Planning for Methadone Clinics & Methadone Pharmacies

Research Study and Proposed Policies & Regulations

City of London - Planning Division
February 2012

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1 INTRODUCTION

1.1 Background

According to a recent study by Health Canada, addiction is costing Canadian municipalities $243 million per year in terms of social, medical and law enforcement costs, including lost productivity.

The continued problem of addiction to alcohol and illegal drugs is compounded by an alarming increase, or “explosion”, in addictions to opioid-based prescription painkillers. London, however, is not alone as we face what many experts refer to as a provincial and national “epidemic”. While effective painkillers, opioids can create feelings of intense pleasure or euphoria; misuse or abuse can easily become an addiction.

The methadone maintenance program is a medical treatment, which helps people manage their addiction to opioids. This treatment can help people who are dependent on opioids get the medical and social support they need to stabilize and improve their lives.

Methadone clinics and dispensaries (including general pharmacies that offer the drug) deliver an important community service to individuals seeking addiction treatment. However, the issue of planning for methadone clinics and dispensaries has been the subject of considerable public debate. Public health and safety concerns, client needs, neighbourhood concerns, business interests, and public policy were all taken into consideration during this discussion.

Recognizing the scope of this debate and in response to a Coroner’s inquest into the methadone related deaths of four people in Oshawa, the Ministry of Health and Long-Term Care struck the Methadone Maintenance Treatment (MMT) Task Force in 2006. In March of 2007, the Task Force released their recommendations that included best practice advice in the area of public consultation and engagement. In their report, the Task Force noted:

> *“It is clear that the integration of Methadone Maintenance Treatment programs into communities is generally not well done. Clinics and physicians who provide MMT need to engage with and contribute to the community in which they are located. Most physicians who provide MMT are independent business people who are free to establish their clinics where they want, subject to local by-laws. This is also true of pharmacists. However, organizations funded by the Ministry of Health and Long-Term Care or Local Health Integration Networks should be required to engage the community when planning to provide MMT services… “Community” should be broadly defined to include businesses, residents, retailers, local pharmacists, the local police, local politicians, the Medical Officer of Health, local places of worship, landlords, people receiving MMT and others…”*

Funded agencies of the Ministry of Health and Long-Term Care have amended their guidelines in response to the recommendations of the Task Force. However, no known policies or regulations have been implemented at the Provincial level that would assist local municipalities in planning for the location of MMT services.

Faced with such a legislative gap, the City of London has undertaken a number of local initiatives that, either directly or indirectly, address the issue of opioid addiction in our community.

Adopted by Council in 2007, the London Community Addiction Response Strategy (CAReS) detailed a comprehensive policy framework for homelessness and substance abuse that integrated and coordinated social services based on the four-pillar model of: prevention, harm reduction, treatment and enforcement.

Municipal Council is building on this initiative in response to concerns raised by Council regarding the existing delivery of methadone treatment services within the City. The recommended approach of this study is based on goals developed through a comprehensive analysis of client, neighbourhood and business needs, together with the applicability of municipal tools. As result, a policy and regulatory framework that embraces the City's vision of a caring, responsive community committed to the well-being of all Londoners is proposed. It is a framework that will underscore the importance of strengthening all of our neighbourhoods.

1.2 Purpose of this Report

The Official Plan and the Zoning By-law do not specifically identify clinics or pharmacies that provide for methadone (through either prescription or dispensing) as separate land uses. As such, there is a lack of policies and regulations to direct these uses to the best locations for clients. Furthermore, there are no policies or regulations to mitigate the potential impacts of these uses.

Accordingly, the purpose of this study is to provide a greater understanding of land use implications surrounding methadone clinics and pharmacies and advance a policy and regulatory framework that will plan for these uses to the benefit of methadone clients, service providers and neighbourhoods and business areas in which they locate.

1.3 Report Format

The final study consists of this report and a research compendium that includes background material referenced throughout.

This report is organized into the following sections:

- Introduction
- Description of Research Undertaken
- Key Findings from Research
- Proposed Policy and Regulatory Framework

Copies of the proposed Official Plan and Zoning By-law amendments are included as appendices at the end of this report.

All references in this report noted [Vol. X, Tab X] is a reference to the location within the methadone research compendium. The "Methadone Research Compendium" forms part of this study.

In addition to this study, there is a covering report that denotes results from a final public consultation process held in November 2011. The City's Licensing and By-law Enforcement Division will present a report recommending Licensing By-law requirements under a separate cover.

Copies of this study are to be made available in digital and hard copy formats. All information related to the process, the study and background information can be found at the City of London's website: www.london.ca/methadonestudy.

2. DESCRIPTION OF RESEARCH UNDERTAKEN

The following section outlines the research that has been undertaken in support of this study and its findings.

2.1 Draft Planning Report – November 8, 2010

Following a significant amount of background research, and consultation with various agencies and stakeholders, the Planning Division submitted a draft report to the Planning Committee on November 8, 2010 on the subject of methadone clinics and methadone dispensaries. The report provided background on methadone, how methadone is regulated, the community value of methadone treatment, a review of methadone clinics in London, and an outline of planning issues associated with methadone clinic uses. Noting the absence of a policy or regulatory framework within the City's Official Plan and Zoning By-law for methadone clinics, it was the stated intent of the report to provide for "…appropriate opportunities for siting methadone clinics while balancing the impacts of these clinics on surrounding land uses".

The report included a proposed policy framework that formally defined a methadone clinic use and identified locational criteria for the establishment of new methadone clinics. Noting that some of the issues identified may be tied to the internal and site design of the facility itself, the report called for the submission of a "functional site plan" in addition to a site plan. The functional plan would identify the number of patients, the site and building layout, the intended patient circulation, the adequate internal waiting areas to avoid external line-ups and the floor areas used for expected peak patient volumes. The functional plan would be reviewed by the College of Physicians and Surgeons to ensure best practices were being planned for.

The community raised a number of issues at the public meeting. While acknowledging the usefulness of zoning to address some issues, the Manager of the Old East Village Business Improvement Area requested that a review licensing be undertaken as another potential method for addressing other concerns. The Manager of the Old East Village Business Improvement Area further requested that the Planning Committee consider the adoption of an interim control by-law to facilitate staff's investigation of the BIA's comments.

On November 8, 2010, the Planning Committee recommended that the following actions be taken with respect to staff's report:

a) *On the recommendation of the General Manager of Planning and Development, the above noted report BE CIRCULATED to City departments, the College of Physicians and Surgeons, the College of Pharmacies, the Centre for Mental Health and Addiction, neighbourhood Business Improvement Area (BIA) organizations, other key stakeholders and the general public for review and comment; it being note that based on feedback received through the consultation process, a report and associated Official Plan and Zoning By-law amendments will be brought forward to a*

public consultation meeting of the Built and Natural Environment Committee early in 2011 for consideration and deliberation;

b) *The Civic Administration BE REQUESTED to consider licensing as an option to address concerns relating to methadone clinics during the above-noted process; and,*

c) *The Civic Administration BE REQUESTED to review the potential use of an interim control by-law relating to the location of methadone clinics and pharmacies and to report back at a special meeting of the Planning Committee to be held on November 15, 2010 at 4:00 p.m.*

A copy of the staff report is included in the Methadone Research Compendium [Vol. 1, Tab 1]

2.2 Interim Control By-law Approved – November 15, 2010

On November 15, 2010 the Planning Committee received a report from the General Manager of Planning and Development recommending that an interim control by-law be considered for the purpose of prohibiting new methadone clinics and dispensaries within the City of London boundaries for a period of one year.

An interim control by-law is a legal mechanism to temporarily control land uses until such time as a study can be prepared and more permanent controls can be considered. In this particular case, the interim control by-law would prohibit the use of land, buildings or structures for the purposes of new methadone clinics and methadone dispensaries for one year during which time staff would complete a study and form a recommendation to Municipal Council regarding land uses and regulations. The temporary restriction would prevent new clinics and dispensaries from establishing until the study was completed. In essence, the Interim control by-law would have the effect of holding the status quo.

Under the interim control by-law, existing methadone clinics, existing methadone dispensaries, and existing or new methadone clinics and dispensaries within hospitals, and existing or new clinics, medical and dental offices and dispensaries that do not dispense methadone would be not be impacted.

It is important to note that prior to Council's adoption of the interim control by-law, methadone clinics and dispensaries would have been interpreted as permitted uses within zones that allowed for clinics, medical/dental offices, hospitals and pharmacies. As these zones are dispersed throughout the City, the boundaries of the interim control by-law were proposed to be contiguous with the municipal boundary.

The report concluded with a recommendation that Planning staff, together with Community Services Department and the Legal Division, be directed to concurrently explore opportunities, constraints and benefits of licensing methadone clinics and dispensaries.

The Planning Committee heard from a number of delegates at the public meeting. Representatives of the Old East Village Business Improvement Area and the Old East Village Community Association spoke in support of the provision of methadone services and the efforts being "…undertaken by staff". A further member of the public spoke in support for the strategies being advanced by staff but noting "…that there be no delay in treatment as an unintended consequence".

On November 15, 2010 the Planning Committee recommended that the following actions be taken with respect to the General Manager's report:

a) *The actions taken by the Planning Committee at its meeting held on November 8, 2010 be rescinded;*

b) *A By-law be introduced at the Municipal Council meeting on November 15, 2010 to establish an interim control by-law (in conformity with the Official Plan) for the purpose of prohibiting new methadone clinics and dispensaries and expansions to existing methadone clinics and dispensaries within the City of London's municipal boundaries for a period of one year;*

c) *The Civic Administration be directed to complete a study of methadone clinics and dispensaries and return with a final report and any proposed Official Plan and Zoning By-law amendments within a period of one year; and,*

d) *Planning staff, together with the Community Services and the City Solicitors Office, be directed to concurrently explore the opportunities, constraints and benefits of licensing methadone clinics and dispensaries.*

At its regularly scheduled meeting of November 15, 2010, Municipal Council adopted an interim control by-law and endorsed the concurrent recommendations of the Planning Committee.

A copy of the staff report is included in the Methadone Research Compendium [Vol. 1, Tab 2]

2.3 Interim Control By-law Appealed – January 14th, 2011

On January 14, 2011, Ontario Addiction Treatment Centres and 1276154 Ontario Limited appealed the interim control by-law to the Ontario Municipal Board. The appellants noted the following reasons as grounds for the action:

a) *The interim control by-law is not supported by a valid land use planning rationale;*
b) *The planning study is not supported by a valid land use planning rationale;*
c) *The by-law is discriminatory;*
d) *d) There were no valid land use planning concerns raised that needed to be dealt with immediately;*
e) *There are no valid land use planning issues or land use planning problems that arise from the operation of a methadone clinic; and*

f) Such further and other reasons as counsel may advise.

Notwithstanding the appeal, work on the methadone study would continue. A copy of the letter of appeal is included in the Methadone Research Compendium [Vol. 1, Tab 5].

2.4 Draft Discussion Paper Circulated – March 7, 2011

On March 7, 2011, the Director of Land Use Planning and City Planner tabled an information report with the Built and Natural Environment Committee. The report noted that a consultant had been retained to prepare a report detailing: basic information about opiate addiction and methadone treatment programs; the issues raised relating to these clinics by various stakeholders; comments from the owner and manager of the largest clinic in London; and, a summary of actions taken by other Canadian municipalities. As part of the issue analysis, the paper was also to address possible choices for future local municipal action.

The Scott Burns Planning Consultant (SBPC) discussion paper was broadly circulated and served as a tool for focusing stakeholder and public consultation sessions. The Director further noted that the discussion paper would be provided to Council upon completion. In addition, the SBPC discussion paper was posted on the City's methadone website. A copy of the staff report has been included in the Methadone Research Compendium [Vol. 1, Tab 3].

2.5 Public Open House – March 31, 2011

On March 31, 2011, Planning Staff conducted a Public Open House session to discuss ideas on how the City could plan for methadone clinics and dispensaries in a positive way. Following a brief presentation by staff, session participants broke out into groups to answer questions and to report out. Input received during this session was considered as part of this report and recommendations to Council. A summary of the feedback has been included in the Methadone Research Compendium [Vol. 2, Tab 11].

2.6 Discussion Paper Finalized – April 20, 2011

On April 20, 2011 the Director of Land Use Planning and City Planner tabled the completed SBPC discussion paper with the Built and Natural Environment Committee. The findings of the SBPC report are further discussed in Section 3 of this report.

In tabling the SBPC report, the Director further noted that staff had included a survey on the City's methadone website to collect people's comments and opinions regarding methadone clinics and dispensaries to assist in giving staff a better understanding on the current state of service delivery in the City. A copy of the staff report has been included in the Methadone Research Compendium [Vol. 1, Tab 4].

2.7 Interim Control By-law OMB Hearing – June 7, 2011

On June 7, 2011 the Ontario Municipal Board convened to hear evidence in regards to the appeal of the City's interim control by-law prohibiting the establishment of new methadone clinics and methadone dispensaries. The hearing concluded on June 8, 2011 with the Board reserving its decision on the matter.

2.8. Interim Control By-law OMB Decision – August 15, 2011

On August 15, 2011, the Built and Natural Environment Committee received an information report from the Director of Land Use Planning and City Planner detailing the decision of the Ontario Municipal Board as it pertained to the Interim Control By-law hearing of June 7, 2011. In its' decision the Board made the following key observations that are relevant to the discussion at hand:

The land use study should encompass the entire City.

- *"The City has laid out clear and persuasive evidence…that sound planning principles served as the basis for the City's intention to enact the [Interim Control By-law] in order to facilitate its completion of a land use planning study that should encompass the entire City"*

A comprehensive planning approach to the issue of methadone clinics is valid.

- *"The Board finds persuasive the City's broad application of the ICBL as a result of its intention to look to future planning as it knew the methadone treatment issue was increasing in importance, and that it was in the public interest for the Municipality to assess the situation of methadone clinics in London and determine a way forward through a comprehensive approach to the issue"*

In the context of the ICBL, Methadone Clinics and Methadone Dispensaries have been reasonably defined and a Methadone Clinic is a separate land use.

