

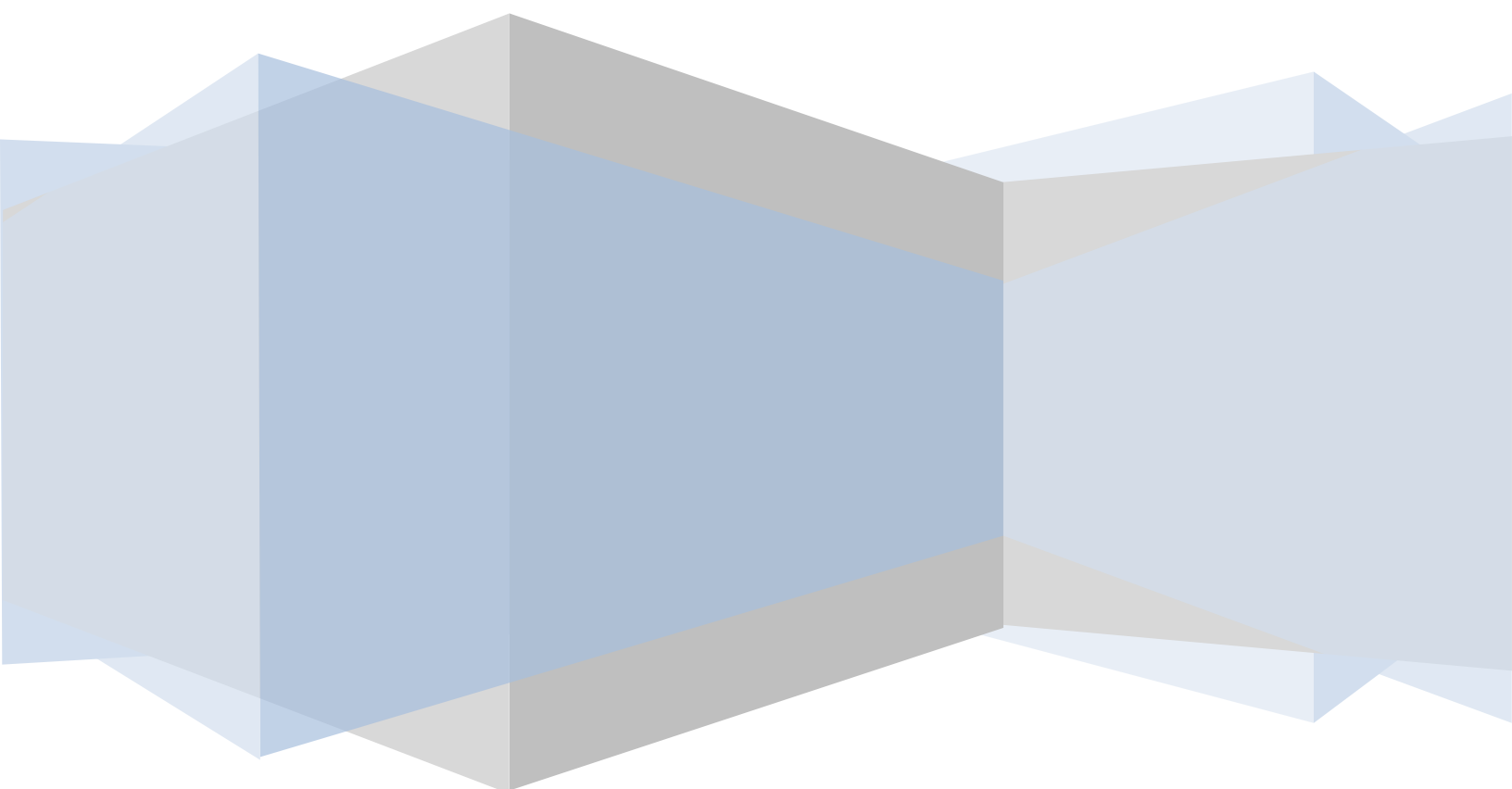
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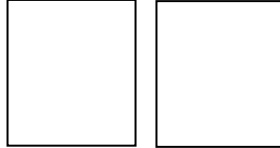
PLANNING FOR METHADONE CLINICS AND METHADONE PHARMACIES

A Proposed Policy and Regulatory Framework

Planning Division

October 2011





The Corporation of the City of London

PLANNING FOR METHADONE CLINICS AND METHADONE PHARMACIES

A Proposed Policy and Regulatory Framework

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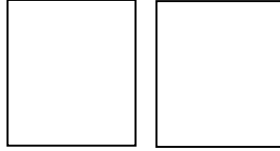
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Section 1 – Framing the Discussion

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1. **FRAMING THE DISCUSSION:**

According to a recent study by Health Canada, addiction is costing Canadian municipalities \$243 million per year in terms of social, medical and law enforcement costs, including lost productivity. The continued problem of addiction to alcohol and illegal drugs is being compounded by an alarming increase, or “explosion”, in addictions to opioid based prescription painkillers. London, however, is not alone as we face what many experts refer to as a provincial and national “epidemic”. While effective painkillers, opioids can also create feelings of intense pleasure or euphoria, people who misuse or abuse opioids can easily become addicted to them.

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

Methadone clinics and dispensaries deliver an important community service to individuals seeking methadone treatment. The issue of planning for methadone clinics and dispensaries has, however, been the subject of considerable public debate. 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 a Coroner’s inquest into the methadone related deaths of four people in Oshawa, the Ministry of Health and Long-Term Care struck the Methadone Maintenance Treatment (MMT) Task Force in 2006. In March of 2007 the Task Force released their recommendations which included best practice advice in the area of public consultation and engagement. In their report the Task Force noted:

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

While funded agencies of the Ministry of Health and Long-Term Care have amended their guidelines in consideration of the recommendations of the Task Force, no additional policies or regulations have been implemented at the Provincial level that would assist local municipalities in planning for the location of MMT services that privately run businesses under the care of physicians and/or pharmacists.

