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TO:	CHAIR AND MEMBERS PLANNING AND ENVIRONMENT COMMITTEE MEETING ON FEBRUARY 27, 2012
FROM:	J. M. FLEMING DIRECTOR, LAND USE PLANNING AND CITY PLANNER
SUBJECT:	AMENDMENTS TO THE OFFICIAL PLAN AND ZONING BY-LAW TO PROVIDE APPROPRIATE OPPORTUNITIES FOR THE SITING OF METHADONE CLINICS AND METHADONE PHARMACIES WITHIN THE CITY OF LONDON THE CORPORATION OF CITY OF LONDON

RECOMMENDATION

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 pharmacies in the City of London:

- A. the proposed by-law attached hereto as Appendix A **BE INTRODUCED** at the Municipal Council Meeting on March 20, 2012 to amend the Official Plan to establish new policies to plan for methadone clinic and methadone pharmacy land uses.
- B. the proposed by-law attached hereto as Appendix B **BE INTRODUCED** at the Municipal Council Meeting on March 20, 2012 to amend Zoning By-law No. Z.-1, in conformity with the Official Plan, as amended in part (A.) above, to:
 - i. add new, and amend existing, definitions in Section 2 to define methadone clinics and methadone pharmacies;
 - ii. add a new Section “4.36 Clinic, Methadone and Pharmacy, Methadone Uses to stipulate that these uses shall be permitted through amendment to the zoning by-law; that these uses shall not be permitted within 300 metres (984.3 ft.) of an elementary or secondary school; a municipal pool, a municipal arena, a municipal library or the Western Fairgrounds; and, methadone clinics shall require a waiting room area of no less than 15% of the total gross floor area; and,
 - iii. add new parking regulations to Section 4.19 to provide for “Clinic, Methadone” and “Pharmacy, Methadone” uses.
- C. the final “Planning for Methadone Clinics and Methadone Pharmacies” background study date February, 2012 attached hereto as Appendix C, and the associated Methadone Research Compendium (Volumes 1, 2 and 3) that have been posted on the City’s website at www.london.ca/methadonestudy **BE RECEIVED**;
- D. recognizing that the commercial corridor along Horton Street, between Wellington Street and Colborne Street is to become a pedestrian-oriented main street, consistent with the SOHO Community Improvement Plan and the proposed road allowance improvements approved by Council, Planning Staff **BE DIRECTED** to initiate an Official Plan amendment to re-designate these lands from Auto-oriented Commercial Corridor to Main Street Commercial Corridor.
- E. the Mayor **BE REQUESTED** to write a letter, on behalf of Municipal Council, to the Minister of Health and Long-Term Care encouraging the Minister to put in place legislation to regulate community consultation practices, maximum patient volumes, minimum facility standards and management and operational requirements of methadone clinics and dispensaries so as to ensure that clients are served effectively and with dignity and that the potential for neighbourhood impacts are minimized.

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IT BEING NOTED THAT Interim Control By-law No. 1476-298 is in force and effect until May 15, 2012, after which time the By-law that “holds the status quo” for methadone clinics and methadone pharmacies will lapse.

PREVIOUS REPORTS PERTINENT TO THIS MATTER
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| November 8, 2010 | A report by the General Manager of Planning and Development to the Planning Committee recommending that a draft report on methadone clinics be received and circulated for review and comment by City Departments, the College of Physicians and Surgeons, the College of Pharmacists, the Centre for Mental Health and Addiction, other key stakeholders and the general public (See Methadone Research Compendium, Volume 1, Tab 1); |
| November 15, 2010 | A report by the General Manager of Planning and Development to the Planning Committee recommending the adoption of an Interim Control By-law prohibiting new methadone clinics and dispensaries and expansions to existing methadone clinics and dispensaries within the City of London boundaries for a period of 1 year (See Methadone Research Compendium, Volume 1, Tab 2). |
| January 31, 2011 | A report by the General Manager of Planning and Development to the Planning Committee recommending that Civic Administration be directed to provide legal and planning representation at an Ontario Municipal Board Hearing in support of the Interim Control By-law (See Methadone Research Compendium, Volume 1, Tab 5). |
| March 7, 2011 | A report by the Director of Land Use Planning to the Built and Natural Environment Committee recommending that an information report outlining progress made on the methadone clinic and dispensary study be received. The report also detailed next steps in the consultation process (See Methadone Research Compendium, Volume 1, Tab 3). |
| April 20, 2011 | A report by the Director, Land Use Planning and City Planner to the Built and Natural Environment Committee recommending that a discussion paper prepared by Scott Burns Planning Consultants be received. The report also detailed next steps in the consultation process (See Methadone Research Compendium, Volume 1, Tab 4). |
| August 15, 2011 | A report by the Director, Land Use Planning and City Planner to the Built and Natural Environment Committee detailing the decision of the Ontario Municipal Board as it pertained to the Interim Control By-law hearing of June 7, 2011 (See Methadone Research Compendium, Volumes 1, Tab 6). |
| October 31, 2011 | A report by the Director, Land Use Planning and City Planner to the Built and Natural Environment Committee recommending that a proposed land use policy and regulatory framework for methadone clinics and methadone pharmacies be received and circulated to stakeholders and the general public for review and comment (See Methadone Research Compendium, Volume 1, Tab 7). |

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PURPOSE AND EFFECT OF THE RECOMMENDED ACTION

Methadone clinics and pharmacies that dispense methadone are not specifically addressed in the Official Plan and Z.-1 Zoning By-law. There are currently no policies or regulations directing these uses to locations where they may best serve the needs of their clients. There are no policies or regulations to mitigate the potential land use impacts that can be associated with these uses. Accordingly, the purpose and effect of the recommended action is to advance a policy and regulatory framework that will provide appropriate opportunities for siting methadone clinics and methadone pharmacies in the City of London.

RATIONALE

1. The recommended amendments are consistent with the policies of the *Provincial Policy Statement, 2005* which require that communities plan in such a fashion so as to protect public health and safety (see Methadone Research Compendium, Volume 3, Tab 21).
2. The recommended amendments are consistent with the policies of the *Provincial Policy Statement, 2005* which state that municipalities should plan to avoid development and land use patterns which may cause environmental or public health and safety concerns.
3. The recommended amendments are consistent with Section 2.2.1. vii) Official Plan Vision Statement of the City of London Official Plan which states, through the implementation of the Plan, City 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".
4. The recommended amendments are consistent with Section 2.3. ii) Planning Principles of the City of London Official Plan which states "...Land use planning should promote compatibility among land uses in terms of scale, intensity of use and potentially related impacts".
5. The amendments are supported by the research undertaken; extensive consultation with health care providers , community and business groups; and, the resulting study that has been submitted with these amendments.
6. The recommended amendments are consistent with Section 2.8.2. Community Services Plan Goals of the City of London Official Plan which identifies the goal of "...providing social services for a safe and secure community".
7. The recommended amendments are consistent with the recommendations of the Province's "Methadone Maintenance Treatment Practices Task Force Report, 2007".
8. The recommended amendments to the Z.-1 Zoning By-law are consistent with, and will serve to implement, the policies of the Official Plan, as amended above.

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BACKGROUND

Municipal Council, at its session held on November 7, 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 31, 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 7, 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 15, 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).

