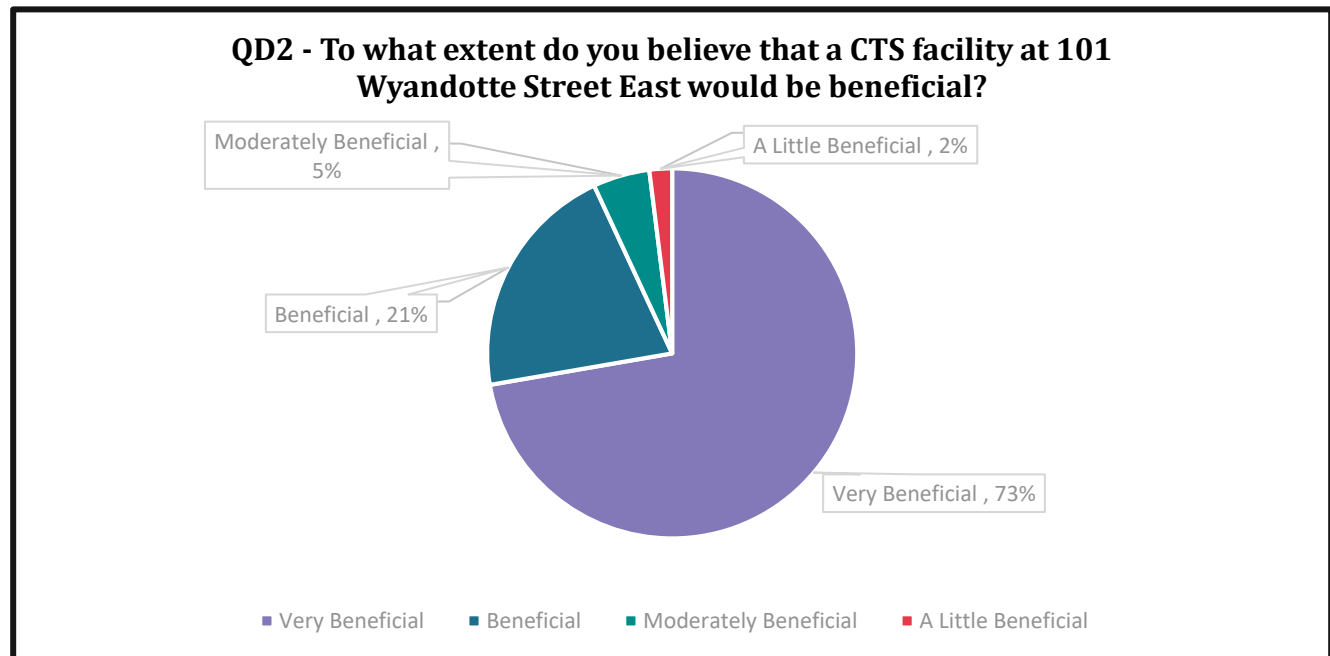


## N9A Respondents (N=168)

Table 8 demonstrates the number and percentage of survey respondents who either lived, worked, owned a business, and/or went to school in the N9A postal code area (N=168) who believed that a CTS at 101 Wyandotte Street East would be at all beneficial to the community. A majority of N9A survey respondents believed that a CTS at 101 Wyandotte Street East would be at all beneficial to WEC (66%). Of the 111 N9A respondents who believed that a CTS at 101 Wyandotte Street East would be at all beneficial, 94% believed that a CTS at this location would be either very beneficial (73%) or beneficial (21%) to the community (Figure 9). To review the sub-group analyses for N9A residents, employees, business owners, and students as it relates to the overall benefit and level of benefit attributed to establishing a potential CTS at 101 Wyandotte Street East, please see Appendix E.

Table 8 – Overall Benefit of a CTS at 101 Wyandotte Street East (N9A Respondents)	
QD1– Do you believe that a CTS facility at 101 Wyandotte Street East would be at all beneficial?	
Response Option	Number (%) of Total N9A Sample (N=168)
Yes	111 (66%)
No	47 (28%)
I Don't Know	9 (5%)

**Figure 9 – Level of Benefit Attributed to a Potential CTS at 101 Wyandotte Street East (N9A Respondents, N=111)**



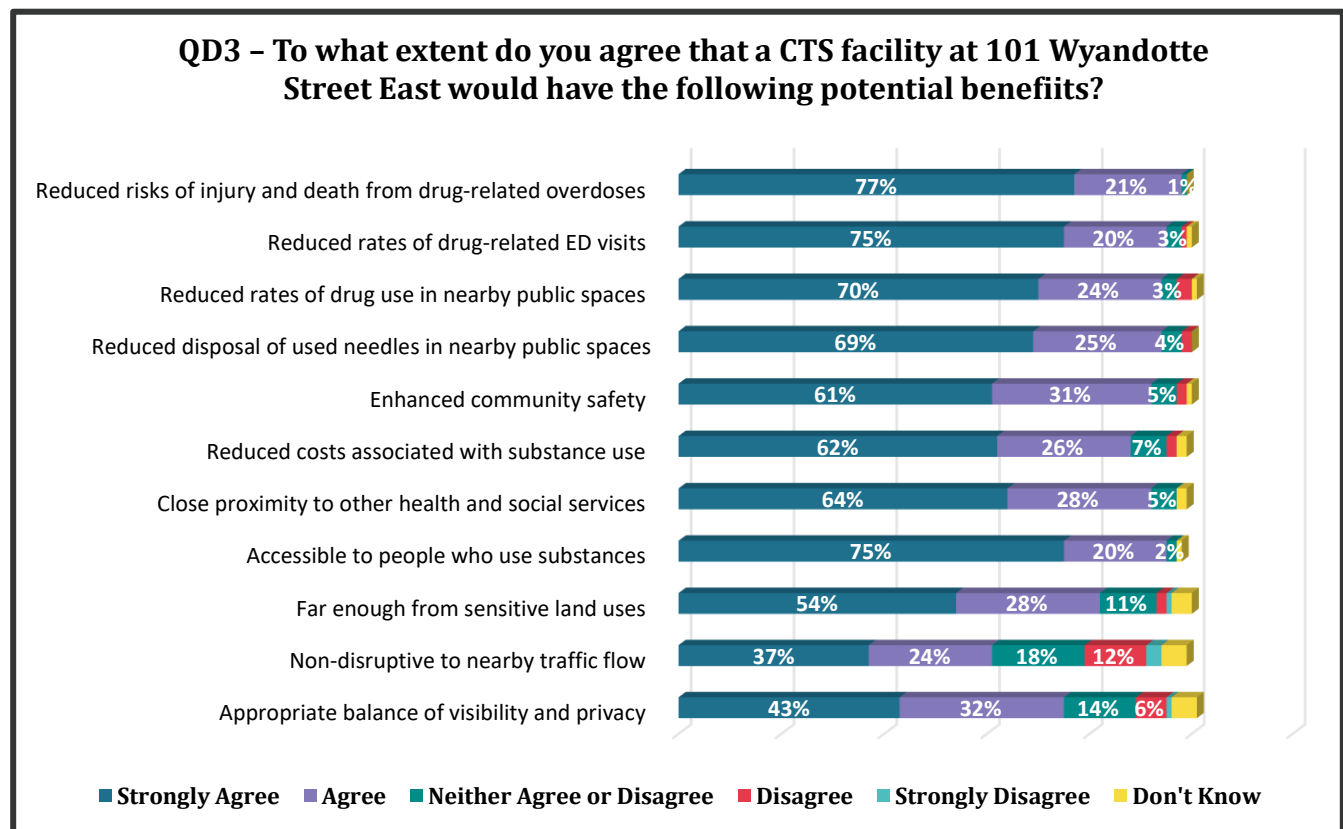
## Site-Specific Benefits of Establishing a CTS Facility at 101 Wyandotte Street East

Figure 10 demonstrates the site-specific benefits endorsed by respondents in the total sample (N=448) for establishing a potential CTS at 101 Wyandotte Street East.

Of the respondents who believed that a potential CTS at 101 Wyandotte Street East would be at all beneficial to the community (314), the most commonly perceived benefits (either “strongly agree” or “agree”) were that a CTS at this location would reduce risks of injury and death from drug-related overdoses (98%), reduce rates of drug-related emergency department visits in WEC (95%), offer appropriate accessibility to people who use drugs (95%), reduce rates of drug use in nearby public spaces (94%), and reduce rates of publicly discarded needles in the neighbourhood (94%). Further to that, a significant majority of respondents either “strongly agreed” or “agreed” that a CTS at this location would enhance community safety (92%) and offer appropriate accessibility to other health and social services in close proximity to the site (92%). Eighty-eight percent (88%) of respondents either “strongly agreed” or “agreed” that a potential CTS at this location would reduce the health, social, legal, and incarceration costs associated with substance use in WEC, and eighty-two percent (82%) either “strongly agreed” or “agreed” that a potential CTS at this location would be in sufficient distance from sensitive land uses (e.g., public parks, schools).

Although a majority of respondents either “strongly agreed” or “agreed” that a potential CTS at 101 Wyandotte Street East would offer an appropriate balance of visibility and privacy (75%) and would be non-disruptive to nearby vehicular or pedestrian traffic flow (61%), these benefits were the least likely of those listed in Figure 10 to be endorsed by respondents.

**Figure 10 – Potential Benefits of Establishing a CTS Facility at 101 Wyandotte Street East (N=314)**



In addition to the perceived benefits identified above, many of the respondents described other benefits or re-emphasized the above benefits for establishing a potential CTS at 101 Wyandotte Street East (and/or establishing a CTS in general, regardless of location) through Question D4 of the survey.<sup>18</sup> These perceived benefits are represented in Table 9. Further to that, through QD4 of the survey, 23 respondents provided comments that reflected positive feedback on the proposed CTS operations in WEC regardless of location (e.g., expressions of satisfaction or contentment that a CTS was being considered for the community, general expressions of need or support for a CTS in WEC regardless of location), while three provided comments that reflected general support for the proposed CTS operations at 101 Wyandotte Street East.

**Table 9 – Additional Benefits of Establishing a Potential CTS at 101 Wyandotte Street East**

Benefit	Number of Respondent Citations
Accessibility to People Who Use Substances (e.g., Located Where Drug Use is Known to Occur in WEC)	6
Reduced Deaths from Drug Overdoses	6
Close Proximity & Accessibility to Other Health & Social Services	5
Reduced Substance Use Stigma & Increased Community Awareness	3
Benefit of Having an Outdoor Space Embedded Within the Site	2

<sup>18</sup> QD4 – Do you have any other comments that you would like to share about potential benefits that a CTS facility at 101 Wyandotte Street East may bring?

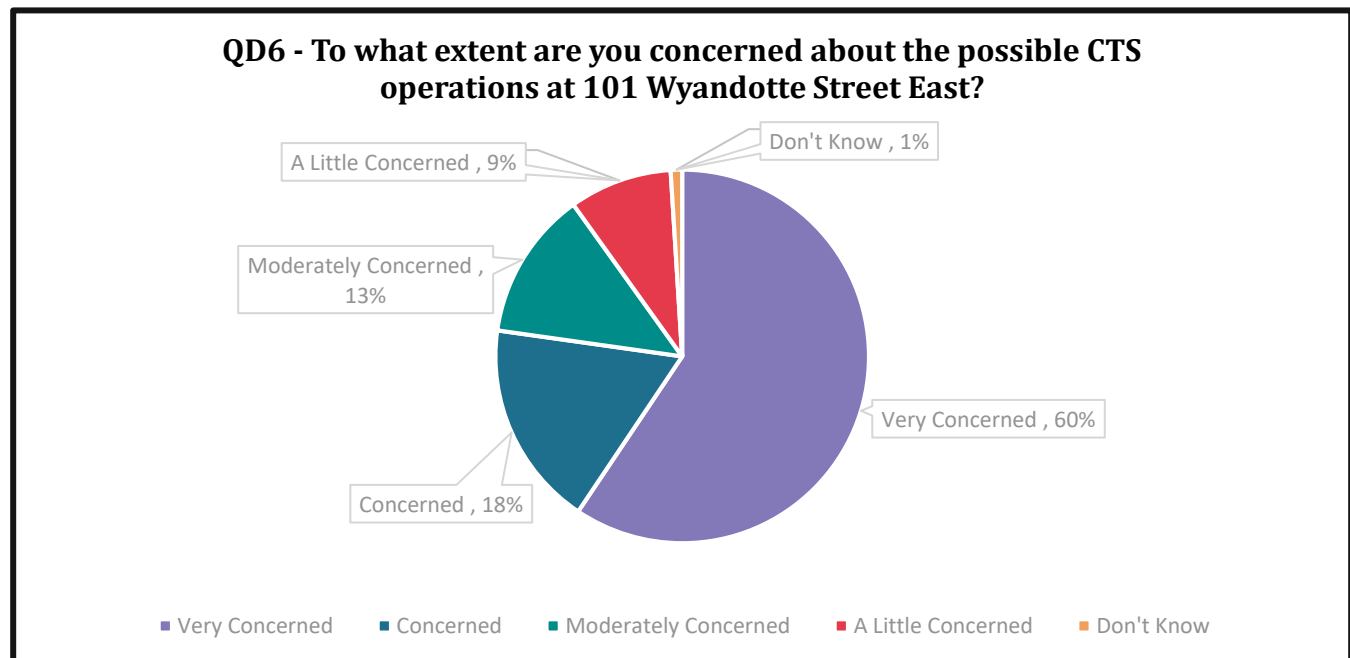
## Overall Concern and Level of Concern Associated with Establishing a CTS at 101 Wyandotte Street East

### Total Sample (N=448)

Table 10 demonstrates the number and percentage of survey respondents in the total sample (N=448) who indicated that they were at all concerned about the proposed CTS operations at 101 Wyandotte Street East. Although a majority of survey respondents were not at all concerned about the proposed CTS operations at this location (59%), 33% indicated that they were concerned about this proposed site. Of the 150 respondents who were at all concerned about the proposed CTS operations at 101 Wyandotte Street East, 78% indicated that they were either “very concerned” (60%) or “concerned” (18%) about the proposed operations at this location (Figure 11). To review the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall concern and level of concern associated with establishing a potential CTS at 101 Wyandotte Street East, please see Appendix E.

Table 10 – Concern with CTS Facility at 101 Wyandotte Street East (Total Sample)	
QD5 – Are you at all concerned about the possible CTS operations at 101 Wyandotte Street East?	
Response Option	Number (%) of Total Sample (N=448)
Yes	150 (33%)
No	266 (59%)
I Don't Know	29 (6%)

Figure 11 – Level of Concern Associated with Establishing a Potential CTS at 101 Wyandotte Street East (Total Sample, N=150)

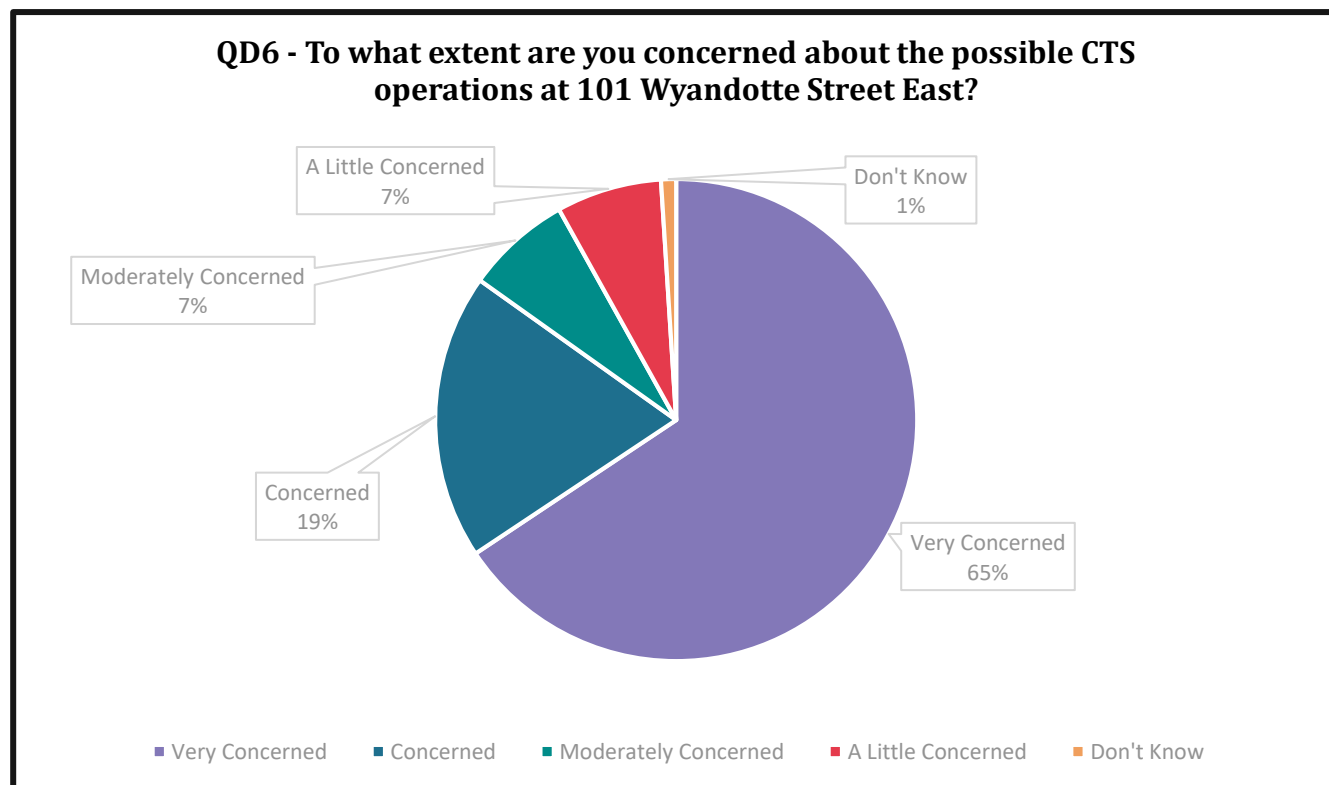


## N9A Respondents (N=168)

Table 11 demonstrates the number and percentage of N9A survey respondents (N=168) who were at all concerned about the proposed CTS operations at 101 Wyandotte Street East. Although a majority of N9A respondents were not at all concerned about the proposed CTS operations at this location (51%), 41% indicated that they were concerned about this proposed site. Of the 69 N9A respondents who were at all concerned about the proposed CTS operations at 101 Wyandotte Street East, 84% indicated that they were either “very concerned” (65%) or “concerned” (19%) about the proposed operations at this location (Figure 12). To review the sub-group analyses for N9A resident, employee, business owner, and student respondents as it relates to the overall concern and level of concern associated with establishing a potential CTS at 101 Wyandotte Street East, please see Appendix E.

Table 11 – Concern with CTS Facility at 101 Wyandotte Street East (N9A Respondents)	
QD5 – Are you at all concerned about the possible CTS operations at 101 Wyandotte Street East?	
Response Option	Number (%) of Total N9A Sample (N=168)
Yes	69 (41%)
No	86 (51%)
I Don't Know	13 (8%)

**Figure 12 – Level of Concern Associated with Establishing a Potential CTS at 101 Wyandotte Street East (N9A Respondents, N=69)**

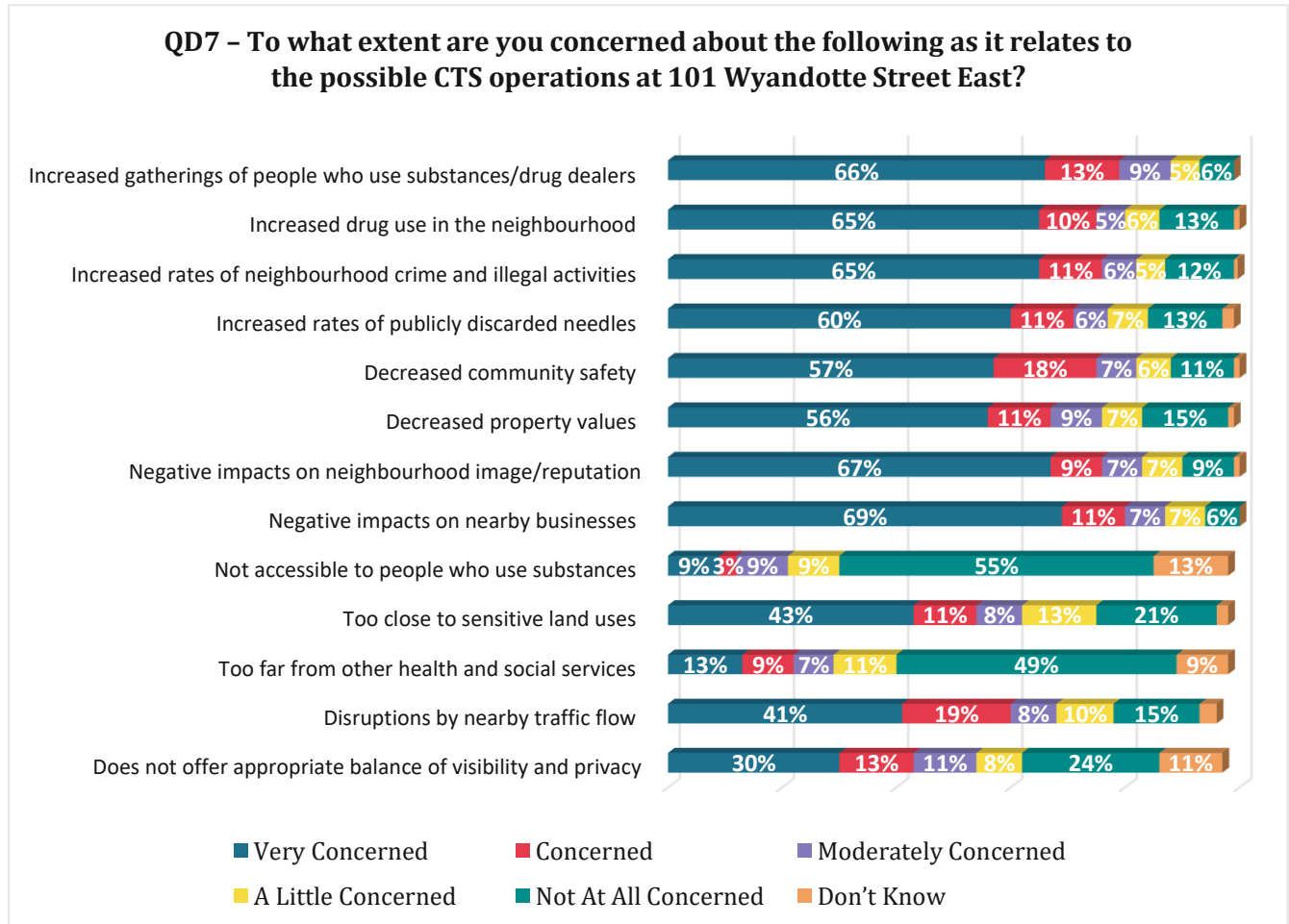




## Site-Specific Concerns Associated with Establishing a CTS Facility at 101 Wyandotte Street East

Figure 13 demonstrates the site-specific concerns endorsed by respondents in the total sample (N=448) for establishing a potential CTS at 101 Wyandotte Street East.

**Figure 13 – Potential Concerns with a CTS Facility at 101 Wyandotte Street East (N=150)**



Of the respondents who were at all concerned about a potential CTS at 101 Wyandotte Street East (150), the most commonly perceived concerns (either “very concerned” or “concerned”) were that a CTS at this location would have negative impacts on nearby business operations (80%), increase gatherings of people who use substances/drug dealers in the neighbourhood (79%), negatively impact the image or reputation of the neighbourhood (76%), and increase neighbourhood crime or illegal activities (76%). Further to that, a majority of respondents were either “very concerned” or “concerned” that a potential CTS at this location would reduce the safety of the community (75%), increase rates of drug use in the neighbourhood (75%), increase rates of improperly discarded needles in nearby public spaces (71%), and reduce neighbourhood property values (67%). Comparatively, a lesser majority of applicable respondents were either “very concerned” or “concerned” that a potential CTS at 101 Wyandotte Street East would be disruptive to nearby vehicular and pedestrian traffic flow (60%) and/or would not be located in sufficient distance from sensitive land uses (e.g., public parks, schools) (54%).

Of all the potential concerns listed in Figure 13, the least commonly perceived concerns (either “very concerned” or “concerned”) associated with establishing a potential CTS at 101 Wyandotte Street East were tied to the privacy and visibility of the site (43%), the proximity of the site to other health and social services (22%), and the accessibility of the site to people who use substances (12%).

In addition to the perceived concerns identified above, many of the respondents described other concerns or re-emphasized the above concerns associated with establishing a potential CTS at 101 Wyandotte Street East (and/or a establishing a potential CTS in general, regardless of location) through Question D8 of the survey.<sup>19</sup> These perceived concerns are represented in Table 12. Further to that, through QD8 of the survey, 7 respondents provided general comments that reflected negative feedback about the proposed CTS operations in WEC regardless of location. General comments of negative feedback included expressions of dissatisfaction or discontentment that a CTS was being considered for the community and a general lack of support for establishing a CTS in any location across WEC.

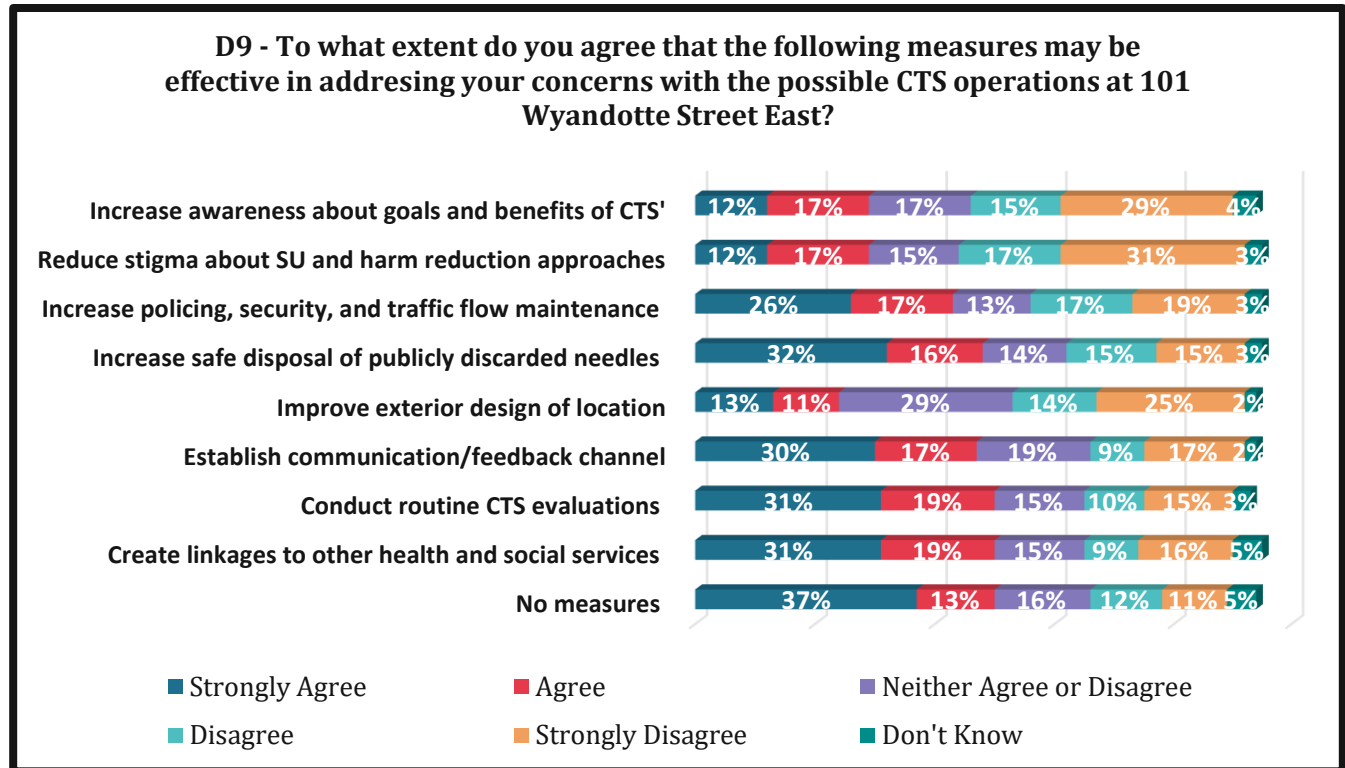
<b>Table 12 – Additional Concerns with Establishing a Potential CTS at 101 Wyandotte Street East</b>	
<b>Main Concern</b>	<b>Number of Respondent Citations</b>
Disruptions to Nearby Traffic Flow & Busyness of the Area <ul style="list-style-type: none"> <li>• Located on a busy intersection with a high volume of vehicular and pedestrian traffic (e.g., Windsor to Detroit Tunnel traffic, business traffic).</li> </ul>	26
Negative Impacts to Neighbourhood Image, Reputation, or Aesthetics	18
Enabling or Encouraging Drug Use	15
Need to Support Alternative Approaches for Addressing Substance Use in WEC (e.g., criminalization, rehabilitation)	13
Increases in Crime & Reduced Neighbourhood Safety	11
Distant Proximity to Hospitals, Shelters, and Other Health and Social Services	5
Privacy Concerns for Service Users Due to the High Visibility of the Location	3
Ineffective Use of Tax Payer Dollars	3
Negative Impacts to Children in the Neighbourhood (e.g., negative message to children in the area)	2

<sup>19</sup> QD8 – Do you have any other concerns that you would like to share about the possible CTS operations at 101 Wyandotte Street East?

## Measures & Mitigation Strategies to Address Concerns Associated with a Potential CTS at 101 Wyandotte Street East

Figure 14 demonstrates the measures and mitigation strategies endorsed by respondents in the total sample (N=448) for addressing the perceived concerns associated with establishing a potential CTS at 101 Wyandotte Street East.

**Figure 14 – Measures & Mitigation Strategies to Address Concerns with a Potential CTS at 101 Wyandotte Street East (N=150)**



Of the one-hundred and fifty (150) respondents who were at all concerned about establishing a potential CTS at 101 Wyandotte Street East, respondents were the most likely to agree (either “strongly agree” or “agree”) that conducting routine evaluation activities at the CTS (50%) or creating linkages with other health and social services in closer proximity to the location (50%) would be effective measures for addressing their corresponding concerns. Other commonly supported mitigation strategies by respondents (either “strongly agreed” or “agreed”) were to work with environmental agencies to increase safe disposal of publicly discarded needles in the neighbourhood (48%) and to establish a communication or feedback mechanism for community members to voice and address their ongoing concerns about the operations at the CTS site (47%). Forty-three percent (43%) either “strongly agreed” or “agreed” that the WECOSS should liaison with WPS to increase policing, security, and traffic flow maintenance at the location in order to address their perceived concerns with the proposed site.

Of all of the mitigation strategies listed in Figure 14, respondents were the least likely to agree (either “strongly agree” or “agree”) that reducing stigma by increasing awareness of substance use (SU) and harm reduction approaches (29%), increasing community awareness about the goals and benefits of a CTS (29%), and improving the exterior design of the location (e.g., improving greenery, maximizing size and space) (24%) would be effective measures in addressing their concerns with the proposed CTS operations at 101 Wyandotte Street East. Fifty percent (50%) of respondents either “strongly agreed” or “agreed” that there wouldn’t be any

effective measures that could address their perceived concerns with establishing a potential CTS at this location.

In addition to the mitigation strategies identified above, many of the respondents described other measures or re-emphasized the above measures for addressing their concerns with establishing a potential CTS at 101 Wyandotte Street East (and/or establishing a CTS in general, regardless of location) through Question D10 of the survey.<sup>20</sup> These measures were as follows:

- **Alternative Approaches for Supporting People Who Use Substances** – Fifteen respondents (15) suggested that the WECOSS should consider other approaches for supporting people who use substances in WEC as an alternative to establishing a CTS. Examples of suggested approaches included developing/expanding treatment and rehabilitation programs or supporting criminalization efforts.
- **Support an Alternative Location** – Fourteen (14) respondents suggested that the WECOSS should consider alternative locations for establishing a CTS in WEC, as opposed to establishing a CTS at 101 Wyandotte Street East. Examples of alternative locations included those that are in further distance from high tourist areas, in closer distance to local health and social service organizations, and outside of the downtown core.
- **Demonstrate Evidence about the Effectiveness of a CTS** – Three (3) respondents referenced that receiving information about the effectiveness and success of CTS facilities among existing sites/clientele in other areas would be an effective approach to addressing their concerns with a potential CTS at this location.
- **Privacy Measures** – Two (2) respondents referenced that measures will need to be taken to reduce the high visibility of the location and/or to ensure that the facility includes private or discreet spaces for people who use substances to access services. Otherwise, it was cited that the high visibility of the location may detract individuals from using the facility.
- **Policing & Law Enforcement Measures** – Two (2) respondents emphasized that policing and law enforcement agencies need to be involved with monitoring and managing the safety and security of the surrounding areas in close proximity to the potential CTS.

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<sup>20</sup> Question D10 – Do you have any other comments that you would like to share about potential measures that may be effective in addressing your concerns with the possible CTS operations at 101 Wyandotte Street East.

## 628 Goyeau Street – Site-Specific Community Survey Results

This section will report on the site-specific community survey results related to establishing a potential CTS at 628 Goyeau Street. Site-specific questions for 628 Goyeau Street assessed the perceived benefits and/or concerns associated with establishing a potential CTS at this location, as well as potential mitigation strategies for addressing the cited concerns.

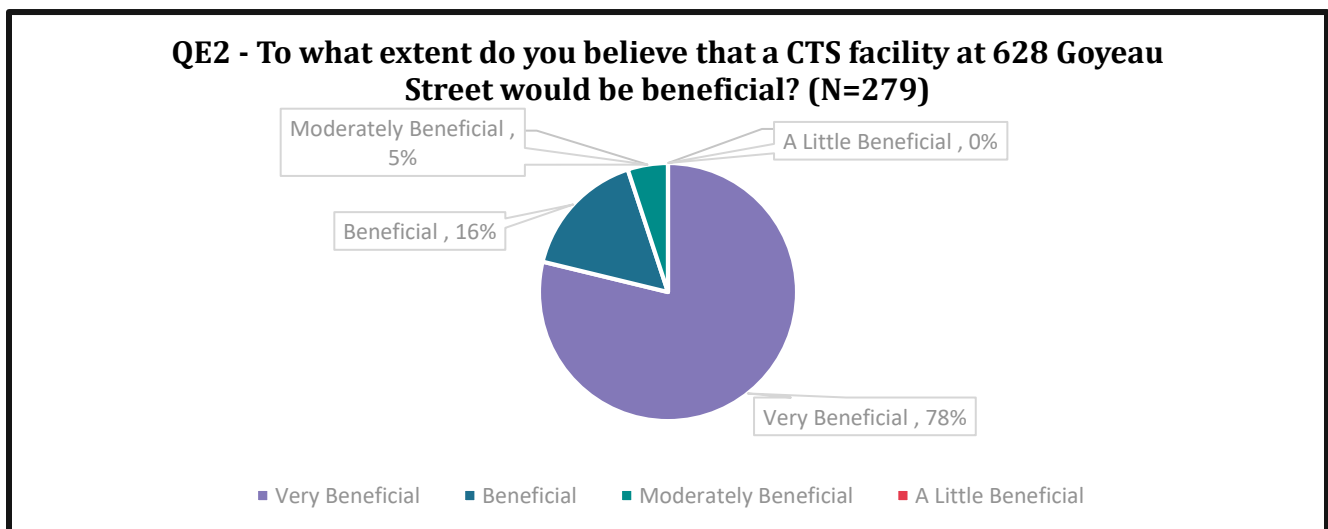
### Overall Benefit & Level of Benefit Attributed to Establishing a Potential CTS at 628 Goyeau Street

#### Total Sample (N=448)

Table 13 demonstrates the number and percentage of survey respondents (N=448) who believed that a CTS at 628 Goyeau Street would be at all beneficial to the community. A majority of survey respondents believed that a CTS at 628 Goyeau Street would be at all beneficial to WEC (62%). Of the 279 respondents who believed that a CTS at 628 Goyeau Street would be at all beneficial, 94% believed that a CTS at this location would be either very beneficial (78%) or beneficial (16%) to the community (Figure 15). To review the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall benefit and level of benefit attributed to establishing a potential CTS at 628 Goyeau Street, please see Appendix F.

Table 13 – Overall Benefit of a CTS at 628 Goyeau Street (Total Sample)	
QE1– Do you believe that a CTS facility at 628 Goyeau Street would be at all beneficial?	
Response Option	Number (%) of Total Sample (N=448)
Yes	279 (62%)
No	100 (22%)
I Don't Know	30 (7%)

Figure 15 – Level of Benefit Attributed to Establishing a Potential CTS at 628 Goyeau Street (Total Sample, N=279)

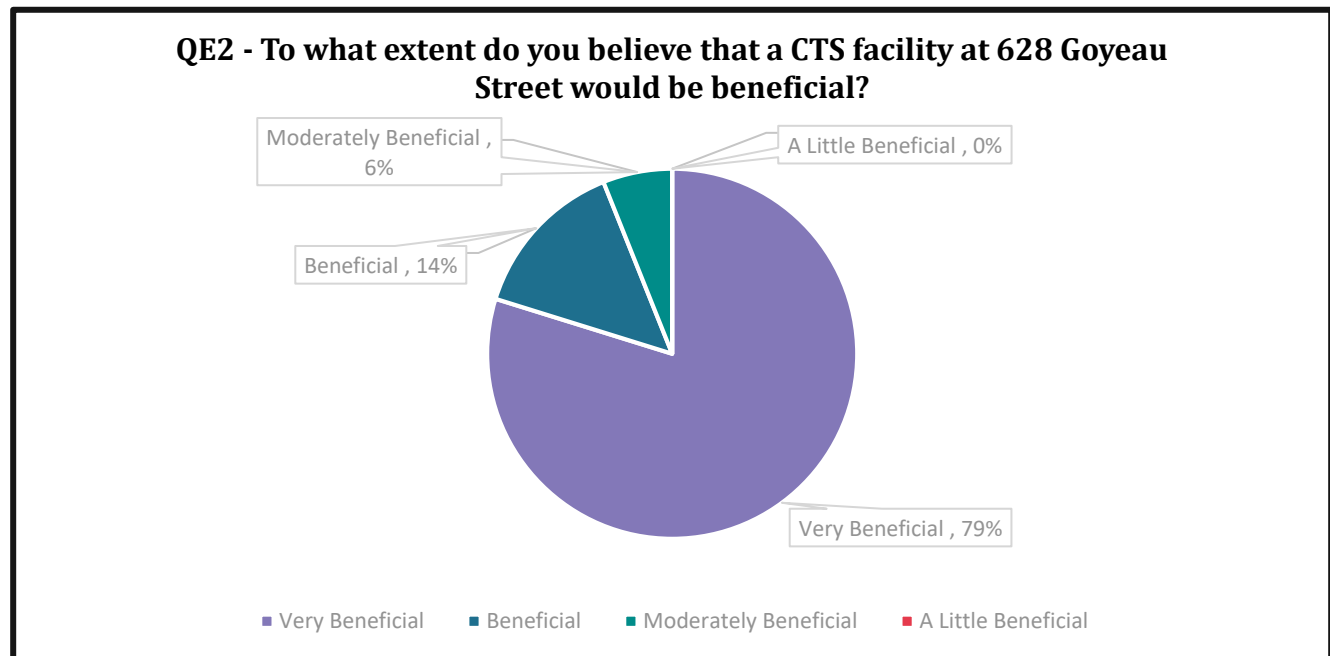


## N9A Respondents (N=168)

Table 14 demonstrates the number and percentage of survey respondents who either lived, worked, owned a business, and/or went to school in the N9A postal code area (N=168) that believed that a CTS at 628 Goyeau Street would be at all beneficial to the community. A majority of N9A survey respondents believed that a CTS at 628 Goyeau Street would be at all beneficial to WEC (58%). Of the 98 N9A respondents who believed that a CTS at 101 Wyandotte Street East would be at all beneficial, 93% believed that a CTS at this location would be either very beneficial (79%) or beneficial (14%) to the community (Figure 16). To review the sub-group analyses for N9A residents, employees, business owners, and students as it relates to the overall benefit and level of benefit attributed to establishing a potential CTS at 628 Goyeau Street, please see Appendix F.

Table 14 – Overall Benefit of a CTS at 628 Goyeau Street (N9A Respondents)	
QE1– Do you believe that a CTS facility at 628 Goyeau Street would be at all beneficial?	
Response Option	Number (%) of Total N9A Sample (N=168)
Yes	98 (58%)
No	41 (24%)
I Don't Know	14 (8%)

**Figure 16 – Level of Benefit Attributed to Establishing a Potential CTS at 628 Goyeau Street (N9A Respondents, N=98)**





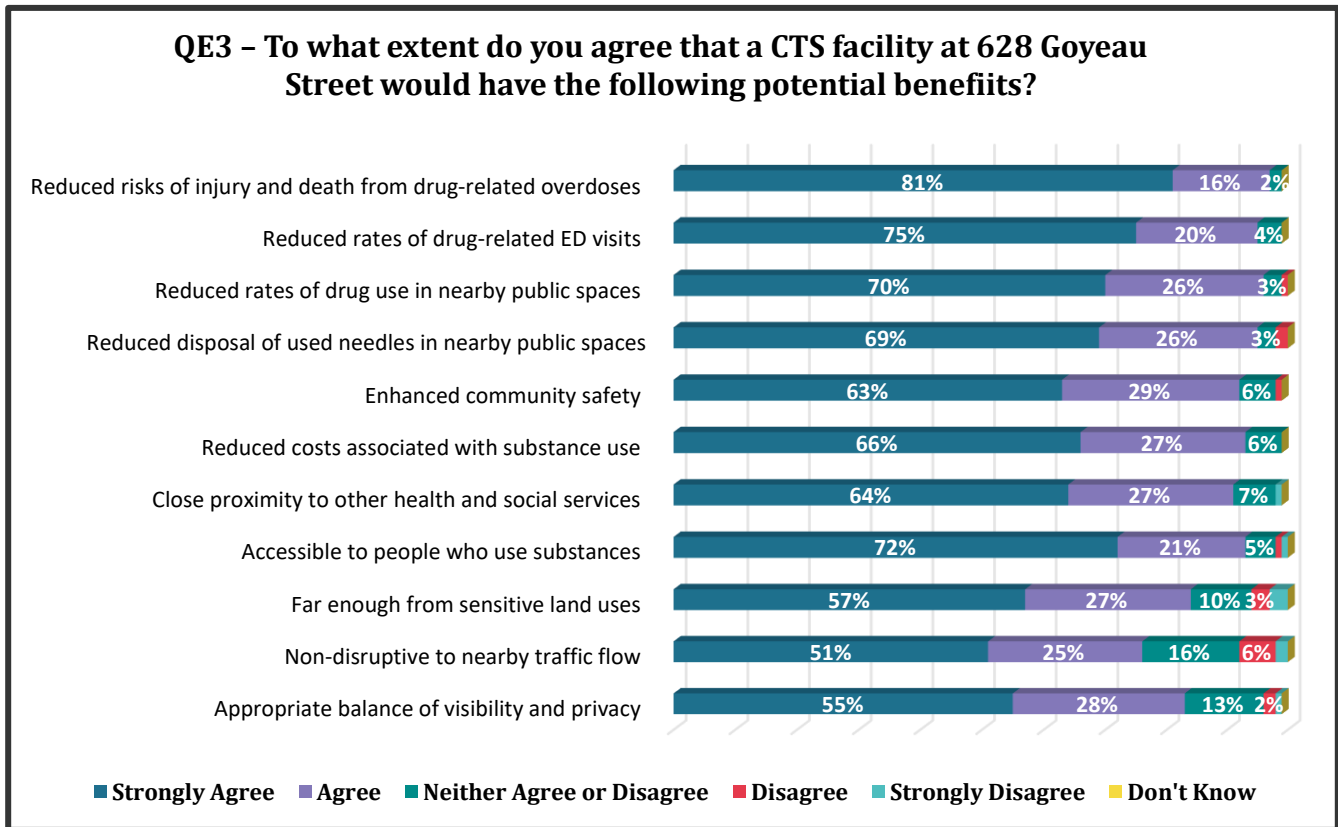
## Site-Specific Benefits of a CTS Facility at 628 Goyeau Street

Figure 17 demonstrates the site-specific benefits endorsed by respondents in the total sample (N=448) for establishing a potential CTS at 628 Goyeau Street.

Of the respondents who believed that a potential CTS at 628 Goyeau Street would be at all beneficial to the community (279), the most commonly perceived benefits (either “strongly agree” or “agree”) were that a CTS at this location would reduce risks of injury and death from drug-related overdoses (97%), reduce rates of drug use in nearby public spaces (96%), reduce rates of publicly discarded needles in the neighbourhood (95%), and reduce rates of drug-related emergency department visits in WEC (95%). Further to that, a significant majority of respondents either “strongly agreed” or “agreed” that a CTS at this location would offer appropriate accessibility to people who use drugs (93%), reduce the health, social, legal, and incarceration costs associated with substance use in the community (93%), and enhance community safety (92%). Ninety one (91%) of respondents either “strongly agreed” or “agreed” that a potential CTS at this location would offer appropriate accessibility to other health and social services in close proximity to the site, and eighty-four percent (84%) either “strongly agreed” or “agreed” that a potential CTS at this location would be in sufficient distance from sensitive land uses (e.g., public parks, schools).

Although a significant majority of applicable respondents either “strongly agreed” or “agreed” that a potential CTS at 628 Goyeau Street would offer an appropriate balance of visibility and privacy (83%) and would be non-disruptive to nearby vehicular and pedestrian traffic flow (76%), these benefits were the least likely of those listed in Figure 17 to be endorsed by respondents.

**Figure 17 – Potential Benefits of Establishing a CTS Facility at 628 Goyeau Street (N=279)**



In addition to the perceived benefits identified above, many of the respondents described other benefits or re-emphasized the above benefits for establishing a potential CTS at 628 Goyeau Street (and/or establishing a potential CTS in general, regardless of location) through Question E4 of the survey.<sup>21</sup> These perceived benefits are represented in Table 15. Further to that, through QE4 of the survey, 18 respondents provided comments that reflected positive feedback on the proposed CTS operations in WEC regardless of location (e.g., expressions of satisfaction or contentment that a CTS was being considered for the community, general expressions of need or support for a CTS in WEC regardless of location), while 11 provided comments that reflected general support for the proposed CTS operations at 628 Goyeau Street.

<b>Table 15 – Additional Benefits of Establishing a Potential CTS at 628 Goyeau Street</b>	
<b>Benefit</b>	<b>Number of Respondent Citations</b>
Less Disruptive to Traffic Flow & Less Busy Area (In Comparison to 101 Wyandotte Street East) <ul style="list-style-type: none"> <li>• Not located on busy intersection</li> <li>• Located further from the Windsor-Detroit Tunnel traffic</li> </ul>	8
Reduced Deaths from Drug Overdoses	4
Greater Privacy for Service Users (In Comparison to 101 Wyandotte Street East) <ul style="list-style-type: none"> <li>• Less visibility location offers greater privacy</li> </ul>	2

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<sup>21</sup> QE4 – Do you have any other comments that you would like to share about potential benefits that a CTS facility at 628 Goyeau Street may bring?

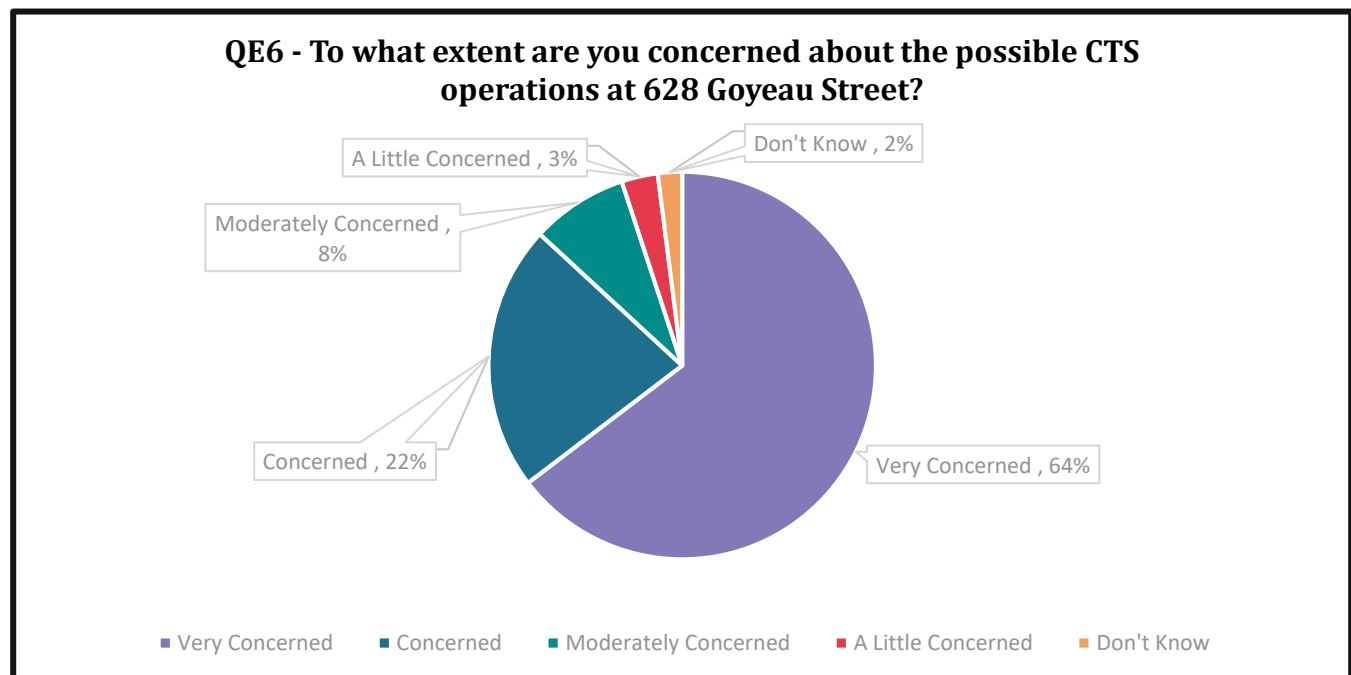
## Overall Concern and Level of Concern Associated with Establishing a CTS at 628 Goyeau Street

### Total Sample (N=448)

Table 16 demonstrates the number and percentage of survey respondents in the total sample (N=448) who indicated that they were at all concerned about the proposed CTS operations at 628 Goyeau Street. Although a majority of survey respondents were not at all concerned about the proposed CTS operations at this location (59%), 26% indicated that they were concerned about this proposed site. Of the 118 respondents who were at all concerned about the proposed CTS operations at 628 Goyeau Street, 86% indicated that they were either “very concerned” (64%) or “concerned” (22%) about the proposed operations at this location (Figure 18). To review the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall concern and level of concern associated with establishing a potential CTS at 628 Goyeau Street, please see Appendix F.

