CANNABIS ACCESS AND USE DURING A COMMUNITY-WIDE OVERDOSE CRISIS

Preliminary findings from three community-recruited prospective cohorts of people who use illicit drugs at high risk of overdose in Vancouver, Canada

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BACKGROUND

People who use drugs and their families, communities, policymakers and healthcare systems throughout Canada and the United States are confronting a public health crisis sparked by unprecedented numbers opioid overdoses. Preliminary analyses have raised the possibility that cannabis might have a beneficial role to play in addressing the crisis, possibly through facilitating intentional reductions in exposure to opioids.[1] We are now facing a second public health emergency in BC and globally related to COVID-19. The role of cannabis and potential benefits of substitution continue and are even escalated during COVID-19 as drug markets are disrupted and drugs become more volatile. Safer supplies are needed for people who are and must self-isolate and self-isolation efforts may be disrupted to avoid withdrawal.

Comparisons of U.S. states with legal medical cannabis systems to states lacking licit access to medical cannabis have found fewer opioid prescriptions,[2] dispensations,[3] opioid-related hospitalizations[4] and opioid overdose deaths.[5] Surveys of medical cannabis patients have documented high levels of substitution of opioids with cannabis, often in the context of chronic pain.[6-8] Pre-clinical studies investigating the interrelationships between the opioid and endocannabinoid receptor systems have shown how both systems play central roles in the perception of pain, regulation of mood and reward.[9,10] Pilot controlled trials among humans have demonstrated how cannabinoids and opioids can interact, for example, in the treatment of pain and mitigation of cravings.[11,12] Cooper *et al*. recently showed in a placebo-controlled trial that adding cannabis to a sub-therapeutic dose of opioids produced equivalent analgesia to a higher dose of opioids, consistent with the opioid-sparing hypothesis.[11] In a placebo-controlled study of abstinent individuals with opioid use disorder, Hurd *et al*. showed significant declines in visual cue-induced opioid craving following administration of cannabidiol (CBD).[12]

Although this preliminary research is promising, the studies to date have lacked data gathered from samples of people who use illicit drugs (PWUD) at highest risk of overdose, including cannabis users and non-users. To fill that gap, we summarize below published and in-process findings on cannabis use and access from more than 3,000 individuals participating in three community-recruited cohorts of people who use illicit drugs in Vancouver, Canada. Described in detail previously, these studies comprise more than 1,500 HIV at-risk adults who inject drugs (the Vancouver Injection Drug User Study,

Principal Investigator [PI] Dr. Kanna Hayashi); more than 1,000 HIV at-risk street-involved youth who use illicit drugs (the At-Risk Youth Study [ARYS], PI: Dr. Kora DeBeck); and more than 1,100 adult PWUD living with HIV (the AIDS Care Cohort to Evaluate exposure to Survival Services [ACCESS], PI: Dr. M-J Milloy.) Operating since 1996 (VIDUS) or 2005 (ACCESS and ARYS), these studies employ harmonized protocols to permit pooled analysis when needed. In brief, eligible individuals are recruited from community settings (e.g., open drug scenes, low-barrier social service and harm reduction settings, including supervised injection facilities and overdose prevention sites) and, upon the provision of written informed consent, complete an interviewer-administered questionnaire and an examination by a study nurse. The interview elicits detailed lifetime and recent (i.e., last six months) on important drug-related exposures and outcomes, including overdose, substance use patterns, engagement in health care, and social/structural determinants (e.g., marginalization, criminalization, etc.) Blood samples are gathered for serologic (e.g., HIV and hepatitis C antibodies) and clinical (e.g., HIV viral load, CD4 cell count) analyses. Urine samples are gathered and tested for the presence of metabolites from nine psychoactive substances, including tetrahydrocannabinol (THC, the primary bioactive component of cannabis) and fentanyl. These cohorts are funded through peer-reviewed grants provided by the United States National Institute on Drug Abuse. The studies have been reviewed and approved the University of British Columbia/Providence Healthcare research ethics board.

