

# *Community safety issues in Leslieville*

Report from Public Progress  
on its neighbourhood canvass

*This report has been prepared for the South Riverdale  
Community Health Centre.*

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## Acknowledgment:

The land in South Riverdale is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples. Toronto, of which South Riverdale is a part, is now home to many diverse First Nations, Inuit and Métis peoples. Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands. We also acknowledge that as a result of intergenerational trauma, systemic barriers and persistent anti-Indigenous racism that Indigenous people are more likely to suffer homelessness and substance use disorders than others in our community.



Public Progress (A Division of 2526976 Ontario Ltd)

Public Progress works with non-profit organizations and municipalities to address housing and homelessness issues. We work with clients to locate, finance, design and build transitional, supportive and affordable housing, shelters and respite sites. We have also assisted agencies, municipalities and public health authorities to launch consumption treatment services; we have also worked on encampment issues. Much of our work involves community engagement *before* programs are launched. In 2016-17 our President, Bruce Davis, assisted the City of Toronto, Toronto Public Health and the South Riverdale Community Health Centre with the launch of SRCHC's supervised injection service.

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# Introduction

On July 7, 2023, South Riverdale was rocked by the reckless shooting of Karolina Huebner-Makurat, an innocent bystander, near the northeast corner of Queen Street East and Carlaw Avenue in Leslieville. Huebner-Makurat's death, which has become a national news story, crystallized what many people in the community believed was escalating local violence and disorder.

This report aims to communicate what we heard from local residents and businesses in South Riverdale in the weeks following July 7th. Our team of canvassers went door to door asking people what they thought and how they felt. Although our interactions were brief, usually less than ten minutes, we were able to get some direct feedback.

This report attempts to identify themes to help our client, the South Riverdale Community Health Centre (SRCHC), and other interested parties to develop an action plan to address the perceptions and realities of illegal and anti-social behaviours in South Riverdale.

Some of what you will read will be contradictory, in part because neighbours living side by side can have different experiences and differing views, but also because individuals themselves have mixed feelings about how best to balance public safety and public health.



It is a challenge to discuss issues around drug use, homelessness, sex trade activity, and mental illness without further victimizing people who are already marginalized, stigmatized, and suffering from their experiences. People who are often powerless. In this report we endeavour to report on individual *events* or *behaviours*, although complaints were sometimes levelled against a class or group of *people*.

Local residents who have experienced violence are also victims, of course. People who *feel* unsafe may also *feel* victimized. This report is designed to report on what neighbours said to us; we have not been commissioned to listen to *clients* of the South Riverdale Community Centre or the individuals who are street-involved in the area.

We are also mindful that some harm reduction advocates in the city will see any discussion of anti-social or illegal behaviour as potentially vilifying people who use drugs. Our hope is that by the SRCHC working with residents and local businesses, people who use drugs will get the timely support and services they need.

One of the heartening aspects of our work listening to the community was the support for marginalized people, support for services for people who use drugs and support for the South Riverdale Community Health Centre. More about that in our report. Residents also care about the safety and welfare of each other. Suffice to say that although very specific issues exist and can be addressed, Leslieville is a very caring community.



Public Progress was retained by the South Riverdale Community Health Centre on July 16th to provide strategic advisory services and also to conduct a door-to-door community canvass to get direct feedback from residents and businesses on community safety concerns.

We arranged for a letter to be distributed from SRCHC to area residents on July 28th; from August 1-11 we canvassed residential and business areas with some final canvassing on August 21st to cover a portion of streets that were omitted. From August 18-23 our President

revisited some households to follow-up comments that were made in the initial canvass interviews.

Our canvass area:

- The initial SRCHC letter was distributed to households in the area bounded by Leslie Street to Broadview Avenue, Dundas Street to Eastern Avenue (with some residential streets south to Lakeshore Blvd East). 2,100 letters were distributed.
- Our canvass teams covered most residential streets and businesses from Coady Avenue to Booth Street, from Dundas Street to Eastern Avenue (with some residential streets south to Lakeshore Blvd East).
- Given its proximity to the SRCHC and the number of safety concerns emanating from Heward Avenue, our canvassers spent additional time on Heward Avenue and also left “sorry I missed you” follow up cards for households missed, so that individuals could call in with their feedback.
- Our canvassers also spent one day canvassing businesses on Queen Street, from Coady Avenue to Booth Street.