PURPOSE OF THIS REPORT

Noting Council’s resolution of November 7, 2011, the following report has been prepared to:

- summarize and/or itemize input received and research undertaken prior to the circulation of the proposed policies and regulations submitted on November 7, 2011 (Part A);
- summarize and/or itemize input received and research undertaken after November 7, 2011 (Part B);
- summarize the findings of the research (Part C);
- describe stakeholder response to a proposed policy and regulatory framework and provide a recommended response (Part D);
- submit, for Council’s consideration, the completed “Planning for Methadone Clinics and Methadone Pharmacies” Study, including the associated Methadone Research Compendium (Volumes 1, 2 and 3); it being noted that the study serves as the basis for the Official Plan and Z.-1 Zoning By-law amendments recommended in this report.

Tables, charts, mapping, reviews of relevant legislation and reports, and notes from public meetings that were used in the development of the policy and regulatory framework previously tabled with Council on November 7, 2011 were compiled separately as appendices and attached to the November 7, 2011 report as a Methadone Research Compendium. The Compendium has since been updated to include additional appendices that summarize input received, and source material considered (post November 7, 2011), in the preparation of the Official Plan and Z.-1 Zoning By-law amendments recommended in this report.

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**PART A – WORK COMPLETED PRIOR TO THE
SUBMISSION OF PROPOSED POLICIES AND REGULATIONS FOR CIRCULATION**

On November 15, 2010, Municipal Council adopted Interim Control By-law No. C.P.-1476-298. The purpose of the Interim Control By-law was to “hold the status quo” on methadone clinics and methadone dispensaries for a period of one (1) year to allow staff time to study the land use considerations related to methadone clinics and dispensaries.

Between November 15, 2010 and November 7, 2011 a significant amount of research and consultation was undertaken. This work culminated in the proposed policy and regulatory framework that was tabled with Council on November 7, 2011 (at which time staff was directed to undertake a final consultation exercise with stakeholders and the general public).

The consultation and research undertaken by staff from November 15th, 2010 to November 7, 2011 is as follows:

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

On or before November 7, 2011, City staff:

- identified all local methadone clinics and methadone dispensing pharmacies (See Methadone Research Compendium, Volume 2 and 3, Tabs 19 and 20);
- conducted numerous site visits to each of these facilities noting the land use characteristics of each as well as surrounding land uses (See Methadone Research Compendium, Volume 2, Tab 18);
- 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 (See Methadone Research Compendium, Volume 1, Tab 4);
- reviewed relevant reports and/or by-laws including the:
 - Methadone Maintenance Treatment Practices Task Force Report, 2007 (See Methadone Research Compendium, Volume 1, Tab 8);
 - London CARES report prepared by the Community Services and London Police Services, 2007 (See Methadone Research Compendium, Volume 1, Tab 9);
 - Methadone Maintenance Treatment Community Planning Guide prepared by the Centre for Addiction and Mental Health, 2009 (See Methadone Research Compendium, Volume 2, Tab 10);
 - Calls for Service Report prepared by the London Police Services, 2011 (See Methadone Research Compendium, Volume 2, Tab 14);
 - Methadone Maintenance Treatment Program Standards and Clinical Guideline prepared by the College of Physicians and Surgeons of Ontario, 2011 (See Methadone Research Compendium, Volume 2, Tab 15);
 - Methadone Maintenance Treatment and Dispensing Policy/Guideline Standard prepared by the College of Physicians and Surgeons of Ontario, 2006 (Methadone Research Compendium, Volume 2, Tab 16); and,
 - Zoning and/or business license by-laws of other Canadian and American jurisdictions for background information and examples of best practices (See Methadone Research Compendium, Volumes 1 and 2, Tabs 4 and 17); and,
- Prepared analytical mapping of methadone clinics and methadone pharmacies to ground proof the proposed policy and regulatory framework (See Methadone Research Compendium, Volume 2, Tab 19).

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

On or before November 7, 2011 City staff had meetings and/or discussions with:

- local Doctors that prescribe methadone (See Methadone Research Compendium, Volume 3, Tab 22);
- a methadone service provider with facilities in St. Catharines, Brantford and Hamilton;
- other jurisdictions that have undertaken work on this subject (See Methadone Research Compendium, Volume 1, Tab 4);
- the College of Physicians and Surgeons of Ontario (See Methadone Research Compendium, Volume 3, Tab 29);
- the College of Pharmacists of Ontario (See Methadone Research Compendium, Volume 3, Tab 29);
- the Canadian Mental Health Association (See Methadone Research Compendium, Volume 3, Tab 29);
- the London Middlesex Health Unit (See Methadone Research Compendium, Volume 3, Tab 29);
- the London Intercommunity Health Centre (See Methadone Research Compendium, Volume 3, Tab 29);
- a volunteer focus group of methadone maintenance treatment clients (See Methadone Research Compendium, Volume 1, Tab 4);
- the Chief and Deputy Chief of London Police Services (See Methadone Research Compendium, Volume 3 Tab 29) ;
- the Old East Village Business Association (See Methadone Research Compendium, Volume 3, Tab 29);
- business owners in the vicinity of Clinic 528 (See Methadone Research Compendium, Volume 2, Tab 13);
- the Old East Village Community Association; and,
- Beal Secondary School and the Thames Valley District School Board (See Methadone Research Compendium, Volume 2, Tab 13).

Public, Service Provider and Client Input:

On or before 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 (See Methadone Research Compendium, Volume 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 (See Methadone Research Compendium, Volume 2, Tab 12);

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- surveyed local physicians and pharmacists on best practices for methadone clinics and dispensaries (See Methadone Research Compendium, Volume 3, Tab 23); and,
- met with a volunteer focus group of methadone maintenance treatment clients to better understand their needs in regards to accessing services (See Methadone Research Compendium, Volume 1, Tab 4).

PART B – WORK COMPLETED AFTER THE NOVEMBER 7, 2011 SUBMISSION OF PROPOSED POLICIES AND REGULATIONS FOR CIRCULATION

On January 14, 2011 the City's Interim Control By-law for methadone clinics and dispensaries was appealed to the Ontario Municipal Board.

Recognizing that significant time and resources were required to successfully defend the City's Interim Control By-law before the Ontario Municipal Board, and noting that an exhaustive consultation was critical to the planning exercise, Municipal Council (on November 7, 2011) extended the duration of the Interim Control By-law by an additional 6 (six) months (until May 15, 2012) to allow staff time to conduct a final consultation phase. For the purpose of seeking input on the proposed policy and regulatory framework tabled with Council on November 7, 2011, Planning staff undertook further consultation which included:

Stakeholder and General Public Input

- conducted a public information meeting and open house on November 10, 2011 (See Methadone Research Compendium, Volume 3, Tab 24) – this open house included break-out sessions for participants to discuss the proposed amendments and provide feedback on a series of subject areas;
- 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 (see Methadone Research Compendium, Volume 3, Tab 25);
- meeting with local pharmacists that dispense methadone (November 9, 2011);
- meeting with local clinicians (November 16, 2011) that prescribe methadone – including the owner of Clinic 528;
- meeting with a representative of the Old East Village Community Association on November 19, 2011;
- meeting (on November 14, 2011) with a representative of a service provider that is currently operating methadone maintenance treatment facilities in St. Catharines, Brantford and Hamilton (See Methadone Research Compendium, Volume 3, Tab 26); and,
- meeting with senior representatives of Shoppers Drug Mart, January, 2012.