FINDINGS TO DATE

1. **<u>Many people who use illicit drugs at high risk of overdose use cannabis, often with therapeutic intentions</u>**

   In an unpublished analysis undergoing peer review,[13] we observed prevalent cannabis use among 1447 PWUD interviewed at least once between June 2016 and December 2018. Of these, 897 (62%) PWUD reported at least one instance of cannabis use during the period and, at baseline, approximately two in five (39%) reported at least daily use of cannabis. (This prevalence is consistent with urine drug screen results, reported in a study by Hayashi *et al.*[14]) In the 5400 interviews conducted during this period, 2686 (50%) contained a report of cannabis use. The most common reason for cannabis use was for recreation (53%), followed by addressing insomnia (32%), stress (32%) and pain relief (31%). Approximately three-quarters of interviews contained at least one therapeutic reason for cannabis use (e.g., address pain or drug withdrawal.) In a statistical analysis of reasons for cannabis use, four general classes of cannabis use were observed: Class 1 (1007 interviews, 38%), consisting of therapeutic use other than pain relief; Class 2 (588 interviews, 22%), predominantly pain relief; Class 3 (828, 32%), predominantly non-therapeutic/recreational use; Class 4 (243, 9%), miscellaneous therapeutic/non-therapeutic use. Notably, cannabis users in Class 2 (i.e., using cannabis for pain relief) had significantly lower risks of non-fatal overdose (Adjusted Odds Ratio [AOR] = 0.71, 95% Confidence Interval = 0.54–0.94) despite

higher levels of daily illicit (i.e., counterfeit or diverted) prescription opioid use (AOR = 1.72, 95% CI = 1.07–2.77)

2. **<u>Some PWUD at high risk of overdose intentionally use cannabis as harm reduction, often to reduce/eliminate the use of more hazardous substances</u>**
   In an exploratory study recently submitted for publication based on in-depth qualitative interviews with 53 ARYS participants,[15] cannabis emerged as one strategy employed to manage other drug use. One respondent said: "Pot is major harm reduction for me. I come home from work, buy the things I need for my place, get high [on cannabis], and enjoy the high for about three or four hours, and then go to sleep, you know? It actually works. It keeps me away from the crack."
   These findings are consistent with an evaluation of a community cannabis substitution program run a drug user organization for people who use drugs,[16] in which a secondary analysis of data revealed that 75 of the 172 participants primary reason for using cannabis was to reduce or stop their use of other illicit substances. Commonly expressed sentimens were "I want to be opioid free" and "to keep me away from hard drugs" highlighting their intentional use of cannabis as a harm reduction measure. Other reasons included pain, improve sleep, and reduce anxiety, symptoms for which people also seek out and use illicit drugs.
   The intentional use of cannabis for harm reduction was further documented in a published quantitative longitudinal analysis of 620 interviews from 122 PWUD.[17] Among these PWUD, periods of intentional cannabis use to reduce the frequency of crack cocaine use were associated with significant declines in the frequency crack cocaine use in subsequent periods. In a similar analysis undergoing peer review among 324 PWUD reporting intentionally using cannabis to reduce the frequency of illicit opioid use,[18] periods of intentional cannabis use were associated with significant declines in the frequency of illicit opioid use in a statistical model adjusted for relevant confounders.

3. **<u>There are beneficial associations between at least daily cannabis use and some drug-related outcomes</u>**
   In published cross-sectional and longitudinal quantitative analyses, we have observed associations between frequent cannabis use and several risk factors for opioid overdose, including injection drug use, exposure to fentanyl, disengagement from treatment for drug dependence, and using illicit opioids for chronic pain. Specifically, in published results, we observed:
   - Lower rates of initiating injection drug use associated with at least daily cannabis use (Adjusted Relative Hazard (ARH) = 0.66, 95% Confidence Interval [CI]: 0.45–0.98) among 481 ARYS participants followed for a median of 21 months (Reddon *et al*., 2018);[19]
   - Lower likelihood of exposure to fentanyl linked to cannabis use, measured through urine drug screen analysis (10 vs. 18%; AOR = 0.46, 95% CI: 0.30–0.70) among 669 PWUD interviewed between June and December, 2016 (Hayashi *et al*., 2018);[14]

- Higher likelihood of retention in opioid agonist treatment at six months among 820 PWUD initiating treatment (>99% methadone) between 1996 and 2016 (AOR = 1.21, 95% CI: 1.02–1.43) (Socias *et al*., 2018);[20]
- Lower likelihood of at least daily illicit opioid use among 1152 PWUD reporting chronic pain associated with at least daily cannabis use (AOR = 0.50, 95% CI: 0.34–0.74) (Lake *et al*., 2019)[21]

