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File: OZ-8105

<b>TO:</b>	<b>CHAIR AND MEMBERS PLANNING &amp; ENVIRONMENT COMMITTEE</b>
<b>FROM:</b>	<b>JOHN M. FLEMING MANAGING DIRECTOR, PLANNING AND CITY PLANNER</b>
<b>SUBJECT:</b>	<b>APPLICATION BY: TOWARDS RECOVERY CLINICS 527 WELLINGTON ROAD PUBLIC PARTICIPATION MEETING ON FEBRUARY 19, 2013 @ 7:00P.M.</b>
<b>RECOMMENDATION</b>	

That, on the recommendation of the Managing Director, Planning and City Planner, the following actions be taken with respect to the application of Towards Recovery Clinics relating to the property located at 527 Wellington Rd:

- (a) The request to amend the Official Plan by adding a special policy to recognize that the 251 metre distance between the subject property and the nearest school property boundary is appropriate due to unique separation characteristics **BE REFUSED** for the following reasons:
  - i) The request for a site-specific Official Plan amendment is not appropriate since the subject property does not exhibit any of the four conditions which could necessitate the need for a site-specific policy;
  - ii) The existing Official Plan policies pertaining to the location of new Methadone Clinics and Methadone Pharmacies accurately reflect the intent of Council;
  - iii) The requested amendment does not meet the evaluation criteria identified in Section 6.2.11 of the City of London Official Plan pertaining to Methadone Clinics and Methadone Pharmacies which preclude the location of these uses within 300 metres from an elementary school;
  - iv) The requested amendment does not meet the evaluation criteria identified in Section 6.2.11 of the City of London Official Plan pertaining to Methadone Clinics and Methadone Pharmacies requiring that sites must be large enough to accommodate the parking requirements; and,
  - v) The requested reduction in the separation distance from an elementary school is not appropriate based on the approach adopted by Council and supported by extensive research, consultation with health care providers, community and business groups and the planning impact analysis included in this report related to planning for Methadone Clinics and Methadone Pharmacies.
  
- (b) The request to amend Zoning By-law No. Z.-1 to change the zoning of the subject property **FROM** an Associated Shopping Area Commercial (ASA2/ASA5) zone which permits a wide range of retail, personal service and automobile uses **TO** a Holding Associated Shopping Area Commercial Special Provision (h-5•ASA2/ASA5( )) zone to add a Methadone Clinic and Methadone Pharmacy to the list of permitted uses and relieve the subject property from the general provisions that require the property boundary of Methadone Clinics and Methadone Pharmacies to be a minimum of 300m from the property boundary of an elementary school subject to a holding provision to require public site plan review **BE REFUSED** for the following reasons:
  - i) The requested amendment to the Zoning By-law is not consistent with the Zoning regulations which do not permit Methadone Clinics and Methadone Pharmacies to be located within 300 meters of an elementary school;
  - ii) The subject property does not meet the minimum requirements of the Zoning By-law which require that 1 parking space be provided for every 15m<sup>2</sup> of gross floor area (“GFA”). The existing building has a GFA of 418m<sup>2</sup> requiring that 28 parking spaces be provided whereas the subject property has a total of 21 parking spaces; and,
  - iii) The proposal to utilize only 307m<sup>2</sup> of the existing building for the requested uses and

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leaving the remaining 111m<sup>2</sup> unfinished and separated from the rest of the building by a permanent wall would create a situation that requires on-going by-law enforcement to continually monitor the subject site to ensure that the unfinished portion of the building remains unused.

**PREVIOUS REPORTS PERTINENT TO THIS MATTER**

February 27, 2012 – Report to Planning and Environment Committee – Amendments to the Official Plan and Zoning By-Law to Provide Appropriate Opportunities for the Siting of Methadone Clinics and Methadone Pharmacies within the City of London. This report was informed by the City of London’s *“Planning for Methadone Clinics and Methadone Pharmacies”* background study and the associated Methadone Research Compendium (Volumes 1, 2 and 3) which was prepared at the direction of, and later received by Council.

**PURPOSE AND EFFECT OF RECOMMENDED ACTION**

The requested amendments are intended to add “Methadone Clinic” and “Methadone Pharmacy” to the list of permitted uses on the subject site. The requested action would permit the establishment of a Methadone Clinic and Methadone Pharmacy, subject to site plan approval by the City of London following a public site plan meeting. The recommended action is to refuse the requested amendment on the basis that the proposal does not meet the intent of the Official Plan and the requirements of the Zoning By-law.

**RATIONALE**

- The request for a site-specific is Official Plan amendment is not appropriate since the subject property does not exhibit any of the four conditions which could necessitate the need for a site-specific amendment;
- The existing policies pertaining to the location of new Methadone Clinics and Methadone Pharmacies accurately reflect the intent of Council;
- The requested amendment does not meet the evaluation criteria identified in Section 6.2.11 of the City of London Official Plan regarding Methadone Clinics and Methadone Pharmacies which precludes the location of the requested uses within 300 metres from an elementary school;
- The requested amendment does not meet the evaluation criteria identified in Section 6.2.11 of the City of London Official Plan regarding Methadone Clinics and Methadone Pharmacies requiring that sites must be large enough to accommodate parking requirements;
- The requested reduction to the separation distance from an elementary school is not appropriate based on the approach adopted by Council and supported by extensive research, consultation with health care providers, community and business groups and the planning impact analysis included in this report related to planning for Methadone Clinics and Methadone Pharmacies;
- The requested amendment to the Zoning By-law is not consistent with the Zoning regulations which do not permit Methadone Clinics and Methadone Pharmacies to be located within 300 meters of an elementary school;
- The subject property does not meet the minimum requirements of the Zoning By-law which require that 1 parking space be provided for every 15m<sup>2</sup> of gross floor area (“GFA”). The existing building has a GFA of 418m<sup>2</sup> requiring that 28 parking spaces be provided whereas the subject property has a total of 21 parking spaces; and,
- The proposal to utilize only 307m<sup>2</sup> of the existing building for the requested uses and leaving the remaining 111m<sup>2</sup> unfinished and separated from the rest of the building by a permanent wall would create a situation that requires on-going by-law enforcement to continually monitor the subject site to ensure that the unfinished portion of the building remains unused.

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**Aerial Photo Location Map**

File No.: OZ-8105

EL

Date Prepared: 2013/01/30

CK

SCALE: 1:2,800



Prepared by : Graphics & Information Services, Planning Division, Corporation of the City of London  
Photography based on April 2012 flight info.

Note: Parcel linework, when shown, is not for official or legal use.

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<b>BACKGROUND</b>
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**Ontario Methadone Maintenance Treatment Service Model**

The Province, in its efforts to find efficiencies within the Provincial health care system, has created a model where the majority of methadone service delivery is being carried out primarily by for-profit organizations. As a result, private companies are conducting site selection and operational management of methadone clinics in a manner compatible with their business models and local market conditions (including available real estate). This is not unlike other types of medical services such as general practitioners, dentists, or medical specialists. The municipality is left to respond to proposals for new methadone clinics in accordance with the municipal policy framework in place.

**PLANNING PROCESS AND PUBLIC CONSULTATION**

An application was received to amend the Official Plan and Zoning By-law in order to permit a Methadone Clinic and a Methadone Pharmacy as an additional permitted use on the subject site. As part of the application review process, comments were received by members of the public and agencies. The applicants held a community information meeting on October 18, 2012 to provide a forum to enhance shared information, provide comments, and ask questions of Staff regarding existing policies and regulations. The community also had the opportunity to pose questions to the applicant. Public consultation opportunities throughout the process were required by the adopted policy framework for new Methadone Clinics and Methadone Pharmacies.

<b>Date Application Accepted:</b> 31 July 2013	<b>Agent:</b> Peter Earle
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**REQUESTED ACTION:**

The requested Official Plan amendment is related to Section 6.2.11 Methadone Clinics and Methadone Pharmacies – *“Evaluation Criteria for Required Zoning By-law Amendment”* policies. The requested change is related to clause (ii) which requires a minimum distance of 300 meters from an elementary school.

*“Evaluation Criteria for Required Zoning By-law Amendment:*

*Zoning to allow for methadone clinics and methadone pharmacies shall be established through a zoning by-law amendment to allow for a full community consultation process. Zoning amendments to permit methadone clinic and methadone pharmacy uses will only be allowed where all of the following criteria are met:*

- i. Sites must be well served by public transit;*
- ii. Property boundaries for proposed methadone clinics and methadone pharmacies must be a minimum of 300m from any elementary or secondary school property;***
- iii. Property boundaries for proposed methadone clinics and methadone pharmacies must be a minimum of 300m from any municipal library, municipal pool, municipal arena or the Western Fairgrounds;*
- iv. Sites must be large enough to accommodate parking requirements;”*

The requested amendment is seeking to insert the following section as a special policy section:

*“In recognition of the significant physical, practical and visual separation of 527 Wellington Road from the closest elementary school property, the property boundaries for a methadone clinic and methadone pharmacy at 527 Wellington Road must be a minimum straight-line distance of 250 meters from any elementary school.”*

The requested zoning by-law amendment is seeking to change the existing zoning of the subject lands from an Associated Shopping Area Commercial (ASA2/ASA5) Zone which permits a broad range of commercial uses including, but not limited to: Repair and rental

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File: OZ-8105

establishments; Restaurants; Retail stores; Service and repair establishments; Studios; Supermarkets; Video rental establishments; Brewing on Premises Establishment; Automobile repair garages; Automotive uses, restricted; and, Taxi establishments by adding a special provision to the existing zoning to add Methadone Clinic and Methadone Pharmacy as additional permitted uses. The purpose of the requested amendment is to permit a Methadone Clinic and a Methadone Pharmacy within the existing building.

The application is further seeking to place a holding provision to allow for a public site plan meeting, in accordance with the Official Plan policies.

**SITE CHARACTERISTICS:**

- **Current Land Use** – Vacant Commercial (formerly a paint retail store)
- **Frontage** – Approximately 23.7 metres (78.0 feet)
- **Depth** – Approximately 58 metres (190.0 feet)
- **Area** – Approximately 1,375m<sup>2</sup> (14,800 square feet)
- **Shape** – Rectangular

**ADJACENT LAND USES:**

- **North** – Commercial
- **South** – Commercial
- **East** – Institutional (new regional mental health care facility under construction)
- **West** – Residential