Our canvassers interviewed more than 200 households and more than 30 businesses; these interviews were similar to street intercepts, where our canvassers knocked on doors unannounced. The questions were designed to be open-ended. This type of community engagement exercise is not meant to be *quantitatively* significant but is meant to provide *qualitative* input so that we can find directional or thematic commonalities that we can report to our client.

After introducing themselves and after explaining that our client was the South Riverdale Community Health Centre, our canvassers asked:

- About general safety concerns in the community or in their neighbourhood or on their street.
  - If a specific incident was mentioned they might ask, was it reported and was there any follow-up?

- They asked how the individual felt about the role of the South Riverdale Community Health Centre in addressing community safety concerns.
- They asked how the individual felt about the South Riverdale Community Health Centre, generally.
- Individuals were asked if they wanted to be kept informed about community safety issues. They were asked if they wanted to supply their name, telephone number and email to be added to the SRCHC database for safety updates.

Our methodology has many limits, not the least of which was the time to conduct our work and the availability of individuals at home; we also did not interview clients or employees of the SRCHC or street-involved individuals.

Our canvass was also focused on houses, not apartments, as access to buildings could not be easily accommodated. We recommend further targeted outreach to specific properties in the canvass area.

Our canvass of the businesses was limited given time and resource constraints and we recommend a deeper dive with business owners and managers through the Leslieville BIA.



One of the challenges of our process, and a limitation of our methodology, was discerning between what was experienced first-hand by a respondent and information that was picked up in a group chat or shared by a neighbour. This is not to diminish the very real experiences of individuals finding needles or witnessing illegal or anti-social behaviours, but to explain how these incidents are being amplified. One specific incident is mentioned repeatedly. This amplification also has an outsized impact on how people *feel* about safety.



In addition to our canvass, the Safer Community Committee took online comments at [srchc.ca/safer-community-committee/](https://srchc.ca/safer-community-committee/)

# What we heard about safety

There are widespread safety concerns in the community.

Safety concerns are not limited to one street or one demographic. Residents from Booth Street to Coady Avenue and some businesses along Queen Street East are fearful of illegal and anti-social behaviour.

The *perception* of being unsafe and *actual first-hand experience* with unsafe or threatening behaviour may differ from person to person, but there is adequate first-hand experience to warrant concerted response from our client and various governmental and non-governmental organizations.

In particular, residents and businesses experienced or have witnessed:

- Assaults
- Threats of assaults
- Threats of arson
- Property theft and damage
- Persistent aggressive behaviour and shouting by individuals loitering on the street





## Public drug use and drug dealing have become more visible.

Public drug use, the discarding of drug paraphernalia, and drug dealing are also major issues identified by respondents. Although many references were made to activities directly adjacent to the South Riverdale Community Health Centre on the south side of Queen Street East, and in the alley south of the SRCHC, incidents were reported throughout the catchment area. *We also received reports of illegal activity moving to new locations in the community since the recent increase in security at SRCHC.*

Residents reported seeing public injection drug use and drug inhalation and the after-effects of individuals passed out or experiencing an overdose. This activity was reported in the alleys on the north side of Queen Street East near Brooklyn and Boston, at Booth Street and Queen Street East and especially in the alleys south of Queen Street East, on the east and west sides of Heward Avenue.

Drug dealing was mostly witnessed in the block immediately adjacent to the SRCHC between Heward Avenue and Carlaw Avenue; we have also heard of newer drug dealing activities behind the condos at Carlaw and Dundas Streets and at Jimmie Simpson Park.

We received dozens of reports of discarded needles throughout the catchment area.



## The risk to children is top of mind for the community.

The number one issue, mentioned on every street and by parents and non-parents alike, is the potential risk to children.

Parents are concerned about their children picking up discarded drugs or needles. They are worried about their children being verbally or

physically assaulted. Some residents mentioned a specific incident with their own child, but in some cases respondents were repeating incidents raised through neighbourhood chat groups.