Table 16 – Concern with CTS Facility at 628 Goyeau Street (Total Sample)	
QE5 – Are you at all concerned about the possible CTS operations at 628 Goyeau Street?	
Response Option	Number (%) of Total Sample (N=448)
Yes	118 (26%)
No	263 (59%)
I Don't Know	27 (6%)

Figure 18 – Level of Concern Associated with Establishing a Potential CTS at 628 Goyeau Street (Total Sample, N=118)

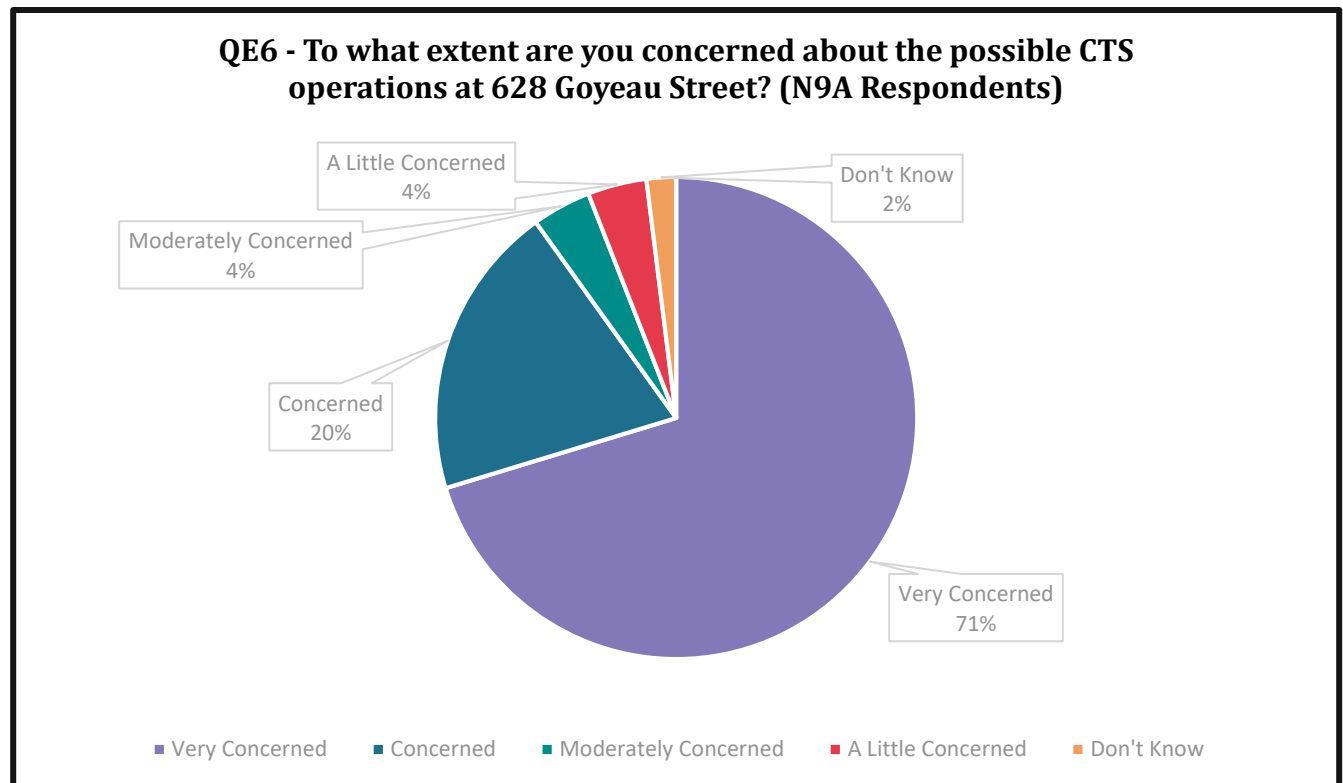


### N9A Respondents (N=168)

Table 17 demonstrates the number and percentage of N9A survey respondents (N=168) who were at all concerned about the proposed CTS operations at 628 Goyeau Street. Although a majority of N9A respondents were not at all concerned about the proposed CTS operations at this location (53%), 30% indicated that they were concerned about this proposed site. Of the 51 N9A respondents who were at all concerned about the proposed CTS operations at 628 Goyeau Street, 91% indicated that they were either “very concerned” (71%) or “concerned” (20%) about the proposed operations at this location (Figure 19). To review the sub-group analyses for N9A resident, employee, business owner, and student respondents as it relates to the overall concern and level of concern associated with establishing a potential CTS at 628 Goyeau Street, please see Appendix F.

Table 17 – Concern with CTS Facility at 628 Goyeau Street (N9A Respondents)	
QE5 – Are you at all concerned about the possible CTS operations at 628 Goyeau Street?	
Response Option	Number (%) of Total N9A Sample (N=168)
Yes	51 (30%)
No	89 (53%)
I Don't Know	14 (8%)

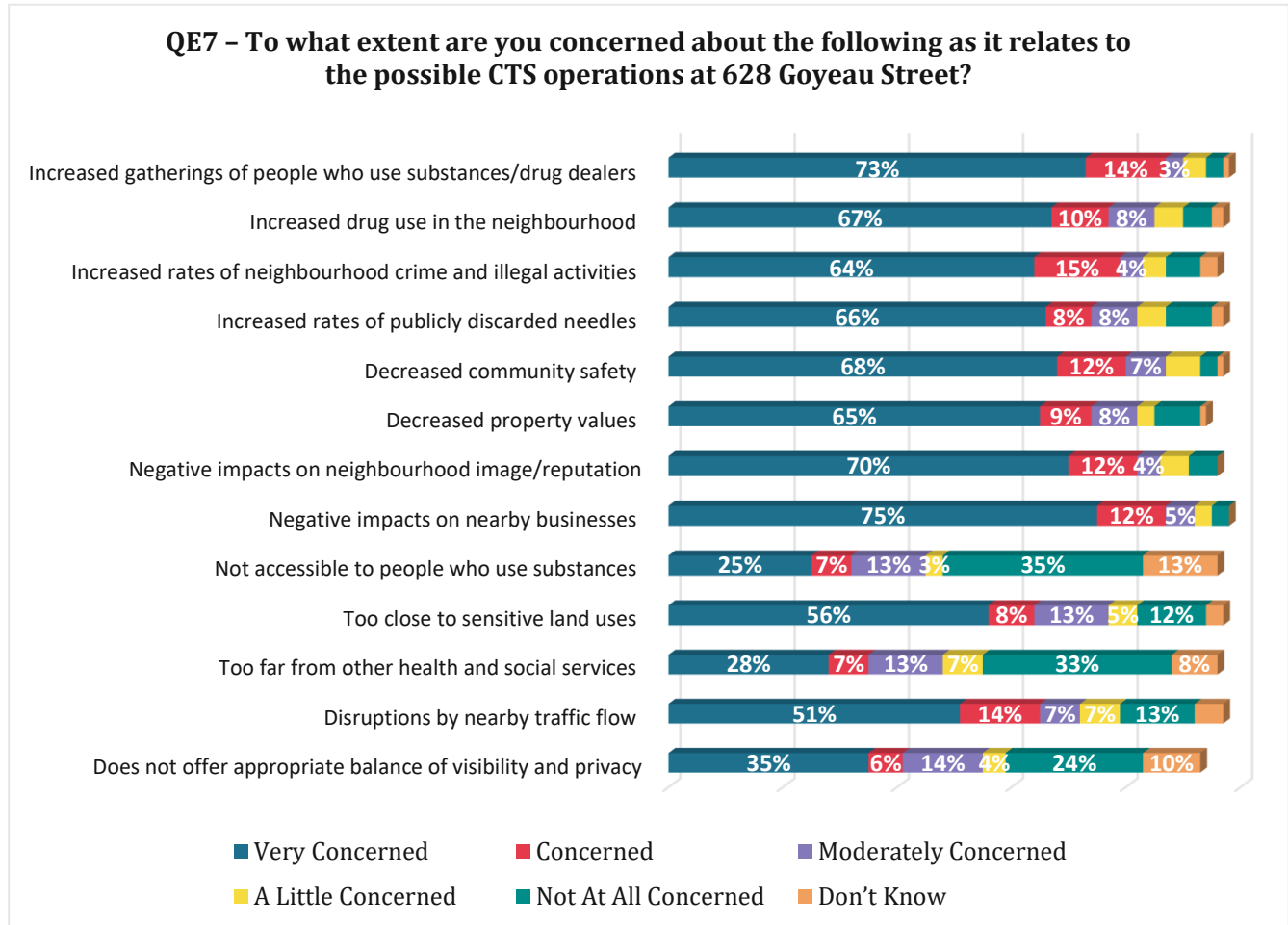
**Figure 19 – Level of Concern Associated with Establishing a Potential CTS at 628 Goyeau Street (N9A Respondents, N=51)**



## Site-Specific Concerns Associated with Establishing a CTS Facility at 628 Goyeau Street

Figure 20 demonstrates the site-specific concerns endorsed by respondents in the total sample (N=448) for establishing a potential CTS at 628 Goyeau Street.

**Figure 20 – Potential Concerns with a CTS Facility at 628 Goyeau Street (Total Sample, N=118)**



Of the respondents who were at all concerned about a potential CTS at 628 Goyeau Street (118), the most commonly perceived concerns (either “very concerned” or “concerned”) were that a CTS at this location would have negative impacts on nearby business operations (87%), increase gatherings of people who use substances/drug dealers in the neighbourhood (87%), negatively impact the image or reputation of the neighbourhood (82%), and reduce neighbourhood safety (80%). Further to that, a majority of respondents were either “very concerned” or “concerned” that a potential CTS at this location would increase rates of crime and illegal activities in the neighbourhood (79%), increase rates of drug use in the neighbourhood (77%), increase rates of improperly discarded needles in nearby public spaces (74%), and reduce neighbourhood property values (74%). Comparatively, a lesser majority of respondents were either “very concerned” or “concerned” that a potential CTS at 101 Wyandotte Street East would be disruptive to nearby vehicular and pedestrian traffic flow (65%) and/or would not be located in sufficient distance from sensitive land uses (e.g., public parks, schools) (64%).

Of all the potential concerns listed in Figure 20, the least commonly perceived concerns (either “very concerned” or “concerned”) associated with establishing a potential CTS at 628 Goyeau Street were tied to the privacy and visibility of the site (41%), the proximity of the site to other health and social services (35%), and the accessibility of the site to people who use substances (32%).

In addition to the perceived concerns identified above, many of the respondents described other concerns or re-emphasized the above concerns associated with establishing a potential CTS at 628 Goyeau Street (and/or establishing a potential CTS in general, regardless of location) through Question E8 of the survey.<sup>22</sup> These perceived concerns are represented in Table 18. Further to that, through QE8 of the survey, 5 respondents provided general comments that reflected negative feedback about the proposed CTS operations in WEC regardless of location. General comments of negative feedback included expressions of dissatisfaction or discontentment that a CTS was being considered for the community and a general lack of support for establishing a CTS in any location across WEC.

<b>Table 18 – Additional Concerns with Establishing a Potential CTS at 628 Goyeau Street</b>	
<b>Main Concern</b>	<b>Number of Respondent Citations</b>
Disruptions to Nearby Traffic Flow & Busyness of the Area <ul style="list-style-type: none"> <li>• Located in a busy area with a high volume of vehicular and pedestrian traffic (e.g., Windsor to Detroit Tunnel traffic).</li> </ul>	11
Need to Support Alternative Approaches to Addressing Substance Use Issues in WEC (e.g., rehabilitation, criminalization).	8
Negative Impacts to Neighbourhood Image, Reputation, or Aesthetics	6
Increases in Crime & Reduced Neighbourhood Safety	3
Enabling or Encouraging Drug Use	2
Hours of Operation <ul style="list-style-type: none"> <li>• Concerns that daytime hours of operation would not be sufficient for tailoring to the needs of people who use substances.</li> <li>• Suggestions to consider alternative hours to operate the CTS facility.</li> </ul>	2

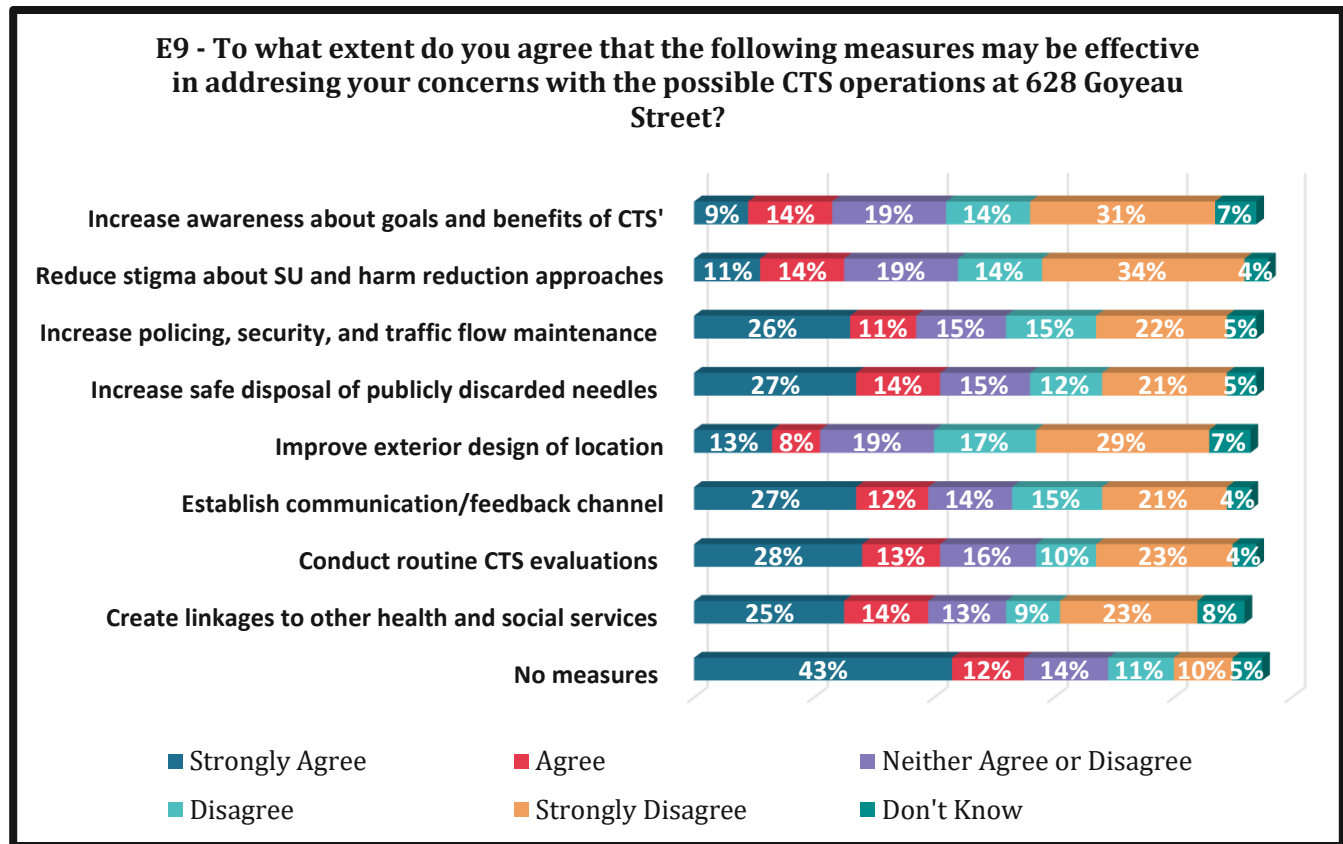
<sup>22</sup> QE8 – Do you have any other concerns that you would like to share about the possible CTS operations at 628 Goyeau Street?



## Measures & Mitigation Strategies to Address the Cited Concerns at 628 Goyeau Street

Figure 21 demonstrates the measures and mitigation strategies endorsed by respondents in the total sample (N=448) for addressing the perceived concerns associated with establishing a potential CTS at 628 Goyeau Street.

**Figure 21 – Measures & Mitigation Strategies to Address Concerns with a Potential CTS at 628 Goyeau Street (N=118)**



Of the 118 respondents who were at all concerned about establishing a potential CTS at 628 Goyeau Street, respondents were the most likely to agree (either “strongly agree” or “agree”) that conducting routine evaluation activities at the CTS (41%) or working with environmental agencies to increase safe disposal of publicly discarded needles in the neighbourhood (41%) would be effective measures for addressing their corresponding concerns. Other commonly supported mitigation strategies by respondents (either “strongly agreed” or “agreed”) were to create linkages with other health and social services in closer proximity to the location (39%) and to establish a communication or feedback mechanism for community members to voice and address their ongoing concerns about the operations at the CTS site (39%). Thirty-seven percent (37%) of respondents either “strongly agreed” or “agreed” that the WECOSS should liaison with WPS to increase policing, security, and traffic flow maintenance at the location in order to address their perceived concerns with the proposed site.

Of all of the mitigation strategies listed in Figure 21, respondents were the least likely to agree (either “strongly agree” or “agree”) that reducing stigma by increasing awareness about substance use (SU) and harm reduction approaches (25%), increasing community awareness about the goals and benefits of a CTS (23%), and improving the exterior design of the location (e.g., improving greenery, maximizing size and space) (21%) would be effective measures in addressing their concerns with the proposed CTS operations at 628 Goyeau Street. Fifty-five percent (55%) of respondents either “strongly agreed” or “agreed” that there wouldn’t be any effective measures that could address their perceived concerns with establishing a potential CTS at this location.

In addition to the mitigation strategies identified above, many of the respondents described other measures or re-emphasized the above measures for addressing their concerns with establishing a potential CTS at 628 Goyeau Street (and/or establishing a potential CTS in general, regardless of location) through Question E10 of the survey.<sup>23</sup> These measures were as follows:

- **Alternative Approaches for Supporting People Who Use Substances** – Seven (7) respondents suggested that the WECOSS should consider other approaches for supporting people who use substances in WEC as an alternative to establishing a CTS. Examples of suggested approaches included developing/expanding treatment and rehabilitation programs or supporting criminalization efforts.
- **Support an Alternative Location** – Six (6) respondents suggested that the WECOSS should consider alternative locations for establishing a CTS in WEC, as opposed to establishing a CTS at 628 Goyeau Street. Examples of alternative locations included those that are in further distance from high tourist areas, in closer distance to local health and social service organizations, and outside of the downtown core.
- **Demonstrate Evidence about the Effectiveness of a CTS** – Two (2) respondents referenced that receiving information about the effectiveness and success of CTS facilities among existing sites/clientele in other areas would be an effective approach for addressing their concerns with a potential CTS at this location.

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<sup>23</sup> Question E10 – Do you have any other comments that you would like to share about potential measures that may be effective in addressing your concerns with the possible CTS operations at 628 Goyeau Street.

## Community Survey Results - Levels of Support for the Candidate Locations

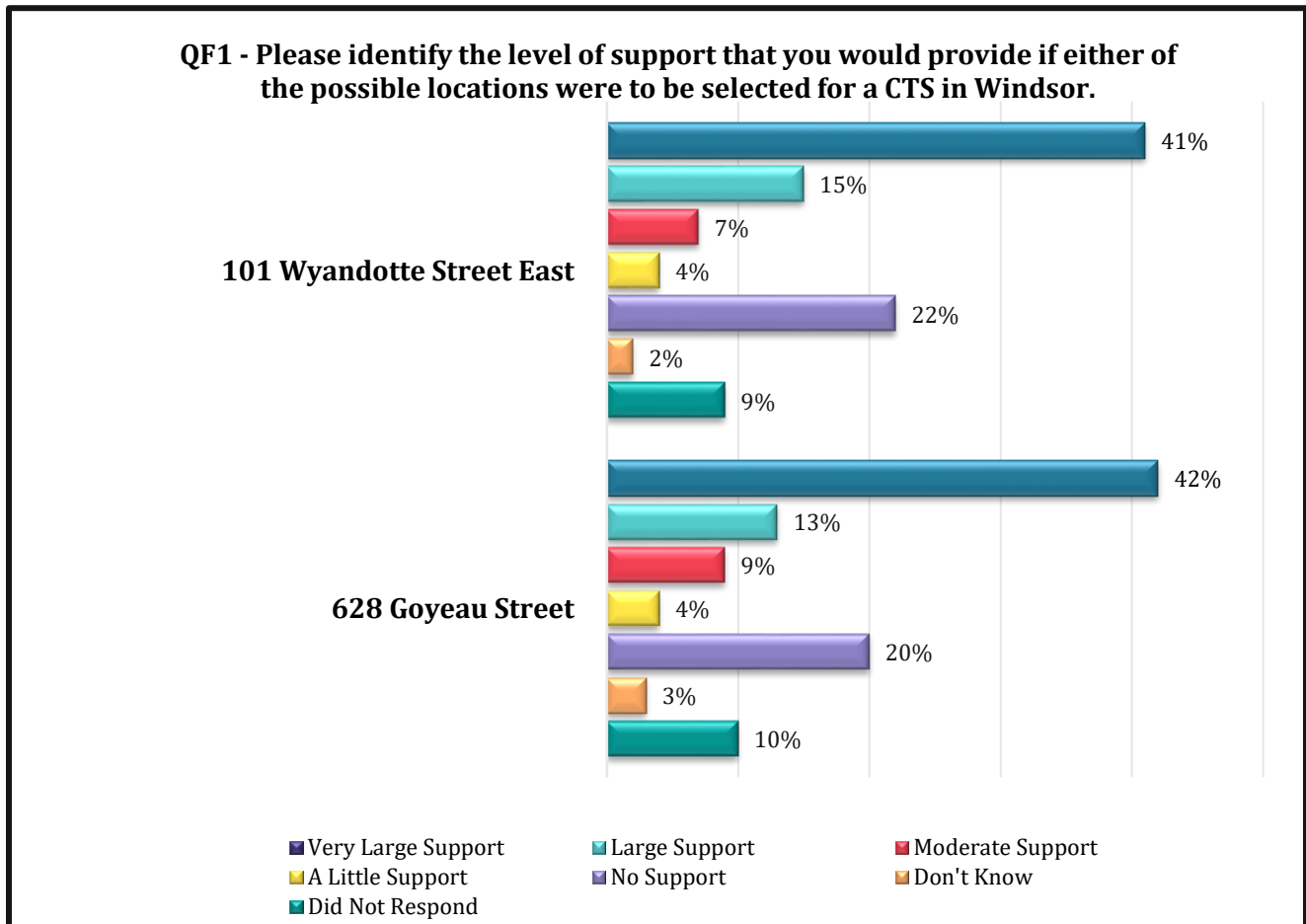
### Total Sample (N=448)

Figure 22 demonstrates the level of support that respondents in the total sample (N=448) would provide if either of the candidate locations were to be selected for a CTS in Windsor.

In comparison to 101 Wyandotte Street East, a slightly greater majority of respondents indicated that they would provide “very large support” for a potential CTS at 628 Goyeau Street (41% vs. 42%). In total, 67% of all respondents indicated that they would provide at least some degree of support (ranging from “very large support” to “a little support”) for a potential CTS at 101 Wyandotte Street East, while 68% indicated that they would provide at least some degree of support for a potential CTS at 628 Goyeau Street. Additionally, a greater proportion of respondents indicated that they would not provide any level of support for a potential CTS at 101 Wyandotte Street East (22%) when compared to those who indicated the same for 628 Goyeau Street (20%).

To review the sub-group analyses for residents and employees as it relates to levels of support for establishing a potential CTS at either of the candidate locations, please see Appendix G.<sup>24</sup>

**Figure 22 – Level of Support Associated with a Potential CTS at Both of the Candidate Locations (Total Sample, N=448)**



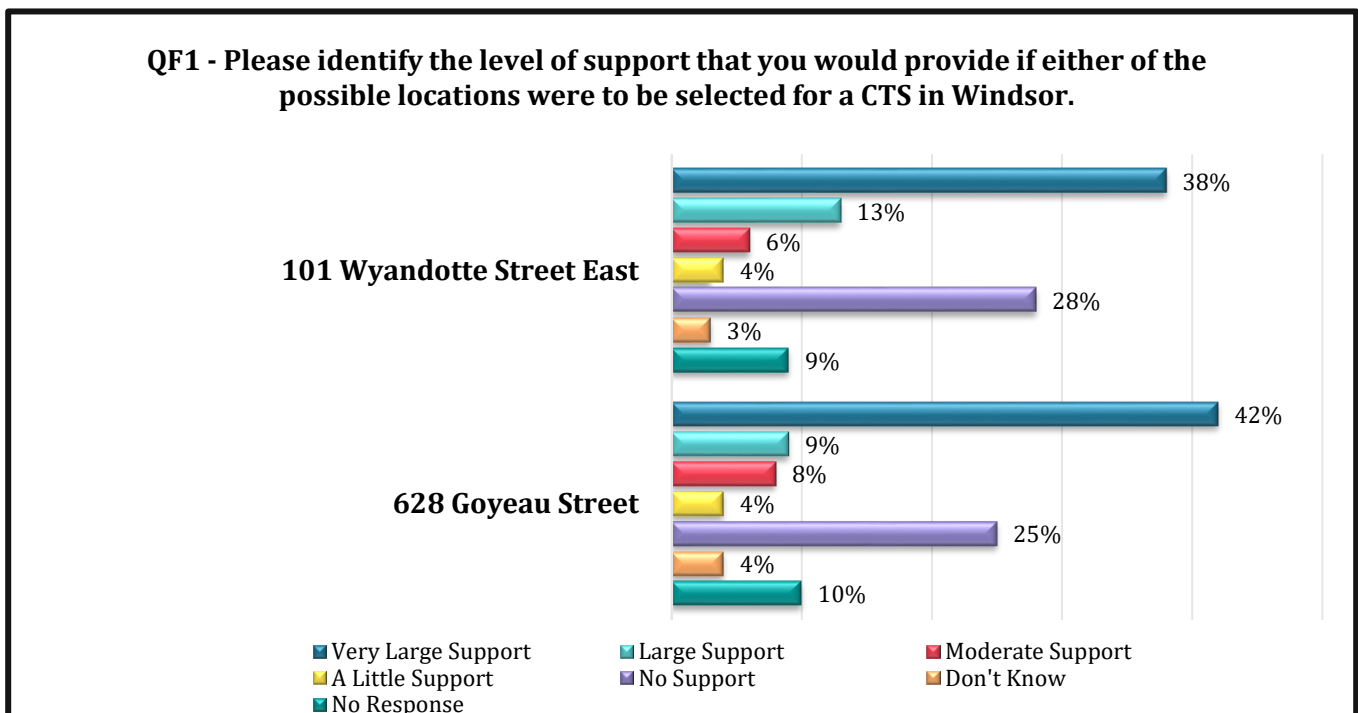
<sup>24</sup> Levels of support provided by business owners and students could not be reported due to the small sample sizes and/or a low number of endorsements for certain response options.

## N9A Respondents (N=168)

Figure 23 demonstrates the level of support that N9A respondents would provide if either of the candidate locations were to be selected for a CTS in Windsor. In comparison to 101 Wyandotte Street East, a slightly greater majority of N9A respondents indicated that they would provide “very large support” for a potential CTS at 628 Goyeau Street (38% vs. 42%). In total, 61% of N9A respondents indicated that they would provide at least some degree of support (ranging from “very large support” to “a little support”) for a potential CTS at 101 Wyandotte Street East, while 63% indicated that they would provide at least some degree of support for a potential CTS at 628 Goyeau Street. Additionally, a greater proportion of N9A respondents indicated that they would not provide any level of support for a potential CTS at 101 Wyandotte Street East (28%) when compared to those who indicated the same for 628 Goyeau Street (25%).

To review the sub-group analyses for N9A residents and employees as it relates to levels of support for establishing a potential CTS at either of the candidate locations, please see Appendix G.<sup>25</sup>

**Figure 23 – Level of Support Associated with a Potential CTS at Both of the Candidate Locations (Total N9A Sample, N=168)**



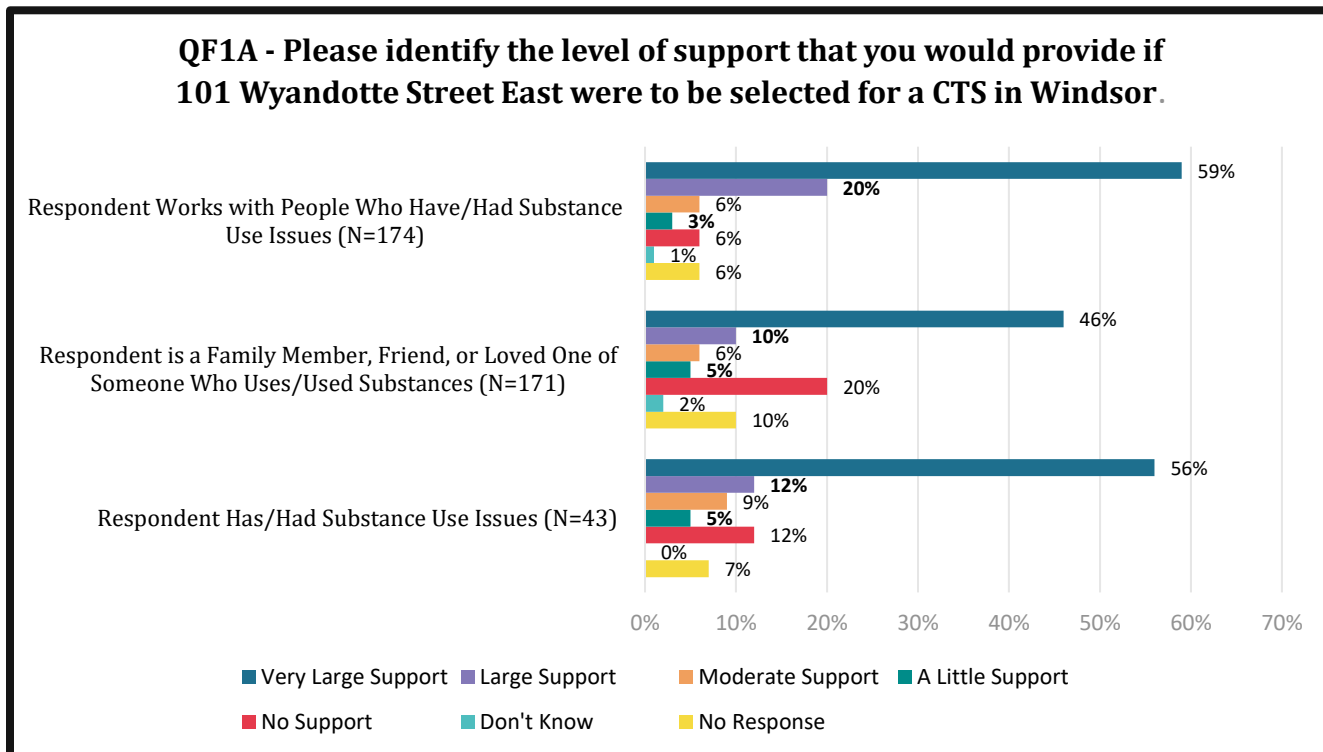
## Respondents Connected to Substance Use & the Substance Use Work Sectors

Figures 24 and 25 demonstrate the levels of support that respondents connected to substance use and the substance use work sectors would provide if either of the candidate locations were to be selected for a CTS in Windsor.

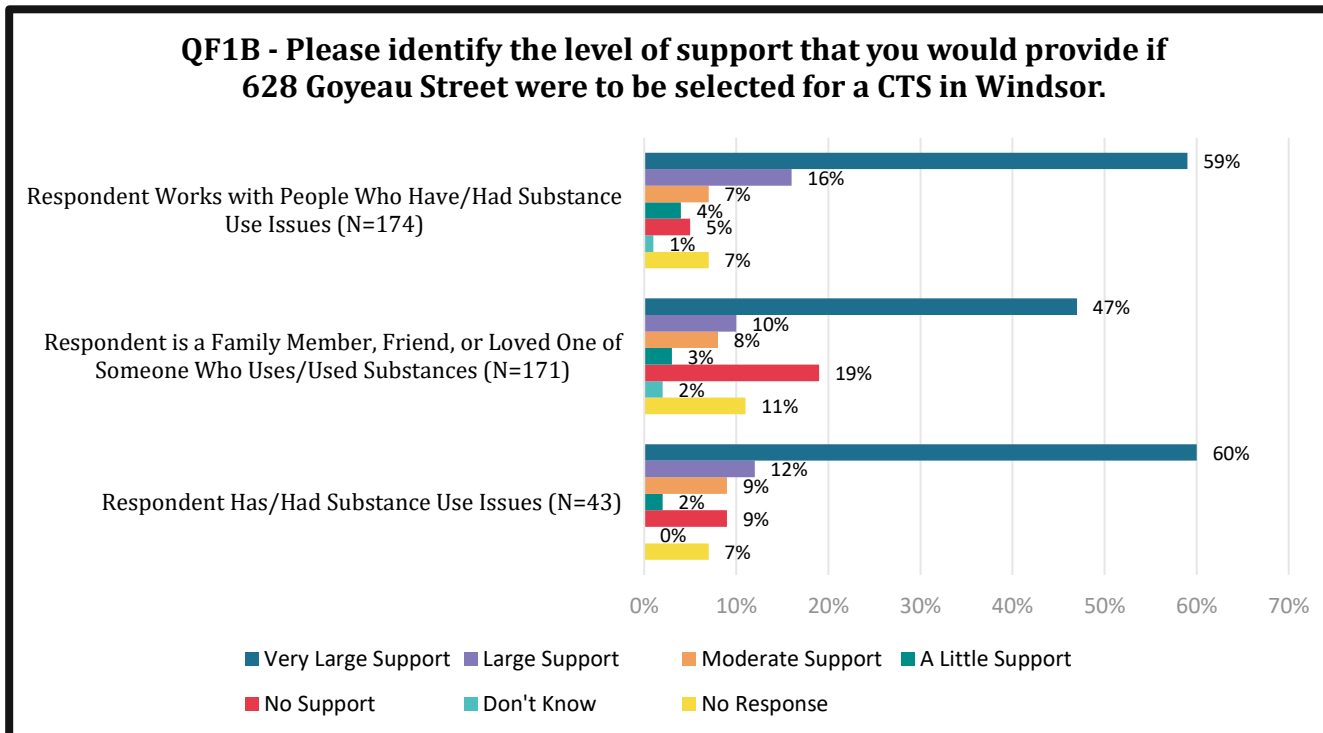
Nearly the same percentage of respondents who worked with people who have/had substance use issues indicated that they would provide “very large support” for a potential CTS at 101 Wyandotte Street East (58.6%, rounded up to 59%) and/or 628 Goyeau Street (59.2%, rounded down to 59%). In total, 88% of

<sup>25</sup>Levels of support provided by N9A business owners and students could not be reported due to the small sample sizes and/or a low number of endorsements for certain response options.

**Figure 24 – Level of Support for Establishing a CTS at 101 Wyandotte Street East among Respondents Connected to Substance Use & the Substance Use Work Sectors**



**Figure 25 – Levels of Support for Establishing a CTS at 628 Goyeau Street among Respondents Connected to Substance Use & the Substance Use Work Sectors**



respondents who worked with people who have/had substance use issues indicated that they would provide at least some degree of support (ranging from “very large support” to “a little support”) for a potential CTS at 101 Wyandotte Street East, while 86% indicated that they would provide at least some degree of support for a potential CTS at 628 Goyeau Street. In contrast, a greater proportion of respondents who worked with people who have/had substance use issues indicated that they would not provide any level of support for a potential CTS at 101 Wyandotte Street East (6%) when compared to those who indicated the same for 628 Goyeau Street (5%).

In comparison to 101 Wyandotte Street East, a slightly greater majority of respondents who identified as a family member, friend, or loved one of someone who has/had substance use issues indicated that they would provide “very large support” for a potential CTS at 628 Goyeau Street (46% vs. 47%). In total, 67% of respondents who identified as a family member, friend, or loved one of someone who has/had substance use issues indicated that they would provide at least some degree of support (ranging from “very large support” to “a little support”) for a potential CTS at 101 Wyandotte Street East, while 68% indicated that they would provide at least some degree of support for a potential CTS at 628 Goyeau Street. Additionally, a slightly greater proportion of respondents who identified as a family member, friend, or loved one of someone who has/had substance use issues indicated that they would not provide any level of support for a potential CTS at 101 Wyandotte Street East (20%) when compared to those who indicated the same for 628 Goyeau Street (19%).

A greater majority of respondents who identified as having a substance use issue indicated that they would provide “very large support” for a potential CTS at 628 Goyeau Street (60%) when compared to those who indicated the same for 101 Wyandotte Street East (56%). In total, 82% of respondents who identified as having a substance use issue indicated that they would provide at least some degree of support (ranging from “very large support” to “a little support”) for a potential CTS at 101 Wyandotte Street East, while 83% indicated that they would provide at least some degree of support for a potential CTS at 628 Goyeau Street. Additionally, a slightly greater proportion of respondents who identified as having a substance use issue indicated that they would not provide any level of support for a potential CTS at 101 Wyandotte Street East (12%) when compared to those who indicated the same for 628 Goyeau Street (9%).



## Community Survey Results – Preferences between the Two Candidate Locations

### Total Sample (N=448) & Total N9A Sample (N=168)

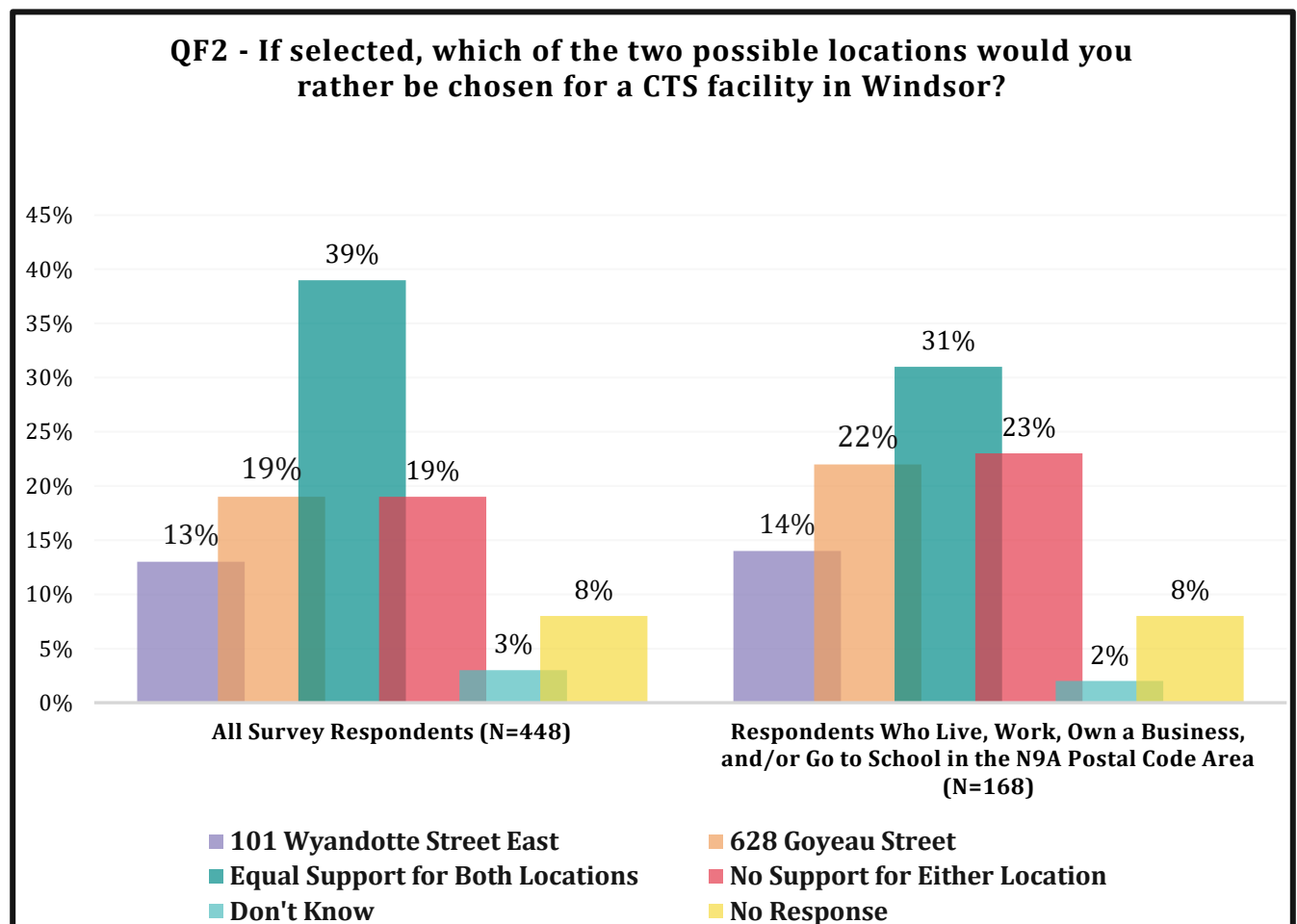
Figure 26 demonstrates the preferences between the two candidate locations among respondents in the total sample (N=448) and the total N9A sample (N=168).

Respondents within the total sample most frequently indicated that they would provide equal support for both of the candidate locations (39%), while 19% preferred 628 Goyeau Street and 13% preferred 101 Wyandotte Street East. Nineteen percent (19%) of all survey respondents did not support or prefer either location.

These trends were similar for respondents who either lived, worked, owned a business, and/or went to school in the N9A postal code area. Of respondents within the total N9A sample, 31% indicated that they would provide equal support for both of the candidate locations, 22% preferred 628 Goyeau Street, and 14% preferred 101 Wyandotte Street East. Twenty-three percent (23%) of respondents that either lived, worked, owned a business, and/or went to school in the N9A postal code area did not support or prefer either location.

To review the sub-group analyses for residents, employees, business owners, and students as it relates to preferences between the two candidate locations, please see Appendix H.

**Figure 26 – Preferences between the Two Candidate Locations (Total Sample & Total N9A Sample)**



## Respondents Connected to Substance Use & the Substance Use Work Sectors

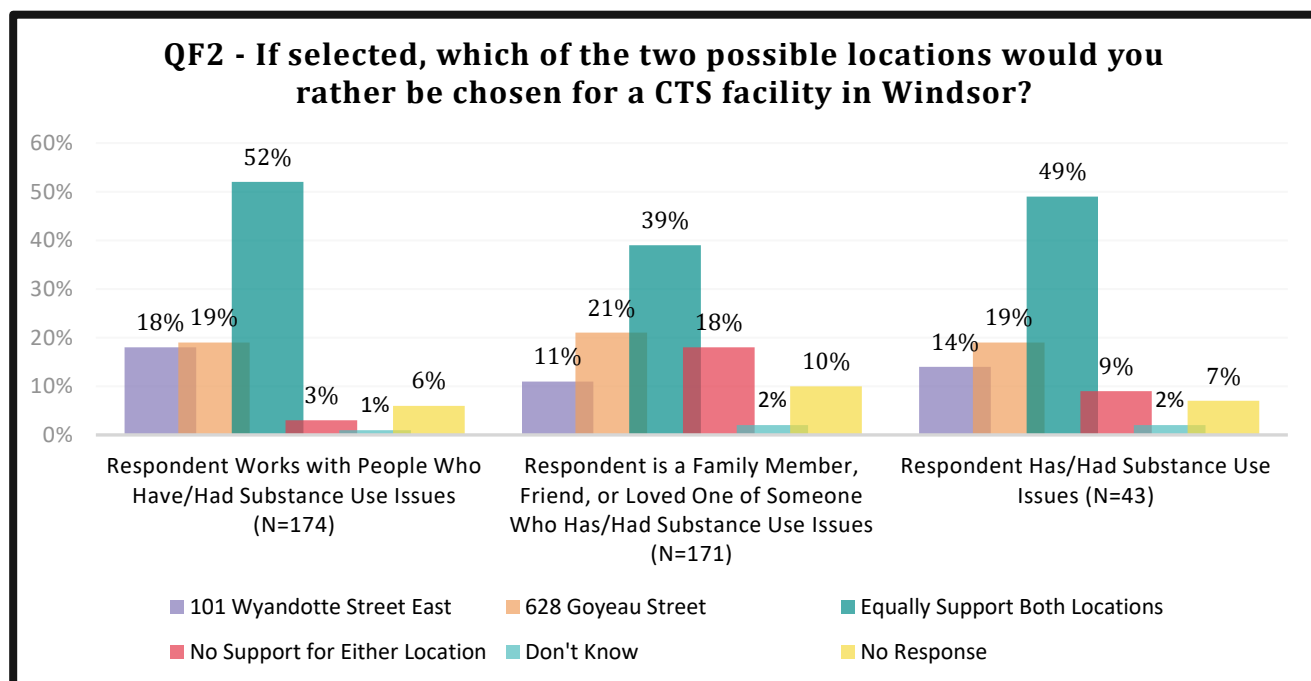
Figure 27 demonstrates the preferences between the two candidate locations among respondents connected to substance use and the substance use work sectors.

Respondents who worked with people who have/had substance use issues most frequently indicated that they would provide equal support for both of the candidate locations (52%), while 19% preferred 628 Goyeau Street and 18% preferred 101 Wyandotte Street East. Three percent (3%) of respondents who worked with people who have/had substance use issues did not support or prefer either location.

Similarly, respondents who identified as a family member, friend, or loved one of someone who has/had substance use issues most frequently indicated that they would provide equal support for both of the candidate locations (39%), while 21% preferred 628 Goyeau Street, and 11% preferred 101 Wyandotte Street East. Eighteen percent (18%) of respondents who identified as a family member, friend, or loved one of someone who has/had substance use issues did not support or prefer either location.

Finally, respondents who identified as having a substance use issue most frequently indicated that they would provide equal support for both of the candidate locations (49%), while 19% preferred 628 Goyeau Street and 14% preferred 101 Wyandotte Street East. Nine percent (9%) of respondents who identified as having a substance use issue did not support or prefer either location.

**Figure 27 – Preferences between the Two Candidate Locations (Respondents Connected to Substance Use & the Substance Use Work Sectors)**



## Contacting Survey Respondents that Requested a Follow-Up Communication

The final questions as part of the *CTS Site-Specific Community Consultations Survey* asked respondents if they wished to be contacted for a follow-up. The purpose of the follow-up communication was to provide an additional opportunity for survey respondents to connect directly with WECHU staff in order to voice and/or address any further questions, concerns, or feedback associated with the two candidate CTS sites. In total, 100 respondents provided their email address and 25 respondents provided their phone number, requesting a follow-up communication from WECHU staff.

In August of 2021, all of the respondents who requested a follow-up communication either received a personalized email via Mail Chimp (Appendix I) or a direct phone call from a WECHU staff member asking if they had any additional questions or concerns that the WECHU team could help to address. Respondents who provided both an email address and a phone number for a follow-up communication received the personalized email in Appendix I and did not receive an additional follow-up phone call. In total, each of the 100 respondents who provided their email address at the end of the survey received the personalized email in Appendix I, and a total of 8 respondents were contacted via phone for follow-up communications. While none of the respondents who received the personalized Mail Chimp message responded to the email to voice any additional questions or concerns, a few of the follow-up phone calls resulted in consultations between a respondent and a WECHU staff member regarding the proposed CTS operations at the candidate locations.

## Phase 2 & Phase 3 – Key Informant Interviews & Focus Groups

### Methodologies

#### Key Informant Interviews

As part of the site-specific community consultation, the WECHU led the facilitation of thirteen (13) virtual key informant interviews with business and agency stakeholders that operated within, in close proximity, or in-service to the 300 meter consultation radius surrounding both of the candidate sites. The key informant interviews were conducted with eight neighbouring businesses and five neighbouring stakeholder organizations/agencies between June 21<sup>st</sup> and July 15<sup>th</sup> of 2021. Eight of the interviews were facilitated one-on-one with single representatives from the respective consultation business or agency, while five were conducted with two or more representatives from the same consultation business or agency. In total, twenty (20) stakeholders were consulted through the key informant interviews. All stakeholders provided their informed consent to participate and audio record the interview prior to engaging in the interview questioning.

