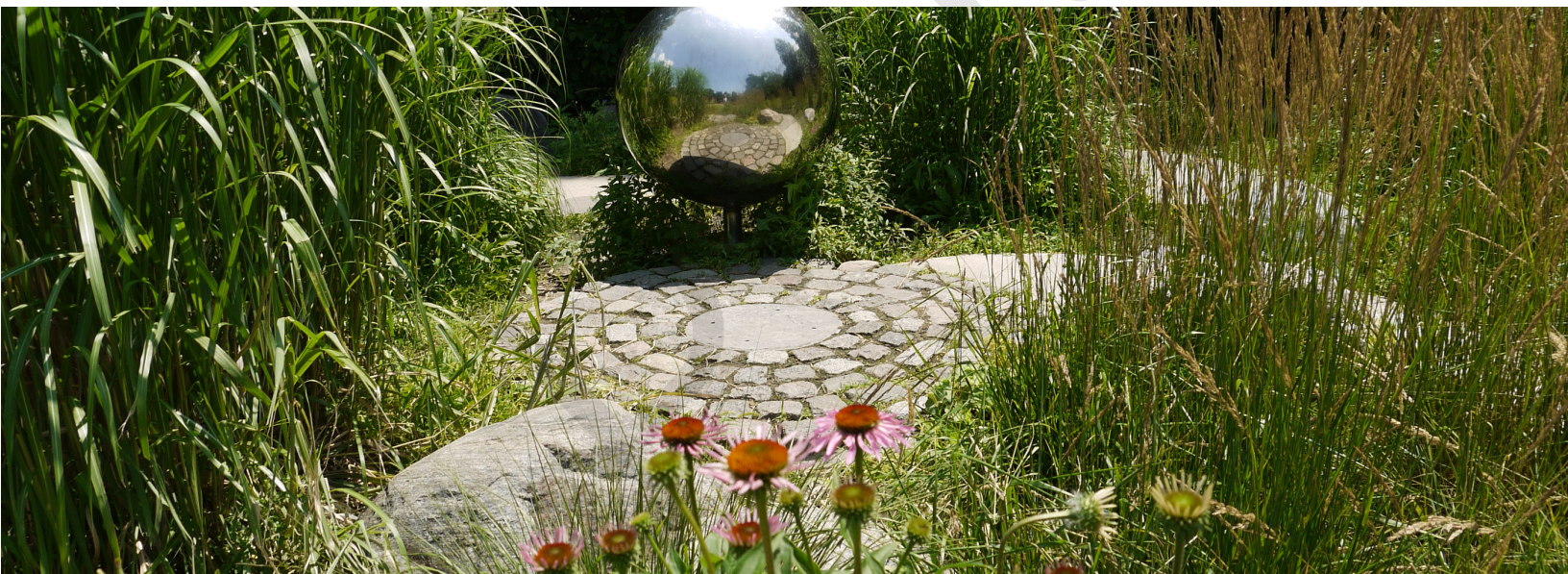


# City of MARKHAM

## Task 16B: **Review & Assessment of Addiction/Recovery Centres**

Comprehensive Zoning By-law Project



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# CONTENTS

<b>1.</b>	<b>INTRODUCTION</b>	<b>1</b>
1.1	Purpose	1
1.2	Types of Addiction/Recovery Centres	1
1.3	Federal and Provincial Legislation	3
1.4	OHRC Examples □ Addiction/Recovery Centres and Municipal Zoning	5
<b>2.</b>	<b>REVIEW OF OFFICIAL PLAN &amp; EXISTING ZONING BY-LAWS</b>	<b>7</b>
2.1	Markham Official Plan Part I - Addiction/Recovery Centres	7
2.2	Markham's Current Zoning By-laws – Addiction/ Recovery Centres	7
<b>3.</b>	<b>REVIEW OF RESEARCH AND STUDIES</b>	<b>8</b>
3.1	Recent Markham and Region of York Issues - Relating to Recovery and Addiction	8
3.2	Planning for Methadone Clinics & Methadone Pharmacies, City of London	9
<b>4.</b>	<b>CASE STUDY</b>	<b>10</b>
4.1	City of London Zoning By-law Z.-1 and Official Plan policies as it pertains to Methadone Clinics	10
<b>5.</b>	<b>ISSUES IDENTIFIED AND POTENTIAL OPTIONS</b>	<b>14</b>
5.1	Issues Identified	14
5.2	Potential Options	15