Faced with such a legislative gap, the City of London has undertaken a number of local initiatives that either directly or indirectly address the issue of opioid addiction in our community. Adopted by Council in 2007, the London Community Addiction Response (CAREs) Strategy detailed a comprehensive policy framework to substance abuse that integrated and coordinated social services based on the four pillar model of prevention, harm reduction, treatment and enforcement.

With a mind to building on this initiative, and in response to client needs and neighbourhood and business concerns regarding the delivery of methadone treatment services, the City of London Planning Division now advances a land use policy and regulatory framework that recognizes and provides for the vital function methadone clinics and dispensaries perform in our

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community. It is a framework that embraces our vision of a caring, responsive community committed to the well being of all Londoners. It is a framework that underscores the importance of strengthening all of our neighbourhoods.

1.2. Purpose of this Report:

The increased demand for methadone maintenance treatment, and recent complaints to the City of London, gives rise to a number of planning concerns. Methadone clinics and pharmacies that dispense methadone are not specifically addressed in the Official Plan and Zoning By-law. There are no policies or regulations directing these uses to locations where they best serve the needs of their clients. There are no policies or regulations to mitigate the potential impacts of these uses. A more comprehensive approach to the location and control of these facilities is therefore appropriate. Accordingly, the overall goal of this review is to advance a policy and regulatory framework that would provide appropriate opportunities for siting methadone clinics and methadone pharmacies in the City of London.

1.1.1. Report Format:

A substantial amount of research has gone into the preparation of this report. Noting that the express purpose of this report is to advance a policy and regulatory framework for the land use evaluation of new methadone clinics and methadone dispensing pharmacies, the report shall be broken into three main components:

- Section 1 shall serve to frame the current policy and regulatory discussion;
- Section 2 shall serve to itemize the work completed to date. In this regard, Section 2 shall provide a brief synopsis of the City of London Planning reports that have been prepared on the issue of the service delivery of methadone maintenance treatment programs since November of 2010. These reports have been compiled separately and are attached as a Research Compendium to the present report;
- Section 3 shall serve to define the land issues and impacts currently under consideration focusing specifically on two distinct planning goals in the preparation of a policy and regulatory framework. These goals are as follows:

Goal #1	Recognizing their value, plan for methadone clinics and methadone pharmacies to best allow for the effective delivery of this service. This goal focuses on the needs and benefits of those that require methadone treatment services; and,
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Goal #2	Recognizing that these uses can generate certain land use impacts, plan for methadone clinics and methadone pharmacies to avoid and mitigate conflicts with other land uses.
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- Given the two planning goals advanced in Section 3, Section 4 shall serve to specifically detail the intent of proposed amendments under consideration. The proposed amendments will serve as the basis for further discussion with identified stakeholders and the general public (see Section 1.3.Next Steps).

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- Section 5 is the culmination of these sections and lays out the proposed amendments recommended to be incorporated into the Official Plan and Zoning By-law Z.1. In addition to this section, draft implementing by-laws to amend the Official Plan and Zoning By-law have been included as Appendix “A” and “B” of this report.
- Reports, tables, charts, mapping, reviews of relevant legislation, and notes from public meetings that have been utilized in the development of this framework have been compiled separately and attached as a component of the Methadone Research Compendium. The separation of the proposed policy framework from the supporting documentation is intended purely for the convenience of the reader and to assist in the clear and focused conveyance of the proposed Official Plan and Zoning By-law amendments.

1.1.2. The Use of Bullet Points:

- This report has been purposely formatted with the reader in mind. Bullet points have been used extensively throughout the report to quickly; clearly and concisely convey the intended message.

1.2. Next Steps:

In keeping with the direction of Council, Planning staff has completed a significant amount of research, data collection, and critical analysis relating to methadone maintenance service delivery. As further described in the attached Methadone Research Compendium, staff has:

- Met individually with local physicians and service providers;
- Conducted a telephone survey of all local pharmacies to determine which ones dispense methadone;
- Conducted site visits of all known local clinics, pharmacies and dispensaries;
- Attended selected clinics across South western Ontario including facilities in Hamilton, Brantford, Kitchener and Woodstock; and,
- Researched relevant planning legislation, policy and regulations from jurisdictions across Canada and the United States.

This research has assisted greatly in the preparation of the policy and regulatory framework advanced by way of this report. A final public consultation phase will now commence to discuss the recommendations proposed in this report. This consultation will include input from:

- City Departments;
- The College of Physicians and Surgeons;
- The College of Pharmacists;
- The Centre for Mental Health and Addiction;
- Local doctors and pharmacists;
- People receiving Methadone Maintenance Treatment;
- Other key stakeholders; and
- The general public.

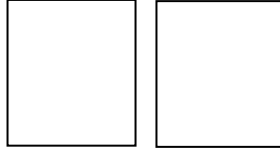
It is anticipated that this consultation process will span a period of one month and will include public meetings, group meetings, personal interviews and written submissions. The City will continue to maintain, monitor and update a web survey for additional input.

SECTION 2 – WORK COMPLETED TO DATE

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2. ITEMIZING THE WORK COMPLETED TO DATE:

As a result of complaints relating to methadone clinics in London, Municipal Council directed the General Manager of Planning and Development to prepare a report that would review the current policy and regulatory framework as it pertained to the delivery of methadone services and land use. The report, which was to be circulated to appropriate organizations and agencies for review and comment, was also to have consideration for policy and regulations that would have the effect of restricting the establishment of such facilities in proximity to schools, churches or community centres.

2.1. Draft Planning Report - November 8, 2010

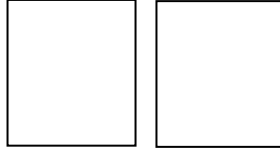
On November 8, 2010, Planning staff submitted a draft report to the Planning Committee on the subject of methadone clinics and methadone dispensaries. The report provided background on methadone, how methadone is regulated, the community value of methadone treatment, a review of methadone clinics in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

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

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

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

- a) On the recommendation of the General Manager of Planning and Development, the above noted report BE CIRCULATED to City departments, the College of Physicians and Surgeons, the College of Pharmacies, the Centre for Mental Health and Addiction, neighbourhood Business Improvement Area (BIA) organizations, other key stakeholders and the general public for review and comment; it being note that based on feedback received through the consultation process, a report and associated Official Plan and Zoning By-law amendments will be brought forward to a public consultation meeting of the Built and Natural Environment Committee early in 2011 for consideration and deliberation;
- b) The Civic Administration BE REQUESTED to consider licensing as an option to address concerns relating to methadone clinics during the above-noted process; and,
- c) The Civic Administration BE REQUESTED to review the potential use of an interim control by-law relating to the location of methadone clinics and pharmacies and to report back at a special meeting of the Planning Committee to be held on November 15, 2010 at 4:00 p.m.