South Riverdale is a family-friendly community and the increased number of school-aged children in the neighbourhood, combined with an increase in aggressive and anti-social behaviours in the area, has heightened anxiety among residents in the community.

In urban areas school yards can sometimes be used for anti-social activity, drug taking, sex trade work, and fires, but we did not receive any mentions about these potential threats in the actual Morse Street or Bruce Public School yards. However, as security is increased at the SRCHC these school yards may become more problematic and may require more scrutiny.



## “Hotspots” need special attention

We received information about trouble spots across the catchment area but the most prevalent complaints are in close proximity to the South Riverdale Community Health Centre, mostly within 100 metres of SRCHC.

In particular, the parkettes to the west of SRCHC, the alley directly south of the Centre (west of Heward Ave) and the alley to the east of Heward Avenue need special attention.

Increased specialized security services at SRCHC seems to have helped with very localized issues, but this may also have had the unintended consequence of moving anti-social and illegal activities to other locations in the community.



## Businesses report concerns but most support the work of the supervised consumption service.

Our canvass team spent one day visiting local storefronts to gauge the attitudes and concerns of the businesses and professionals on Queen Street East, most of which back onto laneways. Our canvassers distributed the update letter from the SRCHC, which was the first communication they had received since July 7th, and were instructed to ask for a manager or business owner for the interview, if possible.

Some safety concerns were mentioned, especially in light of the July 7th shooting, but most of these establishments had no incidents to report, were supportive of the SRCHC and the supervised consumption service and recent security improvements. Given the limitations of our outreach we recommend further engagement with business owners and managers through the Leslieville BIA.



## Some residents feel very safe.

Our report highlights the concerns about safety in the community, but some respondents actually felt safer now than in the past. These respondents were typically older residents who had lived in the area for more than twenty years.

Our canvassers also had more than two dozen households say they didn't need to speak with us and had no concerns. Those interactions were brief but still telling.



# What we heard about the South Riverdale Community Health Centre

## Widespread community support for SRCHC.

A notable finding from our canvassing was the overwhelming support for the South Riverdale Community Health Centre and continuing support for the supervised consumption service. Apart from Heward Avenue, where the social contract appears to have been broken (more about that later), on most streets residents supported SRCHC ten to one over those who were detractors.

We asked about the role of the SRCHC with respect to community safety and we also asked about support for the SRCHC generally.



## People want the SRCHC to ‘fix’ the problems.

The safety issues identified in our interviews are not perceived by residents and businesses as city-wide or broader societal issues in terms of overdoses, homelessness, public disorder, violence and aggressive behaviour, even though these issues are prevalent across the city and across Canada.

For people who raised safety concerns, the concerns are linked to the supervised consumption service and the presence of people who use drugs and drug dealers. The SRCHC is blamed for bringing these issues to what some residents feel would otherwise be a safe, family-friendly community. At least that is how some residents feel.

Given that no one or no level of government wants to “own” the issue of public drug use, overdoses, discarded needles, drug dealing, and street-level violence, or aggressive behaviours on the street, South Riverdale Community Health Centre is carrying this from a reputational perspective and in terms of providing real-world solutions.

Community members are looking primarily to the SRCHC to take responsibility, take leadership, and to ‘fix’ the problem.



## Distinguishing between the community health centre and the supervised consumption service.

Some individuals made a distinction between the community health centre and the supervised consumption services (SCS); as mentioned, the SRCHC maintains deep support in the community, even for people who have concerns about the SCS or the location of the SCS. But we also heard that co-locating the SCS at the health centre may be discouraging some potential clients and volunteers from entering the SRCHC.



## Is a new location needed?

The location of the supervised consumption service was raised repeatedly, not just by neighbours on adjacent streets and not just by detractors. If a supervised consumption service has clients who use drugs obtained illegally, sometimes using them outside of the centre, what type of location is most suitable? Should these services be co-located with primary health care services?

We also heard repeatedly that the neighbourhood has changed, that it is now more family-friendly, and that what might have been a suitable location for the supervised consumption service is no longer appropriate.

