

22 Torrington Crescent
London, Ontario
N6C 2V9

November 20, 2012

Ms. Heather Lysynski,
City of London
P.O. Box 5035
London, Ontario
N6A 4L9

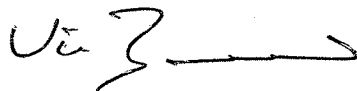
Dear Ms. H. Lysynski:

RE: Proposed Methadone Clinic at 527 Wellington Road

Please find enclosed my letter to the Planning Department / Planning Committee concerning the propose methadone clinic at 527 Wellington Road. Please include the contents of the attachment to the planning department's report. Also, please forward a copy of the attachment to the Planning Committee.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Vic Zanov", with a long horizontal flourish extending to the right.

Vic Zanov

To the Planning Department / 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

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

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