Recruitment of select businesses/agencies to participate in the key informant interviews was advised through direct consultation with the *CTS Stakeholder Advisory Committee* and with reference to the GIS map on page 22. Businesses/agencies within the 300 meter consultation radius that did not participate in a virtual key informant interview were invited to complete the *CTS Site-Specific Community Consultation Survey*.

#### Focus Groups

Between June 22<sup>nd</sup> and June 30<sup>th</sup> of 2021, the WECHU also led the facilitation of seven (7) virtual focus groups with area stakeholder groups that operated or were located within the 300 meter consultation radius. In total, 37 stakeholders were consulted through the focus groups. All stakeholders provided their informed consent to participate in the focus groups prior to engaging in the consultation questioning, and all but one of the focus groups were audio recorded with unanimous consent. Of the stakeholders who were consulted, representation was inclusive of the following groups and sectors:

- Two focus groups with persons with lived/living experience with substance use
- Two focus groups with local business groups
- One focus group with downtown neighbourhood groups
- One focus group with representatives in the healthcare sector
- One focus group with housing and emergency shelter agencies

Recruitment of select stakeholder groups to participate in the focus groups was also advised through direct consultation with the *CTS Stakeholder Advisory Committee*.

### Purpose & Objectives

The purpose of the virtual key informant interviews and focus groups was to gather site-specific community feedback about the feasibility and acceptability of establishing a potential CTS at either of the candidate locations, particularly among stakeholders who operated or were located in the closest proximity to the proposed sites. The key informant interviews and focus groups assessed key stakeholders' overall thoughts and perceptions about the potential benefits and/or concerns associated with establishing a CTS at either of the candidate locations, mitigation strategies to amplify the identified benefits or to address the cited concerns, and preferences between the two sites. Copies of the interview guides that were used to facilitate the key informant interviews and focus groups can be found in Appendices J and K.<sup>26</sup> Key informant interviews and

<sup>26</sup> The focus group and key informant interview questions were nearly identical, with the exception of one additional question in the focus group guide that assessed stakeholders' perceptions about the extent of drug use in Windsor's downtown core. Nonetheless, most of the key informants touched on

focus groups were scheduled to take place for a duration of one hour, but typically ran between fifteen and sixty minutes in length.

## Data Collection & Analysis Procedures

Qualitative data collected through Phase 2 and 3 of the CTS site-specific community consultation was analyzed using the NVivo qualitative data analysis software. Non-verbatim transcription was conducted for each of the key informant interviews and focus groups in which informed consent was received to audio record the consultation. For the focus group that did not provide unanimous consent to audio record the discussion, notes from the discussion were used to conduct the primary analysis. The approach adopted to analyze the key informant interview and focus group data was qualitative content analysis.

Of note, at the time of this publication, 12 of the 13 key informants had provided their authorization to include their feedback within the final, public reporting materials in aggregate format (disclosure/consent provided at the beginning of the interviews). Qualitative results from one of the thirteen virtual key informant interviews are not included in this report.

In addition, certain key informant and focus group participants were contacted individually by the WECHU after their consultation to request their consent to use one or more of their individual quotes in the final, publically shared reporting materials for the site-specific community consultation. Any and all quotes that are represented in this section of the report are included with the informed consent of the participants that spoke them.

## Data Notes

Throughout this section of the report, thematic frequency results are reported individually and combined for key informant interviews and focus groups.<sup>27</sup> Unless otherwise indicated, the frequencies reported in this section of the report represent key informants and focus groups that referenced the corresponding themes in the tables at least once throughout the course of their consultation (i.e., at least one participant in the interview or focus group referenced the corresponding theme at least once). For the purposes of this report, the number of references that were made to each corresponding theme across the key informant interviews and focus groups (i.e., the number of times a theme was referenced) are not included.

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this question at some point throughout the course of their interview. Thus, the results for key informant interviews and focus groups are combined into one section due to the identical nature of the interview and focus group questions and the similarities in the final results/themes.

<sup>27</sup> Some of the frequency results could not be reported separately for key informants and focus groups due to the low number of references made to certain themes by either key informants or focus groups.

## Key Informant Interview & Focus Groups Results

### Drug & Overdose Crisis in the Windsor's Downtown Core

Stakeholders across the key informant interviews and focus groups were unanimous in their view that Windsor is experiencing an increasing and visible issue with drug use and overdoses in the downtown core. Table 19 demonstrates the related key informant interview and focus group themes that highlight these viewpoints.

All of the key informant interview and focus group participants were in agreement that drug use, substance use, and overdoses are pressing issues in the downtown core. In comparison to other neighbourhoods across WEC, many of the participants cited that the downtown core is a concentrated and pervasive area for drug use and overdoses in the region, and/or that the downtown core is located in a general area of WEC to which the drug-using population commonly frequents or uses substances.

Many of the participants also shared examples of their personal experiences or interactions with people who were using drugs in the neighbourhood, often within visible and public spaces (e.g., streets, alleyways), on their private properties, or through their delivery of service. Relatedly, some of these participants also described events that have occurred in the neighbourhood in which they have either directly or indirectly encountered disruptive or problematic behaviours with people who using or under the influence of drugs. Of these participants, several referenced that these occurrences have become frequent or ongoing issues for business owners, employees, or residents in the area. Examples of cited problem behaviours among this population included public nudity, urination, or defecation on public or private property, physical or verbal aggression/violence towards members of the public, and disruptions to vehicular or pedestrian traffic flow (e.g., walking in and out of traffic).

Further to that, some of the key informant interview and focus group participants cited examples of occurrences in which they have contacted emergency services to assist or support with a person(s) who was using drugs in the neighbourhood. Of the calls for emergency services, some included requests for ambulance or paramedic assistance to respond to or medically support a person who was using drugs or experiencing a drug overdose in the downtown core. Others shared examples of occurrences in which they have contacted emergency services to request the presence of a police officer to resolve an enforcement-related issue with a person who was using or under the influence of drugs on public or private property (e.g., trespassing, loitering, public drug use, other property crime).

**Table 19 – A Drug & Overdose Crisis in Windsor's Downtown Core**

Themes	Number of Referenced Key Informant Interview Files (N=12)	Number of Referenced Focus Group Files (N=7)	Total Number of Referenced Key Informant Interview & Focus Group Files (N=19)
Neighbourhood drug use, substance use, and overdoses	12	7	19
Concentrated population of people who use drugs in the neighbourhood	11	7	18
Disruptive behaviours among people who use drugs in the neighbourhood	5	4	9
Neighbourhood emergency calls for people who use drugs	5	2	7



Table 20 demonstrates other commonly cited health and social issues connected to drug use in the downtown core by key informant interview and focus group participants.<sup>28</sup> Namely, participants often cited that the pervasiveness of drug and other substance use in the downtown core is linked to issues with neighbourhood crime and illegal activities in the area. Many of the participants referenced personal experiences to which they have witnessed or been impacted by property crimes in the neighbourhood that have been carried out by a person who appeared to be under the influence of drugs (e.g., theft, vandalism, trespassing, loitering). Others cited that drug and sex trafficking are co-occurring health and social issues that are linked to problems with drug use and overdoses in the neighbourhood.

Many of the participants recognized that health and social issues in the downtown core are multi-faceted. In addition to drug use and overdose, several participants cited that the downtown core is a highly prevalent area for poverty and mental health concerns, both of which are issues that often present simultaneously among people who struggle with drug use in the downtown core. Poverty and mental health concerns were also identified as health and social issues that are contributing to and exasperating the neighbourhood drug and overdose crisis.

Other participants cited that general debris, garbage/waste, and used drug equipment are often improperly disposed of by people who use drugs in the area, creating significant issues with neighbourhood litter for nearby residents, business owners, and other affected stakeholders. Further to that, some discussed that issues with drug use and overdose in the downtown core have contributed to a neighbourhood decline (e.g., less visitors to the area), and have negatively impacted the image and reputation of the neighbourhood for both residents and tourists to the City of Windsor.

<b>Table 20 – Health &amp; Social Issues Connected to Drug Use in the Downtown Core</b>			
<b>Themes</b>	<b>Number of Referenced Key Informant Interview Files (N=12)</b>	<b>Number of Referenced Focus Group Files (N=7)</b>	<b>Total Number of Referenced Key Informant Interview &amp; Focus Group Files (N=19)</b>
<b>Neighbourhood crime</b>	10	5	<b>15</b>
<b>Poverty</b>	4	7	<b>11</b>
<b>Mental health concerns</b>	7	3	<b>10</b>
<b>Neighbourhood litter</b>	5	3	<b>8</b>
<b>Poor neighbourhood image/reputation</b>	----	----	<b>5</b>

Overall, there was a general consensus that Windsor’s downtown core is in the midst of a public crisis with drug use, overdose, and other health/social issues that need to be addressed. Likewise, seven of the key informants and five of the focus groups referenced a clear neighbourhood/community need or a personal desire for the establishment a local CTS:

*"For me, in terms of the use of it [a CTS], I think it's more of a necessity for the city and something that we definitely need downtown." - Business Representative, Key Informant*

*"It's [a CTS] definitely something that I think is needed for the community because we've seen the first hand effects on our own property." - Key Informant*

<sup>28</sup> Some of the frequency results could not be reported separately for key informants and focus groups due to the low number of references made to certain themes by either key informants or focus groups.

## Potential Benefits of Establishing a CTS at the Candidate Locations

### General Benefits of Establishing a Potential CTS at Either of the Candidate Locations

Table 21 outlines the general benefits identified by key informants and focus group participants for establishing a potential CTS at either of the candidate locations.<sup>29</sup> Most of the key informants (11) and all of the focus groups referenced at least one or more benefits for establishing a potential CTS at either of the candidate sites in the downtown core. Many of the participants discussed the overall benefits of establishing a CTS at either of the candidate locations simultaneously, often indicating that there were minimal differences between the two sites due to their close proximity.

**Table 21 – General Benefits of Establishing a Potential CTS at Both of the Candidate Locations**

Themes	Number of Referenced Key Informant Interview Files (N=12)	Number of Referenced Focus Group Files (N=7)	Total Number of Referenced Key Informant Interview & Focus Group Files (N=19)
Reduced drug use in public and private spaces	6	5	11
Enhanced access to supportive programs and services	5	4	9
Accessible location for people who use drugs	3	6	9
Access to a safe and supervised space for drug consumption	4	4	8
Reduced risks of injury and death from drug-related overdoses	3	5	8
Limited business and residential populations in the area	----	----	8
Improved neighbourhood safety	4	3	7
Easily navigable	0	2	2
Sufficient distance from sensitive land uses	0	2	2

### *Reduced Drug Use in Public & Private Spaces and Enhancing Access to a Safe and Supervised Space for Drug Consumption*

The most commonly cited benefit by participants was that a potential CTS at either of the candidate locations may help to reduce rates of drug use in nearby public and private spaces. Many of the participants discussed that drug use is currently taking place on the streets, in behind alleyways, and on nearby private/public properties in the neighbourhood, and referenced that a CTS at either of the locations may help to alleviate this issue by providing a dedicated space for drug consumption. Relatedly, many of the participants referenced that a potential CTS at either of the candidate sites may help to reduce the consumption of illicit substances in unsafe settings (e.g., streets, alleyways) by providing a safe and supervised space for people to use drugs.

<sup>29</sup> Some of the frequency results could not be reported separately for key informants and focus groups due to the low number of references made to certain themes by either key informants or focus groups.

## Enhancing Access to Supportive Programs & Services

In addition, many discussed that a potential CTS at either of the candidate locations would enhance access to critical programs and services that are needed to support the health and social needs of people who use drugs. Several of these participants referenced the benefits of offering wraparound services and supports at the facility (e.g., treatment services, housing services) for supporting people who use drugs in maintaining and achieving personal wellness. Other participants referenced the overall benefits of providing a space at the CTS for people who use drugs to access various forms of professional support related to their drug use.

*“This is a place that might be able to get them help or get them to a place that’s better for them. Plus, there’s connection that can be made there and anymore connection that we can give these people, huge, huge help. Plus, the wraparound services is kind of nice. The referrals and a lot of that. That’s what we need to be – is a connection for those people.”* – Person with Lived/Living Experience with Substance Use, Focus Group Participant

*“I think the obvious benefit is that people will go and get treatment and they’d be in a safer space when they’re going to use drugs. But I think the long-term goal would be to get these people help. And I think that’s the goal of this facility – is you’ll have the resources to be able to do that.”* – Focus Group Participant

## Accessibility

Several referenced that a CTS at either of the candidate locations would offer appropriate accessibility to people who use drugs, often citing that both of the potential sites are located in close proximity to the area of WEC in which people who use drugs frequent. Many of the participants also cited advantages to having both of the candidate sites located in an area that is in close proximity and accessible to other health and social services frequented or used by this population (e.g., emergency shelters, food banks, hospitals) and public transportation routes.

*“I think the benefit is that it is [the area] well-known to the guests or folks that [would] use it [the CTS]. It’s on a bus route for folks that might need it. That’s it – it’s well known.”* – Key Informant

## Reduced Risks of Injury and Death from Drug-Related Overdoses

Many also argued that a potential CTS at either of the candidate locations may help to reduce risks of injury and death from drug overdoses in the neighbourhood.

*“I definitely don’t want anybody to pass away from anything or hiding to do it. Having professionals sitting there making sure that if anything should go wrong, they can actually have their life saved. We have so many people that I used to see downtown. They’ve all passed away. They’re all gone. If there were somebody there who could have possibly saved them and maybe even educate them and help them, I think that could also stop devastating so many families because it’s really a lot going on in the downtown in the last 10 years. I can even really see the difference in the last 3 years. There’s a lot more.”* – Business Representative, Key Informant

## Limited Business & Residential Populations in the Area

Further to that, many of the participants cited that both of the candidate sites are located in an area of the neighbourhood to which there are limited residential or business establishments. Participants cited advantages to selecting a CTS location using this approach, frequently referencing that a CTS at either of the candidate sites would minimize potential conflicts or concerns associated with the proposed CTS operations for as many residents or business owners operating in the area.

## **Improving Neighbourhood Safety & Security**

Participants also referenced that a potential CTS at either of the candidate locations may help to improve neighbourhood safety and security. Examples of cited benefits related to improved neighbourhood safety and security included reduced risks of injury and harm caused by improperly discarded needles or drug equipment in the neighbourhood or reduced risks of neighbourhood crime and illegal activities (e.g., property crime by people using drugs, possession and public use of illicit substances).

*"I think overall having those safe spaces on either locations is good for the community. I'm a business downtown, and it's better than me opening my back door, which I've had happen so many times, where they are [people who use drugs] just doing it [using drugs] in the back. I have customers that don't feel comfortable anymore. They are [people who use drugs] also leaving their needles everywhere. So for them to have a safe space where they're doing it [using drugs], where they're not doing it where there's children, there's elderly, there's families. And they're not leaving them [needles] where they can potentially harm somebody is a great thing. So for either location, I think it is a great idea." – Business Representative, Key Informant*

*"We had to put a fence along part of our property because we were having issues with people going back and hiding in part of the [property] where they couldn't be seen and using as a place to shoot up, or consume other drugs, or do things like that. It was causing some security issues on our property as well. So to have a place in the community, knowing that there are a lot of struggles - to have a place where people can go at least to be safe and maybe get some help, certainly does seem like it would be a benefit to the downtown core." - Key Informant*

## **Easily Navigable**

Two of the focus groups cited that a potential CTS at either 101 Wyandotte Street East or 628 Goyeau Street would be easily navigable. These focus groups discussed advantages to having both of the candidate sites located in close proximity to large or well-known landmarks that easy to describe and refer individuals to, such as the Windsor-Detroit tunnel.

## **Sufficient Distance from Sensitive Land Uses**

Finally, two of the focus groups cited that a potential CTS at either 101 Wyandotte Street East or 628 Goyeau Street may be advantageous because both of the sites are located in sufficient distance from sensitive land uses, such as parks, schools, and daycares.

## Site-Specific Benefits of Establishing a Potential CTS at 101 Wyandotte Street East & 628 Goyeau Street

Although many of the participants cited that there were minimal differences between the two candidate locations due to their close proximity, a total of four (4) key informants and three (3) focus groups referenced site-specific benefits for establishing a potential CTS at 101 Wyandotte Street East, and a total of five (5) key informants and seven (7) focus groups referenced site-specific benefits for establishing a potential CTS at 628 Goyeau Street. The site-specific benefits identified for each location are summarized in Table 22.<sup>30</sup>

Themes	101 Wyandotte Street East			628 Goyeau Street		
	Number of Referenced KII Files (N=12)	Number of Referenced FG Files (N=7)	Total Number of Referenced KII & FG Files (N=19)	Number of Referenced KII Files (N=12)	Number of Referenced FG Files (N=7)	Total Number of Referenced KII & FG Files (N=19)
Visibility and traffic flow	----	----	5	5	6	11
Functional interior and exterior design	----	----	4	0	3	3
Safety and security	0	3	3	----	----	----
Building tenancy or proximity to other infrastructures	----	----	2	----	2	2

### Visibility & Traffic Flow

The primary differentiators in terms of perceived benefits for establishing a potential CTS at 101 Wyandotte Street East and 628 Goyeau Street were tied to the traffic flow surrounding the locations and the visibility of the sites. While over half of the key informants (5) and focus groups (6) combined (11) cited specific advantages related to the visibility and traffic flow surrounding 628 Goyeau Street, less than half of key informants and focus groups combined (5) cited similar advantages for 101 Wyandotte Street East.

Many of the participants cited that 628 Goyeau Street is a less visible and lower traffic area compared to 101 Wyandotte Street East, with the perceived advantages of being a safer site option with less risks of pedestrian and vehicular-related injuries or traffic disruptions. Many participants also referenced that 628 Goyeau Street would provide improved privacy for potential service users, many of whom are socially stigmatized and may be deterred by a highly visible and higher traffic location, such as 101 Wyandotte Street East. Some of the participants also cited that the visibility and traffic flow surrounding 628 Goyeau Street may have a lesser impact on the image or reputation of the neighbourhood, fewer impacts on neighbourhood efforts to revitalize the area, or fewer impacts on nearby business, commerce, and tourism activities.

<sup>30</sup> Some of the frequency results could not be reported separately for key informants and focus groups due to the low number of references made to certain themes by either key informants or focus groups.

"I'd probably prefer the Goyeau site because if somebody runs out into the street, Wyandotte's right there. I know Goyeau's pretty busy too, but just to say that there might be a little bit more of a safety net around Goyeau versus Wyandotte." - Key Informant

"The other one in terms of 628 [Goyeau Street], the benefit is that it would help a bit with that anonymity and confidentiality piece, and not making it for [the] individual that needs to go to use the substances is now kind of being outed because they're on the corner of the block. It's [101 Wyandotte Street East] a very visible and high traffic area. My hope would be that it's not stigmatizing to attend these different locations, but I think that is me being an ever optimist. I think there's a challenge there in terms of the stigmatizing impact of it and we really wouldn't want that to be a barrier to potentially use it. The benefit of the other location [628 Goyeau Street] in my opinion would be that you would have a bit more anonymity on that as you're going through it. It's not just on the corner. You would have a little bit of an opportunity to not have to deal with that added barrier of stigma if that were to be an issue that's top of mind for the individual." – Key Informant

"I'm thinking of the stigma attached and already this clientele is with a lot of that. If you're on a high traffic area, especially near the tunnel - Windsor's not really big. A lot of people say that a lot of people know everybody and everybody's connected in some way shape or form. So that [628 Goyeau Street location] would be to try and mitigate the stigma attached to using some of these facilities and grant people some dignity in getting help through this avenue. So probably a little bit more privacy with that location [628 Goyeau Street] - a little bit more privacy to the entrance might be best." - Focus Group Participant

"I'd say [select] the Goyeau one. Just the sense of focus of our neighbours coming across the border and the first thing they see is a safe consumption site kind of image. The Goyeau one is just a little more subtle for a strong street and possibly not flowing out onto a major street [with service users] leaving or standing around. [It] might be more advantageous to have them on the Goyeau [site] than on the Wyandotte [site]." - Focus Group Participant

To a lesser degree, some of the participants highlighted that the visibility of 101 Wyandotte Street East may be particularly advantageous for enhancing observation capabilities, ensuring the safety and security of the surrounding areas, and navigating the location of the site.

"It would be better if it were facing Wyandotte. It might collect less people in the alleyway behind. I think there would be more visibility for what's happening. The Goyeau location just has too many crevasses because there's two abandoned buildings right next to it. And I mean, that place has been abandoned so many times and we have quite the population of people. It's a perfect hiding spot. I would definitely nix the Goyeau Street one because of the abandoned buildings next to it and it's very hidden from view - the back area is. So I think that's quite problematic." – Business Representative, Key Informant

"If you want it to be visible, the one right at the corner would certainly seem to be a little more advantageous. It might be a little bit easier if we were to try and refer somebody there because you can say 'it's this building right on the corner', [instead] of trying to direct them back in a little further." – Key Informant

### **Functional Interior and Exterior Design**

While four of the key informants and focus groups combined cited advantages relating to the functionality of the interior and exterior design of 101 Wyandotte Street East, three of the focus groups cited similar advantages for 628 Goyeau Street.



As it pertains to the interior and exterior design of 101 Wyandotte Street East, participants cited benefits regarding the size and space available at the site, the availability of a large or accessible parking area, and the accessibility to multiple entrances/exits and washroom facilities. In terms of the interior and exterior design of 628 Goyeau Street, participants cited similar benefits to those discussed for 101 Wyandotte Street East (i.e., size and space, availability of a parking area or outdoor space, multiple entrances/exits).

### ***Additional Safety and Security Benefits***

In addition to the safety and security benefits identified for both of the candidate locations as it relates to the visibility and traffic flow surrounding the sites (i.e., less risks for vehicular and pedestrian-related injuries or abrupt traffic disruptions pre or post-consumption at 628 Goyeau Street, greater observation capabilities at 101 Wyandotte Street East), three of the focus groups cited additional safety and security advantages to establishing a potential CTS at 101 Wyandotte Street East. Primarily, participants cited that there is a street light located in close proximity to the site at 101 Wyandotte Street East, which may help to prevent vehicular and pedestrian-related injuries or traffic disruptions when/if the CTS becomes operational (e.g., individuals walking in and out of traffic).

### ***Building Tenancy or Proximity to Other Infrastructures***

Some of the participants cited advantages relating to the tenancy agreement and proximity to other infrastructures at 101 Wyandotte Street East. Primarily, these participants referenced that the site located at 101 Wyandotte Street East is a standalone building without any shared tenancies or lease agreements and does not have any large business or residential infrastructures located directly beside it. These participants discussed that this approach may be an efficient measure to preventing unnecessary conflicts or disputes between tenants or nearby business owners and residents, given the potentially contentious nature of the proposed CTS operations among those located in the neighbourhood. Two of the focus groups discussed advantages to the shared tenancy agreement at 628 Goyeau Street, or the proximity of this site to other infrastructures.

## Potential Concerns with Establishing a Potential CTS at the Candidate Locations

### General Concerns with Establishing a Potential CTS at Either of Candidate Locations

Table 23 outlines the general concerns identified by key informant interview and focus group participants associated with establishing a CTS at either of the candidate locations.

Most of the key informants (11) and all of the focus groups referenced at least one or more potential concerns with establishing a potential CTS at either of the candidate sites in the downtown core. Similar to the benefits identified for both of the candidate sites, many of the participants discussed their overall concerns with establishing a potential CTS at either of the candidate locations simultaneously, given their close geographic proximity to one another.

<b>Table 23 – General Concerns with Establishing a Potential CTS at Either of the Candidate Locations</b>			
<b>Themes</b>	<b>Number of Referenced Key Informant Interview Files (N=12)</b>	<b>Number of Referenced Focus Group Files (N=7)</b>	<b>Total Number (%) of Referenced Key Informant Interview &amp; Focus Group Files (N=19)</b>
Increased presence and congregations of people who use drugs/drug dealers	6	7	13
Neighbourhood safety and security risks	7	5	12
Accessibility barriers for people who use drugs	5	4	9
Negative impacts on nearby business operations	5	4	9
Lack of community support/knowledge about CTS' or public opposition to the CTS	5	3	8
Disruptive neighbourhood behaviours among service users	5	3	8
Increased drug use in private and public spaces	3	2	5
Negative impacts on neighbourhood image and revitalization efforts	3	2	5
Lack of supporting evidence and local comparators	5	0	5
Legal and enforcement concerns	0	4	4

## ***Increased Presence & Congregations of People Who Use Drugs & Drug Dealers in the Neighbourhood***

The most commonly cited concern among key informants and focus groups combined was that a potential CTS in the general vicinity of both of the candidate sites may result in an increased presence of people who use drugs or drug dealers in the neighbourhood or increase congregations of people who use drugs in the surrounding areas of the sites. Many of the participants cited that the downtown core currently has a concentrated population of people who use drugs. Participants were concerned that a potential CTS at either of the candidate sites may attract more of this population to the area or result in worsened neighbourhood conditions relating to the concentration and congregations of people who use drugs. In particular, many of the participants referenced that they were concerned about potential service users gathering outside of the vicinity of the site or on private/public property, either pre-consumption (e.g., line ups outside the main door) or post-consumption. Others were concerned that drug dealers may loiter and congregate around the surrounding areas of the sites in order to traffic their drug supply to individuals that may be utilizing the services of the CTS.

*"I just have a general concern in the overall general population. It's going to be attracting more people there, so having back up there or longer hours because what's going to happen when they close? They're going to go into the parking lot. They're going to go into the Shopper's parking lot in larger numbers that are already there. So what is going to be the plan afterhours to disperse the clients?" – Business Representative, Focus Group Participant*

*"We have say a [current] population of 20 vagrants. Will we now have 40 vagrants because it is a center for them to collect to meet other friends also? Because I have to look at it from their mental health also. They're not all just going to be keen to get supervised treatment, but they want to socialize with other people who are concurrently using. Now we have 40 people hanging out in the alley after you close at night, rather than the population of the core 20 that we had now. What happens after 6 o'clock when you close down?" - Business Representative, Key Informant*

*"One of the concerns that was raised with the establishment of the site [in another area] was that there were drug traffickers or suppliers that would show up and literally wait for their clients across the street from those sites. So what's the game plan in making sure that doesn't happen?" – Focus Group Participant*

## ***Neighbourhood Safety & Security Concerns***

Participants also referenced potential safety and security concerns tied to establishing a potential CTS at either of the candidate sites. Referenced concerns relating to neighbourhood safety and security included potential increases or risks of neighbourhood crime or illegal activities (e.g., property crime, loitering, drug/sex trafficking, impaired driving), reduced safety of nearby business staff and patrons, reduced safety of vulnerable populations that frequent the establishments in the vicinity of the sites (e.g., children, families, elderly), and enhanced risks of publicly discarded drug equipment in the neighbourhood. Other participants were concerned about the safety and security of the neighbourhood after operational hours (i.e., evening hours) and reinforced the need to implement after-hours security measures.

*"Lots of times, when we leave at night, we are worried in our own property of going out to our parking lot. We have a lot of security cameras everywhere here, and they [people who use drugs] wander through, pee there, check all the doors of all of our cars. We have kids on the weekend that walk by. I'm concerned about having more traffic past our place. They may be going for a benefit for them, but that may not necessarily help us. We have a big problem now. I'm not sure that having the treatment center there is going to improve things. I really think that someone should definitely look at the back of these*

*buildings that you guys are seriously considering using because unless there's a major change to it, it's going to amplify the problem that we already see." - Business Representative, Key Informant*

### **Lack of Community Support/Knowledge about CTS' or Public Opposition of the CTS**

Key informants and focus groups referenced potential barriers to establishing a successful or accessible CTS at either of the candidate sites due to a lack of support or endorsement from community members or the general public, or sentiments of “NIMBY-ISM” (“not-in-my backyard”) by neighbours that either live, work, or operate a business in the areas surrounding the sites. Many of the participants attributed the lack of community support or endorsement of a CTS in the downtown core to a limited knowledge and awareness about the operations and benefits of a CTS in the community and substance use stigma. Participants argued that the overall lack of public/personal education or understanding about CTS facilities in WEC has led to the evolution of pre-conceived ideologies and misconceptions about the overall purpose and objectives of a CTS and the population that it services.

*“If you have groups that have that NIMBY-ISM perspective, for right or for wrong or whatever that is, it can have a detriment to accessing the services or feelings of wanting to return to utilize those services from a user perspective. My concern is just because of backlash or because of other lack of knowledge of the benefits or an inability to reconcile. Feelings of mortality or whatever it is. That's going to be what starts and ends the usage of it.” – Key Informant*

*“I've seen information about it [CTS facilities] and some awareness about what it actually does. I think the unfortunate part is most people I speak to don't see that. They see the opposite. They think that everyone is going to come and congregate and take drugs, if I can be frank. From talking to people that I know of, the information that comes out is not really what I think a safe injection site is. I'm not sure exactly of how you would work on that, but that's definitely something that I have seen in some of my conversations with people about it.” – Business Representative, Key Informant*

### **Accessibility Barriers for People Who Use Drugs**

Key informants and focus groups also referenced concerns related to the accessibility of the candidate sites to people who use drugs. Mainly, participants were concerned that the proposed movement of the Downtown Mission of Windsor to an alternative location in WEC may dislocate the primary population that would utilize the CTS in the downtown core and result in barriers for people who use drugs to access the CTS in close proximity to other organizations that they currently frequent. Others were concerned that stigma related to substance use, harm reduction approaches, and CTS facilities may act as a barrier for service accessibility and deter people who use drugs from accessing services at the site.

*“I just feel that the effectiveness of the site is not actually going to be dependent on the skillset and ability of the people working there and the promotion of making sure that people can connect there. I sadly say that. A big thing I think is the stigma attached to it. It's going to be dependent on how effective the site is going to be...It's that stigma that would potentially not make you want to use the service, but it's also the stigmatizers. The people that may be stigmatizing the location or the group of individuals because of a lack of information, or because of a pre-established prejudice, or a thought. There's a lot of work that needs to be done to manage that piece because either side of that coin stops people from using the location.” – Key Informant*

### **Negative Impacts on Nearby Business Operations**

Other participants referenced that a potential CTS at either of the candidate sites may have negative implications for business owners operating in the area. Examples of negative implications for nearby business operations included reduced profits/customer bases and reduced property values. Participants reinforced that

stigma related to substance use and CTS facilities may deter potential customers or clients from visiting nearby businesses in efforts to avoid contact with the service population or the operations of the CTS site.

### ***Disruptive Behaviours among People Who Use Drugs in the Neighbourhood***

Key informants and focus groups also discussed that a potential CTS at either of the candidate sites may result in neighbourhood disorder due to increases in disruptive behaviours among the service population post-consumption or post-usage of the facility. Participants were concerned about individuals exiting the facility under the influence of drugs and engaging in public behaviours that are problematic for the neighbourhood (e.g., physical and verbal aggression).

### ***Increased Drug Use in Public & Private Spaces***

Some of the key informants and focus groups were concerned that a potential CTS at either of the candidate sites may perpetuate increased drug use in public and private spaces throughout the neighbourhood (e.g., increased public consumption after-hours, increased consumption outside of the CTS), despite the availability of a CTS.

### ***Negative Impacts on Neighbourhood Image & Revitalization***

Other participants were concerned that a potential CTS at either of the candidate sites may have negative impacts on the neighbourhood's image/reputation or neighbourhood revitalization efforts. Participants argued that these implications may have negative impacts on business, commerce, and tourism in the area.

### ***Availability of Supporting Evidence & Local Comparators***

Some of the key informant interview participants argued that there is insufficient evidence or a lack of available research that supports the overall benefit or need for a CTS in downtown Windsor. Because the selected site will be the first operational CTS in all of WEC, some of the key informants were also concerned that program planners/developers and stakeholders that are located in the area of the site will not have access to any comparative CTS facilities in the region that can be used to inform local planning and decision-making.

*"I did talk to several businesses in both Waterloo and Toronto that are close to consumption and treatment centers there and asked them, and they didn't see that it had made a difference. They didn't think that it had improved the problem that was happening in the downtown core, or that they saw a reduction in any of the street problems, usage of having people still begging or bothering their clients, or the fact that they were still picking up drugs, and they were still having people living homeless. So I talked to Toronto and I talked to Waterloo. I also read the report from Leveridge, Alberta, and they again, didn't see that there was success from an outside view. Medically, perhaps there is something, but they did not see that it had changes on what was happening in the community. So I did a little homework – and that's a lot of my concern is that – to me, I would hope that it would help take a lot of people who are drug using and having criminal activity and giving them a focus and it would improve what is going on, but I'm reluctant to understand that it necessarily will. I know that it's your end goal and I know through a medical kind of thing, that this is what you would want the outcome to be. But I think I need a little bit of you telling me where it's been very successful in improving what we see from the outside." – Business Representative, Key Informant*

### ***Legal and Enforcement Concerns***

Finally, some of the focus groups cited that a potential CTS at either of the candidate locations may have concerning legal implications. Primarily, participants were concerned that policing and law enforcement agencies may closely observe or monitor the areas in close proximity to the CTS in order to arrest or detain individuals for drug possession or drug trafficking. In addition, both of the focus groups with people with lived/living experience were concerned that the consumption of illicit substances at the CTS facility may be

considered an indictable offence under the law that could result in enforcement measures or arrests by local police.

### Site-Specific Concerns with Establishing a Potential CTS at 101 Wyandotte Street East & 628 Goyeau Street

Table 24 demonstrates the site-specific concerns identified by key informant interview and focus group participants associated with establishing a potential CTS at 101 Wyandotte Street East and 628 Goyeau Street.

Table 24 – Site-Specific Concerns with Establishing a Potential CTS at 101 Wyandotte Street East & 628 Goyeau Street						
	101 Wyandotte Street East			628 Goyeau Street		
Themes	Number of Referenced KII Files (N=12)	Number of Referenced FG Files (N=7)	Total Number of Referenced KII & FG Files (N=19)	Number of Referenced KII Files (N=12)	Number of Referenced FG Files (N=7)	Total Number of Referenced KII & FG Files (N=19)
Visibility and traffic flow	5	6	11	5	0	5
Interior and exterior design	0	2	2	----	----	----
Safety and security concerns	0	2	2	----	----	2
Building tenancy or proximity to other infrastructures	----	----	----	2	2	4

Similar to the site-specific benefits that were identified for each of the candidate sites, the primary differentiators in terms of perceived concerns were tied to the visibility and traffic flow surrounding the locations. While over half of key informants (5) and focus groups (6) combined (11) referenced concerns related to the high visibility and high traffic flow surrounding 101 Wyandotte Street East (e.g., traffic disruptions/safety concerns, privacy concerns, neighbourhood image/reputation concerns), less than half of key informants (5) and focus groups (0) combined (5) referenced concerns about the visibility and traffic flow surrounding 628 Goyeau Street (e.g., less observation capabilities).

#### 101 Wyandotte Street East Concerns – Visibility & Traffic Flow

*“Not that Goyeau Street wouldn’t have it, but Wyandotte is a high traffic area and to have it at 101 Wyandotte, it’s across from buses for people, the tunnel, the everything. I don’t necessarily think that’s a great location, especially for commerce. Whereas I feel like Goyeau, where you have it kind of a little bit off the beaten path, off the main path, so where business kind of actually is. Not that there’s not businesses there, but there’s a lot of heavy traffic and business that goes on and I don’t believe that having that front and center on Wyandotte or Ouellette in a city that’s our downtown, I don’t think that’s really a good look for a place that we’re trying to change the view of downtown on Wyandotte in Windsor. I don’t necessarily think that’s a good idea because they’re already walking around and leaving shopping carts and laying on benches, and people coming out of the tunnel, that’s what they see. Customers are shopping – people are telling us that is what they see. It would be better to have a site that was kind of off Wyandotte or Ouellette where it’s not on the main street.” – Business Representative, Key Informant*



*"I'm actually very worried about safety concerns. So I have to say that 101 Wyandotte Street East somehow doesn't seem to work for me. I think it's exposed to a lot of potential accidents, and I believe that 628 Goyeau Street is kind of more secluded and more off the main high traffic area because we do have to pay attention to the safety of the guests of [the] consumption site, right? We don't want them getting into any kind of accident." – Focus Group Participant*

### **628 Goyeau Street Concerns – Visibility & Traffic Flow**

*"The other one, in terms of 628 [Goyeau Street], I find the one kind of tricky part with that [location] is that since it's within the middle of the block, there are some challenges I think with visibility on some of those pieces...The positive side in having it on the corner [101 Wyandotte Street East] is having more eyes on the location in case there's need for any supports from a safety perspective. It seems like it would be in a much more brightly lit location. There's an open area beside it that I'm assuming would be part of the redevelopment of that CTS site, maybe included in the footprint, but also would still allow you to have a little more space. There are a lot of positives there." - Key Informant*

Two of the focus groups expressed site-specific concerns about the interior and exterior design of 101 Wyandotte Street East. In particular, participants in these focus groups referenced concerns about the size and space of 101 Wyandotte Street East (i.e., too small), and argued that the open interior/exterior layout of the site located at this building (i.e., multiple open windows) may impede privacy for service users. In addition, both of the focus groups with persons with lived/living experience expressed safety-related concerns about the proximity of the 101 Wyandotte Street East site to local businesses that typically service vulnerable populations, such as children and families (e.g., McDonald's).

Finally, two of the consultants in general discussed that the 628 Goyeau Street site may not allow for adequate accessibility to emergency responders, which could potentially perpetuate safety risks. Additionally, two of the key informants and two of the focus groups referenced concerns pertaining to the shared tenancy agreement or close proximity to other infrastructures at 628 Goyeau Street, indicating that this approach may be contentious in nature with other tenants that either live, work, or own a business near the site.

## Recommendations & Mitigation Strategies to Amplify the Benefits or Address the Concerns Associated with the Candidate Locations

Table 25 demonstrates the recommendations and mitigation strategies that were identified by participants to either amplify the benefits or address the concerns that were cited for either of the candidate locations. Similar to the benefits and concerns identified for both of the candidate sites, most of the participants discussed mitigation strategies for both of the candidate locations simultaneously.

The most commonly cited mitigation strategies were related to establishing and maintaining partnerships with inter-disciplinary stakeholders during the operational phases of the project, implementing appropriate safety and security measures, and offering appropriate wraparound services at the facility.

## Support & Preferences between the Two Candidate Locations

Most of the key informants (10) and all of the focus groups were at least open to or supportive of the idea to establish a potential CTS at one or either of the candidate locations. Only two of the key informants expressed strong opposition to both of the candidate sites (did not support or cite a preference for either location). Of the remaining key informants (10), preferences between the two locations were as follows:

- ✚ Four (4) of the key informants referenced that they preferred 628 Goyeau Street
- ✚ Three (3) of the key informants referenced that they equally supported both of the candidate locations
- ✚ Three (3) of the key informants referenced that they preferred 101 Wyandotte Street East

In addition, five of the seven focus groups reached a consensus (i.e., majority will) or a general agreement that 628 Goyeau Street is or may be the preferred, optimal, or more beneficial location for a potential CTS in downtown Windsor.<sup>31</sup> The remaining two focus groups did not reach a consensus on a preferred or optimal location. At one or more points during these consultations, both of these focus groups cited that either of the candidate locations could be sufficient for a potential CTS, depending on the interior and exterior design of the spaces and the ability of these spaces to accommodate the program's needs.

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<sup>31</sup> For the purposes of the analysis, a consensus was defined as a general agreement or majority will between participants in the focus group that one of the candidate locations was preferred, superior, and/or more optimal/beneficial over the other. Not all of the consensuses were unanimous.

**Table 25 – Recommendations & Mitigation Strategies to Amplify the Benefits or Address the Concerns Associated with a Potential CTS at Either of the Candidate Locations**

Themes	Examples of Discussion Topics	Supporting Quotes (If Available)	Number of Referenced Key Informant Interview Files (N=12)	Number of Referenced Focus Group Files (N=7)	Total Number of Referenced Key Informant Interview & Focus Group Files (N=19)
<b>Establish and maintain partnerships with inter-disciplinary stakeholders</b>	<p>Establishing and maintaining partnerships and linkages with inter-disciplinary stakeholders during the operational phases of the project was identified as a critical component to ensuring the success of the CTS site. Cited partnership opportunities included, but were not limited to:</p> <ul style="list-style-type: none"> <li>• Partnerships with policing and law enforcement agencies to ensure the safety and security of the surrounding areas of the site.</li> <li>• Ongoing consultation, engagement, and partnerships with businesses and agencies in the neighbourhood.</li> <li>• Partnerships with health and social service agencies that can support the delivery of wraparound services and the creation of defined pathways to care for people who use drugs at the site.</li> <li>• Partnerships with outreach agencies that can support and refer individuals</li> </ul>	N/A	9	7	<b>16</b>

	that frequent the area around the site to appropriate services, including the CTS.				
<b>Safety and security measures</b>	<p>Commonly recommended safety and security measures included, but were not limited to:</p> <ul style="list-style-type: none"> <li>• Safety and security support from policing and law enforcement services</li> <li>• A safe and secure interior and exterior design (e.g., adequate lighting, visibility of the site, security cameras, multiple entrances and exits, accessibility for emergency responders).</li> <li>• Safety and security policies and procedures</li> <li>• Security or surveillance staff on-site</li> <li>• Security for neighbouring businesses</li> <li>• Sufficient staffing and staffing levels</li> </ul>	<p><i>"I think lighting is important. We have a lot of security issues with people who are using substances and/or mentally compromised or both...So it's all about the design. I think if you design it right, obviously your staff, making sure they have a room that they can get into quickly...Just setting it up in a way that makes sure that your staff don't get trapped in a room with somebody. That there's always a second door. Making sure that people can get out from behind their desks through another door, versus being stuck between the door and the person. So yeah, just make sure it's designed well, and also that everybody's safe." - Key Informant</i></p> <p><i>"I think the concern would be that it's adequately staffed and that the supports are in place, not just from the RNS that are needed for the actual site itself, but also from the provision of outreach from policing and other supports. I know that's part of the CTS mandate is to be a consumption site, but also to provide necessary supports." – Focus Group Participant</i></p> <p><i>"I think one of the concerns would be that there is security of some kind for the neighbouring businesses at the periphery of the site, and that it is a</i></p>	8	6	<b>14</b>

		24/7 service.” – Focus Group Participant			
<b>Appropriate wraparound services</b>	<p>Key informant and focus group participants provided suggestions as to which types of wraparound services should be offered through the site’s service delivery during the operational phases of the project. These included, but were not limited to:</p> <ul style="list-style-type: none"> <li>• Peer-based services</li> <li>• Education and outreach services</li> <li>• Mental health and substance use treatment services</li> <li>• Housing and shelter services</li> </ul>	<p>“Wraparound support or other agencies, whether its FSWE or the MOST van, that are there that have relationships possibly with a lot of the folks that are using it [the CTS] that are going to be involved intimately, that can provide care for the folks that are just kind of hanging around.” – Focus Group Participant</p>	6	6	<b>12</b>
<b>Appropriate interior and exterior design</b>	<p>Participants suggested that certain elements should be considering when designing the interior and exterior layouts of the site. These elements included, but were not limited to:</p> <ul style="list-style-type: none"> <li>• Beautifying the exterior to ensure a welcoming space (e.g., greenery)</li> <li>• Safe and secure interior design (e.g., security cameras, adequate lighting, visibility of the site, multiple entrances/exits, accessibility to emergency responders)</li> <li>• Privacy for service users</li> </ul>	<p>“I think the façade of the property needs to be welcoming and look good, but in addition to that, the municipality can certainly help in terms of beautifying the street as well, so that it’s conspicuous, but it fits in with the neighbourhood and the street scaping.” – Focus Group Participant</p> <p>“I think it’s really how you dress the building. The signage that you’re using, how you’re approaching things like safety and lighting. All of those pieces are really going to make an impact on whether or not people will feel like it’s a good location, but also so that they can understand why the location was chosen and the function that it’s providing. Really having a way of making sure that you have an approach that’s welcoming. Not that</p>	4	5	<b>9</b>

		<p><i>you all were expecting to put bars up on the windows and things like that, but things like that really do indicate whether or not an area is dangerous or not, or whether or not you should be concerned. It will make an impact on whether or not someone will feel as though this is a place that they can walk by and go to the businesses that they want to go to. They also won't think of it as an eyesore or bit of an issue."</i> – Key Informant</p> <p><i>"The appearance needs to be very purposeful. I think when we're looking at different safety measures or safety features that are on a building, it can't feel as though you're trying to keep people in or keep people out. Things like bars on windows or things that look as if there is the potential for issues. I think being purposeful in your design is very important. So it would be important to connect with those different subject matter experts to help make that a very purposeful design."</i> – Key Informant</p> <p><i>"Both of them [the locations] are good. The windows could be blocked out so you can't see, which is good for privacy."</i> – Person with Lived/Living Experience with Substance Use, Focus Group Participant</p>			
<p><b>Public education and anti-stigma awareness</b></p>	<p>Participants argued that public education and anti-stigma awareness-building about CTS sites (e.g., general information about a CTS, supporting evidence), harm reduction approaches, and substance use will help to</p>	<p><i>"My voice on it is that when we know people are actually using services to get well, I think that's a positive story. Mitigating and education for the public if there's any kick back to that will be</i></p>	<p>5</p>	<p>3</p>	<p>8</p>



	reduce myths or pre-conceived notions about the CTS site and to increase knowledge/understanding about the need for a CTS site in the neighbourhood (i.e., mitigating concerns regarding public opposition or lack of public support for the CTS site). Public education and anti-stigma awareness building was also cited as a strategy that can help to reduce barriers (e.g., self and community stigma) for potential service users to access services at the site.	<i>important. And then for the clientele, I think helping them to pull down the barriers and the stigma, and helping them to get comfortable with getting the help they need. Seeing it as a journey of wellness, versus a journey of defeat.” – Focus Group Participant</i>			
<b>Consultation with CTS facilities and neighbouring business stakeholders in other regions</b>	Participants suggested that the WECHU/WECOSS consult with CTS facilities and neighbouring business stakeholders in other regions to inform local planning and decision-making for the proposed site.	N/A	3	5	8
<b>Communication and outreach mechanisms to voice and address ongoing concerns</b>	Participants recommended that the WECHU/WECOSS establish communication and outreach mechanisms that can be leveraged by neighbourhood stakeholders on a regular basis to voice and address ongoing concerns about the operations at the CTS site.	<p><i>“Allowing the neighbourhood businesses in having a direct voice with the operations [of the CTS], so that if they are experiencing concerns, they can be addressed timelessly and their concerns can be taken seriously to the best of your ability.” – Focus Group Participant</i></p> <p><i>“I think once you’re in more of the operational stage, maybe if there’s a way to have recommendations from businesses around us if we see any potential issues or potential problems – how to bring it up. Maybe if they have a public liaison or something like that throughout the site, so that there’s easy access to it, or you don’t</i></p>	2	3	5

		<i>feel like if there's an issue that comes up with it, you don't have anywhere to go. I don't foresee there being issues, but if there is, how do we bring it up?"</i> – Business Representative, Key Informant			
<b>Appropriate hours of operation</b>	Some of the participants suggested that the WECHU/WECOSS should consider shifting the proposed hours of operation for the CTS site (i.e., daytime hours) to alternative hours of the day (e.g., evening hours).	<i>"I wanted to mention the operating hours. Obviously, it needs to be open when folks are going to use it. It's not a doctor's office, 9-5 deal, in my opinion. I think it has to go well into the evening because the folks aren't getting up at 9:00 a.m. generally."</i> – Key Informant	2	2	<b>4</b>
<b>Evaluation of the CTS</b>	Ongoing evaluation of the CTS was considered important to ensure that the site is meeting its intended goals and objectives.	N/A	----	----	<b>3</b>
<b>Neighbourhood and environmental sweep strategies</b>	Some of the participants recommended that the WECHU/WECOSS should support the provision of regular neighbourhood and environmental sweep strategies to prevent increases in litter across the neighbourhood post-implementation of the CTS (e.g., general debris/waste and publicly discarded drug equipment pick-ups).	<i>"I think having a daily alleyway cleaning or neighbourhood cleaning would go a very, very long way in addressing the concerns of the businesses and the residents."</i> – Focus Group Participant	0	3	<b>3</b>
<b>Consider an alternative location</b>	Some of the key informants suggested that the WECHU/WECOSS should consider alternative locations for the proposed CTS (e.g., emergency shelter, food bank, hospital, in	<i>"Why isn't it [the CTS] located adjacent or extremely close to either a food provider or a shelter?...I think that having it where there's a shelter or some place that's open afterhours</i>	3	0	<b>3</b>

	<p>further distance from businesses and residences).</p>	<p><i>would be a much more cohesive plan on helping these people. Because these people and their drug use doesn't stop at 6 o'clock. And at least if you were near a shelter that takes people in, to me [that] is a much better approach to helping people out in a multi-faceted way. You want something that doesn't drop them...I've seen these people [people who use drugs] for years and a lot of them we know need mental health counselling. They sometimes need hospitalization. They need all kinds of things. This idea of kind of picking and choosing what you're going to provide them with in different locations is to me, short-sighted. I understand that everybody wants to help, but to me it is short-sighted to think that this is going to make an improvement to society without having it tied into something else." - Business Representative, Key Informant</i></p>			
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## Phase 4 – Virtual Town Hall Meetings

### Objectives & Purpose

The final phase of the site-specific community consultation included the facilitation of 3 Virtual Town Hall meetings with the public. The Virtual Town Hall meetings were led and facilitated by the WECHU during the week of August 2<sup>nd</sup> to August 6<sup>th</sup> of 2021. The purpose of the Virtual Town Hall meetings was to provide credible and reliable information about CTS sites to the public, to provide an overview about the two candidate locations, and to allow community members to ask questions and voice concerns about the proposed CTS operations to a panel of eight expert speakers.