In addition, in longitudinal quantitative analyses undergoing peer review, we observed:

- Lower likelihood of at least daily injection drug use linked to at least daily cannabis use (AOR = 0.81, 95% CI: 0.73–0.89) among 2,619 people who inject drugs. In a subanalysis, this effect was restricted to individuals injecting opioids and not among those injecting stimulants (Reddon *et al*.);[22]
- Swifter rates of cessation of injection drug use associated with at least daily cannabis use (AHR = 1.17, 95% CI: 1.04–1.33) among 2,390 people who inject drugs (Reddon *et al*.);[23]
- Lower rates of exposure to fentanyl linked to frequent cannabis use among 873 people engaged in opioid agonist therapy (AOR = 0.34, 95% CI: 0.20–0.60) between 2016 and 2018[24]

4. **<u>Little access to licit medical or non-medical cannabis for people at highest risk of overdose</u>**

One preliminary quantitative study in progress has investigated the links between cannabis use, cannabis access, and non-fatal overdose.[25] In this analysis comprised of 3139 interviews conducted between June 2016 and December 2018 in which participants reported using cannabis at least once in the last six months, 1421 (45%) contained a report of accessing that cannabis from an illicit cannabis dispensary in the Downtown Eastside (DTES) and 708 (23%) contained a report of accessing cannabis from an illicit dispensary outside the DTES. Only 13 (0.4%) contained a report of accessing cannabis from a legal medical source (i.e., a licensed producer); none contained a report of accessing legal non-medical cannabis (i.e., through a legal retail store or the province's online store.) Further, PWUD reporting that an illicit cannabis dispensary was their primary source of cannabis were less likely to report recreation as a reason for cannabis use and more likely to report therapeutic intentions (i.e., treat pain, improve sleep, address nausea, etc.) In a longitudinal analysis, PWUD reporting that illicit dispensaries were their primary access point were less likely to report a recent non-fatal overdose (AOR = 0.62, 95% CI: 0.47–0.83.) compared to PWUD reporting access from other locations.

In a qualitative study of people using cannabis at high risk of overdose in the DTES recently published in the *International Journal on Drug Policy*, Valleriani and colleagues found that community-run cannabis distribution projects (e.g., the Cannabis Substitution Project at the Vancouver Area Network of Drug Users and the High Hopes Foundation at the Overdose Prevention Society) provided

important access to cannabis within a structurally disadvantaged neighbourhood.[26] According to Valleriani *et al.*, these projects respond to steep barriers to access within the legal medical and non-medical cannabis systems (e.g., cost, lack of retail access in the DTES, programmatic requirements [e.g., identification, authorizations, etc.]) They also provide specific products, most importantly edible products high in THC and CBD, that were unavailable in legal cannabis systems prior to October, 2019.

STUDY LIMITATIONS, IMPLICATIONS AND NEXT STEPS

This preliminary evidence should be interpreted in light of important limitations. First, evidence from unpublished studies undergoing peer review should be treated as tentative. Second, some of the measures of drug use, in particular cannabis use, are generated through self-report from PWUD. However, thse reports have been found to be valid in the past and we have no reason to suspect that individuals differentially reported their cannabis use based on the outcomes under study, e.g., initiating injection drug use. Where possible, self-reports are compared to the results of urine drug screen tests. Third, until recently we did not gather detailed data on patterns of cannabis use (e.g., dose/dosage, chemotype, ratio of cannabinoids, route of administration) needed to better understand the effects of cannabis use. Fourth, we are also currently gathering data on possible acute and chronic harms associated with cannabis use in this population (e.g., overintoxication, cannabis use disorder, exacerbation of mental health issues.) Most importantly, observational data of this type does not permit us to conclude that cannabis use caused these benefits. We are unable to exclude the possibility that another exposure associated with cannabis use or the outcomes of interest was the causal factor.