- *"The City's definitions of "Methadone Clinic" and "Methadone Dispensary", provided in the context of an interim control by-law that is enacted for a period of one year, are reasonable"; and*

- *"The dispensary is defined as the primary activity of the business and the ICBL is directed at the business – not the users. The Board determines that the ICBL in London looks at the operator, and a "methadone clinic" is a land use".*

Methadone Clinics and Methadone Dispensaries have the potential to generate land use impacts.

- *"In the Board's determination, coupled with community concerns with methadone clinics, the information contained in the [Planning staff] reports [of November 8th and 15th, 2010] outlining various behaviour issues and activities associated with the operation of methadone clinics, the causal relationship between methadone clinics and dispensaries and the issues identified in the preceding reports has been established persuasively".*

The Board concluded that there was no evidence to suggest that the City had failed to comply with the strict interpretation of Section 38 of the Planning Act and that the interim control by-law is based on sound land use planning.

The Director of Land Use Planning and City Planner noted that the Ontario Municipal Board decision of July 15, 2011, dismissed the appeal and upheld the City's interim control by-law which was to continue to be in force and effect until November 15, 2011. Council opted to extend the ICBL for an additional 6 months.

A copy of the Interim Control By-law OMB decision has been included for reference in the Methadone Research Compendium [Vol. 1, Tab 6].

2.9 Site Inspections, Literature Reviews, Best Practices, Mapping and Ground Proofing

Prior to November 7, 2011, City staff:

- Retained Scott Burns Planning Consultants to undertake research and prepare a discussion paper to be used as a platform for discussion with the public and stakeholders [Vol. 1, Tab 4].

- Identified all known local methadone clinics and pharmacies that dispense methadone [Vol. 3, Tab 20].

- Conducted numerous site visits to each of these facilities noting the land use characteristics of each as well as surrounding land uses [Vol. 2, Tab 18].

- Reviewed relevant reports and/or by-laws including the:

    - Methadone Maintenance Treatment Practices Task Force Report, 2007 [Vol. 1, Tab 8];

    - London CAReS report prepared by the Community Services and London Police Services, 2007 and Towards a Communitiy Additiction and Mental Health Strategy, 2011 [Vol. 1, Tab 9 and Vol. 3, Tab 28];

    - Methadone Maintenance Treatment Community Planning Guide prepared by the Centre for Addiction and Mental Health, 2009 [Vol. 2, Tab 10];

    - Calls for Service Report prepared by the London Police Services, 2011 [Vol. 2, Tab 14];

- Methadone Maintenance Treatment Program Standards and Clinical Guideline prepared by the College of Physicians and Surgeons of Ontario, 2011 [Vol. 2, Tab 15];

- Methadone Maintenance Treatment and Dispensing Policy/Guideline Standard prepared by the Ontario College of Pharmacist, 2006 [Vol. 2, Tab 16];

- Zoning and/or business license by-laws of other Canadian and American jurisdictions for background information and examples of best practices [Vol. 2, Tab 17]; and,

- Prepared analytical mapping of methadone clinics and methadone pharmacies to ground proof the recommended policy and regulatory framework [Vol. 2, Tab 19].

2.10 Personal Interviews and/or meetings with representatives of the following groups and/or agencies

Prior to November 7, 2011 City staff had meetings and/or discussions with:

- local Doctors that prescribe methadone;
- a methadone service provider with facilities in St. Catharines, Brantford and Hamilton;
- professional planners from other jurisdictions that have undertaken work on this subject;
- the College of Physicians and Surgeons of Ontario;
- the College of Pharmacists of Ontario;
- the Canadian Mental Health Association;
- the London Middlesex Health Unit;
- the London Intercommunity Health;
- a volunteer focus group of methadone maintenance treatment clients;
- the Chief and Deputy Chief of London Police Services;
- the Old East Village Business;
- business owners in the vicinity of Clinic 528;
- the Old East Village Community Association; and,
- Beal Secondary School and the Thames Valley District School.

Comments received are included in the Methadone Research Compendium [Vol. 3, Tab 29];

2.11 Public, Service Provider and Client Input

Prior to November 7, 2011 City staff:

- Conducted a public information meeting and open house (March 31, 2011) wherein the benefits and potential impacts of methadone clinics and dispensaries were discussed in an open house, presentation and workshop format [Vol. 2, Tab 11];

- Developed and maintained an on-line methadone survey (in March 2011) to better understand the views of various stakeholders (the public, service providers, etc.,) on the current state of methadone clinics and methadone dispensaries in the City of London [Vol. 2, Tab 12];

2.12 Extension of ICBL and Draft Study – October 31, 2011

On October 31, 2011, the Director of Land Use Planning and City Planner presented a draft "Planning for Methadone Clinics and Methadone Pharmacies" to the Built and Natural Heritage Committee. As part of the report, the Director requested an extension to the ICBL.

Municipal Council, at its session held on November 7th, 2011 resolved that, on the recommendation of the Director of Land Use Planning and City Planner, the following actions be taken with respect to methadone clinics and methadone dispensaries:

a) *the Civic Administration BE DIRECTED to circulate the proposed amendments, the methadone study entitled "Planning for Methadone Clinics and Methadone Pharmacies – A Proposed Policy Framework" and the study's appendices compiled in the Research Compendium to stakeholders and the general public for their comments and feedback and to prepare proposed amendments for consideration by the Planning and Environment Committee; it being noted that the afore-mentioned was provided with the report dated October 31st, 2011, from the Director of Land Use Planning and City Planner; and,*

b) *the revised by-law attached hereto as Appendix 1 BE INTRODUCED at the Municipal Council Meeting to be held on November 7th, 2011, to extend the Interim Control By-law, which "holds the status quo" for methadone clinics and methadone pharmacies for a further six months, (until May 15th, 2012). It being noted that this will permit staff to bring forward final amendments to the City of London's Official Plan and Zoning By-law to accommodate the associated appeal periods, prior to the expiry of the Interim Control By-law (ICB).*

From the consultation process, staff was to provide recommendations and present a final study to Council. [Vol. 1, Tab 7]

2.13 Public and Stakeholder Consultation – November, 2011

Planning and Licensing staff coordinated efforts to reach out to stakeholders and offer several forums to involve the community in the planning process.

Council passed, as an amendment, the resolution to extend the duration of the Interim Control By-law to allow staff the opportunity to conduct a final consultation phase. This is to recognize that significant time and resources were required to defend the City's Interim Control By-law before the Ontario Municipal Board. Council's extension highlights the importance of a thorough and exhaustive consultation process to the planning exercise. Seeking input on the policy and regulatory framework tabled with Council on November 7, 2011, Planning staff undertook further consultation which included:

- conducting a public information meeting and open house on November 10, 2011;

- meeting (on November 9, 2011) with representatives of: the Ontario College of Pharmacists; the Intercommunity Health Centre; the Centre for Addiction and Mental Health; the Canadian Mental Health Association; the London Police Services; and City of London Community Services;
- meeting with local pharmacists that dispense methadone (November 9, 2011) and clinicians (November 16, 2011) that prescribe methadone, including the owner of Clinic 528;
- meeting on November 14, 2011 with a representative of a service provider that is currently operating a methadone maintenance treatment facilities in St. Catharines, Brantford and Hamilton;
- meeting with a representative of the Old East Village Community Association on November 19, 2011;
- communicating with the service providers, businesses and members of the public on continuing basis; and,
- meeting with senior representatives of Shoppers Drug Mart, January, 2012.

A summary of comments provided through these consultation processes are included in the Methadone Research Compendium [Vol. 3, Tab 24].

2.14 Final Study – February 27, 2012

This report "Planning for Methadone Clinics and Methadone Pharmacies" is to be presented to the Planning and Environment Committee on February 27, 2012, by the Director of Land Use Planning and City Planner.

This report is intended to fulfill the requirements of the interim control by-law and recommend a policy and regulatory framework for methadone clinics and pharmacies that dispense methadone that is consistent with the goals stated in this report. The Interim Control By-law is in force and effect until May 15, 2012.

The public meeting was advertised and represents the public meeting required under the act. The Planning and Environment Committee will have the opportunity to provide a recommendation to Council for adoption or refusal. The Council Meeting is scheduled to occur March 20, 2012.

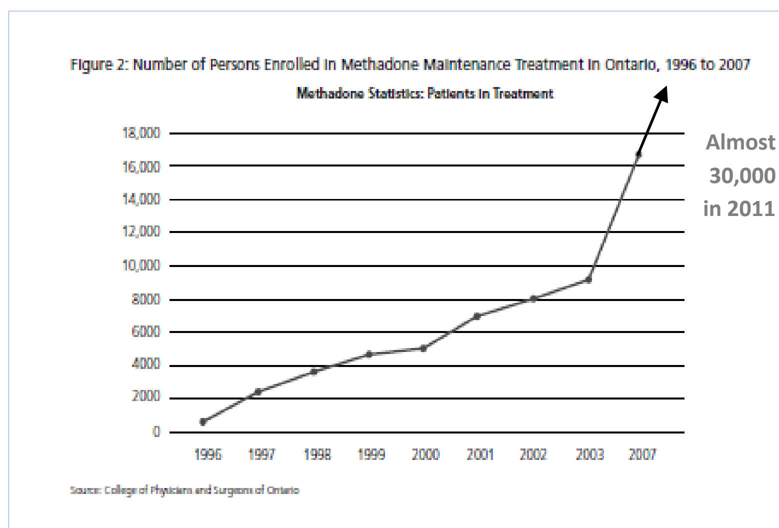
3. KEY FINDINGS FROM RESEARCH

3.1 Addiction to opioid based prescription pain killers is dramatically rising – the need for methadone treatment is similarly rising

The following information has been collected from a variety of sources prepared by (or on behalf of) government agencies – all reports are included in the Research Compendium Appendix.

According to a recent study by Health Canada, addiction is costing Canadian municipalities $243 million per year in terms of social, medical and law enforcement costs, including lost productivity.

The continued problem of addiction to alcohol and illegal drugs is being compounded by an alarming increase or explosion in addictions to opioid-based prescription painkillers.



More than 5 million Canadians use illegal drugs, and of those more than 1 million are known to abuse prescription drugs.

Methadone maintenance is a medical treatment that can help people manage their addiction to opioids. The treatment can help people who are dependent on opioids get the medical and social support they need to stabilize and improve their lives;

In 2005-2006, 46.5% of the people in Methadone Maintenance Treatment programs in Ontario were coping with dependence related to over-the-counter codeine preparations or prescription opioids compared to 15.7% who had heroin or opium problems.

700 people in Ontario used methadone maintenance treatment in 1996; this number increased to approximately 16,500 in 2007. Further studies indicate that there were in excess of 29,000 Methadone Maintenance Treatment clients in Ontario in 2011.

"21% of students (grades 7 – 12) surveyed reported using prescription opioid pain relievers for non-medical purposes" (CAMH)

1 in 33 Londoners used an illicit drug (in 2007), such as cocaine, ecstasy or methamphetamine; and substance abuse is not a downtown problem, nor is it limited to the poor or homeless.

Methadone clinics and methadone pharmacies deliver an important community service to individuals seeking methadone treatment.

The stated benefits of methadone maintenance treatment to clients and the community as outlined by Health Canada (2002) are as follows:

	Client Benefits	**Community Benefits**
Improves Health	• Can stabilize mood and functional state; • Can find improved access to health care; • Reduce use of illegal opioids or other substances; • Have a lower risk of death due to overdose; • Reduce injecting and the use of contaminated needles; • Reduce the risk of transmitting and contracting HIV and/or other sexually transmitted infections; • Can receive education about harm reduction; • Have better pregnancy and birth outcomes	• Fewer discarded used needles; • Reduced spread of infectious disease; • Service providers educate drug users in harm reduction, HIV/AIDS, hepatitis and other health problems that may endanger the community; • Decreased public health risks; • Fewer pregnancy related complications
Improves Social Function and Promotes Healthier Community	• Spend less time looking for and using narcotics daily; • Spend less time in jail; • Increase likelihood of getting employment; • Can improve family relations; • Can improve parenting skills; • Can improve overall social functions and quality of life	• Safer and healthier neighbourhood; • Improved family functionality; • Lower unemployment rates; • Improved economic activity; • Fewer homeless people; • Fewer people relying on social assistance
Crime Reduction	• Less time dealing drugs; • Less time involved in criminal activity	• Less violence; • Fewer drug offences; • Less crime; • Less prostitution; • Reduced criminal justice system costs.

3.2 A private business model is heavily relied upon to deliver methadone maintenance treatment

A recent report prepared for the Canadian Executive Council on Addictions entitled "A Cross-Canada Scan of Methadone Maintenance Treatment Policy Developments" (January 2011) made the following observations:

- *"In Ontario, a variety of models exist for MMT service delivery. The most common model is a private group practice."*

- *"There are currently 29,743 patients enrolled in MMT in Ontario and 309 physicians with exemptions. The largest single provider in Ontario is the Ontario Addiction Treatment Centre, a for-profit network of clinics serving over 7,500 patients with just under 40 affiliated physicians."*

- *"In some provinces, the regulatory bodies for physicians have actively recruited new physicians to prescribe MMT. In Ontario, the increase in demand has been addressed mainly by physicians with exemptions who have expanded their individual or group caseloads."*

- *"In Ontario, the number of physicians prescribing MMT has increased, but at a much slower rate than the number of patients. Since 2007 when the Methadone Maintenance Treatment Practices Task Force was published, the number of physicians has increased from 258 to 309 (a 20% increase), but in the same timeframe the number of patients has increased from 16,406 to 29,743 (an 80% increase)."*

In staff's discussions with local physicians, the notion of the "current service delivery model" was raised. In conversations with one local physician, it was noted that the current practice for doctors providing methadone is largely limited to a clinic setting. Based on the complexity and commitment involved in getting an exemption to prescribe methadone, it would take approximately 50-70 patients before it would become profitable for the doctors added efforts. At that level of clients, doctors are typically seeking to either operate in a clinic setting full time or part time (2-3 hours). This is to better handle the related services that are usually required as part of MMT.

