

Planning for Controversial Land Uses: The Case of Medical Marijuana
Dispensaries (MMDs) in Toronto

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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Abstract

Medical marijuana dispensaries (MMDs) have been opening in cities across Canada in response to changing legislation that supports the use of marijuana to treat certain health conditions. There currently is an absence of standard procedures for siting dispensaries that sell this controlled substance. Further confusing the issue is that the federal government has promoted the future decriminalization and legalization of marijuana for recreational use. With rapidly changing federal laws and provincial guidelines for medical and recreational marijuana use, there is a need to assess the impacts of MMDs at the municipal level both in terms of planning policies and practices that provide guidance for the siting of MMDs, and for balancing diverging expectations and reactions from multiple publics.

This study discusses the findings of a case study of medical marijuana dispensaries in Toronto, Ontario. This study collected qualitative data about the existence and siting of this controversial land use from key informants working in Toronto as well as conducted a media analysis of recent MMD articles from two local newspapers. Findings highlight the multiple and competing perspectives of citizens, advocates and policy-makers with respect to MMDs and the public good. Findings also indicate that there was no public consultation before enforcement efforts against the MMDs. Future research directions and policy implications will be discussed.

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Chapter 1 Introduction

1.1 Background and Context

Since the end of 2015 medical marijuana dispensaries opened in many areas of Toronto and reports have indicated that the number of dispensaries in Toronto is well above 100 storefronts (Toronto Star, 2016). The end of 2015 is significant because this is around the time that the Federal Government announced the intention to legalize marijuana. Reporting by the media indicates that entrepreneurs of marijuana want to establish themselves before forthcoming legalization; in what they say is a legal grey area (Toronto Star, 2016). Canada-wide, medicinal marijuana is legally obtained through licensed producers and shipped to patients exclusively through Canada Post. Patients must have a doctor's prescription in order to obtain their medicine, for conditions ranging from Attention Deficit Disorder to sleep disorders to sexual dysfunction. Provincial health ministries do not decide who can grow or which company can be a producer, these decisions are made by Health Canada. As such, changing laws and/or talks to change laws in Canada have created a legal grey zone when it comes marijuana, and this has posed big questions at the local neighbourhood level as it relates medical marijuana storefronts, or left them "in limbo." Consequently, cities, including Toronto, have been left to enforce their own zoning and planning act by-laws.

1.1.1 Legalization of Medical Marijuana in Canada

The status of medical marijuana has changed with each successive government over the last approximately twenty years. Legal access to dried medical marijuana in Canada dates back to 1999 using section 56 (exemptions) of the Controlled Drugs and Substances

Act (CDSA) (Health Canada, 2016). In 2001 the federal government, which was Liberal at the time under Jean Chretien, passed the Marihuana¹ Medical Access regulations that allowed individuals to grow their own marijuana, designate someone to produce for them, or to purchase directly from Health Canada (Health Canada, 2016). A court decision, R. v. Parker in 2000, held that individuals who had a medical need had the right to access marijuana for medicinal purposes (Health Canada, 2016). For twelve years the legality of medical marijuana in Canada did not change as it had a Liberal federal government until 2006 and two successive minority parliaments. In 2011 the Conservative party won with a majority government and one of their commitments was to look at the medical marijuana file. Consequently, the federal government has gone in a bit of a circle when it comes to the legality of marijuana in Canada.

The law in Canada changed again in 2013 with Marihuana for Medical Purposes Regulations (MMPR) under a Conservative government led by Stephen Harper. The MMPR set the framework for a commercial industry for the production and distribution of medical marijuana (Health Canada, 2016). The MMPR removed the ability for individuals to grow their own plants. A few years later, the Supreme Court of Canada in R. v. Smith decided that limiting access to only dried cannabis was unconstitutional (Health Canada, 2016). Individuals have, with a medical need, a right to use and make other cannabis products (R. v. Smith, 2015). Subsequently, another court decision from the Federal Court in Allard v. Canada resulted in the Access to Cannabis for Medical Purposes Regulations (ACMPR) that passed on August 24, 2016 by a Liberal Government led by Justin Trudeau, and replaced

¹ There are two recognized spellings of marijuana or marihuana. The government of Canada uses Marihuana. Official titles will use this spelling, otherwise this study will use marijuana.

² Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice (*Canadian Charter of Rights and Freedoms, 1982*).

the Marihuana for Medical Purposes Regulations (MMPR) (Health Canada, 2016). The Court found, in *Allard v. Canada* (2016), that requiring individuals to get their medicine only from licensed producers' violated liberty and security rights. Section 7² of the Canadian Charter of Rights and Freedoms protects liberty and security rights (Canadian Charter of Rights and Freedoms, Part 1 of the Constitution Act, 1982). The Court found that in fact the Plaintiff's liberty and security interests were betrothed by the access restrictions imposed by the MMPR and that "access restrictions were not proven to be in accordance with the principles of fundamental justice" (*Allard v. Canada*, 2015). Therefore, the Crown was not able to prove that the Plaintiff's charter rights were not being infringed upon, and that indeed a person who has a medical need has a right to reasonable access to medical marijuana on their own terms.

1.2 Planning Considerations and Land Use Implications of Medical Marijuana

The issue of medical marijuana dispensaries is relevant to planning in two ways.

First is the question of how residents, users, advocates and business owners are consulted. One might expect a rather in depth public consultation process to answer this question and others. Second is the extent that dispensaries are welcome in a particular neighbourhood, or not and ensuring dispensaries are integrated into a neighbourhood to cause the least amount of disruption. Some urban planning theories guide/teach planners on how to conduct public consultation, from Friedmann's (1973) Transactive model to Healy's (1992) Communicative approach to planning, among others. These models can help to ensure a successful outcome of integrating dispensaries into a neighbourhood.

² Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice (*Canadian Charter of Rights and Freedoms*, 1982).

Medical Marijuana is legal in over twenty states and the District of Columbia in the United States (Nemeth & Ross, 2014). The difference between the United States and Canada is that medical marijuana dispensaries are legal in those states whereas in Canada dispensaries are not legal. Cities in the United States have therefore had to deal with and regulate MMDs (Nemeth & Ross, 2014). Nemeth and Ross (2014) found that most jurisdictions control where MMDs can locate, as is the case for other Locally Unwanted Land Uses (LULU) like drug treatment centres and liquor stores. The authors note that, while support may be growing for medical marijuana (Canada is on track to legalize recreational marijuana) NIMBY responses to MMDs are persistent (Nemeth & Ross, 2014).