Literature Review

- reviewed “A Cross-Canada Scan of Methadone Treatment Policy Development” prepared for the Canadian Executive Council on Addictions, 2011 (See Methadone Research Compendium, Volume 3, Tab 27).

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**PART C – KEY CONSIDERATIONS IN PLANNING FOR
METHADONE CLINIC AND METHADONE PHARMACY LAND USES**

1. *Addiction to opioid based prescription pain killers is on the rise in our community. It is important that we plan for the delivery of Methadone Maintenance Treatment in the City of London:*

- As noted in the Planning for Methadone Clinics and Methadone Pharmacies Study (February, 2012 – Appendix C of this report), it is imperative that we plan for Methadone Maintenance Treatment in our community:
 - Addiction is costing our community \$243 million per year in terms of social, medical and law enforcement costs, including lost productivity (Canadian Centre on Substance Abuse);
 - 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 pain killers (London CARES);
 - More than 5 million Canadians use illegal drugs, and of those more than 1 million are known to abuse prescription drugs (Canadian Centre on Substance Abuse);
 - 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 (Hart, 2007);
 - 700 people in Ontario used methadone maintenance treatment in 1996; this number has 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 (College of Physicians and Surgeons of Ontario/Cross-Canada Scan of MMT Policy Development);
 - 21% of students (grades 7 – 12) surveyed reported using prescription opioid pain relievers for non-medical purposes (Centre for Addiction and Mental Health);
 - 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 (London CARES Report); and,
 - There are approximately 25,000 Methadone Maintenance Treatment clients in Ontario. Of that number, there are approximately 1,400 plus clients in London (Scott Burns Report);
 - Methadone clinics and methadone pharmacies deliver an important community service to individuals seeking methadone treatment.
 - In planning for methadone clinics and methadone *pharmacies* it is important to have consideration for not only those accessing the service but the larger community into which the service may locate.

2. *It is important that we make Methadone Maintenance Treatment as Accessible as Possible for those wishing to take action to address their addiction:*

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- As a participant to the November 10, 2011 Public Information and Open House Meeting stated *“It is important to recognize that when someone makes the decision to take action to address their addiction, that the services in place to assist them be as accessible as possible.”*
- Literature reviews and consultations with those who currently access Methadone Maintenance Treatment services point to the following location and form criteria that should be given consideration in planning for treatment facilities:
 - Facilities should be allowed in a variety of locations throughout the City – to allow for services to be located broadly, rather than centralized in one or two locations and to provide the opportunity for multi low-volume methadone clinics and pharmacies rather than a smaller number of high volume facilities;
 - Facilities should be located where they are highly transit accessible;
 - To minimize the potential for loitering and drug trafficking (which can create problems for the clients seeking to access the service) do not locate clinics or pharmacies in commercial areas that are highly pedestrian-oriented;
 - Ensure that there is adequate space for on-site parking;
 - Ensure that the lobby or waiting areas are large enough to accommodate peak volumes – so that long line-ups outside of the facility are avoided thereby affording the clients of the facility a sense of privacy and dignity;
 - For similar reasons, encourage discrete entrances from parking areas; and,
 - Utilize CPTED (Crime Prevention Through Environmental Design) principles in designing new facilities such that there are no visually obstructed areas that would allow for illegal activities such as drug trafficking.

3. It is important that we recognize that methadone clinics and methadone pharmacies have the potential to generate land use impacts.

- Planning staff’s research indicates that, *“...like other land uses, methadone clinics and methadone pharmacies generate land use impacts that can have an effect on adjacent and nearby land uses. Some of these impacts may be similar to those imposed by other facilities, while others may be different”*.
- Research further indicates that *“...many methadone clinics and methadone dispensing pharmacies do not generate any land use impacts any differently than general clinics and pharmacies”*.
- The research clearly shows, however, *“...that methadone clinics and methadone pharmacies CAN generate very different and very significant land use impacts compared to general clinics and general pharmacies”*. When considering land use compatibility, the following land use impacts were identified through the research as worthy of consideration:
 - “Traffic and parking impacts”
 - The research has shown that *“...inadequate parking, at some locations, has caused significant problems with parking on adjacent lots and parking in “no parking” or “no stopping” areas”*.
 - *“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*

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time frames, it is appropriate to have a specific parking requirement related to these uses”.

- *“Parking requirements for methadone clinics and methadone pharmacies should be higher than those regulated for general clinics or pharmacies”.*

➤ “Line-ups, gatherings, loitering and pedestrian congestion”

- *“High patient volumes, insufficiently sized waiting areas and hours of operation can also lead to line-ups, loitering and pedestrian congestion”.*
- *“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. Loitering can also create the perception of a threatening environment that some pedestrians may wish to avoid. This could have a negative impact on neighbouring businesses”.*
- The research would suggest that *“...pedestrian-oriented areas are not the preferred location for methadone clinics or methadone pharmacies”*. The research also underscores the importance of appropriately sized waiting areas to address the issue of line-ups and loitering.”

➤ “Criminal activity”

- The research identifies a large portion of methadone clients as *“...a vulnerable population”*. Many are struggling with substance addiction. Accordingly they can be susceptible to the temptations of illegal drug trafficking.
- The research clearly demonstrates that methadone clinics and methadone pharmacies have the potential to attract criminal activity. Since 2006, for example, London Police have responded to 260 calls for service to the methadone clinic located at 528 Dundas Street. Three illegal drug-related Police Projects have involved the methadone clinic and associated pharmacy in the same time frame.
- The College of Physicians and Surgeons provide a “tool kit” (see Methadone Research Compendium, Volume 2, Tab 15) for methadone practitioners that includes a sample behaviour contract the physicians can require the client to execute stipulating that the client will not engage in various types of anti-social behaviour (fighting, carrying weapons, selling doses, etc.). These types of contracts are not typically required when attending other (non-methadone) medical offices and clinics.
- Many of the clinics and pharmacies that prescribe or dispense methadone do not exhibit these types of issues and impacts. As demonstrated by the example of Clinic 528 however, they have the potential to grow and/or evolve into a form that does attract criminal activity. Most notably, the province has not put any regulations in place that would limit patient volumes or require a minimum standard of operation to mitigate this potential.
- Recognizing the potential to attract such elements and activity, it is appropriate to incorporate minimum separation distances between such uses and more sensitive land uses such as school yards or public areas where children are known to congregate such as community centres.
- 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.

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➤ *“Littering, including used drug paraphernalia”.*

- Any land use can generate activities that result in littering.
 - Methadone dispensaries and pharmacies provide clients with their methadone in packaging (paper cups or “carries” in gel-pack form). Planning staff have been told that these cups and gel-packs can be found throughout the area surrounding Clinic 528 and Chapman’s Pharmacy. Staff have witnessed this in several areas on several occasions.
 - City of London Community Services Department staff has indicated that needles are often discarded by users following intravenous drug use. Owners of properties in the vicinity of Clinic 528 have cited significant concerns relating to disposed needles found on their property. These needles have not only been found outside neighbouring properties, but on school property and in the bathrooms of a nearby restaurant.
 - Noting the above, methadone clinics and methadone pharmacies should be directed away from pedestrian-oriented locations. Further, these uses should be separated from sensitive land uses such as schools, municipal pools, arenas, libraries or the Western Fairgrounds.
- The impacts identified above are further detailed in Section 3.0 of the Planning for Methadone Clinics and Methadone Pharmacies Study attached as Appendix C to this report.

