

# ***Corktown Residents & Business Association***

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## **COMMUNITY IMPACT STATEMENT**

**PRESENTED TO**

**THE METHADONE TASK FORCE  
ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE**

**ON**

**THE CURRENT METHADONE TREATMENT PROGRAM**

**January 24, 2007**

**BACKGROUND INFORMATION:**

Corktown is one of Toronto's oldest neighbourhoods established by John Graves Simcoe, the first Lieutenant Governor of Upper Canada, in 1793. It is bounded by Berkeley Street, Shuter, the Don River and Lakeshore Blvd. and is part of Ward 28 in the City of Toronto.

Ward 28, and the adjacent Ward 27, currently contains a higher concentration of social services than anywhere else in the City of Toronto. This large population of transient, marginalized people has created enormous problems for the businesses and residents of this small, historic community and has produced an environment which is often hopeless and demeaning for those who require these social services. However, the one problem we have virtually never experienced is heroin addiction.

Over the past few years, the Corktown community has worked tirelessly to reduce crime, promote our business community and reclaim our parks so they can be once again a haven for children, families and seniors instead of an outdoor office for drug dealers.

And we were very successful on King Street, east of Parliament, which became the one spot in our community that reflected our hopes for Corktown as a whole. Sackville Park had a complete makeover – the new landscaping allowed the police to see what was happening in the park – the indigents and criminals left – the children came back to frolic in the playground – families returned to have picnics – seniors sat on benches to read on a sunny afternoon. In short, Sackville Park became the kind of community asset that people in other locales would consider the norm, but to Corktown, this was a miracle which gave hope to all of us that similar changes could occur throughout the area.

Slightly west of Sackville Park, you will find two of our principal heritage sites – The Enoch Turner Schoolhouse and Little Trinity Church and just around the corner is The Inglenook Alternative School. Many of the businesses on King Street are housed in historic buildings, some of which have been recently updated under The City's Façade Improvement Program. It was the best part of the Corktown community.

## **INTRODUCTION:**

On December 23, 2005 we were stunned to receive official notification that a methadone clinic and dispensary would be opening adjacent to these heritage sites and across from Sackville Park. A group, which included some of the principals in this privately owned methadone business, had purchased an historic building several months before and were planning to renovate it and open their clinic and dispensary in the spring or summer of 2006. This particular, high volume, methadone business had a long and unpleasant history in its previous location at Front and Frederick St. The residents and businesses in that area had lodged endless complaints to the City and the police about this site. We suggest that The Task Force ask the condo board at 160 Frederick Street for access to records which they may have kept that would document this clinic's history at that location. The owners of this methadone business had apparently been seeking a larger facility in order to expand their client base.

There was no prior warning – there was no community consultation (although CAMH say that this is mandatory) – there was no consideration whatsoever given to the morality of opening a methadone clinic and dispensary on an open corner which would afford no privacy or anonymity whatsoever to the patients – there was no thought given to the large number of addicted people, many of whom are incapable of controlling their behaviour, who would now be coming daily to a heritage community – and no concern whatsoever about placing such a facility so close to a park, church and school.

It became rapidly apparent that Toronto did not have by-laws dictating where these specialized clinics/dispensaries could be located and, when we spoke to the City planners, we were told that they didn't care what kind of business went into a commercially zoned building as long as it contributed to the City's commercial tax base. Approximately 470 members of the Corktown community signed a petition asking for by-laws with clearly defined, special zoning requirements for methadone clinics, safe injection sites and needle distribution centres. The City refused and insisted that the methadone program was definitely a provincial responsibility.

The Province took no responsibility for the placement of these sites, and stated that this was a municipal issue.

The Federal Government, apart from licensing these physicians, was apparently not involved at all but they did have "confidence" in the Province's ability to deal with all aspects of this issue.

In fact, there is no clear line of control/responsibility by any level of government related to the placement of a methadone clinic/dispensary within a community, or the monitoring of its short or long term effect on that community.

As long as you have a license to prescribe or dispense methadone, you can buy a building with a commercial zoning that includes a Medical Clinic anywhere in the City, open your very lucrative business with no business license and no community consultation process, and the residents have no recourse. It is more difficult to obtain a license for an out-door patio at a pub than it is to establish a methadone business and, if the community objects to that licensed patio, there are prescribed methods to deal with their complaints – there are none for a methadone clinic/dispensary.

### **THE IMPACT OF THIS CLINIC/DISPENSARY ON THE COMMUNITY:**

The clinic at 431 King St. had previously been in business for some time in the St. Lawrence area and we were aware of the myriad of problems that had been associated with it. But nothing could have prepared us for the sheer volume of patients and the appalling physical condition of so many of these unfortunate people. Initially, our concern was for the community but now we feel just as strongly about the rights of methadone patients and the quality of care they are receiving in this type of methadone treatment program. When a clinic/dispensary is located on such an open corner and deals solely with addiction issues, there is no privacy or anonymity for any of the patients. Each and every person who walks into that site is automatically identified by all on-lookers as an addict.