Nemeth and Ross (2014) suggest MMDs are archetypal LULUs in that they provide an acknowledged public benefit and yet are not welcome in neighbourhoods. Consequently, a robust public participation protocol would lead to better neighbourhood integration of MMDs as community members will feel like they were involved in the process. Therefore, the final decision would be a desired outcome that planners and the multiple publics came to together.

1.2.1 Toronto and Vancouver

Two major cities in Canada took divergent paths in how they dealt with medical marijuana dispensaries. Vancouver decided to add MMDs to its zoning bylaw in 2015. Toronto deferred a decision in May 2016 to regulate and to continue enforcing the law against dispensaries. The following is a comparison between Toronto and Vancouver and their respective positions. It is important to note two diverging ways in dealing with MMDs in cities across Canada.

After the raids of May 2016 the City of Toronto decided to take a “hands off” regulatory approach to medical marijuana dispensaries. The decision was made in June 2016 at the Municipal Licensing and Standards committee meeting to defer a decision until October 2016 (City of Toronto, 2016). As was widely reported, the City decided to wait for clear guidance from the federal government (City of Toronto, 2016). In August of 2016, the Government of Canada once again allowed personal growing of 4 plants per household in the new ACMPR. Local governments were hoping the new regulations would address storefront dispensaries, however, this did not happen in the ACMPR. The only aspect of marijuana that the City of Toronto regulates is licensed producers of medical marijuana, which have their own zoning regulations. Therefore, the City of Toronto does not have zoning regulations directly tied to storefront dispensaries.

Contrast with the City of Vancouver, which decided to get ahead of the pending legalization of marijuana and come up with their own zoning regulations of medical marijuana dispensaries (medical marijuana related businesses as the City of Vancouver terms it). In Vancouver, medical marijuana related businesses (dispensaries) are only allowed in commercial at least 300 metres from schools, community centres, neighbourhood houses, youth facilities that serve at-risk youth and other marijuana-related businesses. They must operate with a business license, with a development permit and a signed good neighbour agreement (City of Vancouver, 2015). The City of Vancouver created these regulations because the number of marijuana related businesses grew by 100 percent per year from 2013 to 2015 (City of Vancouver, 2015). The City notes that up until 2015 (the year it passed regulations) there “had been a lack of clear and transparent regulatory framework from the Federal Government” (City of Vancouver, 2015). The City of

Vancouver arrived at these regulations after a public consultation process with key stakeholders. The key stakeholders were Business Improvement Areas, marijuana related businesses, Vancouver Police, Vancouver School Board, and Vancouver Coastal Health. Ultimately, Vancouver decided on a well consulted regulatory approach, as it relates to MMDs.

Vancouver decided to consult widely to try and regulate marijuana related businesses. On the other hand there is a lack of evidence to suggest that Toronto consulted widely with community groups in the lead up to the MMD raids of May 2016. Toronto decided to take the “wait and see” approach and enforce their by-laws against MMDs. When a municipality consults widely it can most likely result in buy-in from the different stakeholder groups of a community (Norton & Hughes, 2018), as evidenced by Vancouver’s approach. However, MMDs still remain illegal in Canada.

1.3 Impact of Changing Legislation on Municipalities

Medical Marijuana Dispensaries in Toronto is a charged political topic, as has been noted in the media across Canada. The Mayor of Toronto has been clear that he thinks there are too many dispensaries in the city (Pagliaro, Toronto Star, May 9, 2016). The Mayor wrote a letter to the Municipal Licensing and Standards director in the Spring of 2016 (Tracey Cook) that asked her to direct staff to explore ways of regulating and/or enforcing by-laws for dispensaries (Powell & Pagliaro, Toronto Star, May 12, 2016). This raises questions such as, was there any consultation before the crackdown as some polls indicated almost half of Torontonians support for storefront dispensaries (Rider, Toronto Star, May 19, 2016). Accordingly, good public participation measures can bring about more support for actions, which may be contrary to public opinion.

On May 26, 2016 by-law enforcement officers and the Toronto Police Service raided many storefront dispensaries. The Mayor and some city council members have been on the record as saying they need clear directions from the federal government (Rider, Toronto Star, May 3, 2016). The Government of Canada had the opportunity to regulate storefronts (at least temporarily) when they released an update to medical marijuana regulations August 24, 2016. The Government of Canada did not act, and the City of Toronto was left to enforce its Zoning By-law regulations of which Tracey Cook and the Municipal Licensing and Standards office oversee. This is important because cities were asking the federal government for direction in dealing with storefronts, and they did nothing to help cities except to say that, the law as it stands is the law and should be enforced by municipal police forces (Rider, Toronto Star, May 3, 2016).

Closely linked to the Mayor of Toronto is the Premier of Ontario, Kathleen Wynne. She has also been on the record as being against the amount of medical marijuana dispensaries that opened in Toronto. The Province of Ontario does not have any laws to enforce when it comes to marijuana dispensaries, however, the Provincial Government has been supportive of raiding the dispensaries (Benzie, Toronto Star, May 27, 2016). The Province must rely on municipal police forces to enforce the illegality of the dispensaries. As the federal government contemplates legalization of marijuana, Ms. Wynne has considered different distribution methods that might be acceptable in Ontario. The Province has thus been on the record as suggesting that the Liquor Control Board of Ontario (LCBO) would be an ideal location to sell legalized recreational marijuana (Benzie, Toronto Star, Dec 15, 2016). The province sees this as a viable option because the LCBO has an established distribution network, and employees who are trained in age restrictions.