As a result of these limitations and the urgent need to better understand the potential benefits identified in this preliminary research, we are currently designing and implementing controlled trials of cannabis among PWUD. These investigator-initiated pilot trials will test the controlled administration of cannabis/cannabinoids in clinical and community settings on possible outcomes including: retention in opioid agonist therapies for opioid use disorder; exposure to illicit fentanyl; use of illicit opioids; measures of chronic pain and quality of life; use of a low-barrier community-based cannabis distribution project. By rigorously generating evidence on the risks and possible benefits of cannabis among people who use drugs, we seek to advance measures to address the opioid overdose crisis.

Although research to date has largely been restricted to the Vancouver DTES, findings from emerging studies conducted in other BC jurisdictions (i.e., Victoria[27]) point in the same direction, suggesting that the use of cannabis as a tool for overdose prevention, as well as challenges in accessing the legal cannabis market, apply to marginalized people who use drugs across the province. Findings signal that the high costs of legal cannabis relative to illicit cannabis means people at highest risk of overdose have effectively been to forced to continue to seek out supply in the illicit market. Although

medical cannabis has been legal since 2000, persistent and unaddressed barriers (including cost, need for a credit card and postal address) have limited licit access for people who are marginalized.[28] In the BCCSU cohorts, no interviews conducted after October 18, 2018 contained a report of accessing cannabis from an licit cannabis source (i.e., a cannabis retail store or the Government of British Columbia's cannabis website);[29] the majority of individuals surveyed between June 2016 and November 2018 reported that an illicit cannabis dispensary was their most important point of cannabis access.[30]

Currently, at least three community-run interventions—the Cannabis Substitution Project and the High Hopes Foundation in Vancouver, and the Cannabis Substitution Project at SOLID in Victoria[27]—are distributing cannabis at low/no cost to PWUD to address the risk of overdose. The operations of these low-barrier cannabis distribution projects—which re-distribute cannabis donated from illegal producers—as well as illicit cannabis dispensaries are currently threatened by operations to enforce the federal government's recent legalization and regulation of non-medical cannabis. Not only does this have the potential to inadvertently increase overdose risk, it will also hamper research efforts to better understand the putative links between cannabis use and harm reduction. The current legalization of drugs has had unintended consequences in which those with least power and resources are being unintentionally but decisively left out of the retail cannabis market. Thus, given the evidence to date and the ongoing public health crisis resulting from overdoses among marginalized PWUD in British Columbia, we strongly urge enforcement operations against cannabis distribution projects be suspended while equitable and effective access to licit medical and non-medical cannabis is established.

FUNDING DISCLOSURE
M-JSM is supported by peer-reviewed salary awards from the Canadian Institutes of Health Research (CIHR) and the Michael Smith Foundation for Health Research. His institution also receives funds to support him and his research from the United States National Insitutes on Drug Abuse (U01-DA0251525), NG Biomed Ltd., a private firm seeking a license to produce medical cannabis, and CIHR. He is the Canopy Growth professor of cannabis science at the University of British Columbia, a position established through arms-length gifts to the university from Canopy Growth Corporation, a licensed producer of cannabis, and the Government of British Columbia's Ministry of Mental Health and Addictions. He has no personal financial relationships with the cannabis industry. All the cohort research summarized above (i.e., references 13, 14 and 17 to 25) was funded through peer-reviewed grants from the United States National Institute on Drug Abuse.

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Dear Mayor and Council,

I am writing in support of SOLID's rezoning application from my perspective as a public health researcher and the need for urgent and sustained action to prevent overdose deaths in our community.

As we are all too acutely aware, overdoses have risen dramatically in BC over the past three months with the tragic loss of more than 170 lives each month. Sadly, Victoria remains one of the top three townships for overdose deaths and South Vancouver Island is among the BC health service delivery areas with one of the highest rates in the province.
See https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

Prior to COVID, there was a slowing of overdose deaths due to implementation of a broad range of harm reduction strategies (Take home Naloxone and overdose prevention sites) and expansion of OAT programs (https://onlinelibrary.wiley.com/doi/pdf/10.1111/add.14664) However, due to restrictions on harm reduction services and implementation of COVID 19 restrictions, overdose deaths are escalating with devastating impacts on individuals, families and the entire community. In the wake of this devastation, there is renewed and increasing calls for alternatives to the currently tainted and poisonous illicit drug market with a safer supply of substances an important part of measures to mitigate rising overdose rates. I am aware that the City of Victoria is on record as supporting safer supply initiatives and applaud your support of this approach.