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A copy of the staff report has been included in the Methadone Research Compendium.

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

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

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

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

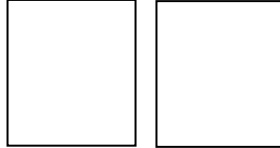
It is important to note that prior to Council's adoption of the interim control by-law, methadone clinics and dispensaries would have simply been interpreted to be permitted uses within zones that allowed for clinics, medical/dental offices, hospitals and pharmacies. As these zones were dispersed throughout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

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

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

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

- a) The actions taken by the Planning Committee at its meeting held on November 8, 2010 be rescinded;
- b) A By-law be introduced at the Municipal Council meeting on November 15, 2010 to establish an interim control by-law (in conformity with the Official Plan) for the purpose of prohibiting new methadone clinics and dispensaries and expansions to existing methadone clinics and dispensaries within the City of London's municipal boundaries for a period of one year;
- c) The Civic Administration be directed to complete a study of methadone clinics and dispensaries and return with a final report and any proposed Official Plan and Zoning By-law amendments within a period of one year; and,



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

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

A copy of the staff report has been included in the Methadone Research Compendium.

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

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

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

Notwithstanding the appeal, work on the methadone study would continue. A copy of the letter of appeal has been included in the Methadone Research Compendium

2.4. Draft Discussion Paper Circulated – March 7, 2011

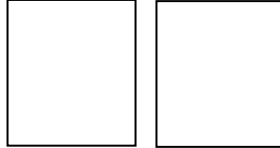
On March 7, 2011 the Director of Planning and City Planner tabled an information report with the Built and Natural Environment Committee noting that a consultant had been retained to prepare a report:

Detailing basic information about opiate addiction and methadone treatment programs; the issues raised relating to these clinics by various stakeholders; comments from the owner and manager of the largest clinic in London; and, a summary of actions taken by other Canadian municipalities. As part of the issue analysis, the paper was also to address possible choices for future local municipal action.

The Scott Burns Planning Consultant (SBPC) discussion paper was to be broadly circulated and would serve as a tool for focusing stakeholder and public consultation sessions. The Director further noted that the discussion paper would be circulated to Council upon completion and posted on a newly created City methadone website. A copy of the staff report has been included in the Methadone Research Compendium.

2.5. Public Open House – March 31, 2011

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



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2.6. Discussion Paper Finalized – April 20, 2011

On April 20, 2011 the Director of Planning and City Planner tabled the completed SBPC discussion paper with the Built and Natural Environment Committee. The findings of the SBPC report are further discussed in Section 2.1 of this report.

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

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

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

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

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

The land use study should encompass the entire City

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

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

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

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

- The City’s definitions of “Methadone Clinic” and Methadone Dispensary”, provided in the context of an interim control by-law that is enacted for a period of one year, are reasonable”; and
- The dispensary is defined as the primary activity of the business and the ICBL is directed at the business – not the users. The Board determines that the ICBL in London looks at the operator, and a “methadone clinic” is a land use”.

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

- “In the Board’s determination, coupled with community concerns with methadone clinics, the information contained in the [Planning staff] reports [of November 8th and 15th, 2010] outlining various behaviour issues and activities associated with the operation of

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methadone clinics, the causal relationship between methadone clinics and dispensaries and the issues identified in the preceding reports has been established persuasively”.

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

The Director of Planning and City Planner noted that the Ontario Municipal Board decision of July 15, 2011, dismissed the appeal and upheld the City’s interim control by-law which continues to be in force and effect until November 15, 2011.

A copy of the Interim Control By-law OMB decision has been included for reference in the Methadone Research Compendium.

2.9. Resource Requirements to OMB Hearing

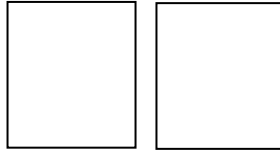
It is noteworthy that the defence of the Methadone Clinics and Dispensaries Interim Control By-law consumed significant time and resources. This detracted from the Planning Divisions ability to devote a concentrated effort to the completion of the study. Upon the completion of the Ontario Municipal Board hearing, the Division re-directed its efforts and resources back to the task of completing the Methadone Clinics and Methadone Pharmacies study.

SECTION 3 – LAND USE IMPACTS AND ISSUES

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3.0. DEFINING THE ISSUE

In rendering its decision, the Board accepted as persuasive the City’s argument that methadone clinics and methadone dispensaries can have distinctive land use impacts. These impacts, as articulated in staff reports of November 8th and 15th of 2010 included:

- High patient volumes that create limited space for waiting which can lead to long 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 a clinic.

If a use has been determined to have impacts, it is appropriate to plan for the use having consideration for accepted planning principles.

There are many planning principles that are at the foundation of land use planning. These principles highlight important planning goals that should be considered when evaluating any land use plans (not just plans for methadone clinics and pharmacies), such as:

- Planning to avoid and mitigate land use conflicts between land uses;
- Planning necessary servicing infrastructure to support future growth;
- Promoting healthy and safe communities;
- Promoting economic development;
- Ensuring an adequate supply of land for future growth and development;
- Protecting natural heritage resources; and
- Planning for an adequate supply of accessible community and social services.

Consistent with these general planning principles, the land use policies and regulations to be advanced for consideration in this report are focused on two main goals:

- Goal #1** Recognizing their value, plan for methadone clinics and methadone pharmacies to best allow for the effective delivery of this service. This goal focuses on the needs and benefits of those that require methadone treatment services; and,
- Goal #2** Recognizing that these uses can generate certain land use impacts, plan for methadone clinics and methadone pharmacies to avoid and mitigate conflicts with other land uses.