The selection of representatives to provide their expertise on the Virtual Town Hall panels was advised through direct consultation with the *CTS Stakeholder Advisory Committee*. The panel included representation from multiple inter-disciplinary sectors that have concentrated knowledge and experience in supporting individuals with health, social, economic, and legal issues related to substance use. Representation on the panel included stakeholders from public health, municipal services, harm reduction agencies, existing CTS operators in Ontario, healthcare agencies, policing and law enforcement agencies, and a person with lived experience with substance use. The stakeholders that represented these disciplines/portfolios are outlined below:

- ✚ Dr. Wajid Ahmad – *Medical Officer of Health, Windsor-Essex County Health Unit*
- ✚ Rino Bortolin – *City of Windsor Councillor, Ward 3*
- ✚ Claire Venet-Rogers – *Harm Reduction Community Education Coordinator, Pozitive Pathways Community Services {PPCS}*
- ✚ Lindsey Sodtke – *Supervisor, Consumption & Treatment Services Program at the Guelph Community Health Centre*
- ✚ Dr. Robert McKay – *Addictions Physician, Hotel-Dieu Grace Healthcare (HDGH)*
- ✚ Superintendent Dan Potvin – *Windsor Police Service (WPS)*
- ✚ Barry Horrobin – *Director of Planning & Physical Resources, Windsor Police Service (WPS)*
- ✚ Sunny Sultan – *Overdose Response Worker, Person with Lived Experience with Substance Use, Moss Park Consumption & Treatment Services (Toronto)*

In total, four dates were offered to members of the public to participate in a Virtual Town Hall meeting via Zoom (Table 26). All of the meetings were scheduled to take place for a duration of one hour and 30 minutes. As highlighted in Table 26, the selected meeting times were chosen to accommodate both day and evening hours. Members of the public were asked to register for one of the Virtual Town Hall meeting dates via Event Brite, with the maximum capacity for each event totalling to 25 participants.

Table 26 - Virtual Town Hall Meeting Dates	
Date	Time
Tuesday, August 3 <sup>rd</sup> , 2021	6:00 p.m. – 7:30 p.m.
Wednesday, August 4 <sup>th</sup> , 2021	9:00 a.m. – 10:30 a.m.
Thursday, August 5 <sup>th</sup> , 2021	6:00 p.m. – 7:30 p.m.
Friday, August 6 <sup>th</sup> , 2021	12:00 p.m – 2:00 p.m.

In addition to the four public events, local media outlets were invited to participate in a closed media event with the panelists on Tuesday, August 3<sup>rd</sup>, 2021 from 8:00 p.m. – 8:30 p.m. via Microsoft Teams. The purpose of the closed media event was to allow media representatives to ask questions about the two candidate locations to the panel of expert speakers.

Promotion of the Virtual Town Hall meetings and the closed media event included the public dissemination of a news release on July 26<sup>th</sup>, 2021<sup>32</sup> and a media advisory on July 30<sup>th</sup>, 2021<sup>33</sup> by the WECHU, social media and website messaging on the WECHU and WECOSS media platforms (see Appendix L for the social media calendar), promotional communications to all members of the WECOSS Leadership Committee and the WECOSS Pillar Working Groups (Appendix M), and the delivery of approximately 600 Virtual Town Hall postcards in the residential neighbourhood to the east of the candidate locations (Appendix N). All of the live Virtual Town Hall meetings were recorded and posted to the WECOSS website at [www.wecoss.ca/cts](http://www.wecoss.ca/cts).

## Results

### Social Media Outreach

Table 27 demonstrates the web analytics computed by the WECHU for the social media outreach that was conducted for the Virtual Town Hall events. In total, eight social media posts were promoted across all of the WECHU’s social media platforms (i.e., Facebook, Twitter, Instagram) during and preceding the week of the Virtual Town Hall events. One of the social media posts focused on promoting the Virtual Town Hall news release that was issued on July 26<sup>th</sup> of 2021. Each of the social media posts reached over 1000 community members in WEC, while some of the posts reached over 2000 community members. The total number of impressions on each of the posts ranged between 0-4 “Likes”, and between 0-5 members of the public or community agencies shared one or more of the posts on their social media platforms. While most of the social media posts received between 2-4 link clicks, the post that promoted the Virtual Town Hall news release received a total of 17 link clicks.

Post	People Reached	Total Number of Likes	Shares	Link Clicks
News Release	2,017	2	1	17
Social Media Post 1	1,711	4	3	2
Social Media Post 2	1,578	1	3	2
Social Media Post 3	1,604	1	0	4
Social Media Post 4	1,969	4	3	1
Social Media Post 5	2,328	1	5	1
Social Media Post 6	1,872	1	0	4
Social Media Post 7	1,791	0	1	2

<sup>32</sup> The WECHU’s new release promoting the public Virtual Town Hall events can be accessed at <https://www.wechu.org/newsroom/news-release-online-town-hall-sessions-answer-questions-around-location-consumption-and>

<sup>33</sup> The WECHU’s media advisory promoting the closed media event for the Virtual Town Halls can be accessed at <https://www.wechu.org/media-advisory/media-advisory-consumption-and-treatment-service-site-selection-virtual-media-event>

## Registration Numbers

Table 28 demonstrates the total number of community members who registered to participate in each of the Virtual Town Hall meetings.<sup>34</sup> Three Virtual Town Hall sessions were facilitated during the week of August 2<sup>nd</sup> and August 6<sup>th</sup> of 2021 with a total of 53 registrants. Registration numbers were the highest for the first session that was offered on Tuesday, August 3<sup>rd</sup> from 6:00 p.m. – 7:30 p.m. (26 registrants), followed by the third session on Friday, August 6<sup>th</sup> (14 registrants) and the second session on August 4<sup>th</sup> (13 registrants). Due to low registration numbers, the date that was reserved for a session on Thursday, August 5<sup>th</sup> from 6:00 p.m. – 7:30 p.m. was cancelled. All of the community members who registered to participate in the session on this date were contacted individually to offer alternative meeting times, and each of these individuals registered for one of the other sessions listed in Table 28 after this outreach was conducted.

Table 28 – Registration Numbers for Each of the Virtual Town Hall Meetings		
Session	Date & Time	Total Number of Registrants
Session 1	Tuesday, August 3 <sup>rd</sup> , 2021 – 6:00 p.m. – 7:30 p.m.	26
Session 2	Wednesday, August 4 <sup>th</sup> , 2021 – 9:00 a.m. – 10:30 a.m.	13
Session 3	Friday, August 6 <sup>th</sup> , 2021 – 12:00 p.m. – 1:30 p.m.	14

## The Virtual Town Hall Sessions

Table 29 provides the hyperlinks to each of the recorded Virtual Town Hall sessions via Youtube. Please click on the links below to watch the recorded live sessions.

Table 29 – Virtual Town Hall Sessions – Live Recordings		
Session	Date & Time	Youtube Link
Session 1	Tuesday, August 3 <sup>rd</sup> , 2021 – 6:00 p.m. – 7:30 p.m.	<a href="https://youtu.be/wpd0wgb_YGQ">https://youtu.be/wpd0wgb_YGQ</a>
Session 2	Wednesday, August 4 <sup>th</sup> , 2021 – 9:00 a.m. – 10:30 a.m.	<a href="https://youtu.be/w1a3T4kMV9k">https://youtu.be/w1a3T4kMV9k</a>
Session 3	Friday, August 6 <sup>th</sup> , 2021 – 12:00 p.m. – 1:30 p.m.	<a href="https://youtu.be/ENjxy1GhGrY">https://youtu.be/ENjxy1GhGrY</a>

<sup>34</sup> Registration numbers may not be accurate to the total number of people who attended the events (e.g., participants registered, but not attend). Numbers may also include WECHU staff and other community partners who attended the session.



## Discussion

### Key Consultation Highlights Demonstrating Local Support for a Potential CTS at Both of the Candidate Sites

Overall, the results captured through the *CTS Site-Specific Community Consultation* yielded local support for the creation of a potential CTS at either of the candidate sites. Key highlights from the consultation that support the creation of a potential CTS at 101 Wyandotte Street East and 628 Goyeau Street are outlined in Table 30.

Table 30 – Key Highlights Demonstrating Community Support for a Potential CTS at Both of the Candidate Locations		
	101 Wyandotte Street East	628 Goyeau Street
<b>Benefit of Potential CTS</b>	<ul style="list-style-type: none"> <li>✚ <b>70%</b> of community survey respondents believed a CTS at this location would be at all beneficial to WEC.</li> <li>✚ <b>Most</b> of the key informants (11) referenced at least one general benefit to establishing a potential CTS at either location, while <b>four (4)</b> referenced site-specific benefits relating to this location.</li> <li>✚ <b>All</b> of the focus groups referenced at least one general benefit to establishing a potential CTS at either location, while <b>three (3)</b> referenced site-specific benefits relating this location.</li> </ul>	<ul style="list-style-type: none"> <li>✚ <b>62%</b> of community survey respondents believed a CTS at this location would be at all beneficial to WEC.</li> <li>✚ <b>Most</b> of the key informants (11) referenced at least one general benefit to establishing a potential CTS at either location, while <b>five (5)</b> referenced site-specific relating to this location.</li> <li>✚ <b>All</b> of the focus group referenced at least one general benefit to establishing a potential CTS at either location, and <b>all</b> referenced site-specific benefits relating for this location.</li> </ul>
<b>Concerns with a Potential CTS</b>	<ul style="list-style-type: none"> <li>✚ <b>Over half</b> of community survey respondents (<b>59%</b>) were not at all concerned about a potential CTS at this location.</li> <li>✚ While most of the key informants (11) referenced at least one general concern with establishing a potential CTS at either location, <b>five (5)</b> referenced site-specific concerns relating to this location.</li> <li>✚ All of the focus groups referenced at least one general concern with establishing a potential CTS at either location, and <b>all</b> referenced site-specific concerns relating to this location.</li> </ul>	<ul style="list-style-type: none"> <li>✚ <b>Over half</b> of community survey respondents (<b>59%</b>) were not at all concerned about a potential CTS at this location.</li> <li>✚ While most of the key informants (11) referenced at least one general concern with establishing a potential CTS at either location, <b>five (5)</b> referenced site-specific concerns relating to this location.</li> <li>✚ While all of the focus groups referenced at least one general concern to establishing a potential CTS at either location, <b>two (2)</b> referenced site-specific concerns relating to this location.</li> </ul>

Levels of Support for Potential CTS	<ul style="list-style-type: none"> <li>67% of community survey respondents provided at least some degree of support for a potential CTS at this location</li> </ul>	<ul style="list-style-type: none"> <li>68% of community respondents provided at least some degree of support for a potential CTS at this location</li> </ul>
	<p><b>Most</b> of the key informant interview and focus group participants were supportive or at least open to the idea of a potential CTS at the candidate locations. Of all of the key informant and focus group participants consulted, only two of the key informants referenced strong opposition to a potential CTS at either of the candidate sites (i.e., did not support or cite a preference for either location).</p>	

## Interpreting the Results – Selecting 628 Goyeau Street as the Optimal Location

Although a majority of community survey, key informant interview, and focus group participants were supportive of either candidate location, the results captured through the community consultation supported the selection of 628 Goyeau Street as the optimal location for a potential CTS in WEC. Key highlights from the consultation that support this conclusion are included below:

- While thirty-nine percent (39%) of community survey respondents equally supported both of the candidate locations, **a greater proportion preferred 628 Goyeau Street (19%)** compared to those who preferred 101 Wyandotte Street East (13%).
  - While thirty-one percent (31%) of community survey respondents who either lived, worked, owned a business, and/or went to school in the N9A postal code area equally supported both of the candidate locations, **a greater proportion preferred 628 Goyeau Street (22%)** compared to those who preferred **101 Wyandotte Street East (14%)**.
  - Survey respondents who worked with people who use substances, identified as a family member, friend, or loved one of someone who uses substances, or identified as a person that has/had substance use issues were all more likely to indicate that they preferred 628 Goyeau Street over 101 Wyandotte Street East.
  - While three (3) of the key informants referenced that they equally supported either location, **a greater proportion preferred 628 Goyeau Street (4)** compared to those who preferred 101 Wyandotte Street East (3).
  - Five of the focus groups** reached a consensus (i.e., majority will) or a general agreement that **628 Goyeau Street is or may be the preferred, optimal, or more beneficial location** for a potential CTS in WEC.
  - None of the focus groups** reached a consensus (i.e., majority will) or a general agreement that **101 Wyandotte Street East is or may be the preferred, optimal, or more beneficial location** for a potential CTS in WEC.

As such, the data collected through each of the methodologies employed across the site-specific community consultation yielded preference toward 628 Goyeau Street as the superior location for a local CTS. As a result of these findings, a formal decision was made on Wednesday, September 15<sup>th</sup> of 2021 by the *CTS Stakeholder Advisory Committee* to proceed with the selection of 628 Goyeau Street as the optimal location for a CTS facility in the City of Windsor. On September 16<sup>th</sup> of 2021, the WECHU Board of Health also resolved in support of the WECHU proceeding with the federal and provincial application processes to establish a CTS at the location of 628 Goyeau Street.

## Next Steps

The next steps for the WECHU, the WECOSS, and the *CTS Stakeholder Advisory Committee* as it relates to the submission of the federal and provincial application documents for a potential CTS at 628 Goyeau Street are as follows:

1. **Activity 1** – The *CTS Stakeholder Advisory Committee* will complete a comprehensive review of the identified concerns and the associated mitigation strategies that were highlighted throughout various aspects of the site-specific community consultation for establishing a potential CTS at 628 Goyeau Street. Community-informed mitigation strategies to address the cited concerns will be determined and planned through consultation with the committee.
2. **Activity 2** – The WECHU, with the support of the *CTS Stakeholder Advisory Committee*, will present the consultation findings to the City of Windsor Council and seek municipal endorsement to apply for and create a CTS at 628 Goyeau Street.
3. **Activity 3** – Pending approval from the City of Windsor Council, the WECHU, in partnership with *the CTS Stakeholder Advisory Committee*, will submit the *Health Canada* and *Ontario Ministry of Health* applications for approval of a CTS at 628 Goyeau Street. Should the WECHU receive approval from the federal and provincial governments to establish the proposed CTS, the WECHU will transfer grant funds to the Windsor-Essex Community Health Centre (WECHC) to assume the primary responsibilities of operating the services delivered at the site once operationalized. Pozitive Pathways Community Services (PPCS) will be responsible for embedding the PPCS Needle Syringe Program into the direct operations of the site.

## Appendix A – Crime Prevention through Environmental Design (CPTED) Audit at 101 Wyandotte Street East

### CPTED Audit at 101 Wyandotte Street East – WPS, 2021

#### 101 Wyandotte Street East



- Corner lot location at a busy intersection [Goyeau @ Wyandotte] offers exceptional ongoing observation capability [= accountable visual exposure].
- Stand alone building not shared with other tenants or businesses helps minimize risk for ongoing conflict and operational incompatibility.
- Site is easily accessible by public transit or personal vehicle and falls within an extensive area of high pedestrian activity/accessibility.
- The property appears to have an open section on its east side that could be transformed into a valuable outdoor amenity space to facilitate supervised, post-consumption time that allows for safe transition prior to clients exiting the site.
- Wyandotte Street frontage offers a much less sensitive “adjacency factor” than if the building was situated on a less busy roadway where traffic moved slower and was less “commuter-like” in nature. This is a positive aspect of the site.
- No onsite (or very minimal) parking appears available for staff or individuals who may be attending with clients as a caregiver – this elevates risk increasingly the further they must park from the CTS.
- Site is directly across Goyeau Street from a busy MacDonald’s restaurant and adjacent to a new Kentucky Fried Chicken restaurant – both of which represent magnets for loitering once an individual leaves the CTS. These businesses will presumably have legitimate concerns that will need to be properly addressed.
- The nearby alley to the east is a conduit that enables individuals to easily travel to pockets of discreet space nearby but off the CTS property. This raises concerns about where clients may roam to following supervised consumption of drugs.
- The re-design of the building (if chosen as the CTS) will need to address potential risks of clients entering onto the busy Wyandotte Street roadway post-consumption.
- Overall, the placement and orientation of this site lends itself well to establishing a manageable “Safe Consumption ZONE” concept, whereby public safety can be maintained beyond just the hard boundaries of the CTS property alone.

**\*\*Reported with the permission of Windsor Police Services (WPS).**

## Appendix B – Crime Prevention through Environmental Design (CPTED) Audit at 628 Goyeau Street

### CPTED Audit at 628 Goyeau Street – WPS, 2021

#### 628 Goyeau Street



- Reasonably strong ongoing observation capability via frontage on relatively busy Goyeau Street
- Site is relatively easy to access by public transit or personal vehicle and falls within an extensive area of high pedestrian activity/accessibility.
- The property appears to have just a very modest open section on its east side that could be transformed into an outdoor amenity space but the small size would limit the net value to some degree.
- Building appears to be shared with another tenant @ 618 Goyeau. The contiguous nature of this may create an incompatibility issue that could become problematic.
- No onsite (or very minimal) parking appears available for staff or individuals who may be attending with clients as a caregiver – this elevates risk increasingly the further they must park from the CTS.
- Site is directly across Goyeau Street from a busy MacDonald’s restaurant and near a new Kentucky Fried Chicken restaurant – both of which represent magnets for loitering once an individual leaves the CTS. These businesses will presumably have legitimate concerns that will need to be properly addressed.
- The abutting alley to the east is a conduit that enables individuals to easily travel to pockets of discreet space nearby but off the CTS property. This raises concerns about where clients may roam to following supervised consumption of drugs.
- Overall, the placement and orientation of this site lends itself adequately to establishing a manageable “Safe Consumption ZONE” concept but not completely.

**\*\*Reported with the permission of Windsor Police Services (WPS).**



# Appendix C – Promotional Message Shared with the WECOSS Leadership Committee & WECOSS Pillar Working Groups regarding the CTS Site-Specific Community Consultation Survey

## Email Communication – Disseminated on Monday, July 5<sup>th</sup>, 2021

Good morning [Name of WECOSS Committee]

As you may be aware, the WECOSS launched a public, online survey on Thursday, June 17<sup>th</sup> to gather site-specific community feedback about two potential locations for a Consumption & Treatment Services (CTS) facility in downtown Windsor – [101 Wyandotte Street East](#) and [628 Goyeau Street](#). The purpose of this survey is to assess the community’s overall perceptions and acceptability of a CTS facility at both of the potential locations. The results of this survey and the feedback that is collected will be used to inform the selection of **one** potential location for a CTS facility in downtown Windsor. The location that is selected will be submitted through applications to *Health Canada* and the *Ontario Ministry of Health & Long-Term Care* for approval of a local CTS site.

As a member of the [Name of WECOSS Committee], we would kindly like to ask that you:

- **Complete** the [online survey](#), so that the input of community partners is captured throughout the CTS site-selection process.
- **Share** the [survey link](#) with clients and/or patients that you serve and through your organization’s social media platforms (see below for sample social media messages).
- **Share** the [survey link](#) with other organizations that provide prevention, treatment, enforcement, or harm reduction programs and services in the community.

The survey will remain open for participation until **Friday, July 9<sup>th</sup>**. Participation in the survey is voluntary and all individual responses will be kept confidential. If required, paper versions of the survey can be made available upon request by contacting Alexis Erickson, Mental Health Specialist at the Windsor-Essex County Health Unit, at [aerickson@wechu.org](mailto:aerickson@wechu.org). Survey translation is also available in over 30 languages through the online version of the survey.

If you have any questions or concerns, please feel free to contact Alexis Erickson at the email provided above. You can also visit [www.wecoss.ca/cts](http://www.wecoss.ca/cts) for additional information and resources about CTS facilities and local plans for implementing a CTS site.

Thank you kindly in advance for your assistance.

Take care,  
Alexis

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### Suggested Social Media Messages & Picture:





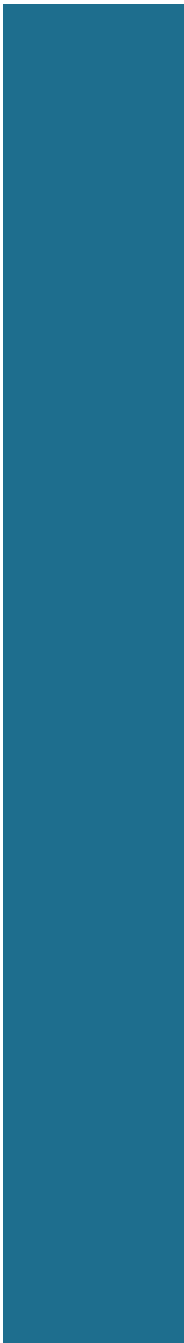
- *Have your say! Complete the community survey from the Windsor-Essex Community Opioid & Substance Strategy partners on two proposed Consumption & Treatment Services sites in Windsor: <https://survey.wechu.org/index.php/548666?lang=en>.*
- *The Windsor-Essex Community Opioid & Substance Strategy remains committed to making sure that the voices of our community are heard as part of the location selection for a local Consumption & Treatment Services facility. Complete the online survey at [www.wecoss.ca/cts](http://www.wecoss.ca/cts).*
- *The Windsor-Essex Community Opioid & Substance Strategy partners are looking for community feedback on two proposed Consumption and Treatment Services sites in Windsor. We encourage you to fill out the online survey at [www.wecoss.ca/cts](http://www.wecoss.ca/cts) to help select a potential location.*

*\*\*Please note that this message was shared with WECOSS committee members and was adapted slightly for WECHU staff.*

# Appendix D – Consumption & Treatment Services Site-Specific Community Consultation Survey



WINDSOR-ESSEX  
COMMUNITY  
**OPIOID &  
SUBSTANCE**  
STRATEGY



**Windsor-Essex Community Opioid and Substance Strategy  
(WECOSS)**

## **CONSUMPTION AND TREATMENT SERVICES SITE-SPECIFIC COMMUNITY CONSULTATION SURVEY**

## Background

### ***What are Consumption & Treatment Services (CTS) Facilities?***

The *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) is a community drug strategy that is moving forward with a project to implement a Consumption & Treatment Services (CTS) facility in Windsor's downtown core. A CTS facility is one of many harm reduction strategies aimed at lowering the risks associated with substance use and keeping people who use substances alive, safe, and healthy while they continue to use.

CTS facilities are provided at legally operated, indoor spaces where people come to use their own substances under safe conditions and with the supervision of medically trained workers. These facilities also offer on-site access and referrals to basic medical care, social services, and mental health/substance use treatment.

Research in Canada shows that CTS facilities can result in many benefits for both people who use substances and the larger community, including:

Reduced rates of drug overdoses, poisonings, and deaths; reduced risk factors leading to the spread of infectious diseases, such as HIV and hepatitis; reduced public drug use and less publicly discarded needles in the community; increased use and access of withdrawal management (detox), mental health and drug treatment, and other health/social services; and cost-effective use of focused harm reduction supports and staff

To learn more about CTS facilities and the research that supports their operations, please visit <https://wecoss.ca/cts>.

### ***Did We Consult the Community?***

Yes. In 2018-2019, the Windsor-Essex County Health Unit (WECHU) led the completion of a non-site-specific community consultation to collect feedback from members of the community on the overall acceptability and need for a Supervised Injection Services (SIS) facility in Windsor-Essex County (now referred to as CTS facilities).

Key findings outlined in the SIS Community Consultation Report included the following:

- A majority of community members who responded to the online survey (61%) said that an SIS would be helpful to Windsor-Essex County.
- A majority of respondents who identified as a person who injected drugs (71%) said that they would consider using a local SIS if it were available.
- Many of the respondents thought that the area of the downtown core of Windsor would be a well-served location for a local SIS facility.

Based on the findings of support collected through the community consultations, a decision was made for the WECOSS to move forward with the Health Canada (federal requirement) and Ontario Ministry of Health & Long-Term Care (OMHLTC) (provincial requirement) applications for a CTS facility in Windsor, both of which require approval prior to implementing a local facility.

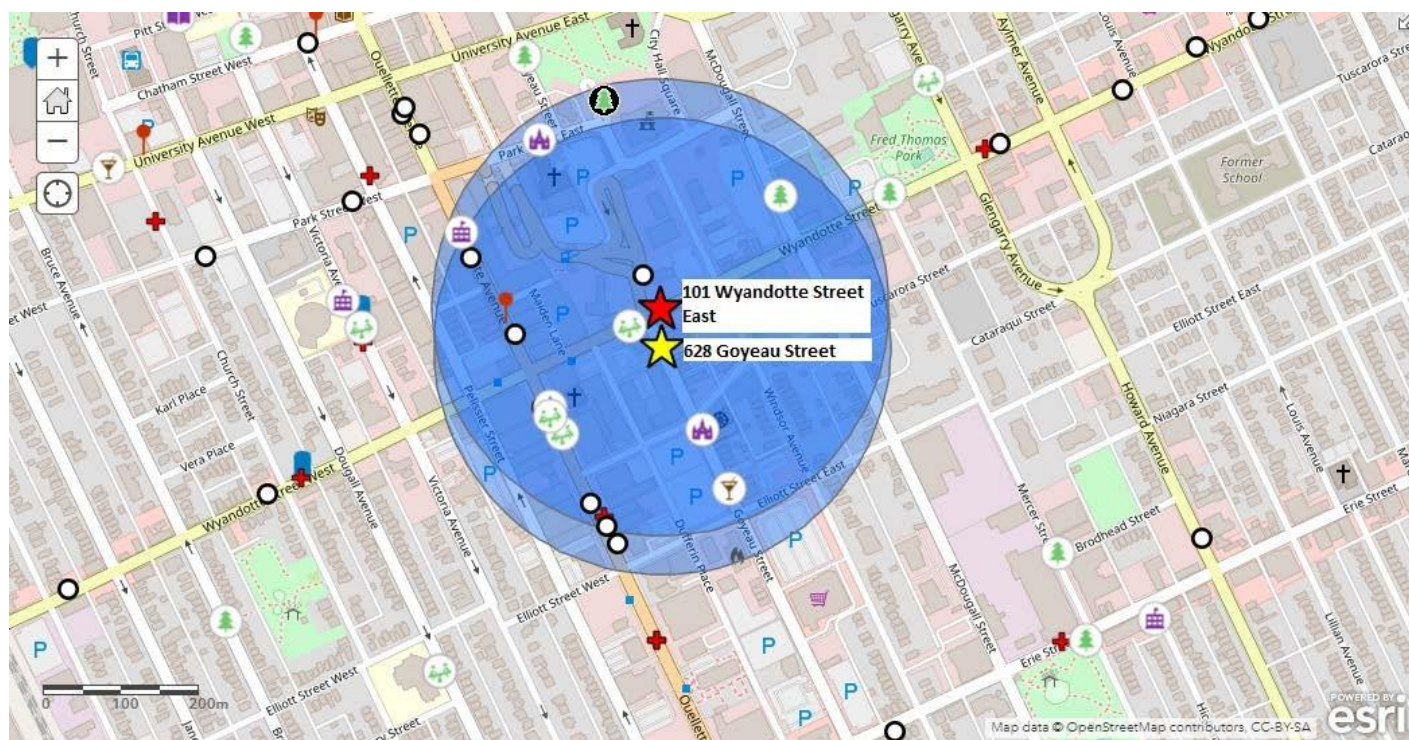
What are the Next Steps? The next step is to collect feedback from members of the community through a site-specific community consultation to help pinpoint a specific location for a CTS facility in Windsor's downtown core. The site-specific community consultation is an important requirement of the Health Canada and OMHLTC applications for implementing a local CTS site. After a great deal of assessment, two possible locations for a CTS facility in Windsor's downtown core have been determined for the purposes of the site-specific community consultation: 101 Wyandotte Street East and 628 Goyeau Street.

# Section A: Thank you for your interest in the CTS Site-Specific Community Consultation Survey!

## Purpose of this Survey

The WECOSS is releasing this survey to gather site-specific community feedback about the two possible locations for a CTS facility in downtown Windsor: 101 Wyandotte Street East and 628 Goyeau Street. This survey will assess the community’s overall thoughts, concerns, and acceptability of a CTS facility at both of the possible downtown locations. The results of this survey and the feedback that you provide will be used to inform the selection of a potential location for a CTS facility in downtown Windsor. The location that is selected will be submitted through applications to *Health Canada* and the *Ontario Ministry of Health & Long-Term Care* for approval of a local CTS site.

Before selecting a potential CTS location, it is important that we release this survey in order to help identify and address any concerns or questions that you may have about the possible CTS operations at either location. The WECOSS remains committed to ensuring that the voices of community members are heard as part of the location selection and application processes for a local CTS facility. Your feedback is important to us.



## Notice of Collection

To participate in the CTS Site-Specific Community Consultation Survey, you must be 16 years of age or older and live, work, or go to school in Windsor-Essex County. This survey will take about 10-15 minutes to complete.

Participation in this survey is voluntary. You do not have to participate in this survey. All of your responses will be kept confidential. You are free to skip any questions that you do not want to answer or to exit the survey at any time if you no longer want to participate. Please note that once you provide answers to this survey, it will not be possible to take back your responses.

The release of this survey is being led by the Windsor-Essex County Health Unit (WECHU) and the CTS

Stakeholder Advisory Committee (partner agencies/committees of the WECOSS). Information in connection with your survey responses is stored and protected by the WECHU. All information on WECHU servers, systems, and files is subject to the laws of jurisdiction in Canada.

The results that are collected from this survey will be used to develop reports, publications, presentations, and/or other communication materials to share the findings with the community. These communication materials may be shared publicly through the WECOSS and the WECHU websites and/or through other public communication channels. All individual responses from this survey will be combined for the purposes of public reports and other public communication materials (individual responses will NOT be shared). The results from this survey and the reports that are developed will be used to apply for a CTS facility in Windsor.

If you have any further questions or concerns about this survey or the possible CTS operations at 101 Wyandotte Street East or 628 Goyeau Street, please email [CTSQuestions@wechu.org](mailto:CTSQuestions@wechu.org) for more information.

**A1. Do you confirm that you have read and understood the Notice of Collection and provide your consent to participate in this survey?**

Yes

No

**If you answered “No” to the above question, please skip to Section H.**



## Section B: Survey Screening

B1. Are you 16 years of age or older?

Yes

No

If you answered "No" to the above question, please skip to Section I.

B2. Do you live, work, or go to school in Windsor-Essex County?

*Windsor-Essex County is defined as anywhere within Windsor, Essex, Leamington, Lakeshore, Kingsville, LaSalle, Tecumseh, or Amherstburg.*

Yes

If you answered "No" to the above question, please skip to Section I.

No

## Section C: Demographic Information

C1. Please indicate your age in number of years.

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C2. To which gender do you self-identify with?

Female

Male

Transgender Woman

Transgender Man

Genderqueer

Agender

Gender Non-Conforming/Non-Binary

Two-Spirit

Intersex

I prefer not to answer

A gender identity not listed (please specify)

I don't know

*A gender identity not listed (please specify):* \_\_\_\_\_

**C3. Do you live in Windsor-Essex County?**

*Windsor-Essex County is defined as anywhere within Windsor, Essex, Leamington, Lakeshore, Kingsville, LaSalle, Tecumseh, or Amherstburg.*

Yes

No

I don't know

If you answered "No" to the above question, please skip to Question C6.

**C4. Do you have a set home address or a permanent home/place of residence?**

Yes

No

I don't know

If you answered "No" to the above question, please skip to Question C6.

**C5. Please indicate the first three digits of your residential postal code.**

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**C6. Are you a paid employee and/or a local business owner in Windsor- Essex County?**

*Windsor-Essex County is defined as anywhere within Windsor, Essex, Leamington, Lakeshore, Kingsville, LaSalle, Tecumseh, or Amherstburg.*

Yes, I am a paid employee in Windsor-Essex County

Yes, I own and operate a local business in Windsor-Essex County

No, I am not a paid employee and I do not own and operate a local business in Windsor-Essex County

I don't know

If you answered "Yes, I am a paid employee in Windsor-Essex County" to the above question, please continue with Questions C7 and C8.

**If you answered "Yes, I own and operate a local business in Windsor-Essex County" to the above question, please skip to and continue with Questions C9 and C10.**

**If you answered "No" to the above question, please skip to Question C11.**

**C7. Which of the following best describes your employment sector?**

*If you have more than one place of employment in Windsor-Essex County, please respond to this question with respect to your primary place of employment.*

- Accommodation & Food Services
- Agriculture, Farming, Natural Resources, & Landscaping
- Arts, Culture, Recreation, & Sport
- Business, Finances, & Administrations
- Education Services
- Healthcare Services
- Manufacturing, Industrial Services, & Utilities
- Mining, Quarrying, & Oil and Gas Extraction
- Municipal & Public Administrations
- Professional, Scientific, & Technical Services (e.g., Law, Engineering, Information Technology)
- Public Protections (e.g., Law Enforcement, Firefighting)
- Real Estate and Rental/Leasing
- Retail & Sales Trade
- Social & Community Services
- Trades, Transport, & Equipment Operations
- I prefer not to answer
- I don't know
- Other

Other: \_\_\_\_\_

**C8. Please indicate the first three digits of your workplace postal code.**

*If you have more than one place of employment in Windsor-Essex County, please respond to this question with respect to your primary place of employment.*

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**C9. Which of the following best describes your business sector?**

*If you own and operate more than one business in Windsor-Essex County, please respond to this question with respect to your primary business sector.*

- Accommodation & Food Services
- Agriculture, Farming, Natural Resources, & Landscaping
- Arts, Culture, Recreation, & Sport
- Business, Finances, & Administrations
- Education Services
- Healthcare Services
- Manufacturing, Industrial Services, & Utilities
- Mining, Quarrying, & Oil and Gas Extraction
- Municipal & Public Administrations
- Professional, Scientific, & Technical Services (e.g., Law, Engineering, Information Technology)
- Public Protections (e.g., Law Enforcement, Firefighting)
- Real Estate and Rental/Leasing
- Retail & Sales Trade
- Social & Community Services
- Trades, Transport, & Equipment Operations
- I prefer not to answer
- I don't know
- Other

*Other:* \_\_\_\_\_

**C10. Please indicate the first three digits of your business postal code.**

*If you own and operate more than one business in Windsor-Essex County, please respond to this question with respect to your primary business sector.*

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C11. Are you a high school, college, or university student in Windsor-Essex County?

Windsor-Essex County is defined as anywhere within Windsor, Essex, Leamington, Lakeshore, Kingsville, LaSalle, Tecumseh, or Amherstburg.

Yes, I am a high school student in Windsor-Essex County

Yes, I am a college student in Windsor-Essex County

Yes, I am a university student in Windsor-Essex County

No, I am not a high school, college, or university student in Windsor-Essex County

I don't know

If you answered "No" to the above question, please skip to Question C13.

C12. Please indicate the first three digits of your school's postal code.

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C13. Do you identify with any of the following?

I work with and/or support people who have substance use issues, have overdosed, or are at-risk of over-dose through my profession (e.g., treatment provider, first responder, healthcare provider, program/policy maker)

I am a family member, friend, or loved one of someone who has/had substance use issues, has overdosed, or is/was at-risk of overdose

I have/had a substance use issue, have been at-risk of overdose, or have overdosed myself

No, I do not identify with any of these descriptions

I don't know

If you answered "I work with and/or support people who have substance use issues, have overdosed, or are at-risk of overdose through my profession" to the above question, please proceed with responding to Question C14.

If you did not answer with "I work with and/or support people who have substance use issues, have overdosed, or are at-risk of overdose through my profession" to the above question, please skip to Section D.



**C14. In what capacity do you work with and/or support people who have substance use issues, have overdosed, or are at-risk of overdose?**

- I am a social service provider (e.g., social worker, crisis worker)
- I provide substance use treatment services (e.g., counselling, medication-assisted treatment, withdrawal management)
- I provide harm reduction services (e.g., needle syringe programming, harm reduction outreach/education).
- I am a healthcare provider or a healthcare worker (e.g., primary care provider, nurse)
- I am a first responder (e.g., law enforcement officer, paramedic, firefighter)
- I provide leadership direction and/or supervision over staff members that directly work with people who have substance use issues, have overdosed, or are at-risk of overdose
- I support the development, implementation, and/or evaluation of community-level programs/services and/or policies/practices designed to support people who have substance use issues, have overdosed, or are at-risk of overdose
- I am a researcher in the field of mental health, substance use, social services, or another related field
- Another capacity not listed (please specify)

*Another capacity not listed (please specify):* \_\_\_\_\_

# Section D: Consumption & Treatment Services (CTS) Site-Specific Information - 101 Wyandotte Street East

The following questions will ask for your feedback about the possible Consumption & Treatment Services operations at 101 Wyandotte Street East (red star on map in Section A).

D1. Do you believe that a Consumption & Treatment Services facility at 101 Wyandotte Street East would be at all beneficial?

- Yes
- No
- I don't know

**If you answered "No" to the above question, please skip to Question D5.**

D2. To what extent do you believe that a Consumption & Treatment Services facility at 101 Wyandotte Street East would be beneficial?

- Very Beneficial
- Beneficial
- Moderately Beneficial
- A Little Beneficial
- I don't know

D3. To what extent do you agree that a Consumption & Treatment Services facility at 101 Wyandotte Street East would have the following potential benefits?

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Reduce risks of injury and death from drug-related overdoses in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce rates of drug-related emergency department visits in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce rates of drug use in nearby public spaces, such as parks, streets, and public washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce disposals of used needles in nearby public spaces, such as parks and pedestrian walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhance community safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce the health, social, legal, and incarceration costs associated with substance use in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is in close distance to other health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is accessible to people who use substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is in far enough distance from sensitive land uses, such as public parks and schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that will not be disrupted by nearby vehicular and pedestrian traffic flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers an appropriate balance of visibility and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4. Do you have any other comments that you would like to share about potential benefits that a Consumption & Treatment Services facility at 101 Wyandotte Street East may bring?

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**D5. Are you at all concerned about the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?**

Yes

No

I don't know

**If you answered "No" to the above question, please skip to Section E.**

**D6. To what extent are you concerned about the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?**

Very Concerned

Concerned

Moderately Concerned

A Little Concerned

I don't know

**D7. To what extent are you concerned about the following as it relates to the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?**

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Increased gatherings of people who use substances and drug dealers within the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased drug use in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased rates of crime and illegal activities in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased rates of publicly discarded needles in nearby public spaces, such as parks and pedestrian walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased community safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased property values in surrounding areas of the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative impacts on the reputation or image of the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative impacts on nearby business operations in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is not accessible to people who use substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Located in an area that is not in far enough distance from sensitive land uses, such as public parks and schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is not in close enough distance to other health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that will be disrupted by nearby vehicular and pedestrian traffic flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not offer an appropriate balance of visibility and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D8. Do you have any other concerns that you would like to share about the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?**

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**D9. To what extent do you agree that the following measures may be effective in addressing your concerns with the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?**

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Increase community awareness about the goals and benefits of a CTS facility in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce stigma by conducting community outreach to increase awareness of substance use issues in our community and harm reduction approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with Windsor Police Services to increase policing, security, and traffic flow maintenance at the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with environmental agencies to increase safe disposal of publicly discarded needles in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make changes to the exterior design of the location (e.g., improve greenery, maximize size and space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish a clear communication channel that community members can use on an ongoing basis to voice feedback and concerns about the CTS operations at the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct routine evaluations to determine if the CTS facility is achieving its goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create linkages with other health and social services to offer pathways and wrap-around supports for treatment, mental health, and other supportive services in closer distance to the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No measures would be effective in addressing my concerns with the possible CTS operations at this location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**D10. Do you have any other comments that you would like to share about potential measures that may be effective in addressing your concerns with the possible Consumption & Treatment Services operations at 101 Wyandotte Street East?**

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## Section E: Consumption & Treatment Services (CTS) Site-Specific Information - 628 Goyeau Street

The following questions will ask for your feedback about the possible Consumption & Treatment Services operations at 628 Goyeau Street (yellow star on map in Section A).

E1. Do you believe that a Consumption & Treatment Services facility at 628 Goyeau Street would be at all beneficial?

Yes

No

I don't know

**If you answered "No" to the above question, please skip to Question E5.**

E2. To what extent do you believe that a Consumption & Treatment Services facility at 628 Goyeau Street would be beneficial?

Very Beneficial

Beneficial

Moderately Beneficial

A Little Beneficial

I don't know

E3. To what extent do you agree that a Consumption & Treatment Services facility at 628 Goyeau Street would have the following potential benefits?

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Reduce risks of injury and death from drug-related overdoses in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce rates of drug-related emergency department visits in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce rates of drug use in nearby public spaces, such as parks, streets, and public washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce disposals of used needles in nearby public spaces, such as parks and pedestrian walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhance community safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce the health, social, legal, and incarceration costs associated with substance use in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is in close distance to other health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is accessible to people who use substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is in far enough distance from sensitive land uses, such as public parks and schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that will not be disrupted by nearby vehicular and pedestrian traffic flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers an appropriate balance of visibility and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E4. Do you have any other comments that you would like to share about potential benefits that a Consumption & Treatment Services facility at 628 Goyeau Street may bring?

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E5. Are you at all concerned about the possible Consumption & Treatment Services operations at 628 Goyeau Street?

Yes

No

I don't know

If you answered "No" to the above question, please skip to Section F.

**E6. To what extent are you concerned about the possible Consumption & Treatment Services operations at 628 Goyeau Street?**

- Very Concerned
- Concerned
- Moderately Concerned
- A Little Concerned
- I don't know

**E7. To what extent are you concerned about the following as it relates to the possible Consumption & Treatment Services operations at 628 Goyeau Street?**

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Increased gatherings of people who use substances and drug dealers within the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased drug use in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased rates of crime and illegal activities in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased rates of publicly discarded needles in nearby public spaces, such as parks and pedestrian walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased community safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased property values in surrounding areas of the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative impacts on the reputation or image of the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative impacts on nearby business operations in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is not accessible to people who use substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is not in far enough distance from sensitive land uses, such as public parks and schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that is not in close enough distance to other health and social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Located in an area that will be disrupted by nearby vehicular and pedestrian traffic flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not offer an appropriate balance of visibility and privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E8. Do you have any other concerns that you would like to share about the possible Consumption & Treatment Services operations at 628 Goyeau Street?**

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**E9. To what extent do you agree that the following measures may be effective in addressing your concerns with the possible Consumption & Treatment Services operations at 628 Goyeau Street?**

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	I don't know
Increase community awareness about the goals and benefits of a CTS facility in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce stigma by conducting community outreach to increase awareness of substance use issues in our community and harm reduction approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with Windsor Police Services to increase policing, security, and traffic flow maintenance at the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with environmental agencies to increase safe disposal of publicly discarded needles in the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make changes to the exterior design of the location (e.g., improve greenery, maximize size and space)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish a clear communication channel that community members can use on an ongoing basis to voice feedback and concerns about the CTS operations at the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct routine evaluations to determine if the CTS facility is achieving its goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create linkages with other health and social services to offer pathways and wrap-around supports for treatment, mental health, and other supportive services in closer distance to the location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No measures would be effective in addressing my concerns with the possible CTS operations at this location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E10. Do you have any other comments that you would like to share about potential measures that may be effective in addressing your concerns with the possible Consumption & Treatment Services operations at 628 Goyeau Street?**

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## Section F: Closing Questions

F1. Please identify the level of support that you would provide if either of the possible locations were to be selected for a Consumption & Treatment Services facility in Windsor.

	Very Large Support	Large Support	Moderate Support	A Little Support	No Support	I don't know
101 Wyandotte Street East	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
628 Goyeau Street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. If selected, which of the two possible locations would you rather be chosen for a Consumption & Treatment Services facility in Windsor?

101 Wyandotte Street East

628 Goyeau Street

I equally support the possible Consumption & Treatment Services operations at both 101 Wyandotte Street East and 628 Goyeau Street

I do not support the possible Consumption & Treatment Services operations at either 101 Wyandotte Street East or 628 Goyeau Street

I don't know

F3. Do you have any other thoughts or comments that you would like to share at this time in regards to the possible Consumption & Treatment Services facilities at 101 Wyandotte Street East and/or 628 Goyeau Street?

101 Wyandotte Street East:

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628 Goyeau Street:

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## Section G: Contact Information

G1. Would you like us to contact you in the future?

*Please note that this is optional. You do not have to provide your contact information if you do not want to. If you would like to be contacted, the contact information that you provide (and any potentially identifying information) will be kept strictly confidential and will only be accessible to staff at the Windsor-Essex County Health Unit.*

Yes

No

If you answered “No” to the above question, please skip to Section J.

G2. How would you like us to contact you in the future?

*Please note that providing your contact information is optional. You do not have to provide your contact information if you do not want to. If you would like to be contacted, the contact information that you provide (and any potentially identifying information) will be kept strictly confidential and will only be accessible to staff at the Windsor-Essex County Health Unit.*

Phone

Phone Number: \_\_\_\_\_

Email

Email Address: \_\_\_\_\_

## Section H: Thank you!

If you answered “No” to Question A1, please read this section:

Thank you for your interest in the Consumption & Treatment Services Site-Specific Community Consultation Survey. If you would like to

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participate at a later time, this survey will remain open until Friday, July 2nd, 2021. For up-to-date information about local plans regarding a Consumption & Treatment Services facility in Windsor, please visit <https://wecoss.ca/cts>.

## **Section I: Thank you!**

If you answered “No” to Question B1 or B2, please read this section:

Thank you for your interest in the Consumption & Treatment Services Site-Specific Community Consultation Survey. Unfortunately, you are not eligible to participate. To participate in this survey, you must be 16 years of age or older and live, work, or go to school in Windsor-Essex County. If you have any questions or concerns, please email [CTSQuestions@wechu.org](mailto:CTSQuestions@wechu.org) for more information.

To learn more about local plans regarding a Consumption & Treatment Services facility in Windsor, please visit [www.wecoss.ca/cts](http://www.wecoss.ca/cts) for up-to-date information and resources.

## **Section J:**

Thank you for your participation in the Consumption & Treatment Services (CTS) Site-Specific Community Consultation Survey. Your feedback is valuable to us. For up-to-date information about local plans for a Consumption & Treatment Services facility in Windsor, please visit [www.wecoss.ca/cts](http://www.wecoss.ca/cts).

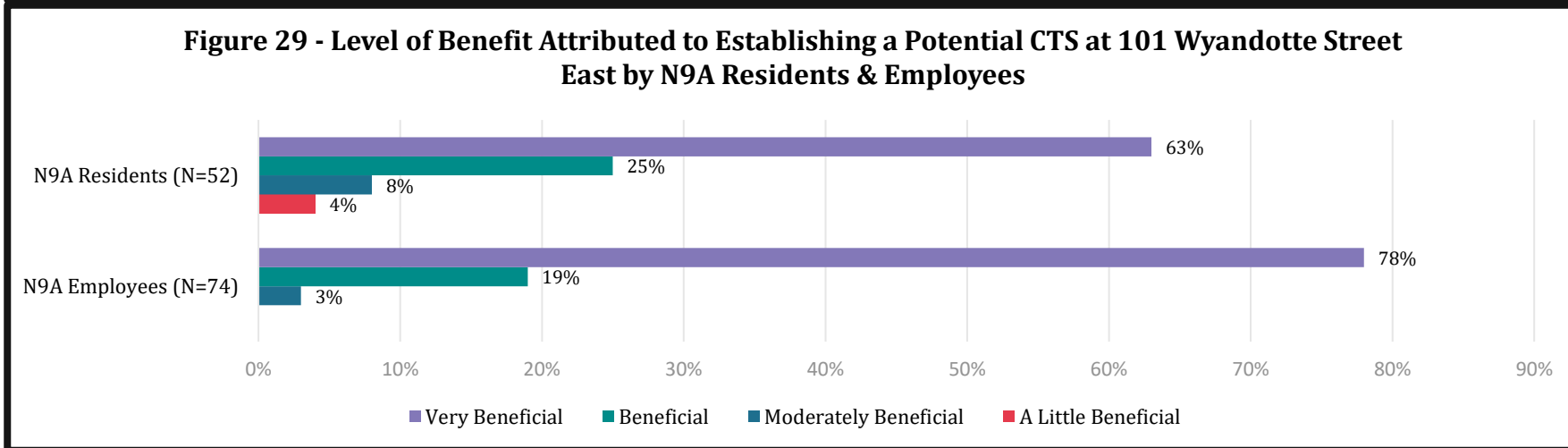
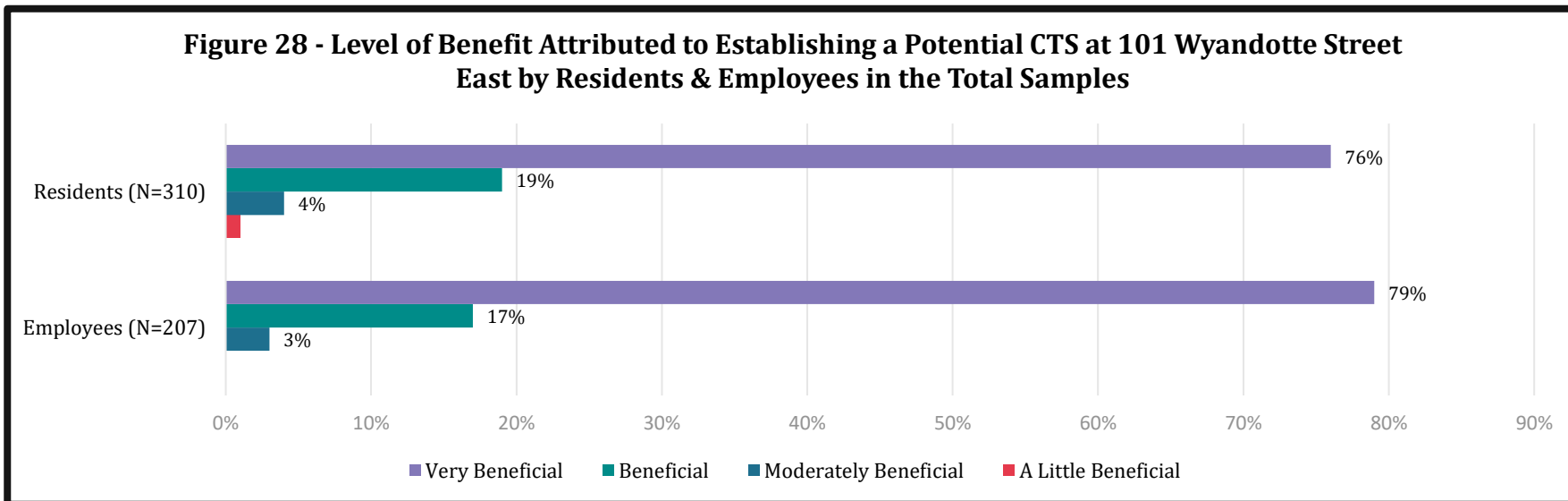
## Appendix E – Site-Specific Community Survey Results for 101 Wyandotte Street East among Residents, Employees, Business Owners, and Students

This section reviews the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall benefit, level of benefit, overall concern, and level of concern attributed to establishing a potential CTS at 101 Wyandotte Street East. Please note that some of the results for business owners and students could not be reported due to small sample sizes and/or a low number of endorsements for certain response options across various questions.