**OFFICIAL PLAN DESIGNATION:**

**AUTO ORIENTED COMMERCIAL CORRIDOR**

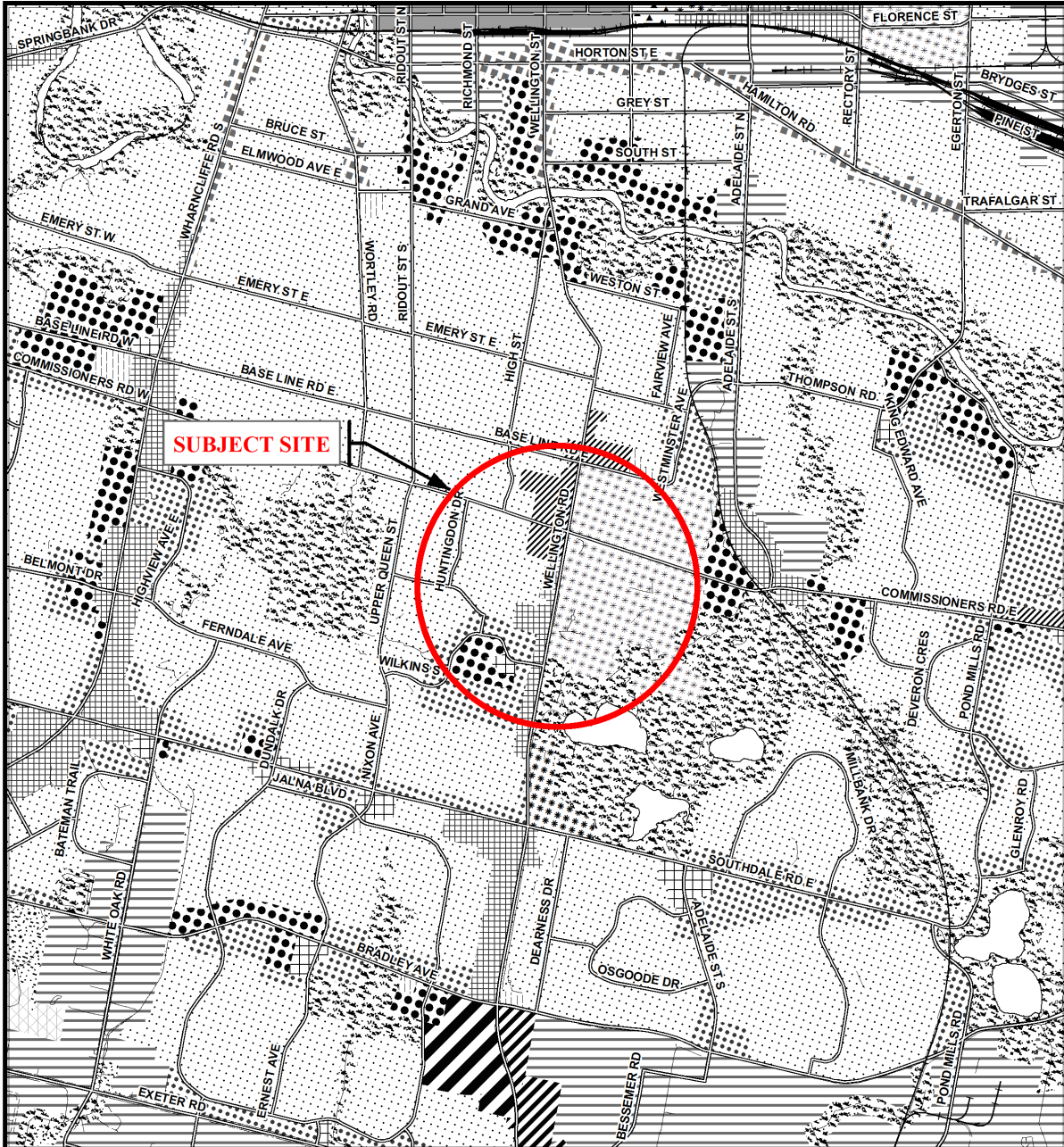
Areas designated Auto-Oriented Commercial Corridor are primarily intended for commercial uses that cater to the commercial needs of the traveling public. Types of service commercial uses that generate significant amounts of traffic and draw patrons from a wide area may also be located within these areas. These uses have limited opportunity to locate within Commercial Nodes or Main Street Commercial Corridors by reason of their building form, site area, location, access or exposure requirements; or have associated nuisance impacts that lessen their suitability for a location near residential areas.

Uses considered to be appropriate include hotels; motels; automotive uses and services; commercial recreation establishments; restaurants; sale of seasonal produce; building supply outlets and hardware stores; furniture and home furnishings stores; warehouse and wholesale outlets; nursery and garden stores; animal hospitals or boarding kennels; and other types of commercial uses that offer a service to the traveling public. Zoning on individual sites may not allow the full range of permitted uses.

**EXISTING ZONING:**

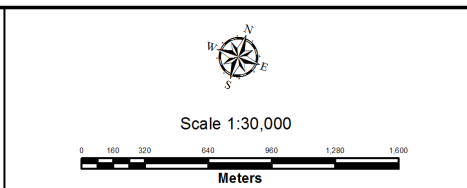
**ASSOCIATED SHOPPING AREA COMMERCIAL (ASA2/ASA5) ZONE**

This Zone is normally intended to implement the Auto-Orientated Commercial Corridor designation. The Associated Shopping Area Commercial Zone provides for and regulates a wide range of retail, personal service, community facility, automotive and office uses. Uses permitted in the Associated Shopping Area Commercial Zone are differentiated through the use of zone variations on the basis of their function, intensity, customer draw, proximity to residential uses and potential impacts.

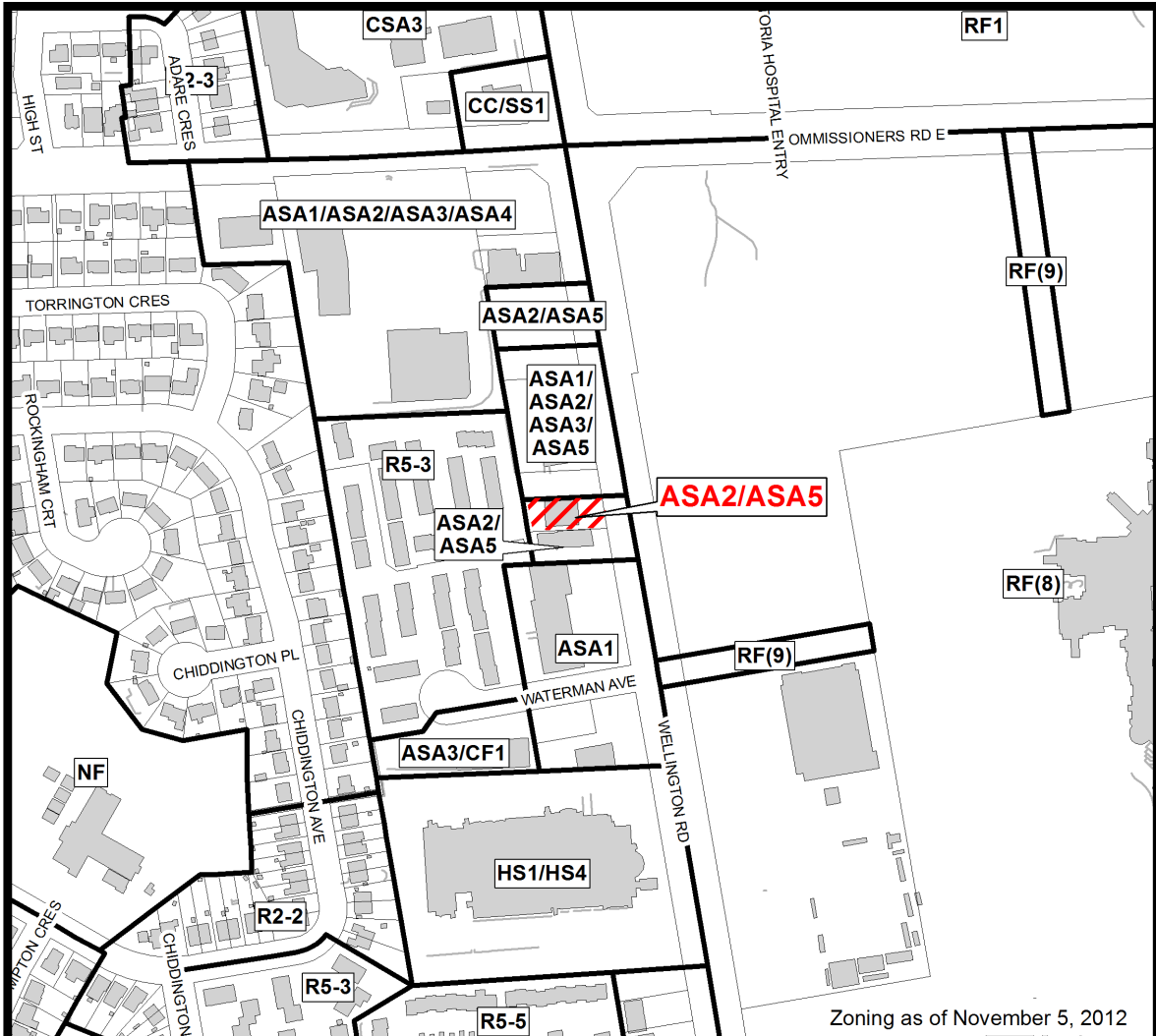


Legend	
	Downtown
	Enclosed Regional Commercial Node
	New Format Regional Commercial Node
	Community Commercial Node
	Neighbourhood Commercial Node
	Main Street Commercial Corridor
	Auto-Oriented Commercial Corridor
	Multi-Family, High Density Residential
	Multi-Family, Medium Density Residential
	Low Density Residential
	Office Area
	Office/Residential
	Office Business Park
	General Industrial
	Light Industrial
	Regional Facility
	Community Facility
	Open Space
	Urban Reserve - Community Growth
	Urban Reserve - Industrial Growth
	Rural Settlement
	Environmental Review
	Agriculture
	Urban Growth Boundary

**CITY OF LONDON**  
 Department of  
 Planning and Development  
 OFFICIAL PLAN SCHEDULE A  
 - LANDUSE -  
 PREPARED BY: Graphics and Information Services



FILE NUMBER: OZ-8105  
 PLANNER: EL  
 TECHNICIAN: CK  
 DATE: 2012/11/22



Zoning as of November 5, 2012



**COUNCIL APPROVED ZONING FOR THE SUBJECT SITE: ASA2/ASA5**

1) **LEGEND FOR ZONING BY-LAW Z-1**

- R1 - SINGLE DETACHED DWELLINGS
- R2 - SINGLE AND TWO UNIT DWELLINGS
- R3 - SINGLE TO FOUR UNIT DWELLINGS
- R4 - STREET TOWNHOUSE
- R5 - CLUSTER TOWNHOUSE
- R6 - CLUSTER HOUSING ALL FORMS
- R7 - SENIOR'S HOUSING
- R8 - MEDIUM DENSITY/LOW RISE APTS.
- R9 - MEDIUM TO HIGH DENSITY APTS.
- R10 - HIGH DENSITY APARTMENTS
- R11 - LODGING HOUSE
  
- DA - DOWNTOWN AREA
- RSA - REGIONAL SHOPPING AREA
- CSA - COMMUNITY SHOPPING AREA
- NSA - NEIGHBOURHOOD SHOPPING AREA
- BDC - BUSINESS DISTRICT COMMERCIAL
- AC - ARTERIAL COMMERCIAL
- HS - HIGHWAY SERVICE COMMERCIAL
- RSC - RESTRICTED SERVICE COMMERCIAL
- CC - CONVENIENCE COMMERCIAL
- SS - AUTOMOBILE SERVICE STATION
- ASA - ASSOCIATED SHOPPING AREA COMMERCIAL

- OR - OFFICE/RESIDENTIAL
- OC - OFFICE CONVERSION
- RO - RESTRICTED OFFICE
- OF - OFFICE
  
- RF - REGIONAL FACILITY
- CF - COMMUNITY FACILITY
- NF - NEIGHBOURHOOD FACILITY
- HER - HERITAGE
- DC - DAY CARE
  
- OS - OPEN SPACE
- CR - COMMERCIAL RECREATION
- ER - ENVIRONMENTAL REVIEW
  
- OB - OFFICE BUSINESS PARK
- LI - LIGHT INDUSTRIAL
- GI - GENERAL INDUSTRIAL
- HI - HEAVY INDUSTRIAL
- EX - RESOURCE EXTRACTIVE
- UR - URBAN RESERVE
  
- AG - AGRICULTURAL
- AGC - AGRICULTURAL COMMERCIAL
- RRC - RURAL SETTLEMENT COMMERCIAL
- TGS - TEMPORARY GARDEN SUITE
- RT - RAIL TRANSPORTATION
  