The following are just a few of the incidents witnessed by community members:

- ∞ People leaving the clinic who are barely able to walk but they get into a car and drive away even though they are now a danger behind the wheel to themselves and others.
- ∞ People who are vomiting on the street and projectile vomiting on surrounding buildings. One business reported this to the police repeatedly and has now moved out of the community because of it.
- ∞ People who are so ill that they are crawling across King St., one of the busiest streets in downtown Toronto. A local resident called an ambulance.
- ∞ People who are so emaciated that they were staggering across the street, too weak to stand upright.
- ∞ People who use our parks to urinate into bottles and then sell this fresh urine to others.
- ∞ People who come out of the clinic and then buy drugs from the dealers who wait outside for them. By the time the police arrive, the dealers are long gone having been alerted by the lookouts they have posted throughout the area.

- ∞ People who are so high on drugs that they force their way into neighbouring restaurants to use their bathrooms leaving their crack kits behind.
- ∞ People who have been in so much pain in Sackville Park that our residents have had to call ambulances
- ∞ People who use our children's wading pool in the park for their bathtub and wash their underwear in our drinking fountain.
- ∞ People loitering on the streets and in the parks around the clinic, intimidating pedestrians.
- ∞ People who wander into surrounding or adjacent streets, entering stairwells and hallways and threatening residents.
- ∞ People who leave their used crack kits and needles in our parks and behind buildings.
- ∞ People in crowds around the building or parking their cars at will in front of driveways or on sidewalks while they run in for their dose of methadone.

Our residents no longer feel safe. Our commercial sites have suffered a loss of business and in some cases, have chosen to leave our community. Some incidents have been reported to the police but in most cases, the perpetrator is long gone by the time the police answer the call so many residents no longer make a police report.

Very few families now visit Sackville Park as many of the incidents described above have occurred in front of children. One resident asks how he can continue to teach social values to his 17 year old son when every day this teenager witnesses drug deals being openly conducted across from his home.

Community members are openly threatened and intimidated. Before this clinic opened, the Past President, Past Secretary and President of the CRBA received a letter from the clinic's lawyer warning us to stop our opposition to this facility or be faced with a lawsuit. When a small group gathered in a store across from the clinic to plan this meeting with the Task Force, we received a phone call telling us that the store window would be broken if we didn't stop discussing the methadone clinic. The same night, a planter was thrown at the window. These incidents were reported to the police.

This behaviour just reinforces the need for this Task Force to radically revamp the addiction treatment program, remove it from the private sector, and establish clear lines of accountability within the three levels of government.

### **RECOMMENDATIONS TO THE TASK FORCE:**

This methadone clinic/dispensary has had a very negative impact on our community and we feel strongly that we have been abandoned by all levels of government. The Ministry of Health and Long-Term Care and CAMH made the decision some time ago to focus on community based health delivery systems for all kinds of illnesses. However, they have

failed to focus on what happens to a community when a large group of marginalized people are placed in their midst. We recommend the following:

- ∞ An in-depth community impact study before any more addiction treatment facilities are opened.
- ∞ By-laws must be enacted in each host city to clearly delineate where these sites may be placed. No addiction/rehabilitation facility, needle exchange or safe injection site should be within 750 metres of a school, park, church or residential community.
- ∞ There must be mandatory community consultation prior to the location of any form of addiction treatment, needle exchange or safe injection site.
- ∞ All addiction treatment facilities should be located in hospital settings or clinics affiliated with a hospital that provide full access to on-site case workers, psychiatrists, trained counselors and other medical professionals.
- ∞ Equal distribution of all addiction related clinics/dispensaries throughout the City rather than a concentration in one area.
- ∞ A cap on the number of patients treated by each clinic and each dispensary.
- ∞ All addiction treatment or rehabilitation sites must be located a substantial distance away from at-risk neighbourhoods. One former addict told us that it was almost impossible for her to “stay clean” when she had to walk past a methadone clinic every day.
- ∞ All clinics must provide paid security officers to supervise activities in and around the clinics.
- ∞ Review or revoke the licenses of doctors and pharmacists who continue to send visibly ill patients out on the street.
- ∞ Improved nursing care for each patient prior to leaving the clinic/dispensary.
- ∞ Any needle exchange program must be located in a closely regulated, medical centre to avoid the disposal of these needles in our parks and communities.
- ∞ License all pharmacies to dispense methadone. This would spread the number of patients receiving their drugs more evenly throughout the City and would allow the patients to have access closer to their own homes.

## **CONCLUSION:**

Drug addiction is a serious health issue and those who suffer from this illness deserve to be treated with the same care and respect as any other patient in this Province. They need the opportunity to choose from a wide variety of treatment options not just methadone. One addict described methadone as a “liquid noose around his neck”. We seem to be rescuing these people from one addiction and then sentencing them to another. The theory that this prevents them from committing crimes to fund their addiction is highly suspect.

And what about the long term affect on the host communities? Corktown has been irrevocably changed – the optimism we felt for the improvements to the King St. area, the best part of our community, has gone. At what point do the rights of these patients for

specialized treatment supercede the rights of the community as a whole for a safe and peaceful environment in which to raise their families and operate their businesses?

We believe that it is up to this Task Force to achieve an effective balance in your final report and we urge you to remember that small neighbourhoods are the backbone of our Canadian way of life. Again and again, all levels of government have been told by the Canadian people that private health care is unwanted and unacceptable. Please put the drug treatment program back in the hands of hospital professionals and return our neighbourhoods to the people who live and work in them.

Respectfully submitted,

The Board of Directors of  
The Corktown Residents and Business Assoc. Inc.