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Providing counselling, advocacy and support for abused women.

October 28, 2012

Chair and Members
London City Council

Re: Planning Committee Recommendation – Methadone Clinic

The London Abused Women's Centre supports the Planning Committee recommendation regarding the proposed methadone clinic on Wharncliffe Road with exception to the cap on the number of patients treated. It is important to note that nowhere in the year-long study, Planning for Methadone Clinics & Methadone Pharmacies Research Study and Proposed Policies & Regulations, is there any mention of a cap (City of London- Planning Division, 2012).

The Scott Burns Planning Consultants' report, Methadone Clinics in London, Ontario: Methadone Clinics in London, Ontario Discussion Paper (2011), includes important factual information from the Final Report of the 2007 Ontario Ministry of Health and Long-Term Care Task Force on Methadone Maintenance Treatment Practices regarding addictions to opiates and the benefits of methadone maintenance treatment programs. The task force report further addresses the unwarranted stigma attached to both addictions and methadone maintenance treatment programs.

“There is a great deal of stigma associated with MMT and with people who use methadone to manage their opiate addictions. “Addiction,” “drug user” and “methadone” are words that have negative connotations for the public and for large parts of the medical, social service and legal communities. There are a number of reasons for this perception (Scott Burns Planning Consultants, 2011, p. 40).

“There is a common view that people choose to be addicted and that if they really wanted to stop, they could do so. Because the addict is seen as someone who has voluntarily acquired an addiction, addiction is viewed as a choice rather than a disease. As one physician noted in the consultations, “Addiction has a moral stain.” (Scott Burns Planning Consultants, 2011, p. 40).

“There is the perception that people who are opioid dependent are violent, have criminal tendencies and are to be avoided at all costs. This stigma creates fear in the minds of the public. As one person noted in a consultation, “Our residents no longer feel safe” (Scott Burns Planning Consultants, 2011, p. 40).

“To many people, taking an opioid drug to treat an opioid drug problem does not make sense. People understand and accept abstinence much more easily and quickly than harm reduction. Some treatment programs for alcohol and other non-opioid drug addictions do not accept clients who use any type of drug or substance, including methadone. There is even a stigma

against healthcare providers who work in the methadone field. As one methadone prescriber said, “Our colleagues ask us what the hell we’re doing and why are we doing this” (Scott Burns Planning Consultants, 2011, p. 40).

“Methadone maintenance treatment has been “under the microscope,” recently owing to inquests into methadone-related deaths. The public attention that methadone receives in the press adds to the stigma (Scott Burns Planning Consultants, 2011, p. 41).

The task force report states, “MMT needs to be viewed as any other medical service and that an anti-stigma strategy should be developed about addictions and methadone. A key message should be that MMT is one treatment for opioid addiction that – when used appropriately – promotes wellness” (Scott Burns Planning Consultants, 2011, p. 12).

The report is clear about the many benefits of MMT:

- *It is a very effective treatment used in Canada for heroin dependence*
- *It helps prevent the transmission of the HIV/AIDS and hepatitis C viruses by reducing the frequency of addicts injecting opioids and sharing needles*
- *It reduces criminal activity because people buy and use fewer illegal drugs and commit fewer crimes to feed their habit*
- *It helps reduce deaths due to overdose*
- *It improves economic productivity by helping stabilize people’s lives so they can work*
- *It improves physical and mental health, social functioning, quality of life, and outcomes of pregnancy for women addicted to heroin” (Scott Burns Planning Consultants, 2011, p. 12).*

In a June 21, 2012 letter to the Town of Tillsonburg from the Ontario Human Rights Commission regarding zoning by-law for methadone clinics and dispensaries, the OHRC wrote:

“Any regulations that the town may choose to impose on methadone clinics and dispensaries are governed by section 1 of the Ontario *Human Rights Code* (“the *Code*”), which prohibits discrimination in services against people with disabilities, including addictions.

“People Zoning – The OHRC partners with individuals and communities throughout the province to end discrimination and to break down barriers that vulnerable groups face. One such barrier is “people zoning.” In the *Kitchener* case, the OMB examined the issue of “people zoning” ... when asked why counselling services were also being banned from [a particular] area, the City’s planner replied that the community did not want social service users walking through the neighbourhood to counselling: “That would add to the negative social environment.” That left little doubt that the focus was not on the uses, but the users.

“General Zoning Decisions: The City appears to be considering regulating methadone clinics and pharmacies differently than standard clinics and pharmacies. We encourage the City to consider:

- Is this more restrictive regulation based on any discriminatory views about clients, instead of on legitimate planning purposes?
- In what ways might the regulation of methadone clinics and pharmacies limit the availability of methadone services to people with addictions?”(Hall, 2012)

A cap placed on patients treated at only one type of medical facility, methadone maintenance treatment

centres, when one is not placed on any other type of medical facility is discriminatory and a human rights violation. It is one that will be a complaint to the Ontario Human Rights Tribunal.

As council debates the issue of the cap, I would ask that you think back to not too many years ago when those diagnosed with HIV/AIDS were stigmatized and discriminated against. Some in society feared our neighbours, friends, colleagues and family members diagnosed with this virus. It was this stigma that delayed individuals from coming forward for testing and discouraged patients from seeking treatment at clinics. Fortunately, we have come to learn those with HIV/AIDS are not to be feared. The possibility of debating a cap on the number of HIV/AIDS patients treated today would be outrageous. As too is a cap on those seeking treatment for addictions.

Zoning issues must never be confused with people issues. A by-law restricting the number of patients that can be seen at ONLY methadone clinics is a people issue and IS a human rights violation.

The London Abused Women's Centre respectfully asks that you consider the merits of this application based solely on the zoning criteria. In doing so, Council will have no choice but to approve the application without a cap.

With appreciation,

A handwritten signature in cursive script, appearing to read "Megan Walker".

Megan Walker
Executive Director

References

- City of London- Planning Division. (2012). Planning for methadone clinics & methadone pharmacies. Retrieved October 27, 2012, from City of London Web Site:
http://www.london.ca/Planning/PDFs/Final_MethadoneStudy_Feb2012.pdf
- Hall, B. (2012). OHRC letter to the town of Tillsonburg regarding zoning by-law for methadone clinics and dispensaries. Retrieved October 27, 2012, from Ontario Human Rights Commission Web site: http://www.ohrc.on.ca/en/news_centre/ohrc-letter-town-tillsonburg-regarding-zoning-law-methadone-clinics-and-dispensaries
- Scott Burns Planning Consultants. (2011). Methadone clinics in London Ontario: discussion paper. Retrieved October 27, 2012. Web site:
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