### Overall Benefit Attributed to Establishing a Potential CTS at 101 Wyandotte Street East by Residents, Employees, Business Owners, and Students (Total Samples & N9A Stratifications)

Table 31 – Overall Benefit of a CTS at 101 Wyandotte Street East (Residents, Employees, Business Owners, & Students)								
QD1– Do you believe that a CTS Facility at 101 Wyandotte Street East would be at all beneficial?								
Response Option	Number (%) of Resident Sample		Number (%) of Employee Sample		Number (%) of Business Owner Sample		Number (%) of Student Sample	
	All Residents (N=442)	N9A Residents (N=95)	All Employees (N=270)	N9A Employees (N=97)	All Business Owners (N=40)	N9A Business Owners (N=15)	All Students (N=33)	N9A Students (N=2)
Yes	310 (70%)	52 (55%)	207 (77%)	74 (76%)	20 (50%)	4 (27%)	28 (85%)	----
No	108 (24%)	36 (38%)	53 (20%)	18 (19%)	16 (40%)	10 (67%)	4 (12%)	----
I Don't Know	22 (5%)	6 (6%)	9 (3%)	5 (5%)	4 (10%)	----	----	----
<b>Total # (%) of Respondents to Question</b>	<b>440 (≤100%)</b>	<b>94 (99%)</b>	<b>269 (≤100%)</b>	<b>97 (100%)</b>	<b>40 (100%)</b>	----	----	----

**Level of Benefit Attributed to Establishing a Potential CTS at 101 Wyandotte Street East among Residents & Employees (Total Samples, Figure 28; N9A Stratifications, Figure 29)**

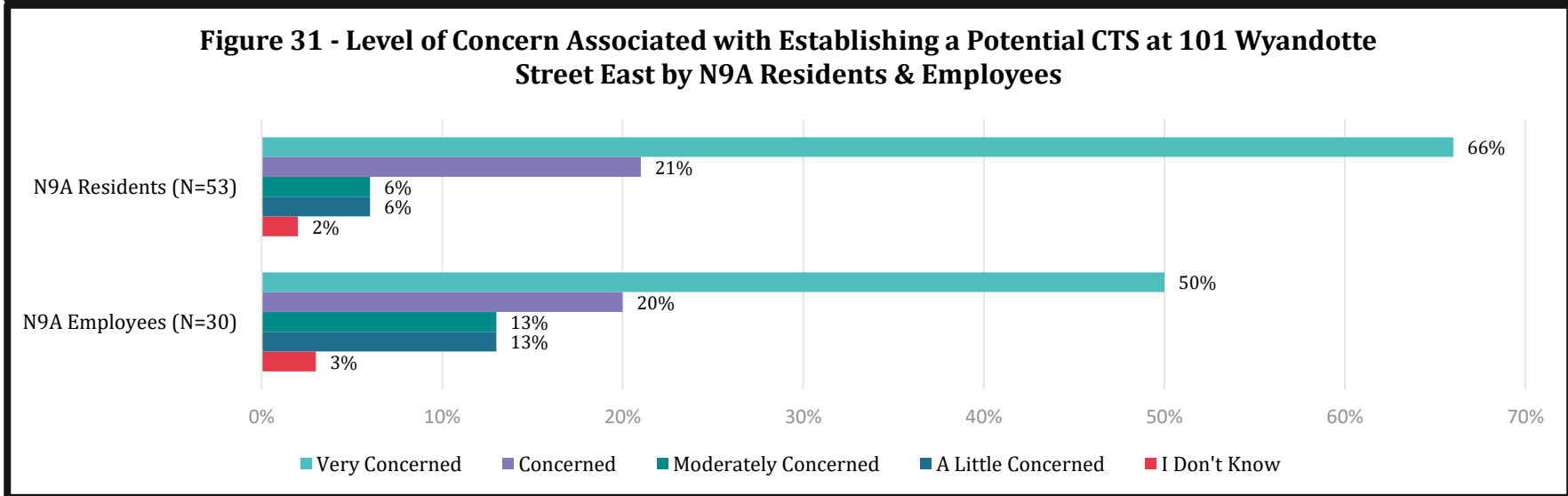
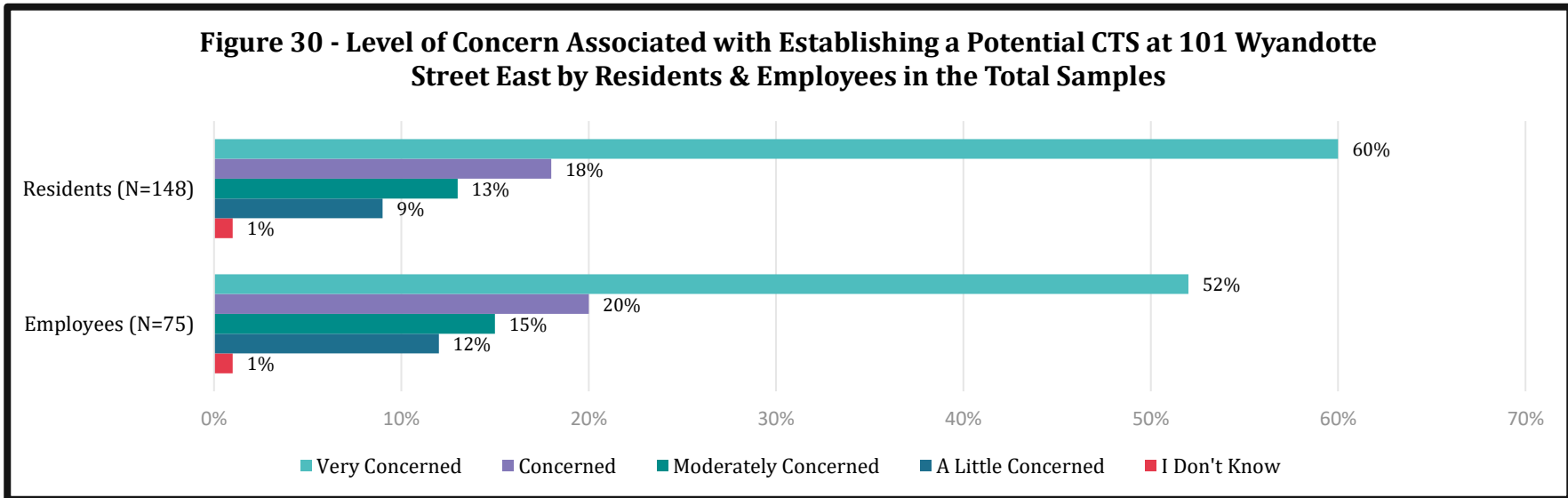


**Overall of Concern Associated with Establishing a Potential CTS at 101 Wyandotte Street East among Residents, Employees, Business Owners, and Students (Total Samples & N9A Stratifications)**

<b>Table 32 – Overall Concern with Establishing a CTS at 101 Wyandotte Street East (Residents, Employees, Business Owners, and Students)</b>								
<b>QD5 – Are you at all concerns about the possible CTS operations at 101 Wyandotte Street East?</b>								
<b>Response Option</b>	<b>Number (%) of Resident Sample</b>		<b>Number (%) of Employee Sample</b>		<b>Number (%) of Business Owner Sample</b>		<b>Number (%) of Student Sample</b>	
	<b>All Residents (N=442)</b>	<b>N9A Residents (N=95)</b>	<b>All Employees (N=270)</b>	<b>N9A Employees (N=97)</b>	<b>All Business Owners (N=40)</b>	<b>N9A Business Owners (N=15)</b>	<b>All Students (N=33)</b>	<b>N9A Students (N=2)</b>
<i>Yes</i>	148 (33%)	53 (56%)	75 (28%)	30 (31%)	22 (55%)	13 (87%)	3 (9%)	----
<i>No</i>	262 (59%)	37 (39%)	176 (65%)	59 (61%)	17 (43%)	2 (13%)	26 (79%)	----
<i>I Don't Know</i>	29 (7%)	5 (5%)	18 (7%)	8 (8%)	----	0 (0%)	4 (12%)	----
<b>Total # (%) of Respondents to Question</b>	<b>439 (99%)</b>	<b>95 (100%)</b>	<b>269 (≤100)</b>	<b>97 (100%)</b>	<b>----</b>	<b>15 (100%)</b>	<b>33 (100%)</b>	<b>----</b>



**Level of Concern Associated with Establishing a Potential CTS at 101 Wyandotte Street East among Residents & Employees (Total Samples, Figure 30; N9A Stratifications, Figure 31)**



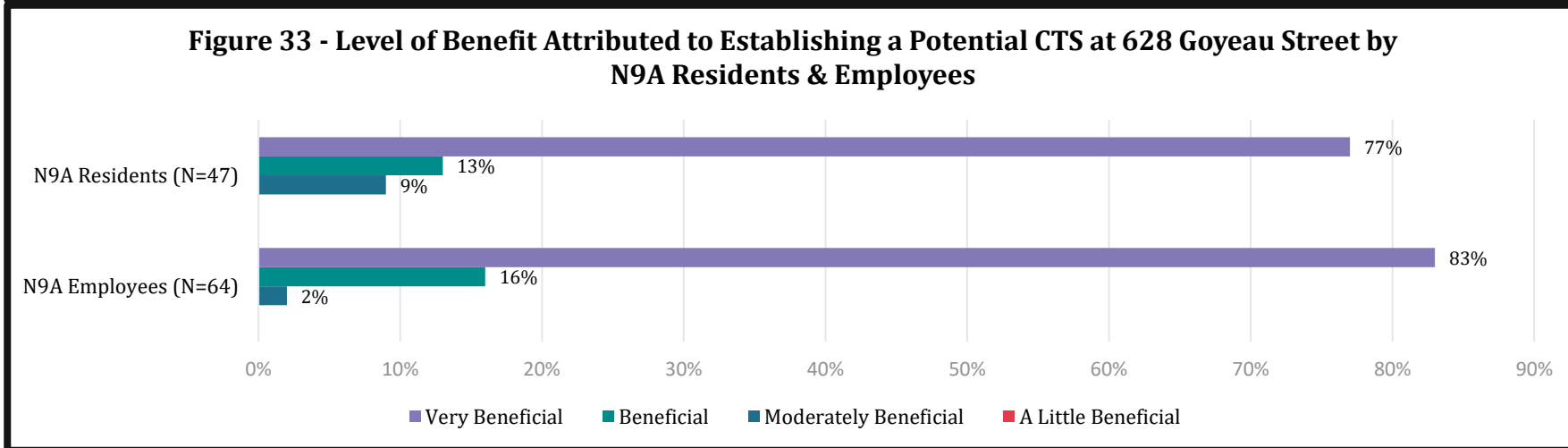
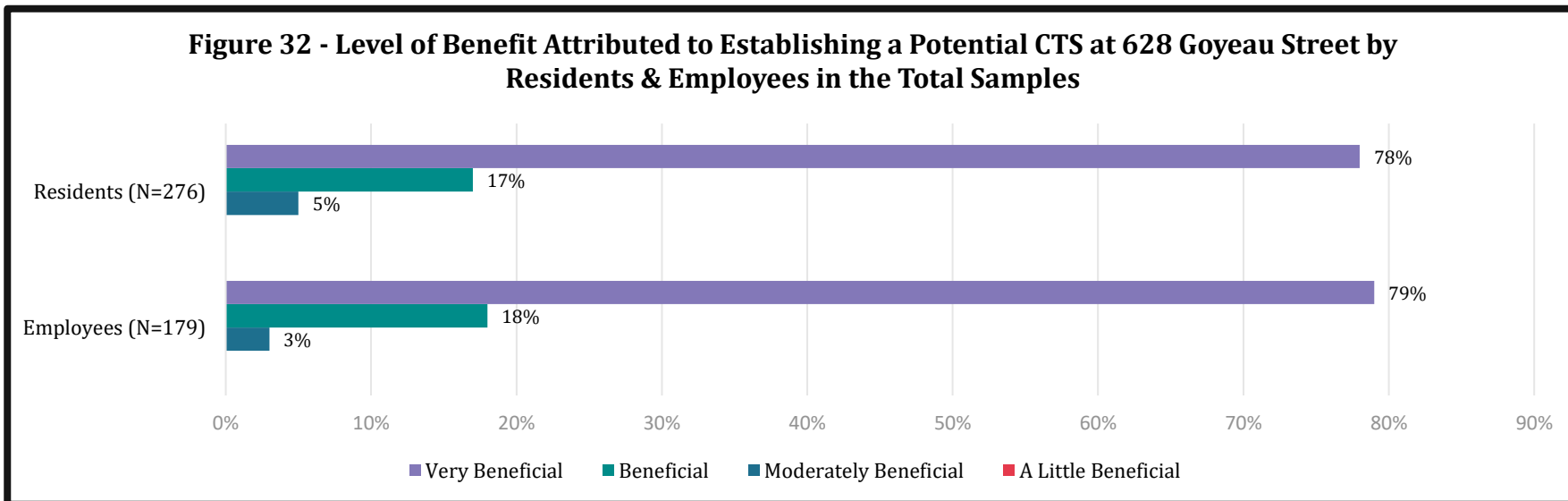
## Appendix F – Site-Specific Community Survey Results for 628 Goyeau Street among Residents, Employees, Business Owners, and Students

This section reviews the sub-group analyses for resident, employee, business owner, and student respondents as it relates to the overall benefit, level of benefit, overall concern, and level of concern attributed to establishing a potential CTS at 628 Goyeau Street. Please note that some of the results for business owners and students could not be reported due to small sample sizes and/or a low number of endorsements for certain response options across various questions.

### Overall Benefit Attributed to Establishing a Potential CTS at 628 Goyeau Street by Residents, Employees, Business Owners, and Students (Total Samples & N9A Stratifications)

Table 33 – Overall Benefit of a CTS at 628 Goyeau Street (Residents, Employees, Business Owners, & Students)								
QE1– Do you believe that a CTS Facility at 628 Goyeau Street would be at all beneficial?								
Response Option	Number (%) of Resident Sample		Number (%) of Employee Sample		Number (%) of Business Owner Sample		Number (%) of Student Sample	
	All Residents (N=442)	N9A Residents (N=95)	All Employees (N=270)	N9A Employees (N=97)	All Business Owners (N=40)	N9A Business Owners (N=15)	All Students (N=33)	N9A Students (N=2)
Yes	276 (62%)	47 (49%)	179 (66%)	64 (66%)	18 (45%)	2 (13%)	24 (73%)	----
No	98 (22%)	28 (29%)	51 (19%)	20 (21%)	11 (28%)	8 (53%)	4 (12%)	----
I Don't Know	29 (7%)	9 (9%)	16 (6%)	6 (6%)	5 (13%)	----	2 (6%)	----
<b>Total # (%) of Respondents to Question</b>	<b>403 (91%)</b>	<b>84 (88%)</b>	<b>246 (91%)</b>	<b>90 (93%)</b>	<b>34 (85%)</b>	----	<b>30 (91%)</b>	----

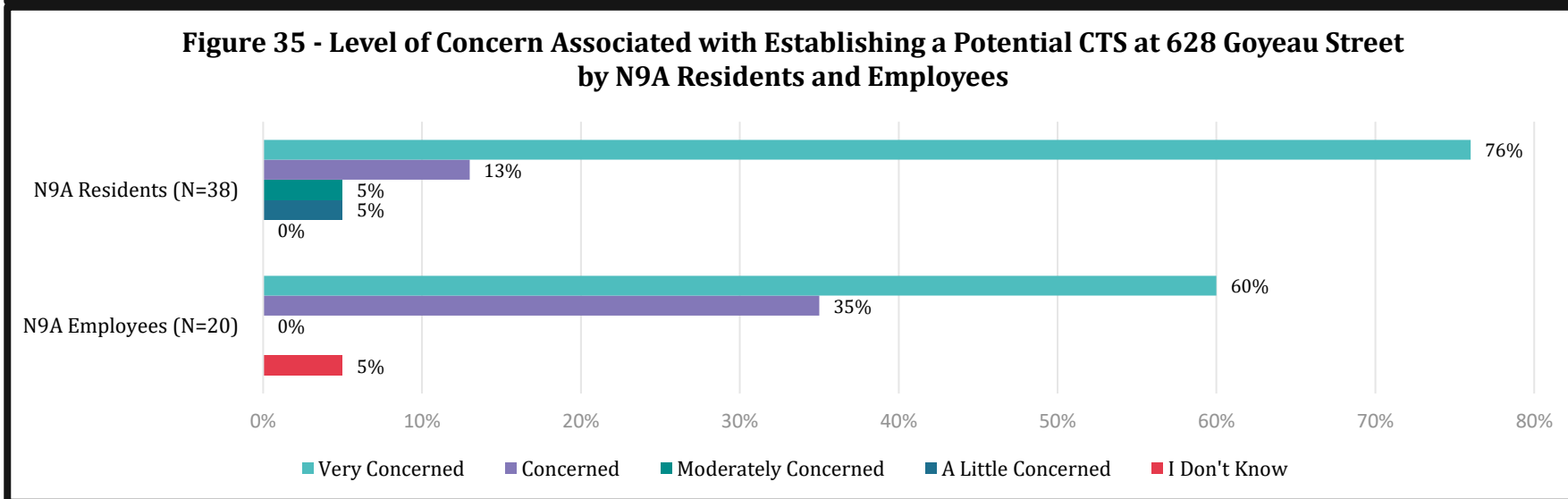
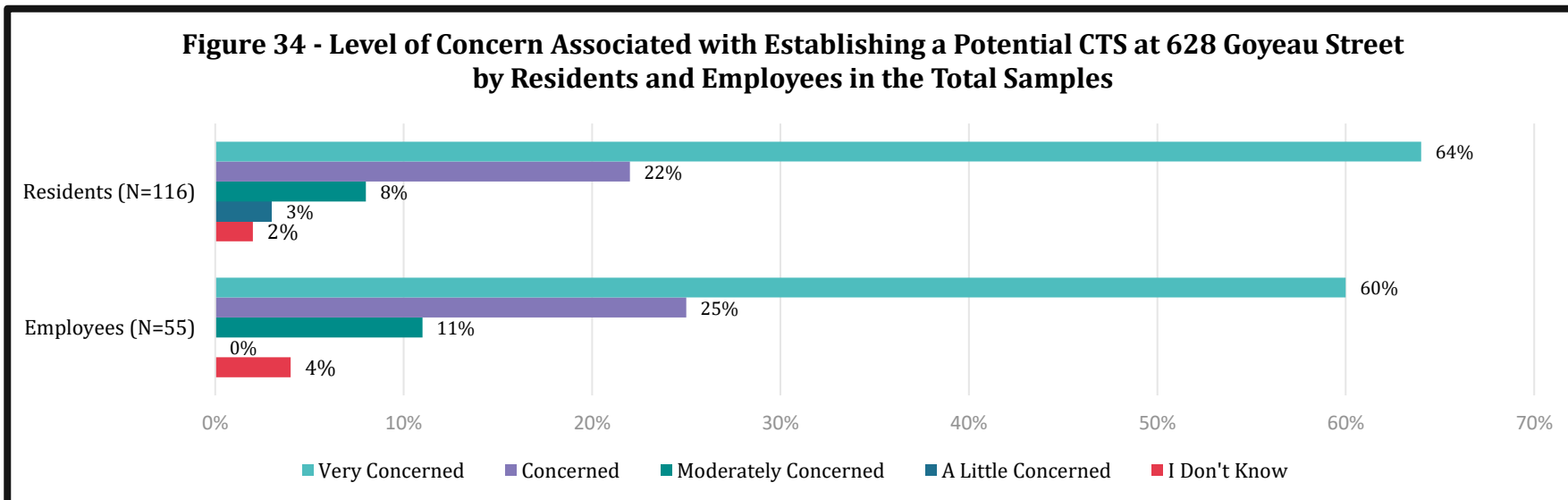
**Level of Benefit Attributed to Establishing a Potential CTS at 628 Goyeau Street among Residents & Employees (Total Samples, Figure 32; N9A Stratifications, Figure 33)**



**Overall of Concern Associated with Establishing a Potential CTS at 628 Goyeau Street among Residents, Employees, Business Owners, and Students (Total Samples & N9A Stratifications)**

<b>Table 34 – Overall Concern with Establishing a CTS at 628 Goyeau Street (Residents, Employees, Business Owners, &amp; Students)</b>								
<i>QE5 – Are you at all concerned about the possible CTS operations at 628 Goyeau Street?</i>								
<b>Response Option</b>	<b>Number (%) of Resident Sample</b>		<b>Number (%) of Employee Sample</b>		<b>Number (%) of Business Owner Sample</b>		<b>Number (%) of Student Sample</b>	
	<b>All Residents (N=442)</b>	<b>N9A Residents (N=95)</b>	<b>All Employees (N=270)</b>	<b>N9A Employees (N=97)</b>	<b>All Business Owners (N=40)</b>	<b>N9A Business Owners (N=15)</b>	<b>All Students (N=33)</b>	<b>N9A Students (N=2)</b>
<i>Yes</i>	116 (26%)	38 (40%)	55 (20%)	20 (21%)	15 (38%)	----	3 (9%)	----
<i>No</i>	259 (59%)	41 (43%)	174 (64%)	62 (64%)	17 (43%)	----	23 (70%)	----
<i>I Don't Know</i>	27 (6%)	6 (6%)	17 (6%)	9 (9%)	2 (5%)	----	2 (6%)	----
<b>Total # (%) of Respondents to Question</b>	<b>402 (91%)</b>	<b>85 (89%)</b>	<b>246 (91%)</b>	<b>91 (94%)</b>	<b>34 (85%)</b>	<b>----</b>	<b>28 (85%)</b>	<b>----</b>

**Level of Concern Associated with Establishing a Potential CTS at 628 Goyeau Street among Residents and Employees  
(Total Samples, Figure 34; N9A Stratifications, Figure 35)**



## Appendix G – Community Survey Results – Levels of Support for the Candidate Locations among Residents & Employees (Total Samples & N9A Stratifications)

This section reviews the sub-group analyses for resident and employee respondents as it relates to levels of support for both of the candidate locations. Please note that results for business owners and students could not be reported due to the small sample sizes and/or a low number of endorsements for certain response options.

Table 35 – Levels of Support for the Candidate Locations (Residents & Employees)					
QF1 – Please identify the level of support that you would provide if either of the possible locations were selected for a CTS in Windsor.					
	Response Option	Number (%) of Resident Sample		Number (%) of Employee Sample	
		All Residents (N=442)	N9A Residents (N=95)	All Employees (N=270)	N9A Employees (N=97)
101 Wyandotte Street East	Very Large Support	179 (41%)	26 (27%)	125 (46%)	46 (47%)
	Large Support	67 (15%)	7 (7%)	47 (17%)	17 (18%)
	Moderate Support	32 (7%)	9 (9%)	12 (4%)	2 (2%)
	A Little Support	20 (5%)	6 (6%)	14 (5%)	3 (3%)
	No Support	95 (21%)	34 (36%)	45 (17%)	20 (21%)
	Don't Know	10 (2%)	2 (2%)	5 (2%)	3 (3%)
	<b>Total # (%) of Respondents to Question</b>		<b>403 (91%)</b>	<b>84 (88%)</b>	<b>248 (92%)</b>
628 Goyeau Street	Very Large Support	185 (42%)	31 (33%)	128 (47%)	50 (52%)
	Large Support	57 (13%)	7 (7%)	38 (14%)	11 (11%)
	Moderate Support	40 (9%)	10 (11%)	17 (6%)	5 (5%)
	A Little Support	18 (4%)	4 (4%)	12 (4%)	2 (2%)
	No Support	87 (20%)	30 (32%)	45 (17%)	18 (19%)
	Don't Know	12 (3%)	2 (2%)	6 (2%)	4 (4%)
	<b>Total # (%) of Respondents to Question</b>		<b>399 (90%)</b>	<b>84 (88%)</b>	<b>246 (91%)</b>



## Appendix H – Community Survey Results – Preferences between the Two Candidate Locations among Residents, Employees, Business Owners, & Students

This section reviews the sub-group analyses for resident, employee, business owner, and student respondents as it relates to preferences between the two candidate locations. Please note that results for N9A business owners and students could not be reported due to the small sample sizes and/or a low number of endorsements for certain response options.

Table 36 – Preferences between the Two Candidate Locations (Residents, Employees, Business Owners, and Students)								
<i>QF2 – If selected, which of the two possible locations would you rather be chosen for a CTS facility in Windsor?</i>								
Response Option	Number (%) of Resident Sample		Number (%) of Employee Sample		Number (%) of Business Owner Sample		Number (%) of Students	
	All Residents (N=442)	N9A Residents (N=95)	All Employees (N=270)	N9A Employees (N=97)	All Business Owners (N=40)	N9A Business Owners (N=15)	All Students (N=33)	N9A Students (N=2)
<b>101 Wyandotte Street East</b>	57 (13%)	13 (14%)	33 (12%)	11 (11%)	4 (10%)	----	7 (21%)	----
<b>628 Goyeau Street</b>	84 (19%)	23 (24%)	52 (19%)	22 (23%)	5 (13%)	----	6 (18%)	----
<b>Equally Support Both Candidate Locations</b>	170 (38%)	20 (21%)	114 (42%)	39 (40%)	12 (30%)	----	16 (48%)	----
<b>No Support for Either Candidate Location</b>	81 (18%)	27 (28%)	40 (15%)	17 (18%)	13 (33%)	----	2 (6%)	----
<b>Don't Know</b>	12 (3%)	2 (2%)	9 (3%)	2 (2%)	0 (0%)	----	0% (0%)	----
<b>Total # (%) of Respondents to Question</b>	<b>404 (91%)</b>	<b>85 (89%)</b>	<b>248 (92%)</b>	<b>91 (94%)</b>	<b>34 (85%)</b>	<b>----</b>	<b>31 (94%)</b>	<b>----</b>

## Appendix I – Mail Chimp Email Distributed to Survey Respondents Requesting a Follow-Up Communication

Email Communication – Disseminated on Tuesday, August 10<sup>th</sup>, 2021

[View this email in your browser](#)



### **Thank you for your participation in the *Consumption & Treatment Services Site-Specific Community Consultation Survey!***

Hello,

The Windsor-Essex County Health Unit (WECHU) is contacting you to follow-up on your participation in the *Consumption & Treatment Services (CTS) Site-Specific Community Consultation Survey* between Thursday, June 17<sup>th</sup> and Friday, July 9<sup>th</sup>. Thank you for participating in the survey and providing your feedback about the two proposed locations for a local CTS facility. The survey is one of the official data collection tools for the community consultation, and all of the responses collected will be reviewed and considered in the next steps of the project.

In your survey responses, you indicated that you would like to be contacted at this email address. The WECHU remains committed to providing timely, accurate, and up-to-date information to the community about the proposed CTS operations at the two possible locations, as well as addressing any additional questions or comments that you may have.

For more information about CTS facilities and local plans for implementing a CTS site, please visit [www.wecoss.ca/cts](http://www.wecoss.ca/cts). On this web page, you will also find answers to some of the most frequently asked questions about CTS facilities.

If you have any additional questions or comments that we may help to address, please reply to this email and our team will get back to you as soon as possible with a response.

Thank you.



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You can [update your preferences](#) or [unsubscribe from this list](#).

## Appendix J – Key Informant Interview Guide

### Site-Specific Stakeholder Interview

**INTERVIEWER:** Thank you for agreeing to take part in this interview to share your thoughts about a Consumption and Treatment Services (CTS) facility in downtown Windsor. This interview should take about 30-60 minutes of your time. Your participation in this interview is strictly voluntary. You do not have to answer any question that you are uncomfortable with and can stop the interview at any time.

As you may be aware, the Windsor-Essex County Health Unit is a partner in the [Windsor-Essex Community Opioid & Substance Strategy](#) (WECOSS), which is a community drug strategy that is moving forward with a project to implement a **Consumption & Treatment Services (CTS)** facility in Windsor's downtown core.

CTS facilities are provided at legally operated, indoor spaces where people come to use their own substances under safe conditions and with the supervision of medically trained workers. These facilities also offer on-site access and referrals to basic medical care, social services, and mental health/substance use treatment.

The WECOSS is interested to gather site-specific feedback about the two possible locations for a CTS facility in downtown Windsor: **101 Wyandotte Street East** and **628 Goyeau Street**. This interview will help will assess key stakeholders' overall thoughts, concerns, and acceptability of a CTS facility at **both** of the possible downtown locations. The feedback that you provide will be used to inform the selection of a potential location for a CTS facility in downtown Windsor. The location that is selected will be submitted through applications to *Health Canada* and the *Ontario Ministry of Health & Long-Term Care* for approval of a local CTS site.

This consultation, in particular the stakeholder interviews, are limited to individuals who work or own a business, or live within a radius of 300meters from the proposed location.

All of your individual responses will be kept confidential. All individual responses from the interviews and the community survey will be combined into aggregate format for the purposes of developing publicly shared reports and other public communication materials (individual responses will NOT be shared). The results from this interview, other elements of the community consultation, and the reports that are developed will be used to apply for a CTS facility in Windsor.

Some of the questions might cause some people to feel upset. There is a list of organizations that you may contact for support, if needed.

#### Do you have any questions about the interview process, today?

1. **First, I would like to know what you see as being potential benefits of establishing a CTS facility at both of the possible locations. What potential benefits (if any) do you anticipate with a possible CTS facility at either location?**
  - A. **Are these potential benefits similar for both 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?**
    - a. *Probes: Would potential benefits include...?*
      - i. *Reduced risks of injury and death from drug-related overdoses*
      - ii. *Reduced risks of drug-related emergency department visits*
      - iii. *Reduced drug use in nearby public spaces, such as parks and public washrooms.*
      - iv. *Reduced rates of publicly discarded needles in nearby public spaces, such as pedestrian walkways*
      - v. *Enhanced community safety*

- vi. *Enhanced uptake of nearby health and social services*
  - b. **Probes:** *What measures do you believe can be taken to help ensure the benefits of a CTS facility at this location?*
  - c. **Probes:** *Do you believe that a CTS site at 101 Wyandotte Street East/628 Goyeau Street would be used by people who inject drugs? If yes/no, please explain.*
  - d. **Probes:** *What other programs or services would you suggest are put into place to help ensure the effectiveness of services provided at the CTS facility in these locations?*
2. **Do you have any concerns about the proposed CTS operations at either of the possible locations? If yes/no, please explain.**
- A. **Are these concerns similar for both 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?**
    - a. **Probes:** *Are you concerned about...?*
      - i. *Increased gatherings of people who use substances and drug dealers within the neighborhood*
      - ii. *Increased drug use in the neighbourhood*
      - iii. *Increased rates of crime and illegal activities in the neighborhood*
      - iv. *Increased rates of publicly discarded needles in nearby public spaces, such as pedestrian walkways*
      - v. *Decreased community safety*
      - vi. *Negative impacts on the reputation or image of the neighbourhood*
      - vii. *Negative impacts on property values in the neighbourhood*
      - viii. *Negative impacts on business operations in the neighbourhood*
3. **IF YES TO #2 – What recommendations (if any) would you offer to address any of the concerns which you have just highlighted about the proposed CTS operations at either of the possible locations?**
- A. **Are these recommendations similar for 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?**
    - i. **Probes:** *Establish a clear communication channel that community members can use on an ongoing basis to voice feedback and concerns about the CTS operations at the location or work with Windsor Police Services to increase policing, security, and traffic flow maintenance at the location.*
4. **Of the two possible locations, which site would you prefer to be selected for a CTS facility in Windsor?**
5. **Do you have any other comments that you would like to share at this time?**

#### De-Brief

Thank you. That's all of the questions! Let's take a look at what our note-taker has written. I'm just going to go over it. If there is something we've missed, feel free to let me know. *[Reviews notes]*.

Thank you so much for your time and feedback. We really appreciate you sharing your thoughts with us. If you have any other questions or concerns or are interested in the results, please feel free to reach out to us via email at [CTSQuestions@wechu.org](mailto:CTSQuestions@wechu.org) or visit [www.wecoss.ca/cts](http://www.wecoss.ca/cts) for ongoing updates and additional information. You can also complete the community consultation survey at [www.wecoss.ca/cts](http://www.wecoss.ca/cts). As well, there is the list of resources available, should you wish to talk to someone about your feelings.

Thank you again!

## Appendix K – Focus Group Guide

### Focus Group Discussion Guide

#### WELCOME & INTRODUCTIONS:

**Moderator:** Welcome and thank you for choosing to participate in this consultation. My name is [Name] and I'm a [title] from [name of agency]. I have one (or some) of my colleagues with us (name of other members) who will be assisting with recording our conversations. Before we proceed, I wish to remind you that your participation in this group is voluntary and anonymous and the information we collect will be analyzed and presented in aggregate form.

As you may be aware, the Windsor-Essex County Health Unit is a partner in the [Windsor-Essex Community Opioid & Substance Strategy](#) (WECOSS), which is a community drug strategy that is moving forward with a project to implement a **Consumption & Treatment Services (CTS)** facility in Windsor's downtown core.

CTS facilities are provided at legally operated, indoor spaces where people come to use their own substances under safe conditions and with the supervision of medically trained workers. These facilities also offer on-site access and referrals to basic medical care, social services, and mental health/substance use treatment.

The WECOSS is interested to gather site-specific feedback about the two possible locations for a CTS facility in downtown Windsor: **101 Wyandotte Street East** and **628 Goyeau Street**. This focus group will help to assess key stakeholders' overall thoughts, concerns, and acceptability of a CTS facility at **both** of the possible downtown locations. The results of this focus group and the feedback that you provide will be used to inform the selection of a potential location for a CTS facility in downtown Windsor. The location that is selected will be submitted through applications to *Health Canada* and the *Ontario Ministry of Health & Long-Term Care* for approval of a local CTS site.

While we encourage everyone to participate, you may refuse to answer any question that you do not feel comfortable with or to withdraw from this session at any time. There are no wrong answers, but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. We are interested in both the positive and negative comments. Some of the questions or discussion might cause some people to feel upset. There is a list of organizations that we can help to refer you to for support, if needed.

**Before we get started, I would like to provide some ground rules, so that we can have an open and respectful discussion.**

- We ask that you turn off your phones or put them on silent.
- We also ask participants to respect each other's confidentiality and not share what is said in the group. We ask that you do not use your name or others' name in the group if you know them.
- We also ask that:
  - Only one person talks at a time.
  - We respect each other.
  - You seek to understand and ask questions.
- My role is to:
  - Guide you through conversation.
  - Make sure everyone has a chance to talk.
  - Keep us on topic and on time.
  - Make sure that the note taker has what they need.

**Does anyone have any questions about the process before we get started?**



## QUESTIONS

1. First, I'll like to know your perceptions about the extent of drug use in Windsor's downtown?
2. What potential benefits (if any) do you anticipate with a possible CTS facility at either location?
  - A. Are these potential benefits similar for both 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?
    - a. **Probes:** *Would potential benefits include...?*
      - i. *Reduced risks of injury and death from drug-related overdoses*
      - ii. *Reduced risks of drug-related emergency department visits*
      - iii. *Reduced drug use in nearby public spaces, such as parks and public washrooms.*
      - iv. *Reduced rates of publicly discarded needles in nearby public spaces, such as pedestrian walkways*
      - v. *Enhanced community safety*
      - vi. *Enhanced uptake of nearby health and social services*
    - b. **Probes:** *What measures do you believe can be taken to help ensure the benefits of a CTS facility at these locations?*
    - c. **Probes:** *Do you believe that a CTS site at 101 Wyandotte Street East/628 Goyeau Street would be used by people who inject drugs? If yes/no, please explain.*
    - d. **Probes:** *What other programs or services would you suggest are put into place to help ensure the effectiveness of services provided at the CTS facility in these locations?*
3. Do you have any concerns about the proposed CTS operations at either of the possible locations? If yes/no, please explain.
  - A. Are these concerns similar for both 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?
    - a. **Probes:** *Are you concerned about...?*
      - i. *Increased gatherings of people who use substances and drug dealers within the neighborhood*
      - ii. *Increased drug use in the neighbourhood*
      - iii. *Increased rates of crime and illegal activities in the neighborhood*
      - iv. *Increased rates of publicly discarded needles in nearby public spaces, such as pedestrian walkways*
      - v. *Decreased community safety*
      - vi. *Negative impacts on the reputation or image of the neighbourhood*
      - vii. *Negative impacts on property values in the neighbourhood*
      - viii. *Negative impacts on business operations in the neighbourhood*
4. **IF YES TO #3** – What recommendations (if any) would you offer to address any of the concerns which you have just highlighted about the proposed CTS operations at either of the possible locations?
  - A. Are these recommendations similar for 101 Wyandotte Street East and 628 Goyeau Street, or do they differ at all by location?
    - i. **Probes:** *Establish a clear communication channel that community members can use on an ongoing basis to voice feedback and concerns about the CTS operations at the location or work with Windsor Police Services to increase policing, security, and traffic flow maintenance at the location.*
5. Of the two possible locations, which site would you prefer to be selected for a CTS facility in Windsor?
6. Do you have any other comments that you would like to share at this time?



## De-Brief

Thank you, that's all of the questions! Let's take a look at what our note-taker has written. I'm just going to go over it. If there is something we've missed, feel free to let me know. *[Reviews notes]*.

Thank you so much for your time and feedback. We really appreciate you sharing your thoughts with us. If you have any other questions or concerns, or are interested in the results, please feel free to reach out to us via email at [CTSQuestions@wechu.org](mailto:CTSQuestions@wechu.org) or visit [www.wecoss.ca/cts](http://www.wecoss.ca/cts) for ongoing updates and additional information. You can also complete the community consultation survey at [www.wecoss.ca/cts](http://www.wecoss.ca/cts). As well, there is the list of resources available, should you wish to talk to someone about your feelings.

Thank you again!

## Appendix L – WECHU’s Social Media Calendar for the Virtual Town Hall Meetings

### Consumption & Treatment Services – Social Media Posts

Include WECOSS logo as the image with each post.

Link to registration page: <https://cts-town-hall.eventbrite.ca>

Proposed Date	Post
July 26	Consumption & Treatment Services are a strategy to reduce the number of emergency room visits and overdose deaths from substance use. Experts will answer your questions about the two proposed sites in Windsor during online Town Hall meetings. To join a session, register here <a href="#">CTS Town Hall</a>
July 28	Do you have questions about the two proposed Consumption & Treatment Service sites in Windsor? Join an online Town Hall to get more information and answers from a panel of experts. There are four sessions to choose from between August 3 - 6. To join a session, register here <a href="#">CTS Town Hall</a>
July 30	Two sites have been proposed for a Consumption & Treatment Service facility in Windsor. A panel of experts are hosting online Town Hall meetings to answer questions from the community. If you would like to join a session, register here <a href="#">CTS Town Hall</a>
Aug 2	Do you have questions about the two proposed Consumption & Treatment Service sites? Join an online Town Hall to get more information and answers from a panel of experts. If you would like to join a session, register here <a href="#">CTS Town Hall</a>
Aug 4	Two sites have been proposed for a Consumption & Treatment Service facility in Windsor. A panel of experts are hosting online Town Hall meetings to answer questions from the community. There are two remaining sessions to choose from. If you would like to join a session, register here <a href="#">CTS Town Hall</a>
Aug 5	Experts are ready to answer your questions about the two proposed sites for a Consumption & Treatment Service facility in downtown Windsor. This is your last chance to register for the final online Town Hall meeting, taking place tomorrow. To join the session, register here <a href="#">CTS Town Hall</a>
	Suggested hashtags for Twitter (character count pending): #wecoss #harmreduction #saferuse #cts #recovery #treatmentservices

## Appendix M – Promotional Message Shared with the WECOSS Leadership Committee & WECOSS Pillar Working Groups regarding the Virtual Town Hall Meetings

### Email Disseminated on Tuesday, July 27<sup>th</sup>, 2021

#### Email Title – Please Share – Consumption & Treatment Services Virtual Town Halls – Social Media Calendar and Information Post Card

Good morning [Name of Committee],

We are currently completing our community consultations as part of our Consumption and Treatment Services (CTS) facility application. Our next step is to host virtual town hall meetings with the public. The virtual town halls will feature a panel of experts that will provide information about CTS facilities, review the two potential site locations, and answer questions from the community. These town hall meetings will complete the community consultations and data gathering, and will aid our final site selection and application.

We hope that you will be able to share information about the town halls through your networks and social media platforms. **Social media posts will run from Monday, July 26<sup>th</sup> to Thursday, August 5<sup>th</sup>.** We have prepared a social media calendar (**attached**), which you can select to use on your own social media accounts or to re-tweet or re-post from the WECHU's account. Additionally, a **postcard** with information about the town halls has been created that you are welcome to share with your clients, or others that you feel would be interested in attending an event (**attached**).

The four virtual town hall sessions are scheduled to take place on the following dates and times via Zoom.

Tuesday, August 3 <sup>rd</sup>	6 – 7:30 pm
Wednesday, August 4 <sup>th</sup>	9 – 10:30 am
Thursday, August 5 <sup>th</sup>	6 – 7:30 pm
Friday, August 6 <sup>th</sup>	12 – 1:30 pm

The Health Unit has issued a media release, promoting the town halls to the public, to coincide with the social media posts.

We thank you for helping to get this important information out to your networks and the community.

Alexis

## Appendix N – Virtual Town Hall Meeting Post Card

### WINDSOR'S CONSUMPTION AND TREATMENT SERVICE SITE SELECTION

If you have questions,  
we want to answer them!



Join one of the four online Town Hall meeting to have your questions answered by a panel of experts between August 3 and August 6, 2021.

For a list of dates and times, and to register for the event, visit [www.wecoss.ca](http://www.wecoss.ca)



Two sites are proposed for a Consumption and Treatment Service site in Windsor:  
**101 Wyandotte Street East**  
AND **628 Goyeau Street**

Contact [CTSQuestions@wechu.org](mailto:CTSQuestions@wechu.org) with questions or for help registering.

#### WHAT IS A CONSUMPTION AND TREATMENT SERVICE (CTS) SITE?

A CTS is a safe space for a person to use substances under the supervision of trained staff. CTS sites are a harm reduction strategy to lower the risks associated with substance use, keeping people who use substances alive, safe, and healthy.

#### They help the community by:

- Reducing the rates of emergency room visits, drug overdoses, and deaths
- Reducing the risk factors leading to the spread of infectious diseases
- Improving neighbourhood safety with less public drug use and discarded drug supplies

To learn more about CTS facilities, please visit [www.wecoss.ca/cts](http://www.wecoss.ca/cts)



WINDSOR-ESSEX  
COMMUNITY  
OPIOID &  
SUBSTANCE  
STRATEGY

[www.wecoss.ca](http://www.wecoss.ca)





# Consumption & Treatment Services (CTS) Site-Specific Community Consultations Executive Summary Report

## The Local Opioid & Drug Overdose Crisis

Over the last five years, opioid and drug-related morbidity and mortality trends have continued to rise at alarming rates across Windsor-Essex County (WEC):

- ✚ **358 opioid-related emergency department visits** were reported in WEC for 2020, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108).<sup>1</sup>
- ✚ **68 opioid-related deaths** were reported locally in 2020, which represents the highest number of annual opioid deaths in WEC since reporting began in 2005.<sup>1</sup>

In response to the worsening opioid and drug overdose crisis in WEC, the *Windsor-Essex Community Opioid & Substance Strategy* (WECOSS) has moved forward with a project to implement a **Consumption & Treatment Services (CTS)** facility in the City of Windsor.

### *What is a CTS Facility?*

- ✚ A **harm reduction strategy** aimed at reducing the risks associated with substance use and preventing opioid-related injuries and deaths in the community
- ✚ A **legally operated, indoor facility** where people come to use their own pre-obtained substances under safe conditions, with the supervision of medically trained workers, and with on-site access and/or referrals to basic medical care, social services, and mental health/substance use treatment

[Research in Canada](#) shows that supervised consumption services (SCS) (now referred to as consumption and treatment services under the Ontario Ministry of Health model) can have many health and social benefits for both people who use substances and the larger community and can help to **save lives**.<sup>2</sup>

### *Did We Consult the Community?*

Yes. In 2018 and 2019, the Windsor-Essex County Health Unit (WECHU) conducted a series of community consultations to gather feedback from members of the community about the overall feasibility and need for a Supervised Injection Services (SIS) facility (now referred to as CTS facilities under the Ontario Ministry of Health model) in WEC. Key findings outlined in the [SIS Community Consultations Report](#) demonstrated local support for an SIS in the City of Windsor:<sup>3</sup>

- ✚ **61%** of community members who responded to the online survey (N=2520) said that an SIS would be helpful to WEC.
- ✚ **A majority** of survey respondents who identified as a person who injected drugs (N=99) said that they would consider using a local SIS if it were available (**71%** said “**yes**”; **7%** said “**maybe**”).

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<sup>1</sup> Public Health Ontario (PHO). (2021). Interactive Opioid Tool – Opioid Related Morbidity and Mortality in Ontario. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed October 13<sup>th</sup>, 2021.

<sup>2</sup> Health Canada. (2021). Supervised consumption sites and services: Explained. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>.

<sup>3</sup> Windsor-Essex County Health Unit. (2019). *Supervised Injection Services Community Consultations Report*. Retrieved from <https://www.wechu.org/sis-community-consultation-reports>.

- ✚ Many of the respondents thought that the area of the downtown core in Windsor would be a well-served location for a local SIS.

## CTS Site Selection & Application Process

Subsequent to the release of the *SIS Community Consultations Report*, the WECHU, with the support of the *CTS Stakeholder Advisory Committee*, determined two candidate locations for a potential CTS in Windsor’s downtown core – [101 Wyandotte Street East](#) & [628 Goyeau Street](#).

### *How Were the Candidate Locations Selected?*

- ✚ An extensive consultation and communication process with local property owners
- ✚ With adherence to the mandatory site requirements outlined in the *Health Canada* and *Ontario Ministry of Health* application documents for the creation and approval of a local CTS/SCS, as well as to complementary eligibility criteria established by the *CTS Stakeholder Advisory Committee*
- ✚ **Crime Prevention through Environmental Design (CPTED) Audits** (Windsor Police Services, 2021) found that both of the candidate sites would lend themselves sufficiently to establishing manageable “Safe Consumption Zones”

## The CTS Site-Specific Community Consultation

As such, the WECOSS launched a site-specific community consultation on June 17<sup>th</sup> of 2021 to gather feedback from members of the community about the overall feasibility and acceptability of establishing a potential CTS at either of the candidate locations. The input collected through the community consultation would be used to inform the selection of one optimal location to submit through applications to the federal and provincial governments for approval. A four-phased, multi-pronged data collection approach was employed as part of the comprehensive community consultation plan:

- ✚ A community survey with a total of **448 survey responses**
- ✚ **13 key informant interviews** with business and agency stakeholders operating within a defined radius from the sites (Note: At the time of this publication, **12** of the 13 key informants had provided their authorization to include their feedback within the final, public reporting materials in aggregate format)
- ✚ **7 focus groups** with area stakeholder groups
- ✚ **3 Virtual Town Hall meetings** that allowed community members to ask questions and voice concerns to a panel of expert speakers. In total, **53 community members** registered to participate.