As part of a safer supply approach, there is promising evidence that cannabis substitution contributes to reducing drug overdose deaths. (See attached evidence summary from Dr. MJ Milroy, UBC and BCCSU). Individuals can and do substitute cannabis for illicit drugs which reduces their exposure to risks of overdose. As well, cannabis often plays a role in pain management which also reduces use of illicit substances. For people with limited economic resources, community cannabis substitution programs provide an accessible source cannabis for individuals who are at risk of overdose and unable to access the retail market. As such, community cannabis programs like that operated by SOLID play a role in helping to reduce use of illicit substances and overdoses.

I urge council to carefully consider the current context of rising overdoses, the evidence re cannabis in relation to overdoses and the role of community cannabis programs in your consideration of this rezoning application. Such programs can readily operate successfully but they often face societal stigma similar to any harm reduction program inspite of their life saving potential.

Regards, Bernie

Bernadette (Bernie) Pauly RN, Ph.D
(she/her/hers)
Professor, School of Nursing
Scientist, Canadian Institute for Substance Use Research (CISUR)
UVIC Provost's Community Engaged Scholar

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I acknowledge with deep respect the Lekwungen peoples on whose traditional territory the University of Victoria stands, and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.

Dear Mayor and Council,

We are writing regarding the Temporary Use Permit application (no. 00015) for SOLID Outreach going before the Committee of the Whole on Thursday September 3rd. While the CALUC's correspondence on the issue was attached to the staff report as an appendix, the staff report made no mention of neighbourhood concerns. The NPNA would like to reiterate that we support the important work that SOLID is doing, but that the growing concentration of similar services in North Park is becoming unsustainable and having a negative impact on local residents' wellbeing. Neighbouring residents have reported an increase in break-ins and crime since SOLID began their operations. Additionally, dispensing cannabis at SOLID's location is in direct opposition to the City's Cannabis Rezoning Policy. North Park would like to see a diversity of businesses in the Village, rather than a concentration of cannabis businesses.

The NPNA would like to see SOLID continue their operations, but would like to suggest that if a TUP is granted, it be for a shorter period than 3 years. This would allow SOLID to continue to serve their clients while looking at options to move their operations to a more appropriate location.

Thank you,

On behalf of the NPNA Board,

Eleni Gibson, MCP
Land Use Planning Advisor
North Park Neighbourhood Association

AVI.org
where harm reduction works

August 31st

To Mayor and Council,

Please accept this letter as evidence of our support for the rezoning application by SOLID Outreach at 1056 North Park Street in advance of your Committee of the Whole meeting on September 3.

AVI has participated in partner activities with SOLID for more than 15 years and have seen first-hand the growth and development of this organization. We believe SOLID plays a unique and vital role in connecting with and supporting people who are using (or have used) illicit drugs in our community. We have partnered with SOLID on Street College for many years providing education and leadership training to hundreds of people who use illicit drugs. We continue to collaborate regularly.

As you know, the overdose epidemic has had a devastating impact on Vancouver Island. Victoria is one of the three townships in British Columbia which continues to experience the highest number of illicit drug toxicity deaths. The efforts by SOLID, to mitigate risk and create an innovative cannabis substitution program, have no doubt in my mind saved lives. Supporting this application is imperative to enabling them to continue this life-saving work.

The work that SOLID is doing in this area is being undertaken in consultation with researchers at UVic's Canadian Institute for Substance Use Research and with Chief Medical Health Officer Richard Stanwick (see letter of support attached). There is promising evidence showing the role of cannabis substitution in reducing the risk of illicit drug overdoses among those at most risk (see M-J Milloy 2020) and improving the health and wellbeing of individuals who use the program (see Pauly, Urbanosky and Nichol, 2019).

I am also a long time resident of North Park and have been impressed at the efforts that SOLID has made to listen to neighbourhood concerns and work collaboratively to address them. I am frequently in that area of north park and have seen no evidence of adverse impacts on the community.

Thank you for your consideration.

