

On 2019 February 13, the SPC on Community and Protective Services heard from City subject matter experts, representatives from community partners and members of the public on the current context and potential solutions for ensuring public safety near supervised consumption services.

The Committee also received 11 presentations from the public, including Calgarians with lived experience with addictions and mental health, local business owners, residents living in close proximity to the SCS site, health care professionals and other interested citizens.

Compiled below are the speakers who addressed Committee with respect to the Report CPS2019-0221.

CPS2019-0211 Presentations to Committee

(in order of appearance)

Presentations included (speakers without written submissions are time stamped from the [Committee video](#) below):

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- ### Current Context
- Respond to increasing social disorder calls
 - Create Naloxone program
 - Maintain 22 needle boxes
 - Coordinate with Needle Response Team



- ### Potential Solutions
- Improve partnerships on mental health & addiction responses
 - Support proactive needle response
 - Evaluate and build sustainable needle box model
 - Specialized training investment for staff
 - Will begin tracking methamphetamine incidents



37%

increase in opioid-related calls in 2018



29%

increase in social disorder calls within walking distance of SCS

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CALGARY FIRE DEPARTMENT

What Calgary Fire Department (CFD) has done to support public safety in response to social disorder?

Trends:

CFD works closely with other City services including the Calgary Police Service, Calgary Community Standards and Neighbourhood Supports, as well as external partners such as Alberta Health Services and social service agencies when anticipating and responding to the changing needs of our community including the recent spike in social disorder calls.

- In 2018, CFD saw an increase in social disorder calls within walking distance of Sheldon Chumir, responding to over 200 incidents of social disorder within 750 m of Sheldon Chumir in 2018, a significant increase of 29% over 2017. City-wide, CFD also averaged 52 calls per month related to requests for needle pick-ups in the past 24 months, totaling over 1,200 responses.
- In comparison, in 2018, CFD responded to more than 1,500 calls related to opioid use, up 37% since 2018.
- Other calls potentially related to addictions and social disorder increased in 2018 by 26%, including calls for patients exhibiting abnormal behaviour and calls related to possible overdoses.
- In addition, CFD is committed to begin tracking incidents related to methamphetamines to see the affect it is having on our services.

What is CFD currently doing about it?

For the past 20 years, CFD has maintained and monitored 22 needle drop boxes throughout the downtown core and at other high-risk locations where needle use is prevalent. CFD also continues to respond to needle debris on public property or needles that pose safety risk on private property (school yards and playgrounds).

CFD has committed to continue to work with partners such as the Operational Activities Coordination Team and AHS to provide both qualitative and quantitative incident data about our experience with social disorder in the community. As an example of a partnership, CFD obtained the nasal spray Naloxone and trained our fire crews to administer it to opioid overdose patients as a result of the Fentanyl crisis. CFD partnered with AHS on this unique program and made it available for other emergency services departments in the province and throughout Canada.

The current status of the actions taken to support public safety in response to the mental health and addictions crisis?

In January 2019, Alpha House launched their Needle Response Team. The needle response team will respond to needles on public and private property Monday-Friday 0800-1800. The City of Calgary and Alpha House are also sharing information on common needle debris locations to allow the team to proactively locate and dispose of needle debris.

CFD is currently developing a needle-box tracking program to understand frequency of use and disposal requirements. This will allow better decision making regarding the effectiveness of needle boxes and the disposal system in the future. Information is collected from a number of stakeholders regarding improper disposals and calls for needle pick-ups, and from time to time CFD adjusts the locations of the drop boxes.

The Operational Activities Coordination Team is also working in conjunction to more effectively manage needle boxes within The City, using information from the Edmonton Smart Needle program. It is anticipated that real-time tracking of needle box use would allow better understanding of where needle boxes are required and efficiencies in disposing of them.

Actions Calgary Fire Department would like to take to further support public safety in response to the mental health and addictions crisis

There are no current plans to expand CFD's program. It is our experience that even with a drop box nearby, improper disposals and debris will still be discarded in the general area and we have noticed a general decline in the usage of needle boxes year-over-year. When the program was implemented, it met the demands of a small user group. It appears to no longer meet the broader requirements to suppress improper disposal of needles and associated debris. CFD will continue to maintain the existing boxes until a more sustainable or scalable solution is found. As part of investigating a scalable solution, CFD is currently evaluating the corporate needle box program and looking to collaborate with partners and external contractors on the future maintenance of this program.

Providing CFD staff with appropriate safety practices and training increases the safety of our firefighters and enables them to provide quality service to Calgarians. CFD will invest in specialized training for its members to recognize and interact with people presenting mental health issues based on best practice training for protective services. CFD is also currently working on a program to train responders on interacting with citizens who are currently using methamphetamines, as well as responding to incidents at potential meth labs.



Current Context

- Extensive community concerns
- Degradation of public realm
- Negative impact on businesses

Potential Solutions

- Learn and get better
- Problem domain mapping
- Engage community in options
- Implement zero fail planning
- Move up-stream



VICTORIA PARK BUSINESS IMPROVEMENT AREA

Good morning, Madam Chair and members of Committee. My name is David Low and I am with the Victoria Park Business Improvement Area.

For the last 13 years, I have been studying the effects of uses such as supervised consumption sites and emergency shelters on the public realm.

Where we find ourselves today was being formally signalled by businesses and residents in the spring of 2018. Something was very wrong, yet concerns and warning signs were formally dismissed. Worse, the rhetorical device of “we are saving lives” was being used at every turn to instill doubt, guilt, and anxiety over saying anything critical.

Good public health policy should not be crafted by rhetoric, value signaling, or claims in the media. It needs to be based on facts, evidence and data. Yes, supervised consumption is well proven, but it is not benign, there are serious consequences and impacts that need to be considered and balanced. In the spring of 2018 a palpable change in the behaviour and demographic in and around Central Memorial park was noticed. Open drug use and alcohol has always been a factor in the park, but the scale and intensity spiked after the SCS opened. This ultimately resulted in contract security being needed to monitor the public washrooms.

A fundamental principle in human behaviour is that disenfranchised people, when given a safe space, will naturally want to stay close to and orbit around that space, will act in an entitled manner outside the space and become territorial around the space. The social licence for how people interpret and use public space needs to be more fully considered and explored in this instance.

Provision, the restaurant in Central Memorial Park began to feel the impacts in the spring of 2018 and by mid-summer had to discontinue their lunch service as a result of the social disorder. They persevered until the end of 2018 and are now **closed**, their future uncertain. Provision was the proverbial canary in the coal mine, and now they sadly may not see another summer.

Swastikas, often associated with “speed tribes” and elements of methamphetamine culture began to appear in the park. Food trucks, a mainstay in the park, were no longer vying for spots first thing in the morning and anecdotally, were not doing as well as in the past. One of the saddest things was the decrease in the numbers of children in the park. It was a highlight of my career to see how the park had been transformed and used by the daycares and kids groups, and on a nice summer day the fountains would be chalk full. Last summer, the park was unusually quiet.

Businesses began having to issue a do not intervene policy for shoplifting, there was an increasing misuse of washrooms, property damage from attempted break in's, needle debris, staff reporting increasing incidents of being threatened or intimidated. It is now generally accepted that working alone is not safe. Businesses and residents are scared to talk publicly because of fear of being labelled as insensitive or uncompassionate in the midst of the crisis. Yet their lives and livelihoods are being seriously affected. Residential concerns and complaints started coming to the BIA office, ranging from simple property damage, trespassing, needle debris, open consumption of drugs, to serious (and multiple) incidents involving the use of human feces as a weapon.

Insanity has been defined as doing the same things over and over again and expecting a different result.

Getting better at yanking drowning people out of a river and not being able to do something with them after that is not a long-term solution. As hard as it is, we have to go up river and start doing the work of prevention.

We need to:

Establish a real and integrated addictions strategy that focuses on primary prevention and equal value treatment opportunities. Define the problem, part of the problem maybe we are trying to stuff a square peg in a round hole. Finding a bigger hammer or pretending it fits or taping it into place won't work. What to do becomes easier once you really understand what needs to be done. Learn and get smarter.