3.1. Goal #1 – Planning to allow for effective delivery of methadone treatment services

3.1.1. The Rise in Opioid Addiction and the Need to Plan for Methadone Clinics and Methadone Pharmacies for the Benefit of Clients:

Section 2.8.2 of the City of London Official Plan identifies the goal of “providing social services for a safe and secure community”.

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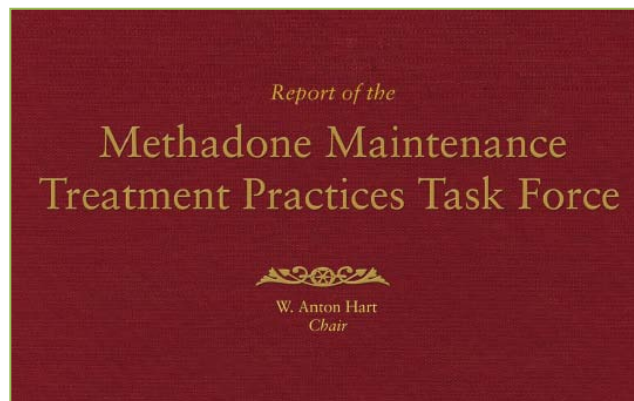
As detailed in the Planning reports of November 8th and 15th, of 2010, methadone clinics and dispensaries provide an invaluable service to the London Community. As noted in these reports:

- More than 5 million Canadians use illegal drugs, and of those more than 1 million are known to abuse prescription drugs. This number is rising as number of people addicted to Oxycontin is on the rise and is becoming what some experts suggest is becoming an epidemic;
- According to the college of Physicians and Surgeons, there are approximately 24,736 methadone clients in Ontario. Of that number there are 1,400 plus clients in London;
- Due to the significant increase in clients across the province, some physicians have opened private methadone clinics governed by the College of Physicians and Surgeons. Some of these clinics, as is the case with Clinic 528, have seen an exponential increase in their client bases;

Other reports and/or interviews with local service providers have made the following observations regarding the increasing importance of methadone maintenance programs and facility accessibility:

The Methadone Maintenance Treatment Practices Task Force

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



“promote and enable an appropriate clinical setting that serves “both patients and the community” and “excellence in the clinic’s form, function and environment to create peaceful co-existence of the community with the clinic”.

The full Methadone Maintenance Treatment Practices Task Force can be found in the Methadone Research Compendium

The 2007 CARES Report

A City of London December 10, 2007 report, prepared by the General Manager of Community Services and the Chief of London Police Services, entitled “London Community Addiction Response Strategy (CAREs) Phase One: A Plan to Improve Health Outcomes for the Addicted Homeless Population and make the Downtown Safer Final Report cited the following statistics relating to drug use in London in 2007:

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

In referring to drug addicted homeless individuals, the CAREs report indicated that:

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“...not surprisingly, drug trafficking to these vulnerable populations is a key contributor to the declining health of these individuals”.

The full London Community Addiction Response Strategy can be found in the Methadone Research Compendium.

The Methadone Maintenance Treatment Community Planning Guide

In 2000 (and later revised in 2009), The Centre for Addiction and Mental Health released a document entitled “Methadone Maintenance Treatment – A Community Planning Guide. The guide made the following observation:

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

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

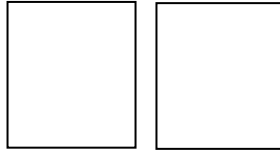
“The best setting for your program is the one you can afford and that matches the needs of the clients, the community, the service providers and the partners. You should:

- *Ensure the site(s) has the necessary infrastructure for service delivery;*
- *Choose a setting with easy access (close to public transportation and parking); and,*
- *Consult with the community”.*

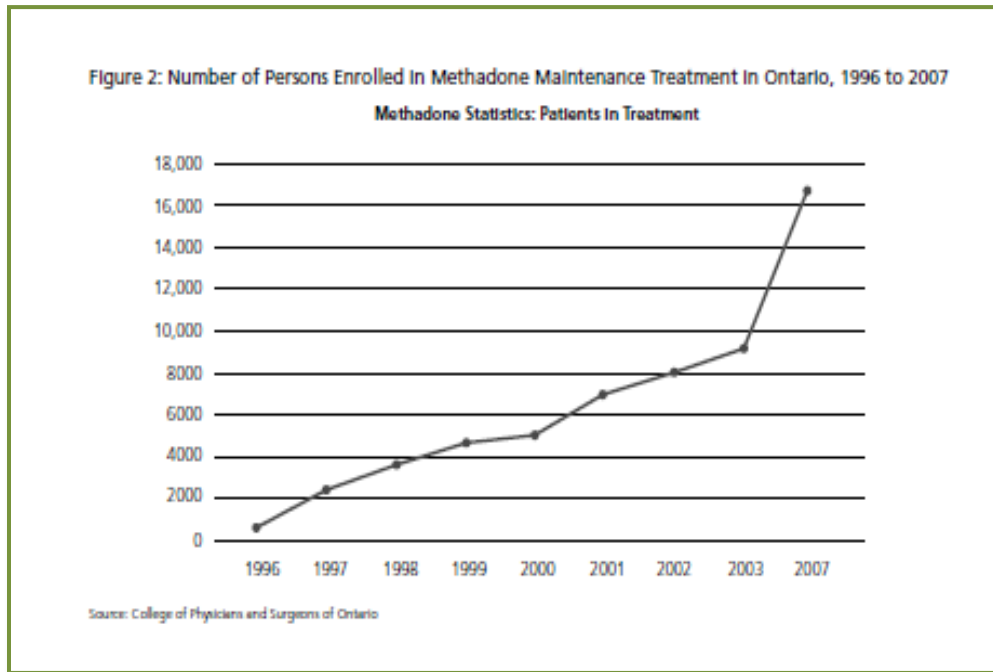
The full version of the Methadone Maintenance Treatment – A Community Planning Guide can be found in the Methadone Research Compendium.