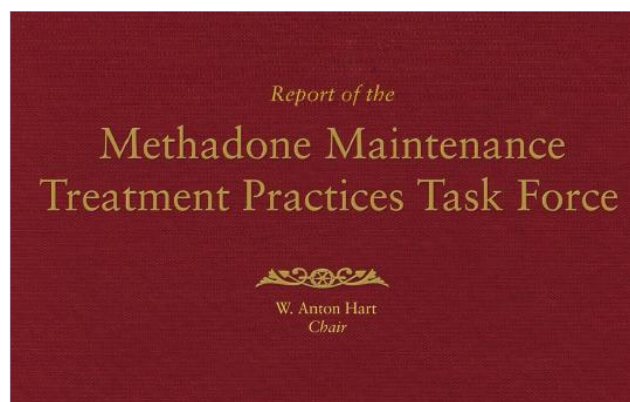
The physician further noted that there is a limited number of General Practitioners that would offer MMT services to their clients as part of their practice. These physicians typically are looking to improve the ease of access for those already facing barriers. These doctors are often located in rural or low service areas.

The A Cross-Canada Scan of Methadone Maintenance Treatment Policy Developments report is included in the Methadone Research Compendium [Vol. 3, Tab 27].

3.3 The Province and others have recognized problems with the delivery of Methadone Maintenance Treatment in Ontario

Health Canada and the Ministry of Health and Long-Term Care are responsible for ensuring that appropriate safeguards are in place for prescribing and administering methadone.

Methadone clinics and methadone pharmacies deliver an important community service to individuals seeking methadone treatment. The issue of planning for methadone clinics and methadone pharmacies has, however, been the subject of considerable public discussion at the Federal, Provincial and local level. Public health and safety concerns, client needs, neighbourhood concerns, business interests, and public policy are all considerations that have been brought forward during this discussion.



Recognizing the scope of this debate (and in response to the methadone related deaths of four individuals in Oshawa) the Ministry of Health and Long-Term Care struck the Methadone Maintenance Task Force in 2006.

In March of 2007, the Ministry of Health and Long-Term Care's "Methadone Maintenance Treatment Practices Task Force" released a comprehensive report. The report emphasized that the use of illegal opioids is increasing, as is the dramatic increase in opioid prescribing over the last ten years in Canada. The report went on to state that 700 people in Ontario used methadone maintenance in 1996; this number had increased to approximately 16,500 in 2007.

The Task Force forwards the need to: "promote and enable an appropriate clinical setting that serves "both patients and the community" and "excellence in the clinic's form, function and environment to create peaceful co-existence of the community with the clinic"

In making their recommendations, the Task Force made the following observations that are relevant to the discussion at hand:

- "*It is clear that the integration of methadone maintenance treatment programs into residential communities is generally not well done."*

- *"Clinics and physicians who provide methadone maintenance treatment need to engage with and contribute to the community in which they are located".*

- "At a basic level, clinics and providers need to contribute to the community by:
  - Keeping the inside of the clinic well maintained;
  - Improving and maintaining the physical environment outside of the clinic;
  - Discouraging loitering;
  - Giving clients an appropriate place to congregate; and,
  - Maintaining an effective flow of clients into and out of the clinic that is respectful of the clients and their time, and of the community."

- "Most physicians who provide methadone maintenance treatment are independent businessmen who are free to establish their clinics where they want subject to local by-laws. This is also true of pharmacists. Organizations funded by the Ministry of Health and Long-Term Care or Local Health Integration Networks should be required to engage the community when planning to provide methadone maintenance treatment".

The Task Force recognized that methadone clinics may have an impact on the community in which they are located. In making this observation, the Task Force recommended that funded agencies of the Ministry of Health and Long-Term Care be required to "…engage the community".

The full Methadone Maintenance Treatment Practices Task Force is included in the Methadone Research Compendium [Vol. 1, Tab 8]

The report prepared for the City of London by Scott Burns Planning Consultants (SBPC) entitled "Methadone Clinics in London, Ontario, A Discussion Paper" describes the clients/users of

methadone maintenance treatment as a *"vulnerable*" or "*at risk" population in need of a variety of health care and other support services".*

This emphasizes the importance of planning for methadone maintenance facilities such that this vulnerable population is best served. The report goes on to say that small waiting rooms, inadequate parking, and high-profile locations can create problems of outside lining up for program participants. As the report notes:

- *"It effectively puts them [clients] on public display which can result in curious or even hostile glances from passers-by. It does not treat them with respect or provide them with personal dignity when coming to the clinic"*

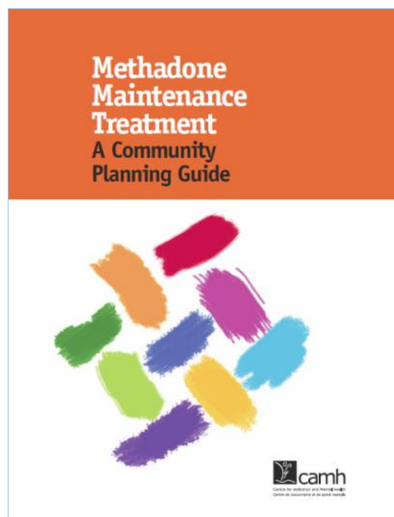
The SBPC report also cites an interview with a client of Clinic 528 who said:

- *"I don't want to have to do down there [Clinic 528] – I will have to walk through too many people with too many temptations to get my medicine"*

3.4 The Province has done very little to address the problems the Task Force identified

Despite the recommendation of the Task Force the province has not taken action to improve the private sector delivery of methadone maintenance treatment as it relates to creating a positive environment for both clients and surrounding businesses and communities.

In 2009, The Centre for Addiction and Mental Health released a revised document entitled "Methadone Maintenance Treatment – A Community Planning Guide. The guide made the following observation:



"Methadone isn't used just to treat people who are dependent on heroine. In fact, more and more people in Canada turn to methadone after struggling with prescription painkiller dependence…Many opioid users report that they first used prescription opioids to treat pain…. In 2005-2006, 46.5%of the people in methadone maintenance treatment programs in Ontario were coping with dependence related to over-the-counter codeine preparations or prescription opioids compared to 15.7% who had heroin or opium problems…"

The Community Planning Guide also highlights the importance of appropriate locations and facilities as follows:

> *"The best setting for your program is the one you can afford and that matches the needs of the clients, the community, the service providers and the partners. You should:*
>
> *Ensure the site(s) has the necessary infrastructure for service delivery;*
> *Choose a setting with easy access (close to public transportation and parking); and*
> *Consult with the community."*

However, there is no regulation requiring that clinics and pharmacies use this guide, or the recommendations therein. The province has not followed up with requirements for private proponents of new methadone clinics and pharmacies to engage the community in any way.

Notwithstanding the acknowledgement of the land use impacts associated with methadone clinics (or pharmacies), the Province has not put measures in place to control the impacts that methadone clinics and pharmacies can have on surrounding land uses (including businesses and neighbourhoods).

While it is clear that the client volume of a clinic or pharmacy and the way in which it is operated can have a major bearing on the quality of the environment it offers to its clients and also a major impact on its potential to create land use conflicts, the province has taken no steps to address these factors.

Further, there are no Federal or Provincial regulations requiring private group practices to "actively engage" the community (with consultation processes similar to those of required of funded agencies).

In the face of this legislative gap, municipalities are left to look to other regulations for assistance in planning for the delivery of methadone maintenance treatment including the Municipal Act, 2001 and the Provincial Policy Statement, 2005.

The full version of the Methadone Maintenance Treatment – A Community Planning Guide is included in the Methadone Research Compendium [Vol. 2, Tab 10].

3.5 The City of London's Coordinated Addiction Response Strategy – 2007 CAReS Report

A City of London December 10, 2007 report, was prepared by the General Manager of Community Services and the Chief of London Police Services, entitled "London Community Addiction Response Strategy (CAReS) Phase One: A Plan to Improve Health Outcomes for the Addicted Homeless Population and make the Downtown Safer Final Report.

The report cited the following statistics relating to drug use in London in 2007:

- *"1 in 33 Londoners used an illicit drug, such as cocaine, ecstasy or methamphetamine; and, substance abuse is not a downtown problem, nor is it limited to the poor or the homeless";*

The City of London is continuing this work to strengthen its strategy to improve health outcomes for addicted homeless populations.

"…not surprisingly, drug trafficking to these vulnerable populations is a key contributor to the declining health of these individuals". (CAReS report)

The full London Community Addiction Response Strategy is included in the Methadone Research Compendium [Vol. 1, Tab 9].

Concurrently, City Council has approved a document entitled "Towards a Community Addiction and Mental Health Strategy for London" [Vol. 3, Tab 28]. The strategy was prepared by City of London staff following an extensive conversation with stakeholders and service providers including the Southwest Local Health Integration Network, London hospitals, the Crown Attorney's office and the London Police Service. The strategy calls for focused investment from the Province for addiction and mental health supports in concert with London CAReS. If successful, these efforts will lead to fewer citizens being homeless or precariously housed and involved in intravenous injection of opiates. If this result is achieved, the City expects that there will be a decreased demand for methadone treatment (and, by extension, methadone clinics and methadone pharmacies).

3.6 There can be land use impacts associated with Methadone Clinics and Pharmacies

The Ontario Municipal Board, in its decision relating to the City of London's Interim Control By-law for methadone clinics and dispensaries recognized that there are planning impacts associated with methadone clinics and methadone pharmacies (dispensaries):

- *"In the Board's determination, coupled with community concerns with methadone clinics, the information contained in the [Planning staff] reports [of November 8 and 15, 2010 – See Methadone Research Compendium, Volume 1, Tabs 1 and 2] outlining various behaviour issues and activities associated with the operation of methadone clinics, the causal relationship between methadone clinics and dispensaries and the issues identified in the preceding reports has been established persuasively".*

"Despite the issues recognized by the provincial Task Force report in 2007, the Province has not put measures in place to control the impacts that methadone clinics and pharmacies can have on surrounding land uses (including businesses and neighbourhoods)."

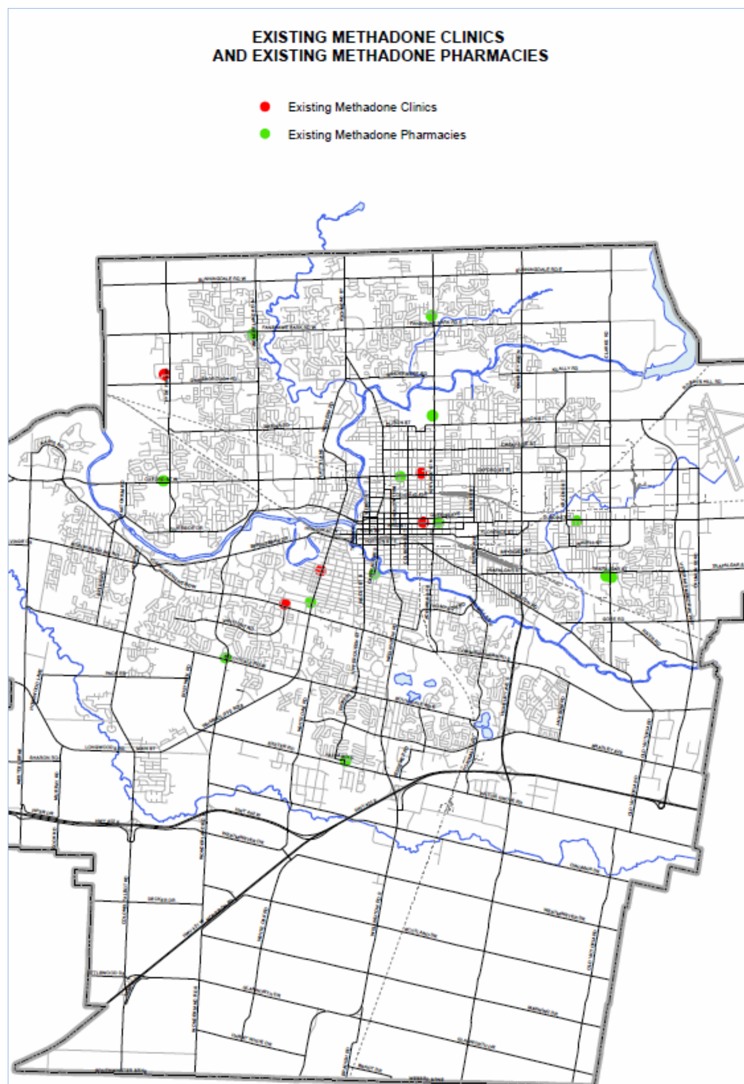
Like all other land uses, methadone clinics generate land use impacts that can have an effect on adjacent and nearby uses. Some of these impacts may be similar to those imposed by other facilities, while others may be different.

It is important to recognize that the research prepared by Planning Staff indicates that many methadone clinics and methadone dispensing pharmacies do not generate land use impacts any differently than general clinics and pharmacies.

However, the research clearly shows that methadone clinics and pharmacies CAN generate very different and very significant land use impacts compared to general clinics and general pharmacies.

Staff has reviewed clinics and pharmacies at various locations in a high level of detail. This research is included at of the Research Compendium [Vol. 2, Tab 18].

The following map shows all methadone clinics and pharmacies known to municipal staff, including those pharmacies that dispense methadone [Vol. 2, Tab 19].



Clearly, not all methadone clinics and pharmacies are the same in size, client volume, setting, intensity, etc. Similarly, not all clinics and pharmacies generate the same impacts. This should be expected as it is true for most land use classifications. For example, not all restaurants generate the same range of impacts and not all light industrial uses generate the same range of impacts. However, land use planners consider the range of impacts that any use can generate and plan for the use such that it will not generate significant negative land use conflicts with adjacent uses.

For example, some restaurants can create significant odours, while others may not produce any odour. Generally, in recognition of this potential, land use planners plan for restaurants in locations where they will not cause significant land use conflicts in the event that they do produce odours. Another example is outdoor storage and truck traffic in association with industrial uses. While some industrial uses may generate significant truck traffic and have significant outdoor storage, others may not. However, industrial uses are planned in locations where the presence of outdoor storage and truck traffic will not cause significant land use conflicts.