Last Thursday, I was in Lethbridge meeting with the Executive Director of ARCHES, their supervised consumption site. My visit was only supposed to be an hour and a half with the shelter manager. Instead it was 4 and a half hours with their executive director and at one point I had to stop the conversation and just say “thank you so, so much for this”. We were having a very fulsome, mutually informative almost peer to peer conversation. That has not happened here. It was a valuable trip because with nearly double the visits, ARCHES is managing their situation infinitely better than we are in almost every respect. They understand they cannot be successful without real community support and buy in. Their communications are real, responsive and genuine. They have solid performance measures and metrics and share those. They have taken a genuine “be a good neighbor” approach. Their influence and control does not stop at their doors, they are proactive in maintaining public safety and minimizing impacts.

After visiting Lethbridge I can confidently state that a reset of the Chumir needs to occur, the experiment reviewed, failure points examined, and an honest evaluation of its feasibility undertaken

with all parties and stakeholders. The experiment is so contaminated now, that it is impossible to really tell what variables are influencing what outcomes.

Some examples – how many needles are being distributed vs. collected? ARCHES could tell me that. That is a mystery in Calgary. There is an absence of any real relationships. There is no person to call, there is only an anonymous e-mail that sometimes gets answered. I don't have any one's cell over at the Chumir, and as a member of their community liaison committee, I still have unanswered e-mails and I have not once had a one-on-one conversation with anyone from the SCS.

Why can ARCHES have security arrangements with its neighbours, and the Chumir says they can't do anything past our property line. There are about a dozen more physical, operational and management related items I could share. A reset needs to occur. Your first move in a crisis is never the best or most effective. It's a reaction. We have reacted, now it is time to evaluate that action and reset. Reset with genuine collaboration. Reset with open and honest communication.

Thank you for the opportunity to present on behalf of the Victoria Park Business Improvement Area.



Current Context

- Safety concerns identified
- Increased litter and medical debris
- Gaps between orders of government
- Community Liaison Committee
- Limited ability to implement solutions

Potential Solutions

- Explore reopening Centre City Police Station
- Collaboration between orders of government
- Develop strategy to address increased methamphetamine use
- Increase community engagement
- Build capacity for residents



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BELTLINE NEIGHBOURHOOD ASSOCIATION

Beltline Neighbourhood Association's understanding of the current status of public safety in response to social disorder in Centre City:

- Safety concerns from residents and businesses adjacent the Sheldon Chumir Health Centre due to the increased number of methamphetamine users visiting the SCS resulting in increased crime and social disorder (litter) in the area as reported in the CPS's 2018 Statistical Overview dated January 24, 2019.
- There appear to be operational gaps between City departments, Police and AHS that have negatively impacted the situation awareness and overall coordination to respond to concerns raised.
- Working group chaired by BNA and AHS is an effort to provide monthly opportunity for residents and businesses to table issues, share information between stakeholders and work together to find solutions, however, is ultimately limited in its ability to implement solutions that would require additional municipal or provincial funding.

What We've Done

- The BNA supported the opening of the SCS at the Sheldon Chumir as part of the City and Provincial response to the opioid crisis and the alarming number of deaths from overdoses.
- We've remained engaged with AHS since the site opened and advocated for a monthly community working group, which launched back in December in an effort to improve communication between local residents, businesses, AHS, City and Province and find solutions to improve community safety.
- We've worked hard to make the Beltline more vibrant: we launched a mural Festival BUMP, programmed multiple events in Central Memorial Park (including a movie in the park), ongoing community and arts programming at McHugh House, and the Beltline Bonspiel.

Understanding of Current Situation

- We've heard safety concerns from residents and businesses adjacent the Sheldon Chumir Health Centre due to the increased number of methamphetamine users visiting the SCS.
- Concerns about increased litter and medical debris from drug users in the area and in the Beltline in general.
- There appear to have been operational gaps between City departments, Police, Fire, AHS and the Province that have negatively impacted the situation awareness and overall coordination to respond to concerns raised.
- Working group is limited in its ability to implement solutions that would require additional municipal or provincial funding without the support from the City and Province.
- We understand from the CPS's 2018 Statistical Overview dated January 24, 2019 there's not just a crime problem around the SCS but for the entire City Centre. (B&E up 55%, Violence up 35%, drugs up 21%.)
 - The Mobile Command Centre, which was suggested as a mitigation after the closure of the Victoria Park Police Station has not done enough to make up for lost police presence in the City Centre.

Actions BNA would like to see taken to further support public safety in Centre City:

- The BNA supports the Notice of Motion C2019-0123 and of particular note:
 - Items that help to improve the continuity of service beyond the 4 walls of the SCS, such as items #1-5.
 - Resources to support the BNA and BIAs in producing more community-driven programming. BNA could do a lot more if there were the funding. The 4th Street BIA programs the largest streetfest each year. (Item #7)
 - An urgent evaluation and redeployment of needle box locations. (Item #8)
 - Would like to request that this committee and the Calgary Police Service further explore the benefits of re-establishing a Centre City Police Station to better serve the Beltline, Downtown and Centre City communities now impacted by significantly increasing crime rates. (Item #12)

Generally,

- The BNA requests that the City work with AHS and the Province to address the urgent need for a strategy to respond to the rise in methamphetamine use in Calgary.
- More opportunities for community engagement and capacity building for residents around mental health and addictions.



Current Context	Potential Solutions
<ul style="list-style-type: none">• 2018 crime and disorder report• Targeted enforcement• Adapted Beats, Patrol & Bikes deployment	<ul style="list-style-type: none">• Continue supporting harm reduction• Focus on community safety• Work with partners to address issues• Continue targeted enforcement• Evaluate current models and adapt
	 <p>Significant Increase in violent, property and drug related crime and disorder in the immediate vicinity</p>  <p>Crystal Methamphetamine is the most common drug used during SCS visits</p>

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CALGARY POLICE SERVICE

Good morning Chair, Councillors.

Let me start off by saying that this will be hard to address in a five-minute speech and I look forward to furthering discussion. From my understanding, I am here today to address questions specifically around what police have done, and will do, to address the crime and social disorder in and around the supervised consumption site.

Proactively, we have been involved in more than 12 committees since the opioid crisis came to bear on our city in 2015. In addition, our Community Resource Officers and management team at District 1 have been actively engaged on a daily basis with both the community and the site management teams to stay connected every step of the way.

By the end of last summer, we heard increasing complaints from the community, although our data didn't reflect what we were hearing at the time. In response:

- We worked with our community partners to facilitate the ask in June 2018 for increased DOAP team presence and needle pickup
- We adjusted the schedules and deployment of our Beat Teams in August, Patrol Teams in September and Bike teams in December
- And we began the Daylight Initiative in December 2018 to address the proliferation of meth in our city.

Throughout all of this we also needed to balance the needs of the rest of the core.

- In Aug/Sept of 2018, we initiated targeted enforcement in the Olympic Plaza/City Hall/Stephen Ave corridors.

- During the same time period we also implemented a pilot Beat team, staffed by officers from other districts to help us address other hot spot locations in the core.
- In Nov. 2018, we launched the Mobile Outreach Community Police Station (MCOPS).

In January, the crime and social disorder report was completed. As you have seen, it paralleled what the community has been telling us, along with our own observations. Our officers have witnessed first-hand the troubling behaviour demonstrated by individuals in the area who have consumed meth.

We do not criminalize addiction. We support harm reduction and would encourage our partners to continue their work on increasing capacity on the treatment side of the spectrum. However, we have a mandate to ensure public safety, both for the community and for the clients of SCS. We will continue to focus our enforcement efforts on those who prey on the vulnerable.

What we see now is a new normal and we all must adapt. Until we can find treatment solutions for addiction, we must find a way to keep people from dying, while minimizing the impact on our surrounding communities. We are committed to doing our part, but we are only one piece of this puzzle.

We are confident we can address the crime issues in the area in a short time. The question is one of sustainability and the ripple effect of pulling resources away from other high-needs areas.

I believe my time is almost up so I will leave you with this: There isn't a tool on an officer's duty belt that can address the complex social issues of mental health, addictions, homelessness or unemployment.