Yours Sincerely,

Katrina Jensen

Executive Director

AVI Health and Community Services Society

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S O L I D OUTREACH SOCIETY

NEX OUTREACH HEALTH EDUCATION HARM REDUCTION

1056 North Park St * V8T 1C6 * [redacted]

Sept 2 2020

Re: temporary rezoning application for 1056 North Park

Dear Mayor and Council,

Thank-you for considering our rezoning application for a "Temporary use permit (3yrs) for Health Service delivering comprehensive harm reduction for individuals with substance use disorder, including provision of cannabis to members onsite." What follows is a short update on our program and involvement making our neighbourhood safer for all residents, including those who are unhoused.

1/ Overdose Prevention

Studies are continuing to show that cannabis substitution programs such as ours are effective in giving people an alternative to illicit drugs and in reducing risks of overdose (see attached). This effectiveness is based on making cannabis accessible to people who cannot afford to access through the retail market, allowing our members to reduce their reliance on an unpredictable street drug supply. This is proving to be a very effective part of a larger safe supply strategy, and we are meeting regularly with Chief Medical Health Officer Richard Stanwick in developing this program as a pilot model that could potentially be used as a safer supply overdose prevention tool in other areas. We are also meeting for the first time this month (mid-Sept) with provincial representatives to continue developing this model as an effective piece of a safe supply strategy to save lives in the continuing overdose emergency. Part of this program's effectiveness as an overdose prevention tool is that it is embedded in already-existing harm reduction outreach services. We are excited that we are seeing our work keep members of our community alive right now, and that this innovative and immediately implementable approach to safe supply and substitution is showing promise as part of a potential provincial approach to safe supply and improved health for our membership.

2/ Neighborhood relationships

We have been a part of the North Park neighbourhood since 2006 (starting at Caledonia at Quadra, more recently at North Park at Cook) and are committed to continuing to be a positive contributor to the neighborhood. We are open to problem-solving and solutions-oriented discussions and working with the neighbourhood association in addressing any issues or misunderstandings that arise. There have been several clearly identified concrete problems that we have worked to implement solutions for immediately. There are a range of other concerns about individuals who access our services that are more about perceived risk of public disturbance than about actual impacts that we are unable to address other than through education and ongoing dialogue.

An example of a solutions-oriented discussion is the issue of visibility of individuals accessing our services at North Park; in particular, individuals waiting in line at our door before we open at 9am. To address this, we have asked service users/members to not wait in line and to not arrive before opening. We have a staff-person on-hand at 8:15 to remind members to not wait in line before the door opens at 9am. We also have a street ambassador who does a regular block check to ensure appropriate use of sidewalks by individuals who may be accessing our services. While some of these solutions are over and above (as many organizations and

businesses have lines on the sidewalk before opening) we continue to be willing to address neighbor concerns so long as clear identifiable problems are identified.

Other concerns we have heard, such as notions of increased instances of drug use, used syringes and increases in crime, are general statements we hear that have not been tied to specific concrete items we can observe or address, and that we believe are tied to stigma more than observable issues. We have two street teams daily doing syringe recovery and we have seen dramatic decreases in discarded syringes over the past three years. This is due both to a large increase in inhalation-based drug use and to availability of overdose prevention sites. We are seeing less discarded drug paraphernalia than ever before but continue to be diligent about recovering any discarded items we do find. Similar concerns regarding loitering by individuals who are visibly poor and intoxicated seem misplaced. We have not observed a rise in individuals inebriated in the surrounding area, but we have been quick to address health and social issues of individuals on the street when we see them.

To address misunderstandings about harm reduction and fears about people who are visibly struggling to survive, we have attempted to be very responsive to neighbor questions about our services, and continue to educate about harm reduction mandates, goals, and effectiveness. We offer an evidence-based service and are currently working with all levels of government on overdose prevention services that we are tracking and assessing as we develop them. Overall we see an opportunity to destigmatize people who use drugs and who live in poverty as members of our neighborhood deserving of space and care, and more than capable of giving back to, and working in partnership with, our community.

We have been impressed this year by the community support and engagement we have seen, and in the respect for the neighborhood that our members have shown in their daily use of the space and in the broader neighborhood. We look forward to continuing to collaborate with the North Park neighbourhood in meeting the needs of all North Park residents, and with the City of Victoria in ensuring all residents are treated with dignity and care and have a place where they can feel welcomed supported and valued.