4. The most common service delivery model for Methadone Maintenance Treatment in Ontario is the private group practice.

- 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 operate in a clinic setting, either 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.

- In following up on these discussions, Planning staff were introduced to a recent report prepared for the Canadian Executive Council on Addictions entitled “A Cross-Canada Scan of Methadone Maintenance Treatment Policy Developments” (January 2011). The report made the following observations relevant to the present discussion:
 - *“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*

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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)”;* and,
- *“In some provinces, the lack of MMT specific fee code has been identified as a barrier to recruiting new physicians. Appointments take longer than the average physician visit and some physicians feel that the compensation is inadequate. Those provinces that do have specific fee codes still have difficulty recruiting physicians. The stigma of addiction and its perceived association with injection drug use and homelessness is another barrier to recruiting physicians. MMT clients are perceived to be very complex and difficult to work with and physicians feel they have limited support. The monitoring of the MMT program also presents barriers to physician involvement. Physicians were concerned about extra monitoring and scrutiny and expressed fears of getting into trouble with the college”.*

5. Provincial regulations provide limited assistance to municipalities in mitigating the land use impacts that have been associated with methadone clinics and methadone pharmacies?

- 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 Task Force (comprised of leaders in the field of addiction treatment and service delivery) released their recommendations which included best practice advice in the area of public consultation and engagement. 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.”*

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- *“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 can 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 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). 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*.
- 6. The Municipal Act, 2001 can assist municipalities in planning for the land use impacts that can be associated with methadone clinics and methadone pharmacies.**
- The *Municipal Act, 2001* gives municipalities powers to pass by-laws with respect to business licensing. The Director of Building Controls, Chief Building Official and License Manager are bringing forward a report, under separate cover, which speaks to the licensing of methadone clinics and methadone pharmacies.
 - The efforts of the Director of Building Control, Chief Building Official and License Manager have been coordinated with those of the Director, Land Use Planning and City Planner with a mind to providing a multi-pronged approach to address methadone clinics and methadone pharmacies.
- 7. The Provincial Policy Statement, 2005 provides assistance to municipalities in planning for the land use impacts that can be associated with methadone clinics and methadone pharmacies.**
- The *Provincial Policy Statement, 2005* (see Methadone Research Compendium, Volume 3, Tab 21) 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.
 - As it relates to planning for methadone clinics and methadone pharmacies in the City of London, the PPS provides a measure of direction:
 - Part V, Section 1.0 of the PPS 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.”

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- Part V, Section 1.1, subsection part c) of the PPS further notes that healthy, liveable and safe communities are sustained by:

“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.”

8. The Ontario Municipal Board’s response to the regulations of the Interim Control By-law No. 1476 - 298, the policies of the City of London Official Plan, and the regulations of Zoning By-law Z.-1 provide assistance in planning for the impacts that have been associated with methadone clinics and methadone pharmacies.

8.1 Interim Control By-law No. 1476-298

- On November 15, 2010, Council adopted Interim Control By-law No. 1476-298 for the purpose of prohibiting the establishment of new methadone clinics and methadone dispensaries (within the boundaries of the Corporation of the City of London) for an interim period of one (1) year in order to allow for the completion of a planning study on the regulation of these uses.
- For the purpose of the Interim Control By-law, methadone clinics and methadone dispensaries were defined as follows:
 - “Methadone Clinic” means a building, or part of a building, which is used principally for the prescription and/or dispensing of methadone and may include provision of counselling and other support services, but does not include a hospital; and,
 - “Methadone Dispensary” means a business selling or filling methadone prescriptions for customers as the as the primary activity of the business, but excludes a pharmacy or a pharmacy that is accessory and ancillary to a hospital.
- The Interim Control By-law was subsequently appealed to the Ontario Municipal Board (see Methadone Research Compendium, Volume 1, Tab 5). In its written decision of July 15, 2010 (see Methadone Research Compendium, Volume 1, Tab 6) the Ontario Municipal Board dismissed the appeal and upheld Interim Control By-law No. 1476-298.
- In rendering its decision, the Board made the following critical observations that are relevant to the present discussion:
 - In the Context of the Interim Control By-law, Methadone Clinics and Methadone Dispensaries have been reasonably defined and a Methadone Clinic or a Methadone Dispensary is a land use:

“The City’s definitions 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 interim control by-law is directed at the business – not the users. The Board determines that the Interim Control By-law 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:

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“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”.

- These impacts, itemized in staff reports of November 8 and 15, 2010, included:
 - *“High patient volumes that create limited space for waiting which can lead to line-ups off-site extending into the public realm;*
 - *Gathering and loitering outside of a clinic;*
 - *Pedestrian congestion along the street;*
 - *Illegal parking on adjacent properties, in “no parking” and “no stopping areas”;*
 - *Garbage and littering in the area;*
 - *Public order issues;*
 - *People selling their urine or methadone doses outside of a clinic;*
 - *The trafficking of narcotics and prostitution activities in the vicinity of a clinic;* and,
 - *Drug paraphernalia being improperly disposed of in the vicinity of the clinic.”*
- In rendering its decision, the Board accepted the City’s position that methadone clinics and methadone dispensaries, as defined in the Interim Control By-law, are distinct land uses and that these land uses can have distinct land use impacts.
- On November 7, 2011, Council resolved to extend the duration of the Interim Control By-law (until May 15, 2012) to provide for additional stakeholder review of a proposed policy and regulatory framework.

8.2 Existing Official Plan Policies

- Currently there are no policies or land use regulations explicitly referencing methadone clinics and methadone pharmacies in the City’s Official Plan or Z.-1 Zoning By-law. These uses, prior to Council’s adoption of the Interim Control By-law, would simply be interpreted to be permitted uses within those land use designations and zones that allowed for clinics, medical/dental offices, hospitals and pharmacies.
- Notwithstanding the above, the Official Plan provides a measure of direction in respect to how methadone clinics and methadone pharmacies should be planned for:
 - 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...”.

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- Section 2.3. ii) entitled “*Planning Principles*” of the Official Plan states:

“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 2.8.2. entitled “*Community Services Plan Goals*” of the Official Plan identifies the goal of:

“...providing social services for a safe and secure community...”

8.3 Existing Z.-1 Zoning By-law Regulations

- The Z.-1 Zoning By-law contains no specific regulations for methadone clinics and methadone pharmacies.
- In planning for and defining these uses, it should be clear that the proposed land use policies and regulations are intended to deal with potential land use impacts. As noted above, there are no provincial regulations in force and effect to prevent these uses from becoming one of the more problematic forms of methadone clinics and/or methadone pharmacies that Planning staff has observed over the course of their research.
- A clinic or pharmacy that currently serves a very low volume of patients could grow tremendously over time given the absence of provincial or municipal regulations. This has been the case at Clinic 528 (a clinic and pharmacy) and Chapman’s Pharmacy.
- Distinguishing methadone clinics and methadone pharmacies as such provides for the establishment of planning policy and regulation specific to the use – without affecting the more general clinic and pharmacy uses. All new policies and zoning provisions would not affect the more general forms of clinics – only methadone clinics and pharmacies.
- The sub-categorization of a use is not uncommon or unusual within the context of the Z.-1 Zoning By-law. The Z.-1 Zoning By-law already identifies two different types of clinics (“Clinic” and “Clinic, Outpatient”). Similarly, the Z.-1 Zoning By-law identifies many different types of offices (“Office”, “Office, Business”, “Office, Charitable Organization”, “Office, Professional”, “Office, Service”, and “Office, Support”).