The initiative to legalize recreational marijuana, which many suggest started the medical marijuana dispensary craze, was an election pledge in the 2015 federal election. The Liberal Party of Canada, through their leader Justin Trudeau, in their election platform pledged to legalize, not decriminalize, recreational marijuana. As reported in The Toronto Star and Toronto Sun, and others, the pledge to legalize recreational marijuana was the catalyst that entrepreneurs jumped on and a spree of “pot shops” opened in the City of Toronto. The now Prime Minister set-up a task force in mid-2016 lead by former Health Minister Anne McLellan to report on the particulars of how legalization should proceed in Canada. At the same time, the Prime Minister is also on the record as saying that the law as it stands should be enforced against the dispensaries. The Prime Minister strongly encouraged police forces across the country to enforce the law as it stands/and stood in 2016 (which is the same as 2017 as recreational marijuana will not be legalized until July 2018 at the earliest), see figure 1 for a timeline of medical marijuana in Canada.

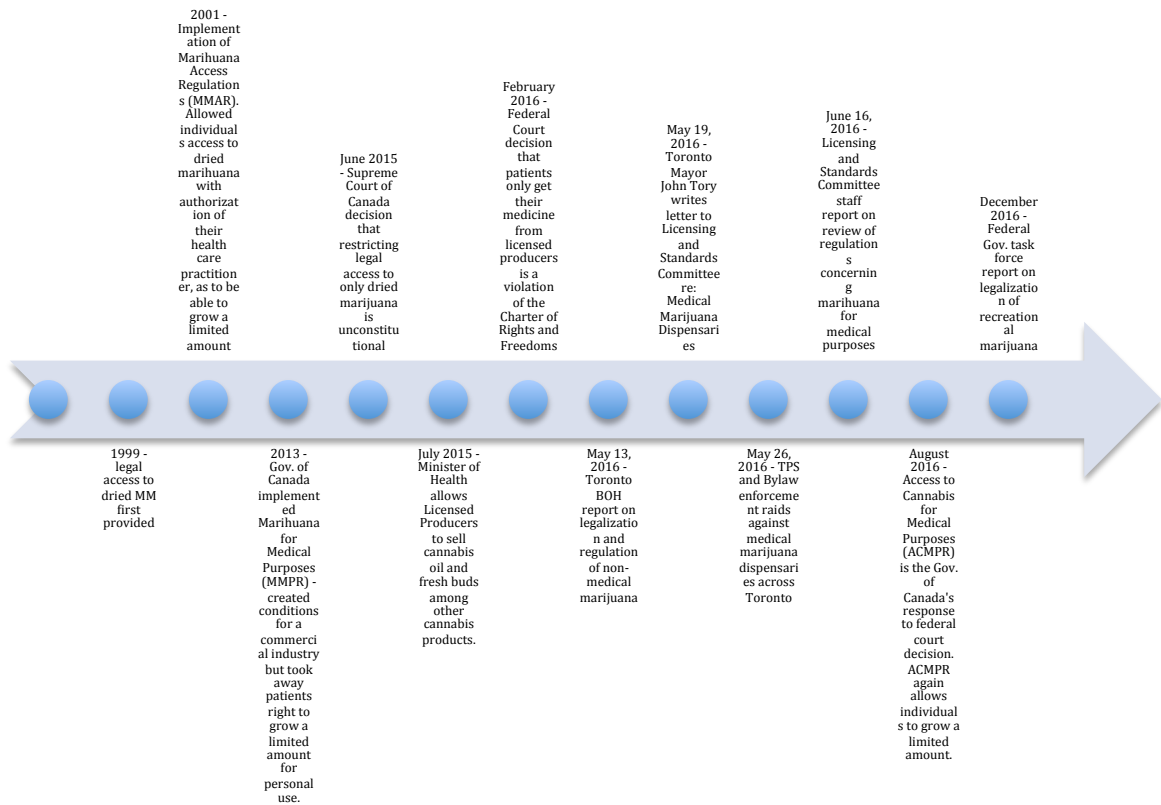


Figure 1: Timeline of MM in Canada

1.3.1 Before May 2016

Medical Marijuana has been legal in Canada since 2000, but only by mail order from Licensed Producers (LPs). While campaigning, the new Liberal government made an election promise to legalize recreational marijuana in Canada. Medical marijuana dispensaries began to appear in late 2015/early 2016 after the election of the new Government of Canada. Entrepreneurs seized an apparent opportunity to get ahead of full recreational legalization, however reports note that they view dispensaries as helping people. News reports note as many as 100 dispensaries could be operating in Toronto (Toronto Star, 2016). The decision was made that the current situation could not continue and as a result the owners of medical marijuana dispensaries were given a few days notice to close their shops from Toronto Police and Municipal Licensing and Standards (Toronto

Star, 2016). Approximately a week later, the raids of so-called Project Claudia took place on May 26, 2016 (see figure 2).

1.3.2 The Raids of May 2016

On May 26, 2016 more than 40 medical marijuana dispensaries, or “pot shops” as the media calls them, were raided where 186 charges were laid and 90 people were arrested (Toronto Sun, 2016). Accordingly, these raids were carried out by Toronto Police and By-law enforcement officers. As a result, most of the charged faced by-law offences, criminal charges (e.g. drug trafficking) and Planning Act charges (selling edibles). 270 kilograms of dried marijuana and hundreds of kilograms of “edibles” (brownies, chocolate and candies) were seized during the