Thank you.



Current Context

- Mandate is to save lives
- Refer clients to AHS and community-based programs
- Connection to care enhances public safety
- Increased patrols
- Suspension for inappropriate behaviour
- Partnership with Needle Response Team
- Established Community Liaison Committee

Potential Solutions

- Improve community-based programs integration
- Ensure additional access to supports
- Provide Protective Services 24/7
- Train staff to collaborate with CPS
- Educate businesses on non-violent intervention
- Establish relationships to promote safety
- Provide community resource contacts
- Develop solutions using Social Determinants of Health
- Create connections and community for clients



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ALBERTA HEALTH SERVICES

What Alberta Health Services has done to support public safety in response to the mental health and addictions crisis:

At AHS our mandate is to save lives and provide health care services. The most important work we do is to meet people where they're at and connect them to services. At the supervised consumption service, we refer clients to a variety of AHS and community-based programs to support their health:

- Addictions Counsellor - onsite 3x per week for 4 hours
- Social Worker - available daily
- The Opioid Dependency Program at the Sheldon Chumir, Detox at Renfrew
- Primary Care - CUPS, the Alex, Community Paramedic Team, Urgent Care
- DOAP/Alpha House
- Adult Addiction Services
- AHS ID Program
- AISH
- Food Services
- On site STI, Hep C, HIV testing and treatment, and vaccinations
- Palliative Care team for the homeless
- We have made over >400 referrals
- Connection to care helps people get better and contributes to public safety
- Staff, client and community safety
- AHS Protective Services on site 24/7
- We have increased patrols in and around the SCS

We have put up signage clearly outlining site rules and expectations. We have also designated shopping cart spaces on the sidewalk to ensure space for foot traffic. We provide suspensions as necessary for inappropriate behaviour with follow up and behavioural care plans.

Other initiatives

- We were part of the initial collaboration b/w Alpha House, the City and CPS that resulted in funding from the Ministry for the Alpha House Needle Response Team. AHS Safeworks provides the Team with the sharps containers and incinerates them free of charge.
- Every needle used at the SCS stays at the SCS and is disposed of safely. At the Sheldon Chumir, AHS has installed mailbox style needle collection bins. There are also needle disposal boxes in all of the public bathrooms in the Sheldon Chumir. We hand out personal sharps containers to clients and provide education on safe disposal.
- AHS has established an SCS Community Liaison Committee. The Committee has met twice and meetings will continue monthly. Membership includes people with lived experience, CPS, the City, local residents, and local businesses.

The current status of the actions taken to support public safety in response to the mental health and addictions crisis:

We continue to work closely with CPS. Inspector Davison, the CPS District 1 Commander, has been incredibly helpful in communicating the law enforcement perspective and working with us on shared initiatives. The CPS and AHS Legal Teams are currently working on a shared framework for our staff to work together.

The next Community Liaison meeting will be on Feb 26. The planned agenda is to review the CPS police report, introduce the 4th street BIA representative, and invite an update from Zev with Clr Wooley's Office.

SCS Program Leadership is in weekly communication with the DOAP team. We will provide the DOAP team an orientation at SCS to help familiarize them with the work we do and build relationships.

We are working with city administration and the CFD on coordinated guidance and messaging for the public re: needle pickup.

We have a supportive relationship with the First Baptist Church across the street. AHS Safeworks provides the Church with sharps containers and training. The Church is providing AHS Safeworks with space for special events for clients. For example, they hosted our 1 year anniversary celebration last week.

Actions Alberta Health Services would like to take to further support public safety in response to the mental health and addictions crisis.

We will continue to improve integration with AHS and community-based programs.

Working with our partners at Addictions and Mental Health to ensure access to additional supports

A decision has been made to have Protective Services on-site 24/7 on an ongoing basis and funding has been secured to support this.

We will continue to train our staff to work in collaboration and partnership with CPS.

We would like to connect our peer outreach workers with the DOAP team to help educate businesses about non-violent crisis intervention, establishing productive relationships with people who use drugs to promote safety, and provide contacts for helpful community resources.

In Public Health, we look upstream at the Social Determinants of Health. Homelessness is a major driver of methamphetamine use for many of our clients as many don't feel safe enough to sleep. It's also crucial to create connections and community for clients, and this involves combatting stigma. We look forward to working with all of our partners and the community on addressing these fundamental issues.



Current Context

- Provide shelter, detox, outreach & housing
- Divert unnecessary emergency service response
- Connect clients with necessary resources
- Community Outreach Team & Needle Response Team
- Broaden DOAP Team reach to Beltline & Downtown

Potential Solutions

- Expand outreach capacity
- Increase proactive needle sweeps
- Cross organization partnerships
- Long term solutions for vulnerable individuals
- Data mapping to inform decisions



21,000

transports were conducted by the DOAP team in 2018



88%

of needles collected in January were discovered proactively

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CALGARY ALPHA HOUSE SOCIETY

What has Alpha House done to support public safety in response to social disorder in Centre City:

- Since 1981, Alpha House has provided front line services for men and women affected by alcohol and other drug dependencies.
- Alpha House offers a continuum of programs including shelter, detox, outreach and housing.
- Both our shelter and detox programs respond to the needs of vulnerable individuals affected by substance use at the street level and offer diversion away from unnecessary CPS, EMS and Bylaw responses when this type of intervention is not required.
- The shelter and DOAP programs increase the immediate safety of street involved individuals, reduce crisis and connect them to resources that would improve health and living conditions.

The current status of the actions taken to support public safety in response to social disorder in Centre City:

- The DOAP Team operates 24/7 with two vans on the road during peak times (3-11pm). During the peak time one van is focused on calls in the City Centre and the second van responds to calls across the city (over 21,000 transports conducted in 2018).
- The DOAP team has broadened its reach with new partnerships including a Transit Team (2018), a Needle Debris Response Team and has 2 new teams for early 2019; one in the Beltline and the second in Calgary Downtown and East Village (in partnership with Calgary Downtown association).
- In January 2019, our new Needle Debris Response Team launched a needle debris phone line for the public and initiated training on safe needle debris collection and Engaging with Vulnerable Populations training for businesses, schools and partner agencies. In the month of

January, the team collected 850 needles. Twelve percent of needles were discovered via phone line and 88% were discovered through proactive sweeps by staff. The Needle response team provided training sessions on safe needle disposal 23 times and conducted 3 sessions on Engaging with Vulnerable Populations.

- Overall, outreach capacity through the DOAP team in the city centre in 2019 will be expanding by 14 staff, doubling Alpha House's capacity, and 3 new programs.

Actions Alpha House would like to take to further support public safety in response to social disorder in Centre City:

- Expanded DOAP teams will continue to work with community members, agencies and partners to support better outcomes for vulnerable persons in the downtown
- Through the use of data and mapping, the team can focus on higher needs areas through proactive outreach
- Partner with SCS, BIA, Community association and CPS to focus on better outcomes for individuals affected by addiction and mental health in the Beltline and alleviate community concerns
- Continue to respond too, and address immediate safety of people
- Focus on long term solutions (ie. Housing) for vulnerable individuals presenting with complex issues in the community



Current Context

- Increase security guard mobile patrols
- CCTV to monitor illicit behaviour



Potential Solutions

- Crime Prevention Design: Central Memorial Park
- Review current security surveillance
- Improve coverage in Central Memorial Park
- Increase security guard presence



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CORPORATE SECURITY

What Corporate Security has done to support public safety in response to the mental health and addictions crisis:

Increased security guard mobile patrols

Corporate Security, security guards, conduct regular patrols of the area in and around Central Memorial Park. Our security guards do mobile patrols and report any noticeable illegitimate use of the park and surrounding areas to Calgary Police Service (CPS). Corporate Security conducts patrols of this nature at most City facilities and parks, especially within the inner-city area.

The patrols include a physical walk of the park and collection of any harmful paraphernalia, such as needles and syringes.

Utilizing the limited CCTV coverage

In addition to the security guard mobile patrols, Corporate Security's Integrated Security Centre, is located here at the Municipal Building, and monitors the CCTV cameras within Central Memorial Park.