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9. The City’s Community Services Department is advancing a comprehensive programming strategy that will serve to compliment the land use and licensing initiatives being undertaken.

- Complimenting the land use policy and licensing efforts detailed in this report and under separate cover, the City of London is continuing its efforts to deal with the broader issue of intravenous use of opiates in several ways. In 2011, the City, with its community partners, rolled out a revised set of programs under the London Community Addiction Response Strategy (London CARES). The major focus of these programs will be an increased effort to link the homeless to housing and to appropriate addiction and mental health supports.
- Concurrently, City Council has approved a document entitled “Towards a Community Addiction and Mental Health Strategy for London” (see Methadone Research Compendium, Volume 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).
- Licensing, land use policy and social programming initiatives are collectively being advanced with a mind to developing a comprehensive strategy that will, directly or indirectly, address the issue of methadone clinics and methadone pharmacies.

**PART D – KEY FEEDBACK AND
RECOMMENDATIONS FOR FINAL AMENDMENTS**

A number of subject areas emerged during the final consultation phase of the Methadone Study. These subjects have been itemized below and are summarized in the context of the proposed Official Plan and Z.-1 Zoning By-law amendments tabled with Council for circulation and comment on November 7, 2011. At the end of each subject area, a recommendation for the final amendments is provided:

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.

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- 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.”***

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

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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. Catherines, 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;
 - operate on a “full schedule” weekly basis;

Hours of Operation:

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
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;

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- 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).

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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.

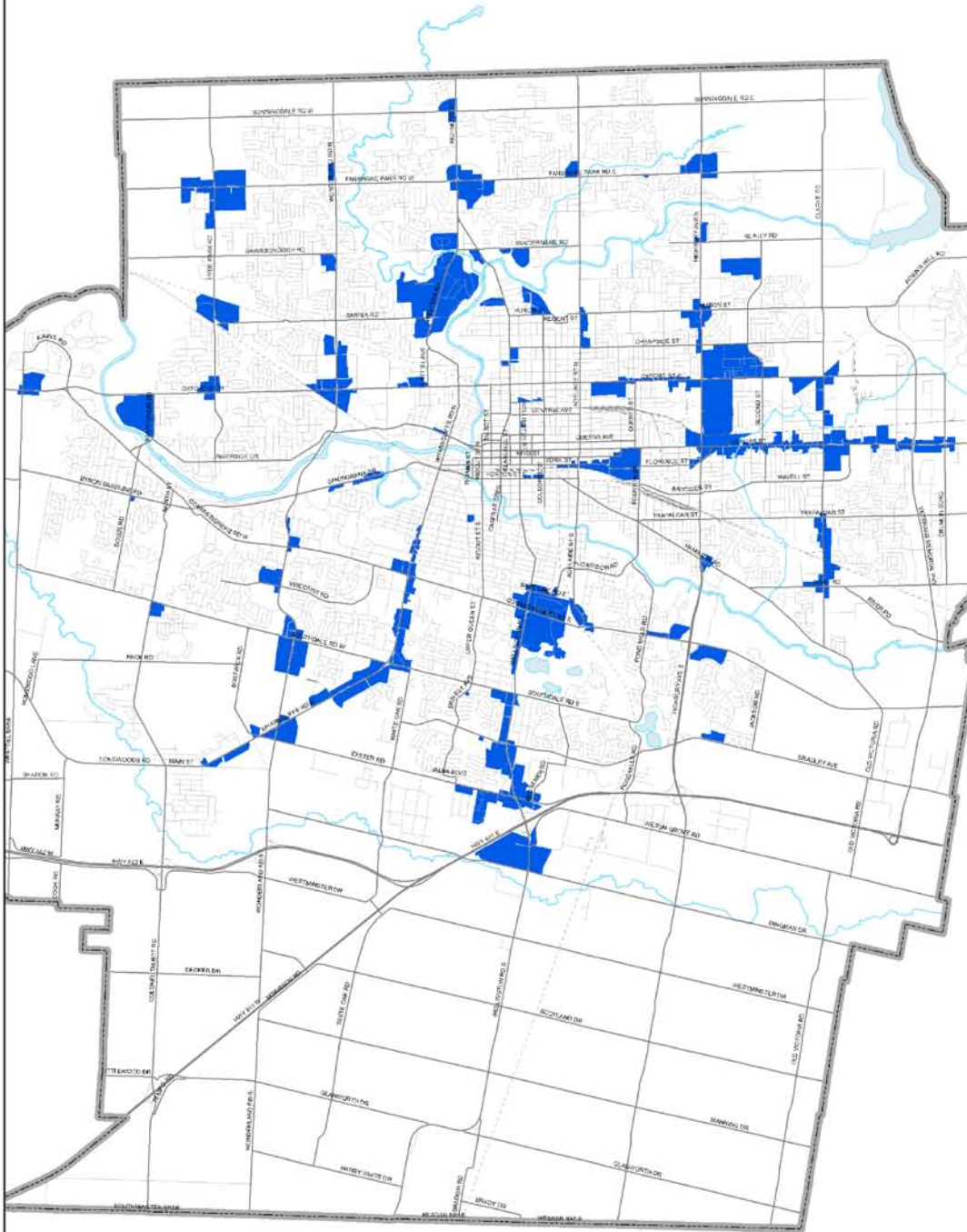
3. Proposed Locations for Methadone Clinics and Methadone Pharmacies:

- 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 parcels of land within the City (see Figure 1) where a methadone clinic and/or a methadone pharmacy may be permitted.
- 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, that would allow for methadone pharmacies and methadone clinics.

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- Figure 1 -

POTENTIAL METHADONE CLINIC AND METHADONE PHARMACY LOCATIONS BASED ON OFFICIAL PLAN DESIGNATIONS ONLY



Properties Meeting Locational Criteria: 1,327

PROJECT LOCATION:
E:\Planning\Projects\p_customplots\methadone_clinic_zoning\PermittedLocations\projects\PermittedLocationsBasedOnOPDesignations.mxd



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- 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. Proposed Evaluation Criteria for Methadone Clinics and Methadone Pharmacies

- To facilitate a full community consultation process, the proposed policy framework required 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.