We heard that locating near schools and childcare centres is not accepted.



## Few concerns about SRCHC leadership.

Our canvassers asked respondents about the role of the SRCHC in community safety and also generally about the SRCHC and, as we have reported, there is considerable support for the SRCHC in the community. In very few cases, less than ten out of 230+ interviews, respondents commented that the governance and/or management of the SRCHC are to blame for the breakdown in trust felt by some neighbours and for a lack of action on safety issues.



## A breakdown in trust.

It is evident from our canvassing and follow-up interviews, especially on Heward Avenue, that there is a breakdown in trust between residents and the SRCHC.

Sifting through the results of our interviews and following up with specific households, one is left with the impression that more than just trust, people feel there has also been a breakdown in the social contract. No one ever said this explicitly or phrased the predicament in this way, but the deeply felt concerns about safety and disorder so close to home, the antagonism to the community health centre and its clients, and the lack of faith in government or the SRCHC to actually fix the problem, has resulted in this breakdown.

So, in this context the social contract is this: People are willing to accept certain services (that they don't actually use themselves), and pay taxes and even accede to some inconveniences, but only if the services work and only if the rules are followed. In this case, residents who live nearby the community health centre do not feel safe, do not feel the service is working, do not see anyone responding to their concerns and do not feel the contract is intact.

This breakdown does not appear to be widely felt, it is very localized, and seems to be built on the frustration that has built up when past concerns were raised and not adequately addressed.



# Moving forward

Our suggestions for moving forward are based on what we heard, but also our experience working on homelessness, encampments, supervised consumption services and emergency shelters across Ontario.

Some local residents want the supervised consumption service closed down, others think it should be moved, and many more want increased security. All of those options need to be considered, in a thoughtful way, weighing the consequences, resource requirements and impact on clients and the community.

We also understand that the provincial Ministry of Health will be conducting a critical incident review of the service at South Riverdale Community Health Centre.

We think a broader approach is necessary. And we think that local residents and businesses, the SRCHC, and other organizations can work together to come out of this stronger, safer, with better outcomes for the clients who needed help in the first place.





## Community safety in Leslieville needs a ‘whole of community’ response.

Leslieville is a village within the City – and as we said in our introduction, it’s a caring community. Its issues need a ‘whole of community’ response. One street of residents should not be carrying the load of trying to solve local safety issues any more than one community health centre should be trying to address the opioid crisis.

If a particular hotspot is fixed because of lobbying by a particular group or residents, won’t that just move the problem three blocks away?

South Riverdale Community Health Centre did not create substance use disorders, or the overdose crisis, nor does it want people using drugs in alleys. So, while SRCHC must be part of the solution and shoulder its share of criticism, we think Leslieville needs a broader strategy to counter unsafe and illegal behaviours and to address the dangers of using drugs outdoors and of using alone.

We understand that our report may be forwarded to a local Safer Community Committee and we hope that they consider a multi-pronged strategy that includes:

- Street outreach workers who go beyond the SRCHC perimeter and actively work with people who use drugs outdoors, encouraging them to come to the SRCHC and to seek appropriate treatment and services; street outreach can also address hot spots and coordinate the timely clean-up of debris and drug paraphernalia;
- Communicating with people in the neighbourhood so they know who does what, who to call about what, and what kind of response to expect;
- Active participation of residents from across the catchment area, but with a particular focus on the residential areas that are most affected right now;
- Active participation of the Leslieville BIA to assist local businesses with training and security enhancements and to animate and protect the alleys in the BIA area;

- Active participation of community and health care organizations, such as Woodgreen Community Services, Ralph Thornton Community Centre, CAMH, Michael Garron Hospital and St. Michael's Hospital, among others;
- Active participation of Toronto Police Services, SafeTO, TDSB and various City departments, including Social Development Finance Administration.
- Participation of community leaders, including our MP, MPP, city councillor and school trustees.

The strategy shouldn't be focused on *defence*, or responding to safety issues when and if they occur, but it should be proactive, positive, animating alleys and parks, mobilizing the good will that exists in the community.