When considering land use compatibility, the following land use impacts that can be associated with methadone clinics are worthy of consideration:

- Traffic and parking impacts;
- Line-ups, gatherings loitering and pedestrian congestion;
- Criminal activity; and
- Littering, including used drug paraphernalia;

3.6.1 ***Traffic and Parking Impacts***

Like any other land use, methadone clinics and pharmacies generate traffic and have certain parking needs. It is important to plan these uses such that these uses do not have negative traffic and parking impacts on adjacent properties.

The research has shown that inadequate parking, at some locations, has caused significant problems with parking on adjacent lots, parking in “no-parking areas” on streets, illegal stopping, etc.

Recognizing that methadone clinics and methadone pharmacies can be very small in floor area, and that they can generate significant numbers of patients within limited time frames, it is appropriate to have a specific parking requirement relating to these uses.

In May of 2011, Planning Staff interviewed Dr. Martyn Judson who is the Medical Director of Clinic 528. He indicated that the pharmacy at Clinic 528 serves 400-500 people per day and is

open 7 days per week. The Clinic will serve approximately 220 people per day. A majority of these visits to the Clinic occur within short time periods when doctors schedule their clinics (usually within two-hour time blocks). He indicated that mornings are often very busy due to clients seeking their methadone treatment at the beginning of the day.

Scott Burns also interviewed representatives of businesses and institutional service providers near Clinic 528. His report indicates that "the basic problem with Clinic 528 is not the nature of its operation or what it is providing, needed health services, but the manner in which these services are offered and the high volume of clients."

Planning Staff have spoken with neighbouring property owners about the parking problems associated with the high volume of clinic users at 528 Dundas Street. They indicated to Staff that illegal parking by clinic users occurs every day in laneways, parking lots devoted to surrounding businesses, and on the street. Planning Staff observed this illegal parking activity while attending the site.

It is noteworthy that the owners of adjacent properties have indicated that these traffic and parking problems did not exist when an MDS Labs previously used the property currently occupied by Clinic 528.

In Planning Staff's interview with Dr. Judson, Medical Director of Clinic 528, he indicated that methadone clinics need "an abundance of parking". He acknowledged that, with the pharmacy, "the parking lot at Clinic 528 is not big enough".

Similar parking problems were observed at other clinic locations, including 231 Wharncliffe Road South, where Planning Staff observed clinic users parking in the adjacent commercial parking lots.

Given the high peak period volumes of users during specific times of day, it is recommended that methadone clinics and methadone pharmacies should have a relatively high parking requirement

London Planning and Transportation Engineering Staff have recommended a rate of 1 space per 15m^2 for both methadone clinics and methadone pharmacies.

This is equal to the current standard for clinics in the Z.-1 Zoning By-law.

London Planning and Transportation Engineering Staff are of the opinion that it is reasonable to recommend a parking standard for methadone pharmacies at 1 per 15m^2, rather than the 1 per 25m^2 requirement that is currently employed for pharmacies given the potential for high volumes within peak hours. This rate is reasonable, compared with clinics convenience store, financial institution, liquor beer and wine store or retail store.

Recommendation:

- Methadone clinics require a parking standard rate of 1 space per 15 m^2 of gross floor area;
- Methadone pharmacies require a parking standard rate of 1 space per 15 m^2 of gross floor area;

3.6.2 ***Line-ups, congregations, loitering and pedestrian congestion***

The Ministry of Health's Task Force report indicates that "*at a basic level, clinics and providers need to contribute to the community"* by*:*

- Improving and maintaining the physical environment outside the clinic;
- Discouraging loitering;
- Giving clients an appropriate place to congregate; and
- Maintaining an effective flow of clients in and out of the clinic that is respectful of the clients and their time and of the community.

In doing so, the Task Force acknowledges that loitering and congregations are an activity generated by methadone clinics and pharmacies. Furthermore, the Task Force acknowledges that these activities have an impact on the surrounding "community".

In Scott Burns' interview of Dr. Martyn Judson, Medical Director of Clinic 528, the doctor indicated that "*he felt it was important that patients should not congregate around a clinic and should be told to "move on". If they congregate, scuffles can break out. For instance, on one occasion police needed to be called."*

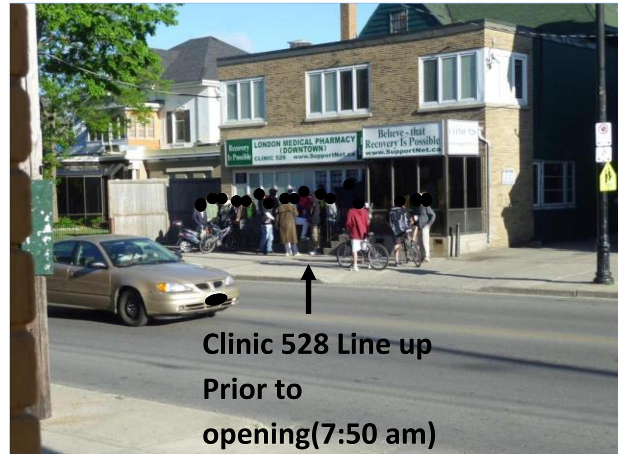
During the Ontario Municipal Board hearing held on June 7th and 8th of 2011, Dr. Daiter, principal of the Ontario Addiction Treatment Centres, indicated that they require patients to enter into a contract that indicates, among other things, they would not loiter outside of the facility and behave in an anti-social matter. Dr. Daiter indicated that he wanted to reduce the impacts within 100 feet of his facility.

The College of Physicians and Surgeons of Ontario have released MMT Program Standards. As part of this document, the CPSO provides a sample contract for clients. Among other clauses, the contract speaks to behavioural issues inside the clinic and the surrounding area. Example clauses include:

- *"I understand the following behaviour is not acceptable in the clinic and may result in the termination of treatment:*

    - *Any violence or threatened violence directed towards staff or other patients;*
    - *Disruptive behaviour in the clinic or the surrounding vicinity of the methadone clinic;*
    - *Any illegal activity, which includes selling or distribution of any kind of illicit drug in the clinic or the surrounding vicinity of the methadone clinic; and,*
    - *Any behaviour that disturbs the peace of the clinic or the surrounding vicinity of the methadone clinic."*

Loitering is very evident outside of Clinic 528 and the pharmacy/dispensary that exists at this location. Similarly, loitering was very evident to Planning staff who visited at the Chapman's pharmacy at 648-650 Dundas Street.



Clinic 528 Line up Prior to opening(7:50 am)

Methadone clinics and pharmacies may concentrate the times that treatment and dispensing is offered to a relatively short window over the course of the day. As a result, large patient volumes are generated within these condensed hours and significant line-ups can form outside of the building and onto the sidewalk. Planning Staff have witnessed these long line-ups when attending certain sites.

Planning Staff have also visited the interior of Clinic 528 and the associated pharmacy and witnessed the fact that there is very little waiting room area to accommodate patients while they wait for their treatment. Staff similarly observed this phenomenon at Chapman's pharmacy that is apparently dispensing methadone to a significant volume of clients.

Line-ups and loitering can cause significant problems within pedestrian-oriented business areas. They can create congestion, making the sidewalk difficult to traverse easily and safely. In some cases, loitering can also create the perception of a threatening environment that some pedestrians may avoid. In turn, this can have a negative impact on neighbouring businesses.

On May 30, 2011, Planning Staff interviewed Mr. Ted Elliott who has worked at Five-Forty (540) Hair Salon for approximately 10 years. The salon was located at 540 Dundas Street four properties from the Methadone Clinic at 528 Dundas Street. He indicated that there was a major change that occurred when the methadone clinic replaced the former medical clinic on the site. Among many other impacts that he noted, he indicated that there was "much more traffic on the street". He indicated that this was "intimidating for clients" and that "90% of his clients are women". The business moved approximately one year ago to another location in the City.

Staff received a follow-up email on June 1, 2011 from Ms. Lana Tangen, one of the owners of 540 Hair Studio. She indicated that she was located at 540 Dundas Street for 22 years. She indicates that she moved to 540 Dundas Street at that time because it was a quiet environment and the building that she located in was unique.

Ms. Tangen indicated in her email that the environment changed significantly when the clinic at 528 Dundas opened. She indicated that loitering and openly visible drug trafficking was a significant problem. She indicated that the concerns from some of her clients were so substantial that they would phone from their cars for her to escort them to the store. She indicated that the changed environment affected her business greatly and, as a result, she moved the business after 22 years at the same location.

Clearly, the issues that Ms. Tangen cites are not exclusively due to the methadone clinic. However, she has stated that she believes the changes occurred when the methadone clinic was introduced to the area.

It is noteworthy that a methadone clinic in Oshawa recently expanded its waiting room considerably to accommodate patients inside the clinic and reduce line-ups outside the clinic. Provision of adequate waiting rooms provides an internalized option to wait for service and discourages opportunities for loitering and congregation in the public realm. Additional clinics have provided floor plans demonstrating sufficient waiting spaces to accommodate client pressures. Illustrations of the sample Floor Plans are included in the Research Compendium [Vol. 2, Tab 17].

During Planning Staff's interview with Dr. Judson, Medical Director of Clinic 528, in referring to methadone clinics, he indicated that: "the major planning impact is loitering"

Based on the above, and the preceding research, Planning Staff recommend that:

Recommendation:

- Methadone clinics be directed to locations away from pedestrian-oriented commercial areas where line-ups, loitering and sidewalk congestion can have the greatest impact on adjacent business uses;
- Methadone clinics be required to provide waiting areas of at least 15% of their total floor area to discourage loitering opportunities.

3.6.3 ***Potential to Attract Criminal Activity***

As noted above, the Burns report identifies a large portion of methadone clients as a vulnerable population. They are struggling with substance addiction and, accordingly, can be susceptible to the temptations of illegal drug trafficking. Accordingly, this vulnerable population can attract drug dealing and other related criminal behaviour.

In response to a notice of application to amend the zoning by-law to allow for a clinic at 519 York Street, a submission was received from Ian Peer, Deputy Chief of Policy for the London Police Force, dated April 29, 2011, which has been included in the Methadone Research Compendium. The Deputy's submission provides a variety of statistics that confirm that criminal activity is being documented at and around Clinic 528 and the associated pharmacy/dispensary at 528 Dundas Street.

Since 2006, London Police have responded to 260 calls for service to the methadone clinic located at 528 Dundas Street. In comparison to random neighbouring businesses, the methadone clinic has a substantial increase in calls for service.

"*Based on those categories provided by London Police, calls for service investigated at 528 Dundas Street since 2006 include:*

- *54 Person Offences (weapons, assault, threats, trouble with person);*
- *36 Property Offences(break and enter, theft, property damage); and*
- *170 Other Offences (drugs, fraud, mental health, disturbance, breach, etc.,)"*

It continues by providing a sample of the calls for service at the methadone clinic, all since January of 2009, including:

- *"Trouble with a client who didn't have funds to pay for her methadone and threatened staff;*
- *Male arrested on outstanding warrant also charged with suspended driving;*
- *Investigation of known person who is selling drugs at the methadone clinic. Resulted in the individual being charged with trafficking in Schedule 1 substance X2 and possession of Schedule 1 substance for trafficking X4;*
- *Two females got into a physical altercation with one threatening the other;*
- *Window of pharmacy broken;*
- *Female threatening to get a knife and slit her wrists;*
- *Client had their vehicle keyed while in the clinic;*
- *Male charged with assault and uttering threats;*
- *Police called to methadone clinic for a male with a gun;*
- *Vehicle broken into and items stolen;*
- *Male charged with uttering threats;*
- *Male continuously causing problems at the methadone clinic charged with fail to leave premises;*
- *Male in front of the methadone clinic shooting off "Atom Bombs". Male arrested and charged;*
- *Male in front of methadone clinic with a gun;*
- *Female threatened;*
- *Male charged with passing forged prescription;*
- *Male placed on form by doctor at the clinic;*
- *Male on court order not to be in the area;*
- *Employee notified by alarm company that alarm at the clinic is sounding. Employee and police arrive on scene to find break-in; and,*
- *Employee contacted police as they observed male selling drugs in the clinic.*"

The report from the Deputy Police Chief describes three police projects that have involved the methadone clinic and associated pharmacy/dispensary:

Project	**Date**	**Notes**
Under Project Spring Clean	May 26 & 27, 2010	*"one location that has been identified in this area as a hotbed for criminal activity is the methadone clinic".*
Under Project Pumpkin	July 8-10, 2008	*"Numerous complaints from business owners and citizens in the area of Dundas Street and William Street regarding on-going drug use and drug trafficking"* *"The methadone clinic is a known area of concern for drug trafficking and related issues. Both dealers and buyers come from all over the city to the methadone clinic. This area is known for the wide variety of drugs readily available for purchase"; and,* *"* *This project resulted in 24 persons being charged under the Criminal Code of Canada and Control*

		Drugs and Substance Act in only three days".
Under Project Corridor	June 5 through 30, 2006	*"The methadone clinic which is in this above mentioned area has been a constant source of complaints to police regarding drug activity, loitering, trespassing and other disturbances to neighbours.;* *The methadone clinic alone resulted in several charges including one incident where 16.5g of cocaine, several types of prescription medications, over $4,700 in cash seized, and a vehicle valued at $25,000 was seized";* *Other drug related charges included persons found in and around the clinic either injecting or preparing to inject non-prescribed medications; and,* *Officers also addressed trespassing issues by moving along those loitering and issuing nine offences under the Trespass to Property Act"*

Finally, the Deputy Police Chief cites 387 provincial offences "at the methadone clinic and its nearest intersection". These offences occurred since January, 2010.

As noted above, during the Scott Burns interview with Dr. Martyn Judson, Medical Director of Clinic 528, the doctor indicated that "he felt it was important that patients should not congregate around a clinic and should be told to "move on". If they congregate scuffles can break out. For instance one occasion, police needed to be called."

Ms. Lana Tangen, one of the owners of the former 540 Hair Studio closed her salon after 22 years at this location to move it to another location. She indicated via email correspondence that the environment changed significantly when the methadone clinic established in its current location. She indicated that drugs were openly trafficked.