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- 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, municipal pools, arenas, libraries.
- 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 separation distances from methadone clinics and pharmacies and schools and the Western Fairgrounds. 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 metre separation distance between methadone clinics and methadone pharmacies and schools had the effect of reducing the total number of parcels where such uses may be permitted from 1,327 possible sites to 940 sites (see Figure 2).
- Applying the 300 metre separation distance to further include municipal pools, arenas, libraries and the Western Fairgrounds would have the effect of reducing the total number of parcels where methadone clinics and methadone pharmacies may be permitted to 824 sites (see Figure 3);
- Applying the 300 metre separation distance to further include parks would have the effect of reducing the total number of parcels where methadone clinics and methadone pharmacies may be permitted to 351 sites (see Figure 4);
- And lastly, applying the 400 metre separation distance between existing methadone clinics and existing methadone pharmacies and new methadone clinics and new methadone pharmacies would have the effect of further reducing the total number of parcels where such uses may be permitted to 289 sites (see Figure 5).
- 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

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both patient care and the good of the community.

I believe that more dispensaries supplying MMT to fewer MMT patients is the best solution....”

- Figure 5 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, criteria requiring a minimum separation distance of 300 metres from parks, and 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.

5. Proposed Zoning By-law Requirements – Parking and Waiting Rooms

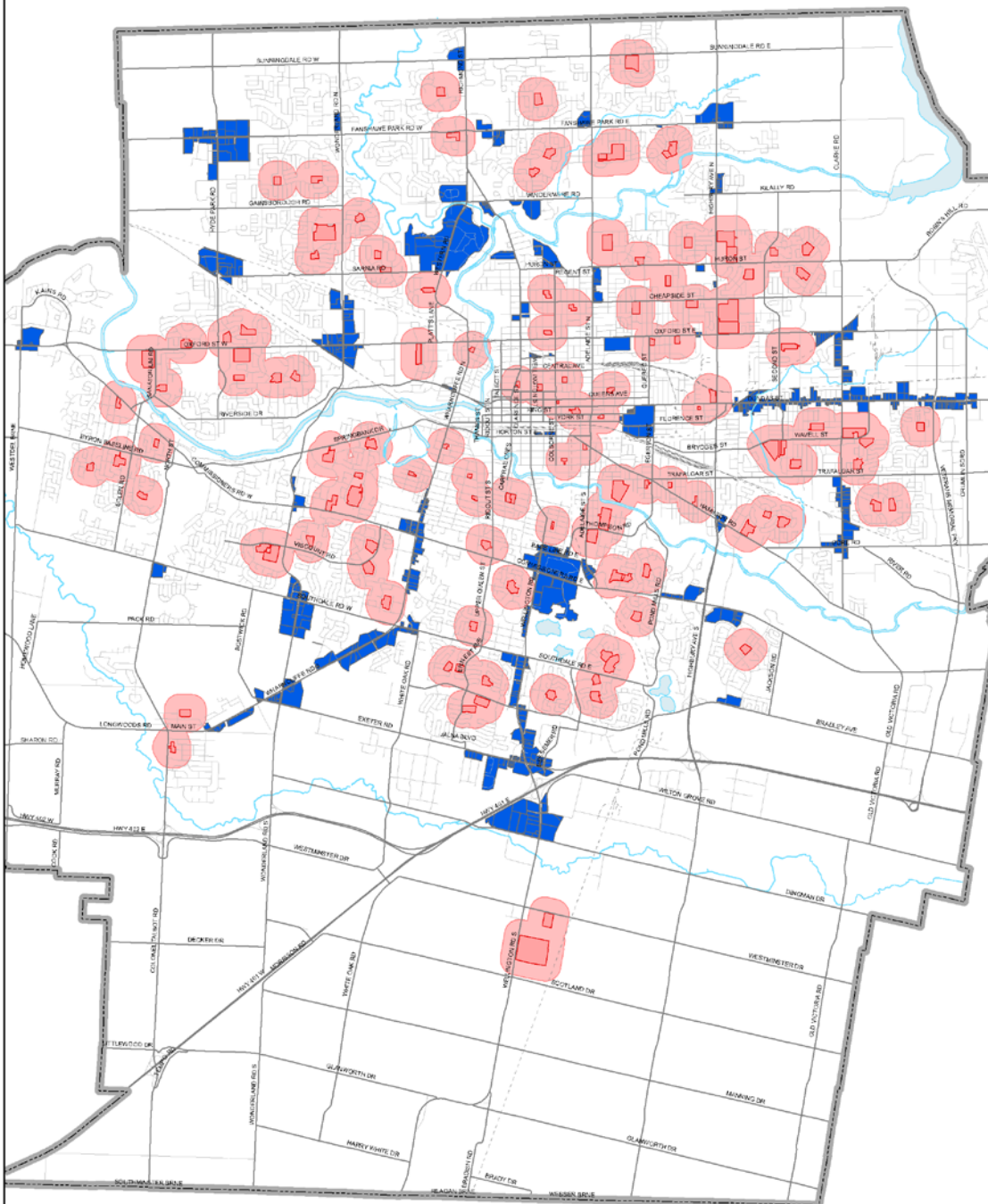
- Inadequate parking at some methadone clinics and methadone pharmacies has caused significant problems with parking on adjacent lots, parking in “no parking areas” on streets, and illegal stopping.
- Recognizing that methadone clinics and methadone pharmacies can be very small in floor area and that they can generate significant numbers of patients within limited time frames,

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- Figure 2 -

POTENTIAL METHADONE CLINIC AND METHADONE PHARMACY LOCATIONS BASED ON OFFICIAL PLAN DESIGNATIONS MINUS 300m SCHOOL BUFFER

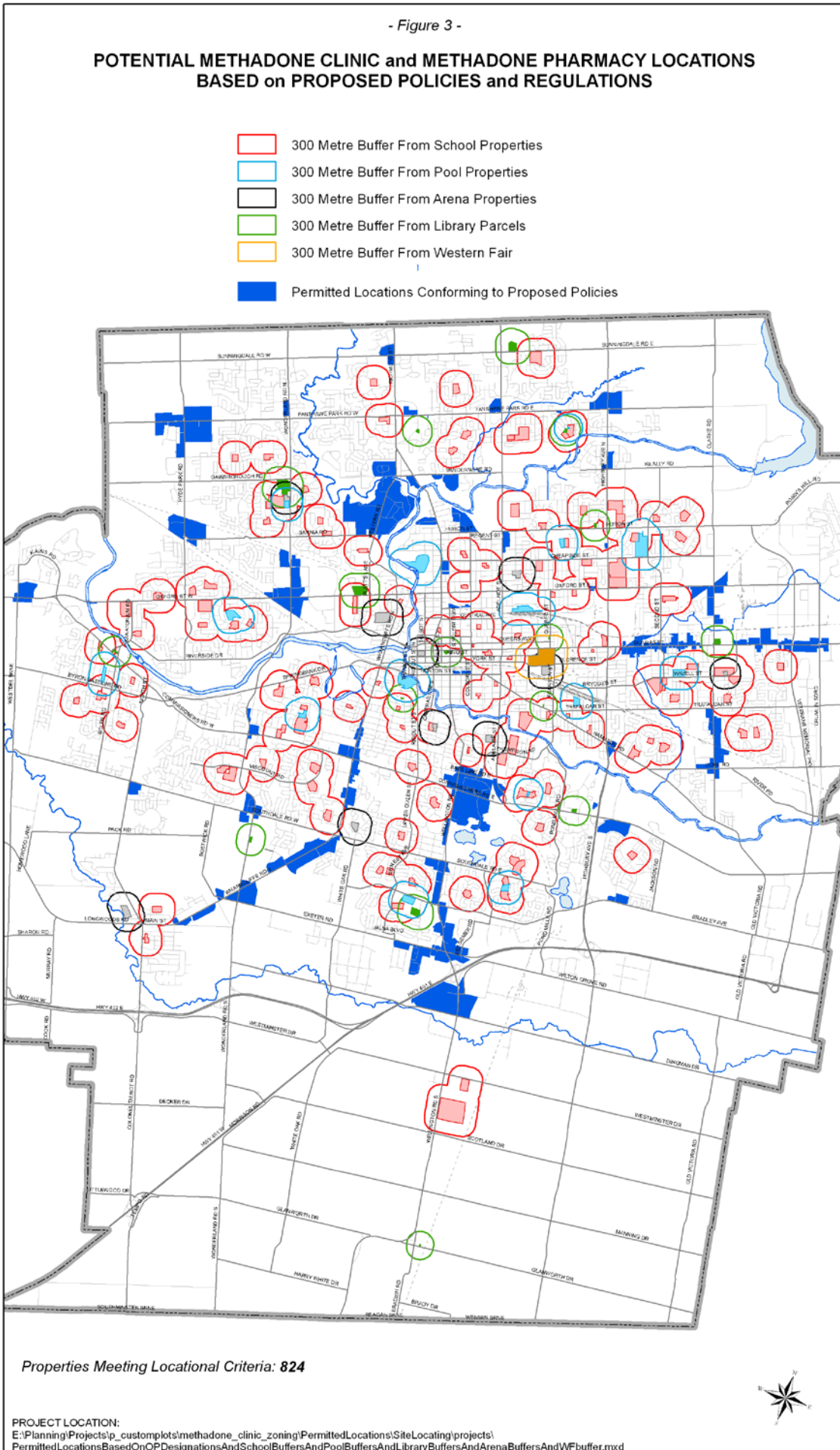
- 300 Metre Buffer From School Properties
- Permitted Locations Conforming to Proposed Policies