## The location of the supervised consumption service needs to be addressed.

Many residents and businesses want the supervised consumption service to be moved. Our recommendation is that the Board of the South Riverdale Community Health Centre, working with its management team, Toronto Public Health, provincial Ministry of Health officials, federal Health Canada officials, and medical experts first need to review the most suitable delivery setting for supervised consumption services.

Should these services be co-located with other health services? Or co-located with shelters? Or stand-alone services? Should there be more smaller services? Are storefronts better than institutions?

This information would then inform a SRCHC review of its own supervised consumption service and whether it needs to be scaled-up, scaled-down, moved, and to where.

The community should be involved in the locational issue but in our experience it is rare for any group of residents to agree on a site for supervised consumption services or emergency shelters. Our

suggestion would be for residents and businesses to be involved in establishing the parameters for a new site – in addition to federal and provincial requirements – but that residents not have a veto on any new service locations.

As part of this review, mobile consumption treatment services should also be considered, alongside harm reduction services that are already mobile.



## Hotspots can and should be addressed.

Crime Prevention Through Environmental Design (CPTED) practices should be used to reduce the risk of illegal or anti-social behaviour in proximity to the SRCHC, neighbourhood schools and daycares and where there are complaints. In particular, Toronto Police Service, working with city officials, the SRCHC, the BIA and residents should be looking at the contours of the alleyways, lighting, plantings, access control and create “placemaking” opportunities to animate areas, like alleys and parkettes.

Street outreach workers would be an excellent resource to assist with hotspots where public drug use is creating additional risks.

Security costs should not be borne exclusively by the SRCHC. Currently, SRCHC has increased its spending on specialized security services. This may not be sustainable in the medium and longer term, but it is required. Unfortunately, these services are also needed beyond a 15 metre perimeter.



## Rebuilding relationships.

We were able to get some great input from residents and businesses through our neighbourhood canvass; people were very generous with their time and very open and transparent about what they thought and how they felt. There is a real willingness to be part of solutions moving forward.

The SRCHC and the Safer Community Committee need to build a new community engagement strategy moving forward, including a refresh of the Community Liaison Committee, a deeper dive with local businesses, ongoing active involvement of residents and parents groups, with regular two-way, proactive, communications.

We also see the need for focus groups or interviews with clients and employees of the SRCHC and with street involved individuals. This engagement should be done with sensitivity to ensure the safety of participants, but their voices need to be heard.

In addition to any improvements to security or street outreach or communications or the actual supervised consumption services, the SRCHC and local political representatives need to work on restoring the social contract with people in the immediate area of the SRCHC.

If Leslieville is going to host specialized services for people who use drugs, and if the federal government is authorizing it, and the provincial government is funding it, and public health is inspecting it, then local community members should have an expectation that it will work and it will not harm them or their children or their businesses.



## Working together for public health *and* public safety

As the South Riverdale Community Health Centre and the broader Leslieville community work to address the safety issues in this report it is important to remember why the service was started in the first place: *to increase public health and public safety* – to reduce fatalities and to reduce drug taking in public washrooms or in alleyways.

The need for harm reduction and supervised consumption services has not abated<sup>1</sup>.

And we need to be careful that we don't make things *worse*.

Things could actually get worse. For example, increasing security at the SRCHC might *displace* anti-social and illegal behaviour and move it to other streets or *closer* to the schools.

Discouraging loitering at the SRCHC could discourage people who use drugs from participating in harm reduction and supervised consumption services, leading to *more* outdoor drug use and more fatalities, not fewer.

Specific interventions need to be considered, in a thoughtful way, weighing the consequences, resource requirements and impact on clients and the community.

People want to live in a community that addresses the health needs of its most vulnerable citizens AND is a safe place to live. Most people don't want to shift the problems, they want to address them and make things better.

Our strong recommendation is that the SRCHC, community organizations and residents address these issues *together*.

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<sup>1</sup> In 2017 the number of suspected opioid-related deaths in Toronto was nearing an all-time high of 315. Four years later, in 2021, there were 590 confirmed deaths from opioid toxicity. Source: **Toronto Overdose Information System, Toronto Public Health (August 2023)**