TORONTO POLICE SERVICE
PROJECT CLAUDIA

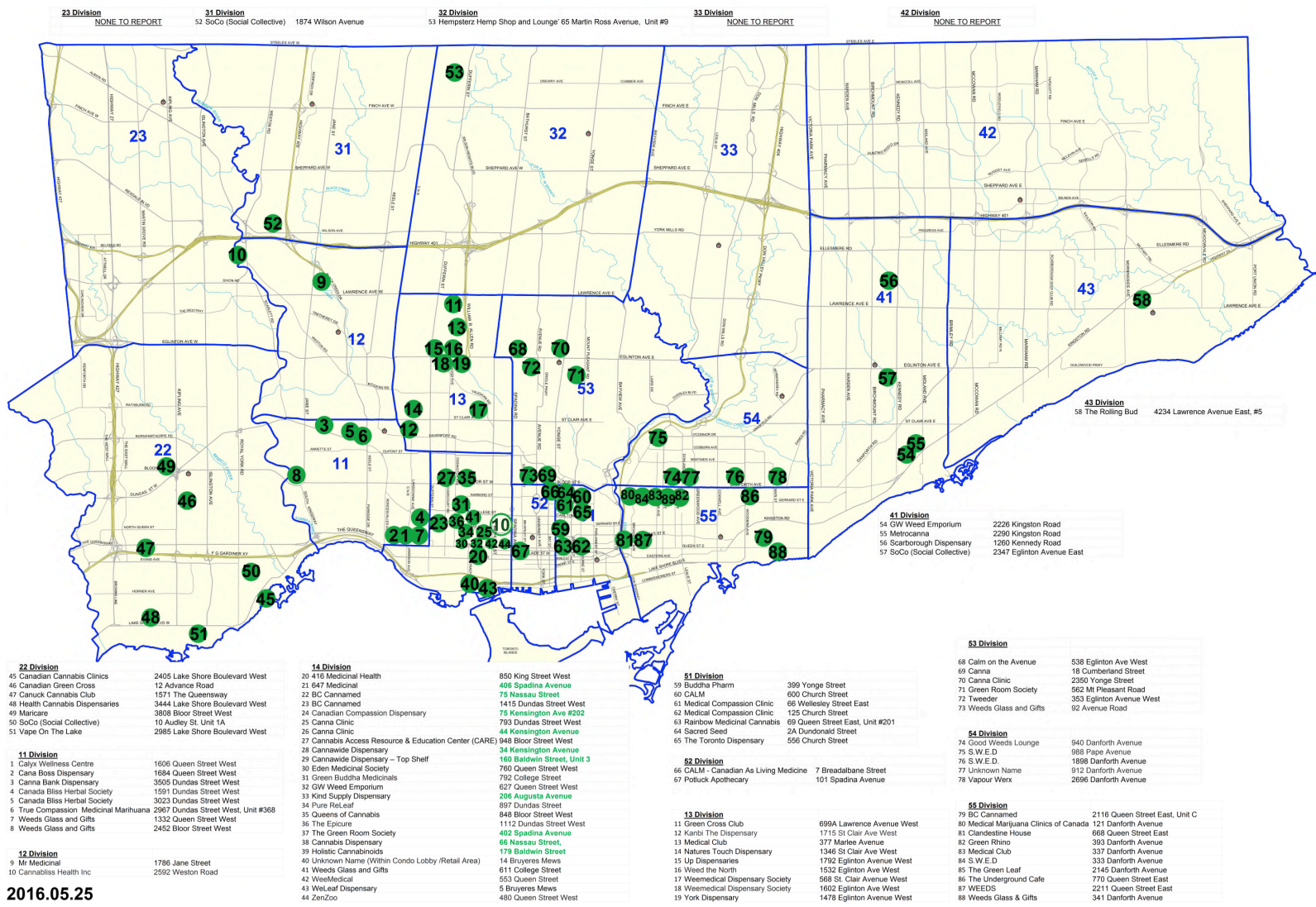


Figure 2: Map of “Project Claudia” Raids across Toronto. The stores highlighted in green are located in Kensington Market, and represented on the map as a circle with a “10”.

raids (Toronto Sun, 2016). Toronto Police chief Mark Saunders justified the raids by saying that as of May 2016 the amount of medical marijuana dispensaries had doubled in the City of Toronto (Toronto Sun, 2016). Toronto Police insisted that “genuine health concerns” and a number of community complaints prompted them to action against the dispensaries (Toronto Sun, 2016).

Some citizens of Toronto questioned the timing of the raids since the Government of Canada indicated its intention to legalize marijuana. At the same time, many marijuana activists protested at police headquarters the day after the raids (Toronto Sun, 2016). The protestors, lead by Marc Emery, explained that the dispensaries are “indispensable” as they provided a service that is needed by people of the city (Jeffords, Toronto Sun, May 26, 2016) . Marc Emery is described by the media as Canada’s “prince of pot,” he and wife Jodi have been on the frontlines fighting for legalization for many years. Essentially, people felt their access was being impeded and could not understand why, with pending legalization, the raids were necessary.

1.3.3 After the Raids

Soon after the raids “Pot” activists called this ‘hogwash,’ as the Government of Canada had indicated its intention to legalize recreational marijuana and that the raids serve to further stigmatize marijuana. The activists surmised that the raids were a waste of tax payer funds and that they targeted some of society’s most vulnerable citizens (Westoll, Toronto Sun, June 23, 2016). Alternatively, the Premier of Ontario Kathleen Wynne and Toronto Mayor John Tory were both supportive of the raids and called them “necessary” (Benzie, Toronto Star, May 27, 2016). They both agreed that too many dispensaries had opened in Toronto and something needed to be done to curtail them. The day after the raids Kathleen Wynne was quoted as saying that “municipal bylaws don’t allow what’s happening in Toronto...the Mayor had to take some action.” (Jeffords, Toronto Sun, May 27, 2016). Similarly, Mayor John Tory was concerned about the “health and safety impacts that unlawful marijuana dispensaries are having on neighbourhoods and businesses across the city” (Jeffords, Toronto Sun, May 27, 2016).

Some people pointed out that just because the law is proposed to be changed does not mean that one can subvert the law that was in place at the time. The police have to enforce the laws as it stands at the moment of the alleged criminal. More raids were undertaken by Toronto Police and bylaw enforcement officers after the May 2016 raids where more people were arrested. However, as quickly as the dispensaries are raided and closed they re-opened the next day or soon after (Rider, Toronto Star, June 23, 2016).

People were speaking with their feet and dollars in supporting the dispensaries. Consequently, many 'pot pioneers' saw an opportunity to make a lot of money quickly. While there have been no estimates about how much dispensaries make, one can surmise the amounts must be large enough for people to have kept risking re-opening them. On the other hand, the media has reported that some owners understand the risk and keep opening because they want to help people.

Many pot activists believe that people have a right to marijuana, however, this is not supported under the current law in Canada. Conversely, marijuana activists have been fighting to have it legalized in Canada for decades now, and hence the situation could have been predicted when legalization was put forth in the fall of 2015. One can understand the pent up demand for medical marijuana, with many people calling the current system to slow and unresponsive to meet patients needs. Politicians, unsurprisingly, have respected the law as it currently stands and have come out against dispensaries. As a result, we have been in a state of a "legal grey area," as noted by the Premier of Ontario Kathleen Wynne, until we have full legalization, and cities enforcing their bylaws.