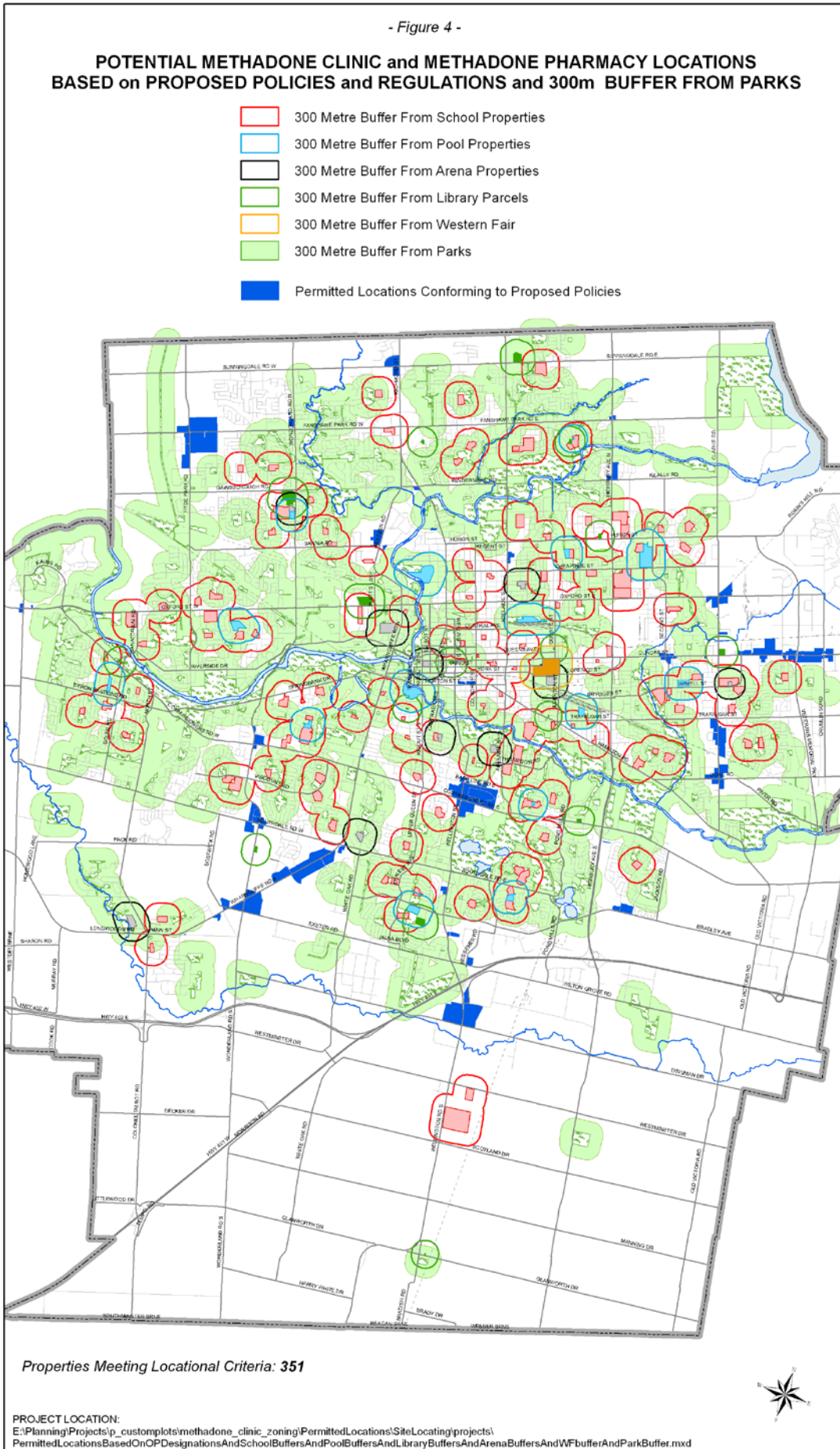
Properties Meeting Locational Criteria: 940

PROJECT LOCATION:
E:\Planning\Projects\p_customplots\methadone_clinic_zoning\PermittedLocations\SiteLocating\projects\PermittedLocationsBasedOnOPDesignationsAndSchoolBuffers.mxd