# 1. INTRODUCTION

## 1.1 Purpose

The purpose of this report is to identify and review issues associated with *recovery centres, addiction centres, and other similar clinics* (“Addiction/Recovery Centres”) that need to be addressed prior to drafting a new comprehensive zoning by-law and to provide options for addressing these issues. Chapter 1 identifies the types of addiction/recovery centres, outlines appropriate federal and provincial legislation involving issues associated with these types of land uses, as well as Ontario Human Rights Commission examples on addiction clinics and municipal zoning. Chapter 2 of this report provides a review of any Markham Official Plan policies and zoning by-law provisions dealing with these uses. Chapter 3 reviews research and studies on the various issues found in Markham and looks at how other municipalities have been dealing with such issues with land use planning policy and regulations. Chapter 4 examines one case study dealing with methadone clinics (London) in its zoning by-law. Finally, Chapter 5 identifies issues reviewed in this report and provides options for dealing with these issues in the new zoning by-law.

## 1.2 Types of Addiction/Recovery Centres

Based on our research, there are several types of addiction/recovery centres in Canada. These centres employ/use many different approaches to address drug-related issues including therapy and counseling, as well as pharmacotherapy treatments, such as methadone treatments.

Harm reduction programs accept some level of drug use in society as inevitable and normal and seek to reduce immediate harms.<sup>1</sup> Needle exchange programs and safe injection sites<sup>2</sup> are examples of

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1 CAMH Position on Harm Reductions: Its Meaning and Application for Substance Use Issues, Centre for Addiction and Mental Health, June 2002. <http://www.camh.ca/en/hospital/aboutcamh/influencingpublicpolicy/publicpolicysubmissions/harmreduction/Pages/harmreductionbackground.aspx>

2 In 2011, a Supreme Court of Canada ruling prohibited the federal government from closing Insite clinic, a supervised injection clinic in Vancouver, BC (Canada (Attorney General) v. PHS Community Services Society, 2011 SCC 44). While

harm reduction programs.<sup>3</sup> Specifically, we focused on two programs that exist in Ontario and can be controversial within municipalities as they either administer drugs or provide equipment for safe injection. These are needle exchange programs (NEPs) and methadone maintenance treatment (MMT).

### 1.2.1 Needle Exchange Programs (NEPs)

Needle Exchange Programs are tools for harm reduction as they provide “sterile, unused hypodermic needles and equipment – at no cost – to people who inject drugs. It may also encourage users to turn in their used equipment for disposal.”<sup>4</sup> These programs and centres aim to prevent the spread of infectious diseases such as HIV and Hepatitis C, transmitted through sharing needles. NEPs are the most common harm reduction measures that target Injection Drug Use (IDU). There are different types of NEP models within cities:

1. Fixed site NEP
2. Mobile NEP
3. Home Visits (by mobile NEP)
4. Satellite NEP (community coalitions or partner agencies) are agencies that provide other services to IDUs and, through a collaborative relationship, provide NEP services at their site on behalf of the parent NEP
5. Pharmacy
6. Peer-based NEP
7. Vending machines<sup>5</sup>

### 1.2.2 Methadone Maintenance Treatment (MMT)

MMT is another major harm reduction program that substitutes a long lasting opiate (methadone) for one that only lasts a few hours (namely heroin). There has been a ten-fold increase in the availability of methadone in Ontario over the past decade.<sup>6</sup> MMT attempts to reduce transmission of HIV and other harm that can result from illegal drug use by encouraging abstinence or by reducing needle use. However, because MMT requires abstinence from other drugs, there is typically a high drop-out rate.