There are currently two cameras to monitor and report any illegitimate behavior to Calgary Police Service (CPS).

The current status of the actions taken to support public safety in response to the mental health and addictions crisis:

Monitor CCTV

Our Integrated Security Centre employees continue to remotely monitor CCTV cameras in and around Central Memorial Park, as well as other inner-city parks which have seen an increase in security related issues. The parks are a focus for surveillance.

Security guard mobile patrols

Corporate Security has increased the number of security guard mobile patrols in the highly affected areas to have a visible presence and to report any issues to Calgary Police Service (CPS) for a response.

Actions Corporate Security would like to take to further support public safety in response to the mental health and addictions crisis

Corporate Security will initiate a full Crime Prevention Through Environmental Design (CPTED) review of Central Memorial Park and its surrounding areas. The surrounding areas include; the Calgary Public Library and Haultain School. The Parks Foundation is a tenant inside the Haultain School, who has also reported an increase in drug paraphernalia in and around their premise.

Improve Security surveillance capabilities

Corporate Security would like to conduct a detailed review of security systems that are currently operational in the affected area. This type of detailed security review aims to develop recommendations to improve and upgrade the aging technology at the site. With newer technology, we will be able to gain greater CCTV coverage of the park and its surrounding area, which would allow us to remotely monitor more effectively and action a response from Calgary Police Service (CPS) faster.

This security review will look at network connectivity, CCTV provisions, potential for help phones (as part of the Public Safety Network) and PA systems.

Provide increased security guard presence

Corporate Security would like to review the current security guard coverage at the adjacent library and work with Calgary Public Libraries to look at the potential sharing of security guard resources. This could enable Corporate Security to conduct more security guard patrols of the park as well as provide 'Safe Walk' services to City employees from their place of work to their vehicles.

- **Larry Heather (1:05:21 – 1:10:17)**
 - In opposition of the Safe Consumption Site.
 - Wants to stop the enablement of this drug site.

Opposition to the Supervised Consumption Services Site by Sherry Crawford

I have lived in Calgary for 35 years. I have always been proud to be a Calgarian, and felt that Calgary was a great, well-run city. But I am here today to say that I am strongly opposed to the establishment of the Supervised Consumption Services site. My daughter, a teacher, lives a block away from the SCS. When she bought her condo nine years ago, it was a safe area to raise her children. That safety has declined shockingly.

In my last visit, my little granddaughters and I had to walk past three sets of people doing drugs on the sidewalk. The visit before that, I had to walk past a person rolling around in the middle of the road. Thankfully, a police car was nearby, so I could tell them before he was run over. When I took the LRT, I had to walk through a group of a dozen disreputable, intimidating men gathered in the stairs - I've never seen that there before. My daughter's condo building has also been broken into. The neighbourhood now seems to be a magnet for all the crystal meth addicts and dealers in the city.

I do have compassion for people struggling with addiction. I volunteered at the Calgary Young Offenders Centre for eight years, and know some of the horrors that people try and forget through drugs. I have also had a good friend die through drug use. I do think every life is of value - and every life matters.

However, in order to reduce the harm that addicts do to themselves, you knowingly and deliberately choose to put the lives of all the innocent, tax paying, contributing members of society who live there at risk. As a result, people like my daughter and granddaughters have to walk in fear as they go to work or school or other community enhancing activities. You imply that all lives matter, yet you are deliberately choosing to prioritise addict's lives over those of my daughter and granddaughters.

Why should an addict's desire to take illegal drugs (often associated with criminal behaviour) take precedence over my daughter's desire for a safe neighbourhood in which to live and work and raise her children? Have you walked through that area now that the SCS is open? Have you? I have. And it's scary. And it's ugly. And it's not fair.

I can understand the desire of the government to reduce harm to addicts. But not at the cost of the desire of the law abiding people who live there to be safe. And to feel safe. They are mutually exclusive desires. Drug crime increased in that neighbourhood by 276% last year!

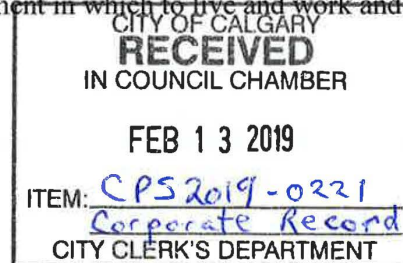
Do my daughter and granddaughters have less worth than an addict? Do they have less rights? How can you do this to them, and to all the other people living and working there? It's not right.

If you can't look in the mirror and swear on your honour that you would be fine having this SCS site a block from your home and your children, then move it or shut it down. And if you don't, and something does happen to one of the innocent people who live there - know that it will be a direct result of the decisions made by a city and a government that they relied on to keep them safe.

At the very least, I beg you to PLEASE greatly increase the police presence in the neighbourhood. ANY sense of safety and security comes only from the police being there.

Please, while you're considering ways to reduce harm to addicts - consider the right of the innocent, hard working, tax paying, law abiding residents to a safe environment in which to live and work and raise their children. Just like the environment in which you all live.

Thank you.



- **Jessica McEachern (1:19:37 – 1:39:40)**

- Has lived experience similar to the clients of the safe consumption site.
- She is now a peer leader at Safe Consumption Site (SCS).
- “Meth users are more terrified than angry and hostile.. if you fall asleep you get kicked out from places. You don’t have enough resources to get rent.
- There are not enough shelters in the City and there are restrictions on some of the facilities.
- Would like to see increase in research for users and mental health.
- Recommends developing more peer support programs and initiatives.
- Received invitation from Councillor Colley-Urquhart and Director Richard Hinse to be part of the panel.

- **Dr. Tim Ayas with Stacey Whitman (1:39:58 – 2:10:00)**

- He is a Clinical Psychiatrist in Calgary.
- SCS doesn’t fall under their jurisdiction but there are frequent crossovers and over laps within in the psychiatrist clinic at Sheldon Chumir.
- They have seen that SCS decreases criminal activity in the area.
- There is evidence for long term psychotic breakthroughs.
- They have employed over 100 social workers and partners up with multiple addictions agency.
- ARCH program has addiction services at Peter Lougheed emergency room– looking at evaluating (ie. the Edmonton model). Also looking for a more comprehensive program that is available 24 hours a day.
- As for Indigenous Clientele - not able to track the numbers and struggling with transportation and with no satellite site, just the downtown location.
- Reviewing how to bring clients to Sheldon Chumir or the resources going to them, looking at both options. Arranging transportation is a barrier to see individuals to continue care.
- Alberta Health Services (AHS) have a different definition for success. AHS does not see relapses as being unsuccessful. Doesn’t mean they stop using the drugs but now the clients are seeking resources.

Gibb, Linda A.

From: Stacey Whitman <Stacey.Whitman@albertahealthservices.ca>
Sent: Wednesday, February 13, 2019 2:11 PM
To: Committee Clerk
Subject: [EXT] Discussion at City Council

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Linda



I am the manager of the Opioid Dependency Program and the Injectable Opioid Agonist Treatment program at the Sheldon Chumir Health Centre. We have created connection and network around individuals in the site. We provide medication management to individuals with opioid use disorder. We also see individuals who may also be using crystal meth. We do not discharge clients if they are using other substances; we focus on safety with prescribing. Significant issues we see are often related to housing and food access.

The focus is on connection and building relationships with clients that attend our care. Addiction and mental health treatment is available within the Sheldon Chumir.

Thanks

Stacey

Sent from my iPhone

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- **Anne Murphy (2:10:28 – 2:21:34)**

- Lives two and half block range from SCS.
- She hasn't felt unsafe but uncomfortable.
- Would like to receive information about the treatment program and what's happening inside.
- Recommends different area for grocery carts. Possibly a covered area in the parking lot and then people could pass the sidewalk in from of the SCS.
- Sees a need for a place to go after treatment – possible place to have a coffee and have transportation to Drop-In Centre.