1.4 Research Purpose and Questions

Research Question

What are the planning impacts of emerging legislation on medical marijuana in the City of Toronto?

Objectives

1. How does the City of Toronto respond to evolving legislation surrounding legalization and access?
2. How do multiple publics respond to MMDs in the city?

1.5 Outline of Thesis

This thesis is organized into six chapters. This chapter, *Chapter 1 – Introduction*, introduces the thesis topic, provides background and contextual information germane to understanding the intent and significance of this research study and identifies the research question and objectives. *Chapter 2* reviews the pertinent literature on healthy cities and governance, public participation and relevant theories, local undesirable land-uses (LULU's) and NIMBY-ism, and the health care system in Canada. *Chapter 3* outlines the research design and methodological elements to this study. *Chapter 4* presents the findings of the content analysis, five key informant interviews and document analysis. The major findings, research limitations and areas for future study are reviewed and discussed in *Chapter 5*. The final chapter, *Chapter 6*, wraps up the thesis and provides recommendations for Planners gained from the findings of this research and provides concluding remarks.

Chapter 2: Literature Review

This research brings together three broad but overlapping bodies of literature: 1) Healthy Cities and Healthy community planning, of which health services is an important component; 2) Siting health services and LULUs (Locally Unwanted Land Uses); and 3) Public participation and multiple publics.

2.1 Healthy Cities

A healthy city, according to Kickbusch (1989) attempts to ensure that health is on the agenda for political decision makers, significant groups and citizens at large. More specifically, it is to develop achievable strategies for re-adjusting public health activities at the city level and to build prevention and health promotion strategies into community-supported enterprise (Kickbusch, 1989).

Founded in 1985, the Healthy Cities project was part of the World Health Organization's push for universal health by the year 2000 (Kickbush, 1989). The initiative was devised as a long-term international development project to encourage strong advocacy for public health at the city level – in addition to strengthening the national and subnational support system (De Leeuw et al, 2001).

2.1.1 Governance for Healthy Cities

The idea of healthy cities creating better opportunities in communities by penetrating social and political agendas closely aligns with the idea of 'governance' (De Leeuw, 2015). The Commission on Global Governance broadly defines governance as the many ways in which citizens and institutions - public and private - manage their common affairs. It is an ongoing process in which conflicting or diverse interests may be

accommodated and cooperative action may be undertaken (Commission on Global Governance, 1995; De Leeuw, 2015). Governance includes formal and informal institutions that are allowed to enforce compliance and informal arrangements that people and institutions either have agreed to or perceive to be in the common interest (Commission on Global Governance, 1995; De Leeuw, 2015)

2.1.2 Challenges of Healthy Urban Governance

Good governance needs the interchange of power and constraint to anticipate dysfunctional occurrences (Burriss et al., 2007). Federal governments should provide the “policy environment” for urban government and governance actors to be able to innovate (Burriss et al., 2007). The authors (2007) note that it is not even clear that empowering cities can lead to greater equality. City governments are usually not just short on funding but on properly trained bureaucrats with the necessary skills and incentives to use their power in a productive manner (Burriss et al., 2007). Improving the skills of the bureaucracy, and governance actors can make poor city dwellers more informed. However, city leaders also need access to the resources that are controlled by federal governments (Burriss et al., 2007). These are important factors to consider in the context of this study. Is it a matter of a properly trained bureaucracy who informs city leaders at the committee level? A good civil service should be able to help both city leaders and citizens.

2.2 Siting Health Services in Canada

Health services in Canada are publicly funded and delivered through ten interlocking provincial, and three territorial health insurance plans (Canada, 2005). Health services are managed and delivered by the provincial and territorial governments and are free of charge at the point of delivery (paid through taxes) (Canada, 2005).

Health care in Canada is governed by the *Canada Health Act*. The Act's primary objective is to protect, promote and restore the physical well being of Canadian residents. It is also meant to enable "reasonable access to health services without financial and other barriers³" (Klatt, 2000). The framework of the Canada Health Act came into force in 1984 to guarantee adherence to the basic principles of: Comprehensiveness, Universality, Accessibility, Portability, and Public Administration (Canada, 2005; Klatt, 2000). Klatt (2000) notes that the term "core services," or primary level care, has been created to categorize the services covered through the *Canada Health Act* (ward level hospital care and physicians). "Non-core" services, or secondary level care, (ambulance, drugs, paramedical, supplemental hospital, dental among others) are not included in the legislative framework (Klatt, 2000). Secondary health services may be provided for in the home or in the community and, generally speaking, these services are not protected under the *Canada Health Act* (Canada, 2005).

In Canada, primary care also includes primary mental health care, such as psychiatric hospitals (Canada, 2005). Human service facilities, like group homes and shelters are not clearly defined/outlined by Canada's health care system. However, it would make most sense if these human service facilities were included in community care. Human services facilities, such as group homes, psychiatric hospitals and shelters, have faced significant community opposition or a NIMBY response (Schively, 2007; Dear, 1987; Dear, 1992). Dear (1992) has written that the consequences of NIMBY responses to human service facilities can include an absence of access to necessary services (Schively, 2007). With the group home example, it may be proposed in an area of single-family housing, and

³ The author does not define what level of health service (primary or secondary), the author is assuming primary and secondary health services including emergency care.

this could be a breach of zoning allowances (Dear, 1987). Applications to allow these types of uses, that require a zoning amendment, alert members of the community to their potential arrival (Dear, 1987). The move to have clients leave institutions for group homes or other similar settings has presented new issues for urban communities (Dear, 1987). Most of the human-service delivery apparatus is funded and administered by non-local government agencies (in Canada at the federal and provincial levels of government) (Dear, 1987). The municipal level of government, or local government, has been left primarily with the physical integration of community-based services into the local setting (Dear, 1987).

In Canada and the United States, deinstitutionalization has led to ghettos of service dependent populations in urban areas (Dear, 1987). Good intentions are not enough to improve placement results for facilities and their clients (Dear, 1987). The actions of neighbourhood organizations and business groups have acted to oppose human service facilities and their clients, leading to restricted urban zones where dependent clients are concentrated (Dear, 1987). The contemporary “service dependent ghetto” is the result of many historical forces (Dear, 1987). Persons who are dependent on social services have been seen as deviant or dangerous in the past (Dear, 1987).