- "h" - HOLDING SYMBOL
- "d" - DENSITY SYMBOL
- "H" - HEIGHT SYMBOL
- "B" - BONUS SYMBOL
- "T" - TEMPORARY USE SYMBOL

2) ANNEXED AREA APPEALED AREAS

**CITY OF LONDON**  
PLANNING, ENVIRONMENTAL AND ENGINEERING SERVICES

**ZONING BY-LAW NO. Z.-1**  
**SCHEDULE A**



THIS MAP IS AN UNOFFICIAL EXTRACT FROM THE ZONING BY-LAW WITH ADDED NOTATIONS

FILE NO:  
**OZ-8105** EL

MAP PREPARED:  
2012/11/22 CK

1:4,400  
0 20 40 80 120 160  
 Meters

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**SIGNIFICANT DEPARTMENT/AGENCY COMMENTS**

**London Hydro**

- *No objections*

**Upper Thames River Conservation Authority (UTRCA)**

- *No objections*

**Thames Valley District School Board**

- *Object to the proposal based on the proposals inability to meet the minimum distance requirements.*
- *Full comments are attached as Appendix 1 to this Report.*

**Wastewater & Drainage Engineering Division**

- *No objections*

**Stormwater Management Unit**

- *The City Design Requirements for Permanent Private Stormwater (“PPS”) Systems were approved by City Council and is effective as of January 01, 2012. The stormwater requirements for PPS for all medium/high density residential, institutional, commercial and industrial development sites are contained in this document, which may include but not be limited to quantity/quality control, erosion, stream morphology, etc.*
- *The subject lands are located in the Thames River Central Area Watershed. The Developer shall be required to apply the proper SWM practices to ensure that the maximum permissible storm run-off discharge from the subject site will not exceed the peak discharge of storm run-off under pre-development conditions.*
- *Currently there is a private 450mm storm sewer to the north of the subject site that connects to the existing 900mm storm sewer on Wellington Road. If the subject site servicing is not already connected and a future proposed connection is considered, then a Private Joint Use and Maintenance Agreement shall be registered on title for any shared Storm sewer use.*
- *The owner may be required to provide alternative on-site SWM which is designed and certified by a Professional Engineer for review and approval by the Stormwater Management and Drainage Engineering Division should modifications to the subject site occur.*
- *All necessary servicing and drainage requirements/ controls, SWM, etc. will be addressed at a Site Plan stage.*

<b>PUBLIC LIAISON:</b>	On October 5, 2012 , Notice of Application was sent to 64 property owners in the surrounding area. Notice of Application was also published in the “Londoner” section of the London Free Press on Thursday, October 11, 2012. Notice of Public Meeting was sent to 64 property owners in the surrounding area. Notice of Public Meeting was published in the “Londoner” on Thursday, February 7, 2012	27 different individual replies were received  A petition containing a total of 97 signatures was received
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**Nature of Liaison:**  
 Change the Official Plan land use designation from "Auto Oriented Commercial Corridor" to "a policy for specific area".

Change Zoning By-law Z.-1 **FROM** an Associated Shopping Area Commercial (ASA2/ASA5) Zone which permits Repair and rental establishments; Restaurants; Retail stores; Service and repair establishments; Studios; Supermarkets; Video rental establishments; Brewing on Premises Establishment; Automobile repair garages; Automotive uses, restricted; Restaurants; and Taxi establishments **TO** a Holding Associated Shopping Area Commercial Special Provision (h-5•ASA2/ASA5(\_\_\_\_)) Zone to add Methadone Clinics and Methadone Pharmacies as additional permitted uses and relieve the subject property from the general provisions that require the property boundary of Methadone Clinics and Methadone Pharmacies to be a minimum of 300m from the property boundary of an elementary school.

**Responses:** Please refer to section on page 19 of this report.

**PLANNING HISTORY**

On November 8, 2010, Planning Staff submitted a report to 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. The report concluded with proposed policy direction.

Staff recommended the report be received and circulated for review and feedback from City departments, the College of Physicians and Surgeons, the College of Pharmacists, the Center for Mental Health and Addiction, other key stakeholders and the general public. At that meeting a number of concerns were expressed by members of the community. The Planning Committee requested that Staff prepare an interim control by-law for consideration by the Committee and Council.

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

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

On January 14, 2011 the City’s Interim Control By-law for methadone clinics and dispensaries was appealed to the Ontario Municipal Board. In its written decision of July 15, 2011 the Ontario Municipal Board dismissed the appeal and upheld Interim Control By-law No. 1476-298. In rendering its decision, the Board made the following critical observations that are relevant to the present discussion:

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

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- 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’s] report outlining various behaviour issues and activities associated with the operation of methadone clinics, the causal relationship between methadone clinics and dispensaries and the issues identified in the preceding reports has been established persuasively”.*

Through its decision related to upholding the City of London’s Interim Control By-law, the Ontario Municipal Board considered it appropriate to denote a distinction between Methadone Clinics and other clinics. Methadone Clinics, while providing similar services as other clinics, may have the potential to create land use impacts specific to the use and that planning for Methadone Clinics and dispensaries was appropriate.

Recognizing that significant time and resources were required to successfully defend the City’s Interim Control By-law before the Ontario Municipal Board, and noting that an exhaustive consultation was critical to the planning exercise, Municipal Council extended the duration of the Interim Control By-law on November 7, 2011, by an additional six months (until May 15, 2012) to allow Staff time to conduct a final consultation phase.

This final consultation phase culminated in the development of a policy framework which identified Official Plan and Zoning By-law criteria that will be used in the evaluation of proposals for the location of new Methadone Clinics and Methadone Pharmacies, including a requirement that the property boundary of Methadone Clinics and Methadone Pharmacies be located a minimum of 300 metres from any elementary or secondary school property.

The Official Plan criteria were modeled using GIS mapping of the City of London which demonstrated that there are many locations distributed throughout the City that could accommodate Methadone Clinics and Methadone Pharmacies and demonstrated that the Official Plan and Zoning By-law criteria are reasonable, not overly constraining, and are in keeping with the intent of providing opportunities for Methadone Clinics and Methadone Pharmacies throughout the City.

On March 20, 2012, Municipal Council adopted Official Plan and Zoning By-law amendments to establish new policies to plan for Methadone Clinic and Methadone Pharmacy land uses. As a result, Methadone Clinics are defined as a separate and distinct use within municipal planning documents. It is noteworthy that no appeals to the Ontario Municipal Board were submitted against Council’s decision to adopt these policies and regulations for new Methadone Clinics and Methadone Pharmacies.

<b>ANALYSIS</b>
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**Subject Site**

The subject site is designated Auto-Oriented Commercial Corridor in the Official Plan and is located on the west side of Wellington Road. The subject site has an approximate lot frontage of 23.7 metres (78 feet) along Wellington Road, an approximate depth of 58 metres (190 feet), and an approximate area of 1,375 square metres (14,800 square feet).

Wellington Road is classified as Arterial Road on Schedule C – Transportation Corridors – to the City of London Official Plan with an average daily traffic volume of 46,000 vehicles per day.

The site previously accommodated a specialty retail store (paint store) which is now a vacant building. The building is a one-storey structure with a gross floor area (“GFA”) of approximately 418 square metres (4,500 square feet). The remainder of the lot is dedicated to parking both in front and to the rear of the existing building.

The subject site has historically been zoned for associated shopping commercial uses, characterized as uses that are intended for the travelling public that may make one or more stops.

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The subject site abuts a vacant lot which can be categorized as an “unassumed lane” owned by the City of London which is used as an access point for an abutting townhouse complex, the commercial property at 515 Wellington Road and the subject site. The townhouse complex is also connected through to Waterman Avenue towards the south of the subject site. Approximately 250 metres southwest of the subject site is an elementary school (Sir G.E. Cartier Public School).

Along the Wellington Road corridor are a variety of commercial uses, ranging from retail stores, automobile repair establishments, restaurants, financial uses and hospital uses.

**Nature of the Application**

The Official Plan identifies methadone maintenance treatment as an important facet of health care delivery within the City of London. In general, Methadone Clinics are those clinics and medical offices that are used for the prescription and/or dispensing of methadone as more than an ancillary activity. Similarly, Methadone Pharmacies are those pharmacies that dispense methadone as more than an ancillary activity.

The requested Official Plan amendment seeks to permit a Methadone Clinic and Methadone Pharmacy on the subject site by way of a site-specific special policy which would recognize that the distance between the subject site and the nearest school property boundary is appropriate for the separation of methadone treatment uses from schools, and that the normally applied 300 metre distance requirement will not apply to the subject site due to its unique separation characteristics.

The requested Zoning By-law amendment seeks to add a special provision to the current zoning of the site which would add “Methadone Clinic” and “Methadone Pharmacy” to the list of permitted uses and similarly grant relief from the Zoning regulation which requires that these uses be located a minimum of 300 metres from the property boundary of any elementary or secondary school property.

The proponent is seeking to convert part of the existing building to a Methadone Clinic which would also include an embedded Methadone Pharmacy. Notwithstanding the fact that the existing building has a GFA of 418m<sup>2</sup>, the proposal is intended to convert only 307m<sup>2</sup> for Methadone Clinic and Methadone Pharmacy uses leaving the remaining 111m<sup>2</sup> as “unfinished”. The applicant is proposing to separate this unfinished portion from the proposed Methadone Clinic by constructing a permanent wall thereby leaving it unused for any clinic or pharmacy purpose.

**Provincial Policy Statement**

The *Provincial Policy Statement, 2005* (PPS) provides policy direction on matters of provincial interest related to land use planning and development. The PPS is more than a set of individual policies. It is intended to be read in its entirety and the relevant policies are to be applied to each situation. As it relates to this application, the PPS provides some direction to this matter.

Policy 1.1.1(g) of the PPS states that, “*Healthy, liveable and safe communities are sustained by ensuring that necessary infrastructure and public service facilities are or will be available to meet current and projected needs.*” A “Public Service Facility” is defined as, “*...land, buildings and structures for the provision of programs and services provided or subsidized by a government or other body, such as...health and educational programs...*”.

Municipal Council has fulfilled this policy objective by receiving the “*Planning for Methadone Clinics and Methadone Pharmacies*” background study (“Background Study”) and adopting Official Plan and Zoning By-law amendments which implement the Background Study and identify the designations which permit Methadone Clinics and Methadone Pharmacies in locations that best meet the needs of those who require these uses. As a result of these policies, more appropriate sites may be available to locate Methadone Clinics and Methadone Pharmacies elsewhere along portions of the Wellington Road corridor.

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**Official Plan Policies**

The Official Plan contains Council's objectives and policies to guide the short-term and long-term physical development of the municipality. The policies promote orderly urban growth and compatibility among land uses. While the objectives and policies in the Official Plan primarily relate to the physical development of the municipality, they also have regard for relevant social, economic and environmental matters.

The subject site is designated Auto-Oriented Commercial Corridor (“AAOC”) on Schedule A – Land Use – to the City’s Official Plan. The primary permitted uses in areas designated Neighbourhood Commercial Nodes include: hotels; motels; automotive uses and services; commercial recreation establishments; restaurants; sale of seasonal produce; building supply outlets and hardware stores; furniture and home furnishings stores; warehouse and wholesale outlets; nursery and garden stores; animal hospitals or boarding kennels; and other types of commercial uses that offer a service to the traveling public. However, zoning on individual sites may not allow the full range of permitted uses.

The AAOC policies contemplate the location of Methadone Clinics and Methadone Pharmacies subject to a Zoning By-law amendment where they are in accordance with the policies under section 6.2.11 (Methadone Clinics and Methadone Pharmacies) of the Official Plan. This section lists the criteria that will be used to evaluate the location of new Methadone Clinic and Methadone Pharmacy uses. The framework for new applications are to be established in accordance with the goals and polices as laid out in these policies.