The Ontario College of Physicians and Surgeons

The College of Physicians and Surgeons has documented the alarming increase in the number of persons enrolled in methadone maintenance treatment between the period 1996 to 2007:



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An Interview with a Local Service Provider

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

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

Health Canada

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

	Client Benefits	Community Benefits
Improves Health	<ul style="list-style-type: none"> • Can stabilize mood and functional state; • Can find improved access to health care; • Reduce use of illegal opioids or other substances; • Have a lower risk of death due to overdose; • Reduce injecting and the use of contaminated needles; • Reduce the risk of transmitting and contracting HIV and/or other sexually transmitted infections; • Can receive education about harm reduction; • Have better pregnancy and birth outcomes 	<ul style="list-style-type: none"> • Fewer discarded used needles; • Reduced spread of infectious disease; • Service providers educate drug users in harm reduction, HIV/AIDS, hepatitis and other health problems that may endanger the community; • Decreased public health risks; • Fewer pregnancy related complications

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Improves Social Function and Promotes Healthier Community	<ul style="list-style-type: none"> • Spend less time looking for and using narcotics daily; • Spend less time in jail; • Increase likelihood of getting employment; • Can improve family relations; • Can improve parenting skills; • Can improve overall social functions and quality of life 	<ul style="list-style-type: none"> • Safer and healthier neighbourhood; • Improved family functionality; • Lower unemployment rates; • Improved economic activity; • Fewer homeless people; • Fewer people relying on social assistance
Crime Reduction	<ul style="list-style-type: none"> • Less time dealing drugs; • Less time involved in criminal activity 	<ul style="list-style-type: none"> • Less violence; • Fewer drug offences; • Less crime; • Less prostitution; • Reduced criminal justice system costs.

The Scott Burns Discussion Paper

The report prepared for the City of London by Scott Burns Planning Consultants (SBPC) entitled “Methadone Clinics in London, Ontario, A Discussion Paper describes the clients/users of methadone maintenance treatment as a “vulnerable” or “at risk” population in need of a variety of health care and other support services”. This emphasizes the importance of planning for methadone maintenance facilities such that this vulnerable population is best served. The report goes on to say that small waiting rooms, inadequate parking, and high-profile locations can create problems of outside lining up for program participants. As the report notes:



Scott Burns

Planning Consultants

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

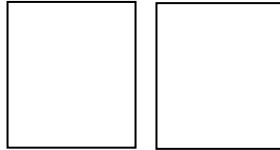
The SBPC report also cites an interview with a client of Clinic 528 who said:

“I don’t want to have to do down there [Clinic 528] – I will have to walk through too many people with too many temptations to get my medicine”

Given the foregoing, and in support of the Goal #1, the following are location and form criteria that should be addressed through any new policy and implementing by-laws designed to plan for methadone clinics and methadone dispensing pharmacies:

- Allow for these uses in a wide 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 opportunity for multi low-volume methadone clinics and pharmacies rather than a smaller number of high volume uses;
- Locate these uses such they are highly transit accessible;
- To minimize the potential for loitering and drug trafficking which can create problems for clients of the facility, do not locate clinics and pharmacies in commercial areas that are highly pedestrian-oriented (note that shopping centres can coordinate security forces on site to address such potential problems);
- Ensure that there is adequate space for on-site parking;
- Ensure that lobby areas are large enough to accommodate peak volumes – so that long line-ups outside of the building are avoided thereby affording the clients of these facilities some sense of privacy;
- 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 allow for illegal activities such as drug trafficking.

The full Discussion Paper can be found in the Methadone Research Compendium.



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3.2. Goal #2 – Planning to Avoid and Mitigate Land Use Planning Impacts:

3.2.1. Provincial Policy Statement and the City of London Official Plan

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

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

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

“c) avoiding development and land use patterns which may cause environmental or public health and safety concerns;”.

Section 2.3 of the Official Plan – Planning Principles notes:

“Planning principles are the underlying concepts and values that influence the formulation of land use and development control policies.

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

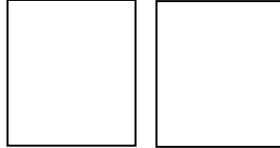
The intention to avoid and mitigate land use conflicts is a key planning principle and it applies to planning for methadone clinics and methadone dispensing pharmacies.

3.2.2. Understanding the Potential for Land Use Impacts and Planning Uses to Avoid Land Use Conflicts

Like all other land uses, methadone clinics generate land use impacts that can have an effect on adjacent and nearby uses. Some of these impacts may be similar to those imposed by other facilities, while others may be different. It is important to recognize that the research prepared by Planning Staff indicates that many methadone clinics and methadone dispensing pharmacies do not generate land use impacts any differently than general clinics and pharmacies. However, the research clearly shows that methadone clinics and pharmacies CAN generate very different and very significant land use impacts compared to general clinics and general pharmacies.

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

Staff has reviewed clinics and pharmacies at various locations in a high level of detail. This research is included at Tab 21 of the Research Compendium.



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

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

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

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

3.2.3. Traffic and Parking Impacts

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

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

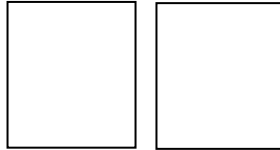
Clinic 528 on Dundas Street was permitted as a “CLINIC” use in London’s Z-1 Zoning By-law.

Currently, the Z-1 Zoning By-law requires 1 space per 15m² of floor area for clinics. This compares with a TAKE OUT RESTAURANT parking requirement of 1 space per 8m² and a TAVERN parking requirement of 1 space per 8m² and an AUTOMOBILE REPAIR GARAGE parking requirement of 1 space per 10m².



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

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



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

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

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

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



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

Similar parking problems were witnessed at other clinic locations, including 231 Wharncliffe Road South, where Planning Staff witnessed clinic

users parking in the adjacent commercial parking lots.