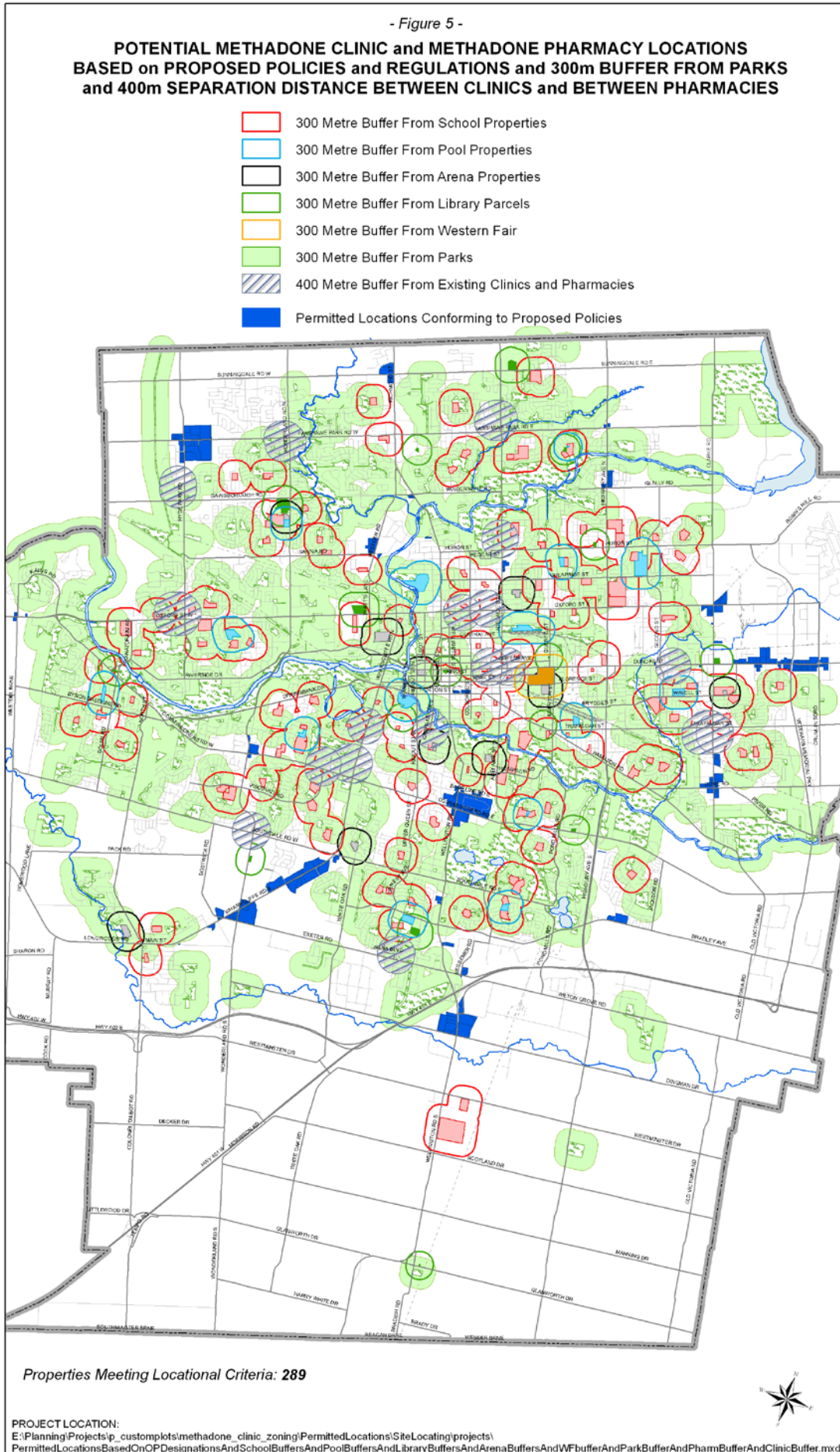
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the proposed policy framework stated that the Z.-1 Zoning By-law will identify standards for new and expanded methadone clinics and methadone pharmacies to ensure:

- 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 15m² should be sufficient (for both methadone clinics and pharmacies) 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."

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- 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 15m² of floor area;**
- **Methadone pharmacies provide parking at a rate of 1 space per 15m² 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.**

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

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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.

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

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continue to be permitted as legal non-conforming uses.

- There are at least 3 types of expansions that could occur within this context:
 1. 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.
 2. 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.
 3. 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.

CONCLUSION

Since the proposed policy was “tabled” with Council for circulation in November of 2011, Planning Staff have undertaken extensive consultation including: a major open house and public meeting; interviews with service providers and various stakeholders; and, continued research.

Except where otherwise called for in Part D, the land use framework recommended by way of this report is generally reflective of the framework tabled with Council for circulation and comment on November 7, 2011. Key changes include:

- Amending the definition of methadone clinics and methadone pharmacies such that these definitions ONLY capture those clinics and pharmacies that prescribe and dispense as more than just an ancillary activity (to more than 30 clients per day).
- Remove separation distance requirements BETWEEN methadone clinics and BETWEEN methadone pharmacies.
- Add a separation distance requirement between municipal libraries, pools, arenas and the Western Fairgrounds and methadone clinics/pharmacies.
- Establish a parking requirement of 1 space per 15m², consistent with the standard applied to other types of clinics (vs. the previous recommendation of 1 space per 8m²).
- Remove additional criteria for the evaluation of applications to expand legal non-conforming uses.

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: The recommended framework:

- Identifies key goals for planning methadone clinics and methadone pharmacies;
 - Defines Methadone clinics and methadone pharmacies;
 - Identifies land use designations where such uses will be directed;
 - Advances criteria to guide the review of zoning by-law amendments
 - Requires a public site plan process and establishes guidance for that process.
- In testing the framework staff has been able to clearly show that there are many locations throughout the City that could accommodate methadone clinics and methadone pharmacies. Furthermore, these locations are distributed throughout the City. This shows that the location criteria, as proposed, are reasonable, not overly constraining, and are in keeping with the intent of providing opportunities for clinics and pharmacies throughout the City.

PREPARED BY:	PREPARED BY:
ERIC LALANDE PLANNER I, CITY PLANNING AND RESERACH	BRIAN TURCOTTE SENIOR PLANNER, CITY PLANNING AND RESEARCH
SUBMITTED AND RECOMMENDED BY:	
J. M. FLEMING, MCIP, RPP DIRECTOR, LAND USE PLANNING AND CITY PLANNER	

February 16, 2012
JF/bt/el

attach.

List of Appendices:

1. Proposed Official Plan (Appendix A) and Zoning By-law Amendments (Appendix B)
2. Report: "Planning for Methadone Clinics and Pharmacies Research Study and Proposed Policies and Regulations (Appendix C)

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Bibliography

- The City of London Official Plan;
- The City of London Z.-1 Zoning By-law
- Those documents, articles, maps, tables etc. specified in the Planning for Methadone Clinics and Methadone Pharmacies Research Compendium (Appendix C)

Responses to the Public Liaison Letter and Publication in the “Living in the City” (see Methadone Research Compendium, Volume 3, Tab 30)

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APPENDIX A
PROPOSED OFFICIAL PLAN AMENDMENTS

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File No. OZ-8004
Planner: E. Lalande/B. Turcotte

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 Methadone pharmacies.

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 – March 20, 2012
Second Reading – March 20, 2012
Third Reading – March 20, 2012

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File No. OZ-8004
Planner: E. Lalande/B. Turcotte

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.
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Land Use Planning Goals	Two primary goals will guide land use planning for methadone clinics and methadone pharmacies: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> i. Regional Facility; ii. Enclosed Regional Commercial Node; iii. New Format Retail Commercial Node; iv. Community Commercial Node; v. Auto-oriented Commercial; and, vi. Office Area.
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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.

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5. Insert the following as Section 4.4.2.4.1:

4.4.2.4.1 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.
Methadone Clinics and Methadone Pharmacies

6. Insert the following as Section 5.2.2.1:

5.2.2.1 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.
Methadone Clinics and Methadone Pharmacies

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APPENDIX B
PROPOSED ZONING BY-LAW AMENDMENTS

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File No. OZ-8004
Planner: E. Lalande/B. Turcotte

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.”

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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.

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

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APPENDIX C

PLANNING FOR METHADONE CLINICS AND METHADONE PHARMACIES RESEARCH STUDY AND PROPOSED POLICIES AND REGULATIONS

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