By the end of the nineteenth century there were two categories of service recipients: institutional and “outdoor,” residing in asylums or segregated into ghettos (Dear, 1987). There was development and expansion of welfare state programs in the first half of the twentieth century (Dear, 1987). Progressives protested the existing service delivery scheme, seeking greater state involvement and community-based services (Dear, 1987).

This did not fully occur until the depression era, when the welfare state grew markedly, bringing better social safety net programs (Dear, 1987).

Service dependent people are attracted to areas where “support services and housing opportunities are available” (Dear, 1987). Cheap housing and other services tend to be located in the inner city, where there is a greater opportunity to find suitable properties for conversion into group homes, treatment centres and other types of human services⁴ (Dear, 1987). Inner cities are also where many clients are located (Dear, 1987); this has not changed over the years, as many services are still located within the city centre. Dear (1987) notes that land-use planners over the years have encouraged the siting of human service facilities within the city centre, as it was seen as uncontroversial for these services. This might have been the case for a centre such as CAMH, formally known as the Queen Street Mental Health Centre located in west-end Toronto – a previous industrial and working class neighbourhood.

Locations for human services have faced “NIMBY” roadblocks as other less desirable facilities (Dear, 1992; Schively, 2007). Public attitudes toward “difference” have been ranked (Dear, 1992; Tringo, 1970; Schively, 2007). Facilities for those with physical disabilities, old age or terminal illness are easily accepted in neighbourhoods (Dear, 1992; Schively, 2007). The other end of the spectrum includes those who have committed crimes or are seeking addiction services (Dear, 1992; Schively, 2007).

2.2.1 Community Care

Preventative health services are another type of human service that need to be sited and according to Gu et al. (2010), “Preventative health care programs can save lives and

⁴ While at one time, one of the attractions of the inner city was cheaper properties this is no longer the case in some cities, such as Toronto (Dear, 1987). However, there are still many existing human services located within neighbourhoods.

contribute to better quality of life....” The conclusions of the study showed that facility location decisions are one of the most important decisions in strategic planning for preventive health care programs (Gu et al., 2010). One can deduce that this can be applied to other types of facilities, and the authors note (2010) that facility location plays a key role in the success of preventive health care programs in terms of participation rate (Gu et al., 2010). Therefore, the siting of health care facilities, whether they are preventive or not, have a direct outcome on the participation rate.

2.2.2 Who is Responsible for Health Services Planning in Ontario?

Health care services in Ontario is a complex web of organizations and service providers (Health Care Tomorrow, 2014). At the top of the hierarchy, the Ministry of Health and Long Term Care (MOHLTC) sets the overarching goals and policies for the province (the leadership role). The MOHLTC develops legislation, regulations and policies, monitors the whole system and sets the funding agenda for the system (Health Care Tomorrow, 2014). Next are the Local Health Integration Networks (LIHNs) which allocate funds to health care providers across fourteen networks in Ontario (Health Care Tomorrow, 2014). The LIHNs were created in 2006 in an attempt to move health care administration from the Ministry to the local level (Health Care Tomorrow, 2014). The fourteen LIHNs are responsible for hospitals, long-term care homes, Community Care Access Centres (CCACs), Community Health Centres, and Addictions and Mental Health Agencies (Health Care Tomorrow, 2014). Health Care Tomorrow (2014) created a flow chart that outlines the health care system in Ontario (Figure 3).

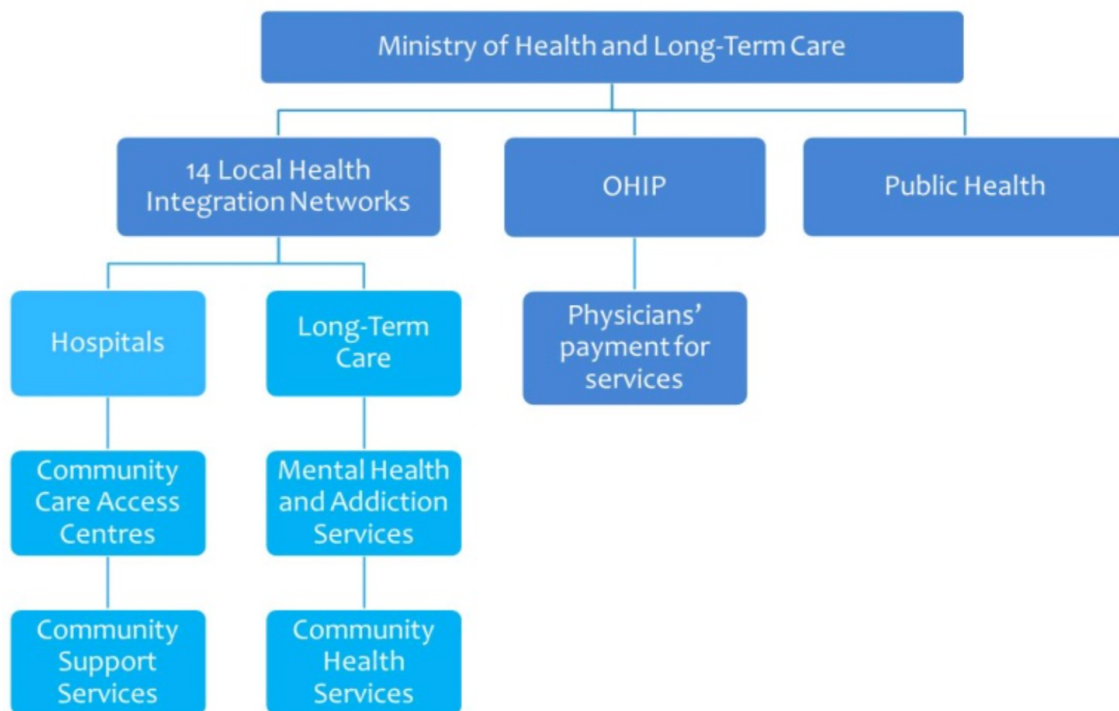


Figure 3: Ontario's Health System (Health Care Tomorrow, 2014)