### *What Did We Hear from the Community?*

Key findings collected through the site-specific community consultations yielded local support and emphasized the need for the creation of a potential CTS at either of the candidate locations. Nonetheless, based on the feedback collected, **628 Goyeau Street** was identified as the **preferred or optimal location** for a local CTS site.

## Community Survey Results

- ✚ A **majority of respondents** indicated that they would **provide at least some degree of support** for a potential CTS at **628 Goyeau Street (68%)** and/or **101 Wyandotte Street East (67%)**.
- ✚ While respondents most frequently indicated that they would provide equal support for a CTS at either of the candidate locations (39%), **19% preferred 628 Goyeau Street**, and **13% preferred 101 Wyandotte Street East**. **Nineteen percent (19%)** indicated that they **did not support or prefer** either location.





- ✦ Of respondents who either lived, worked, owned a business, and/or went to school in the downtown core (N=168), **31%** equally supported both locations, **22% preferred 628 Goyeau Street**, and **14% preferred 101 Wyandotte Street East**. **Twenty-three percent (23%)** indicated that they **did not support or prefer** either location.

### *Key Informant Interview & Focus Group Results*

- ✦ A **majority of key informants and focus groups** demonstrated **openness or support** towards establishing a potential CTS at one or both of the candidate sites, with very few expressing strong opposition towards either location.
- ✦ Predominantly, many of the participants cited **greater advantages** to establishing a potential CTS at **628 Goyeau Street** due to the **lighter traffic flow** surrounding the location and the **less visible nature** of the site:
  - Less risks of pedestrian and vehicular-related injuries and traffic disruptions
  - Greater privacy for potential service users
  - Mitigates concerns related to neighbourhood image/reputation and revitalization efforts
- ✦ While **3** of the key informants **equally supported** both locations, **4 preferred 628 Goyeau Street**, and **3 preferred 101 Wyandotte Street East**. **Two** of the key informants expressed **strong opposition** towards either location (did not support or cite a preference for either location).
- ✦ **Five of the seven focus groups** reached a **consensus** or a general agreement that **628 Goyeau Street** is or may be the **preferred, optimal, or more beneficial location** for a potential CTS in downtown Windsor.

### *Next Steps*

- ✦ The WECHU, with the support of the *CTS Stakeholder Advisory Committee*, will present the consultation findings to the City of Windsor Council and seek municipal endorsement to apply for and create a CTS at 628 Goyeau Street.
- ✦ Pending approval from the City of Windsor Council, the WECHU, in partnership with *the CTS Stakeholder Advisory Committee*, will submit the *Health Canada* and *Ontario Ministry of Health* applications for approval of a CTS at 628 Goyeau Street.
- ✦ Should the WECHU receive approval from the federal and provincial governments to establish the proposed CTS, the WECHU will transfer grant funds to the Windsor-Essex Community Health Centre (WECHC) to assume the primary responsibilities of operating the services delivered at the site once operationalized. Pozitive Pathways Community Services (PPCS) will be responsible for embedding the PPCS Needle Syringe Program into the direct operations of the site.

## WINDSOR-ESSEX COUNTY BOARD OF HEALTH

### RECOMMENDATION/RESOLUTION REPORT

#### CONSUMPTION & TREATMENT SERVICES – SITE-SPECIFIC COMMUNITY CONSULTATION STATUS UPDATE

SEPTEMBER 2021

#### ISSUE

The WECHU, in partnership with representatives on the advisory committee and the *Windsor-Essex Community Opioid & Substance Strategy*, launched a site-specific community consultation on June 17<sup>th</sup> of 2021 to gather community feedback about two candidate locations for a local Consumption and Treatment Services (CTS) facility. The purpose of the site-specific community consultation was to understand community perceptions about the feasibility and acceptability of a potential CTS facility at either of the candidate locations. The comprehensive community consultation plan encompassed several components for engaging the community:

- A widely promoted public survey with a total of 448 survey responses
- 13 key informant interviews with businesses and agency stakeholders within a defined radius from the sites
- 7 focus groups with area stakeholder groups
- 3 Virtual Town Hall meetings that allowed community members to ask questions and voice concerns to a panel of eight expert speakers. Fifty-three (53) community members registered to participate.

#### BACKGROUND

After an extensive search and consultation with local property owners, the WECHU with support of the CTS advisory committee, identified two candidate locations for a potential CTS facility in Windsor's downtown core – **101 Wyandotte Street East** and **628 Goyeau Street**. Both of the candidate locations satisfied each of the mandatory and complementary requirements for an eligible site, and both are situated in the preferred neighbourhood (N9A) identified through the initial *Safe Injection Services Community Consultations Report*. Prior to facilitating the community consultation process, crime prevention through environmental design audits (CPTED) were completed by Windsor Police Services in order to determine the safety of the candidate locations, and to guide any mitigating interventions for improving the surrounding safety of the sites and discouraging criminal activity. Through the CPTED audits, it was determined that the placement and orientation of both site locations would lend themselves sufficiently to establishing a manageable "*Safe Consumption Zone*" whereby public safety can be maintained with any risks identified to be mitigated. The WECHU proposed the two candidate locations to the Board of Health on June 17<sup>th</sup> of 2021, and a resolution was passed in support of the completion of the site-specific community consultation as focused to the assessment of these two potential sites.

The results from the community consultation yielded local support for a potential CTS facility at both of the candidate locations. A majority of survey respondents indicated that they would provide at least some degree of support for a CTS facility at 101 Wyandotte Street East (67%) and/or 628 Goyeau Street (68%). Relatedly, respondents most frequently indicated that they would provide equal support for a CTS facility at both of the candidate locations (39%), while 19% preferred 628 Goyeau Street and 13% preferred 101 Wyandotte Street East. Nineteen percent (19%) of all survey respondents did not support or prefer either location. Survey respondents who identified as living, working, owning a business, or going to school in the N9A postal code area (N=126) responded with similar perceptions to the full sample, with

33% providing equal support for both locations, 22% preferring 628 Goyeau Street, and 13% preferring 101 Wyandotte Street East. Nineteen percent (19%) of respondents in the N9A postal code area did not support or prefer either location.

Majority of the key informant interview and focus group participants demonstrated openness or support to a CTS facility at one or both of the proposed locations, with few expressing strong opposition to either location. Although many of the participants noted minimal differences between the two locations, the primary differentiators in terms of perceived benefits and concerns were tied to the traffic flow surrounding the locations and the visibility of the sites. Many of the participants cited that 628 Goyeau Street is a less visible and lower traffic area compared to 101 Wyandotte Street East, with the perceived advantages of being a safer site option with less risks of pedestrian and vehicular-related injuries or traffic disruptions. Many participants also referenced that 628 Goyeau Street would provide improved privacy for potential service users, many of whom are socially stigmatized and may be deterred by a highly visible and higher traffic location, such as 101 Wyandotte Street East. In contrast, some of the participants highlighted that the visibility of 101 Wyandotte Street East would be particularly advantageous for enhancing observation capabilities and ensuring the safety and security of the surrounding areas. Overall, five of the seven focus groups reached a consensus of 628 Goyeau Street being the preferred or superior location, while 31% of key informants equally supported both locations, 31% preferred 628 Goyeau Street, and 23% preferred 101 Wyandotte Street East. Fifteen percent (15%) of key informants did not prefer either location.

The results collected through the consultation will be interpreted extensively by the WECHU and the *CTS Stakeholder Advisory Committee* to inform mitigating strategies to address the cited concerns.

### **PROPOSED MOTION**

**Whereas**, Opioid overdose and opioid related mortality has been declared a public health crisis, and

**Whereas**, Opioid overdose and opioid related mortality is at an all time high in Windsor-Essex, and

**Whereas**, Consumption and Treatment Services have the potential to address opioid overdose and opioid related mortality, and

**Whereas**, the WECHU is required to submit an application for a CTS that includes a site location and an accompanying community consultation, and

**Whereas**, the CTS advisory committee has identified a preferred site based on the results of a comprehensive community engagement process led by the WECHU,

**Whereas**, a formal request to City Council is required in order to present the results of the evaluation and is necessary for an extended presentation time,

**Now therefore be it resolved** that the Windsor-Essex County Board of Health support the recommendation from the CTS Advisory Committee that the WECHU move forward with their application for the site located at 628 Goyeau Street, and

**FURTHER THAT**, the Board of Health support administration to continue with the next steps of the application process which includes seeking City of Windsor council approval for the proposed site, and

**FURTHER THAT**, administration enter into an agreement with the proposed landlord to secure the site for submission of an application.



# Opioid Overdoses and Mortality in Windsor-Essex County 2019-2021

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WINDSOR-ESSEX COUNTY  
**HEALTH UNIT**  
Department of Epidemiology and  
Evaluation



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## Summary

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### Key Findings

- Opioid-related morbidity and mortality have been increasing steadily in Windsor-Essex County over the past several years and are currently at their highest levels ever recorded.
- The onset of the COVID-19 pandemic in Ontario in March 2020 has exacerbated the situation, and substantial increases in opioid-related ED visits, opioid and drug overdose-related Emergency Medical Services (EMS) calls, hospitalizations, and deaths have been observed in the year since.
- Opioid and drug overdose-related EMS calls tend to originate in the municipality of Windsor. The majority of opioid and drug overdose cases that ended up in the emergency department also resided in downtown Windsor.
- Fentanyl and fentanyl analogues have been responsible for the majority of recent opioid-related deaths, including 73.6% in the pre-COVID-19 period and 82.6% in the post-COVID-19 period.



## Background

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Opioid-related morbidity and mortality have emerged as a major public health issue in Canada over the past decade (1), and opioids were responsible for roughly 260 ED visits and 48 deaths in Windsor-Essex County (WEC) in 2019 alone (2). The onset of the global COVID-19 pandemic in March of 2020 has only served to exacerbate the opioid crisis in WEC, negatively impacting the drug using population and driving hospitalizations and deaths to historic levels (1). These local trends are likely influenced by a number of pandemic-related changes, such as physical distancing requirements leading to a greater proportion of this population using drugs alone, along with reduced access to harm reduction, treatment, and other health and social services designed to provide care to people who use drugs (3). Pandemic-related travel restrictions and border measures have also resulted in changes and disruptions to the illicit supply chain, creating an increasingly toxic drug supply and thus intensifying the complexities of reversing overdoses and increasing the risks of harm and death from opioid poisoning (1). Other variables, such as the increased use of substances to cope with pandemic-related stress, anxiety, and social isolation, reduced access to social support networks, and changes in employment, financial, and living conditions resulting from the pandemic, are likely to be contributing factors (4).

As such, at this critical juncture, the need for a local [Consumption & Treatment Services \(CTS\)](#) facility, also known as a Supervised Consumption Services (SCS) facility, is more apparent now than ever before. A CTS facility is one of many harm reduction approaches aimed at reducing the risks associated with substance use and keeping people who use substances alive, safe, and healthy while they continue to use. These facilities are provided at legally operated, indoor spaces where people come to use their own pre-obtained substances under safe conditions and with the supervision of medically trained workers. Research in Canada demonstrates that supervised consumption services (SCS) (now referred to as consumption and treatment services under the Ontario Ministry of Health's CTS model) help to prevent deaths and save lives from drug overdoses and create pathways for people who use drugs to access additional health and social services (5). In fact, between 2017 and 2019, SCS sites across Canada responded to approximately 15,000 overdoses and drug-related medical emergencies with no reported fatalities on-site, and facilitated approximately 70,000 referrals to substance use treatment, medical care, mental health support, housing services, and other health and social services at the facilities (5).

The Windsor-Essex County Health Unit (WECHU), in collaboration with partners involved in the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)* and the *CTS Stakeholder Advisory Committee*, has completed a two-phased series of comprehensive community consultations (2018 – 2021) that yielded local support and emphasized the need for the creation of a CTS at 628 Goyeau Street in the City of Windsor (6) (7). To augment the consultation findings, the following report summarizes rising trends in opioid-related morbidity and mortality in WEC over time, focusing specifically on changes observed before and after the pandemic. The findings highlight the severity of the opioid epidemic in WEC and reinforce the need for additional, life-saving supports for people who use drugs in the community, including a local CTS.



## Methods

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### Data Sources

The data presented in this report was drawn from a variety of sources, including the National Ambulatory Care Reporting System (NACRS) (8), the Discharge Abstract Database (DAD) (9), the Ontario Opioid-Related Death Database (10), the Coroner's Opioid Investigative Aid (11), Acute Care Enhanced Surveillance System (ACES) (12), and Public Health Ontario (PHO)'s Interactive Opioid Tool (2). Local Emergency Medical Services (EMS) (13) and Windsor-Essex Community Opioid and Substance Strategy (WECOSS) data were also used.

### Analysis

Morbidity data, including counts of opioid-related ED visits and hospitalizations, were extracted from PHO's Interactive Opioid Tool (2) and were summarized graphically overall and by age and sex. Opioid related ED visits from January 2017 to October 2021 were also extracted from ACES and mapped by postal code and Forward Sortation Area (FSA) (12). Local EMS calls for drug and/or alcohol overdoses and suspected opioid overdoses were summed from February 2019 to October 2021 and were mapped by pick up municipality (13). Local opioid alerts issued from April 2019 to October 2021 were also summarized. All of the above analyses were also stratified by pre-COVID-19 (April 2019 – March 2020) and post-COVID-19 (April 2020 – March 2021), unless otherwise indicated.

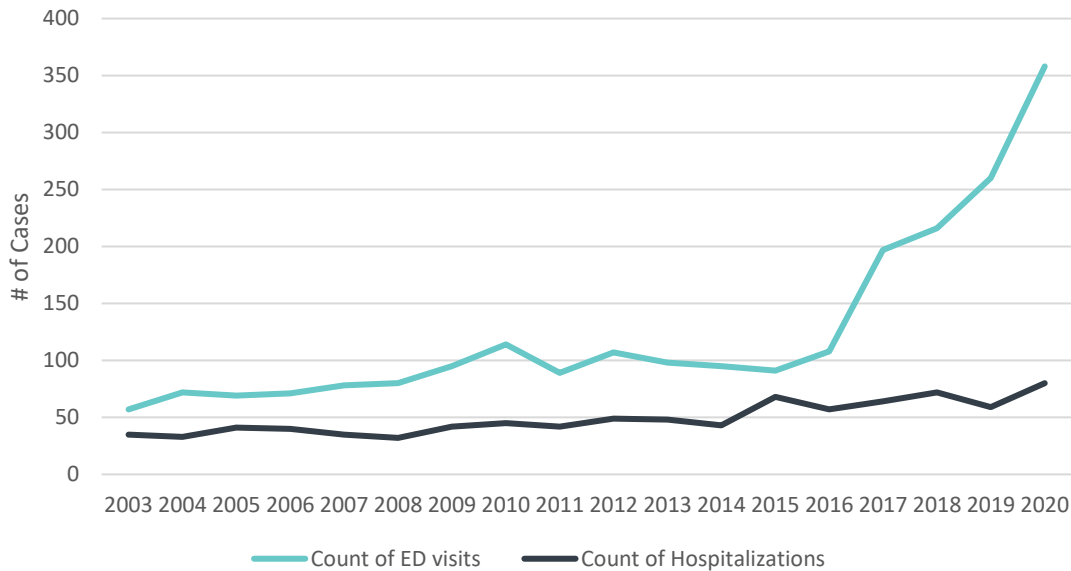
Mortality data was drawn from the Ontario Opioid-Related Death Database (10) and the Coroner's Opioid Investigative Aid (11). The sociodemographic characteristics of individuals who died of an opioid overdose, including age, sex, ethnicity, employment status, and living conditions, as well as death-related characteristics such as type of death, location of death, and type of opioid contributing to death, were summarized using frequencies and percentages. Again, results were stratified by pre-COVID (April 2019 – March 2020) and post-COVID (April 2020 – March 2021) periods and were presented for accidental opioid-related deaths only, except where otherwise indicated.

# Opioid-Related Morbidity

## Overall Trends

Opioid-related morbidity, including both ED visits and hospitalizations resulting from opioid use, has been increasingly steadily in Windsor-Essex County since 2016, and in 2020 the highest number of opioid-related ED visits and hospitalizations recorded since reporting began in 2003 was observed (2). From the pre-COVID-19 period (April 2019-March 2020) to the post-COVID-19 period (April 2020-March 2021), the rate of opioid-related ED visits per 100,000 population increased from 63.52 to 87.86 (14).

**Figure 1.** Opioid-Related ED Visits and Hospitalizations over Time



**Table 1.** Opioid-Related ED Visits in WEC: Pre- and Post-COVID-19

	Pre-COVID-19 (April 2019 - March 2020)	Post-COVID-19 (April 2020 - March 2021)
<b>Opioid-Related ED Visits</b>	266	370*
<b>Rate of ED Visits**</b>	63.52	87.86

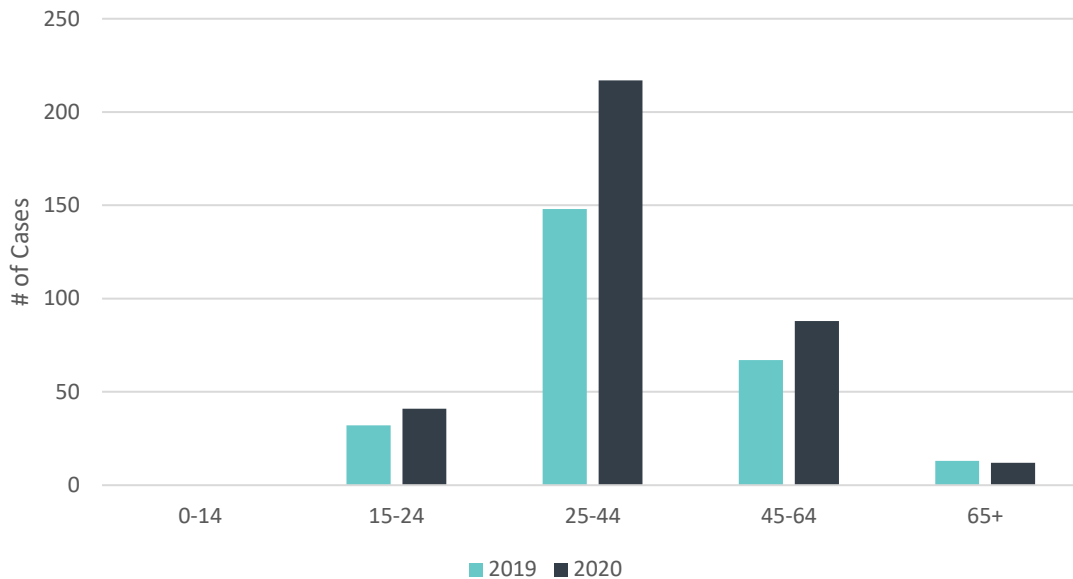
\*ED data for 2021 is preliminary; \*\*Rates are presented per 100,000 population

## Demographic Characteristics

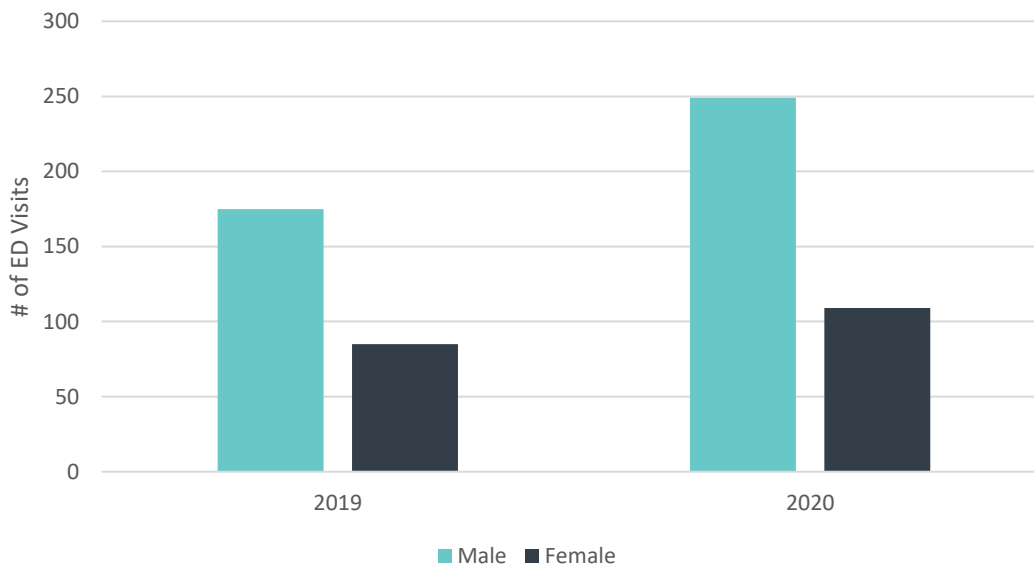
### ED Visits

The sex-distribution of opioid-related ED visits was similar in 2019 and 2020, with males making up the majority of cases in both time periods. Similarly, the largest proportion of ED visits were in individuals aged 25-44 years in both 2019 and 2020, followed by 45-64 years. There were no opioid-related ED visits in children under 15 in either year (2).

**Figure 2.** Age Distribution of Opioid-Related ED Visits in WEC: 2019-2020



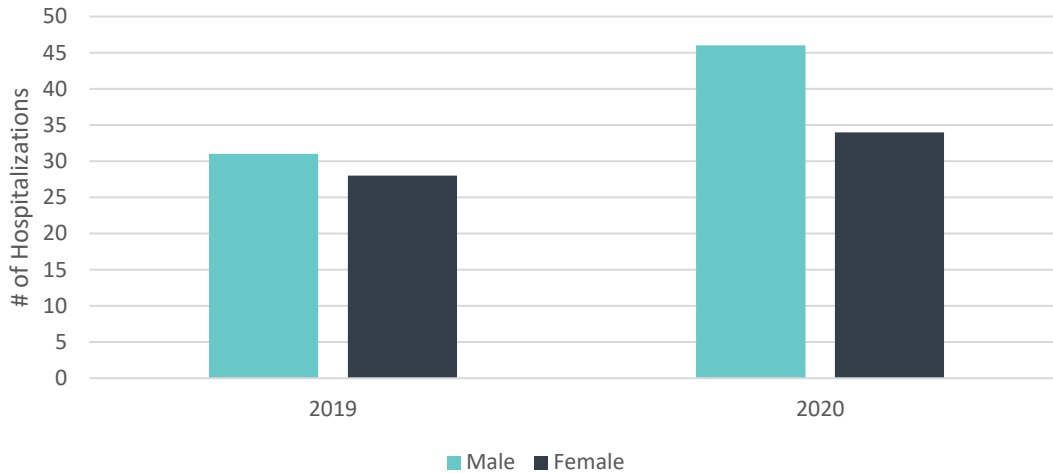
**Figure 3.** Sex Distribution of Opioid-Related ED Visits in WEC: 2019-2020



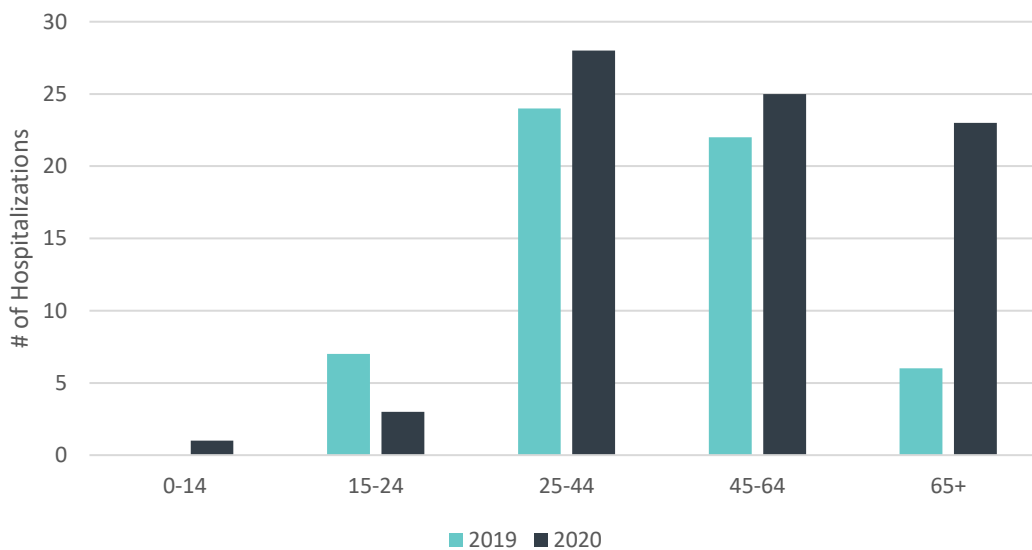
## Hospitalizations

The age and sex distributions of opioid-related hospitalizations were similar to those of ED visits, with hospitalizations most common for males and individuals aged 25-64 across both time periods. Interestingly, there was a decrease in the number of hospitalized patients aged 15-24 in 2020 compared to 2019, while the number of hospitalized patients aged 65+ increased (2).

**Figure 4.** Sex Distribution of Opioid-Related Hospitalizations in WEC: 2019-2020



**Figure 5.** Age Distribution of Opioid-Related Hospitalizations in WEC: 2019-2020



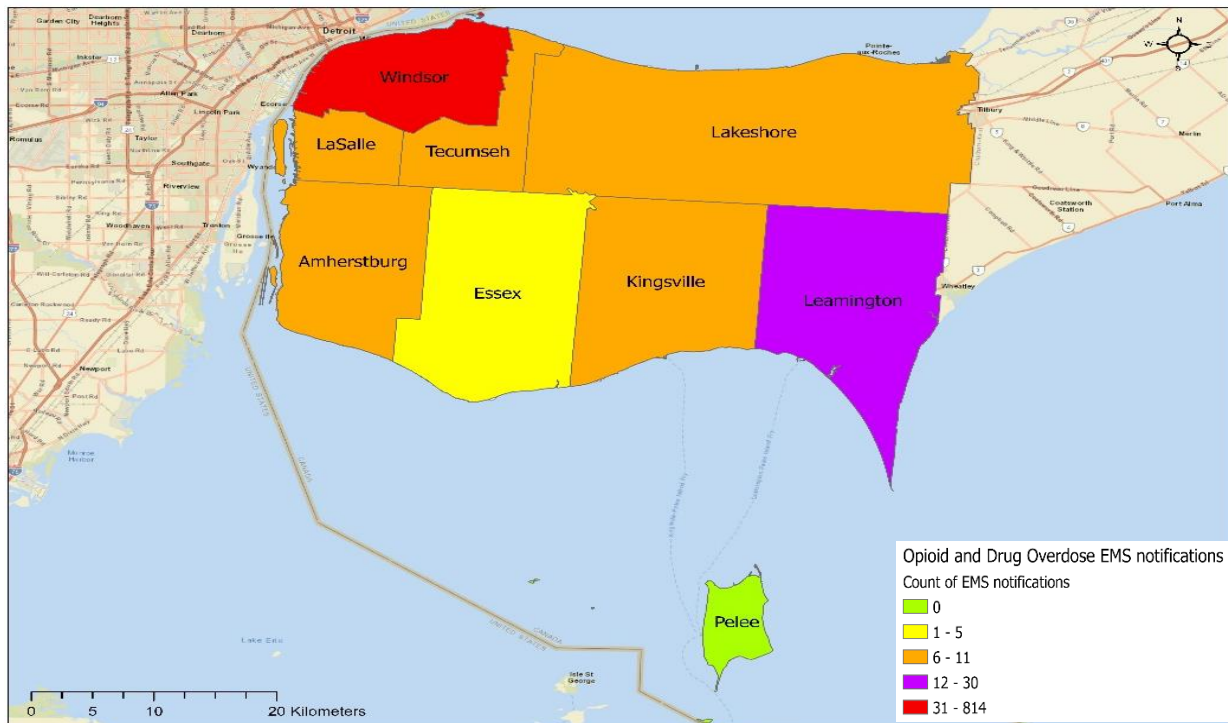


## Community Characteristics

### *EMS calls – Suspected Opioid and Drug Overdose*

Between February 1, 2019 and October 14, 2021, there were 899 suspected opioid and drug-related EMS calls in Windsor and Essex County. Mapping suspected opioid and drug-related EMS calls by municipality revealed the vast majority of calls (90.5%) to be from Windsor (13).

**Figure 6.** Suspected Opioid and Drug Overdose EMS Calls by Municipality: February 2019 - October 2021



**Table 2.** Suspected Opioid and Drug Overdose EMS Calls by Municipality

Suspected Opioid and Drug Overdose EMS calls	
<b>All Municipalities</b>	899 (100%)
<b>Amherstburg</b>	8 (0.9%)
<b>Essex</b>	5 (0.6%)
<b>Kingsville</b>	10 (1.1%)
<b>Lakeshore</b>	10 (1.1%)
<b>LaSalle</b>	11 (1.2%)
<b>Leamington</b>	30 (3.3%)
<b>Tecumseh</b>	10 (1.1%)
<b>Windsor</b>	814 (90.5%)
<b>Missing</b>	1 (0.1%)

A 127% increase in suspected opioid and drug-related EMS calls was observed overall following the emergence of COVID-19, with 166 suspected opioid and drug-related EMS calls pre-COVID, compared to 377 suspected opioid and drug-related EMS calls post-COVID. All municipalities have also seen large percentage increases in the number of suspected opioid and drug-related EMS calls from pre- to post-COVID, with the largest percentage increase observed in Kingsville (500%) and Tecumseh (500%), followed by Lakeshore (200%), Amherstburg (200%), Leamington (120%), Windsor (119%) and LaSalle (100%). Essex did not have any opioid and drug-related EMS calls pre-COVID but had a total of 4 such calls post-COVID (13). It should be noted, however, that with the exception of Windsor, which had 182 more opioid and drug-related EMS calls in the post-COVID-19 period compared to the pre-COVID-19 period, the observed increase in most municipalities were modest in absolute numbers.

During both the pre- and post-COVID time periods, the majority of the suspected opioid and drug-related EMS calls originated in Windsor (92.2% pre-COVID vs 88.9% post-COVID), followed by Leamington (3.0% pre-COVID vs 2.9% post-COVID). In the post-COVID-19 period, however, many of the smaller municipalities (Amherstburg, Essex, Kingsville, Lakeshore, and Tecumseh), had an increased number of calls (13).

**Table 3.** Distribution of Suspected Opioid and Drug Overdose EMS Calls by Municipality: Pre- and Post-COVID-19

	Pre-COVID-19 (April 2019 - March 2020)	Post-COVID-19 (April 2020 - March 2021)	Percentage Change Pre- to Post-COVID- 19
<b>All Municipalities</b>	166 (100.0%)	377 (100.0%)	127.0%
<b>Amherstburg</b>	1 (0.6%)	3 (0.8%)	200.0%
<b>Essex</b>	0 (0.0%)	4 (1.1%)	N/A
<b>Kingsville</b>	1 (0.6%)	6 (1.6%)	500.0%
<b>Lakeshore</b>	2 (1.2%)	6 (1.6%)	200.0%
<b>LaSalle</b>	3 (1.8%)	6 (1.6%)	100.0%
<b>Leamington</b>	5 (3.0%)	11 (2.9%)	120.0%
<b>Tecumseh</b>	1 (0.6%)	6 (1.6%)	500.0%
<b>Windsor</b>	153 (92.2%)	335 (88.9%)	119.0%

**Figure 7. Suspected Opioid and Drug-Related EMS Calls by Municipality - Windsor and Essex County: Pre- and Post-COVID-19**

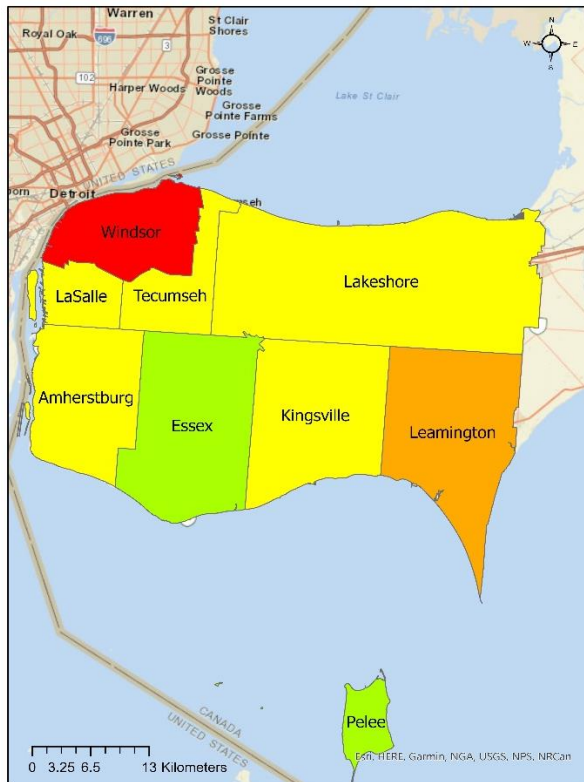
Opioid and Drug Overdose EMS notifications

Count of EMS notifications

- 0
- 1 - 4
- 5 - 6
- 7 - 11
- 12 - 335

Pre-COVID (April 2019-March 2020)

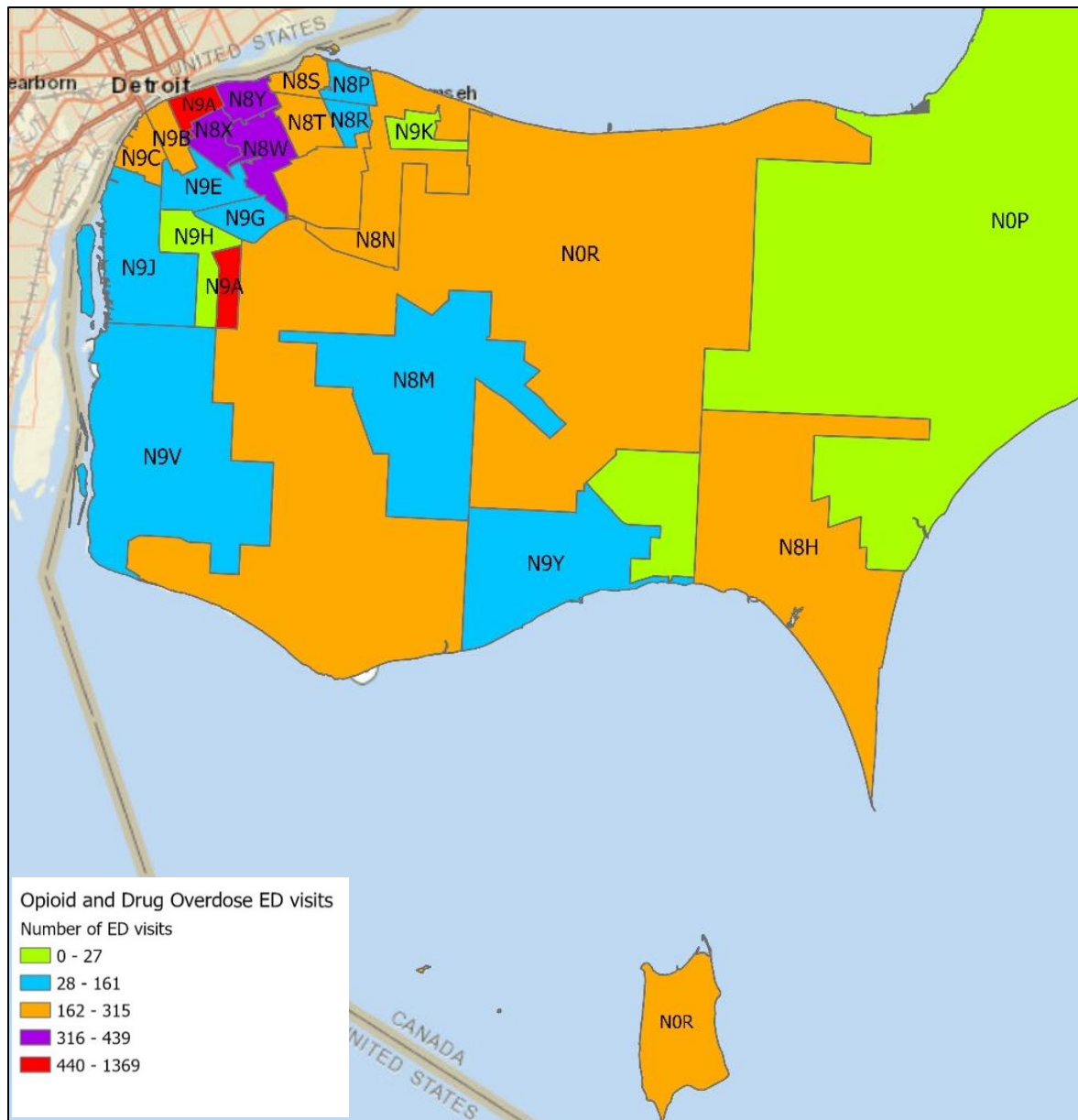
Post-COVID (April 2020-March 2021)



### *Opioid and Other Drug-Related Emergency Department Visits by FSA*

There were a total of 5,527 opioid and other drug-related emergency department visits from January 1 2017 to October 20 2021. A total of 1,369 (24.8%) of these cases resided in FSA N9A, followed by 439 cases (7.9%) residing in N8Y, 413 (7.5%) in N8X and 356 (6.4%) in N8W. As evident from Figure 8, the majority of the opioid and other drug-related cases that ended up in the emergency department were concentrated in the downtown area of Windsor (12).

**Figure 8.** Opioid and Other Drug-Related Emergency Department Visits by FSA in WEC: January 1, 2017 - October 20, 2021



**Table 4.** Opioid and Other Drug-Related Emergency Department Visits by FSA – Windsor and Essex County: Pre- and Post-COVID

	Pre-COVID-19 (April 2019 - March 2020)	%	Post-COVID-19 (April 2020 - March 2021)	%	Percentage Change Pre- to Post-COVID-19
<b>All FSAs</b>	<b>1379</b>		<b>1404</b>		<b>2%</b>
N0P	10	0.7%	5	0.4%	-50%
N0R	71	5.1%	70	5.0%	-1%
N8H	80	5.8%	61	4.3%	-24%
N8M	19	1.4%	18	1.3%	-5%
N8N	52	3.8%	43	3.1%	-17%
N8P	21	1.5%	19	1.4%	-10%
N8R	43	3.1%	38	2.7%	-12%
N8S	63	4.6%	66	4.7%	5%
N8T	72	5.2%	72	5.1%	0%
N8W	87	6.3%	87	6.2%	0%
N8X	110	8.0%	87	6.2%	-21%
N8Y	118	8.6%	114	8.1%	-3%
<b>N9A</b>	<b>329</b>	<b>23.9%</b>	<b>379</b>	<b>27%</b>	<b>15%</b>
<b>N9B</b>	<b>69</b>	<b>5.0%</b>	<b>108</b>	<b>7.7%</b>	<b>57%</b>
<b>N9C</b>	<b>38</b>	<b>2.8%</b>	<b>69</b>	<b>4.9%</b>	<b>82%</b>
<b>N9E</b>	<b>39</b>	<b>2.8%</b>	<b>42</b>	<b>3.0%</b>	<b>8%</b>
N9G	33	2.4%	24	1.7%	-27%
N9J	50	3.6%	45	3.2%	-10%
N9K	5	0.4%	3	0.2%	-40%
N9V	37	2.7%	28	2.0%	-24%
N9Y	33	2.4%	26	1.9%	-21%

Pre-COVID (April 2019-March 2020), there was a total of 1379 opioid and other drug-related emergency department visits. This increased to a total of 1404 opioid and other drug-related emergency department post-COVID (April 2020-March 2021). This represents a 2% increase from pre- to post-COVID. While a majority of the FSAs have seen a decrease in the number of opioid and other drug-related emergency department visits from pre to post COVID, the burden of these visits has increased drastically in FSAs located in the downtown Windsor area.

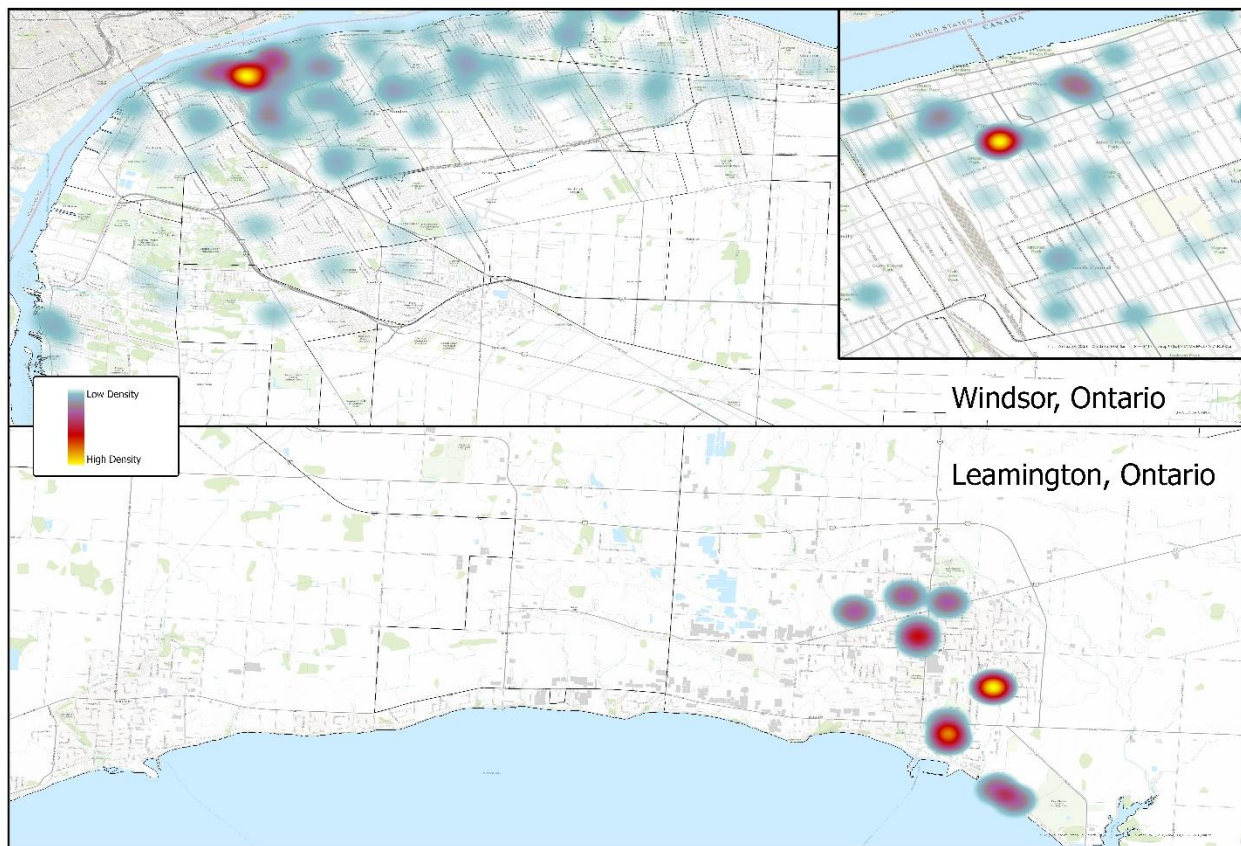
FSA N9C has seen a 82% increase in the number of opioid and other drug-related ED visits, followed by N9B which has seen a 57% increase, N9A which has seen a 15% increase, N9E which has seen a 8% increase and lastly N8S which has seen a 5% increase. Moreover, during both pre- and post-COVID time periods, a majority of the cases that had opioid or other drug-related ED



visits resided in the downtown Windsor area, with most cases stemming from FSA N9A (pre-COVID: 23.9% of all cases; post COVID: 27% of all cases) (12).

In contrast to Figure 8, Figures 9 and 10 focus on specific opioid overdoses. These figures present the distributions of patient residences for those individuals seen in the emergency department for a specific opioid overdose for the pre-COVID (April 2019 – March 2020) and post-COVID (April 2020 – March 2021) periods (8). These distributions are similar to the distribution shown in figure 8 for ED visits that involved any drug misuse, including opioid misuse.

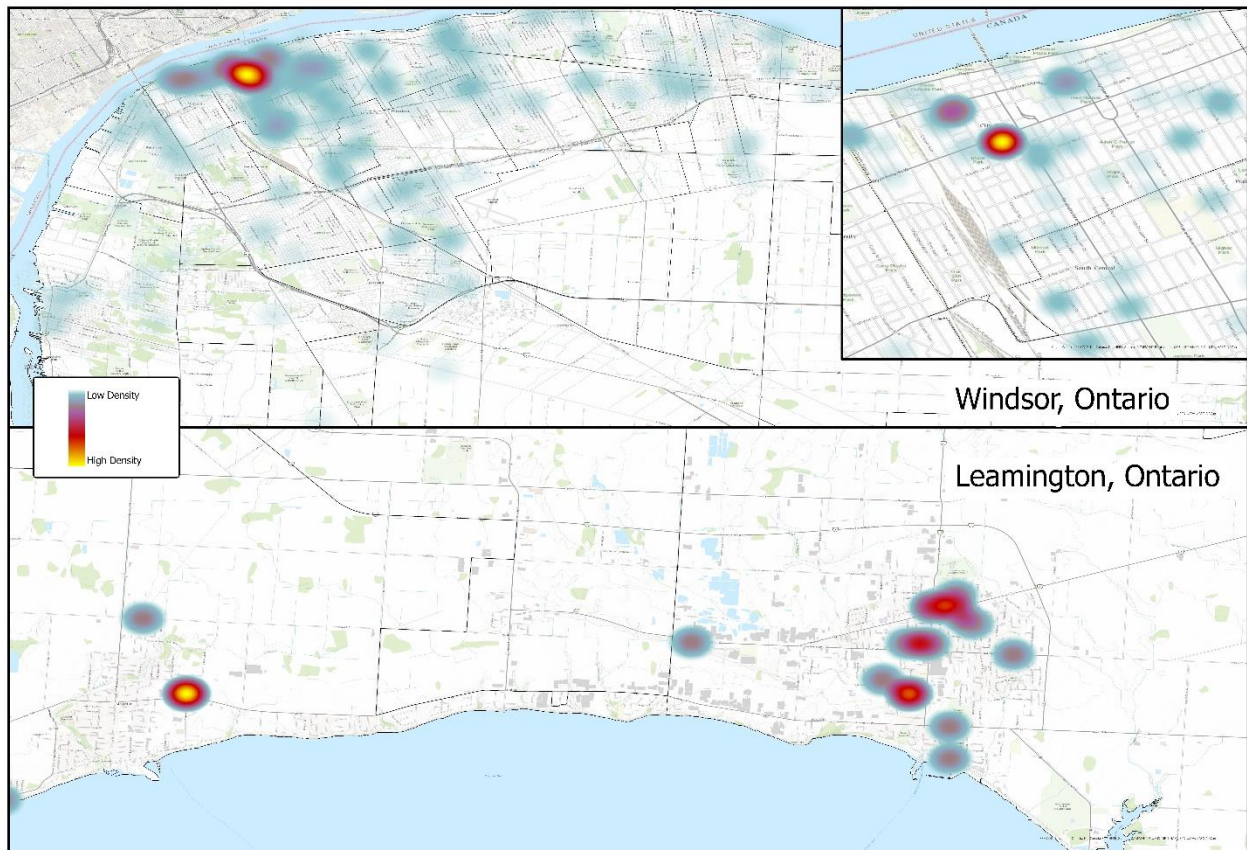
**Figure 9.** Distribution and Density of Opioid-Related Emergency Department Visits in Windsor and Leamington Based on Patient Postal Code: Pre-COVID-19 (April 2019 – March 2020)



The distribution of opioid-related overdoses seen in the ED remained relatively consistent across both the pre-COVID-19 and post-COVID-19 periods, with the majority of patients who visited the ED for an opioid-related overdose residing in the downtown core, followed by a smaller cluster in the municipality of Leamington. Post-COVID-19, however, in addition to the large downtown Windsor cluster, we also saw an increased density of ED visits from residents of other small municipalities, including Kingsville (Figure 10).