In proximity to Clinic 528, Chapman's Pharmacy at 648-650 Dundas Street operates as a full service pharmacy that also dispenses Methadone. The site had been recently renovated to provide a separate entrance and exit for clients availing of the Methadone Maintenance services of the pharmacy. While conducting a site visit of the pharmacy, Planning staff observed a physical altercation that occurred between two people in-front of the facility, one of which had recently exited the pharmacy's methadone dispensing exit. In speaking to construction workers who were undertaking an outdoor project across the street from the Chapman's facility, the workers indicated to staff that seeing "*fights are not unusual*" at this location while they were undertaking this work.

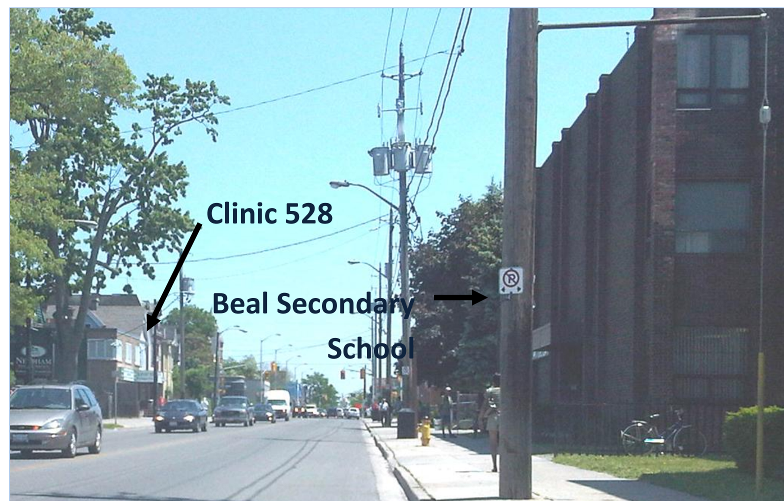
Dr. Daiter's contract, provided during the Ontario Municipal Board hearing on the Interim Control By-law, indicated that he posted signage and required that patients of his methadone clinic enter into an agreement stating that they are not to have weapons. Beyond this, the college provides a toolkit for physicians including sample contracts for doctors to use and expand upon to address concerns of potential impacts. The Board notes that other (non-methadone) medical offices and clinics do not ask patients to sign contracts not to engage in the types of anti-social behaviours that the O.A.T.C. clinics require their patients to sign. The Board goes on to note that "the causal relationship between methadone clinics and dispensaries and the issues

identified ... has been established". A sample patient agreement is included in the Methadone Research Compendium [Vol. 2, Tab 15, Page 101].

Many of the methadone clinics and pharmacies that staff observed at different times of the day did not exhibit these types of issues and impacts. Staff believes that the information that they have collected confirms that methadone clinics and pharmacies may have the potential to attract criminal activity such as that identified above. Recognizing this potential, it is appropriate to consider locations for such clinics, which may inherently reduce the likelihood for such activity.

Furthermore, recognizing this potential land use impact, it may be appropriate to plan for methadone clinics and pharmacies so that they are separated from certain sensitive land uses, such as school yards where children congregate.

Planning Staff have had lengthy discussions with representatives from Beal Secondary School, including the High School Principal, the Superintendent of Education, the Public Affairs Coordinator and the Secondary School Resources Officer from the London Police Force.



It is noteworthy that Beal Secondary School has enrolment of approximately 1,800 students. A methadone clinic is located directly across the street from the front doors of Beal Secondary School.

In 2005 the Thames Valley District School Board wrote to Mayor Anne Marie DeCicco stating the following:

- *"….As Board of Education Trustees, although we do recognize the positive work that the clinic is undertaking, our first priority must remain with the safety of our students. The location of the Clinic has resulted in negative impact on the environment of our students at Beal. Firstly, hypodermic needles, as well as trash relating to drug use, are being found on the school property. Secondly, many clients of the clinic are using Beal grounds as a shortcut to and from the clinic…."*

- *"….As Trustees we must provide a safe environment for our students, not only in school, but also while walking to and from school and at present we cannot guarantee that for our Beal students."*

In May of 2010, the Thames Valley District School Board provided a letter to the Chair of the Built and Natural Environment Committee in response to a proposed clinic on York Street, adjacent to Beal Secondary School's playing fields. They state:

- *“Beyond the specific concerns realised by the Principal of HB Beal Secondary School – after careful observation of the effects of the existing methadone clinic on Dundas Street – Trustees are opposed to locating such facilities near any school building…..Our students - most are legal minors - should be protected from exposure to methadone clinics. Worse yet are the drug dealers and others who prey on the clients….”*

- *“We in no way oppose methadone as a treatment option for addicted persons. Our issue lies with the proximity of such clinics to school property. As you know, certain adult entertainment businesses are restricted from operating within a regulated distance from schools, churches and daycare facilities. We ask you to apply the same principles to clinics whose main purpose is dispensing methadone.”*

Also in May of 2010, the H.B. Beal Secondary School Principal. In his correspondence he states:

- *“As you may be aware, the existing methadone clinic at 528 Dundas Street is directly across the street from Beal. It is from this firsthand experience that we are able to identify several concerns related to this type of clinic being located in proximity to a school…”*

- *“We are prone to clinic related intruders using our Dundas Street entrance. We have had adult intruders walk through the school to use it as a thoroughfare to go north or south and or to use the washroom facilities. There have been instances of finding intruders, under the influence of prohibited substances, on our main floor washrooms.*

- *In response to a Ministry of Labour (2008) workplace safety survey that reported high levels of staff anxiety regarding intruders, we are required to lock the north entrances to the school after students arrive. Guests who arrive for school programs in our auditorium and our pool must now access the building on the south side of the school at the King Street entrance.*

- *Our community resource police officer reports that drug dealing by those who prey on methadone clinics occurs regularly. The presence of the methadone clinic brings an element of illegal and unsafe behaviour to our school’s front door every day. This has resulted in a few issues between students and adults in the area that have required assistance from police services.”*

The Community Planning Guide prepared by the Centre for Addiction and Mental Health in their own 2007 Ontario Student Drug use and Health Survey, indicates that “21% of students (grades 7-12) surveyed reported using prescription opioid pain relievers for non-medical purposes…” This shows the potential risks of locating methadone clinics close to schools where students may be exposed to the drug trafficking that the clinic could bring with it (as noted above).

For these reasons, Planning Staff believe that it is appropriate to separate methadone clinics and pharmacies that can (even thought they often don’t) have conflicts with land uses where there are expected congregations of children, such as schools, municipal pools, arenas and libraries and the Western Fairgrounds.

Additionally, the Western Fair has attracted approximately over 200,000 people annually since 2000 and is linked closely to the Old East Village Business Area, which is historically a highly pedestrian-oriented environment.

Furthermore, recognizing there is often more opportunity to loiter and discretely traffic narcotics in pedestrian-oriented business districts, methadone clinics and methadone pharmacies should be directed to alternative locations where such activity would be readily noticeable and thus less likely to occur.

Accordingly, it is recommended that methadone clinics and pharmacies be:

Recommendation:

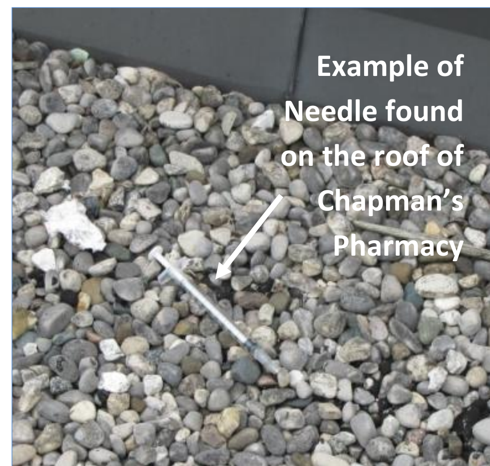
- Directed away from pedestrian-oriented business areas where there is often more opportunity for loitering and discrete drug trafficking, use and disposal; and
- Directed to locations which are a minimum of 300 metres (approximately 2 city blocks) away from elementary and secondary schools, municipal arenas, municipal pools, municipal libraries, and the Western Fairgrounds.

3.6.4 ***Potential for Littering – Including Drug Paraphernalia***

Any land use can produce activities that generate littering. Methadone clinics and pharmacies can also generate this type of land use impact.

Methadone dispensaries and pharmacies provide clients with their methadone in packaging (paper cups or "carries" in gel-pack form). Planning staff has been told that these cups and gel-packs can be found throughout adjacent business areas and neighbourhoods. Planning Staff have witness this at least two locations – 528 Dundas Street and Chapman's Pharmacy at 648-650 Dundas. A more serious form of littering comes from the drug-related activity that can occur in association with methadone clinics (as described above).

As noted in the report provided by the Deputy Policy Chief relating to Project Corridor in 2006 included: *"…other drug related charges included persons being found in and around the clinic either injecting or preparing to inject non-prescribed medications."*



City of London Community Services Department Staff has indicated that users following intravenous drug use often discard needles haphazardly. During one visit of the methadone clinic and the adjacent properties, Planning Staff observed 5 discarded needles on the ground. Owners of neighbouring properties who were interviewed by Planning Staff have cited significant concerns relating to disposed needles on their properties. For example:

- In his letter to Municipal Council in May of 2010, Beal Secondary School Principal noted that…"*each morning custodial staff scour the area and collect used needles to remove*

them as a danger to students and other staff." His letter acknowledged that drug traffickers often prey on the vulnerable populations that attend the clinic; he also acknowledged that the clinic is not the sole reason for the presence of these needles.

- A manager at a restaurant located close to the methadone clinic indicated that they find needles in the washroom on a regular basis and it was becoming a significant problem with staff. They now lock the bathroom facilities;

- The owner of Martine's Dress Shop indicated to Planning Staff that she finds needles on her property very frequently. Her property backs onto the parking lot of the methadone clinic;

- The owners of Marketing Strategies (also backing onto the Methadone Clinic parking lot) indicated to Planning Staff that they often find needles on their property. Furthermore, one owner indicated that she recently witnessed a drug deal in progress in the laneway outside of her office window;

- Staff at Gordon's Electric (backing onto the Clinic 528 parking lot) indicated to Planning Staff that they often find needles on their property. They indicated that their landscaping company has refused to pick them up; and

- Ms. Lana Tangen, owner of the former hairdressing salon at 540 Dundas Street indicated that she had planters in front of her building before the methadone clinic was established. She eventually removed the planters as she began to find needles, on a consistent basis, in these planters after the Clinic located there. She eventually moved her business after 22 years of operation at 540 Dundas Street.

Recommendation:

- Methadone Clinics and Methadone Pharmacies Directed away from pedestrian-oriented business areas where there is often more opportunity for loitering and discrete drug trafficking, use and disposal; and

- Methadone Clinics and Methadone Pharmacies be directed to locations which are a minimum of 300 metres (approximately 2 city blocks) away from elementary and secondary schools, municipal arenas, municipal pools, municipal libraries, and the Western Fairgrounds.

3.7 The Provincial Policy Statement, Planning Act and Official Plan guides and regulates Municipal Land Use Planning

The Planning Act allows municipalities to undertake land use planning. The act enables municipalities to set local policy direction related to land use through its Official Plan and develop a regulatory framework to implement policies through the Zoning By-law. This activity is to be undertaken in accordance with the Planning Act and is to be consistent with the Provincial Policy Statement

The Provincial Policy Statement, 2005 (PPS) provides policy direction on matters of provincial interest related to land use planning and development. The PPS is more than a set of individual policies. It is intended to be read in its entirety and the relevant policies are to be applied to each situation.

Part V, Section 1.0 of the Provincial Policy Statement entitled "Building Strong Communities" requires that communities plan such that they protect public health and safety:

- *"Ontario's long-term prosperity, environmental health and social well-being depend on wisely managing change and promoting efficient land use and development patterns. Efficient land use and development patterns support strong, liveable and healthy communities protect the environment and public health and safety and facilitate economic growth."*

This provides clear support and guidance to plan methadone clinics and pharmacies for public health and safety. As noted above in this report, there is a significant need for methadone maintenance treatment in London and there needs to be a broad distribution of facilities in appropriate locations to serve those that need these services.

Part V, Section 1.1, subsection 1.1.1 part c) of the Provincial Policy Statement further notes that "*Healthy, liveable and safe communities are sustained by":*

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

Part V, Section 4 of the PPS entitled "Implementation and Interpretation" states that:

- *"the official plan is the most important vehicle for implementation of this Provincial Policy Statement."*

The Planning Act also requires that all land use planning (implemented by all municipal works and all by-laws) is consistent with the municipality's Official Plan.

Section 2.8.2. of the Official Plan, entitled "Community Services Plan Goals" of the Official Plan identifies the goal of:

- *"…providing social services for a safe and secure community…"*

Section 2.3 of the Official Plan – Planning Principles notes:

- *"Planning principles are the underlying concepts and values that influence the formulation of land use and development control policies.*
- *The following planning principles are reflected in the objectives and policies contained in this Plan. It is intended that they shall continue to be applicable to any future amendments to the Plan….(ii)Land Use Planning should promote compatibility among land uses in terms of scale, intensity of use and potentially related impacts".*

Section 2.2.1. vii) entitled "Official Plan Vision Statement" of the Official Plan states that through the implementation of the Plan Council will:

- *"…utilize planning processes that are responsive to neighbourhood and community needs, provide meaningful opportunities for public participation and recognize that neighbourhoods are the strength of the community and the foundation for achieving London's vision of the future…".*

The intention to avoid and mitigate land use conflicts is a key planning principle and it applies to planning for methadone clinics and methadone dispensing pharmacies.

3.8 There is a need to plan for methadone clinics and pharmacies to best serve clients

This study has recognized that the need for Methadone Maintenance Treatment facilities (clinics and pharmacies) is growing dramatically and there is a need to accommodate such growth in a positive way.

In the SBPC discussion paper, clients interviewed stated that there is need for better planning to accommodate their needs in order to facilitate positive outcomes of Methadone Maintenance Treatment.

In particular, some clients expressed a grave concern that they were exposed to "temptations" by the culture and drug trafficking that existed outside (and even inside) the clinic/pharmacy that they attended. One client stated, in their interview with staff:

- *"I will avoid the Dundas Clinic and the Downtown to avoid the dealers and drugs. I will take the long way around to make sure I'm not reminded or tempted by that lifestyle..."*

Staff similarly heard from clients that had moved from one clinic and pharmacy in London to another in order to avoid the loitering and drug trafficking that they were exposed to.