The Official Plan provides land use planning goals to form the basis when reviewing proposals for new or expansions to existing Methadone Clinics and Methadone Pharmacies. The following two primary goals guide land use planning for Methadone Clinics and Methadone Pharmacies:

- i. Plan for these uses in locations that best meet the needs of those who use methadone clinics and methadone pharmacies;*
- ii. Minimize the potential for land use conflicts that can be generated by methadone clinics or methadone pharmacies.*

To achieve these primary goals, the policies identify the Official Plan designations where Methadone Clinics and Methadone Pharmacies may be permitted, list evaluation criteria required for a Zoning By-law amendment, identify Zoning By-law requirements, and the requirement for Public Site Plan review.

**6.2.11 – Evaluation Criteria for Required Zoning By-law Amendment**

Zoning By-law amendments to permit Methadone Clinic and Methadone Pharmacy uses will only be allowed where **all** of the following criteria are met:

- i. Sites must be well served by public transit;*
- ii. Property boundaries for proposed methadone clinics and methadone pharmacies must be a minimum of 300m from any elementary or secondary school property;**
- iii. Property boundaries for proposed methadone clinics and methadone pharmacies must be a minimum of 300m from any municipal library, municipal pool, municipal arena or the Western Fairgrounds;*
- iv. Sites must be large enough to accommodate parking requirements; and,*
- v. Planning Impact Analysis policies of this Plan will apply.*

As previously mentioned, the subject site is located approximately 250 metres from an elementary school which conflicts with criteria (ii) above. Therefore, the application requests to add a policy for a specific area to recognize that the 300 metre distance required between the subject site and the nearest school property boundary will not apply to the subject site.

**10.1.1 – Policies for Specific Areas**

Notwithstanding the land use policies contained in the Official Plan, the requested amendment to add a site-specific special policy to recognize a reduction in the minimum 300 metre distance

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**File: OZ-8105**

required between the subject site and Sir G.E. Cartier Public School may be permitted where the application of the existing Official Plan policies would not accurately reflect the intent of Council with respect to the future use of the land.

The adoption of site-specific amendments may be considered where one or more of the following conditions apply:

- i. The change in land use is site specific, is appropriate given the mix of uses in the area, and cannot be accommodated within other land use designations without having a negative impact on the surrounding area;*

Although the requested amendment to recognize a reduction in the minimum 300 metre distance required between the subject site and Sir G.E. Cartier Public School is site specific, it is not appropriate given that this minimum distance requirement is among the five fundamental criteria listed in the Official Plan to achieve the goal of minimizing the potential for land use conflicts that can be generated by Methadone Clinics or Methadone Pharmacies. These criteria were established after a significant public consultation process and are intended to promote orderly urban growth and compatibility among land uses. The criteria identified in the Methadone Clinics and Methadone Pharmacies policy accurately reflects the intent of Council and, therefore, the request to amend the Official Plan to permit a site-specific policy does not fulfill this condition.

- ii. The change in land use is site specific and is located in an area where Council wishes to maintain existing land use designations, while allowing for a site specific use;*

The change in land use is site specific and is located in an area where Council wishes to maintain the existing land use designation. However, a site-specific amendment is not warranted given that the requested use can be accommodated on other sites within this designation along the Wellington Road corridor, in conformity to the policies of the Official Plan. The Methadone Clinics and Methadone Pharmacies policy was specifically adopted to direct these requested uses to other more appropriate locations where the two primary goals of the policy can be achieved. There are no unique characteristics about the subject that would warrant a site specific amendment to permit a Methadone Clinic and/or Methadone Pharmacy.

- iii. The existing mix of uses in the area does not lend itself to a specific land use designation for directing future development and a site specific policy is required;*

The existing mix of uses in the area does lend itself to fulfilling the current Auto-Oriented Commercial Corridor designation. This designation has been applied to promote orderly urban growth and compatibility among land uses and for accommodating future development proposals that are appropriate for its context. A site-specific policy is not required given the appropriateness of the existing designation and the request to amend the Official Plan does not fulfill this condition.

- iv. The policy is required to restrict the range of permitted uses, or to restrict the scale and density of development normally allowed in a particular designation, in order to protect other uses in an area from negative impacts associated with excessive noise, traffic, loss of privacy or servicing constraints.*

A site specific special policy for the subject site is not required to restrict the range of permitted uses, or to restrict the scale and density of development normally allowed in the current designation, in order to protect other uses in the area. This application is not requesting a special policy to restrict the range of permitted uses, as is contemplated by this condition, but is in fact seeking a special policy to facilitate a broadening of the range of permitted uses which would otherwise be prohibited by the Official Plan criteria. Therefore, the request to amend the Official Plan does not fulfill this condition.

Additionally, the Staff report presented at the Planning and Environment Committee on February 27, 2012, which Council relied upon to amend the Official Plan and Zoning By-law on March 20, 2012, to establish new policies to plan for Methadone Clinic and Methadone

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File: OZ-8105

Pharmacy land uses included illustrations of GIS mapping which demonstrated that there are many locations throughout the City that could accommodate Methadone Clinics and Methadone Pharmacies. The subject site was illustrated in that GIS mapping within an area that could not accommodate a methadone clinic given its proximity to an elementary school (see figure 1 below). Considering that the Official Plan and Zoning By-law amendments which added new policies to plan for Methadone Clinic and Methadone Pharmacies was not appealed and given that the February 27 ,2012 Staff report and mapping are publicly available, the level of expectation should have been created that the subject site does not meet the minimum location criteria.

The intent of the Policies for Specific Areas is to facilitate the development of an appropriate and compatible use in those instances where the current Official Plan designation no longer reflects Council's intent for the area or where the existing policies are not adequate to provide guidance with regard to a specific development proposal. However, this is not the case with regard to the request to amend the Official Plan to facilitate the development of a Methadone Clinic and Methadone Pharmacy on the subject site. The existing policies accurately reflect the intent of Council which precludes the location of the proposed use within 300 metres from an elementary school and the existing policies adequately provide guidance with regard to the preferred location for the requested uses. The subject site does not exhibit the one or more of the four conditions which would warrant the need for a site-specific amendment.

### **Zoning By-law**

The Zoning By-law is a comprehensive document used to implement the policies of the Official Plan by regulating the use of land, the intensity of the permitted use, and the built form. It is important to note that all three criteria of use, intensity, and form must be considered and deemed to be appropriate prior to the approval of any development proposal. The use of Zoning to implement the policies of the Official Plan is achieved by applying various zones to all lands within the City of London which identify: i) a list of permitted uses; and, ii) regulations that frame the context within which development can occur. Collectively, the permitted uses and regulations assess the appropriateness of a site to accommodate a development proposal.

To implement the policies of the Official Plan, section 4.36 of the Zoning By-law establishes minimum zoning criteria for lands that are proposing to accommodate a Methadone Clinic or Methadone Pharmacy. This regulation states that:

*CLINIC, METHADONE or PHARMACY, METHADONE uses shall not be permitted within 300.0 metres (984.3 ft.) of an elementary school, secondary school, municipal library, municipal arena, municipal pool, the Western Fairgrounds or the Boys and Girls Club. **This measure shall be taken from property boundary to property boundary.***

The requested amendment seeks to grant relief from the above Zoning By-law requirement by effectively permitting a Methadone Clinic and Methadone Pharmacy within 250 metres from an elementary school. The justification provided by the applicant for this reduction in the minimum distance is based on the notion that the walking distance between the subject site and Sir G.E. Cartier Public School is greater than 300 metres which the proponent has calculated to be between 387-453 metres based on varying walking routes.

The concern is that the request for a site-specific amendment to reduce the minimum required distance represents a fundamental shift in how the existing policies and Zoning regulations will be applied to measure distance between Methadone Clinic and Methadone Pharmacy uses and the sensitive land uses listed in the methadone policy and by-law. Rather than measure distances in a straight line from property to property lines, as the Official Plan policy and Zoning By-law stipulate the requested amendment measures the *walking distance* between these uses. Although the application attempts to justify the request for a reduction in the minimum distance on the basis that the longer walking distance is unique to the subject site, there are likely many sites in the City that can make the same claim.

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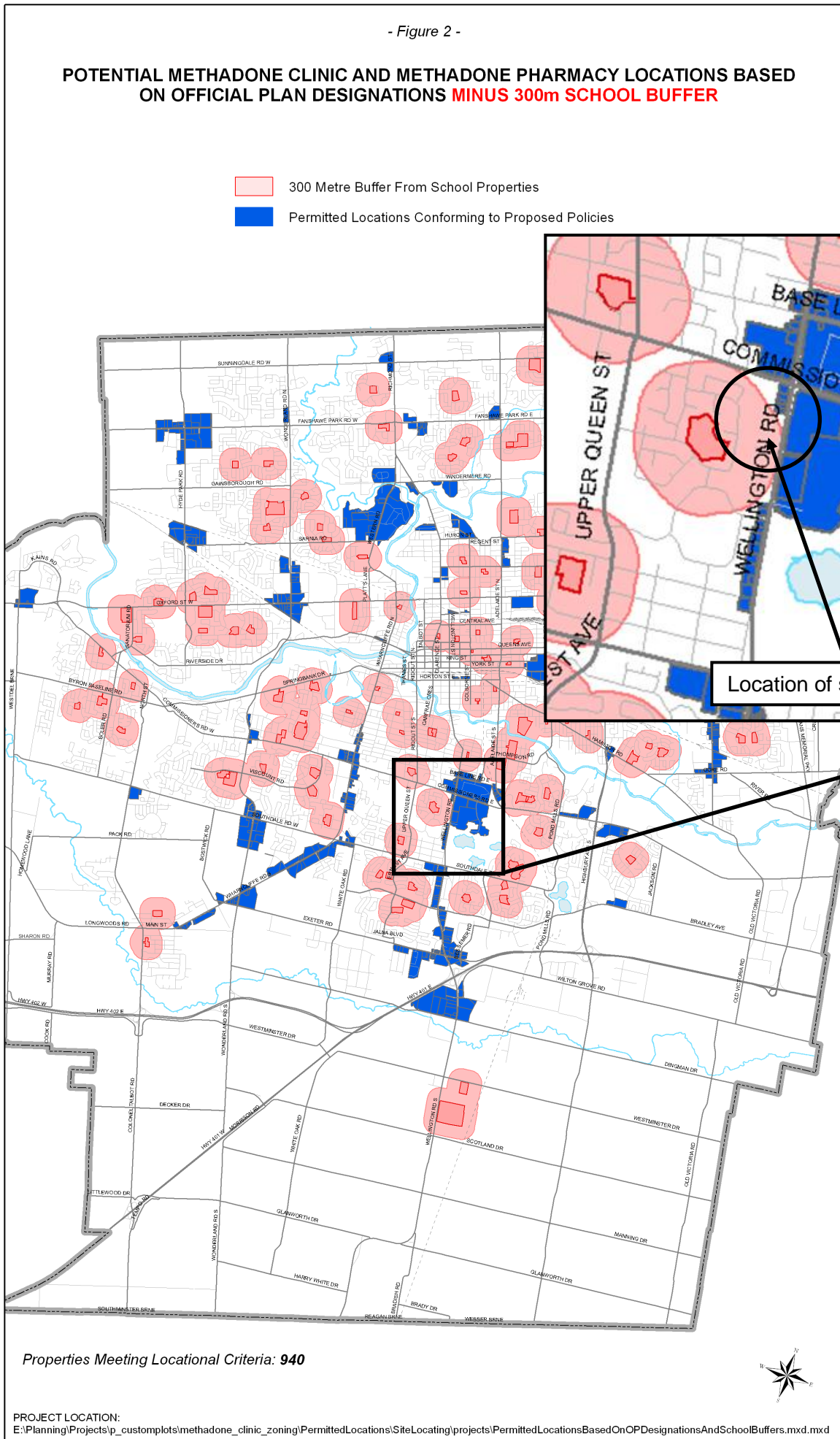


Figure 1 – Illustration from Staff report to Council which highlighted potential locations where Methadone Clinics and Methadone Pharmacies may be permitted based on the Official Plan criteria. Note, the location of the subject site was illustrated as being in proximity to an elementary school resulting in a conflict with the Official Plan criteria 15

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As previously mentioned, the Official Plan policies pertaining to Methadone Clinic and Methadone Pharmacy uses indicates that Zoning By-law amendments to permit these uses will only be allowed where **all** of the listed criteria are met. One of these criteria requires that “*Sites must be large enough to accommodate parking requirements.*” Additionally, the Methadone Clinic and Methadone Pharmacy policies in the Official Plan also state that:

*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.*

Section 4.19(10) of the Zoning By-law indicates that the parking standard for Methadone Clinics and Methadone Pharmacies shall be 1 parking space for every 15m<sup>2</sup> of GFA. The existing building located on the subject site, which is proposed to be renovated and used for the requested Methadone Clinic and Methadone Pharmacy, has an existing GFA of 418m<sup>2</sup>. This amount of GFA would necessitate the need for 28 parking spaces however the subject site currently has 21 parking spaces (see Figure 2).