**Figure 10.** Distribution and Density of Opioid-Related Emergency Department Visits in Windsor and Leamington Based on Patient Postal Code: Post-COVID-19 (April 2020 – March 2021)

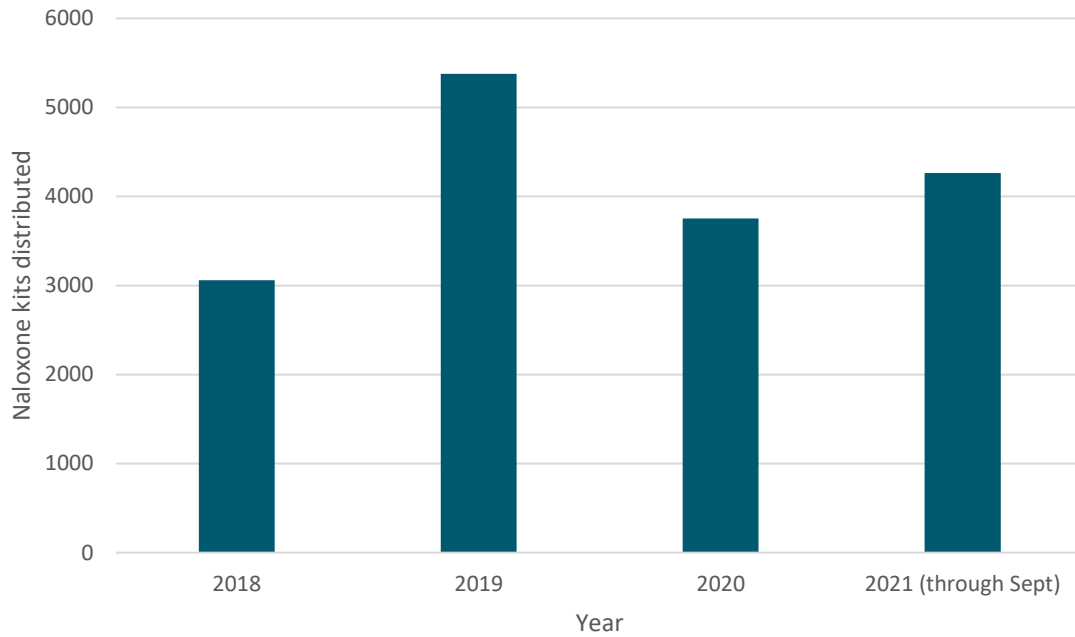


### *Naloxone Usage*

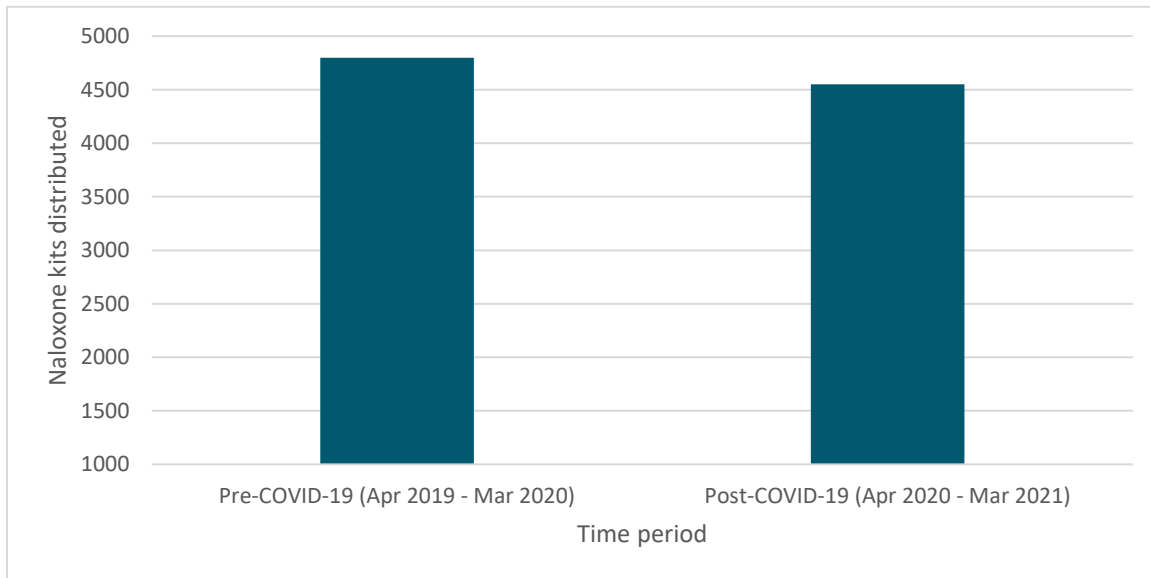
Naloxone kits are distributed in the community by the Windsor Essex-County Health Unit (WECHU), and two community organizations: the Windsor-Essex Community Health Centre and Positive Pathways. The number of kits distributed annually has increased substantially since 2018 (n = 3059), with over 5000 kits distributed in 2019 and over 4000 in 2020.

In terms of pre-COVID and post-COVID counts, figure 11 shows that the number of kits distributed from April 2019 to March 2020 was very slightly higher than the number of kits distributed from April 2020 to March 2021. Thus far in 2021, however, we are on track to surpass even 2019's high levels due to a surging number of kits distributed through September 2021. A total of 4262 kits have been distributed from January through September of 2021 alone.

**Figure 11.** Naloxone Kits Distributed in WEC: January 2018 - September 2021



**Figure 12.** Naloxone Kits Distributed in WEC: Pre-COVID-19 & Post-COVID-19



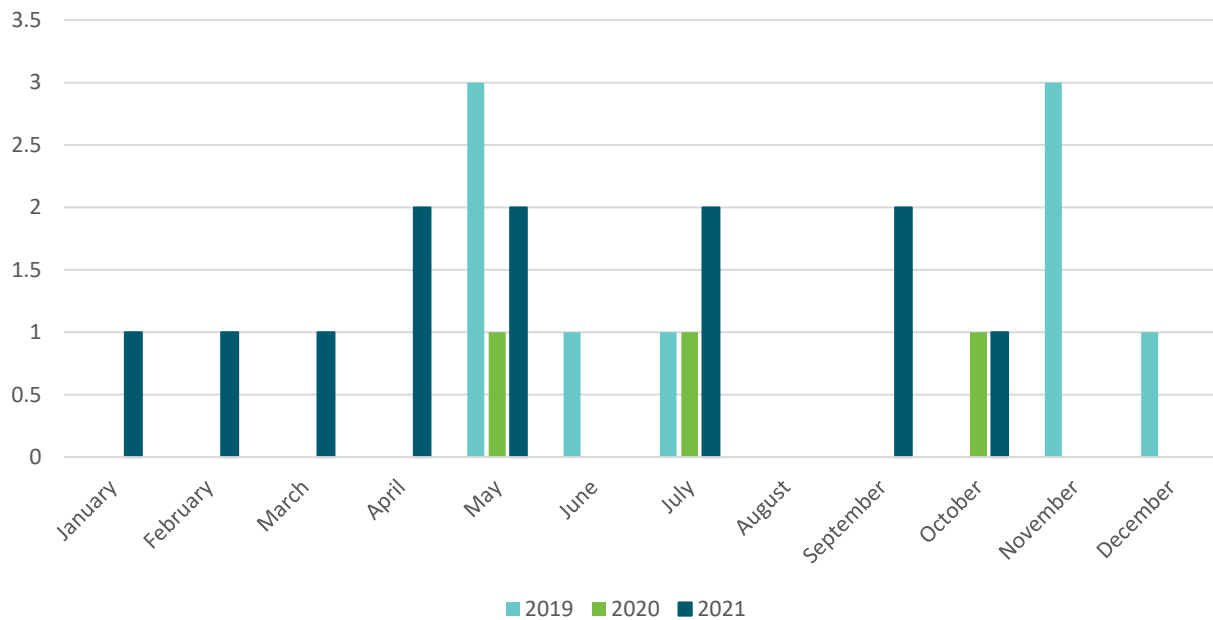
### ***Local Opioid-Related Alerts***

The Windsor-Essex County Health Unit’s surveillance and monitoring system used both the Acute Care Enhanced Surveillance Application (12) and local hospital data to assess levels of substance misuse in general, as well as opioid use and overdose more specifically each day. When the number of substance misuse cases identified by ACES and the number of opioid overdoses

identified by hospitals reaches atypically high levels, a recommendation is made to the Windsor-Essex Community Opioid & Substance Strategy (WECOSS) Team to issue a community alert.

In the year prior to COVID-19 (April 2019 – March 2020), there were 9 alerts issued in WEC, suggesting that substance misuse and opioid overdoses were an issue before the pandemic. Six alerts were issued in the post-COVID period (April 2020 – March 2021), and an additional 9 alerts were issued between April 2021 and October 2021, indicating an acute rise in opioid activity in the past 6 months. With the exception of June and August, there has been an alert issued every month in 2021 so far, with multiple alerts occurring in 4 of the 10 months (Figure 13).

**Figure 13.** Opioid Alerts by Month: January 2019 - October 2021



**Table 5.** Opioid Alerts in WEC: Pre- and Post-COVID-19

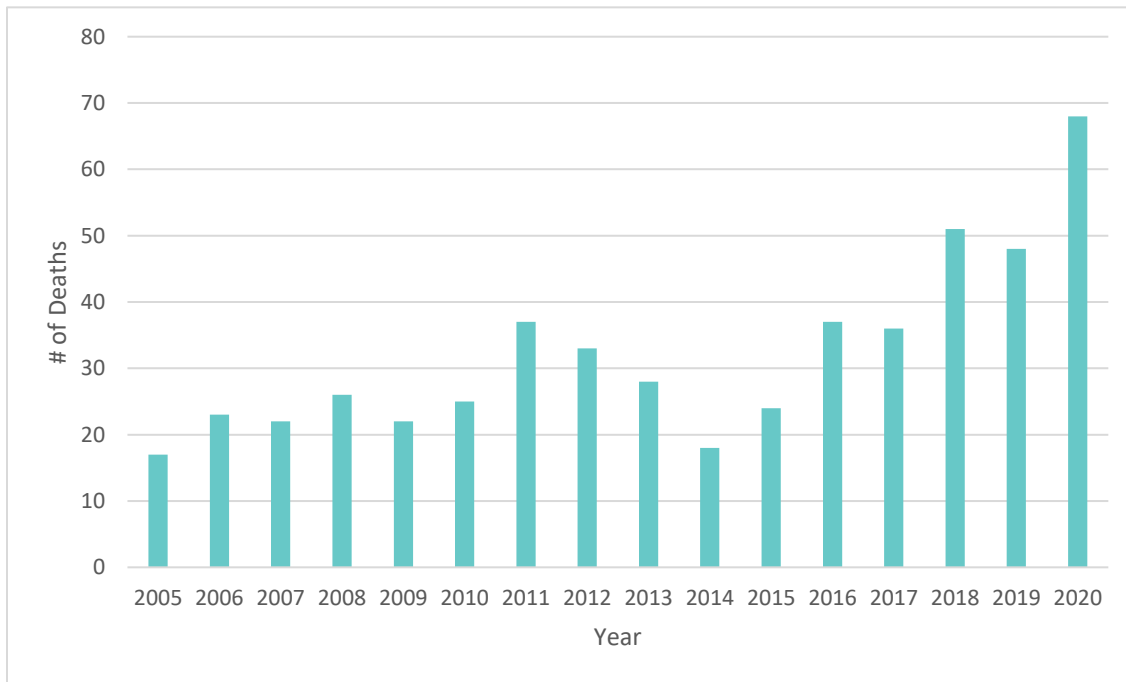
Time period	Number of Opioid Alerts
April 2019 – March 2020 (pre-COVID period)	9
April 2020 – March 2021 (post-COVID period)	6
April 2021 – October 2021	9

# Opioid-Related Mortality

## Overall Trends

Similar to morbidity, opioid-related mortality has been increasing in Windsor-Essex County since 2014, and the number of deaths recorded in 2020 surpassed all annual totals since reporting began in 2005 (2) (Figure 14). Compared to the pre-COVID-19 period (April 2019-March 2020), the number of opioid-related deaths increased by 41.5% in the post-COVID-19 period (April 2020-March 2021), from 41 deaths to 58 deaths, while the rate of accidental opioid-related deaths increased by 40.7%, from 9.78 deaths per 100,000 population in the pre-COVID-19 period (April 2019-March 2020) to 13.76 deaths in the post-COVID-19 period (11) (Table 5).

**Figure 14.** Opioid-Related Mortality in Windsor-Essex County: 2005-2020



**Table 6.** Opioid-Related Deaths in WEC Pre- and Post-COVID-19

	Pre-COVID-19 (April 2019 - March 2020)	Post-COVID-19 (April 2020 - March 2021)
<b>Total Opioid-Related Deaths</b>	43	59
<b>Accidental</b>	41	58
<b>Suicide</b>	2	0
<b>Unknown</b>	0	1
<b>Rate of Accidental Deaths*</b>	9.78	13.76

\* Rates are presented per 100,000 population

## Demographic Characteristics

From April 2019 to March 2021 there were 102 total opioid-related deaths in Windsor and Essex County, 99 of which were accidental. Of these accidental deaths, 41 occurred in the pre-COVID-19 period and 58 occurred in the post-COVID-19 period (11). Across both time periods, age, sex, and ethnicity distributions were similar, with the majority of mortalities occurring in white males between the ages of 25 and 64 years. Interestingly, post-COVID-19 mortalities were more likely to live in a collective dwelling or be homeless compared to pre-COVID-19 mortalities, while a higher proportion of pre-COVID-19 mortalities were unemployed (11).

**Table 7.** Demographic Characteristics of Accidental Opioid Mortalities in Windsor-Essex County: Pre- and Post COVID-19

CHARACTERISTIC	Pre-COVID-19 (April 2019-March 2020) (n=41)	Post-COVID-19 (April 2020-March 2021) (n=58)
<b>Age</b>		
0-14	0 (0.0%)	0 (0.0%)
15-24	2 (4.9%)	4 (6.9%)
25-44	19 (46.3%)	30 (51.7%)
45-64	19 (46.3%)	23 (39.7%)
65+	1 (2.4%)	1 (1.7%)
<b>Sex</b>		
Male	33 (80.5%)	48 (82.8%)
Female	8 (19.5%)	10 (17.2%)
<b>Ethnicity</b>		
Black	3 (7.3%)	4 (6.9%)
Indigenous	1 (2.4%)	1 (1.7%)
Latin American	0 (0.0%)	1 (1.7%)
South Asian	0 (0.0%)	0 (0.0%)
White	35 (85.4%)	48 (92.8%)
Other/Unknown	2 (4.9%)	4 (6.9%)
<b>Employment Status</b>		
Employed	8 (19.5%)	10 (17.2%)
Unemployed	17 (41.5%)	20 (34.5%)
Retired	0 (0.0%)	1 (1.7%)
Other/Unknown	16 (39.0%)	27 (46.6%)
<b>Living Conditions</b>		
Private Dwelling	36 (87.8%)	37 (63.8%)
Collective Dwelling	1 (2.4%)	12 (20.7%)
Residential Care Facility	0 (0.0%)	1 (1.7%)
Correctional Facility	1 (2.4%)	1 (1.7%)
Homeless	3 (7.3%)	7 (12.1%)
Other/Unknown	0 (0.0%)	0 (0.0%)

## Circumstances Surrounding Death

During both pre- and post-COVID-19 times, opioid-related mortalities most frequently occurred in indoor private dwellings or at hospitals. Compared to pre-COVID-19, however, there were more deaths observed at hotels, rooming homes, shelters and outdoors in the post-COVID-19 period (24.1% vs 2.4%), potentially reflecting a change in living conditions as was demonstrated above (11).

Fentanyl was responsible for the majority of opioid-related deaths in both the pre-and post-COVID-19 periods, followed by methadone, though more drugs were of non-pharmaceutical origin in the post period compared to the pre (75.9% vs 65.9%) (11). A greater number of non-opioid substances contributed to mortalities in the pre-COVID-19 period (46.3% vs 29.3%), however a substantially higher proportion of opioid-related mortalities in the post-COVID-19 period had evidence of pipe/foil use for inhalation only (12.2% vs 43.1%) (11).

The use of harm reduction strategies was generally comparable across the different time periods, with slightly fewer resuscitation attempts reported in post-COVID-19 (39.7% vs 43.9%) but slightly higher naloxone use observed in the post-COVID-19 period (15.5% vs 12.2%) (11).

**Table 8.** Circumstances of Accidental Opioid-Related Deaths in WEC: Pre- and Post-COVID-19

Characteristic	Pre-COVID-19 (April 2019-March 2020) (n=41)	Post-COVID-19 (April 2020-March 2021) (n=58)
<b>Location of Death</b>		
Indoors (Private)	27 (65.9%)	29 (50.0%)
Indoors (Public)	1 (2.4%)	0 (0.0%)
Hotel/Motel/Inn	0 (0.0%)	6 (10.3%)
Hospital	12 (29.3%)	11 (19.0%)
Correctional Facility	0 (0.0%)	0 (0.0%)
Rooming House	0 (0.0%)	5 (8.6%)
Shelter	0 (0.0%)	1 (1.7%)
Outdoors	1 (2.4%)	2 (3.4%)
Other	0 (0.0%)	4 (6.9%)
Unknown	0 (0.0%)	0 (0.0%)
<b>Opioid Contributing to Death</b>		
All Fentanyl	30 (73.2%)	50 (86.2%)
Buprenorphine	0 (0.0%)	0 (0.0%)
Carfentanil	6 (14.6%)	0 (0.0%)
Codeine	1 (2.4%)	0 (0.0%)
Fentanyl	27 (65.9%)	50 (86.2%)
Fentanyl analogues	0 (0.0%)	0 (0.0%)
Heroin	0 (0.0%)	0 (0.0%)



<b>Hydrocodone</b>	0 (0.0%)	1 (1.7%)
<b>Hydromorphone</b>	0 (0.0%)	2 (3.4%)
<b>Methadone</b>	8 (19.50%)	9 (15.5%)
<b>Morphine</b>	2 (4.9%)	1 (1.7%)
<b>Oxycodone</b>	3 (7.3%)	2 (3.4%)
<b>Oxymorphone</b>	0 (0.0%)	0 (0.0%)
<b>Tramadol</b>	1 (2.4%)	0 (0.0%)
<b>U47700</b>	0 (0.0%)	0 (0.0%)
<b>Origin of Opioid Contributing to Death</b>		
<b>Non-Pharmaceutical</b>	27 (65.9%)	44 (75.9%)
<b>Pharmaceutical</b>	12 (29.3%)	8 (13.8%)
<b>Both Pharmaceutical and Non-Pharmaceutical</b>	2 (4.9%)	6 (10.3%)
<b>Unclassified</b>	0 (0.0%)	0 (0.0%)
<b>Non-Opioid Substances Contributing to Death</b>		
<b>Benzodiazepines</b>	2 (4.9%)	1 (1.7%)
<b>Cocaine</b>	9 (22.0%)	5 (8.6%)
<b>Ethanol</b>	2 (4.9%)	1 (1.7%)
<b>Methamphetamine</b>	6 (14.6%)	10 (17.2%)
<b>Evidence of Injection Drug Use and/or Pipe/Foil</b>		
<b>Injection Drug Use Only</b>	4 (9.8%)	5 (8.6%)
<b>Both Injection Drug Use and Pipe/Foil</b>	7 (17.1%)	9 (15.5%)
<b>Pipe/Foil Only</b>	5 (12.2%)	25 (43.1%)
<b>No Evidence of Injection Drug Use or Pipe/Foil</b>	25 (61.0%)	19 (32.8%)
<b>Resuscitation Attempt</b>		
<b>Yes</b>	18 (43.9%)	23 (39.7%)
<b>No</b>	22 (53.7%)	34 (58.6%)
<b>Unknown</b>	1 (2.4%)	1 (1.7%)
<b>Naloxone Use</b>		
<b>Yes</b>	5 (12.2%)	9 (15.5%)
<b>No</b>	26 (63.4%)	38 (65.6%)
<b>Unknown</b>	10 (24.4%)	11 (19.0%)

## Discussion

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Since the emergence of the COVID-19 pandemic in Canada in early 2020, historic rates of both fatal and non-fatal drug overdoses have been observed across the country, worsening what was already a devastating public health crisis (1). In Windsor-Essex County alone, accidental opioid-related deaths increased by 41.5% in the year after the pandemic compared to the year before (11), while opioid and drug-related EMS calls increased by 127% (13) and opioid-related ED visits increased by 39% (2) (14) (12). Compared to the pre-COVID-19 period, the number of EMS calls for suspected opioid and drug-related activity in the post-COVID-19 period more than doubled (153 vs 335). Although a similar trend was not observed in the number of opioid alerts issued during the time period studied (April 2019 – March 2021), there has been a sharp rise in alerts issued since April 2021, with nine alerts issued from April through October 2021.

The pandemic is believed to have affected opioid use and users in a number of ways. Public health measures intended to reduce transmission of the virus, including physical distancing and capacity restrictions, resulted in reduced access to health and social services and community based programs, for example, while increased stress, anxiety, and social isolation may have triggered increased substance use (1) (15). Similarly, loss of employment during the pandemic led to financial insecurity for many individuals, driving an increase in homelessness and other precarious living situations (1). Changes to the drug supply, including reduced access to prescription opioids and increased reliance on unregulated drugs, may have increased the likelihood of contamination and thus death (1) (15).

Indeed, we observed that a lower proportion of opioid-related deaths were individuals who were employed in the post-COVID-19 period, while a higher proportion resided in collective dwellings or were homeless, reflecting changing socioeconomic positions. In line with this, a higher proportion of deaths occurred in supportive or alternative housing such as hotels, rooming houses, and shelters post-COVID-19, as well as outside. While fentanyl was responsible for the vast majority of opioid-related deaths both before and after the pandemic, the proportion attributable to other opioids declined in the post-COVID-19 period and the proportion that were non-pharmaceutical in origin increased, due likely to increased reliance on the unregulated drug supply resulting from supply disruptions to prescription opioids. Interestingly there was also a substantial increase in the proportion of opioid-related deaths for which there was evidence of a pipe/foil only, suggesting a shift towards opioid inhalation rather than injection, potentially resulting from reduced access to public indoor spaces in which to inject drugs.

These findings are in-line with those of a recent report on opioid-related deaths in Ontario during the COVID-19 pandemic, which found that opioid-related deaths increased significantly both in Ontario and in WEC specifically following the declaration of a provincial state of emergency in March 2020, and observed similar shifts in the demographic characteristics and circumstances of death of opioid mortalities pre- and post-COVID-19 (1).

## Limitations

This report had some limitations, which should be noted. First, ED visit and mortality data for the first quarter of 2021 (January – March) are still preliminary and are thus subject to change. In addition, hospitalization data for this time period are not yet available. Second, based on the availability of data, we chose to end the study period for many sections of this report in March 2021. However, as the opioid-alert data shows, this likely led to an underestimation in the effects of the pandemic on drug and opioid-related outcomes, as the pandemic is ongoing and numerous ED visits, hospitalizations, deaths, EMS calls, and alerts have occurred since and were not captured in some analyses.

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WINDSOR-ESSEX  
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STRATEGY

# CONSUMPTION & TREATMENT SERVICES – FREQUENTLY ASKED QUESTIONS

*Ontario Ministry of Health  
(Consumption & Treatment  
Services) and Health Canada  
(Supervised Consumption  
Services) Application &  
Operational Requirements*

# Consumption & Treatment Services – Frequently Asked Questions

## Ministry of Health (Provincial) & Health Canada (Federal) Application & Operational Requirements

### Introduction

This document provides a listing of responses to Frequently Asked Questions (FAQ) about the *Ontario Ministry of Health's Consumption & Treatment Services (CTS) Application* (provincial requirement) and *Health Canada's Supervised Consumption Services (SCS) application* (federal requirement).

In Canada, possession of controlled substances is prohibited under the *Controlled Drugs & Substances Act*. *Health Canada's SCS* program is responsible for granting exemptions to Section 56.1 of the *Controlled Drugs & Substances Act* in order to permit local agencies to legally operate SCS services in Canada. The *Ontario Ministry of Health's CTS* program augments *Health Canada's SCS* program to include additional requirements for treatment and recovery services. The Ontario CTS program is responsible for allocating provincial funding to local agencies that meet the ministry-defined criteria to operate CTS sites in Ontario. In order to receive provincial funding to operate a CTS, local agencies must complete and fulfill the requirements of both the *Health Canada SCS* application and the *Ontario Ministry of Health CTS* application.

For more information about the provincial and federal CTS application processes, please refer to the list of FAQs below or visit the following web resources:

- [Ministry of Health – Consumption & Treatment Services: Application Guide \(2018\)](#)
- [Health Canada – Apply to Run a Supervised Consumption Site: Overview \(2018\)](#)

### References

Information outlined in this document has been accessed from the following sources:

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# Ministry of Health – Consumption & Treatment Services Application & Program Requirements (FAQS)

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## Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p><b>FAQ 1 – What is Ontario’s Consumption &amp; Treatment Services (CTS) program?</b></p>	<p>Ontario’s Consumption &amp; Treatment Services (CTS) program was launched by the Deputy Premier and the Minister of Health &amp; Long-Term Care in October of 2018. The CTS program is part of a larger harm reduction approach that is aimed at supporting health equity and reducing the risks associated with substance use across communities.</p> <p>The CTS program allocates provincial funding to local agencies that meet the ministry-defined criteria to operate CTS sites in Ontario. CTS sites provide safe spaces for people to consume substances under the supervision of medically trained workers. These sites also provide integrated, wraparound services that connect people who use drugs to harm reduction, primary care, treatment, and other health and social services in their communities. Program requirements also mandate strategies that seek to address community concerns and to foster ongoing community engagement with key stakeholders surrounding established CTS sites.</p>
<p><b>FAQ 2 – What is the process for seeking provincial funding to operate a local CTS?</b></p>	<p>In order to receive provincial CTS funding from the Ministry of Health, local level agencies must submit and fulfill the requirements of <a href="#">Ontario’s CTS application</a>. Ontario’s CTS program augments Health Canada’s Supervised Consumption Services (SCS) program to include additional requirements for treatment and support services. Provincial CTS funding is considered for communities that demonstrate that their proposed service meets the federal requirements under Health Canada’s SCS program, as well as the additional requirements under Ontario’s program.</p>
<p><b>FAQ 3 – What application requirements must be satisfied in order to receive provincial CTS funding?</b></p>	<p>All CTS applications that are received by the Ministry of Health are reviewed to ensure that the proposed services meet the provincial program criteria (FAQ 4) and that the proposed costs are valid, reasonable, and within program funding levels based on proposed hours and service capacity. Applicants that successfully meet the provincial program criteria, as well as receive a federal exemption under Health Canada’s SCS program to legally operate SCS services in Canada, are considered by the Ministry of Health for provincial CTS funding. Both the provincial and federal applications must be successful in order to operate CTS sites in Ontario.</p>



## Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p><b>FAQ 4 – What program criteria is assessed under the Ontario CTS application?</b></p>	<p>CTS applications to the Ministry of Health must demonstrate that their proposed service satisfies the following program criteria:</p> <ul style="list-style-type: none"> <li>• <b>Local conditions</b> or neighbourhood evidence that supports the need and site-selection for the proposed CTS (FAQ 5)</li> <li>• Clear <b>capacity to provide consumption and treatment services</b>. Applicants must demonstrate that their agency is eligible to operate a CTS in Ontario, has the capacity to deliver the mandatory CTS services, is able to fulfill a well-suited service delivery and staffing model, and can meet the minimum site requirements for a CTS (FAQ 6 – FAQ 18)</li> <li>• <b>Sufficient proximity to similar services</b> (e.g., existing CTS sites) <b>and sensitive land uses</b> (i.e., parks, schools, child care centers, and post-secondary institutions) (FAQ 19 – FAQ 20)</li> <li>• Evidence demonstrating that the <b>local community supports the proposed CTS</b>. Plans must also be established for supporting <b>ongoing community engagement</b> during the operational phases of the CTS (FAQ 21 – FAQ 25)</li> <li>• <b>Fully accessible</b> in accordance with Ontario’s accessibility standards (FAQ 26)</li> </ul>
<p><b>FAQ 5 – What local conditions must be demonstrated under Ontario’s CTS application criteria?</b></p>	<p>Local conditions or neighbourhood evidence that supports the need for the proposed CTS must be demonstrated in order to receive provincial CTS funding. The Ministry of Health identifies communities that demonstrate a high need for a CTS based on the following:</p> <ul style="list-style-type: none"> <li>• <b>Mortality data</b> – Number of opioid-related deaths and rate of opioid-related deaths</li> <li>• <b>Morbidity data</b> – Rate of opioid-related emergency department visits and rate of opioid-related hospitalizations</li> <li>• <b>Proxy measures for drug use</b> – Needle distribution and naloxone distribution and oxygen</li> </ul> <p>Local conditions or neighbourhood evidence must also support the proposed site-selection. Applicants should also include:</p> <ul style="list-style-type: none"> <li>• Any local or neighbourhood <b>data to support the choice</b> of the proposed CTS site</li> <li>• A description of how the proposed <b>service delivery model is best suited to local conditions</b></li> </ul>





## Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p><b>FAQ 6 – Who is eligible to submit an Ontario CTS application to the Ministry of Health?</b></p>	<p>Eligible applicants for Ontario’s CTS program include Community Health Centres (CHCs), Indigenous Health Access Centres, or similar incorporated healthcare or community-based organizations that can offer the full range of mandatory services (i.e., legal entities that are capable of entering into contracts).</p>
<p><b>FAQ 7 – What are the mandatory services that applicants must demonstrate an ability to provide through Ontario’s CTS application?</b></p>	<p>Applicants under Ontario’s CTS program must demonstrate an ability to provide the following mandatory services:</p> <ul style="list-style-type: none"> <li>• <b>Supervised consumption and overdose prevention services</b></li> <li>• <b>On-site or defined pathways</b> (i.e., mechanisms to ensure that clients access the intended services, which should be within walking or transit distance from the CTS) to the following services: <ul style="list-style-type: none"> <li>○ <b>Substance use treatment services</b></li> <li>○ <b>Mental health services</b></li> <li>○ <b>Primary care services</b></li> <li>○ <b>Social services (e.g., housing, food, employment)</b></li> </ul> </li> <li>• <b>Harm reduction services:</b> <ul style="list-style-type: none"> <li>○ Education on harm reduction, safe drug use practices, and safe disposal of equipment</li> <li>○ First aid and wound care</li> <li>○ Distribution and disposal of harm reduction supplies</li> <li>○ Provision of naloxone and oxygen</li> </ul> </li> <li>• <b>Removal of inappropriately discarded harm reduction supplies</b> surrounding the CTS area using the appropriate equipment (i.e., needle-resistant safety gloves)</li> <li>• <b>Public education</b></li> </ul>
<p><b>FAQ 8 – What types of supervised consumption services are required and funded through Ontario’s CTS program?</b></p>	<p>In order to receive provincial CTS funding, applicants must demonstrate an ability to provide <b>injection, intranasal, and oral</b> supervised consumption services at the CTS site. The CTS program does not include supervised inhalation services.</p>
<p><b>FAQ 9 – What service information must be included within the Ontario CTS application as it relates to the delivery of mandatory services?</b></p>	<p>In addition to demonstrating an ability to provide the mandatory CTS services (FAQ 7), applicants are required to submit the following service information under Ontario’s CTS application:</p> <ul style="list-style-type: none"> <li>• The <b>types of services</b> (e.g., substance use treatment) that will be provided and <b>how each will be delivered</b></li> <li>• Which <b>services</b> will be offered <b>on-site</b> and which will be offered through <b>defined pathways</b></li> <li>• Expected <b>wait times</b> for services</li> </ul>



## Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p><b>FAQ 10 – Does Ontario’s CTS program fund any additional optional services?</b></p>	<p>Applicants may request funding for additional optional services through Ontario’s CTS application based on capacity and local conditions. The Ministry of Health will then consider the additional optional services for approval. Of note, optional services may require approval from Health Canada and/or the Ministry of Health based on the type of service.</p>
<p><b>FAQ 11 – Which service delivery models and hours of operation are rendered preference for provincial funding under Ontario’s CTS program?</b></p>	<p>Under Ontario’s CTS program, preference is rendered to proposed services that offer consistent hours of operation, seven days per week. Proposed hours should be based on the local context and via consultation with community stakeholders, local community groups, and persons with lived experience. Through the CTS application, applicants must identify the proposed hours of operation and the site’s capacity to offer such services (e.g., number of consumption booths).</p>
<p><b>FAQ 12 – What are the mandatory staffing requirements that applicants must demonstrate an ability to satisfy through the Ontario CTS application?</b></p>	<p>Under Ontario’s CTS program, applicants must submit a proposed staffing model to demonstrate that the proposed service meets the following operational and program requirements:</p> <ul style="list-style-type: none"> <li>• A <b>designated health professional</b> must be present at <b>all times</b></li> <li>• The staffing model must include <b>peers/people with lived experience</b></li> <li>• The applicant has the <b>capacity</b> within the proposed staffing model <b>to provide immediate overdose response and prevent and manage security incidents</b></li> </ul>
<p><b>FAQ 13 – What are the mandatory site requirements that applicants must demonstrate an ability to satisfy through the Ontario CTS application?</b></p>	<p>Applicants under Ontario’s CTS program must demonstrate an ability to satisfy the following site requirements:</p> <ul style="list-style-type: none"> <li>• A suitable <b>floor plan</b> (FAQ 14)</li> <li>• The proposed site <b>meets municipal bylaws</b> and <b>provincial regulations for accessibility</b></li> <li>• The proposed site <b>meets the ministry design standards</b> for a CTS (FAQ 15-17)</li> <li>• <b>Physical safety and security measures</b> are in place to ensure client, staff, and community safety (FAQ 18)</li> </ul>



## Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p><b>FAQ 14 – What are the floor plan requirements outlined through the Ontario CTS application criteria?</b></p>	<p>Applicants must submit a floor plan in attachment to the Ontario CTS application that indicates the placement and orientation of the following services and stations:</p> <ul style="list-style-type: none"> <li>• Areas for service intake, consumption, and post-consumption care</li> <li>• Areas for other mandatory services (FAQ 7)</li> <li>• Hand hygiene sink and foot wash station</li> <li>• Accessible washrooms</li> </ul>
<p><b>FAQ 15 – What are the minimum ministry design standards (i.e., space types and square footage) for operating CTS services under Ontario’s CTS program?</b></p>	<p>The minimum ministry design standards for operating CTS services under Ontario’s CTS program are as follows:</p> <ul style="list-style-type: none"> <li>• <b>Consumption booths with individually partitioned desks/tables and chairs</b> – 40sf per person, 240 sf for 6 booths, and 120sf for 3 booths</li> <li>• <b>Assessment room that accommodates an interviewer workstation/chair and a client/chair (two chairs if needed)</b> – 100sf in size, 100 sf for 6 booths, and 100sf for 3 booths</li> <li>• <b>Observation area that includes workstations for supervision staff</b> – 65sf in size, 130sf for 6 booths, and 65sf for 3 booths</li> <li>• <b>Post-consumption area that accommodates at least 6 client chairs and one small desk/chair for supervisory staff</b> – 120sf in size, 120sf for 6 booths, and 100sf for 3 booths (3-4 client chairs and desk/chair for supervisor)</li> </ul>
<p><b>FAQ 16 – What are the Ontario Building Code requirements for Community Health Centres to operate CTS services under Ontario’s CTS program?</b></p>	<p>Community Health Centres are typically classed as a Class D occupancy building under the Ontario Building Code (OBC) and are built to the OBC standard of the year of construction. The nature of the CTS as offering self-administered “treatment” will likely define this group as individuals potentially needing more time and assistance for evacuation in the event of a fire (due to the potential degree of incapacitation). As a result, this space will likely be considered a B2 occupancy under the OBC and if so, will require additional physical renovations to include the following:</p> <ul style="list-style-type: none"> <li>• Upgraded fire separations</li> <li>• Upgrades to the HVAC system</li> <li>• Fire alarm systems and doors to these areas</li> <li>• The use of “cookers” may also prompt some additional directions from the Ontario Fire Marshal’s office</li> </ul>



## Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p><b>FAQ 17 – What are the minimum ministry design standards for safe injection areas under Ontario’s CTS program?</b></p>	<p>The minimum ministry design standards for the safe injection area of the CTS are as follows:</p> <ul style="list-style-type: none"> <li>• A <b>counter space of +3 linear feet</b> per client</li> <li>• <b>Counter spaces</b> that are <b>non-porous, hygienic, and easily cleanable</b> (e.g., stainless steel)</li> <li>• <b>Appropriate biohazard waste disposal</b> should be available for each client</li> <li>• <b>Fixed mirrors</b> should be provided for each client</li> <li>• <b>Appropriate lighting</b> should be provided to promote safe injection practice</li> <li>• <b>Finish surfaces</b> (i.e., wall, floor) should be <b>non-porous and easily cleanable</b></li> <li>• A <b>staff monitoring area</b> should be provided in the post-consumption room with an emergency communication system</li> <li>• <b>Lockable supply cabinets</b> should be provided in the room</li> <li>• A <b>hand hygiene sink</b> and <b>foot wash station</b> should be provided in the CTS</li> <li>• <b>Security and access control</b> should be considered as part of the model of care</li> <li>• <b>CSA Class C ventilation</b> should be provided in the space. Enhanced ventilation should be considered if “cooking” is permitted</li> <li>• <b>Other space(s) for clients to relax and/or access care</b> while observation continues and to provide wrap-around services</li> </ul>
<p><b>FAQ 18 – What physical safety and security measures are required under Ontario’s CTS program in order to ensure client, staff, and community safety?</b></p>	<p>Under Ontario’s CTS application, applicants must verify that the following physical safety and security measures are in place in order to ensure client, staff, and community safety:</p> <ul style="list-style-type: none"> <li>• Provincial and municipal safety requirements</li> <li>• Fire safety plan</li> <li>• Security plan</li> <li>• Paramedics and other first responders have access to the consumption and post-consumption rooms</li> <li>• Occupational health and safety requirements</li> <li>• Infection prevention and control requirements</li> </ul>



## Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p><b>FAQ 19 – What are the proximity criteria to similar services (e.g., existing CTS sites) under Ontario’s CTS program?</b></p>	<p>Applicants to Ontario’s CTS program must outline the proposed site’s distance, in metres or kilometres, from the site to other local CTS sites or similar services. CTS sites should be located at least <b>600 metres</b> (i.e., two large city blocks) from existing CTS sites or other similar services.</p>
<p><b>FAQ 20 – What are the proximity criteria to sensitive land uses (i.e., parks, schools, childcare centres, and post-secondary institutions) under Ontario’s CTS program?</b></p>	<p>Applicants to Ontario’s CTS program must outline the proposed site’s distance, in metres or kilometres, to the closest licensed childcare centre, park, school, or post-secondary institution. If the proposed site is within close proximity to one or more of these institutions (e.g., 100 metres – 200 metres), the applicant must specify the methods to which community concerns will be addressed through community consultation and ongoing community engagement. Evidence of support by local stakeholders, including residents, must be submitted.</p>
<p><b>FAQ 21 – What are the components of the community consultation criteria through the Ontario CTS application?</b></p>	<p>Community consultations are a key requirement of Ontario’s CTS program. Consultations should allow the Ministry of Health to understand the efforts that have been undertaken to engage with stakeholders to inform them of the proposed CTS, and to learn about the potential impacts of the CTS on people who use drugs and the local community (as well as how these impacts can be mitigated). CTS applicants must include a description of consultation activities that were conducted for the proposed CTS site. Results from the consultations, including all feedback and comments that were received, should be provided in a summary report.</p>
<p><b>FAQ 22 – What types of activities constitute as sufficient community consultation methods under the Ontario CTS program?</b></p>	<p>Sufficient community consultation methods under Ontario’s CTS program include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Door-to-door canvassing (e.g., flyers)</li> <li>• General email account to receive feedback and respond to inquiries</li> <li>• Information meetings/open houses</li> <li>• Presenting at community associations and other meetings</li> <li>• Surveys</li> <li>• Websites that include opportunities for individuals to submit feedback</li> </ul>



## Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p><b>FAQ 23 – Who must be consulted on the proposed CTS under Ontario’s CTS program?</b></p>	<p>At minimum, the following stakeholders must be consulted on the proposed CTS in order to meet the Ministry of Health’s CTS program criteria for community consultation:</p> <ul style="list-style-type: none"> <li>• Health and social service stakeholders (i.e., substance use treatment, mental health, housing)</li> <li>• Local businesses and/or business associations</li> <li>• Local citizens and/or community groups</li> <li>• Local municipality</li> <li>• Police and other emergency services</li> <li>• Public health</li> <li>• Persons with lived experience</li> </ul>
<p><b>FAQ 24 – Which community consultation documents must be submitted with an Ontario CTS application?</b></p>	<p>As part of the Ontario CTS application, applicants must submit the following documents in order to meet the Ministry of Health CTS program criteria for community consultation:</p> <ul style="list-style-type: none"> <li>• A consultation report that provides information about who was consulted, a summary of feedback from each stakeholder group, concerns raised by stakeholder groups (if any), and how concerns will be addressed</li> <li>• Local municipal council support (i.e., council resolution) endorsing the proposed CTS</li> <li>• Other evidence of support for the CTS, such as letters of support from partnering organizations, local businesses, and/or other stakeholders</li> <li>• Board of health resolutions</li> </ul>
<p><b>FAQ 25 – What are the CTS program criteria for ongoing community engagement?</b></p>	<p>As part of the Ontario CTS application, applicants must submit a community engagement and liaison plan that outlines how the community will be engaged on an ongoing basis. This plan may include the following:</p> <ul style="list-style-type: none"> <li>• Follow-up(s) after the initial consultations</li> <li>• Public education about the CTS</li> <li>• Engagement mechanisms to identify and address community concerns on an ongoing basis</li> </ul>





## Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p><b>FAQ 26 – What accessibility criteria is mandatory under the Ontario CTS program?</b></p>	<p>As part of the Ontario CTS application, applicants must verify that the proposed CTS is fully accessible and in adherence to the following criteria:</p> <ul style="list-style-type: none"> <li>• The proposed service is compliant with the <b><i>Accessibility for Ontarians with Disabilities Act</i></b></li> <li>• The proposed services are <b>culturally, demographically, and gender appropriate</b></li> <li>• The proposed service is <b>strategically located</b>, meaning that it is within <b>walking distance from where open drug use is known to occur</b></li> <li>• The proposed service is <b>easily accessible by public transit</b></li> </ul>
<p><b>FAQ 27 – What are the operational funding request requirements under Ontario’s CTS program?</b></p>	<p>As part of the Ontario CTS application, applicants must submit a budget that provides a breakdown of all of the operational costs, including a brief description and rationale for the quantity and cost for each item requested. This may include information about how the item would be used, who would be using it, and an explanation in the rare case where existing staffing or equipment cannot be leveraged.</p>
<p><b>FAQ 28 – What are the eligible operational costs for coverage via provincial CTS funding?</b></p>	<p>Ontario’s CTS program funds the operational costs for full-time equivalent employees (FTEs) and supplies directly associated with the consumption service, post-consumption space, referrals, and/or services required for addressing community concerns. Operational cost items can include the following:</p> <ul style="list-style-type: none"> <li>• Salaries and benefits</li> <li>• Supplies and services</li> <li>• Program, administrative, phone, and IT expenses – The Ministry of Health funds up to a maximum of 10% of the total operating budget for administrative and IT expenses (i.e., audit, accounting, and payroll costs).</li> </ul>
<p><b>FAQ 29 – What operational costs are not eligible for coverage via provincial CTS funding?</b></p>	<p>The following operational costs are not eligible for coverage through provincial CTS funding:</p> <ul style="list-style-type: none"> <li>• Direct costs of wraparound services</li> <li>• Physician funding to deliver clinical services</li> <li>• Costs associated with job postings and staffing recruitment for the CTS, travel, and conferences</li> </ul>



## Ministry of Health – Consumption & Treatment Services Application & Operational Requirements

Question	Answer
<p><b>FAQ 30 – Are capital budget requests (i.e., coverage for capital infrastructure, renovations and retrofits) funded through Ontario’s CTS program?</b></p>	<p>Ontario CTS applicants may submit a one-time funding request to cover capital infrastructure, renovations, and retrofits of facilities required to plan, establish, and operate the CTS with their application. The Ministry of Health will work with applicants to determine capital funding requirements immediately following a notification of the Minister’s approval of a site. The ministry will then provide an overview of the capital funding process, the application form, and the ministry’s funding guide.</p>
<p><b>FAQ 31 – How does the Ministry of Health transfer provincial CTS funding to local agencies once a CTS application is approved?</b></p>	<p>Prior to receiving any provincial CTS funds, approved applicants must agree to and sign a transfer payment agreement with the Ministry of Health. Transfer Payment Agreements outline the roles and responsibilities of each party and the accountability and reporting requirements to which the CTS provider must adhere to, including financial reporting and reporting on program indicators and outcomes.</p>
<p><b>FAQ 32 – What are the reporting and evaluation requirements for CTS operations that receive provincial CTS funding under Ontario’s CTS program?</b></p>	<p>As part of the monitoring and reporting requirements under Ontario’s CTS program, CTS operations are required to report on the following indicators on a <b>monthly basis</b>:</p> <ul style="list-style-type: none"> <li>• <b>Site data</b> (i.e., # of visits, # of unique clients)</li> <li>• <b>Provision of wrap-around services and treatment uptake</b> (i.e., # of clients accessing on-site or referrals to 1) treatment, 2) mental health, 3) primary care, 4) counselling, 5) first aid/basic care, and 6) social services)</li> <li>• <b>Safety and security</b> (i.e., # of times security staff assisted with 1) an incident in the CTS and/or 2) a security event in the immediate perimeter of the CTS; # of times police were called to the CTS)</li> <li>• <b>Site visits</b> (i.e., visits by time of day and mode of consumption, peer-assisted injections, non-identifiable client demographics, drugs consumed by clients as reported at intake)</li> <li>• <b>Overdose events</b> (i.e., # of overdoses; # of overdoses treated 1) solely with oxygen/rescue breathing and stimulation and/or 2) with naloxone; # of doses of naloxone administered; # of deaths occurring in the CTS)</li> <li>• <b>Emergency service calls</b> (i.e., # of 911 calls related to 1) overdose and/or 2) other reasons, by reason, # of clients transported to an emergency department related to 1) an overdose and/or 2) other reasons, by reason)</li> </ul>



<p><b>FAQ 32 Continued</b></p>	<ul style="list-style-type: none"> <li>• <b>Provision of basic medical care and education</b> (i.e., # of visits where client received harm reduction education/information, # of visits where needle exchange/syringe services were provided for non-CTS use, frequency of needle 1) pick-ups and/or 2) removals in the surrounding area of the CTS)</li> <li>• <b>Community engagement and liaison</b> (i.e., description of community engagement and liaison efforts, including issues raised and how they have been mitigated)</li> <li>• <b>Other</b> (i.e., drug checking data, if applicable, additional comments at the discretion of the CTS provider)</li> </ul> <p>Each CTS provider is also required to complete and submit an annual report, subject to the criteria provided by the ministry, in order to ensure that CTS programs are efficacious and are achieving provincial objectives. Evaluations of all provincially funded CTS programs are also completed by the Ministry of Health.</p>
<p><b>FAQ 33 – What are the safety and security requirements under Ontario’s CTS program?</b></p>	<p>Under Ontario’s CTS program, applicants must verify that the following mechanisms will be implemented as it pertains to security, access, and removal of harm reduction equipment:</p> <ul style="list-style-type: none"> <li>• <b>Control CTS site access</b> – Only those intended to use the services will be allowed to enter the CTS</li> <li>• <b>Discourage loitering</b> outside the CTS</li> <li>• Ensure <b>staff are trained</b> in instances in which <b>law enforcement should be contacted</b> (i.e., substances left at a CTS)</li> <li>• Ensure <b>staff are trained on Infection Prevention Control (IPAC) procedures</b>, including needle handling and disposal policies and procedures</li> <li>• <b>Comply with Health Canada rules</b> related to <b>possession, production, trafficking/sharing, and administering of substances</b> within the CTS</li> </ul>
<p><b>FAQ 34 – How are funded CTS programs enforced by the Ministry of Health?</b></p>	<p>Ontario CTS programs are enforced by the Ministry of Health or other authorized representatives through inspections of the organization’s operations and compliance with the CTS program requirements. This may include, but is not limited to, safety and security provisions and frequency of needle removal/pick-ups. The Ministry or any authorized representative may also audit or review CTS documentation and reports to ensure compliance with other program requirements (i.e., on-site or defined pathways to substance use treatment and wrap-around services). A program enforcement approach is used for any inspection or review. CTS sites may also be subject to inspections by the Ministry of Labour and Health Canada.</p>

# Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

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## Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
<p><b>FAQ 35 – What is Health Canada’s Supervised Consumption Services (SCS) program?</b></p>	<p>In Canada, possession of controlled substances is prohibited under the <i>Controlled Drugs &amp; Substances Act</i>. In order to legally operate an SCS site for medical purposes in Canada, an exemption is required under Section 56.1 of the <i>Controlled Drugs &amp; Substances Act</i>. Health Canada may grant exemptions for SCS sites after the satisfactory completion of an application.</p> <p>SCS sites are similar to CTS sites in that they are offered in municipalities of high need (i.e., municipalities with high rates of public drug use) to provide health, social, and treatment services to people who use drugs. Sites offer a safe space for people to consume their own pre-obtained substances under the supervision of medically trained workers. SCS sites may also offer a wide range of wraparound services (depending on the applicant’s proposal for services), including drug checking services, emergency medical care, basic health services (e.g., wound care), testing for infectious diseases, on-site access or referrals to substance use/mental health treatment, healthcare, and social service providers, and harm reduction education.</p>
<p><b>FAQ 36 – What is the process for seeking a legal exemption to Section 56.1 of the <i>Controlled Drugs &amp; Substances Act</i> under Health Canada’s SCS program?</b></p>	<p>In order to receive a legal exemption to the <i>Controlled Drugs &amp; Substances Act</i> under Health Canada’s SCS program, local agencies must complete and submit an <a href="#">SCS application</a> to Health Canada. Health Canada may grant exemptions for SCS sites after the satisfactory completion of an application.</p>
<p><b>FAQ 38 – How long are legal exemptions granted for SCS services?</b></p>	<p>Exemptions for SCS sites are generally granted by <i>Health Canada</i> for one year; however, length of time can vary based on the completeness of the application and compliance history. Once the initial exemption term has expired, applicants may submit a renewal application to extend the exemption.</p>



## Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
<b>FAQ 39 – What information is required about the proposed site in order to submit an application through Health Canada’s SCS program?</b>	<p>As part of Health Canada’s SCS application, applicants must submit the following information about the proposed site. In order to receive provincial funding to operate a CTS, this information must comply with the mandatory program requirements that are outlined through Ontario’s CTS program.</p> <ul style="list-style-type: none"> <li>• Current services (if any) offered at the site</li> <li>• Proposed services to be offered at the site</li> <li>• Other proposed services or partnerships for relevant off-site services</li> <li>• Proposed hours of operation</li> <li>• Description of the flow of the site. A floor plan must also be submitted that clearly demonstrates the layout of the site, identifies storage areas for unidentified substances left behind, and any security features in the building (e.g., cameras, motion detectors, locks, etc.).</li> <li>• Method of drug checking and procedures (if applicable)</li> <li>• If the site is a mobile unit, locations of stops to be made along the route and where the mobile unit will be parked outside of operation hours.</li> </ul>
<b>FAQ 40 – What local conditions must be demonstrated under Health Canada’s SCS program criteria?</b>	<p>Applicants to Health Canada’s SCS program must submit information about local conditions that support the need for the proposed SCS site within the local municipality/neighbourhood. Mandatory information to include is as follows:</p> <ul style="list-style-type: none"> <li>• Description of the target population to be served at the site, which may include estimates of the number of persons who consume illegal substances, infectious disease rates in relation to substance use, and drug-related overdose deaths</li> <li>• Number of drug-related overdoses and deaths in the local area</li> <li>• Intended health and safety impact of the site on the target population, the general public, and the local area</li> </ul>
<b>FAQ 41 – What policies and procedures must be submitted as part of Health Canada’s SCS application?</b>	<p>As part of Health Canada’s SCS application, the following policies and procedures must be developed and submitted:</p> <ul style="list-style-type: none"> <li>• Roles and responsibilities of staff members and their training requirements (FAQ 42 – FAQ 44)</li> <li>• Addressing unidentified substances left behind (FAQ 45)</li> <li>• Loss or theft of unidentified substances left behind (FAQ 46)</li> <li>• Security measures taken to minimize risks (FAQ 47)</li> </ul>





## Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
<b>FAQ 42 – What is required under the “Roles &amp; Responsibilities of Staff Members and their Training Requirements” SCS Policy?</b>	<p>Site policies and procedures must clearly indicate who will be responsible for supervising consumption at the site. The site is required to have a <b>Responsible Person in Charge (RPIC) (FAQ 43 – FAQ 44)</b>. The organization must inform and train the RPIC, A/RPIC(s), key staff members and all staff members on their roles and responsibilities. Organizations must also maintain a training log that indicates who has been trained and when the training has been completed.</p>
<b>FAQ 43 – What are the responsibilities of the Responsible Person in Charge (RPIC)?</b>	<p>The Responsible Person in Charge (RPIC) is responsible for the site and activities at the site during operational hours. The RPIC is not required to be in the consumption area, but must be located within the same building and on the same floor as the SCS during operating hours. When the RPIC is not on site during operating hours, an Alternate Responsible Person in Charge (A/RPIC) assumes the responsibilities of the RPIC.</p>
<b>FAQ 44 – What is required to apply for the Responsible Person in Charge (RPIC) role?</b>	<p>In order to apply for the Responsible Person in Charge (RPIC) role, candidates must submit the following information as part of the Health Canada SCS program:</p> <ul style="list-style-type: none"> <li>• A valid criminal record check</li> <li>• A resume that outlines education and training</li> <li>• Contact information</li> <li>• Proposed schedule</li> <li>• Professional designation and regulatory body license number (if applicable)</li> </ul>



## Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
<b>FAQ 45 – What is required under the “Addressing Unidentified Substances Left Behind” SCS Policy?</b>	<p>A site-specific policy with procedures on how to deal with unidentified substances left behind at the site should be provided. These should include a description of who is responsible for the substances, how they will be handled, where they will be stored (in a locked location, such as a safe, lockbox, double-locked drawer, etc.), and guidance for staff on how to appropriately transfer substances to law enforcement. Records for any unidentified substance found at the site are required to be maintained at the site and include the following information:</p> <ul style="list-style-type: none"> <li>• The date the substance was found</li> <li>• The location where the substance was found</li> <li>• The name of the staff member who packaged and stored the substance</li> <li>• The date the local Police were contacted to request removal of the substance</li> <li>• The name and signature of the officer who removed the substance</li> <li>• The date the substance was removed from the site</li> </ul>
<b>FAQ 46 – What is required under the “Loss or Theft of Unidentified Substances Left Behind” SCS Policy?</b>	<p>The site must have policies and procedures in place to prevent the loss or theft of unidentified substances left behind at the site, which includes record-keeping requirements. Loss or theft of any unidentified substance left behind must be reported to police immediately and to the OCS within 24 hours.</p>
<b>FAQ 47 – What is required under the “Security Measures Taken to Minimize Risks” SCS Policy?</b>	<p>The SCS must have a main door that locks. With respect to the SCS space, there are no prescribed physical or security specifications that need to be met. Applicants are responsible for ensuring that adequate measures are in place at the site for the security of staff and clients at all times. Security features and physical layout may be designed in a manner that is appropriate for the particular site needs and operational model. Security measures that may be included are as follows:</p> <ul style="list-style-type: none"> <li>• Video surveillance</li> <li>• Restricted or controlled access areas</li> <li>• Locked or unidirectional doors separating rooms within the facility</li> <li>• Key card/keypad/fob/key access within the site</li> <li>• Panic alarms</li> <li>• Security alarms</li> <li>• Security personnel on site</li> </ul> <p>In addition, there must be a system in place for keeping records of the entry and exit of clients and visitors from the consumption area of the site.</p>



## Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
<b>FAQ 48 – Is a policy required for the disposal of sharps and biohazardous materials?</b>	A copy of this procedure does not need to be provided with the Health Canada SCS application; however, there should be one in place for the site. The site policies and procedures for the disposal of biohazardous waste may be adapted from or aligned with the approved policies and procedures used by the health authority or organization operating the site.
<b>FAQ 49 – What are the records retention requirements of Health Canada’s SCS program?</b>	<p>As part of Health Canada’s SCS application, applicants must submit information about how the following records will be maintained at the SCS sites:</p> <ul style="list-style-type: none"> <li>• Staff training log</li> <li>• Client or visitor entry and exit log</li> <li>• Record-keeping form for unidentified substances left behind</li> </ul> <p>Records should be maintained for a minimum of 2 years; however, it is the responsibility of the applicant to ensure that all requirements set out by other applicable federal, provincial, and municipal legislation relevant to SCS services are met. A copy of the above records do not need to be provided with the SCS application; however, these records must be maintained at the SCS site and available to OCS if required.</p>
<b>FAQ 50 – What are the community consultation requirements under Health Canada’s SCS program?</b>	As part of Health Canada’s SCS application, applicants must submit a consultation report that includes a description of the consultation activities that were undertaken for the proposed sites. Results from the consultations, including all feedback and comments that were received, must also be provided. Any advertising materials, forms, or documents used for collecting opinions may be included as supporting documentation. A description of measures to address concerns that were raised during the consultations should also be included. An optional requirement is to submit a letter of opinion from the provincial or territorial Minister of Health.
<b>FAQ 51 – What are the financial planning requirements under Health Canada’s SCS program?</b>	<p>As part of Health Canada’s SCS application, applicants must submit a financial plan for the proposed SCS site. The purpose of the financial plan is to allow Health Canada to better understand whether the site has the resources needed to operate safely and effectively. Documents that can be included within the financial plan are as follows:</p> <ul style="list-style-type: none"> <li>• Financial statements or audits for the organization applying</li> <li>• Documentation confirming sources of funds (private or public)</li> <li>• Confirmation of funding commitments</li> <li>• Budget proposals</li> </ul>



## Health Canada – Supervised Consumption Services (SCS) Application & Program Requirements (FAQS)

Question	Answer
<b>FAQ 52 – What happens after an SCS exemption is approved by Health Canada?</b>	If an SCS exemption is approved by Health Canada, an exemption document will be issued containing any required terms and conditions, including data collection requirements. Health Canada will also conduct an inspection before the site offers services to the public. The Department may issue an exemption before an inspection takes place if the SCS site is not fully constructed, thereby removing any uncertainty around the applicant’s investment of funds in the renovation process.
<b>FAQ 53 – What happens if an SCS exemption is refused by Health Canada?</b>	If an SCS exemption is refused by Health Canada, the applicant will be notified of the intent to refuse with the reasons for refusal. The applicants will be provided an opportunity submit additional information or reasons that the refusal may be unfounded. Final refusal and reasons for the refusal will be posted on Health Canada’s website.





Bruce Krauter  
Chief  
Essex-Windsor Emergency Medical Services

November 4, 2021

City of Windsor  
350 City Hall Square West, Room 530  
Windsor, Ontario, Canada  
N9A 6S1

**Re:** Consumption and Treatment Services, 628 Goyeau Street, Windsor

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Dear Mayor Dilkens and City Council,

Essex Windsor EMS is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption & Treatment Services (CTS) facility at 628 Goyeau Street.

As opioid-related morbidity and mortality trends continue to surge at unprecedented rates across Windsor-Essex County (WEC), the urgent need for a local CTS facility has become clearer. In 2020, preliminary data reported by Public Health Ontario indicates that there was a total of 358 opioid-related emergency department visits in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108). Additionally, there were a total of 68 opioid-related deaths reported locally in 2020 (preliminarily), which represents the highest number of annual opioid deaths in WEC since 2005. These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS facility is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated indoor spaces where people come to use their own pre-obtained substances under safe conditions, with the supervision of medically trained workers, and with on-site linkages to basic medical care, social services, and mental health/substance use treatment. Research in Canada shows that CTS facilities offer many health and social benefits for both people who use substances and the larger community and can help to save lives. Essex Windsor EMS supports the provision of a local CTS facility to offer essential life saving supports and holistic wraparound services to people who use substances in our community.

519-776-6441 ext. 2654  
TTY 1-877-624-4832

360 Fairview Ave. W.  
Suite # 218 Essex, ON N8M 1Y6

countyofessex.ca

The WECHU, in collaboration with partners involved with the Windsor-Essex Community Opioid & Substance Strategy (WECOSS) and the CTS Stakeholder Advisory Committee, has completed a series of comprehensive community consultations that support the overall feasibility, acceptability, and need for a local CTS at 628 Goyeau Street. Essex Windsor EMS hereby agrees that 628 Goyeau Street as a suitable and accessible location for a local CTS, and endorses the WECHU's proposal to proceed with the submission of the federal and provincial applications to Health Canada and the provincial Ministry of Health & Long-Term Care, respectively, for approval of a CTS facility at this address.

As the Chief of Essex Windsor EMS and the Co-Chair of WECOSS, I encourage you to support the WECHU's proposal as noted above. A CTS facility at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,



Bruce Krauter  
Chief

CC:



Windsor, November 3, 2021  
350 City Hall Square West, Room 530  
Windsor, Ontario, Canada  
N9A 6S1

Dear Mayor Dilkens and City Council,

Canadian Mental Health Association, Windsor-Essex County Branch (CMHA-WECB) is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption & Treatment Services (CTS) facility at 628 Goyeau Street.

As opioid-related morbidity and mortality trends continue to surge at unprecedented rates across Windsor-Essex County (WEC), the urgent need for a local CTS facility has become more clear. In 2020, preliminary data reported by Public Health Ontario indicates that there were a total of 358 opioid-related emergency department visits in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108)<sup>1</sup>. Additionally, there were a total of 68 opioid-related deaths reported locally in 2020 (preliminarily), which represents the highest number of annual opioid deaths in WEC since 2005. These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS facility is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated indoor spaces where people come to use their own pre-obtained substances under safe conditions, with the supervision of medically trained workers, and with on-site linkages to basic medical care, social services, and mental health/substance use treatment. Research in Canada shows that CTS facilities offer many health and social benefits for both people who use substances and the larger community and can help to **save lives**. CMHA-WECB supports the provision of a local CTS facility to offer essential lifesaving supports and holistic wraparound services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)* and the *CTS Stakeholder Advisory Committee*, has completed a series of comprehensive community consultations that support the overall feasibility, acceptability, and need for a local CTS at 628 Goyeau Street. CMHA-WECB hereby agrees that 628 Goyeau Street is a suitable and accessible location for a local CTS, and endorses the WECHU's proposal to proceed with the submission of the federal and provincial applications to *Health Canada* and the provincial *Ministry of Health & Long-Term Care*, respectively, for approval of a CTS facility at this address.

<sup>1</sup> Public Health Ontario. (2021). Interactive Opioid Tool – Opioid-Related Morbidity and Mortality in Ontario. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed October 13<sup>th</sup>, 2021.



As the Chief Executive Officer of CMHA-WECB, I encourage you to support the WECHU's proposal as noted above. A CTS facility at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,



Claudia den Boer  
Chief Executive Officer  
Canadian Mental Health Association  
Windsor-Essex County Branch



350 City Hall Square West, Room 530  
Windsor, Ontario, Canada  
N9A 6S1

Dear Mayor Dilkens and City Council,

**St. Leonard's House** is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption & Treatment Services (CTS) facility at 628 Goyeau Street.

As opioid-related morbidity and mortality trends continue to surge at unprecedented rates across Windsor-Essex County (WEC), the urgent need for a local CTS facility has become clearer. In 2020, preliminary data reported by Public Health Ontario indicates that there were a total of 358 opioid-related emergency department visits in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108)<sup>1</sup>. Additionally, there were a total of 68 opioid-related deaths reported locally in 2020 (preliminarily), which represents the highest number of annual opioid deaths in WEC since 2005. These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS facility is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated indoor spaces where people come to use their own pre-obtained substances under safe conditions, with the supervision of medically trained workers, and with on-site linkages to basic medical care, social services, and mental health/substance use treatment. Research in Canada shows that CTS facilities offer many health and social benefits for both people who use substances and the larger community and can help to **save lives**. **St. Leonard's House** supports the provision of a local CTS facility to offer essential life saving supports and holistic wraparound services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)* and the *CTS Stakeholder Advisory Committee*, has completed a series of comprehensive community consultations that support the overall feasibility, acceptability, and need for a local CTS at 628 Goyeau Street. St. Leonard's House hereby agrees that 628 Goyeau Street is a suitable and accessible location for a local CTS and endorses the WECHU's proposal to proceed with the submission of the federal and provincial applications to *Health Canada* and the provincial *Ministry of Health & Long-Term Care*, respectively, for approval of a CTS facility at this address.

As the Residential Program Manager of St. Leonard's House, I encourage you to support the WECHU's proposal as noted above. A CTS facility at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,  
Michelle Graham  
Residential Program Manager  
St. Leonard's House

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<sup>1</sup> Public Health Ontario. (2021). Interactive Opioid Tool – Opioid-Related Morbidity and Mortality in Ontario. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed October 13<sup>th</sup>, 2021.



350 City Hall Square West, Room 530  
Windsor, Ontario, Canada  
N9A 6S1

511 Pelissier Street  
Windsor, Ontario N9A 4L2  
www.pozitivepathways.com

Dear Mayor Dilkens and City Council,

**Positive Pathways Community Services** is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption & Treatment Services (CTS) facility at 628 Goyeau Street.

As opioid-related morbidity and mortality trends continue to surge at unprecedented rates across Windsor-Essex County (WEC), the urgent need for a local CTS facility has become more clear. In 2020, preliminary data reported by Public Health Ontario indicates that there were a total of 358 opioid-related emergency department visits in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108)<sup>1</sup>. Additionally, there were a total of 68 opioid-related deaths reported locally in 2020 (preliminarily), which represents the highest number of annual opioid deaths in WEC since 2005. These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS facility is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated indoor spaces where people come to use their own pre-obtained substances under safe conditions, with the supervision of medically trained workers, and with on-site linkages to basic medical care, social services, and mental health/substance use treatment. Research in Canada shows that CTS facilities offer many health and social benefits for both people who use substances and the larger community and can help to **save lives**. **Positive Pathways Community Services** supports the provision of a local CTS facility to offer essential life saving supports and holistic wraparound services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)* and the *CTS Stakeholder Advisory Committee*, has completed a series of comprehensive community consultations that support the overall feasibility, acceptability, and need for a local CTS at 628 Goyeau Street. **Positive Pathways Community Services** hereby agrees that 628 Goyeau Street is a suitable and accessible location for a local CTS, and endorses the WECHU's proposal to proceed with the submission of the federal and provincial applications to *Health Canada* and the provincial *Ministry of Health & Long-Term Care*, respectively, for approval of a CTS facility at this address.

As the Executive Director of **Positive Pathways Community Services**, I encourage you to support the WECHU's proposal as noted above. A CTS facility at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,

Michael Brennan

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<sup>1</sup> Public Health Ontario. (2021). Interactive Opioid Tool – Opioid-Related Morbidity and Mortality in Ontario. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed October 13<sup>th</sup>, 2021.



# WINDSOR POLICE SERVICE

P.O. BOX 60  
WINDSOR, ON N9A 6J5  
PH. (519) 255-6700

PAMELA MIZUNO  
Chief of Police

FRANK PROVIDENTI  
Deputy Chief

JASON BELLAIRE  
Deputy Chief

[info@windsorpolice.ca](mailto:info@windsorpolice.ca)  
[www.windsorpolice.ca](http://www.windsorpolice.ca)

October 22, 2021

Mayor Drew Dilkens and City Councillors  
350 City Hall Square West  
P.O. Box 1607  
Windsor, Ontario, Canada  
N8A 6S1

Dear Mayor Dilkens and City Council:

## **Re: Proposed Consumption Treatment Services (CTS) Site @ 628 Goyeau Street**

The Windsor Police Service (WPS) is a member of the Windsor-Essex Community Opioid and Substance Strategy (WECOSS) collaboration and we continually work with our partners in addressing the escalating opioid crisis. Lead by the Windsor-Essex County Health Unit (WECHU), community health experts have applied for and commenced the process of establishing a Consumption and Treatment Service (CTS) site in the downtown Windsor area.

To-date, the Windsor Police Service has provided resources to assist with identifying a proposed CTS site location that meets the needs of the community, including safety and security for those who will be visiting, working and residing in the area of the site. As a result of this assessment, 628 Goyeau Street has been identified as the proposed CTS site.

A CTS facility is a strategy touted by health care experts to address the issue of substance use in the community. The Windsor Police Service is proud to be partnered with agencies such as the WECHU and will allocate resources as needed to ensure that the staff, volunteers, visitors and residents in the area of the proposed CTS can work, visit and live in an area that is safe. The Windsor Police Service has no objection to this health lead initiative and will continue to provide assistance as needed to ensure a successful implementation of the community plan.

Sincerely,

Pamela Mizuno  
Chief of Police





Le 2 novembre 2021

Ville de Windsor  
350 City Hall Square ouest, bureau 530  
Windsor (Ontario) N9A 6S1

Monsieur le Maire Dilkens et membres du Conseil municipal,

Le Conseil scolaire catholique Providence est heureux d'appuyer la proposition de la circonscription sanitaire de Windsor-comté d'Essex visant à établir un centre de consommation et de traitement au 628, rue Goyeau.

Les tendances de la morbidité et de la mortalité liées aux opioïdes continuant à augmenter à des taux sans précédent dans le comté de Windsor-Essex, le besoin urgent d'un centre local de consommation et de traitement se fait sentir. En 2020, les données provisoires publiées par Santé publique Ontario indiquent que 358 visites aux urgences liées aux opioïdes ont été enregistrées dans le comté de Windsor-Essex, soit 98 de plus que celles signalées pour l'année 2019 (260) et plus du triple de celles signalées en 2016 (108). De plus, 68 décès liés aux opioïdes ont été signalés à l'échelle locale en 2020 (à titre préliminaire), ce qui représente le nombre le plus élevé de décès annuels liés aux opioïdes dans le comté de Windsor-Essex depuis 2005. Ces chiffres représentent des personnes, des familles, des amis et des proches qui sont profondément touchés.

L'établissement d'un centre de consommation et de traitement est l'une des nombreuses stratégies de réduction des méfaits visant à réduire les risques liés à la consommation de substances dans la communauté. Il s'agit d'espaces intérieurs exploités légalement où les gens viennent consommer, dans des conditions sécuritaires, les substances qu'ils ont obtenues au préalable, sous la supervision de travailleurs qualifiés dans le domaine médical et en assurant sur place des liens vers des soins médicaux de base, des services sociaux et des traitements pour la santé mentale et la toxicomanie. Les recherches effectuées au Canada montrent que les centres de consommation et de traitement offrent de nombreux avantages sur le plan de la santé et sur le plan social, tant pour les personnes qui consomment des substances que pour l'ensemble de la communauté, et peuvent même de sauver des vies. Le Conseil scolaire catholique Providence appuie l'établissement d'un centre local de consommation et de traitement afin d'offrir des soutiens essentiels permettant de sauver des vies ainsi que des services holistiques complets aux personnes qui consomment des substances dans notre collectivité.

#### SIÈGE SOCIAL

7515, promenade Forest Glade  
Windsor, Ontario N8T 3P5

téléphone 519-948-9227  
sans frais 1-888-768-2219  
télécopieur 519-948-1091

#### BUREAU SATELLITE DE CHATHAM-KENT

14, rue Notre-Dame, C.P. 70  
Pain Court, Ontario N0P 1Z0

téléphone 519-355-1304  
sans frais 1-877-250-4877  
télécopieur 519-354-8337

#### BUREAU SATELLITE DE LONDON

1569, rue Oxford Est  
London, Ontario N5V 1W5

téléphone 519-673-1735  
sans frais 1-800-468-2338  
télécopieur 519-673-1924

Council Agenda - January 19, 2022

**J'y crois, je m'engage!**

**CscProvidence.ca**



La circonscription sanitaire de Windsor-comté d'Essex, en collaboration avec des partenaires impliqués dans la Windsor-Essex Community Opioid & Substance Strategy (stratégie communautaire de lutte contre les opioïdes et les substances de Windsor-Essex) et le comité consultatif des intervenants concernant les centres de consommation et de traitement, a terminé une série de consultations communautaires exhaustives qui soutiennent la faisabilité globale, l'acceptabilité et le besoin d'un centre local de consommation et de traitement au 628 de la rue Goyeau. Le Conseil scolaire catholique Providence convient par la présente que le 628, rue Goyeau, est un endroit approprié et accessible pour l'établissement d'un centre local de consommation et de traitement, et approuve la proposition de la circonscription sanitaire de Windsor-comté d'Essex de procéder à la soumission des demandes fédérale et provinciale à Santé Canada et au ministère provincial de la Santé et des Soins de longue durée, respectivement, pour l'approbation d'un tel établissement à cette adresse.

En tant que directeur général du Conseil scolaire catholique Providence, je vous encourage à appuyer la proposition de la circonscription sanitaire de Windsor-comté d'Essex telle que susmentionnée. L'établissement d'un centre de consommation et de traitement à cette adresse permettrait d'éviter de nouveaux décès dans notre communauté et d'aider les personnes qui consomment des substances à mener une vie sécuritaire, saine et enrichissante. L'honneur nous revient d'appuyer cette recommandation et nous attendons avec impatience le résultat de cette proposition.

Veuillez agréer nos salutations distinguées.



Joseph Picard  
Directeur de l'éducation

/lc

#### SIÈGE SOCIAL

7515, promenade Forest Glade  
Windsor, Ontario N8T 3P5

téléphone 519-948-9227  
sans frais 1-888-768-2219  
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#### BUREAU SATELLITE DE CHATHAM-KENT

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télécopieur 519-354-8337

#### BUREAU SATELLITE DE LONDON

1569, rue Oxford Est  
London, Ontario N5V 1W5

téléphone 519-673-1032  
sans frais 1-800-668-2338  
télécopieur 519-673-1924

Council of Catholic Schools - Windsor - 519-948-1032

**J'y crois, je m'engage!**

**CscProvidence.ca**



# Can-Am Indian Friendship Centre of Windsor

2929 Howard Avenue,  
Windsor, ON  
N8X 4W4

Tel: (519) 253-3243  
Fax: (519) 253-7876  
www.caifc.ca

350 City Hall Square West, Room 530  
Windsor, Ontario, Canada  
N9A 6S1

Dear Mayor Dilkens and City Council,

Can-Am Indian Friendship Centre of Windsor is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption & Treatment Services (CTS) facility at 628 Goyeau Street.

As opioid-related morbidity and mortality trends continue to surge at unprecedented rates across Windsor-Essex County (WEC), the urgent need for a local CTS facility has become clearer. In 2020, preliminary data reported by Public Health Ontario indicates that there were a total of 358 opioid-related emergency department visits in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108)<sup>1</sup>. Additionally, there were a total of 68 opioid-related deaths reported locally in 2020 (preliminarily), which represents the highest number of annual opioid deaths in WEC since 2005. These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS facility is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated indoor spaces where people come to use their own pre-obtained substances under safe conditions, with the supervision of medically trained workers, and with on-site linkages to basic medical care, social services, and mental health/substance use treatment. Research in Canada shows that CTS facilities offer many health and social benefits for both people who use substances and the larger community and can help to save lives.

Can-Am Indian Friendship Centre of Windsor supports the provision of a local CTS facility to offer essential life saving supports and holistic wraparound services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)* and the *CTS Stakeholder Advisory Committee*, has completed a series of comprehensive community consultations that support the overall feasibility, acceptability, and need for a local CTS at 628 Goyeau Street. Can-Am Indian Friendship Centre of Windsor hereby agrees that 628 Goyeau Street is a suitable and accessible location for a local CTS, and endorses the WECHU's proposal to proceed with the submission of the federal and provincial applications to *Health Canada* and the provincial *Ministry of Health & Long-Term Care*, respectively, for approval of a CTS facility at this address.

As the Executive Director of the Can-Am Indian Friendship Centre of Windsor, I encourage you to support the WECHU's proposal as noted above. A CTS facility at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,

Tina Jacobs

<sup>1</sup> Public Health Ontario. (2021). Interactive Opioid Tool – Opioid-Related Morbidity and Mortality in Ontario. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed October 13<sup>th</sup>, 2021.





# WINDSOR REGIONAL HOSPITAL

## OUTSTANDING CARE – NO EXCEPTIONS!

November 8, 2021

350 City Hall Square West, Room 530  
Windsor, Ontario, Canada  
N9A 6S1

Dear Mayor Dilkens and City Council,

Windsor Regional Hospital (WRH) is supportive of the concept of a Consumption & Treatment Services (CTS) facility for the residents of Windsor-Essex County, and supports the Windsor-Essex County Public Health Unit (WECHU) to develop and submit a proposal based on stakeholder engagement and researched best practices to the Province of Ontario and Health Canada for consideration.

We appreciate the urgent need for additional harm reduction strategies to address opioid related challenges for the residents of Windsor-Essex. In 2020, preliminary data reported by Public Health Ontario indicates that there were a total of 358 opioid-related emergency department visits in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108)<sup>[1]</sup>. Additionally, there were a total of 68 opioid-related deaths reported locally in 2020 (preliminarily), which represents the highest number of annual opioid deaths in WEC since 2005. These numbers represent individuals, families, friends, and loved ones that are greatly affected.

Through our ongoing and strong partnership with WECHU, we look forward to having a discussion on linkages to acute care as they continue to develop a model for CTS in our community. This model must be part of a sustainable addictions strategy and include pathways for rapid access to other services and safeguards to ensure appropriate supports are in place. Should council give support for the site we feel confident that the WECHU will ensure robust operational planning and engagement around these details.

Sincerely,

Jonathan Foster,  
VP, Emergency, Mental Health, Trauma, Cancer, Renal & Office of Research  
Windsor Regional Hospital

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WINDSOR REGIONAL HOSPITAL  
OUELLETTE - 1030 OUELLETTE AVE., WINDSOR, ONT, N9A 1E1  
MET – 1995 LENS AVE., WINDSOR, ONTARIO, N8W 1L9  
PHONE: 519-254-5577  
WWW.WRH.ON.CA

COMPASSION is our  
PASSION





# BRENTWOOD

People helping people find recovery

350 City Hall Square West, Room 530  
Windsor, ON N9A 6S1

November 10, 2021

Dear Mayor Dilkens and City Council,

The Brentwood Recovery Home is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption & Treatment Services (CTS) facility at 628 Goyeau Street, Windsor.

As opioid-related morbidity and mortality trends continue to surge at unprecedented rates across Windsor-Essex County (WEC), the urgent need for a local CTS facility is clear. In 2020, preliminary data reported by Public Health Ontario indicates that there were a total of 358 opioid-related emergency department visits in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108)<sup>1</sup>. Additionally, there were a total of 68 opioid-related deaths reported locally in 2020 (preliminarily), which represents the highest number of annual opioid deaths in WEC since 2005. These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS facility is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated indoor spaces where people come to use their own pre-obtained substances under safer conditions, with the supervision of medically trained workers, and with on-site linkages to basic medical care, social services, and mental health/addiction treatment. Research in Canada shows that CTS facilities offer many health and social benefits for both people who use substances and the larger community and can help to **save lives**. Brentwood supports the provision of a local CTS facility to offer essential life saving supports and holistic wraparound services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)* and the *CTS Stakeholder Advisory Committee*, has completed a series of comprehensive community consultations that support the overall feasibility, acceptability, and need for a local CTS at 628 Goyeau Street. The Brentwood Recovery Home hereby agrees that 628 Goyeau Street is a suitable and accessible location for a local CTS, and endorses the WECHU's proposal to proceed with the submission of the federal and provincial applications to *Health Canada* and the provincial *Ministry of Health & Long-Term Care*, respectively, for approval of a CTS facility at this address.

As the Executive Director of the Brentwood Recovery Home, I encourage you to support the WECHU's proposal as noted above. A CTS facility at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,

Elizabeth Dulmage  
Executive Director

350 City Hall Square West, Room 530  
Windsor, Ontario, Canada  
N9A 6S1

Dear Mayor Dilkens and City Council,

The Windsor Family Health Team is pleased to support the Windsor-Essex County Health Unit's (WECHU) proposal to establish a Consumption & Treatment Services (CTS) facility at 628 Goyeau Street.

As opioid-related morbidity and mortality trends continue to surge at unprecedented rates across Windsor-Essex County (WEC), the urgent need for a local CTS facility has become clearer. In 2020, preliminary data reported by Public Health Ontario indicates that there were a total of 358 opioid-related emergency department visits in WEC, which is 98 more than those reported for in 2019 (260) and more than tripled from those reported in 2016 (108)<sup>1</sup>. Additionally, there were a total of 68 opioid-related deaths reported locally in 2020 (preliminarily), which represents the highest number of annual opioid deaths in WEC since 2005. These numbers represent individuals, families, friends, and loved ones that are greatly affected.

A CTS facility is one of many harm reduction strategies aimed at reducing the risks associated with substance use in the community. These facilities are legally operated indoor spaces where people come to use their own pre-obtained substances under safe conditions, with the supervision of medically trained workers, and with on-site linkages to basic medical care, social services, and mental health/substance use treatment. Research in Canada shows that CTS facilities offer many health and social benefits for both people who use substances and the larger community and can help to **save lives**. The Windsor Family Health Team supports the provision of a local CTS facility to offer essential life saving supports and holistic wraparound services to people who use substances in our community.

The WECHU, in collaboration with partners involved with the *Windsor-Essex Community Opioid & Substance Strategy (WECOSS)* and the *CTS Stakeholder Advisory Committee*, has completed a series of comprehensive community consultations that support the overall feasibility, acceptability, and need for a local CTS at 628 Goyeau Street. The Windsor Family Health Team hereby agrees that 628 Goyeau Street is a suitable and accessible location for a local CTS, and endorses the WECHU's proposal to proceed with the submission of the federal and provincial applications to *Health Canada* and the provincial *Ministry of Health & Long-Term Care*, respectively, for approval of a CTS facility at this address.

As the Executive Director of the Windsor Family Health Team, I encourage you to support the WECHU's proposal as noted above. A CTS facility at this location can help to prevent future deaths in our community and to support people who use substances in living safe, healthy, and meaningful lives. We are honoured to support this recommendation and look forward to the outcome of the proposal.

Sincerely,



Mark Ferrari, Executive Director

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<sup>1</sup> Public Health Ontario. (2021). Interactive Opioid Tool – Opioid-Related Morbidity and Mortality in Ontario. Retrieved from <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>. Accessed October 13<sup>th</sup>, 2021.





**Council Report: C 198/2021**

**Subject: Declaration of Vacant Parcel Municipally Known as 0 Randolph Avenue Surplus and Authority to Offer for Sale - Ward 10**

**Reference:**

Date to Council: January 17, 2022  
Author: Chris Carpenter  
Coordinator of Real Estate Services  
ccarpenter@citywindsor.ca  
519-255-6100 x6420  
Legal Services, Real Estate & Risk Management  
Report Date: December 20, 2021  
Clerk's File #: APM2022

**To:** Mayor and Members of City Council

**Recommendation:**

- I. THAT the following City of Windsor (the “**City**”) vacant parcel **BE DECLARED** surplus:
  - Municipal address: **0 Randolph Avenue** – vacant land situate on the west side of Randolph Avenue, south of the unopened Manitoba Street right-of-way
  - Legal Description: Part of Lot 395 on Registered Plan 973, Sandwich West as in R1001235 and Part Closed Alley on Registered Plan 973 designated as Part 5 on 12R-22457
  - Approximate Lot size: 4.6 m (15 feet) x 32.6 m (107 feet)
  - Approximate Lot area: 1,605 sq ft (149.1 m<sup>2</sup>) (herein the “**Subject Parcel**”); and
  
- II. THAT the Manager of Real Estate Services **BE AUTHORIZED** to offer the vacant parcel of land identified in Recommendation I for sale to the abutting property owner at a price to be determined by the Manager of Real Estate Services.

**Executive Summary:**

N/A

**Background:**

The City owns vacant land located on the west side of Randolph Avenue, south of the unopened Manitoba Street right-of-way, legally described as Part of Lot 395 on Registered Plan 973, Sandwich West as in R1001235 and Part Closed Alley on



Registered Plan 973 designated as Part 5 on 12R-22457, as shown on the aerial diagrams attached as Appendices A and B.

The property was vested by the City in 1989. The zoning for the Subject Parcel is RD1.1 requiring a minimum lot width of 15m and a lot area of 450m<sup>2</sup>. The Subject Parcel is significantly deficient in both lot width and lot area and therefore is not viable.

By-Law 52-2014 establishes a policy for the disposal of Land. Section 5.1.2 of Schedule "A" attached to By-Law 52-2014 requires that City-owned lands be declared surplus and that Administration seek authority to sell the lands:

5.1.2 Notification of the intention to declare Land surplus and the authority to offer the Surplus Land for sale will be printed in the "Civic Corner" of the Windsor Star.

### **Discussion:**

Administration was contacted by the abutting property owner (the same party owns the abutting property to the north and south of the Subject Parcel) to express their interest in acquiring the Subject Parcel.

The Subject Parcel was circulated to determine whether there is a municipal use for same. No municipal use was identified.

The City's Land Disposal Policy ("**LDP**") outlines the process for the sale of land which is not viable. Section 5.3.1.3 of the LDP states:

5.3.1.3 Land, which is not Viable Land and which cannot be rendered Viable Land by means of consent under the Planning Act may be sold directly to the abutting property owner(s) for lot consolidation purposes at the value established by City Real Estate Staff taking into consideration all relevant factors, but in any event for no less than on a cost-recovery basis. If more than one abutting property owner wishes to acquire the Land City Real Estate Staff will contact the abutting owners to determine whether a consensus can be arrived at in splitting the Land amongst interested abutting owners.

Should Recommendations I and II be approved, the Real Estate staff will contact the abutting property owner to negotiate a purchase price. Should Administration successfully negotiate an acceptable price, a report will be brought to Council or under Delegation of Authority, as appropriate, seeking authority to sell the Subject Parcel.

### **Risk Analysis:**

There are potential liability issues should someone be injured on the land. Additionally, maintenance of the land drains scarce municipal resources. Selling the Subject Parcel will remove any associated liability issues and maintenance costs for the City.

### **Climate Change Risks**

#### **Climate Change Mitigation:**

Declaring this property surplus does not pose a climate change risk.

**Climate Change Adaptation:**

Redevelopment of properties will include climate change considerations during re-zoning or site plan review.

**Financial Matters:**

N/A

**Consultations:**

Fire Department: John Lee

Windsor Police Services: Barry Horrobin

Public Works: responses consolidated by Juan Paramo

Parks: Heidi Baillargeon

Facilities: Tom Graziano

Planning Department: Kevin Alexander

Housing and Children Services: Tina Moore

**Conclusion:**

Declaring the vacant parcel of land identified in Recommendation I surplus, and authorizing the Manager of Real Estate Services to offer the land for sale to the abutting property owner, will allow for the orderly sale of this vacant parcel of land that is not required for any municipal purpose.

**Planning Act Matters:**

N/A

**Approvals:**

Name	Title
Chris Carpenter	Coordinator of Real Estate Services
Frank Scarfone	Manager of Real Estate Services
Shelby Askin Hager	Commissioner, Legal and Legislative Services
Jason Reynar	Chief Administrative Officer

**Notifications:**

Name	Address	Email
James Scott, Manager of Parks Operations		jascott@citywindsor.ca
Mark Friel, Financial Planning Administrator		mfriel@citywindsor.ca

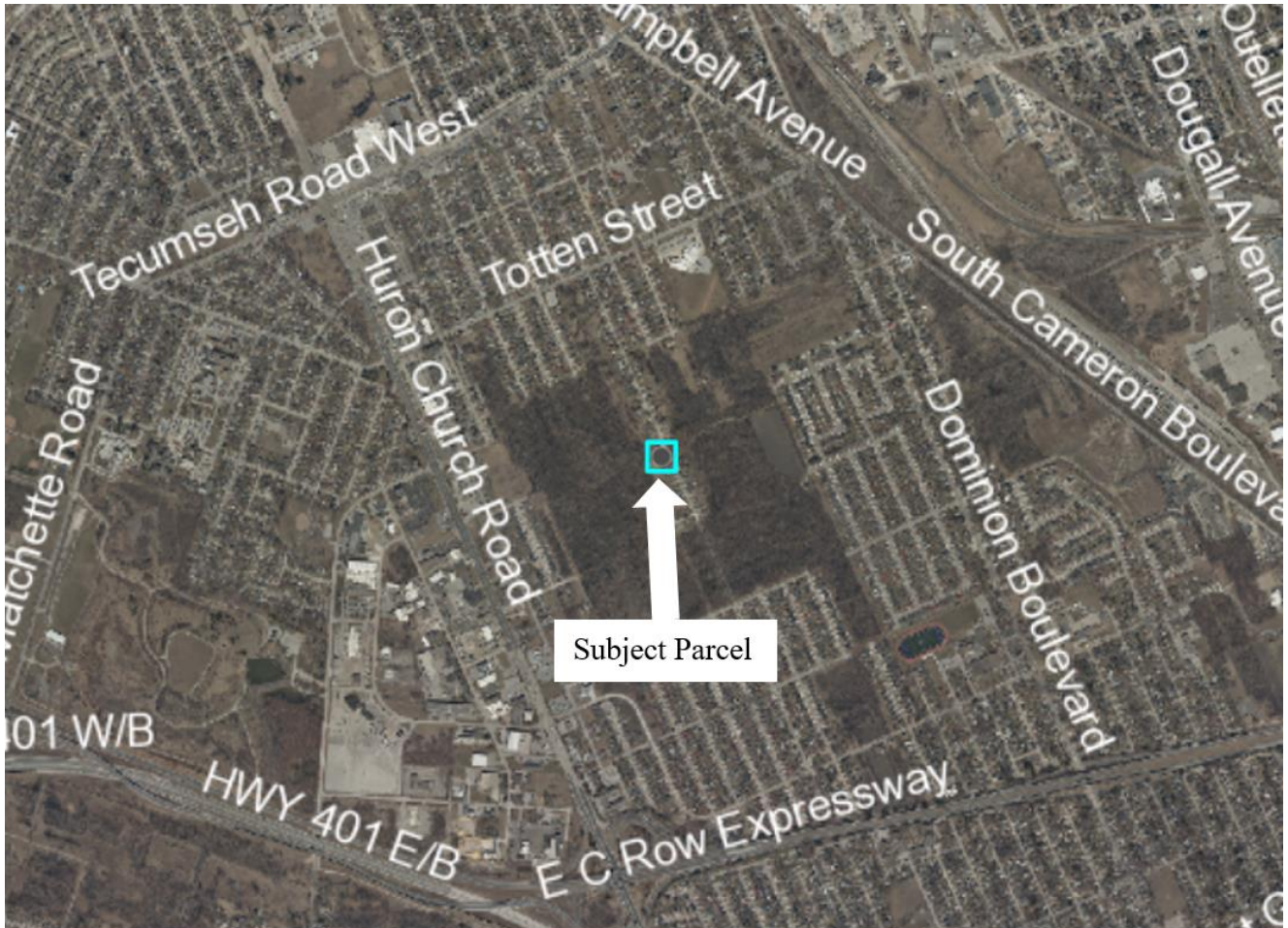
**Appendices:**

- 1 Aerial Image of Subject Parcel
- 2 Location of Subject Parcel

# Appendix A



**Appendix B**







**Subject: Declaration of Vacant Parcel Municipally Known as 0 Dougall Avenue Surplus and Authority to Offer for Sale - Ward 10**

**Reference:**

Date to Council: January 17, 2022  
Author: Chris Carpenter  
Coordinator of Real Estate Services  
ccarpenter@citywindsor.ca  
519-255-6100 x6420  
Legal Services, Real Estate & Risk Management  
Report Date: December 22, 2021  
Clerk's File #: APM2022

To: Mayor and Members of City Council

**Recommendation:**

- I. THAT the following City of Windsor (the “**City**”) vacant parcel **BE DECLARED** surplus:
  - Municipal address: **0 Dougall Avenue** – vacant land situated on the east side of Dougall Avenue, north of the E.C. Row Expressway
  - Legal Description: Part of Lot 80, Concession 2, Part of Lot 80, Concession 3, Part of Original Road Allowance Between Concessions 2 and 3, further designated as Parts 6 and 7 on 12R-20979
  - Approximate Lot area: 50,549.5 sq ft (4,696.2 m<sup>2</sup>) (herein the “**Subject Parcel**”); and
  
- II. THAT the Manager of Real Estate Services **BE AUTHORIZED** to offer the vacant parcel of land identified in Recommendation I for sale to the abutting property owner at a price to be determined by the Manager of Real Estate Services, commensurate with an independent appraisal, as appropriate.

**Executive Summary:**

N/A

**Background:**

The City owns vacant land located on the east side of Dougall Avenue, north of the E.C. Row Expressway, legally described as Part of Lot 80, Concession 2, Part of Lot 80, Concession 3, Part of Original Road Allowance Between Concessions 2 and 3, further



designated as Parts 6 and 7 on 12R-20979, as shown on the aerial diagrams attached as Appendices A and B.

The property was expropriated by the City in 1970. The zoning for the Subject Parcel is MD1.4 with an irregular shape.

By-Law 52-2014 establishes a policy for the disposal of Land. Section 5.1.2 of Schedule "A" attached to By-Law 52-2014 requires that City-owned lands be declared surplus and that Administration seek authority to sell the lands:

5.1.2 Notification of the intention to declare Land surplus and the authority to offer the Surplus Land for sale will be printed in the "Civic Corner" of the Windsor Star.

### **Discussion:**

Administration was contacted by the abutting property owner to express their interest in acquiring the Subject Parcel.

The Subject Parcel was circulated to determine whether there is a municipal use for same. No municipal use was identified.

Comments received by the Planning department state:

Due to the irregular lot shape, comprising of long narrow portions in the shape of an "L", the lot should not be sold as a standalone lot. The property can be sold to the adjacent owner to the north for lot consolidation purposes.

In addition to the above comments the full site is encumbered by various easements, which does not allow for the construction of a building.

The City's Land Disposal Policy ("**LDP**") outlines the process for the sale of land which is not viable. Section 5.3.1.3 of the LDP states:

5.3.1.3 Land, which is not Viable Land and which cannot be rendered Viable Land by means of consent under the Planning Act may be sold directly to the abutting property owner(s) for lot consolidation purposes at the value established by City Real Estate Staff taking into consideration all relevant factors, but in any event for no less than on a cost-recovery basis. If more than one abutting property owner wishes to acquire the Land City Real Estate Staff will contact the abutting owners to determine whether a consensus can be arrived at in splitting the Land amongst interested abutting owners.

Should Recommendations I and II be approved, the Real Estate staff will contact the abutting property owner to negotiate a purchase price. Should Administration successfully negotiate an acceptable price, a report will be brought to Council or under Delegation of Authority, as appropriate, seeking authority to sell the Subject Parcel.

### **Risk Analysis:**

There are potential liability issues should someone be injured on the land. Additionally, maintenance of the land drains scarce municipal resources. Selling the Subject Parcel will remove any associated liability issues and maintenance costs for the City.

**Climate Change Risks**

**Climate Change Mitigation:**

Declaring this property surplus does not pose a climate change risk.

**Climate Change Adaptation:**

Redevelopment of properties will include climate change considerations during re-zoning or site plan review.

**Financial Matters:**

N/A

**Consultations:**

Fire Department: John Lee

Windsor Police Services: Barry Horrobin

Public Works: responses consolidated by Rania Toufeili

Parks: Heidi Baillargeon

Facilities: Tom Graziano

Planning Department: Laura Diotte

Housing and Children Services: Tina Moore

**Conclusion:**

Declaring the vacant parcel of land identified in Recommendation I surplus, and authorizing the Manager of Real Estate Services to offer the land for sale to the abutting property owner, will allow for the orderly sale of this vacant parcel of land that is not required for any municipal purpose.

**Planning Act Matters:**

N/A

**Approvals:**

Name	Title
Chris Carpenter	Coordinator of Real Estate Services
Frank Scarfone	Manager of Real Estate Services
Shelby Askin Hager	Commissioner, Legal and Legislative Services
Jason Reynar	Chief Administrative Officer

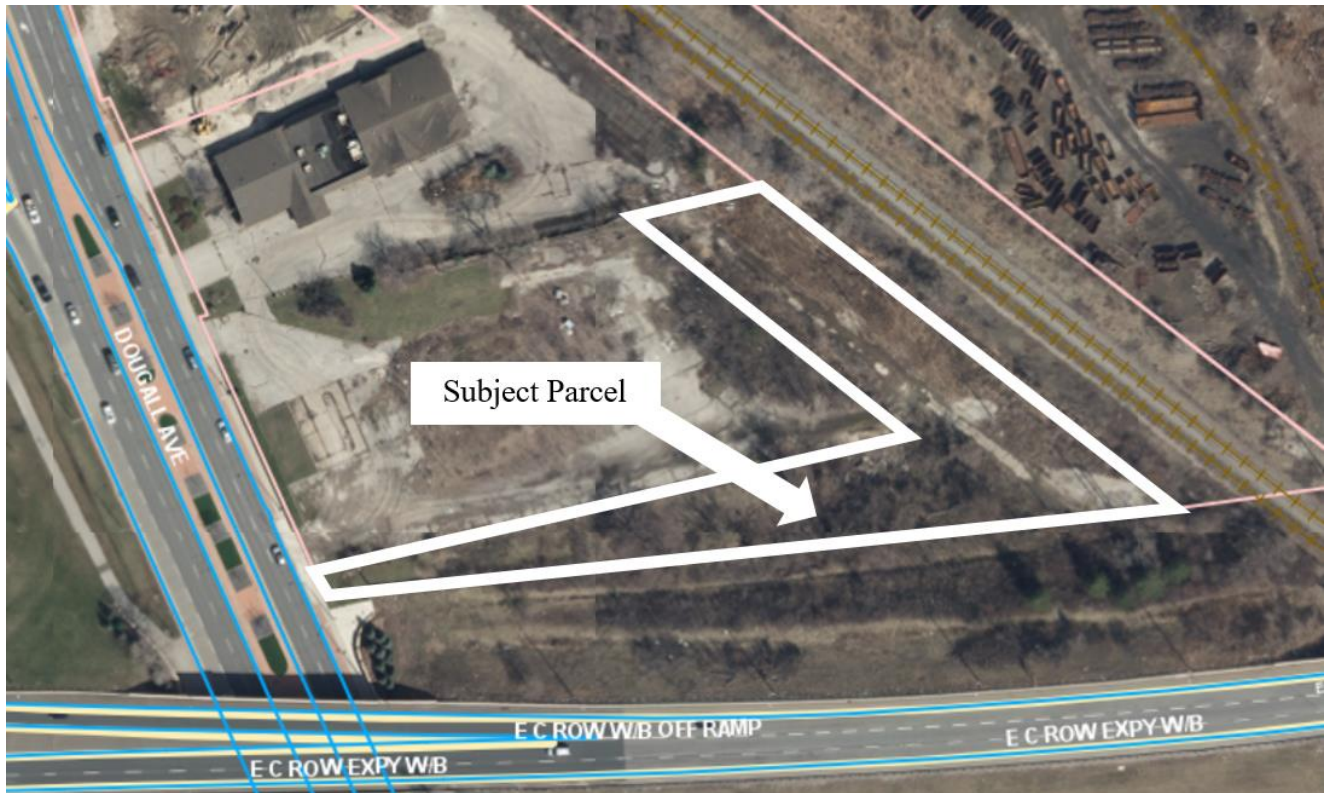
**Notifications:**

<b>Name</b>	<b>Address</b>	<b>Email</b>
James Scott, Manager of Parks Operations		<a href="mailto:jascott@citywindsor.ca">jascott@citywindsor.ca</a>
Mark Friel, Financial Planning Administrator		<a href="mailto:mfriel@citywindsor.ca">mfriel@citywindsor.ca</a>

**Appendices:**

- 1 Aerial Image of Subject Parcel
- 2 Location of Subject Parcel

# Appendix A



Appendix B