Murray

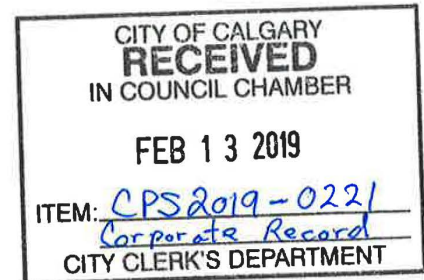
From: "Park Palisades" <parkpalmaintenance@gmail.com>
Date: January 25, 2019 4:54 PM
To: "Murray Shuturma" <condos@telus.net>; "heather schade" <Albertaexecservices@gmail.com>
Subject: Re: Letter to the minister

I am going to send this before I leave today.

Thanks and have a great day!

Park 300 & The Palisades

Troy Llewellyn Cartwright
Building Manager
403-969-5744



On Fri, Jan 25, 2019 at 3:09 PM Park Palisades <parkpalmaintenance@gmail.com> wrote:

Hey I've edited some and added some and deleted some of this so if you wish to review this and have me amend anything please let me know otherwise I'll send it out by the end of the day.

Hi I'm emailing regarding the supervised consumption site at the Sheldon M. Chumir Center in Calgary and the issues it has caused in our neighborhood as a result and will keep this as short as I possibly can, but I do need to inform you of all the extremely negative impacts the scs has had in our area.

A little about me:

I am a pretty well educated almost forty year old male who manages two condominium buildings on 13th and 14th avenue and have done so for almost seven years. In this time I have never seen this much crime or social disorder or hazards that have made this area dangerous or unsafe to anyone walking through, or living in the area. These buildings are back to back and connected through parking lots and the 13th avenue building is across the street from the scs and directly in front of Central Memorial park. Because of our facility location and size, I have probably had more experience or issues with the product of the scs than anyone else in the area. According to police, we have a very secure facility. We also have a very advanced surveillance system with up to thirty nine cameras so you can say that I am at the "front line" of scs issues as I can see more than most people but it's not to say that every neighbor including the businesses have not noticed or experienced, the very negative impact the scs has had on us.

My mother is a forty five year veteran of social services and foster care so I do have a lifetime of mental health and development experience. She is also a very experienced and well known real estate agent.

My father is a retired Calgary city police officer with a wealth of experience and knowledge of our city.

A little about Central Memorial park:

This little Victorian designed 4.68 acre park gives us one of the best views in all of downtown Calgary and is a very active area especially in the warmer months. It was designed in 1889 and holds the oldest library in Calgary and both were deemed a National Historic Site. The Colonel Belcher

Veterans Hospital used to stand where the Sheldon M. Chumir Center is and the park has the Boer War Monument which is known as one of the four finest equestrian statues in the world. The park also holds a large cenotaph dedicated to the end of WW1 and another statue that was erected by the Imperial Order of the Daughters of the Empire to honour soldiers that fought in WW1. Some of our neighbors beside the park include the First Baptist Church built in 1911 and Calgary's Freemason main lodge.

Many people go to food trucks for lunch and sit by the water fountains and people tan or do yoga or other activities. There are a few daycare centers near that regularly bring the children out to enjoy this park and water features. This park hosts many festivals like the Lilac festival or activities such as Hohner piano competitions and so much more. On nice days, this park is very active.

My dad is retired Calgary police and when I told him about where I was working he gave me a brief history on the drug use issues that used to happen in this park before the city spent eleven million and five hundred thousand dollars to clean up in 2008-2009 and when I tell him what it's like since the scs opened, he says it's even worse than it used to be. But, I and our community already know this. There are several resident's in the area that have been here for thirty to fifty years and are very concerned as they say it's never been this bad and I cannot help but try and inform people that it is also no longer safe mostly because there is an extremely high potential for some kid or dog to be stuck with an improperly discarded syringe or syringe tip and more from hazardous items left by irresponsible drug addicts.

This park is no longer safe to use and people need to know this.

An average day at work before this facility opened:

Monday's I would do a random check on our camera footage to see activities inside and outside of our buildings and the rest of the week would be dedicated to work.

An average day at work after this facility opened:

Every day I have to check cctv footage mostly of the outside area's including the parking lots and bicycle rooms and almost everyday I find some kind of unwanted activity as a result from trespassers. Most of which are people using hard drugs on our property and breaking into cars for very minor items or breaking into our bicycle room but on many occasions have broken into lock boxes and then into the buildings and into rooms like our laundry rooms and mail room and then into cars in the basement parkades. I would then keep a close eye on our cctv and my phone as I constantly get calls or texts regarding drug addicts using drugs on our property or causing some kind of issue like crime or trespassing.

Most days we hear and see addicts screaming/yelling or dancing in the neighborhood or park or here. Most often addicts are in the alley beside our building using drugs and everything else that comes with it. I have on several occasions phoned an ambulance for overdoses on and off our property. These issues cost me an average of one or two days per week depending upon the amount of crime and/or damages and it makes it very difficult for me to be effective at work so I tend to spend much more time at work trying to make up for it but I do not know how much longer I can continue this way.

Crime:

A lot of the criminal issues have already been listed in the above paragraph but here are more items: Before the scs opened, we used to average a crime or incident maybe up to once per month but since it has opened it is every week and up to five or more that I've had to deal with. This includes writing police reports, fixing damages and gathering cctv footage and even this week or since Friday night

I've written five more police reports for obvious drug addicts or known scs users. I can tell they are addicts as I either know them as an scs user or see them using drugs or they leave items like syringes or like on Monday one guy dropped a bottle of Naxolone but they do leave other items like glass pipes, stericups, saline, syringe bins, drug bags and more. All but the empty drug bags are provided to them by the scs. The yellow syringe disposal containers I've seen often being used to drink alcohol from or drink soup out of. I also often find entire bags full of new unopened syringes from twenty or fifty of them.

When I approach users around or on our property I am always nice as I don't want them to cause us further issues and usually say "how's it going today" and "did you know this is private property?" and "I have to ask you to leave" which most times they will leave but quite often they want to finish using their drugs and quite often I see them sharing one syringe between two users so I have witnessed an extreme amount of drug use at or near our buildings. Every once in a while I am greeted with violent gestures and offers to end my life and extreme social disorder or mental health issues. Some other issues that come with drug use in our area or on our property are: defecating or peeing or vomiting or squirting blood from syringes on our property. From September 2018 to the end of December I've wrote over fifty police reports and many before and after this time. I've probably wrote this amount of police reports in the first five years I have worked here.

We've seen shot gun wielding addicts and a guy with a machete damaging property and threatening people and one of my employers witnessed an addict swinging an axe at people and so much more that many people especially my coworker and I have become desensitized or used to this.

We've had to spend tens of thousands of dollars last year and will need to spend much more to secure or keep our buildings and residents as safe as possible. We've added a garage door near the alley where far too many addicts had cut into our gate and fence. We've added additional out door lights and cameras and moved card readers so garaged doors only stay open for ten seconds instead of thirty. It's difficult to factor the overwhelming amount time it has cost our board of directors and myself especially when you include all the damages I have had to fix. If I were to estimate the approximate value of everything it cost our buildings last year, I would say around one hundred thousand dollars but, most of my employers time is worth much more than this.

One of the statistics regarding crime in the beltline area is not very informative. It says that crime has not increased, but the beltline is such a large area that every police officer will confirm it has drastically increased within a certain area from the scs and crime has been reduced outside of these areas which is the reason for this uninformative statistic. Calgary police have also moved many officers from other districts to our local district one to help with this crime increase in our area. They also have officers from other districts working in our area. Every time I speak with police, I always hear is how overwhelmed they are.

The scs has a written agreement with police that if addicts are seeking medical help with their addiction, then police legally cannot enforce the law which makes it even more difficult for everyone. An officer mentioned to us on Wednesday night that if they have a potential arrest several blocks from the scs, the suspect can claim they are on the way to the center for help and the police legally have to release them.

Drug dealers:

I and my coworker can watch the park or hospital on any given day during a fifteen minute coffee break and see drug deals by dealers who the police confirm, have moved into the area because of this site. We've had and have dealers living in our buildings. One obvious dealer was here for one night before police arrived heavily armed and tasered him because he threatened a woman with a knife and

then resisted arrest. I have written reports about the dealers but police can only investigate them if there is an occurrence in the area that leads them to their suite. I can only speculate they are dealers by their constant 24 hour activity which is normally leaving the building and walk to hospital or park where they meet addicts. So it is very obvious to us what they are doing.