Figure 2 – Conceptual site plan submitted by the proponent illustrating the existing building and 21 parking spaces to be retained and used for the requested uses.

In order to remedy this situation and comply with the requirements of the Zoning By-law, the proponent has indicated that 111m<sup>2</sup> will remain unfinished and separated by a permanent wall thereby effectively mothballing more than 25% of the building (see Figure 3 below). The fact that the subject site has insufficient parking based on its total GFA is contrary to the policies of the Official Plan and does not meet the regulations of the Zoning By-law. Additionally, the mothballing of more than 25% of the existing building would create a situation that requires on-going by-law enforcement to continually monitor the subject site to ensure that the mothballed portion of the building remains unused.



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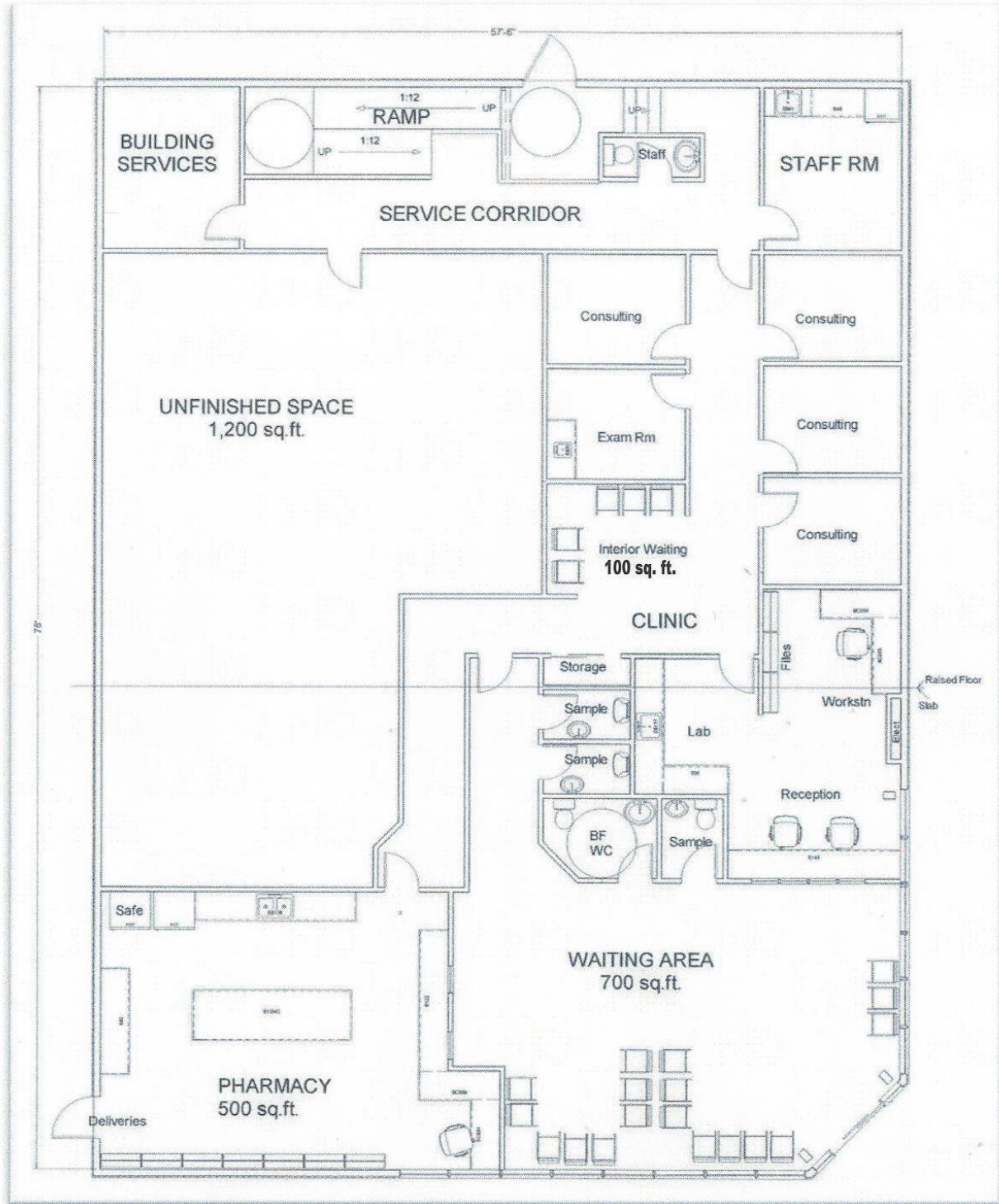


Figure 3 – Proposed internal layout of existing building illustrating 307m<sup>2</sup> to be used for the requested uses and leaving 111m<sup>2</sup> as “unfinished space” separated from the requested uses by a permanent wall.

**Planning Impact Analysis**

As required by the Methadone Clinic and Methadone Pharmacy policies of the Official Plan, requests for Zoning By-law amendments to permit Methadone Clinic and Methadone Pharmacy uses will only be allowed where all of the listed criteria met, including the completion of a Planning Impact Analysis.

A Planning Impact Analysis is used to evaluate applications for Official Plan and Zoning By-law amendments to determine the appropriateness of a proposed change in land use and to identify ways of reducing any adverse impacts on surrounding land uses. Proposals for changes in the use of land which require the application of a Planning Impact Analysis will be evaluated on the basis of criteria relevant to the proposed change. The relevant criteria include:

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*i) The policies contained in the Section relating to the requested designation*

The subject is located less than 300 metres from an elementary school which is inconsistent with the criteria listed in the Official Plan and Zoning By-law. The request for a site-specific policy to permit a Methadone Clinic and Methadone Pharmacy on the subject site, notwithstanding this deficiency, is inconsistent with the policies of the Official Plan since the subject site does not exhibit the one or more of the four conditions which would warrant the need for a site-specific amendment. The existing policies accurately reflect the intent of Council which precludes the location of the proposed use within 300 metres from an elementary school. Therefore, the requested amendment is inconsistent with the policies of the Official Plan relating to the proposed uses.

*ii) Compatibility of the requested use with surrounding land uses and the likely impact of the requested use on present and future land uses within the area*

The Official Plan policies pertaining to the location of Methadone Clinics and Methadone Pharmacies outlined two primary goals to guide land use planning for methadone clinics and methadone pharmacies. One of these goals was to, “*Minimize the potential for land use conflicts that can be generated by methadone clinics or methadone pharmacies.*” To achieve this primary goal the Official Plan requires that, “*Property boundaries for proposed methadone clinics and methadone pharmacies must be a minimum of 300m from any elementary or secondary school property.*” This criterion was established after a comprehensive study which included significant public consultation, research, and literature review. The location of the subject site is within 300m of an elementary school creating the potential for impacts with surrounding land uses.

*iii) The size and shape of the parcel of land on which a proposal is to be located, and the ability of the site to accommodate the intensity of the proposed use*

The subject site accommodates a building with a GFA of 418m<sup>2</sup> which is proposed to be renovated and used for the requested Methadone Clinic and Methadone Pharmacy. The subject site also has a total of 21 parking spaces. Given the amount of total GFA, the subject site would require 28 parking spaces. In order comply with the requirements of the Zoning By-law, the proposal includes the mothballing of 111m<sup>2</sup> of GFA by leaving this area unfinished and separating it by a permanent wall thereby creating a situation that will require on-going by-law enforcement. The fact that the subject site has insufficient parking based on its total GFA is indicative of the site lacking the ability to accommodate the intensity of the requested uses and the lack of parking is contrary to the policies of the Official Plan and the regulations of the Zoning By-law.

*iv) The supply of vacant land or vacant buildings in the area which is designated and/or zoned for the proposed uses*

Vacant lands exist in the area which are designated for the proposed uses

*xii) Compliance of the proposed development with the provisions of the City’s Official Plan, Zoning By-law, Site Plan Control By-law, and Sign Control By-law*

As previously mentioned, the proposal does not meet the criteria of the Official Plan and Zoning By-law which require that a Methadone Clinic and/or Methadone Pharmacy be located 300m from an elementary school when measured from property boundary to property boundary nor does the subject site meet the parking requirements of the Zoning By-law. The latter deficiency is also a criterion of the Official Plan.

*xiv) Measures planned by the applicant to mitigate any adverse impacts on surrounding land uses and streets which have been identified as part of the Planning Impact Analysis*

In order to conform to the parking requirements, the applicant proposes to construct a permanent wall to separate 111m<sup>2</sup> from the remaining 307m<sup>2</sup> and leaving the separated portion unfinished. However, as previously mentioned, it would create a situation that

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**File: OZ-8105**

requires on-going by-law enforcement to continually monitor the subject site to ensure that the unfinished portion of the building remains unused.

**Community Consultation**

As part of the Council-adopted policies, a full community consultation process is required. As part of this process, a community information meeting was conducted on October 18, 2012. The information collected from this meeting has been taken into consideration as part of the recommendation submitted in this report. Planning Staff have received a significant amount of written comments, telephone responses, as well as feedback from the community information meeting.

While land use planning may focus on use, intensity and form, there are additional dynamics that maintain neighbourhood strength and vibrancy and should be taken into consideration as part of the broader planning perspective.

The comments received by members of the public centered on the following themes or issues:

1. Concerns related to the proximity to the elementary school and the request to reduce the required setback;
2. Concerns with regard to increased illicit drug activity and crime;
3. Concerns with loitering;
4. Concerns with image along commercial corridor;
5. Concerns with overflow issues based on the potential number of clients
6. Concerns with declining property values
7. Concerns regarding increased vandalism, theft and litter
8. Concerns with parking, and traffic safety and congestion
9. Concerns with on and off site security, monitoring and safety
10. Concerns with increased costs (taxes) for policing
11. Concerns related to the operator
12. Look at other publicly operated models
13. Clinic clients potentially interacting with children in the area
14. Proximity to dense residential area

Support for the application included that the proposed clinic could:

1. Provide access to additional health care services within the area and community.
2. Take pressure of other clinics within the City.

The applicants have submitted a comprehensive response to the concerns raised by the public at the October 18, 2012 Public Information Meeting. This response is included as Appendix 2.

<b>CONCLUSION</b>
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The subject is located less than 300 metres from an elementary school which is inconsistent with the criteria listed in the Official Plan and Zoning By-law. The request for a site-specific policy to permit a Methadone Clinic and Methadone Pharmacy on the subject site, notwithstanding this deficiency, is inconsistent with the policies of the Official Plan since the subject site does not exhibit the one or more of the four conditions which would warrant the need for a site-specific amendment.