The best outcomes from MMT are seen in those individuals who remain in treatment. According to the *Ontario Needle Exchange Programs Best Practices Report*, best practices include providing MMT at NEP sites for opiate dependent drug users who are not seeking high threshold methadone maintenance (injection) or as a harm reduction tool that is part of a broader drug treatment plan.<sup>7</sup>

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this decision sets a precedent for the exception for supervised injection sites across Canada, Ontario has yet to approve any such sites in the province, and has recently rejected such attempts in Toronto. (Dale, Daniel. July 2013. “Ontario rejects Toronto’s call for supervised drug injection site.” Toronto Star. [http://www.thestar.com/news/gta/2013/07/10/ontario\\_rejects\\_torontos\\_call\\_for\\_supervised\\_drug\\_injection\\_site.html](http://www.thestar.com/news/gta/2013/07/10/ontario_rejects_torontos_call_for_supervised_drug_injection_site.html)) Furthermore, in June 2013, the federal government proposed legislation entitled Respect for Communities Act that, if approved, would make it even more difficult to gain approval of supervised injection sites (Health Canada. “Harper Government respects community concerns with New legislation for Supervised Drug Consumption Sites.” <http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2013/2013-76-eng.php>)

- 3 For more information, see the Ontario Harm Reduction Program website, a nonprofit created in 1996 which provides educational materials and opportunities to Needle Syringe Programs across Ontario. <http://www.ohrdp.ca/>
- 4 Legal Aid Ontario. <http://blog.legalaid.on.ca/2015/02/19/making-prison-needle-exchange-programs-work-in-canada-part-3/>
- 5 Strike, Carol et al. March 2006. “Ontario Needle Exchange Programs Best Practices Report.” p. 47-48.
- 6 Walter Caalieri. “Harm Reduction in Practice.” Canadian Harm Reduction Network. <http://canadianharmreduction.com/node/171>
- 7 Ibid. p 57.

## 1.3 Federal and Provincial Legislation

### 1.3.1 Federal Legislation on Drugs and Substance Use

The Federal government has specific jurisdiction to regulate drugs and substance use. Currently, Bill C-2 *Respect for Communities Act* that was introduced in June 2013 is under review to amend the *Controlled Drugs and Substances Act*. Both Acts are described below:

#### *Controlled Drugs and Substances Act (1996)*

1. “An Act respecting the control of certain drugs, their precursors and other substances and to amend certain other Acts and repeal the Narcotic Control Act in consequence thereof Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada”<sup>8</sup>

#### Bill C-2 (*Respect for Communities Act*)

1. As described in section 1.4.3 of this report, Bill C-2 is a response to the Supreme Court Ruling that ordered an exemption to the *Controlled Drugs and Substances Act* that allows Vancouver’s supervised injection facility *Insite*. The Supreme Court decision referred to Section 7 of the *Charter of Rights and Freedoms* with reference to the right to life, liberty and security of the person. The Court found that the federal government’s failure to grant an exemption to *Insite* deprived injection drug users of their section 7 rights by preventing them from accessing the health services offered by *Insite*, threatening their health and their lives. The deprivation was not in accordance with the principles of fundamental justice because (a) it undermined the purpose of the CDSA - the protection of health and public safety and (b) *Insite* had been proven to save lives with no discernable negative impact on the public safety and health objectives of Canada.<sup>9</sup>
2. The new Bill aims to address such exemptions and amends the *Controlled Drugs and Substances Act* by:
  - a. Creating a separate exemption for activities involving the use of a controlled substance not authorized under this Act;
  - b. Specifying the purposes for an exemption;
  - c. Setting out information that must be submitted to the Minister of Health before the Minister may consider an application for an exemption in relation to a supervised consumption site.<sup>10</sup>

### 1.3.2 Provincial Legislation

In Canada, provincial governments have jurisdiction over healthcare, which includes harm reduction services.<sup>11</sup> Often, public health objectives for people living with addictions include the rights for equitable access to healthcare, such as addiction and rehabilitation services.

8 *Controlled Drugs and Substances Act*.

9 *Canada (Attorney General) v. PHS Community Services Society, 2011 SCC 44*

10 *Bill C-2 Respect for Communities Act* Third reading (House) as of March 9, 2015. [www.openparliament.ca](http://www.openparliament.ca)

11 The Canadian Mental Health Association outlines Mental Health and Addiction legislation in Ontario. While important, these laws do not affect the location of clinics in cities:

1. Mental Health Act 1990 – criteria for voluntary, informal and involuntary admissions to designated psychiatric facilities;
2. Brian’s Law (Bill 68) - Amended MHA in 2000, introducing community treatment orders and new criteria for involuntary commitment to psychiatric facilities;
3. Health Care Consent Act 1996 (Amended 1998, 2000, 2002, 2004, 2006, 2010) – guidelines for informed consent, personal care services, admission to long-term care
4. Regulated Health Professions Act – regulates 23 health professions
5. Regulated Health Professions Statute Law Amendment Act, 2009 – amends/repeals more than one Act related to health professions

The location of addiction/recovery centres are largely influenced and governed by municipal zoning bylaws, as legislated by the province through Section 34(1) of the Ontario *Planning Act*.<sup>12</sup> The location of clinics can be controversial as residents' certain visions of their neighbourhood/city may exclude such centres. However, under the *Ontario Planning Act*, zoning by-laws must regulate for land use and not people to avoid discriminatory zoning:

**“35(2)**

**No distinction on the basis of relationship**

(2) The authority to pass a by-law under section 34, subsection 38 (1) or section 41 does not include the authority to pass a by-law that has the effect of distinguishing between persons who are related and persons who are unrelated in respect of the occupancy or use of a building or structure or a part of a building or structure, including the occupancy or use as a single housekeeping unit. 1994, c. 2, s. 43.”<sup>13</sup>

Not only do these certain amendments not adhere to the *Planning Act* Section 34(2), it also could be determined that it violates the *Human Rights Code* Part 1, Section 1 regarding Freedom from Discrimination.<sup>14</sup>

The Ontario Human Rights Commission (the “OHRC”) has researched potential discrimination within municipal zoning by-laws as they relate to addiction/recovery centres, with special attention to methadone maintenance clinics. OHRC indicates that zoning by-law amendments that aim to regulate addiction/recovery centres arguably intend to prohibit certain people from an area/ neighbourhood.<sup>15</sup> For these reasons, they argue that the amendments have no apparent land use planning ground and are not in good faith.

As outlined below, the OHRC indicates a number of examples where they find discriminatory zoning regulations related to Addiction/Recovery Centres.

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6. The Health System Improvements Act (2007) deals with the creation of a college for psychotherapy; who can refer to themselves as 'psychotherapist'; the 'harm clause' expanding the *Regulated Health Professions Act* to protect patients from serious bodily harm

Substitute Decisions Act 1992 (last amended 2008) – deals with powers of attorney, guardianship. (“Canadian Mental Health Association. “Mental Health and Addiction Legislation.” <http://ontario.cmha.ca/public-policy/context/legislation/mental-health-and-addiction-legislation>)

12 See *The Planning Act*. Part V. Section 34(1). <<https://www.canlii.org/en/on/laws/stat/rso-1990-c-p13/latest/rso-1990-c-p13.html>>

13 *The Planning Act*. Section 35(2).

14 See the various sections of the *Planning Act*.

15 Ontario Human Rights Commission. “Combining Addiction and Municipal Zoning Issues” <http://www.ohrc.on.ca/en/annual-report-2012-2013-rights-partners-actions/combining-addiction-and-municipal-zoning-issues>



## 1.4 OHRC Examples Addiction/Recovery Centres and Municipal Zoning

*'Combining Addiction and Municipal Zoning Issues'*<sup>16</sup>

Research on discrimination relating to methadone health services has involved discussions with several municipalities, including London, Northeastern Manitoulin and the Islands and Tillsonburg.

### 1.4.1 Northeastern Manitoulin and the Islands

In December 2012, the municipality directed a pharmacy to stop dispensing methadone at its clinic, alleging it, “*created a public nuisance and danger to health.*” The clinic closed in February 2013. The OHRC advised the municipality that limiting the location of health clinics when it amends its zoning by-laws is illegal. Specifically, OHRC stated:

“The OHRC works with individuals and communities throughout the province to end discrimination and to break down barriers that vulnerable groups face. One such barrier is “people zoning.” We advised the Town that it cannot discriminate against people with addictions. If amendments to the official plan or bylaw target or have an adverse impact on people with addictions, those amendments are illegal unless they were adopted in good faith and are necessary to accomplish a legitimate planning purpose.