Given the high peak period volumes of users during specific times of day, it is recommended that methadone clinics have a higher parking requirement than general clinics. City of London Transportation Engineering and Planning Staff support this recommendation. Planning Staff believe that a parking ratio of 1 per 8m², consistent with the parking requirements for a tavern or take out restaurant, be employed in the zoning by-law.

Planning Staff believe that methadone pharmacies should have parking requirements that are higher than general pharmacies, given the potential for high volumes within peak hours. Rather than the 1 per 25m² requirement that is currently employed, a standard of 1 per 15m² is recommended. This is consistent with other uses such as a convenience store, financial institution, liquor beer and wine store or retail store.

3.2.4. Line-ups, congregations, loitering and pedestrian congestion

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

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

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

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

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

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

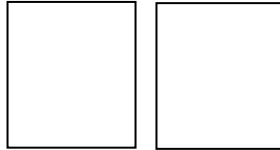
Methadone clinics and pharmacies often concentrate the times that they offer treatment and dispensing during a relatively short window over the course of the day. As a result, large patient volumes are generated within these condensed windows and significant line-ups can form outside of the building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

Planning Staff have also visited the interior of Clinic 528 and the associated pharmacy and witnessed the fact that there is very little waiting room area to accommodate patients while they wait for their treatment.



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

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



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

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

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

It is noteworthy that a methadone clinic in Oshawa recently expanded its waiting room considerably to accommodate patients inside the clinic and reduce line-ups outside the clinic. Provision of adequate waiting rooms provides a internalized option to wait for service and discourages opportunities for loitering and congregation in the public realm. An illustration of the Oshawa example is included in the Research Compendium.

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

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

Methadone clinics be directed to locations away from pedestrian-oriented commercial areas where line-ups, loitering and sidewalk congestion can have the greatest impact on adjacent business uses;

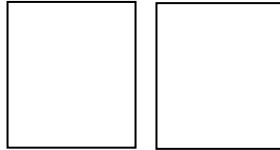
Methadone clinics be required to provide waiting areas of at least 15% of their total floor area to discourage loitering opportunities.

3.2.5. Potential to Attract Criminal Activity

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

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

Since 2006, London Police have responded to 260 calls for service to the methadone clinic located at 528 Dundas Street;



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In comparison to random neighbouring businesses, the methadone clinic has a substantial increase in calls for service;

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

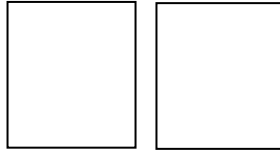
- *54 Person Offences (weapons, assault, threats, trouble with person);*
- *36 Property Offences(break and enter, theft, property damage); and*
- *170 Other Offences (drugs, fraud, mental health, disturbance, breach, etc.)”*

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

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

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

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



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		<i>This project resulted in 24 persons being charged under the Criminal Code of Canada and Control Drugs and Substance Act in only three days”.</i>
Under Project Corridor	June 5 through 30, 2006	<i>“The methadone clinic which is in this above mentioned area has been a constant source of complaints to police regarding drug activity, loitering, trespassing and other disturbances to neighbours; The methadone clinic alone resulted in several charges including one incident where 16.5g of cocaine, several types of prescription medications, over \$4,700 in cash seized, and a vehicle valued at \$25,000 was seized”; Other drug related charges included persons found in and around the clinic either injecting or preparing to inject non-prescribed medications; and, Officers also addressed trespassing issues by moving along those loitering and issuing nine offences under the Trespass to Property Act”</i>

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

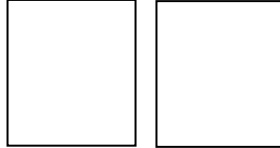
As noted above, during the Scott Burns interview with Dr. Martyn Judson, Medical Director of Clinic 528, the doctor indicated that “he felt it was important that patients should not congregate around a clinic and should be told to “move on”. If they congregate scuffles can break out. For instance one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

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

When Staff was conducting a site visit of Chapman’s Pharmacy at 648-650 Dundas Street, a physical altercation occurred between two people who were loitering in-front of the facility. In speaking to construction workers who were undertaking an outdoor project across the street from the Chapman’s facility, the workers indicated to staff that seeing “*fight*s are not unusual” at this location while they were undertaking this work.

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

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



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

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

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



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

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

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

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

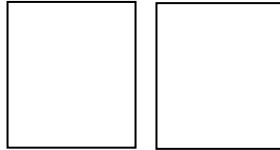
“Beyond the specific concerns raised by the Principal of HB Beal Secondary School – after careful observation of the effects of the existing methadone clinic on Dundas Street – Trustees are opposed to locating such facilities near any school building....Our students- most are legal minors – should be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

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

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

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

“We are prone to clinic related intruders using our Dundas Street Entrance. We have had adult intruders walk through the school to use it as a thoroughfare to go north or



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south and or to use the washroom facilities. There have been instances of finding intruders, under the influence of prohibited substances, on our main floor washrooms.

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

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

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

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

Directed away from pedestrian-oriented business areas where there is often more opportunity for loitering and discrete drug trafficking; and

Directed to locations which are a minimum of 300 metres (approximately 2 city blocks) away from elementary and secondary schools.

3.2.6. Potential for Littering – Including Drug Paraphernalia

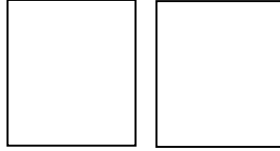
Any land use can produce activities that generate littering. Methadone clinics and pharmacies can also generate this type of land use.

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 adjacent business areas and neighbourhoods. Planning Staff have witness this at least two locations – 528 Dundas Street and Chapman’s Pharmacy at 648-650 Dundas. A more serious form of littering comes from the drug-related activity that can occur in association with methadone clinics (as described above).



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

City of London Community Services Department Staff has indicated that needles are often discarded by users following intravenous drug use. During one visit of the methadone clinic and the adjacent properties, Planning Staff observed 5 discarded needles on the ground.