The subject site has insufficient parking based on its total GFA which is indicative of the site lacking the ability to accommodate the intensity of the requested uses and the lack of parking is contrary to the policies of the Official Plan and the regulations of the Zoning By-law. In order to conform to the parking requirements, the applicant proposes to construct a permanent wall to separate 111m<sup>2</sup> from the remaining 307m<sup>2</sup> and leaving the separated portion unfinished. However, this would create a situation that requires on-going by-law enforcement to continually monitor the subject site to ensure that the unfinished portion of the building remains unused.

Agenda Item # Page #

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File: OZ-8105

<b>PREPARED BY:</b>	<b>SUBMITTED BY:</b>
<b>MICHAEL TOMAZINCIC, MCIP, RPP MANAGER, PLANNING REVIEW</b>	<b>JIM YANCHULA, MCIP, RPP MANAGER, COMMUNITY PLANNING AND DESIGN</b>
<b>RECOMMENDED BY:</b>	
<b>JOHN M. FLEMING, MCIP, RPP MANAGING DIRECTOR, PLANNING AND CITY PLANNER</b>	

February 4, 2013

MT/mt

Y:\Shared\implemen\DEVELOPMENT APPS\2012 Applications 8003 to \8105OZ – 527 Wellington Road (EL)\8105OZ – Report to  
PEC



**Responses to Public Liaison Letter and Publication in “Londoner”**

<b>Name/address</b>
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Janice Guindon
Leona Durk 114 Cowan Crescent London, ON N6C 2V7
Kim Quin, Sally Douglas
Sharon Fry 100-35 Waterman Ave London ON N6C5T8
Frank Gerrits
Bonnie Weitzel
Chris Verhoeven 84-35 Waterman Ave. London, ON N6C 5T2
Vic Zanov 22 Torrington Crescent
James Bryce Director, M.C.C. 107 90 - 35 Waterman Avenue London, ON N6C 5T2
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Carolyn Martinelli
Sue Pullam Administrative Assistant Trustees' Office Director's Services Thames Valley District School Board 1250 Dundas Street London, Ontario N6A 5L1
Nancy Manners 159 Sandringham Cr. Unit 110 Harrison Pensa Per:J. Douglas Skinner DS/lb cc Lamplighter Inns (London) Limited

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Appendix 1



Bill Tucker, Director of Education and Secretary

2012 October 26

Mr. Eric Lalande  
Planner II - Policy Planning and Programs  
The City of London Planning Division  
300 Dufferin Ave, P.O. Box 5035  
London, ON  
N6A 4L9

RECEIVED  
CITY OF LONDON  
PLANNING DIVISION  
Oct. 29<sup>th</sup> 2012  
ERIC

Dear Mr. Lalande:

**RE: NOTICE OF APPLICATION TO AMEND THE OFFICIAL PLAN & ZONING BY-LAW (FILE: OZ-8105)**

This purpose of this correspondence is to outline the Thames Valley District School Board's objections to an amendment of the official plan that would allow a methadone clinic to be located within fewer than 300 metres of an elementary school. The application is from Towards Recovery Clinics requesting a site-specific reduction in the required setback for methadone clinics from schools from 300 meters to 251 meters. Allowing this amendment would place the proposed methadone clinic located at 527 Wellington Road, a mere 251 metres from Sir George Etienne Cartier Public School which is located at 695 Chiddington Avenue.

The Thames Valley District School opposes this amendment, encourages the City of London Planning Department to not recommend the amendment, and strongly supports the current by-law which restricts the placement of methadone clinics to a minimum of 300 metres from any school site.

We would like to applaud the City of London for its consultation process in the consideration of this amendment. The Thames Valley District School Board has a history of participation in the process of establishing the 300 metre distance - "as the crow flies" - in this by-law. Chair Graham Hart wrote a letter to Mayor Anne Marie DeCicco 2005 November 01, in which he expressed the concerns of the Board regarding a methadone clinic within proximity of a school. He requested the City consider a bylaw that prohibited methadone clinics within a certain radius of any school.

Chair Tracy Grant repeated this in a letter dated 2011 May 20 addressed to Councilor Bud Polhill, Chair, Built and Natural Environment Committee in which she articulated the opposition of the Board in locating methadone clinics within proximity of any school building.

Principal Don Macpherson, in his formal written submission of 2011 May 09, explained the impact of a methadone clinic on H.B. Beal Secondary School and its community, and due to concerns for student safety, opposed a methadone clinic being permitted at 519 York Street.

Please note that each of these written communications and the verbal presentations that accompanied the letters in 2011 recognized the positive use of methadone as an alternative treatment for persons with addictions. The Thames Valley District School Board is requesting that the City of London maintain a restriction of proximity to any school.

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Appendix 1


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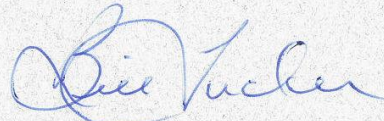
In March 2012, following an 18-month review period, the City of London adopted the 300 metre distance (as the crow flies) as the minimum distance that a methadone clinic could be from any school. The Thames Valley District School Board supports this decision and opposes any amendment to this 300 metre distance.

It is important that this distance remain a radius from methadone property to school property as this is the only consistent measurement that could be employed. Thus, in the matter of the amendment before the City of London Planning Department, we urge the staff and Councilors to maintain the 300 meter distance, as the crow flies, in the current by-law and deny the amendment. In doing this you continue to respect the long process of establishing the 300 metre distance and you continue to prioritize the safety, security and well being of children in our community.

Once again, we wish to commend the Councilors and the administrative staff for the attention to this matter, and for your consideration of our input on behalf of our students, staff and parent communities. Please consider this letter as official opposition to the amendment and a request to be notified of any future meetings in regards to this amendment.

Sincerely,

  
**Joyce Bennett**  
Chairperson

  
**Bill Tucker**  
Director of Education

c : R. Wood, Principal, Sir G. Etienne Cartier PS  
K. Dalton, Executive Superintendent  
TVDSB Trustees

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## Appendix 1

To the Planning Committee:

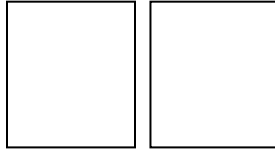
**RE: Proposed Methadone Clinic at 527 Wellington Road, London, Ontario**

I am a resident at 22 Torrington Crescent in the neighbourhood of Lockwood Park in London. I am writing to state that I am totally opposed to the proposed methadone clinic at 527 Wellington Road. I would like to take this opportunity to provide various reasons for my opposition. Also, I will present a possible better model of treatment for methadone patients/clients.

**Reasons for Opposition:**

1. The proposed clinic will be less than 300 metres (as the crow flies) from an elementary school. This is a clear violation of the current by-law for methadone clinics in London.
2. Towards Recovery Clinics has requested that the current 300 metres (as the crow flies) by-law be amended to allow their methadone clinic to be located less than 300 metres (as the crow flies) from a near-by school. Superintendent Ms. Karen Dalton of the Thames Valley District School Board during the October 18, 2012 preliminary meeting stated that 300 metres is not a random number. She stated "we agreed on 'how the crow flies' as its one thing we can measure ... it's consistent". Also, she highlighted the long process, over a number of years that it took the city, school board and other concerned parties to finally agree on that number. Also, she stated "we want to applaud the city for the long and arduous process it took to get to 300 metres ... but in asking us to bend to 251 metres, we are totally opposed". Ms. Dalton stated that the school board was not opposed to methadone as a treatment, but wanted city council to maintain the allocated distance in order to keep the rules consistent and to ensure the safety of the students.
3. The above comments and concerns were echoed by Mr. Rick Wood, principal of the near-by Sir Georges Etienne Cartier elementary school. The principal of this school stated that he already has to make sweeps of the school property in order to pick up drug paraphernalia before his students arrive in the morning. He stated that a methadone clinic very close to his school (directly accessible via a path from Wellington Road into Lockwood Park) would make conditions much worse for the young children who attend his school. As a result, he stated that he was also totally opposed to this methadone clinic being located so close to his school.
4. The methadone clinic would be located in front of a townhouse development. There is no wall, fence or any other barrier between the proposed methadone clinic and the adjacent townhouses. Mr. Wood, principal of Cartier elementary school, stated that several dozen elementary school students live in those townhouses. Specifically, he stated that approximately ten percent of the





## Appendix 1

elementary school population lives in the townhouse development that will be directly adjacent to the proposed methadone clinic.

5. If city council bends the current 300 metres (as the crow flies) by-law to 251 metres this will set a dangerous precedent. Other methadone clinics will eventually apply for further amendments to the 300 metres (as the crow flies) by-law. As a result, other potential clinics may be located even closer to public schools, community centres etc. If council rejects future applications to place methadone clinics less than 300 metres (as the crow flies) from sensitive areas, the city will be open to legal challenges from methadone companies who will challenge the city's inconsistent application of the 300 metres (as the crow flies) by-law.
6. The proposed methadone clinic's location allows for loitering at the adjacent townhouse development (behind the proposed clinic) and at the near-by elementary school playground. There are more appropriate and less sensitive locations for such a clinic.
7. There are a cluster of similar methadone clinics relatively close to the proposed location at 527 Wellington Road. There is a methadone clinic on Commissioners Road West and there will be two methadone clinics on Wharncliffe Road South.
8. In September 2011, the placement of a proposed methadone clinic by Towards Recovery Clinics in the neighbourhood of Cabbagetown South in Toronto was defeated. The councilor of Ward 28, Ms. Pam McConnell, which included the above Cabbagetown South neighbourhood, stated that she had concerns with the way Towards Recovery Clinics run their business after examining their other existing operations. She stated that their business is operated on a production-line model that maximizes profit through the number of clients and minimizes on-site physicians and resources. Ms. McConnell stated that she received this information from professionals familiar with methadone administration and officers from a police division that monitors their other facilities. It should be noted that Towards Recovery Clinics is the company that is planning to own and operate the methadone clinic at 527 Wellington Road.

**Possible Revision to the Current Methadone Clinic Model**

1. For-profit methadone clinic corporations have a conflict of interest. These corporations are in the business of maximizing profits for their owners/shareholders. On the other hand, these corporations claim that they want to assist and help their patients/clients to eventually become drug-free and productive members of society. However, by their very nature, these corporations are motivated by profit not by altruism.
2. A more humane approach would be to replace for-profit clinics with government owned and operated clinics where patient treatment would be the first priority and

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Appendix 1

not maximizing profits. These government run clinics would not simply dole out methadone in an assembly line format. Rather, these government owned clinics would focus on treatment of their patients/clients by maximizing on-site physicians, psychiatrists and other resources. These government owned clinics would be located at public hospitals and community clinics over 300 metres (as the crow flies) from near-by schools, community centres etc. The above model of government owned and operated clinics would truly benefit their patients/clients with a view of helping rather than exploiting them.