As well, we advised that at any public meetings about potential zoning amendments, it is important to avoid using or allowing the use of stereotypes about people who use methadone, such as their being undesirable, prone to criminal behaviour, or not part of the community.”<sup>17</sup>

### 1.4.2 Town of Tillsonburg

In June 2012, OHRC wrote to the Town of Tillsonburg to comment on interim control provisions that prohibited new methadone clinics and dispensaries while planning studies on regulation are completed. Specifically, they outlined human rights principles:

1. “Legal requirement to not discriminate against people with addictions;
2. Regulations that target or have an adverse impact on people with addictions are illegal unless they are adopted in good faith and are necessary to accomplish a legitimate planning purpose;
3. The Town must make all possible efforts, to the point of undue hardship, to accommodate the needs of people with addictions;
4. The Town must not people zone, which is illegal under the *Code* and also under the *Planning Act*”.<sup>18</sup>

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16 Combining Addiction and Municipal Zoning Issues, Ontario Human Rights Commission, <http://www.ohrc.on.ca/en/annual-report-2012-2013-rights-partners-actions/combining-addiction-and-municipal-zoning-issues>

17 “Combining Addiction and Municipal Zoning Issues”, Ontario Human Rights Commission, <http://www.ohrc.on.ca/en/annual-report-2012-2013-rights-partners-actions/combining-addiction-and-municipal-zoning-issues>

18 “Combining Addiction and Municipal Zoning Issues”, Ontario Human Rights Commission, <http://www.ohrc.on.ca/en/annual-report-2012-2013-rights-partners-actions/combining-addiction-and-municipal-zoning-issues>

OHRC was also concerned that the municipality was regulating methadone clinics differently than other health clinics and asked the town to consider the following: “is this more restrictive regulation based on any discriminatory views about clients, instead of on legitimate planning purposes? In what ways might the regulation of methadone clinics and pharmacies limit the availability of methadone services to people with addictions?”<sup>19</sup>

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19 Ibid.

## **2. REVIEW OF OFFICIAL PLAN & EXISTING ZONING BY-LAWS**

### **2.1 Markham Official Plan Part I - Addiction/ Recovery Centres**

The Official Plan does include 'clinics' and 'medical clinics' in the array of expected uses to be found in certain commercial areas. To date, addiction/recovery centres fall into this general land use type under Markham's Official Plan. There is currently no policy that distinguishes addiction/recovery centres from other forms of clinics or medical clinics, or hospitals.

### **2.2 Markham's Current Zoning By-laws – Addiction/ Recovery Centres**

All forms of addiction/recovery centres fall under the definitions found in the current zoning by-laws for clinics, medical clinics, and if larger in scale, hospitals. The by-laws currently do not address or distinguish these clinics by type, medicine involved, or type of patients that they are intending to serve. Clinics are typically permitted in most commercially zoned areas within Markham's current zoning by-laws.

## 3. REVIEW OF RESEARCH AND STUDIES

### 3.1 Recent Markham and Region of York Issues - Relating to Recovery and Addiction

In Markham, harm reduction programs and supplies are regulated by York Region Public Health. York Region currently has five sites that provide needle exchange programs. All the programs are located in regional health clinics, specifically sexual health clinics, with mobile components. The needle exchange site in Markham is on Highway 7, between Warden Avenue and Main Street.<sup>20</sup> There is also one methadone clinic in Markham, near Yonge Street and Highway 407.

As for a planning framework dealing with these types of uses, York Region has set out an action plan with 49 actions to address four goals under *the Housing Solutions: A place for everyone – York Region 10 Year Housing Plan* (June 2014):

1. rental housing supply;
2. sustain the existing rental housing supply;
3. support affordable home ownership;
4. strengthen the homelessness and housing stability system.

As part of Goal 4, Phase 1 includes “support community partners in advocating for investment in mental health and addictions support in York Region.”<sup>21</sup>

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20 York Region. “Needle Exchange.”

21 York Region. “Housing Solutions: A place for everyone – York Region 10 Year Housing Plan.” June 2014. P. 20.

## 3.2 Planning for Methadone Clinics & Methadone Pharmacies, City of London

In February 2012, the City of London Planning Division undertook a detailed analysis of methadone clinics and methadone pharmacies and how planning should identify and regulate such uses under their zoning by-law, which is outlined in more detail in section 4.4 of this report. The London report reviews various interim control by-laws that were enacted between 2010 and 2011, consultation with the public during these times, and key findings from the research. When considering land use compatibility, the report notes the following land use impacts that can be associated with methadone clinics and worthy of consideration:

1. Traffic and parking impacts;
2. Line-ups, gatherings, loitering and pedestrian congestion;
3. Criminal activity; and
4. Littering, including used drug paraphernalia.

