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August 22, 2012

VIA Email and Canada Post

Mayor Joe Fontana, Chair Bud Polhill, and
Members of the Planning and Environment Committee
London City Hall
300 Dufferin Avenue, P.O. Box 5035
London, ON N6A 4L9

Your Worship, Chair Polhill, and Committee Members:

We understand that the city passed by law number Z-1-122090 regulating methadone clinics in March 2012. As noted in our letter of February 24, 2012, the Ontario Human Rights Commission ("the OHRC") has concerns that this type of regulation may discriminate against people with addictions - who are protected by the Ontario *Human Rights Code* ("the Code"). We listed a number of concerns and considerations with respect to that bylaw in our letter.

A recent application for a zoning amendment (filed by Ontario Addiction Treatment Centres and scheduled to be debated at a public meeting on September 5, 2012), drew our attention to another troubling aspect of bylaw number Z-1-122090. Specifically, the OHRC is concerned about the interaction between the changes instituted by bylaw Z-1-122090, and existing aspects of the city's zoning bylaw Z-1.

Zoning bylaw Z-1 establishes, among other things, what types of building uses are permitted in which city zones. Prior to the passing of Z-1-122090, methadone clinics and pharmacies were captured in bylaw Z-1 under the definition of "clinics and pharmacies". In bylaw Z-1 "clinics and pharmacies" are included in the "permitted use" lists for a number of city zones.

With the passing of Z-1-122090, methadone clinics and pharmacies were carved out of the definition of "clinics and pharmacies". As a result, where a zone's "permitted use" list includes "clinics and pharmacies" (as a number of zone's "permitted use" lists do), "methadone clinics and pharmacies" are not captured. Since bylaw Z-1 has not been amended to add "methadone clinics and pharmacies" to any zone's "permitted use" list, methadone service providers that fulfil the requirements of Z-1-122090 (including separation distances, parking requirements, etc.), cannot locate in any city zone as of

right. Instead, they must apply to the city for an amendment to zoning bylaw Z-1, requesting that “methadone clinics and pharmacies” be added to the “permitted use” list in the zone where they wish to set up services.

Applications for amendments take a considerable amount of time, and include consultation with the public. Even if granted, an amendment will only impact one particular zone, and so every time a service provider wishes to set up services in an area for which an amendment has not been granted, they will have to seek a new amendment themselves. The OHRC questions whether this piecemeal approach may unnecessarily compound the hurdles faced by those who rely on services provided by methadone clinics and pharmacies and whether less cumbersome alternatives exist.

Included with this letter is a copy of a recent OHRC publication *In the Zone*. Although the guide refers specifically to housing issues, some sections can be applied to the case of zoning of methadone clinics in London. I would like to draw your attention to the following sections in particular:

Under the *Zoning Act*, municipalities must host a public meeting when considering zoning bylaws or amendments. However, if zoning rules already allow the housing being considered (“as-of-right”), a meeting is not required. Yet many local councillors call meetings anyway, which often gives voice to discriminatory discussions. In these meetings, people wishing to live in the housing are subjected to hurtful comments and a level of negative scrutiny that none of their potential neighbours had to face when moving into the neighbourhood.

These meetings also reinforce the incorrect assumption that neighbourhood residents have the right to approve who moves in next door, and often inflame, rather than calm, neighbourhood opposition to the housing. They also inflame the potential for human rights complaints.

At the same time, sometimes people are genuinely afraid because they've been given misinformation about risks, and not calling public meetings can cause resentment. In these cases, a public meeting can be helpful as long as it is carefully planned, communicated and moderated. If done well, meetings can be used to overcome attitudes that were based on misinformation, educate, get buy-in, engage the silent majority and defuse tensions and fears. (p.12)

If the City intends to proceed with its public meeting on September 5, the OHRC recommends the following, also from *in the Zone*:

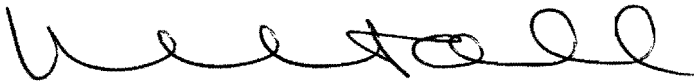
At the beginning of each public meeting ... lay out clear ground rules. State that the only issues open for discussion are legitimate land use issues such as location, size, setback and parking requirements. Advise attendees that the

meeting will not be a forum to make negative comments about the people who will be living there. In addition, actively interrupting and objecting to discriminatory language or prejudicial comments can help prevent them from happening again. (p. 13)

We encourage the City of London to take all steps possible to overcome discriminatory neighborhood opposition and promote services that are inclusive for all *Code* protected groups.

Please do not hesitate to contact Margaret Flynn at 416-3269858 to discuss this further.

Sincerely,

A handwritten signature in black ink, appearing to read 'Barbara Hall', with a stylized, cursive script.

Barbara Hall

Cc: Deb Matthews, Minister of Health and Long-Term Care

CCM No.: MGT2012-000171