Sincerely,

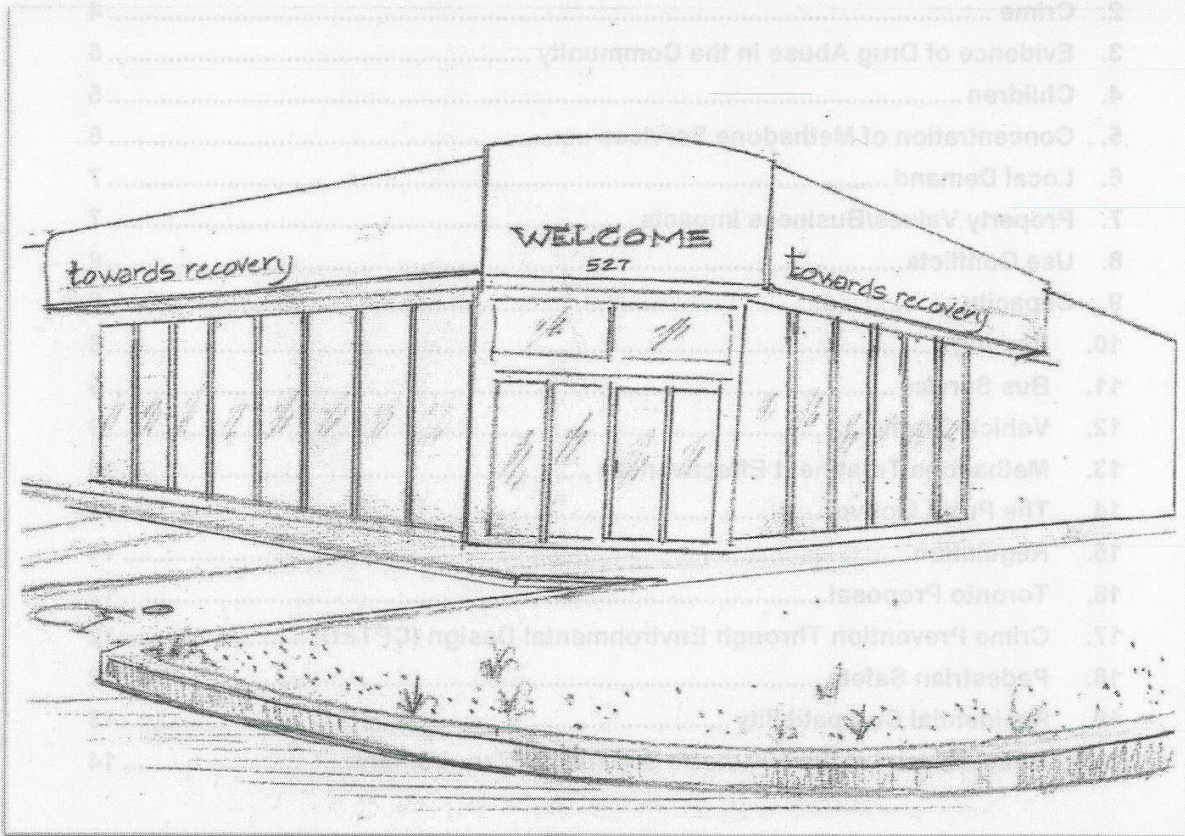
Vic Zanov

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Appendix 2

# Community Information Meeting Summary and Proponent Response Report

**527 Wellington Road**  
Towards Recovery Clinics



November 2012

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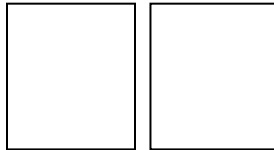
Appendix 2

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Appendix 2

**Introduction**

This report was prepared by Zelinka Priamo Limited in collaboration with Towards Recovery Clinics. The report organizes and summarizes the questions and concerns expressed by attendees at the Community Information Meeting for the Towards Recovery Clinics proposed Official Plan and Zoning By-law Amendment applications, which was held at the property subject to the applications on October 18<sup>th</sup>, 2012. To avoid repetition in our responses, similar questions and concerns have been combined in a way that condenses the message while retaining the intent of the participant(s).

**1. Concerns that the commercial area around the subject property is regularly or frequently used by people residing in the adjacent neighbourhood.**

This concern seems to stem from comments we made about the nature of the Auto-Oriented Commercial Corridor (AOCC) designation of the Official Plan, and the reasons why the City policies consider this designation to generally be appropriate for methadone uses. One of the recommendations made by the City's Planning for Methadone Clinics & Pharmacies report (the "City Methadone Report"), was for clinics to "be directed to locations away from pedestrian-oriented commercial areas where line-ups, loitering and sidewalk congestion can have the greatest impact on adjacent uses". This corresponds with the Official Plan requirements for new clinics to be located within areas (such as the AOCC) designated for uses that are not intended to be pedestrian-oriented.

While we recognize that many people living in the area use the Wellington commercial corridor around the subject property, it appears that many residents were referring to their use of the Community Commercial Node (CCN) on Commissioners Road to the north of the AOCC. The CCN, while not being pedestrian-oriented, does meet some of the neighbourhood's daily or weekly shopping needs.

Moreover, the planned function for the AOCC as established by the City's Official Plan is for the area to contain uses which "cater to vehicular traffic and single purpose shopping trips", and that customers are generally "drawn from passing traffic or a wide-ranging market area." (Section 4.4.2) The Plan also states that in these area, "the form of development is oriented toward automobiles and vehicular traffic" (Section 4.4.2.3) and that the uses within them "have limited



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opportunity to locate within Commercial Nodes or Main Street Commercial Corridors by reason of their building form, site area, location, access or exposure requirements; or have associated nuisance impacts that lessen their suitability for a location near residential areas” (Section 4.4.2.4).

This information merely describes the intent of the Official Plan’s methadone policies as they relate to how the area is intended to function. We recognize that many people who live in the area frequent the various commercial areas in the vicinity of the subject property, and that many of these people do so by walking. There is no reason to expect that the proposed clinic will interfere with this activity.

**2. Concern about the relationship between crime and methadone treatment.**

A number of people either directly raised the possibility of an increase in criminal behaviour occurring as a result of the operation of the proposed clinic, or implied this was a concern through other comments. Since methadone maintenance programs eliminate the pressure for those with opioid addictions to use criminal means to fund the purchase of street drugs, methadone treatment is acknowledged as a way of reducing crime.

Some have suggested that where there is a concentration of people suffering from addiction that patients are vulnerable to predation by those involved in the illicit drug trade. The logic of this suggestion does not take into account the reduced vulnerability of those in treatment, since they no longer require street-drugs to avoid withdrawal symptoms, and they have increased access to counseling services and other protections from predatory criminals. Mechanisms are also in place to detect and remove anyone abusing treatment provisions. Moreover, the applicant proposes to employ resource/security personnel to monitor activity around the clinic, to assist and protect patients and the community.

A thorough study on the relationship between methadone treatment services and crime was recently completed by researchers at the University of Maryland (Boyd, S. J., Fang, L. J., Medoff, D. R., Dixon, L. B. and Gorelick, D. A. (2012), Use of a ‘microecological technique’ to study crime incidents around methadone maintenance treatment centers). This study used geographically coded crime statistics for the City of Baltimore to determine if there is a relationship between methadone treatment centres and the local crime rate. This study

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concluded that clinics are not associated geographically with crime. Methadone clinics reduce the overall crime rate and do not increase the crime rate in the area surrounding them.

**3. Concern about evidence of drug abuse in the community (particularly syringes found in the pedestrian walkway and in an elementary school yard, as well as thefts).**

There were a number of people, including the principal of the public school, who raised this as a concern, effectively confirming the presence of an existing population involved with drug abuse and addiction in the community. The evidence of illicit drug use in the area was raised with the implied suggestion that the proposed methadone clinic will exacerbate existing problems in the community.

Since methadone maintenance treatment programs are intended to treat addictions and eliminate the use of street drugs by those in treatment, the concern, while well-meaning, is illogical. It would be more logical to expect that, by providing an addiction treatment facility near the community, more people suffering from addictions in the area will be readily able to seek treatment and would be more likely to stay in treatment. This would have the expected effect of reducing the (sometimes dangerous) evidence of illicit drug use in the community.

**4. Concern that children living in the area are at risk of being exposed to patients of the proposed clinic.**

Perhaps the most common concern expressed by members was related to the safety of children in the area. This included specific reference to a higher than average number of children in the community, the large number of children living in the townhouse development west of the subject property, and noting that many children in the area use the Wellington Road buses.

While we observe that the notion of people in methadone treatment programs being a danger to children or others is an unsupported stereotyping, the proposed clinic intends to provide a number of safety-related features. Towards Recovery Clinics employs state-of-the-art electronic surveillance, with camera coverage for both interior areas and external areas of the property. This surveillance includes 24-hour coverage with retention tapes for review by the operations team. These images can be shared with police services if ever needed.

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Towards Recovery Clinics also intend to employ on-site physical-resource/security personnel trained to assist clients in attending their appointments and leaving the premises and the immediate area when their visit is concluded. This reduces the potential for loitering and other related activity. In more than 8 years of experience in providing methadone treatment services in other communities, the proponents report having had no thefts at any of their clinic or pharmacy facilities.

With respect to the use of LTC buses by children, it is important to recognize that the transit system is designed to serve a broad cross-section of the London community. Anyone using transit encounters people from all walks of life.

**5. Concern about the possibility that other clinics are nearby, and that the proposal would result in a surplus of addiction treatment facilities in the area.**

Based on the City Methadone Report, there is no existing or proposed methadone clinic or pharmacy within 3 kilometres of the subject property. While this would indicate that the proposal would not result in “too many” methadone treatment facilities in this part of the City, it remains unclear how such a scenario would have a negative impact on the community. Although there has been attention paid to information suggesting that there are 1,400 people in methadone treatment programs in the City, based on addiction rate estimates determined by research conducted by the Centre for Addiction and Mental Health (CAMH) and available census data, we expect that the London area has an opioid-addicted population of close to 8,000 people.

We note that methadone treatment centres in smaller communities and in suburban areas (such as this proposal) tend to have larger catchment areas than clinics in highly urbanized areas. These areas tend to have significant overlap between clinics and are dictated by the travel patterns, needs and choices of the patient population, much the same as occurs with other healthcare service in the City. Although this clinic will generally serve the south London area, it is also likely to serve a number of patients from outside the City.



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**6. Concern that most of the patients will come from outside of the surrounding Lockwood community and/or that more evidence is needed to show that there is a demand for methadone treatment services in the area.**

The concern about patients coming from outside of the area could be understood as a matter of making clients travel too far, but this concern also seems to be in reference to the proportionate responsibility of the community to have a clinic in its backyard serving people from outside of the area. It would be difficult, if not impossible to project reliable figures for the number clients from the Lockwood community that the clinic would serve due to the privacy rights of those already in treatment elsewhere and the futility of trying to determine who in the community has (or will have) an opiate addiction and will seek treatment at the proposed clinic. No matter where in the City it is located, any medical clinic (whether methadone or otherwise) would serve patients well beyond its immediate community.

Clinics with in-house pharmacy facilities, such as that proposed, have larger catchment areas than stand-alone clinics or pharmacies, and are generally dictated by the travel patterns and needs of the patients. Based on the locations of existing facilities identified by the City Methadone Report, as discussed above, the proposed clinic would expect to serve a client population based primarily in south London.

**7. Concern about potential negative economic impacts on business and residential properties in the area.**

There were a number of speakers who expressed concern that the proposed clinic would have a negative effect on the profitability of nearby commercial enterprises and/or would reduce the value of commercial and residential properties in the area. A well functioning methadone clinic (or pharmacy) is virtually indistinguishable from any other medical clinic. Experience in London and elsewhere has shown that in such instances, most people are not aware of the existence of a clinic unless it is pointed out by a municipal process that requires their identification.

In the heat of debate about the establishment of a clinic, residents and business owners raise concerns about the effect on property values and business operations (as also often happens with proposals for other types of commercial uses) but there is no evidence of property value reductions or disruption to businesses around well functioning clinics.

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Concern that most of the patients will come from outside of the surrounding

**8. Concern about potential problems resulting from the use of nearby bar and hotel establishments by clients of the clinic.**

The concern seems to stem from the presumption that, as people suffering from opiate addictions, patients of the clinic would be more likely than other community members to abuse alcohol and cause disturbances at these local facilities. Having different expectations about the behaviour of those suffering from addiction is a common negative stereotype, and is not a planning issue. We also note that the facilities of concern are not particularly close to the clinic, and they would pose no more of an opportunity to any user of the proposed facility than any number of similar services along Wellington Road or across the City.