Dr. Judson, the Medical Director of Clinic 528, provided a number of suggestions to planning staff on how to plan for methadone clinics to best serve the clients of these facilities. In an interview, Dr. Judson suggested:

- Locating methadone clinics on bus routes;
- Locating methadone clinics close to populations that use them (the Doctor also indicated that clients from throughout the City use methadone clinics);
- It may be best to separate methadone dispensaries from methadone clinics – to keep clients "on the move";
- The City may want to limit, or place a cap on, the number of patients per clinic;
- Perhaps do not locate methadone clinics near restaurants, shopping malls, or similar uses that might encourage loitering; and,
- Methadone clinics need an abundance of parking (the Doctor indicated that, with the pharmacy, the parking lot at Clinic 528 was not large enough).

Accordingly, it is important to plan for these uses for the benefit of users

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3.9 There is a need to plan for Methadone Clinics and Pharmacies to best avoid land use conflicts

As noted previously, many methadone clinics and methadone pharmacies do not generate land use planning impacts that differ from other clinics and pharmacies. However, they do have the potential to generate a much different and significant impact on neighbouring properties and communities. These potential conflicts are documented above and have been acknowledged by the Ontario Municipal Board through the Interim Control By-law hearing.

To date, the Province has not established regulations that would mitigate or moderate these impacts – despite the recognition that there are current problems with the way that such facilities are integrated into communities.

Accordingly, it is important to plan for these uses to avoid land use conflicts.

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4. PROPOSED POLICY & REGULATORY FRAMEWORK

In November 2011, Planning Staff "tabled" a proposed methadone policy and regulatory framework with Municipal Council. Council provided Staff with direction to circulate the proposal for feedback. Planning Staff circulated the proposed policies and regulations, held an open house and public meeting (workshop format), met with key stakeholders separately, and interviewed service providers. The following section summarizes that feedback, and provides a recommendation for a policy and regulatory framework accordingly.

4.1 Proposed Land Use Planning Goals

The research told us: addiction to opioid based prescription pain killers is growing in our community; that it is important that we make Methadone Maintenance Treatment as accessible as possible for those wishing to take action to address their addiction; and, that it is important to recognize that methadone clinics and methadone pharmacies have the potential to generate land use impacts.

With these findings in mind, the study advanced a proposed policy framework based on two overarching land use planning goals:

- "*Plan for these uses in locations that best meet the needs of those who use methadone clinics and methadone pharmacies;*" and,

- "*Minimize the potential for land use conflicts that can be generated by methadone clinics and methadone pharmacies*."

Almost all feedback received was in agreement that the goals were reasonable as they articulated: the need for such services; that such services should be as accessible as possible; and that, having identified appropriate locations for such services, it is important to mitigate potential conflicts with other uses through a land use planning process.

The discussion of goals in the final consultation phase of the study further served to highlight the importance of a transparent planning process that serves the interests of all stakeholders including the client, the service provider and the public:

- clients continue to stress the importance of accessibility, dignity and safety;
- service providers spoke of a growing need for methadone maintenance treatment and the increasing importance of accessibility and an educated public; and,
- how these facilities are designed and operated is just as important to the public as where these facilities may be located;

These interests and expectations of the cited stakeholders are implicit to the Land Use Planning Goals as currently proposed.

Recommendation:

Maintain the primary land use planning goals as:

- "*Plan for these uses in locations that best meet the needs of those who use methadone clinics and methadone pharmacies;*" and,
- "*Minimize the potential for land use conflicts that can be generated by methadone clinics and methadone pharmacies.*"

4.2 Proposed Methadone Clinic and Methadone Pharmacy Definitions

Methadone clinics and methadone pharmacies are not defined in the Official Plan or the Z.-1 Zoning By-law.

How to define clinics and pharmacies that provide Methadone Maintenance Treatment generated a significant amount of discussion from the public and service providers alike throughout the duration of the study.

For the purpose of the Interim Control By-law, methadone clinics and methadone dispensaries were defined as follows:

- *"A Methadone Clinic means a Clinic or Medical Dental Office use, as defined in the Zoning By-law Z.-1, that dispenses methadone, but does not include a Hospital;"* and,
- *"A Methadone Dispensary means a business selling or filling methadone prescriptions for customers as the primary activity of the business, but excludes a pharmacy or a pharmacy that is accessory and ancillary to a Hospital".*

These definitions, while successfully defended at the Ontario Municipal Board, precluded pharmacies that dispense methadone which have, in certain instances, demonstrated the ability to have undesirable land use impacts. Recognizing this, the proposed policy and regulatory framework advanced the following definitions for stakeholder review and comment:

- *"Clinic, Methadone, means a clinic, which wholly or in part is used for the prescription and/or dispensing of methadone and may include the provision of counselling and other support services, but does not include a hospital;" and,*
- *"Pharmacy, Methadone, means a pharmacy which wholly or in part is used for the selling, or filling, of methadone prescriptions but does not include a hospital".*

While many members of the public were supportive of the definitions as proposed, others at the Public Meeting and Open House suggested that it was not appropriate to define a pharmacy as a methadone pharmacy if it dispensed a minimal amount of methadone.

Some argued that this approach to defining methadone pharmacies was too narrow and could be contrary to the City's stated goal of providing methadone treatment in smaller, more numerous facilities. Small amounts of methadone dispensed as an ancillary part of a pharmacy's business can represent a very positive way of delivering methadone.

One pharmacist that Staff interviewed indicated that he offers a full range of pharmacy services and that he would not categorise his operation as a methadone pharmacy. The pharmacist further indicated that while he prefers to limit the number of doses dispensed to 20 to 30 doses a day, he has at times dispensed as many as 40-50 doses per day. Dispensing times at this particular pharmacy could vary anywhere from 6 to 10 minutes depending on any one of a number of variables (time of day, daily dose or carry, the presence of other non-MMT customers in the store, etc.).

To assist City staff in their deliberations of a functional definition for methadone clinics, TRC (Towards Recover Clinics) provided the following operational and logistical information:

- clinics with embedded pharmacy support in St. Catharines, Brantford and Hamilton;
- currently exploring appropriate site opportunities in Toronto and London;
- total number of patients served in the 3,000 to 3,500 range;
- 20 physicians employed;
- clinics are typically 279 sq. m (3,000 sq. ft.) in size; and,
- operate on a “full schedule” weekly basis;

Hours of Operation:

Day	Physician/Clinic Hours
Monday/Thursday	7:30 a.m. to 4:00 p.m.
Tuesday	8:00 a.m. to 3:00 p.m./4:00 p.m.
Wednesday	8:00 a.m. to 7:00 p.m.
Friday/Saturday	8:00 a.m. to 3:00 p.m.
Sunday	Closed
Day	**Pharmacy Hours**
Monday/Thursday	7:30 a.m. to 8:00 p.m.
Tuesday/Wednesday	8:00 a.m. to 8:00 p.m.
Friday/Saturday	8:00 a.m. to 3:00 p.m.
Sunday	9:00 a.m. to noon

TRC further provided for the following information specific to their current John Street Clinic in Hamilton:

- approximately 1,200 to 1,300 patients;
- between 250 to 350 daily visits (peak day may approach 400+) note: physician and pharmacy visits vary but pharmacy visits roughly 80% of physician visits;
- approximately 75% - 80% of the scripts are filled on-site;
- daily dose rates fall in the 50%+ level of total patients
- 50% - 60% of carries are six day carries. The balance of the carries are for 1 or 3 day carries (using the CPSO Guidelines, a physician may prescribe carries after 2 months of negative testing);
- employ an appointment procedure policy for flow efficiency neighbourhood priorities – but patient needs and care are a first priority;
- employ two pharmacy windows (one for new scripts and one for existing scripts); and,

- employ a drop box for scripts (the patient does not handle the script as it moves from the physician to the pharmacy). In no way can the script be transferred or traded. Using a drop box adds 3 to 4 minutes to the time required to dispense a script; and,
- dispensing a script (factoring in the drop box time) takes approximately 6 to 8 minutes in total.

TRC's John Street Clinic in Hamilton sees in excess of 200 patients per day. It is one of three clinics with an embedded pharmacy that the company operates. The company employs 20 physicians serving 3,500 clients.TRC serves as an example of a private, for profit group practice.

As noted in Part C, Section 4 of this Report, the most common service delivery model for MMT in the Province of Ontario is the private group practice. Commenting on this model one local physician noted that it takes approximately 50 to 70 patients before it would become profitable for a doctor to become actively involved in prescribing methadone. After 50 to 70 clients, doctors are typically seeking to operate in a clinic setting.

Much as a physician is bound by codes of professional practice, pharmacists are required to practice in accordance with the Ontario College of Pharmacists Standards of Practice, the Code of Ethics for Pharmacists, and the guidelines and policies of the Ontario College of Pharmacists.

Getting an exemption to prescribe, or dispense methadone is a calculated business decision that carries with it the added demands, obligations, regulatory requirements, and scrutiny of the physician's or pharmacist's governing College. In Ontario, the number of physicians prescribing MMT has increased but at a much slower rate than the number of patients. Since 2007 when the Methadone Maintenance Treatment Practices Task Force was published, the number of physicians has increased from 258 to 309 (a 20% increase), but in the same timeframe the number of patients has increased from 16,406 to 29,743 (an 80% increase). In 2007, there were about 10,000 pharmacists and 3,059 pharmacies in Ontario. Of the total number of pharmacies, 533 or 17.4% were dispensing methadone for either MMT or pain. Of the 533 pharmacies, only 358 (or 67%) reported that they were accepting new patients for MMT.

Noting the above, it is recommended that clinics and medical dental offices should be permitted to prescribe Methadone, which represents an "ancillary" activity within their larger operation WITHOUT being considered a methadone clinic. Staff believe a reasonable definition of ancillary is a maximum of prescribing for 30 methadone patients per day (based on research conducted by Staff, it would consume approximately 2 hours of a doctor's time to see 30 methadone patients). Beyond this level of activity, the use would be no longer be considered ancillary and the clinic or medical dental office would be considered a methadone clinic and planned for accordingly.

Similarly, it is recommended that pharmacies should be permitted to dispense methadone to up to 30 clients per day as an ancillary function, without being defined as a methadone pharmacy. Recognizing that it takes between 6 to 10 minutes to dispense methadone, this would represent in the order of 180 to 300 minutes of dispensing time per day (3 to 5 hours). Beyond this level of activity, the use would no longer be considered ancillary and the clinic or medical dental office would be considered a methadone clinic and planned for accordingly.

Recommendation:

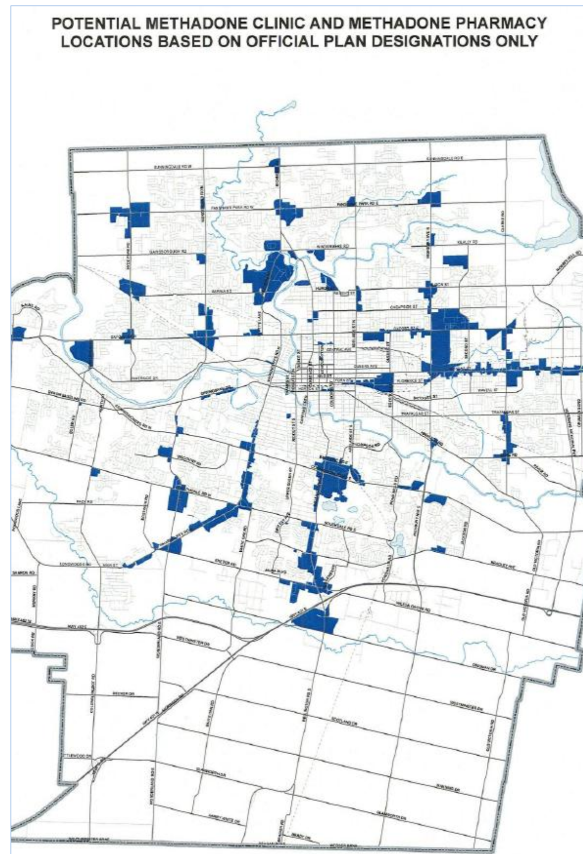
The following definitions are recommended to allow for the ancillary prescription and dispensing of methadone OUTSIDE of the definition of methadone clinic and methadone pharmacy:

> "CLINIC, METHADONE" means a building which wholly, or in part, is used for the prescription of methadone as more than an ancillary activity and may include other support services such as, but not limited to, a methadone pharmacy, the provision of counselling services, and/or laboratories, but does not include a HOSPITAL. For the purposes of this definition, an ancillary activity shall mean prescribing methadone to a maximum of 30 clients per day.
>
> "PHARMACY, METHADONE" means a pharmacy which wholly, or in part, is used for the dispensing of methadone as more than an ancillary activity, but does not include a HOSPITAL. For the purposes of this definition, an ancillary activity shall mean dispensing methadone to a maximum of 30 clients per day.

4.3 Proposed Locations for Methadone Clinics and Methadone Pharmacies

Noting the land use impacts that can be associated with methadone clinics and pharmacies that dispense methadone, and having consideration for the stated goal of accessibility (Goal #1) and mitigation (Goal #2), it has been proposed that new clinics and pharmacies be directed to auto-oriented type land use designations that are typically well serviced by public transit including the:

- Regional Facility;
- Enclosed Regional Commercial;
- New Format Retail Commercial;
- Community Commercial;
- Auto-oriented Commercial;
- Office Area.



Ground proofing the proposed policy framework (land use designations) noted above identified 1,327 registered parcels of land within the City (see map: right) where a methadone clinic and/or a methadone pharmacy may be permitted [Vol. 3, Tab 31].

The proposed policy framework was generally well received by the public as well as local business and community associations. Not all

members of the public were supportive of the framework, however, as some felt that the allowance for these uses was too expansive, while some others felt it was too restrictive.

There were no concerns expressed about the specific areas, as shown on the maps, which would allow for methadone pharmacies and methadone clinics.