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Owners of neighbouring properties who were interviewed by Planning Staff have cited significant concerns relating to disposed needles on their properties. For example:

- In his letter to Municipal Council in May of 2010, Beal Secondary School Principal noted that...*"each morning custodial staff scour the area and collect used needles to remove them as a danger to students and other staff."* His letter acknowledged that drug traffickers often prey on the vulnerable populations that attend the clinic; he also acknowledged that the clinic is not the sole reason for the presence of these needles.
- A manager at a restaurant located close to the methadone clinic indicated that they find needles in the washroom on a regular basis and it was becoming a significant problem with staff. They now lock the bathroom facilities;
- The owner of Martine's Dress Shop indicated to Planning Staff that she finds needles on her property very frequently. Her property backs onto the parking lot of the methadone clinic;
- The owners of Marketing Strategies (also backing onto the Methadone Clinic parking lot) indicated to Planning Staff that they often find needles on their property. Furthermore, one owner indicated that she recently witnessed a drug deal in progress in the laneway outside of her office window;
- Staff at Gordon's Electric (backing onto the Clinic 528 parking lot) indicated to Planning Staff that they often find needles on their property. They indicated that their landscaping company has refused to pick them up; and
- Ms. Lana Tangen, owner of the former hairdressing salon at 540 Dundas Street indicated that she had planters in front of her building before the methadone clinic was established. She eventually removed the planters as she began to find needles, on a consistent basis, in these planters after the Clinic located there. She eventually moved her business after 22 years of operation at 540 Dundas Street.

Given the above, it is recommended that methadone clinics and pharmacies be:

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

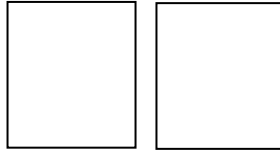
Directed to locations that are a minimum of 300 metres (approximately 2 city blocks) from schools.

SECTION 4 – A RECOMMENDED POLICY FRAMEWORK

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4. PLANNING POLICY FRAMEWORK

Given the two primary goals that have been established for planning methadone clinics and methadone pharmacies, and the preceding analysis, the following Policy Framework is recommended relating to definition, location and form:

4.1 Definitions

In both the Official Plan and the Zoning By-law, clarity is needed to define methadone clinics and methadone pharmacies. It should be clear that the land use policies and regulations that are proposed are intended to deal with the POTENTIAL land use qualities of methadone clinics and pharmacies.

As noted above, there are no provincial regulations in place to prevent these uses from becoming the more “problematic” forms of methadone clinics and methadone pharmacies that have been observed by Planning Staff. Furthermore, a clinic or pharmacy that serves a very low volume of patients could grow tremendously over time without any provincial or municipal regulations. This has occurred in London at 528 Dundas Street and at 648 Dundas Street where volumes have risen tremendously and the above-noted planning goals for clinics and pharmacies are not being achieved.

The following definitions are recommended for both the Official Plan and Zoning By-law:

“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.”

“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

Distinguishing methadone clinics and methadone pharmacies in this way allows for the creation of planning policy and regulation of these specific uses, without affecting the more general clinic and pharmacy uses.

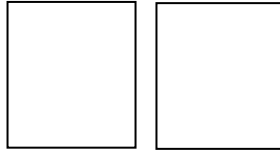
It should be clear that the Zoning By-law already identifies two different types of clinics (“Clinic” and “Clinic, Outpatient”). Similarly, the By-law identifies many different types of Offices (“Office”, “Office, Business”, “Office, Charitable Organization”, “Office, Professional”, “Office Service”, “Office, Support”). This illustrates that a sub-categorization of a use, such as clinic, or pharmacy, is not uncommon or unusual within the context of Zoning By-law Z.-1.

All new policies and zoning provisions WOULD NOT affect more general forms of clinics and pharmacies – only methadone clinics and pharmacies.

4.2 Location

Staff recommend that Official Plan policy direct all methadone clinics and methadone pharmacies away from pedestrian-oriented land use designation and towards more auto-oriented land use designations, including:

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



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4.3. Consultation & Criteria

Consistent with the Methadone Task Force Report, methadone clinics and methadone pharmacies will not be pre-zoned, but will require a zoning amendment which will allow for a community consultation process (as recommended in the Methadone Maintenance Practices Task Force Report included at Tab 8 of the Research Compendium). It is important that a “Not In My Back Yard (NIMBY)” phenomenon does not lead to the unwarranted refusal for such applications. Accordingly, the policy relating to the requirement for zoning amendment should include clear criteria against which any application can be evaluated.

In addition, a public site plan process will be required to allow the community to provide input on any site plan for methadone clinics and methadone pharmacies.

Within the above-noted land use designations, the following criteria are recommended to guide the review of zoning amendment and subsequent site plan applications for Methadone Clinics and Methadone Pharmacies:

- Sites must be well served by public transit;
- Methadone clinics will be separated from other methadone clinics by a minimum of 400 metres to avoid the concentration of these uses. Similarly, methadone pharmacies will be separated from other methadone pharmacies by a minimum of 400 metres;
- Adequate automobile parking must be available – it should be noted that parking requirements for methadone clinics and methadone pharmacies will exceed that of general clinics and general pharmacies;
- Sites will be required to provide adequate bicycle parking;
- Sites will be designed to allow for discrete building entrances from parking lot areas;
- Sites will be designed, using Crime Prevention Through Environmental Design (CPTED) principles, to avoid the potential for loitering and/or drug trafficking; and
- Methadone clinics will be required to devote 15% of their floor area to waiting/lobby areas;
- The expansion of legal non-conforming methadone clinics and methadone pharmacies will be discouraged, unless it can be clearly demonstrated that such expansion will not have the potential to create negative conditions for those who use these services or the potential to generate negative impacts on adjacent land uses.

4.4 Impact of Proposed Amendments

Planning Staff have undertaken two analyses to understand the potential impact of the proposed policy amendments:

A review of locations that meet the locational criteria identified in the policies – it is important to ensure that the goal of providing a broad range of locational choices is

A review of existing methadone clinics and methadone pharmacies to understand how many of these would not have been permitted under these locational criteria.