**9. Concern about the expected capacity of the clinic.**

Several community members expressed concerns about the maximum number of clients for whom the proposed clinic would expect to provide treatment. There are impacts that sites used too intensively for any specific purpose can have on surrounding uses (e.g. increased traffic, noise,) and people are interested in understanding how the clinic would be operating at a maximum capacity. While recognizing that it can take a considerable amount of time to build a patient base, Towards Recovery Clinics expect to be able to accommodate up to approximately 400 clients in treatment on a daily basis at the proposed facility. Further details on how the clinic would operate at this capacity are contained in issue #10 below.

**10. Concern about the proposed clinic having inadequate parking facilities.**

People raised concerns that there is not enough room on the site to provide sufficient parking for the proposed clinic. Whenever a use does not have appropriate parking facilities, adjacent uses and roadways can be negatively impacted. As a result of the year and half that the City studied methadone facilities, the City's Methadone Report examined parking requirements for methadone clinics and pharmacies and recommended a specific minimum parking rate of 1 space per 15 square metres of floor area. This is the same rate applied to other medical clinics, and is higher than the normal rate applied to pharmacies. This parking requirement is met by the proposed clinic.

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The seven-space parking area to the rear of the building is intended to serve as the staff parking area. This would leave the 14 spaces in the front yard parking area for patients and their caregivers, and any other site visitor. With operations at capacity, the clinic would expect a maximum of approximately 300 patients arrive by personal vehicle per day (including those who are dropped off and picked up). With clinics generally operating from 7:30 a.m. to 5:30 p.m., this equates to an average of 30 visits for each work hour. With individual visits generally taking 10-15 minutes, the front parking area would be expected to function properly with ample parking space availability, even at higher use levels.

**11. Concern that the City bus service along Wellington Road is at maximum capacity during peak periods and could not accommodate additional riders heading to and from the proposed clinic.**

There was some concern expressed about London Transit Commission (LTC) buses serving the Wellington Road routes being too full to handle any more riders, and that the clinic proposal should be refused to avoid stressing the service further. This position is generally inconsistent with the City's policies for methadone clinics, the LTC's operational strategies and the City's overall support of transit use. The Official Plan directs new clinics to sites that are "well served by public transit" (Section 6.2.11) as a means of ensuring appropriate levels of access to the health service. The strategic priorities of the London Transit 2011-2014 Business Plan includes a commitment to the "continuous review and development of the transit service (service design, routing, frequency and accessibility) to ensure the service meets the needs of a growing, competing and changing market(s)". While we do not expect the proposed clinic to have a measurable affect the operation of the LTC buses along Wellington Road, we expect that the LTC will adjust its service to meet the changing needs of the area. If people have concerns about the existing transit service levels on Wellington Road, or any aspect of LTC operations, we encourage them to contact the Commission directly.

**12. Concern that vehicle traffic along Wellington Road is dangerous, and that the clinic may worsen the situation.**

The Wellington Road corridor is one of the most prominent routes into the City and has a traffic volume among the highest of any roads in the City. This road also provides direct access to a large number of commercial sites with access characteristics similar to the subject property.

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The Auto-Oriented Commercial Corridor permits a wide range of commercial uses, including a number of uses that generate similar or higher amounts of vehicle traffic than the proposed clinic (e.g. fast food restaurants, convenience stores). There is no reason to expect the proposed clinic to affect the flow of traffic in a way that differs from other existing or permitted commercial uses within this use area.

Based on the experience of other Towards Recovery Clinics facilities, it is expected that 60-75% of their patients will drive or be driven (by friends, family, taxi) to the clinic, with 20-25% using public transit and 10-15% walking or cycling. We note that methadone maintenance prescriptions do not impair driving ability.

There is no basis to refuse a methadone clinic in this area based on the effect of the traffic characteristics of the use on the arterial roadway.

**13. Concern about the length of time that clients stay in methadone treatment programs and whether or not the program cures people, and concern that methadone programs 'imprison' clients in treatment.**

Methadone maintenance is a treatment, not a "cure" for addiction. Chemical addictions (including those related to alcohol and nicotine) cause lasting changes in brain function for which there is no simple remedy. Maintenance programs allow people suffering from addiction to opioids to eliminate their dependence on illicit drugs so that they can stabilize and improve their lives. They are encouraged to stay in treatment for as long as it helps them. Sometimes clients stay in the program for a just a few months, while others find benefit from treatment for years.

One person was concerned that people receiving methadone treatment would have difficulty leaving treatment since 'detox' programs may not accept methadone clients. While drug detoxification services have varying criteria for accepting methadone patients, very few offer services to high-dose patients. These programs have a different model of care that has positive and negative aspects of its own. Many methadone clients are able to successfully taper their methadone dosage, and may thus choose to leave the program.

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**14. Concern about the profit motive of clinic operators.**

A number of people expressed concerns that the business interests of the proponent (i.e. profit) interferes with proper considerations being made for the concerns of the surrounding community. While these concerns go beyond what can be considered 'fair comment', we recognize that some community members are concerned about bias that may exist within the 'for-profit' care model. All of the fee structures and billing procedures are set and controlled by the Ministry of Health and the appropriate professional Colleges.

The model for the provision of core health services in Canada is one of public funding and private delivery. The sources of revenue for the proposed clinic are no different than those of any other medical facility. Towards Recovery Clinics place physicians in a leadership role for all aspects of the care provided within facilities, and they ensure that high quality patient-care is provided.

Furthermore, as described in our Justification Report, the business model of Towards Recovery Clinics recognizes the relationship between the community and the operation of their facilities. Their slogan ("Patient Care. Community Fit.") is a reminder that if a clinic provides a high standard of patient care, the relationship with the surrounding community will be improved, and that if a clinic maintains good relations with the neighbourhood, its ability to provide a high standard of care will be enhanced. The proponent relies on this model of care to best ensure clients have a positive experience with the facility and that the surrounding community finds the operators to be responsive to community concern, thus maximizing the stability of clinic operations.

**15. Concern about the regulation, and inspection of methadone clinics.**

Methadone treatment facilities are highly regulated and closely monitored, particularly when compared with most medical clinics and pharmacies. Physicians and pharmacists are required by their professional organizations to take specialized training and acquire certificates in addiction treatment. These education programs are specially designed and delivered through the two professional Colleges (College of Physicians and Surgeons and the Ontario College of Pharmacy). In addition, both professional bodies review physician and pharmacist practices.

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Furthermore, all methadone pharmacies are subject to random audits sponsored by the College of Pharmacy. These audits examine all operating practices, including pharmacy security, cleanliness and professionalism elements. Full reports and grades based on these assessments are submitted to the College of Pharmacy, and both involved Colleges have mechanisms for hearing complaints related specific operations and practitioners.

All aspects of licensing, ethics, data and records management, as well as fees and billing; are tightly controlled through the Colleges and the Ministry of Health and Long Term Care. All clinics and pharmacies must meet municipal zoning regulations and any other applicable by-law requirements.

**16. Concern about a previous Towards Recovery Clinics proposal in Toronto.**

In 2011, Towards Recovery Clinics had obtained all approvals and permits to build and operate a new clinic in Toronto and were in the process of renovating the building interior when they decided to discontinue the initiative. While there were negative comments expressed in the media about the proposal, the project was based on thorough research of the community, and with input from more than 30 other service delivery agencies in the area.

**17. Concern about plans for Crime Prevention Through Environmental Design (CPTED) principles being applied to the site.**

As discussed in our Justification Report, CPTED principles will be implemented through the public site plan process prior to the operation of the facility. The four underlying concepts of CPTED (natural surveillance, natural access control, territorial reinforcement and maintenance) represent a passive system of crime deterrence that would be buttressed by the active security measures planned by Towards Recovery Clinics, as described previously. The subject site at 527 Wellington Road is well suited for crime deterrence.

**18. Concern about the safety of the pedestrian walkway near the site.**

People expressed concern that the pedestrian walkway is known to people outside of the area; that patients of the clinic will discover it; that people have been assaulted on the pathway; and

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that it is unsafe at night. As noted in our Justification Report, the pedestrian walkway connecting Waterman Avenue with Chiddington Avenue is not a prominent feature, and is not visible from the vicinity of Wellington Road. There is no direct connection from the subject property to the walkway. The attention we have given to this walkway is in relation to its serving as part of the shortest route from the subject property to the closest school. This has been confirmed by the local residents. There is no reason to believe the pathway would be used by patients of the clinic, unless they live in the Lockwood community. We also note that the pathway is only open to the public in daylight hours, and that concerns about existing conditions and its safe operation can be dealt with through City staff and representatives.

**19. Concern about methadone clinics being incompatible with residential areas.**

For methadone maintenance programs to be successful, facilities must be accessible for those seeking treatment. By providing convenient access to treatment services, the chances will increase that someone suffering from addiction will seek treatment, as will the likelihood that they will successfully stay in treatment. In order to provide convenient access to treatment services, some proximity to residential communities is required.

As described above, the business model of Towards Recovery Clinics recognizes the relationship between the community and the operation of their facilities. Their slogan ("Patient Care. Community Fit.") is a reminder that if a clinic provides a high standard of patient care, the relationship with the surrounding community will be improved, and that if a clinic maintains good relations with the neighbourhood, its ability to provide a high standard of care will be enhanced. The proponents work very closely with police agencies in all areas where their facilities are located, and they invite anyone interested to contact Hamilton Police Service – ACTION group or the police services in Brantford or Niagara with any questions about this relationship.

The proposed clinic is located within a commercial area on a major arterial corridor. The clinic is oriented towards Wellington Road, and all client access to it is planned to centre around the front entrance, including client parking. Unless a client were a local resident, there would be no reason for them to travel to any residential part of the neighbourhood. The proposed site is close to London's newest and largest healthcare facility as well as several other service delivery agencies.

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**20. Concern that the 300 metre separation from schools and other uses is intended to be measured as a straight-line distance.**

A major component of the justification we have provided to support the proposed recognition of adequacy of the separation between the proposed site and the nearest school is that the 300 metre setback requirement is intended as a practical separation intended to serve as a minimum walking distance between these uses. As we have noted, the 300 metre separation distance was recommended by the City's Methadone Report as a means of reducing potential crime and litter impacts ascribed to methadone facilities on specific uses having concentrations of vulnerable people. Based on its stated purpose, it is reasonably interpreted to be a practical, or route-based separation discouraging patients from loitering near school (or other) properties. It is impossible for the perceived impacts to occur without patients of the facility travelling from one location to the other, and this cannot be accomplished through the shortest straight-line route, since that line goes through a number of private buildings and fences. Members of the public were very clear in relating to the walking route between the school and the clinic site, implying that it is the only measurement of separation that has practical application.

Although this concern seemed to be associated with a number of comments made, it was most clearly articulated by the Executive Superintendent of Operations Services for the Thames Valley District School Board. The two main arguments supporting her claim that the measurement is intended to be 'straight-line' were that it had always been described as such during the development of the City's methadone policies, and that it is the only way to consistently and accurately measure this distance. We note that, although the analysis prepared in support of implementing the setback made use of simple straight-line measurement analyses which included buffering radii around identified facilities, this was a reasonable simplification of the setback that was useful for understanding the general effect on site-selection. The basis for having a setback has always been related to walking distance between uses seen as conflicting.

Measuring the practical walking distance between two properties is not difficult to complete in a consistent and accurate manner. In fact, both the Thames Valley District School Board and the London District Catholic School Board by policy rely on such measurements being made by the Southwestern Ontario Student Transportation Services (STS) to determine the eligibility of individual students for school bus services. STS measures from the closest perimeter edge of



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residential properties to the closest perimeter edge of a school property, based on the shortest route on the road network and including municipal walkways. If the school boards can rely on the reasonable and consistent measured practical walking distance for thousands of students, the measurement of the walking distance between individual clinic proposal sites and certain schools cannot be considered difficult or inconsistent.