Both Pharmacists and physicians acknowledged that the proposed land use designations wherein new clinics and pharmacies may be permitted provided for a range of locational opportunities throughout the City as envisioned in Goal #1. Service providers were unanimous in their support for locations that enjoyed access to public transit.

Both pharmacists and physicians (including a non-local service provider) further underscored the importance of a location that enjoyed proximity to their clients. These service providers expressed support for the distribution of designations and zones that could support methadone clinics.

Recommendation:

New methadone clinics and methadone pharmacies be permitted through a zoning amendment application, and subject to various criteria, in the following Official Plan designations:

- Regional Facility;
- Enclosed Regional Commercial;
- New Format Retail Commercial;
- Community Commercial;
- Auto-oriented Commercial;
- Office Area.

4.4 Proposed Evaluation Criteria for Methadone Clinics and Methadone Pharmacies

To facilitate a full community consultation process, the recommended policy framework requires a zoning by-law amendment for new, or expansions to existing, methadone clinics and methadone pharmacies. Zoning amendments would only be permitted where clinics and/or pharmacies meet all of the following criteria:

- sites must be well served by public transit;
- property boundaries for proposed methadone clinics and methadone pharmacies cannot be closer than 300 metres from any elementary or secondary school property;
- methadone clinic property boundaries will be separated from other methadone clinics by a minimum of 400 metres;
- methadone pharmacy property boundaries will be separated from other methadone pharmacies by a minimum of 400 metres; and,
- sites must be large to accommodate all building and parking requirements.

Consistent with the Methadone Maintenance Task Force Report, methadone clinics and methadone pharmacies will not be pre-zoned, but will require a zoning by-law amendment

which will allow for a community consultation process. In requiring a full community consultation process, it is the intent of the policy that the stated interests of the various stakeholders be addressed.

Parties to the consultation process acknowledged the importance of criteria requiring sites be well served by public transit.

The public was generally supportive of the concept of minimum separation distances equal to, or greater than, those contemplated between methadone clinics and methadone pharmacies and schools.

Some participants to the Public Meeting and Open House expressed concern that the prescribed minimum separation distances, particularly those proposed between one methadone clinic and another methadone clinic, OR one methadone pharmacy and another methadone pharmacy would not achieve the goal of geographic dispersion:

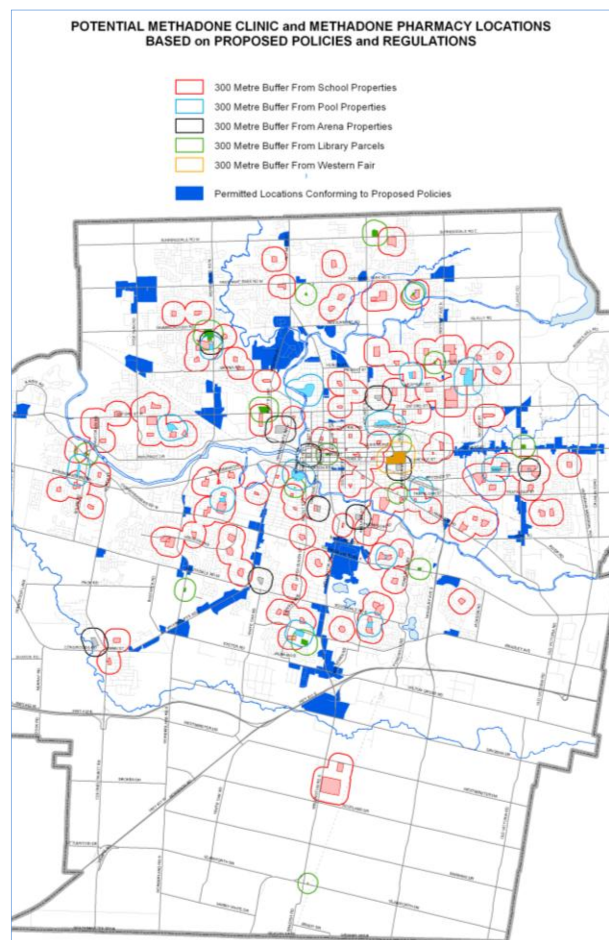
> *[we]" question the rationale of buffer zones. We are not sure that a 5 minute walk would prevent an overconcentration of facilities".*

Many members of the public were also supportive of minimum separation distances between methadone clinics and methadone pharmacies and parks, religious and community centres.

Some participants at the Public Meeting and Open House expressed support for what they referred to as "right sizing". Smaller, more "dispersed operations, one group noted, is better as the facility is "easier to manage and has a lower profile".

Several members of the public supported the notion of keeping separation distances from public community such as libraries, arenas, pools and the Western Fairgrounds as well as schools. Their concern was that these uses attract large numbers of people – particularly youth – that are vulnerable. This can present the potential for land use conflicts with methadone clinics and pharmacies.

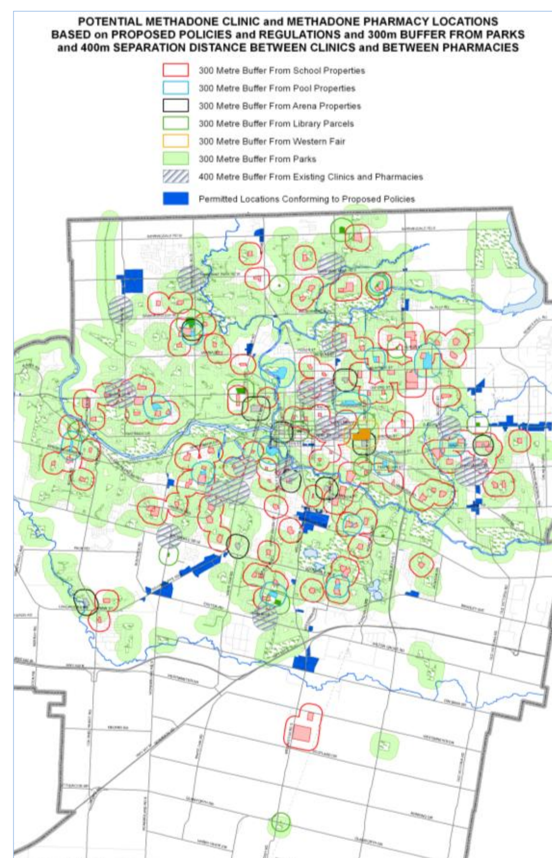
Applying a 300 metres separation distance between methadone clinics and methadone pharmacies and schools and community facilities (including municipal libraries, pools, arenas and the Western Fairground) had the effect of reducing the total number of registered parcels where such uses may be permitted from 1,327 possible sites to 824. (See map: right) where Methadone Clinics and Methadone Pharmacies may be permitted. This represents a significant number of parcels where there are opportunities to establish these uses throughout the City. [Vol. 3, Tab 31]



While sympathetic to the concept, service providers were unsupportive of the proposed minimum 400 metre separation distance between one methadone clinic and another methadone clinic and one methadone pharmacies and another methadone pharmacy. Minimum separation distances, they have suggested, are not in keeping with the intent and purpose of Goal #1 (accessibility) as they serve to limit locational opportunities wherein methadone clinics and/or methadone pharmacies may otherwise be permitted. As one service provider noted:

> *"Geographical restriction is not something that I am in favour of. You are attaching a negative label to those individuals availing themselves of MMT.*
>
> *In my opinion, more dispensaries servicing the needs of a smaller number of clients is optimal. This results in fewer altercations, less wait time, less criminality and better patient outcomes…..If all pharmacies and clinics were to limit client populations, the general mischief associated with overcrowding would diminish; along with the negative perceptions people have about MMT. Less people per MMT location would reduce the need for security. Most of my non-MMT patients do not even know that my pharmacy is involved with MMT.*
>
> *I have no problem with a clinic also being a dispensary. The individuals running this clinic/dispensary must focus on patient care and outcomes. They should also be acutely aware of the negative impact that a high patient volume can have on both patient care and the good of the community.*
>
> *I believe that more dispensaries supplying MMT to fewer MMT patients is the best solution…."*

The map shown (right) shows the 289 registered parcels of land within the City of London where Methadone Clinics and Methadone Pharmacies may be permitted factoring in all of the–separation distances noted above.



Including minimum separation distances for parks, and minimum separation distances for new methadone clinics and methadone pharmacies from existing facilities would have the effect of reducing the total number of parcels where such uses may be permitted by approximately 65% (from the 824 sites depicted on Figure 3 to the 289 sites depicted on Figure 5). The decrease in the number of registered parcels where methadone clinics and methadone pharmacies may be permitted is cause for concern – especially when one considers that this number would decline significantly as new clinics and pharmacies are located and the associated separation distances from these new facilities comes into effect.

Noting the reduction in the number of eligible sites, and keeping in mind the stated goal of accessibility, a criteria requiring a minimum separation distance of 400 metres between methadone clinics and methadone pharmacies appears onerous.

Recommendation:

Applications for new methadone clinics and methadone pharmacies, within the Official Plan designations identified above, be evaluated based on the following:

- sites must be well served by public transit;
- property boundaries for proposed methadone clinics and methadone pharmacies cannot be closer than 300 metres from any elementary or secondary school property;
- property boundaries for proposed methadone clinics and methadone pharmacies cannot be closer than 300 metres from any municipal pool, arena library or the Western Fairgrounds;
- sites must be large enough to accommodate all building and parking requirements.

It is recommended that there be NO separation distance requirement between one methadone clinic and another, OR between one methadone pharmacy and another.

4.5 Proposed Zoning By-law Requirements – Parking and Waiting Rooms

Inadequate parking at some methadone clinics and dispensaries has caused significant problems with parking on adjacent lots, parking in “no parking areas” on streets, and illegal stopping.

Recognizing that methadone clinics and methadone pharmacies can be very small in floor area and that they can generate significant numbers of patients within limited time frames, the proposed policy framework stated that the Z.-1 Zoning By-law will identify standards for new and expanded methadone clinics and methadone pharmacies to ensure:

- Adequate automobile parking;
- Adequate bicycle parking facilities; and
- Adequate waiting room floor areas.

Identified parking standards for new and expanded methadone clinics and methadone pharmacies in the proposed Z.-1 Zoning By-law amendment would require:

- 1 parking space for every 8 sq. metres of floor area (methadone clinics);
- 1 parking space for every 15 sq. metres of floor area (methadone pharmacies); and,

- No less than 5 bicycle parking spaces for methadone clinics and methadone pharmacies.

The proposed parking standards are higher than those presently prescribed for general clinics and pharmacies in the City's Z.-1 Zoning By-law. The higher standards were, in part, advanced in consideration of the experience of Clinic 528 and the comments of the facility's Medical Director Dr. Judson who stated that "methadone clinics need an abundance of parking"; and " the parking lot at Clinic 528 is not big enough".

While extensively documented in the initial report submitted to Council on November 7th, 2011, the issue of parking (and the proposed higher standards) garnered very little reaction from the various stakeholders in the final consultation phase of the study. One service provider was concerned that the parking standard might be high outside of suburban areas.

City of London Transportation Planning Staff indicated that a ratio of 1 parking space per $15m^2$ should be sufficient, given that there will be a balance between the factors that will generate unusually high demand (small floor area and high client volumes) and those factors that may moderate this demand (clients arriving by bus or bicycle).

No concerns were raised regarding the provision of adequate on-site bicycle parking facilities.

The policy framework proposed that 15% of the gross floor area be dedicated to the provision of waiting areas so as to:

- Improve and maintain the physical environment outside the clinic;
- Discourage loitering outside the facility;
- Giving clients an appropriate and adequate space to wait for their treatment; and,
- Maintaining an effective flow of clients into and out of the clinic that is respectful of the clients and their time and the community.

Adequately sized waiting areas were viewed by both the public and service providers as a necessity. On the issue of sizing, one service provider with multiple clinics outside of London noted:

> *"…obviously waiting room size is in part governed by the clinic size and patient volumes. Generally speaking – a range in the order of 20% allocation to waiting room space would appear reasonable under most circumstances."*

On the issue of waiting room size, participants to the Public Meeting and Open House commented:

- *"…methadone should be taken inside the clinic, not outside doors";*

- *"…you should require adequate waiting room size, regulate hours of operation, require appointments and security cameras";*

- *"…you should require a minimum waiting room size so that there are no line-ups and require appointments";*

- *“”…it is good to have waiting rooms for comfort and safety”;*

- *“I am in favour of security cameras, adequate waiting room space, regular hours of operation (appointment if not too onerous to users); and*

- *“Is there a way to determine/limit how many clients a clinic should serve daily to avoid overflow and ability to serve clients adequately?*

In summary, the proposed Z.-1 Zoning-By-law standards, as they applied to vehicular parking, bicycle parking, and waiting room size did not generate significant concern from the various stakeholders.

Recommendation:

The Zoning By-law should require:

- Methadone clinics provide parking at a rate of 1 space per $15m^2$ of floor area;
- Methadone pharmacies provide parking at a rate of 1 space per $15m^2$ of floor area;
- No less than 5 bicycle parking spaces for methadone clinics and methadone pharmacies; and
- No less than 15% of the building area be devoted to a waiting room.

4.6 Proposed Public Site Plan Requirement

The requirement for a Public site plan approval process has been proposed to allow the community an opportunity to provide input on any site plan for methadone clinics and methadone pharmacies.

The proposed policy framework requires that all proposals for new and expanded Methadone Clinics and Methadone Pharmacies will be subject to a public site plan process and that this process will have consideration for the integration of Crime Prevention Through Environmental Design (CPTED) principles and the discrete location of clinic entrances.

Participants to the consultation process spoke in support of, and against, the inclusion of a policy requiring a public site plan process.

Supporters of the policy stated that they “wanted a public process” and that such a process is important to: addressing the stigma of methadone treatment; making the neighbourhood feel involved; and, ensuring the dignity of the client and the community. As one group at the Public Open House noted:

> *“The problem is due to poor management….and the failure of this business to engage with the community regarding the problems associated with its operations. It’s a shame*

that this has had such a negative impact on the development of a valuable community service".

Detractors to the policy questioned the necessity of an additional process citing it as a further opportunity for "not in my backyard" arguments to be raised.

Participants to the Public Meeting and Open House were generally supportive of the consideration of CPTED principles in the planning process.