Calgary city police did set up a sting and did arrest multiple drug dealers at or near the scs but did say when one is arrested, another replaces them. It did quiet the activity near the scs for a few weeks but is back to it's regular social disorder or what we feel is chaos.

Addiction and statistics:

A recent news report from December 13th did confirm a rise in violent crime and social disorder calls within a five hundred meter distance from the scs and was provided by Calgary police. There were 142 violent crime calls in our area in all of 2017 and by the end of October 2018 were already at 139 calls. In 2016 there were 84 and in 2015 there was a total of 83 calls. From January to October 2018 there was a 23% increase in social disorder calls than the previous year.

We've asked and they do not keep records but emergency responder's have confirmed that most of the over doses and users of the scs are regulars. So lets say they've treated six hundred over doses but in one day the same guy had over dosed five times and it wasn't even at the scs but near to it. The same for the users in the scs. One person has been there fifty times but they will not keep these statistics which we find should be an important piece of information for everyone.

The fire department syringe pick up for public property only has gone up 325% since 2010 and we do not know how much in the last six months but it will definitely be much more.

This location was apparently chosen because they determined there were about three hundred drug addicts in the area but didn't consider the other thirty five thousand residents of this area.

I should also mention the last known or amount we could find on what it costs to treat substance abuse was from 2014 for 5.4 billion dollars. I have to wonder how much it has increased since then.

Syringes and paraphernalia:

This is the most hazardous safety concern out of all of these issues. We in the neighborhood had no idea that people who get stoned out of their minds at the scs were going to be given syringes and often bags of syringes and all the other drug use items to take with them like saline or stericups or pipes or syringe disposal containers and more. One of my employers made a very good comment when she said "it's like giving a stoned addict a loaded handgun to take with them into public because it's just as dangerous".

The Vancouver location does not give the most irresponsible people syringes to take with them and leave all over the park or at our front doors or in every nook and cranny you can imagine. So why does the Calgary location? We had to discover the hard way that 311 and the scs will no longer take calls regarding syringe pick up and the fire department won't pick up on our property but will pick up on public property. The Doap team and apparently someone at the Alpha house will pick up but guys like myself and my neighbors have already picked up thousands of improperly discarded syringes because we can't just leave them for any length of time to be found by children or stepped on by others.

It's obvious how bad the syringe issue is when one of our owners mentioned to me that while she walks her daughter to the school bus, she plays a game called "count the syringes" which is very sad but it also teaches her seven year old daughter to avoid these dangers.

I have also witnessed a secondary purpose for these syringes. Addicts take these apart and use them to inhale drug smoke from the foil they use to cook drugs on.

Location:

I've already mentioned many park concerns but another of my employers said it best when he asked "why would they put the scs next to a park?" which is a very good question and now I'll I can think is "who in their right mind would put the scs beside any park, but especially one like this"!

Then you need to look at 4th street. This is one of the main streets that connect an even larger population of residents from different communities that walk, drive or ride their bicycles to the downtown core, but most importantly is the very high volume of pedestrian traffic that walk by this site daily and for this reason we have to wonder again why anyone in their right mind would choose this location. There are areas much better suited for this kind of facility like near or at one of several drop in centers.

Property value:

This subject should now be obvious. We have had many resident's move out from our buildings and have expressed the scs as the reason for moving. We have more resident's moving out soon for this reason. We've had Sheldon Chumir staff including nurses move out because of the scs issues.

We now get rental inquiries from people who ask how close we are to the scs and then do not book a viewing.

One of my employers posted an advertising to rent one of his condos and didn't include the location to the scs and had about sixty interests. He then added the location to the scs and had zero interest.

The nice restaurant in Memorial park has closed their doors in December as a direct result of the issues caused by the scs.

The coffee shop beside the scs is suffering because addicts hang outside of it all day long.

The corner store on 4th street and 14th avenue now closes two hours early because it is not safe enough for his employees. He also has a sign on his door that says 'no druggies allowed' as he's had far too many issues.

Every business, building or residence near this site has been broken into or had multiple crimes caused by addicts.

One of my employers met an older lady who is now too afraid to leave her condo due to these issues and cannot sell her condo as it's now, far too undervalued.

Because of the added resources needed to operate this facility like emergency services, we are all anticipating a rise in property tax while the property values decline.

Jimmy owns an entire building next to us with his own shawarma and Vietnamese restaurant and more and he is at his wits end. I've witnessed his cctv footage of an known addict named Crystal who was in his lobby so high that she tried to peel her face off. It looked like something from a horror movie when a woman and her baby walked in and witnessed this.

The used book store next to us has also had so many issues I heard her describe this area on CBC

radio as "the seventh circle of hell".

Another neighbor has had their commercial garage door cut so many times last year, it has cost them over thirty thousand dollars in repairs.

I have so many other true stories of neighbor issues and a thousand more of my own that I document via cctv and police reports but by now I think you get the severity of the situation so I'll just say that the businesses or neighbors have all been suffering as a direct result of the scs.

Lack of information:

There are one hundred and eighty for condominiums at our buildings and I have not met a single person who was mailed or notified that the scs was going to open in our area. My coworker manages over sixty condo's and she also did not receive any notification.

Not one business owner or neighbor that we've spoken with, received this notification.

We only learned of it's opening through the news a few weeks before it did.

They claim to have sent twenty five thousand letters but I still have yet to see one or meet a person who received it.

We also did were not notified about their recent application for renewal.

We requested the minutes from our meeting from November 19th/18 with the provincial manager for harm reduction with ahs but have still not received it.

What we've done:

I've written so many emails to the provincial manager for ahs harm reduction and the scs and the community police liaison and local mla office and mayors office that we finally did get some attention and did have a meeting at the center on November 19th. The provincial manager, the director a representative from the scs and the city and police and hospital attended and so did I and six other owners/employers from our facility. It was nice to finally be acknowledged and be able to express our concerns and was very civil but by the end of the meeting the provincial manager stated to us that this facility is here to stay. Many people including my employers have reached out to any and everyone who will listen and still, nothing has changed.

They did offer some positive solutions that were in effect or were going to be in effect but they have not improved a thing like: washing and cleaning the sidewalk near the scs or putting up a sign in the park that said "no loitering" or having their own meetings to discuss how they can improve the situation and hiring security on behalf of the city to patrol the park. Well, there is no longer a sign nor security as there was and our condo president had been invited to be a member of the improvement meetings but there has been nothing productive or positive from these meetings and most of the time the south sidewalk near the scs looks like an overflowing garbage bin and shanty town.

Some nights when I get called out to work which is usually for criminal activity, I see this area by the scs and looks even worse than it does during the daytime. At about three ante meridiem I watched about thirty to forty people playing or dancing or twitching on the street and on the sidewalk between the church and the scs and a stereo was playing loud music and there was so many items scattered throughout it looked like a garbage truck had dumped a shanty town and it also looked like a used bicycle store, but worse. There were bicycles that I can only assume were stolen and were scattered and flipped over everywhere from the center to the church and guys were working on them or adding

new and probably stolen tires etcetera. I've seen it like this many times.

Here is what the safe works for harm reduction or what we know as the supervised consumption site (scs) does for addicts:

They get paged into the center with illegal drugs. They then get to use their illegal drugs in a safe manner and will receive treatment if they overdose. They then get released into the public and become the citizens problem and we are left to deal with all these issues caused by drug addiction.

The scs does not treat drug addiction but enables drug addiction in a safe manner or what everyone knows it now as "to save the lives of the few, by jeopardizing the lives of everyone".

This is not only harmful for everyone near but is also harmful for the addicts. For example: Crystal of whom I mentioned earlier, used to be about one hundred and fifty pounds but has done so much drugs and is so malnourished that she is probably less than one hundred pounds and seems to have no cognitive functions left. She used to talk with us but now can barely put two words together and has been using crutches for six or more months for unknown reasons but I can only assume it's because her body cannot heal with all this drug use.