This resulted in recommendations to direct methadone clinics and pharmacies away from pedestrian-oriented business areas where there is often more opportunity for loitering and discrete drug trafficking, use and disposal; and direct the uses to locations which are a minimum of 300 metres (approximately 2 city blocks) away from elementary and secondary schools, municipal arenas, municipal pools, municipal libraries, etc. This led to specific definitions and regulations in the zoning by-law, as well as policy in the City of London Official Plan.<sup>22</sup>

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22 Planning for Methadone Clinics & Methadone Pharmacies, Research Study and Proposed Policies & Regulations, City of London- Planning Division, February 2012, p.32.

## 4. CASE STUDY

This chapter of the report reviews one municipal zoning by-law case study on methadone clinics in the City of London. The chapter examines the relevant definitions, zones that uses are permitted in or prohibited from, and regulations that may apply to these uses.

### 4.1 City of London Zoning By-law Z.-1 and Official Plan policies as it pertains to Methadone Clinics

#### 4.1.1 Definitions (Section 2)

The City of London, through amendment By-law Z.-1-122090 established zoning by-law definitions for methadone clinics and methadone pharmacies, as follows:

##### **Clinic, Methadone**

“means a clinic or medical dental office that wholly, or in part, is used for the prescription of methadone as more than an ancillary activity and may include other support services such as, but not limited to, a methadone pharmacy, the provision of counselling services, and/or laboratories, but does not include a HOSPITAL. For the purposes of this definition, an ancillary activity shall mean prescribing methadone to a maximum of 40 clients per day.”<sup>23</sup>

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23 City of London Zoning By-law Z.-1, Section 2, Definitions.

**Pharmacy, Methadone**

“means a pharmacy which wholly, or in part, is used for the dispensing of methadone as more than an ancillary activity, but does not include a HOSPITAL. For the purposes of this definition, an ancillary activity shall mean dispensing methadone to a maximum of 40 clients per day.”<sup>24</sup>

**4.1.2 General Provisions (Section 4)**

**“4.36 Clinic, Methadone and Pharmacy, Methadone**

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

CLINIC, METHADONE uses shall require a waiting room area of no less than 15% of the clinic’s total gross floor area.”<sup>25</sup>

**Parking related provisions.**

Parking provisions are organized under three sets of standards based on three different parking areas. However, parking standards for methadone clinic and methadone pharmacy have the same parking ratios across all three parking areas, and the same ratios for both uses, which is 1 parking space per 15 square metres (161 sq.ft.) of gross floor area.

**4.1.3 City of London Official Plan policies relating to Methadone Clinics and Methadone Pharmacies Established through Official Plan amendment 521.**

<p><b>6.2.11 Methadone Clinics and Methadone Pharmacies</b></p>	<p>Methadone maintenance treatment represents 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. Methadone pharmacies are those pharmacies that dispense methadone as more than an ancillary activity. The Zoning By-law will define these uses more precisely.</p>
<p><b>Land Use Planning Goals</b></p>	<p>Two primary goals will 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.</p>