The Methadone Maintenance Task Force underscored the importance of community dialogue in planning for the delivery of methadone maintenance treatment. The Ministry of Health and Long-Term Care now requires that all government funded agencies planning for MMT services undertake an extensive community engagement process. As the Province has chosen not to extend this regulation to the private group practice model, it is left to the municipality to implement processes that will facilitate a community dialogue.

Recommendation:

New methadone clinics and methadone pharmacies should be required to complete a public site plan process to allow for community engagement and input.

4.7 Proposed Expansions to Legal Non-Conforming Use requirement

The proposed policy framework stated that the expansion of existing Methadone Clinics and Methadone Pharmacies will be discouraged, unless the land use planning goals, evaluation criteria policies and the site plan requirement policies for these uses are all met.

Participants to the Public Meeting and Open House continued to express concerns regarding the possible expansion to Clinic 528 and Chapman's Pharmacy. Participants also made note of a "concentration" of community services in the area:

- *"From what I've learned tonight, a methadone corridor is still a major concern to me…";*
- *"Chapman's Pharmacy has bought that red brick building next to his [current operation] on Dundas Street East. We are told he is going to open a new methadone clinic [and] that's why he bought the building. We are living on Queens Avenue right across [from this location]. Can you imagine what will happen?*
- *Dundas Street businesses are being greatly affected. Many people are afraid to walk between Dundas Street from Adelaide Street to Elizabeth Street. In the past two weeks a friend of mine was accosted and my bike was almost taken. We are overloaded with helping agencies. One more clinic or pharmacy is the last straw"; and,*
- *"…proximity to other services should be considered and reduced, such as the number of social services along Dundas Street".*

If the proposed policies and zoning regulations come into effect, existing methadone clinics and methadone pharmacies that do not conform with these policies and regulations will continue to be permitted as legal non-conforming uses.

There are at least 3 types of expansions that could occur within this context:

- Expansion of client volumes or expansion of the floor area devoted to the use within the existing building – this type of expansion would continue to be permitted.
- Expansion of the existing building on the same property – this could only be permitted through an application to the Committee of Adjustment for an expansion of a legal non-conforming use. Official Plan policies already exist that establish the criteria for evaluating this type of application.
- Expansion of the use onto an adjacent property – this would require a zoning amendment and the new policies and regulations would guide the review of such applications.

Staff believe that the existing Official Plan policies relating to Scenario #2, above, are adequate (19.5.3 and 19.8.2). They ensure that any expansion is in keeping with the intent of the Official Plan (including the proposed new policies regarding methadone clinics and pharmacies when they come into effect) and that the expansion will not aggravate those aspects of the use that do not conform to the Official Plan and Zoning By-law. A number of criteria are in place that would point back to the proposed Official Plan policies through the evaluation of a proposed expansion.

Recommendation:

Do NOT advance additional policies relating to applications to expand legal non-conforming uses.

5. CONCLUSION

A policy and zoning by-law framework has been recommended based on research that included:

- Multiple meetings with stakeholders over the past 2+ years
- Interviews with doctors and pharmacists
- Interviews with business owners and community leaders
- Meetings provincial ministries and various governing agencies
- Meetings with police administration, community service providers, educators, BIA managers, community association leaders, etc.
- Interviews with methadone maintenance treatment clients
- Extensive site visits
- GIS mapping of policy impacts
- Public open houses
- Literature search
- Best practice research
- Consulting services to prepare a discussion paper
- Ontario Municipal Board Hearing relating to interim control by-law

The framework is intended to accomplish the key goal of planning for methadone clinics and pharmacies in a way that will best meet the needs of methadone maintenance treatment clients AND communities in which these facilities will be located.

APPENDIX A

PROPOSED OFFICIAL PLAN AMENDMENTS

Bill No. (number to be inserted by Clerk's Office)

2012

By-law No. C.P.

A by-law to amend the Official Plan for the City of London, 1989 relating to methadone clinics and dispensaries.

The Municipal Council of The Corporation of the City of London enacts as follows:

1. Amendment No. (to be inserted by Clerk's Office) to the Official Plan for the City of London Planning Area – 1989, as contained in the text attached hereto and forming part of this by-law, is adopted.

2. This by-law shall come into effect in accordance with subsection 17(38) of the *Planning Act, R.S.O. 1990*, c.P.13.

PASSED in Open Council on March 20, 2012

Joe Fontana
Mayor

Catharine Saunders
City Clerk

First Reading –
Second Reading –
Third Reading –

AMENDMENT NO.

to the

OFFICIAL PLAN FOR THE CITY OF LONDON

A. PURPOSE OF THIS AMENDMENT

The purpose of this amendment is to establish new policies relating to methadone clinics and methadone pharmacies to:

i. Plan these uses for the benefit of those that use them; and
ii. Plan these uses to avoid, and mitigate, potential land use impacts that can be associated with these uses.

B. LOCATION OF THIS AMENDMENT

This is a general text Official Plan Amendment that applies to all lands located within the City of London.

C. BASIS OF THE AMENDMENT

This amendment is based on a comprehensive study of methadone clinics and methadone pharmacies. The study included detailed research, a comprehensive consultation process, interviews with health care service providers and a review of best practices.

D. THE AMENDMENT

The Official Plan for the City of London is hereby amended as follows:

1. Inserting the following as Section 6.2.11:

6.2.11 Methadone Clinics and Methadone Pharmacies

Methadone maintenance treatment represents an important facet of health care delivery within the City of London. In general, methadone clinics are those clinics and medical offices that are used for the prescription and/or dispensing of methadone as more than an ancillary activity. Methadone pharmacies are those pharmacies that dispense methadone as more than an ancillary activity. The Zoning By-law will define these uses more precisely.

Land Use Planning Goals

Two primary goals will guide land use planning for methadone clinics and methadone pharmacies:

i. Plan for these uses in locations that best meet the needs of those who use methadone clinics and methadone pharmacies;

ii. Minimize the potential for land use conflicts that can be generated by methadone clinics or methadone pharmacies.

Permitted Locations

Zoning to allow for methadone clinics and methadone pharmacies will only be permitted in the following Official Plan designations, subject to meeting the goals, evaluation criteria, requirements and Planning Impact Analysis policies of this Plan:

i. Regional Facility
ii. Enclosed Regional Commercial Node
iii. New Format Retail Commercial Node
iv. Community Commercial Node
v. Auto-oriented Commercial
vi. Office Area

Evaluation Criteria for Required Zoning By-law Amendment

Zoning to allow for methadone clinics and methadone pharmacies shall be established through a zoning by-law amendment to allow for a full community consultation process. Zoning amendments to permit methadone clinic and methadone pharmacy uses will only be allowed where all of the following criteria are met:

i. Sites must be well served by public transit;
ii. Property boundaries for proposed methadone clinics and methadone pharmacies must be a minimum of 300m from any elementary or secondary school property;
iii. Property boundaries for proposed methadone clinics and methadone pharmacies must be a minimum of 300m from any municipal library, municipal pool, municipal arena or the Western Fairgrounds;
iv. Sites must be large enough to accommodate parking requirements;
v. Planning Impact Analysis policies of this Plan will apply.

Zoning By-law Requirements

The Zoning By-law will identify standards for new and expanded methadone clinics and methadone pharmacies to ensure:

i. Adequate automobile parking;
ii. Adequate bicycle parking facilities; and
iii. Adequate waiting room floor areas.

Public Site Plan Requirements

The Zoning By-law will require that all proposals for new and expanded methadone clinics and methadone pharmacies will be subject to a Public site plan process.

The integration of Crime Prevention Through Environmental Design (CPTED) principles and the discrete location of clinic entrances will be considered, in balance with other relevant site plan considerations, through the site plan review process.

2. Inserting the following as Section 4.3.5.3.1:

4.3.5.3.1 Methadone Clinics and Methadone Pharmacies

Within the Enclosed Regional Commercial Node designation, methadone clinics and methadone pharmacies may be permitted, subject to a zoning by-law amendment and in accordance with the policies under section 6.2.11 of this Plan.

3. Inserting the following as Section 4.3.6.3.1:

4.3.6.3.1 Methadone Clinics and Methadone Pharmacies

Within the New Format Retail Commercial Node designation, methadone clinics and methadone pharmacies may be permitted, subject to a zoning by-law amendment and in accordance with the policies under section 6.2.11 of this Plan.

4. Insert the following as Section 4.3.7.3.1:

4.3.7.3.1 Methadone Clinics and Methadone Pharmacies	Within the Community Commercial Node designation, methadone clinics and methadone pharmacies may be permitted, subject to a zoning by-law amendment and in accordance with the policies under section 6.2.11 of this Plan.

5. Insert the following as Section 4.4.2.4.1:

4.4.2.4.1 Methadone Clinics and Methadone Pharmacies	Within the Auto-oriented Commercial designation, methadone clinics and methadone pharmacies may be permitted, subject to a zoning by-law amendment and in accordance with the policies under section 6.2.11 of this Plan.

6. Insert the following as Section 5.2.2.1:

5.2.2.1 Methadone Clinics and Methadone Pharmacies	Within the Office Area designation, methadone clinics and methadone pharmacies may be permitted, subject to a zoning by-law amendment and in accordance with the policies under section 6.2.11 of this Plan.

APPENDIX B

PROPOSED ZONING BY-LAW AMENDMENTS

Bill No. (number to be inserted by Clerk's Office)
2012

By-law No. Z.-1-__________

A by-law to amend By-law No. Z.-1 to apply to all lands within the City of London for the purpose of regulating methadone clinics and methadone pharmacies.

WHEREAS The Corporation of the City of London has applied to add new provisions within By-law No. Z.-1 which may be applied to all lands within the City of London.

AND WHEREAS upon approval of Official Plan Amendment Number ( ) this rezoning will conform to the Official Plan;

THEREFORE the Municipal Council of The Corporation of the City of London enacts as follows:

1. Section 2, Definitions, to By-law No. Z.-1 is amended by adding, in the appropriate alphabetical order, the following definitions:

   "CLINIC, METHADONE" means a clinic or medical dental office that wholly, or in part, is used for the prescription of methadone as more than an ancillary activity and may include other support services such as, but not limited to, a methadone pharmacy, the provision of counselling services, and/or laboratories, but does not include a HOSPITAL. For the purposes of this definition, an ancillary activity shall mean prescribing methadone to a maximum of 30 clients per day.

   "PHARMACY, METHADONE" means a pharmacy which wholly, or in part, is used for the dispensing of methadone as more than an ancillary activity, but does not include a HOSPITAL. For the purposes of this definition, an ancillary activity shall mean dispensing methadone to a maximum of 30 clients per day.

2. Section 2 Definitions to By-law No. Z.-1 is amended by modifying the definition "OFFICE, MEDICAL/DENTAL" to include the following words at the end of the existing definition:

   "but does not include a CLINIC, METHADONE."

3. Section 2 Definitions to By-law No. Z.1 is amended by modifying the definition "CLINIC" to include the following words at the end of the existing definition:

   "and does not include a CLINIC, METHADONE."

4. Section 2 Definitions to By-law No. Z.1 is amended by modifying the definition "PHARMACY" to include the following words at the end of the existing definition:

   "but does not include a PHARMACY, METHADONE."

5. Section 4.36 Clinic, Methadone and Pharmacy, Methadone is added to Section 4 General Provisions as follows:

"4.36 Clinic, Methadone and Pharmacy, Methadone

Notwithstanding any other provision of this by-law, CLINIC, METHADONE or PHARMACY, METHADONE uses shall be permitted solely through amendment to this by-law.

CLINIC, METHADONE or PHARMACY, METHADONE uses shall not be permitted within 300.0 metres (984.3 ft.) of an elementary school, secondary school, municipal library, municipal arena, municipal pool or the Western Fairgrounds. This measure shall be taken from property boundary to property boundary."

CLINIC, METHADONE uses shall require a waiting room area of no less than 15% of the clinic's total gross floor area."

6. Section 4.19. 10) a) i) "Non-Residential Development" shall be amended by adding the following text in a separate paragraph at the end of the existing subsection:

"Notwithstanding this section, CLINIC, METHADONE and PHARMACY, METHADONE shall be calculated at the ratio provided for in Section 4.19. 10) b)."

7. Section 4.19. 10) b) "Parking Standard Areas 2 and 3 parking requirements are as follows:" shall be amended by adding, in the appropriate alphabetical order, the following uses:

"

	PARKING STANDARD AREA 2	**PARKING STANDARD AREA 3**
CLINIC, METHADONE	1 space per 15 m^2 (161 sq. ft.)	1 per 15 m^2 (161 sq. ft.)
PHARMACY, METHADONE	1 per 15 m^2 (161 sq. ft.)	1 per 15 m^2 (161 sq. ft.)

"

8. Section 4.19. 16) 5) e) "Non-Residential Development Exemptions" shall be amended by adding, in the appropriate alphabetical order, the following uses:

"e) For CLINIC, METHADONE or PHARMACY, METHADONE uses, notwithstanding any provisions of this by-law, the number of bicycle parking spaces provided shall be no less than 5 spaces."

9. Section 4.19. 16) 7) "Bicycle Parking Incentives" shall be amended by adding the following sentence at the end of this subsection:

"This incentive shall not apply to CLINIC, METHADONE or PHARMACY, METHADONE uses."

The inclusion in this By-law of imperial measure along with metric measure is for the purpose of convenience only and the metric measure governs in case of any discrepancy between the two measures.

This By-law shall come into force and be deemed to come into force in accordance with subsection 34(21) of the *Planning Act, R.S.O. 1990, c. P.13*, either upon the date of the passage of this by-law or as otherwise provided by the said subsection.

PASSED in Open Council on March 20, 2012.

Joe Fontana
Mayor

Catharine Saunders
City Clerk

First Reading - Tuesday, March 20, 2012
Second Reading - Tuesday, March 20, 2012
Third Reading - Tuesday, March 20, 2012

APPENDIX C

PLANNING FOR METHADONE CLINICS AND METHADONE PHARMACIES
A PROPOSED POLICY AND REGULATORY FRAMEWORK

(Note: The appendices for this report are in a Research Compendium that has been posted on the web at www.london.ca/methadonestudy)