Sincerely,

Mark Willson, Director of Programs

Mayor Helps and Victoria City Council,

Hello, my name is Chris Franklin and my wife and I reside at 7-1019 North Park Street (Corner of North Park and Vancouver). We bought in the area because it is close to downtown and within cycling distance to my work. We were aware that Pandora street area could be rough, but we believed that it was a trade off in this market. Since SOLID has moved in there has not been a day that something has happened on my street that shocks me. The Anwin Society has been a fine neighbour, but it's now hitting critical mass in what people in the community can handle. With Covid our neighborhood park at Crystal Pool is now gone. Needles are strewn everywhere and people are being harassed just walking by. I can at least understand this as these are difficult times for all. SOLID says they have someone patrolling but I have never seen this person. Break ins and crime is up since they've moved in. I beg you to not allow SOLID to grow. They have not been good neighbours. We cannot have all this pressure in 6-8 blocks. You have Vic High two blocks away and George Jay three blocks away. This issue is being moved closer and closer to the kids. There are struggling "mom and pop" businesses that are just barely surviving. Do you think people will continue to go to Fern bakery, Jones BBQ, Castle Hardware or Cold Comfort? Soon it will become Pandora Street, where all the services are based on accommodating a certain clientele and no business will dare open there. I agree with Harold Stanley that SOLID should "look for a new location for its services." At some point our city council must observe that it cannot make every decision for the betterment of the street community and that tax payers and home owners also have rights. If SOLID is allowed to grow and become more established, I am taking that as a sign that it's time to move. But please let me know early, so I can move from the area before the market drops. The North Park area has a rough name in Victoria but we took a chance on it. At this point, it is not safe. Can you imagine telling your significant other that you are not comfortable with them walking the dog in three directions as you leave your house? Do not let the area perish. Give us a chance.

Regards,

Chris Franklin

Pamela Martin

From: Suzanne Moyes [redacted]
Sent: October 2, 2020 2:10 PM
To: Public Hearings
Subject: 1056 North Park Street – Temporary Use Permit Application No. 00015

Sir or Madame:

I am writing with regard to the **Temporary Use Permit Application #00015**.

I reside in the North Park area and when I first moved here it was a quiet, happy and lovely community. Since Solid moved into
their residence on North Park, we have loud and angry drugged up men and women sitting on the property and some being
extremely vulgar with the tenants of my building. I want to add as well that the tenants are all seniors.

It use to be that we would feel comfortable going out on the street after dark, but now no one feels safe leaving the
building once the sun goes down. We are all tired of the noise, the police presence and also the verbal abuse that some
of the tenants are taking from these guys. Just last week, one of the tenants in her eighties had her dog attacked by
a fellow that was sitting on the corner. When she tried to simply walk around him, he starting kicking the dog. This could
have been the tenant he attached.

I know that this program is essential, I just don't feel that it should be in a family-oriented neighbourhood. Maybe you
can look at asking them to re-locate closer to Our House, this will be a more viable venue for this program.

Thank you for taking the time to consider any of the emails you may get from the North Park Neighbourhood on this
subject and not just allow them to continue to do business in our neighbourhood.

PLEASE DO NOT EXTEND THEIR PERMIT
Sincerely,
Suzanne Moyes

Pamela Martin

From: Christine Warde [redacted]
Sent: October 13, 2020 11:45 AM
To: Public Hearings
Subject: Permit Application 00015

Hi good City folks,

We just received the public comment notice for the distribution of cannabis at Solid Outreach.

We fully support this permit application, as well as the entire Solid program/facility. The more support and resources that they have to help their clients, the better, and it can only do good for the people that need these resources, as well as our neighbourhood, and city in general.

With thanks for your consideration!

Sincerely,

Christine

North Park Bike Shop || 1833 Cook Street || Victoria, BC || [redacted]

www.northparkbikeshop.com

~*~ C😜Vid Notes ~*~

🌸 We are currently open: M-F 10:30 - 5:30pm, Sat 10:30-5pm, Sun 12-4pm

🌸 Please pop a mask over that gorgeous face of yours, if you can, and sanitize your hands upon entering

🌸 We have a 2 customer max per floor - we may have to ask you to wait your turn down out front on sidewalk- there is a green light system for upstairs. Please mind 6 feet please in and out!