It seems hard drug users are everywhere in Calgary now and it's almost like they are enjoying their new found freedom to use illegal drugs and be almost untouchable to police. It's like they have a licence to use illegal drugs and be in public and everything that comes with being an addict and it seems to enable addicts and influence new addicts and I really do not like seeing or lecturing the under age addicts or the kids that hang out with addicts.

Solutions:

I need to point out that we of course are for helping people in need and saving lives, but things here have to change as the scs has officially made this neighborhood the worst area in Calgary.

Move or close the scs but definitely do not add these to areas of high population or traffic areas and especially near parks or daycare centers.

Treat drug addiction forcefully and criminally or by desire, but definitely do not enable drug addiction.

Under no circumstances should irresponsible addicts be allowed to possess syringes and other harmful paraphernalia.

Consider prescribing drugs like they do in Switzerland and many other European countries and South American countries. This takes away the criminal aspect of stealing to afford their habit and defeats the need for dealers and then takes away all the aspects of badly made drugs.

Closing:

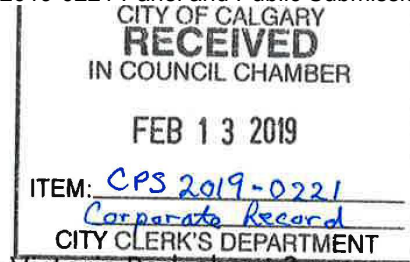
Please help. It seems very hard to be heard by anyone in a position to listen and when heard, we are still ignored and nothing productive or positive has resulted. We are angry and confused and saddened, but most importantly we are shocked and embarrassed that this absurdity and stupidity has been allowed to continue this long. We have an opioid and other drug epidemic and the scs is only enabling or furthering addictions and it's endangering everyone and it has to stop otherwise they will keep creating victims and then what will it take to get noticed. Will it be a kid that stepped on a diseased syringe or will it be an employee like me who gets stabbed or will it be an addict who leaves the scs and walks out in traffic as they so often do and then is run over by a car when they leave the scs? I really hope not, do you?

If you made it this far then I sincerely thank you very much for your time and if you didn't, then we will be left to deal with another year of living hell and all the potential health and safety concerns that comes with it.

2019-02-13

- **Heather Schade (3:45:41 – 3:52:14)**

- Resident of Calgary for almost 40 years and loves this neighbourhood.
- Very complex issues with the SCS. People are dealing with drugs and trauma.
- Would like more communication from AHS; did not receive any information from AHS about the site coming into this neighbourhood.



Madam Chair, counselors and panel members,

I am a resident near the Sheldon Chumir. I moved into Victoria Park about 2 years ago with my daughter Kate who is 9 years old about a year before the safe injection site was opened.

I wanted to live in a walkable sustainable community to get to work, so I wouldn't have to spend hours on a bus or in a car commuting to and from work every day. The area had an aura of being a cultural hub in Calgary with a beautiful park, a historical library – and a beautiful Victorian park that everyone could enjoy the green space and feel a part of our beautiful city.

My daughter loved to play in the children's playground across the street from our condo but one year later it's a different place. We don't really go to the park as much as we used to. If we do I scan the play structure and park for needles, I sit on the bench and watch her play and feel uneasy when there is a person in full psychosis mode screaming and hitting a tree across the street until their hand bleeds. My daughter get scared and I am unsure of what to do or how to react so we leave.

In January while we were away for the holidays our place was broken into and accessed my balcony. The thieves stole two of my neighbor's bikes stored on their balcony and went through my storage area taking any item that was sellable.

I feel scared to go out to walk my dog after dark.

Our condo has had the garage doors sliced open 3 times in a course of 3 months to break into the resident's storage units and break car windows.

I'd like to pose this question to the counselors and panel members....

- What role or motivation do the various "clients" of the SCS have in participating in their own rehabilitation?
- And if they want to be a part of the community, what expectations can we have of them as contributing members of the community?

Living directly in the community 24 hours a day is a lot different than just working in an office there during working hours. In between the pleasant evening of a movie in the park once a year, what are we doing to keep this once vibrant park and community thriving the other 364 days or evenings of the year?

I'd like to share one particular incident when I was walking my dog in Central Memorial Park. It was a nice sunny day there. I've seen open consumption of drugs in the park numerous times.

The security guard was over near the fountain listening to music on his phone not really paying attention. A group of 3 older ladies were together near the gardening house in the park organizing their needles and getting ready to use. I felt frustrated and sad having to constantly see that in the park. I was right there so I asked them if they could go use at the Safe injection site....

They started yelling at me – calling me a fancy lady that I don't understand. One of the ladies started yelling how they won't let her do what she's doing at the site so they are here and it's their park too. I responded that the park isn't meant for open use of drugs...

The incident was escalating and I had to walk over to the security guard over at the fountain and get him to come over... even he seemed like he had given up. I was frustrated that I had to do that too.

He escorted them out of the part but they just went to a nearby alleyway.

I am empathic to mental health issues, to depression and to the struggle of everyday life that everyone in the community faces. There is an erroneous perception that somehow no one else other than the clients at the SCS struggle or face mental health issues... that we are indifferent and cold hearted because we want to feel safe in our community.

We all try our best to get by, to live, to be contributing members of society. It's not an "us" against "them" issue. I personally have struggled with depression and I am a working person and a tax payer – even though some days are a struggle I have to figure out a way to overcome mental health issues as well and turning to drugs isn't an option for me. I was on a year waiting list to get into the PAS program to get treatment for my depression – so I can only imagine how difficult it is for someone that isn't able to advocate for themselves. The problem is broader than just treating the addiction... it's about having accessible mental health care and programs that actually instill a sense meaning in people's lives.

I've learned that the pillars of mental health are the meaningful work and building meaningful relationships... and that the SCS program should really look at what they are doing to encourage those as opposed to enabling drug addicts.

How are we differentiating between the clients at the SCS, the criminals and the vulnerable?

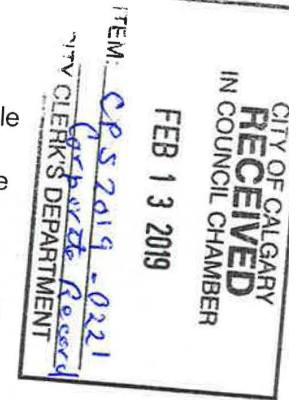
STREET SMARTS

Central Memorial Park in Downtown Calgary. Refurbished in 2011



Nuit Blanche 2016 showed how enjoyable the park can be. It had overcome its reputation as a drug market and become a place where people gathered to enjoy Calgary's beautiful downtown.

Since the Safe Consumption Site opened across the street, the picture has changed. It's reverted. There are some big events but people don't bring their kids there very often



The Broken Window

We got the call at 10am on a Sunday. The break in (and I do mean break) had been witnessed by a few people walking by, and they'd phoned it in to the police. I was already heading downtown as I'd received a call from our security service. I was thinking false alarm when I received a call from the police. The constable reported to me that someone had broken a front window.

There was a hole 30cm in diameter punched through two panes of glass. Shattered glass was spread on the sidewalk and the floor of the store. One of the book holders was empty. We never did figure out which book was stolen but the average price of a book is \$25. The price of a new window was \$1,400.

Some staff came in and started to clean up the broken glass while we looked at the security video with the police constables. A lady appears from the northwest side of our intersection. When she gets to our side of the street she turns towards the window display. She withdraws a sawed-off golf club from her jacket, and hits the window. She reaches in and grabs a book and puts it into her jacket. This is all hard to see as the camera was located near the south end of our building, but it's very definite what is happening. She did this in full view of two or three passersby and walked around the corner onto 13th Avenue as if hoping no one would notice.

When I look back, I feel I was mentally unprepared. The way things have changed, I should have phoned in the alarm right away. We're not adapting fast enough to this new reality. The police made an identification because the person had been creating a disturbance at the SCS and they were able to lay charges. The CPS constables were both sympathetic and extremely helpful in guiding us through dealing with this incident. I can't help thinking of what would have happened if the lady with the club had hit a human being instead of a window.

Visibility



A big problem with people hanging out at the SCS is the way they block the sidewalks. Some people are shy about barging through and access to the medical centre is impeded.