24 ibid

25 City of London Zoning By-law Z.-1, Section 4, General Provisions, Policy 4.36.

<p><b>Permitted Locations</b></p>	<p>Zoning to allow for methadone clinics and methadone pharmacies will only be permitted in the following Official Plan designations, subject to meeting the goals, evaluation criteria, requirements and Planning Impact Analysis policies of this Plan:</p> <ul style="list-style-type: none"> <li>i. Regional Facility;</li> <li>ii. Enclosed Regional Commercial Node;</li> <li>iii. New Format Retail Commercial Node;</li> <li>iv. Community Commercial Node; v. Auto-oriented Commercial; and,</li> <li>v. Office Area.</li> </ul>
<p><b>Evaluation Criteria for Required Zoning By-law Amendment</b></p>	<p>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:</p> <ul style="list-style-type: none"> <li>i. Sites must be well served by public transit;</li> <li>ii. Property boundaries for proposed methadone clinics and methadone pharmacies must be a minimum of 300m from any elementary or secondary school property;</li> <li>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;</li> <li>iv. Sites must be large enough to accommodate parking requirements;</li> <li>v. Planning Impact Analysis policies of this Plan will apply.</li> </ul>
<p><b>Zoning By-law Requirements</b></p>	<p>The Zoning By-law will identify standards for new and expanded methadone clinics and methadone pharmacies to ensure:</p> <ul style="list-style-type: none"> <li>i. Adequate automobile parking;</li> <li>ii. Adequate bicycle parking facilities; and</li> <li>iii. Adequate waiting room floor areas.</li> </ul>
<p><b>Public Site Plan Requirements</b></p>	<p>The Zoning By-law will require that all proposals for new and expanded methadone clinics and methadone pharmacies will be subject to a Public site plan process.</p> <p>The integration of Crime Prevention Through Environmental Design (CPTED) principles and the discrete location of clinic entrances will be considered, in balance with other relevant site plan considerations, through the site plan review process.</p>



<p><b>4.3.5.3.1</b>  <b>Methadone Clinics and Methadone Pharmacies</b></p>	<p>Within the Enclosed Regional Commercial Node designation, methadone clinics and methadone pharmacies may be permitted, subject to a zoning bylaw amendment and in accordance with the policies under section 6.2.11 of this Plan.</p>
<p><b>4.3.6.3.1</b>  <b>Methadone Clinics and Methadone Pharmacies</b></p>	<p>Within the New Format Retail Commercial Node designation, methadone clinics and methadone pharmacies may be permitted, subject to a zoning bylaw amendment and in accordance with the policies under section Methadone Pharmacies 6.2.11 of this Plan.</p>
<p><b>4.3.7.3.1</b>  <b>Methadone Clinics and Methadone Pharmacies</b></p>	<p>Within the Community Commercial Node designation, methadone clinics and methadone pharmacies may be permitted, subject to a zoning by-law amendment and in accordance with the policies under section 6.2.11 of this Plan.</p>
<p><b>4.4.2.4.1</b>  <b>Methadone Clinics and Methadone Pharmacies</b></p>	<p>Within the Auto-oriented Commercial designation, methadone clinics and methadone pharmacies may be permitted, subject to a zoning by-law amendment and in accordance with the policies under section 6.2.11 of this Plan.</p>
<p><b>5.2.2.1</b>  <b>Methadone Clinics and Methadone Pharmacies</b></p>	<p>Within the Office Area designation, methadone clinics and methadone pharmacies may be permitted, subject to a zoning by-law amendment and in accordance with the policies under section 6.2.11 of this Plan.</p>

## 5. ISSUES IDENTIFIED AND POTENTIAL OPTIONS

Based on the review and assessment review of both federal and provincial legislation regarding addiction/recovery centres, Markham's Official Plan policies and existing zoning by-law regulations, recent City of Markham and Region of York issues, planning reports and studies on the topics, and a case study from the City of London zoning by-law dealing with the methadone clinics, this report has identified a number of issues surrounding addiction/recovery centres.

### 5.1 Issues Identified

1. There are land use planning issues associated with recovery and addiction clinics/ centres that have been identified and regulated by zoning by-laws in other Ontario municipalities. In particular, there are examples associated with the use of methadone;
2. Municipalities must ensure that any zoning by-law regulations involving addiction/recovery centres are based on sound land use planning principles and not based on 'people planning';
3. There are no known issues in Markham, based on the research undertaken for this report, with respect to land use planning for addiction/ recovery centres; and
4. There are cases in other municipalities where the zoning by-law includes regulations for addiction/recovery centres, such as methadone clinics, particularly when establishing separation distance standards from certain sensitive land uses.

## 5.2 Potential Options

1. Based on examples found in other Ontario municipalities, it is possible to identify or define certain types of addiction/recovery centres if there are sound land use planning issues that distinguish this use from other forms of clinics or hospitals, such as methadone clinics;
2. Any planning criteria established under the new zoning by-law for addiction/recovery centres as a specific land use must not be based on 'people planning'; and
3. There should be consideration in establishing Official Plan policies for addiction/recovery centres to clarify Council's policies on these matters *if* this use is to be distinguished from other forms of medical clinics or hospitals in the new city wide zoning by-law.

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