2.2.3 Where do MMD's fit in the System?

Medical Marijuana is legal in 23 States in the United States as well as the District of Columbia (Nemeth & Ross, 2014). Planners are faced with a difficult land use question as to where Medical Marijuana Dispensaries (MMD's) can locate, something the authors term "suitable land" (Nemeth & Ross, 2014). First, how do local jurisdictions regulate where MMDs operate? And second, "how equitably do common marijuana land use models distribute these facilities...?" (Nemeth & Ross, 2014) The authors note that their article is one of the first academic studies to provide an in depth look into emerging regulations surrounding MMD's and the potential equity implications of regulatory regimes (Nemeth & Ross, 2014). Nemeth and Ross (2014) point to three general trends for practicing planners when it comes to MMDs: 1) Rather than adopting a one-size-fits-all regulatory model that already exists for other human service LULUs, supporters of MMDs should conduct their

own analyses and zoning restriction workups. 2) More affluent neighbourhoods contain more public service amenities and institutions such as public schools and childcare centres (Nemeth & Ross, 2014). The authors' initial hypothesis to distance MMD's from said "sensitive uses" would push MMDs out of affluent neighbourhoods. Furthermore, their study found that geographical buffers do sometimes contribute to the spacing of MMDs, but zoning restrictions produce far more inequitable outcomes for MMDs location. 3) Planners should be consulted to evaluate possible equity impacts of MMD land-use policies on marginalized communities (Nemeth & Ross, 2014).

As health care in Canada is divided up by primary, secondary and supplementary care (Canada, 2005), MMDs would be considered a secondary or supplementary service, as is the case with traditional pharmacies. Cities in the province of Ontario, especially Toronto have not attempted to zone medical marijuana dispensaries, however, they do zone licensed medical marijuana producers. This is in contrast to Vancouver, British Columbia, which decided to zone MMD related businesses in 2016.

The City of Toronto, through its zoning powers, has regulated where Medical Marijuana Production Facilities can be located (City of Toronto, 2016). The storefront medical marijuana dispensaries are operating in contravention of federal laws and Toronto's zoning by-law (City of Toronto, 2016).

There are currently three Medical Marijuana Production Facilities in Toronto, to which the Toronto Zoning Bylaw applies (City of Toronto, 2016). Production facilities are defined as a premises used for growing, producing, testing, destroying, storing or distributing medical marijuana by a license issued by the Minister of Health under section 12 of the Marijuana for Medical Purposes Regulations (MMPR)(City of Toronto, 2016).

Medical Marijuana Production facilities are only permitted by Toronto in Employment Industrial Zones and separation from Residential, Residential Apartment, Commercial, Commercial Residential, Commercial Residential Employment, Institutional and Open Space categories must be 70 metres (City of Toronto).

City of Toronto staff conducted a “jurisdictional scan” in Canada and the United States to gain an understanding of the issues surrounding medical marijuana dispensaries and the regulatory frameworks in place that oversee these businesses (City of Toronto, 2016). Vancouver and Victoria are two jurisdictions in Canada that have decided to develop a licensing and zoning system to oversee businesses that are advocating for medical marijuana but not the sale of it (City of Toronto, 2016). Staff in Vancouver reported that in August 2015, they received one hundred and seventy six (176) applications. Of those, only 10 met the zoning requirements (City of Toronto, 2016). In May of 2016 Vancouver filed injunctions to close 17 marijuana-related businesses that have not met the zoning or license regulations, with some property owners terminating leases with these businesses (City of Toronto, 2016).

In Victoria, British Columbia staff was directed to consult with the community to make recommendations to “mitigate community impacts and an enforcement strategy” (City of Toronto, 2016). In April 2016, Victoria reported that 35 medical marijuana-related businesses were operating there (City of Toronto, 2016). Victoria reports that the police department has received complaints relating to “nuisances such as odours, increased foot traffic, impacts on surrounding businesses, concerns of food safety, crime, and sale to persons without medical need” (City of Toronto, 2016).

MMDs are a health service that lack guidance from all levels of government – particularly when it comes to community integration. Recently, the federal government updated its Medical Marijuana Regulations in August of 2016, however, they did not provide any guidance on storefront MMDs or recreational marijuana (Canada, 2016).

2.2.3 Health Services Planning

Health Services planning can be defined as “... a process that appraises the overall health need of a geographic area or population and determines how these needs can be met in the most effective manner through the allocation of existing and anticipated resources” (Thomas, 2003). Thomas (2003) notes that in Canada and most other countries (except the United States) health care systems are centralized and are characterized by strong planning components. Health planning in most industrialized countries has been integrated into broader social and economic planning areas (Thomas, 2003). Top-down planning is generally the rule, not the exception and health is not looked at in isolation but in socioeconomic terms as well (Thomas, 2003).

Hospitals and health care facilities are sited in a multitude of ways, however this is not readily ascertained in academic literature. As noted above, many former institutions were located in working class urban areas. Hospitals, as noted by Dear (1992), are generally welcome in neighbourhoods and do not face much push back from the community. A hospital in Windsor, Ontario used a site selection committee to come to an agreeable site for a new mega hospital using a range of evaluation criteria (Thompson, 2016). The evaluation criteria included: general land use conformity, site development potential, community relationship, accessibility, site conditions and microclimate (Thompson, 2016). In many cases, as is the case with the mega hospital in Windsor, a

zoning amendment and an official plan amendment is necessary if the site is not zoned appropriately for institutions.

2.2.4 LULU's

LULU is an acronym that stands for locally unwanted land use and can be traced back to the 1980s (Armour, 1991; Heiman, 2010; Popper, 1983). A LULU is generally a facility whose siting is objected to by local residents because it may pose a health, environmental risk or security risk – while lowering surrounding property values (Heiman, 2010). LULUs include, but are not limited to: waste sites, land fills, power plants, highways, in addition to prisons, low income housing, homeless shelters, and treatment centres (Heiman, 2010). As a result, LULUs have close ties to the more common acronym NIMBY (Not in My Backyard), a term that refers to a collective position adopted by local residents when faced with a LULU (Heiman, 2010).