Pandora Street in Victoria: Their safe injection site is in the centre of this picture; it's much less noticeable than Calgary's

The clients have a place off the street to gather - and it's supervised! - Probably three times as many clients as Calgary but far less visibility.



What's ahead for 4th St. / Beltline ? - Vacant Buildings



The other side of Pandora:
The drug pushers drive other businesses out because they attract a large number of addicts. The addicts then take over doorways and parking lots.

The first victim in Calgary is the "Provision" restaurant which is located in the park. A couple of years ago there was a gap of a few weeks when Provision took ownership. Street people, including pushers took over the space immediately.



Leads to this :

East Hastings - the largest outdoor drug market in the world !
1,000 people on the street; eight blocks plus side streets. Vancouver is "Treading Water" when it comes to dealing with the drug crisis. Once again the atmosphere is characterized by vacant buildings.

Crutches

I was shovelling the sidewalk one morning. We'd had a snow clearing contractor, a street person whom we employed part-time for 4 years. That contract had ended unfortunately before we'd been able to arrange a new one. So, there I was; hat, toque, and scarf, on the morning of a surprise snowstorm.

A young woman had walked up behind me. She was wearing a white coat, the entire front of which was stained with blood. She was walking on crutches. In a situation like that the question is, do you phone 911 or the non-emergency line. She wasn't threatening anyone. She was begging.

I chose non-emergency and the police were glad of it. There was a snowstorm on. Probably five other people phoned that morning and on into the afternoon as the bloodied woman hobbled around 4th street and the surrounding neighbourhood. I talked to some of those people on the street. There was a rumour that she was carrying a razor blade. For about five hours this lady was the focus of our day. Same for the Calgary Police Service, or at least one constable who made numerous attempts to reason with the lady and hospitalize her. He also phoned me back to explain the blood. She was scratching the sores on her skin - induced by crystal meth.

She's still out there. I often see her at night, shouting out her pain in a hoarse cry. Pushing down the street on her crutches. Who would be giving her the drugs?

Calgary's SCS was started in response to the opioid crisis but it now appears that downtown the problem is Methamphetamines. We're wondering if there is such thing as a "safe injection" for these kind of drugs; they're poison.

Intervention:
One on One rescue

The Box In the Back

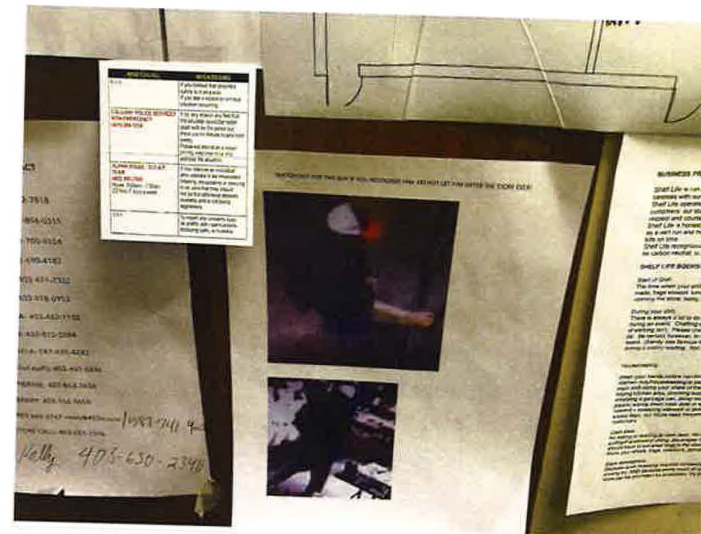
The police pulled over to the sidewalk as they had many times for the girl on crutches. Probably someone had phoned on it. I was watching with C. from the store. In a lot of cases a victim of drugs will go along to Alpha House (a dry-out centre) with the police or the DOAP team (a street agency that picks up distressed individuals off the street). It's temporary but effective. This lady had refused many times before, but this time they almost got her to come along.

When they opened the back doors of the van there was a metal box inside that you could crawl into and lie down sideways. I wouldn't gotten in there and the girl didn't either. The police are equipped and trained to arrest people, not calm a disturbed and rattled mind.

There seems to be no clear path to saving people from addiction on the street. The SCS is blunting rescue attempts, operating in an insular fashion and ignoring the consequences of legitimizing drug use.

We can't do it either. _

We're not equipped: "Now we need bio-hazard training in order to be booksellers" ...as stated by one of our staff members. Here's our procedures bulletin board; who to phone, what to do and a picture of a bad actor. This fellow has a needle in his arm, right in the store.



Here's our instructions to the staff: From the SAFETY section of our Procedures Manual

- locked washrooms
- Plus: clean and disinfect the washrooms if there's an incident.
- 2 staff - on the floor at all times.
- tolerate shoplifting \$8,000 per year
- phone 311 - remove abandoned shopping carts
- phone DOAP for addiction upsets and people who appear disoriented,
- phone non-emergency: - people who won't leave, people who are unconscious. The call centre will convert to a 911 if necessary. If they're busy - phone 911.
- phone 911 if there's blood, violence, robbery
- wear vinyl gloves when necessary.
- two people visible when confronting addicts
- keep your cell phone handy.

These tasks generate a large expense in themselves and distract us from doing our jobs. We have less money available for staff at a time when they are operating in a siege atmosphere. Shelf Life Books has had to install a \$7,000 security monitoring system.

Crazy Guy's Hat

Sometimes it's hard to tell which unwelcome behaviour is due to opioids, methamphetamines, old-style drugs like heroin, or severe mental illness. There was one fellow who scared me a bit - he was so wildly incoherent.

He was sitting in our comfy chair in the store, sorting through his suitcase and having trouble with the broken zipper. A. was on the non-emergency line while I went around and warned the customers, and assured them that we were paying attention. This situation called for patience so the luggage sorting went on a while. The police were asking for details - A. gave them a basic description and asked me if there were any distinguishing features. I reported a missing finger and they asked which hand that would be. It was the right hand and they asked which finger. Realizing the customers were overhearing the conversation I silently waved the ring finger on my right hand. A. Was a bit stumped as to what I tried to convey but realized it was the ring finger and no, it wasn't bleeding and I went back and attempted conversation.

We were getting nowhere until he pulled on a bright white toque with knitted tassels hanging down. As he turned his head from side to side the tassels snapped into his face causing even more confusion. Finally his gaze rested on me. "Does it look okay?"

"It looks great!" I said. He jumped up happily, jammed full his suitcase, smiled at us and headed out the door. So, one more phone call to call off the emergency and we were done in less than an hour. The police call center is great at getting an accurate picture of a confusing situation and it's good to have them on the line in case things do go south.



3 Positive Suggestions:

Lockers - The picture on the left is the United Church on East Hastings; Their lock-up facilities help to reduce theft and therefore depression.

Police Presence Make it difficult to entice vulnerable people into an open air drug market. Report every incident, every time.

Decentralize - Find the best places to do this work and measure the effect on the communities. Improve access to intervention and recovery.

Plus: **“Housing First”**- At the root of harm reduction there is the need for Recovery Programs. Recovery is nearly impossible without some form of shelter or housing.

- **Murray Shutuma (4:08:21 – 4:19:38)**

- Owns several properties around the SCS and is also a real estate agent.
- Made many changes to properties to deal with the activities occurring in this area.
- He has witnessed numerous criminal activities.
- Knows many people who are afraid to go outside their homes.
- Would like to look at decentralizing the current system.

- **Jackie Cooke (4:19:58 – 4:31:12)**

- Provision restaurant owner and has lived in Beltline for 13 years.
- Safe injection site has had a big impact on the amount of people coming to the park and restaurant. This had affect her restaurant's business and her staff have quit.
- Decided to close Provision restaurant on December 29, 2018.
- Reached out to different levels of government with no response. Very disappointed and felt they were on their own.
- Have received great support from City of Calgary Parks and CPS in hearing concerns regarding safety issues.
- Participates on two different committees - the AHS Liaison Committee and Beltline Community Action Group (community minded people coming together to determine solutions and actions).
- There are major communication issues and there needs to be more transparency.
- Received an invitation from Councillor Colley-Urquhart to join the panel.