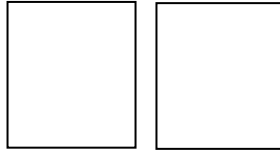
Staff have undertaken a “ground proofing” of the proposed policy and regulatory framework advanced by way of this report. The figures included at Tabs 18, 19, 20 and 21 of the Research Compendium clearly show that there are many locations that could accommodate these uses. Furthermore, these locations 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.

Section 5 – Proposed Amendments

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5. PROPOSED AMENDMENTS

5.1 Official Plan Amendments

The following Official Plan and Zoning By-law amendments are proposed to implement the policy and regulatory framework contemplated in this report:

➤ Section 6.2.11 of the official plan is established by adding the following policy:

6.2.11 Methadone Clinics and Methadone Pharmacies Methadone maintenance treatment represents an important facet of health care delivery within the City of London. Methadone Clinics are those clinics that are used for the prescription and/or dispensing of methadone. Methadone Pharmacies are used for selling or filling methadone prescriptions for customers. The Zoning By-law will define these uses more precisely.

Land Use Planning Goals Two primary goals will guide land use planning for Methadone Clinics and Methadone Pharmacies:

- I. To plan for these important uses to best meet the needs of those who use Methadone Clinics and Methadone Pharmacies; and
- II. To avoid and mitigate potential land use conflicts that can be generated by Methadone Clinics and Methadone Pharmacies.

Permitted Locations New and expanded clinics and pharmacies will be permitted in the following designations, subject to the Planning Criteria and Planning Impact Analysis policies of this Plan:

- I. Regional Facility
- II. Enclosed Regional Commercial Node
- III. New Format Retail Commercial Node
- IV. Community Commercial Node
- V. Auto-oriented Commercial
- VI. Office Area

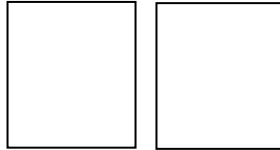
Evaluation Criteria for Required Zoning By-law Amendments New and expanded Methadone Clinics and Methadone Pharmacies shall require a zoning by-law amendment to allow for a full community consultation process. Zoning amendments for new or expanded Methadone Clinics and Methadone Pharmacies will only be allowed where they meet all of the following criteria:

- I. Sites must be well served by public transit;
- II. Property boundaries for proposed Methadone Clinics and Methadone Pharmacies cannot be closer than 300m from an elementary or secondary school property (Public or Separate School Board);
- III. Methadone Clinic property boundaries will be separated from other Methadone Clinics by a minimum of 400m;
- IV. Methadone Pharmacy property boundaries will be separated from other Methadone Pharmacies by a minimum of 400m; and
- V. Sites must be large enough to accommodate all building and parking requirements.

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.



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The integration of Crime Prevention Through Environmental Design (CPTED) principles and the discrete location of clinic entrances will be considered through the site plan review process.

Expansion of Legal Non-conforming Uses Discouraged The expansion of legal non-conforming 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.

A number of other sections of the Official plan will be modified to amend the Enclosed Regional Commercial Node; New Format Retail Commercial Node; Community Commercial Node; Auto-oriented Commercial and Office designations to add methadone clinics and methadone pharmacies as permitted uses consistent with the policies of section 6.2.11 of the Official Plan

5.2 Zoning By-law Amendments

To implement the proposed policies, Zoning by-law Z.1. will be amended as follows:

- The following definitions are to be included for methadone clinics and methadone pharmacies:

“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.

“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.

- Section 4.36 will be added for general provisions to be include to require zoning amendments, separation distances and waiting room sizes

Use	Zone Permitted	Governing General Provision Section
Clinic, Methadone;	Subject to a Zoning By-law Amendment, any of the following zone categories: RO; OF; RSC; ASA; AC; RSA; CSA; CF.	4.36
Clinic, Pharmacy	Subject to a Zoning By-law Amendment, any of the following zone categories: RO; OF; RSC; ASA; AC; RSA; CSA; CF.	4.36

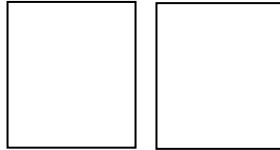
“4.36 Clinic, Methadone and Pharmacy, Methadone

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

New or expanding CLINIC, METHADONE uses are permitted only within the zones where specified as a permitted use. In order to prevent concentrations of these uses within specific areas, and notwithstanding their being listed as a permitted use, a minimum separation between the property boundaries of such facilities shall be no less than 400.0 metres (1312.3 ft.) measured in any one direction.

New or expanding PHARMACY, METHADONE uses are permitted only within the zones where specified as a permitted use. In order to prevent concentrations of these uses within specific areas, and notwithstanding their being listed as a permitted use; a minimum separation between the property boundaries of such facilities shall be no less than 400.0 metres (1312.3 ft.) measured in any one direction.

New or proposed expansions to existing CLINIC, METHADONE or PHARMACY, METHADONE uses shall not be permitted, notwithstanding their being listed as a permitted use, within 300.0 metres (984.3 ft.) of an elementary or secondary school (Public or Separate School Board). This measure shall be taken from property boundary



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to property boundary.”

New or proposed expansions to existing CLINIC, METHADONE uses shall require a waiting room area no less than 15% of the total ground floor area.”

- Section 4.19. 10) a) i) will be amended by adding the following text and will preclude methadone clinics and pharmacies from receiving reductions in parking standards in the Parking Standard Area 1:

“Notwithstanding this section, CLINIC, METHADONE and PHARMACY, METHADONE shall be calculated at the ratio provided for in Section 4.19. 8) b).”

- 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 per 8 m ² (86 sq. ft.)	1 per 8 m ² (86 sq. ft.)
PHARMACY, METHADONE	1 per 15 m ² (161 sq. ft.)	1 per 15 m ² (161 sq. ft.)

- Section 4.19. 16) 5) e) “Non-Residential Development Exemptions” will be amended by adding, a minimum requirement of 5 bicycle parking spaces:
- “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.”
- Section 4.19. 16) 7) “Bicycle Parking Incentives” shall be amended to preclude methadone clinics and methadone pharmacies from reducing parking space requirements by providing bicycle spaces:

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

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Appendices