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City Council of London, Ontario
and the Planning and Environment Committee of the City of London, Ontario
300 Dufferin Ave
London, Ont.
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Re: Application by Ontario Addictions Treatment Centres for zoning by-law amendment for 425 Wharncliffe Road South

Dear members of city council and the planning and environment committee, I am writing to notify you of my full support for the zoning by-law amendment that would allow for the creation of a methadone clinic at 425 Wharncliffe Road South. I am a new resident of London, Ontario, but I feel my experience working with people who live with addiction qualifies me to speak in favour of the clinic.

From December 2010 till August 2012, I was employed as a mental health worker with the Portland Hotel Society (PHS) in Vancouver, an organization providing housing and harm reduction services to low-income people living with mental illnesses and addictions. I was responsible for helping people maintain stability, health and safety in residences throughout Vancouver's Downtown Eastside (DTES). It wasn't always an easy job, and I witnessed addiction in many damaging forms. Intravenous opiate addicts (those addicted to heroin) are among those who require the most support in the community.

However, there is a progressive network of support for addicts there, and a holistic system of intervention, treatment and recovery options for addicts who want to find a way out of addiction. One of the most important parts of that system is the availability of accessible methadone clinics integrated directly into the community and surrounding areas of the city. While working at PHS housing projects, I had the opportunity to meet many people who were finally living healthy, stable lives after years of heroin addiction because they were on methadone treatment plans. Methadone treatment is a way, initially, for people to reduce the extreme harm and risk of needle use, even if they continue to use other substances. It allows people's bodies a chance to heal and recover and opportunity to regain basic mental health and clarity. Eventually, if treatment was successful, many went on to re-build their lives, gradually achieving confidence, independence and better relationships with their friends and family.

Those with mobility issues might have their doses delivered to their homes, some might visit a pharmacy to have a dose administered by a pharmacist, but many visit local clinics daily to maintain their abstinence from the gamut of street drugs (like

codeine and oxycontin among them) and that methadone served to defend against. Visiting a clinic down the street or a short bus ride away is a way for people to actively engage in their own treatment and regain the personal agency inherent in advocating for one's own health. For many, daily methadone treatment is something they can rely on; it is a necessary foundation that people can build a health regimen, a routine or stability around. Without a doubt, the close proximity of clinics to the DTES and other neighbourhoods in Vancouver and their integration with local services, shops, restaurants and transit makes them accessible and more likely to be accessed by those who need them most.

I am fully in favour of OATC establishing a clinic at 425 Wharncliffe Road South, a location that is only a short walk from my home in Old South. I am not in favour of forcing the applicant to choose another, potentially more remote, location in the city. I fear that preventing this application to go through and forcing OATC to choose an even more remote location, removed even further from major roadways, transit and public life, might marginalize London methadone users further, potentially endangering their health, safety and wellbeing. At the Sept.5 public consultation meeting on this application at Hillside Church in Old South, there was a seemingly overwhelming show of community resistance to the application. Over 200 people attended and the majority of those who spoke were vehemently against the establishment of the clinic.

As the next meeting commences this Wednesday, Oct. 17 and the planning and environment committee and city council make their decisions on this matter in coming months, I hope you consider that these voices, who showed a disturbing lack of compassion and empathy towards addicts, compose only a minority of the over 360,000 people residing in London, and that there are many more who didn't come to the meeting who likely have different attitudes towards addicts and methadone clinics. I feel it's also important to consider that methadone clinics are only one manifestation of harm reduction institutions that can contribute to bettering the lives of addicts. It is my hope that if progressive directions in addictions treatment like the establishment of integrated community-based methadone clinics are increasingly successful in coming years, other, even more progressive facilities like supervised injection sites, safe smoking rooms and needle exchanges could be created in the future. Mainstreaming and normalizing addictions treatment is a necessary step towards encouraging compassion and empathy for addicts in our communities, people who are already far too vulnerable and at risk.

Thank you for considering my submission. If you have any questions, please feel free to call or email me.

My very best, Justin