In addition to the above, LULUs are facilities that “always threaten their surroundings by inflicting, or promising to inflict, negative externalities on them.” (Armour, 1991; Popper, 1985) Popper (1987) argues that every land use could be called a LULU, as a LULU is likely to impose some cost on someone. However, there two distinguishing factors of LULU's: first, as Popper notes (Armour, 1991; Popper, 1985) LULUs engender an environmental concern, and second, the opposition towards a LULU constitutes a significant body of local opinion.

2.2.5 LULU's and NIMBYism

The literature suggests that the NIMBY phenomenon is a highly relevant subject area in planning practice (Schively, 2007). The term first emerged in research in the 1980s. NIMBYism is a social response to unwelcome facilities, and this is sometimes termed locally unwanted land uses (LULU) (Schively, 2007). Schively (2007) notes that planners are often

on the front lines addressing NIMBY concerns and are often challenged with the responsibility of responding to public opposition. This can put planners in a weak position, which could be improved with additional information and understanding for LULU opposition (Schively, 2007). Therefore, a planner would be in the position of learning the methods available to better respond to NIMBY fears (Schively, 2007).

2.2.6 The Canadian Experience

In 1986 several attempts to site a low-level radioactive (LLR) waste management facility in Ontario resulted in social conflict and community disruption. The Canadian Government ended up establishing an independent task force to advise the government on less confrontational approaches to the community (Armour, 1991). A year later, the task force recommended a siting process based on the voluntary participation of communities and a collaborative problem-solving and decision-making regime (Armour, 1991). The government endorsed this process and fourteen communities came forward to express interest in learning about the siting process and the LLR waste issue (Armour, 1991). In the end, a more collaborative approach was adopted, which fostered a spirit of cooperation that was absent in the previous process to site the facility (Armour, 1991).

2.2.7 Factors that Determine Community Attitudes

The literature suggests that LULU facilities are often associated with health and environmental impacts, however, NIMBY reactions also come about from human service facilities. Human service facilities include drug treatment centres, mental health facilities, detention centres, and homeless shelters, among others (Schively, 2007). Dear (1992) has submitted that the NIMBY responses to human service facilities include a lack of access to needed services and a degradation of community relations that could have adverse consequences for the well-being of the users.

The public's tolerance for different or controversial urban sites can be organized in a hierarchical form (Dear, 1992; Tringo, 1970). At one end of the continuum certain differences are easily tolerated, while on the other end certain differences evoke negative feelings (Dear, 1992). According to Dear (1992), acceptance or rejection of difference is not fixed in time. The continuum can change and, sometimes, rather abruptly (Dear, 1992). This rapid change can be due to many factors, including the introduction of a new program, which can introduce new clients to a neighbourhood who are unfamiliar with the issues surrounding them (Dear, 1992).

In the 1980s, advocates for the homeless gained public sympathy by lumping in this group not just the traditional white male alcoholic, but also the mentally disabled, veterans, families, and victims of domestic violence (Dear, 1992). Rising numbers of homeless people also garnered public attention; however, many years on, many communities appear to be losing their concern for this group (Dear, 1992). Dear (1992) argues that homeless people tend to become lumped in with the characteristics of worst-case homeless subpopulations: substance abuse, chronic mental illness, dangerousness and unpredictability.

2.2.8 Understanding Community Opposition

NIMBY conflicts can arise and usually evolve from certain patterns and consistencies (Dear, 1992). First, there can be external events where community opposition can be cyclical with periods of passionate and frequent disputes (Dear, 1992). Second, as Dear (1992, 1976) argues, they follow so-called "internal rhythms," where each incident tends to follow a three-stage cycle. The first stage is youth, which is where news of a proposal comes to the forefront and the NIMBY response is usually irrational at this stage (Dear, 1992). The second stage is maturity, which is characterized by two sides assembling

ranks of supporters, the debate moves into a more public forum, and opposition becomes more rational and objective (Dear, 1992). The third stage of the internal rhythm is old age, which is characterized by conflict resolution where both sides make concessions; however, the conflict is sometimes not resolved (Dear, 1992).

The final two patterns of NIMBY responses are opposition arguments and opposition tactics (Dear, 1992). Opposition arguments commence after the initial “angry phase” that tends to exhibit three specific concerns: the perceived threat to property values, personal security, and neighbourhood amenity (Dear, 1992; Dear, 1990). The principal fear of opponents has been that property values would decline in their neighbourhood (Dear, 1992). However, as Dear (1992) notes, studies that have been conducted on real estate transactions in the neighbourhood of human service facilities has shown a property value decline that cannot be connected to the facility (Dear, 1992; Dear and Taylor, 1982). Personal security concerns are common when in response to certain client groups (Dear, 1992). According to Dear (1992) the main variables are client dangerousness and unpredictability with substance abusers and repeat offenders. Concerns for the neighbourhood about security are often rooted in questions about facility operating practices (Dear, 1992). Lastly, neighbourhood amenity means the potential decline of a neighbourhood may influence community members who are located near a proposed facility (Dear, 1992). Particular threats to the overall neighbourhood amenity include the physical appearance of clients, some of whom may look dirty and unkempt; and antisocial behaviour, such as loitering, public urination, and aggressive panhandling (Dear, 1992).

Opposition tactics are often focussed on the zoning hearing (Dear, 1992). Human service facilities in some jurisdictions require zoning changes, especially in residential areas (Dear, 1992). Opponents of a proposed facility sometimes apply pressure through neighbourhood petitions, as there usually has to be public consultations when there is a proposed zoning change (Dear, 1992).

2.2.9 Planner and Resident Perceptions of Facility Siting

A unique study conducted by Takahashi and Gaber (1998) looked into the perceptions of planners and residents about the siting of controversial facilities, known as “locational conflict” (Takahashi & Gaber, 1998). Locational conflict of the siting of controversial facilities is recognized as being a large part of contemporary society, and has been a characteristic of urban development (Takahashi & Gaber, 1998; Meyer, 1995; Meyer & Brown, 1989). According to the authors, locational conflict can be intellectualized as the control and definition of space through interactions among the state (planning apparatus), the shadow state (non-profit organizations), and numerous publics within society (residents, businesses, and other interest groups) (Takahashi & Gaber, 1998; Lake, 1993). Interactions that occur between these groups can lead to conflict about where to site controversial facilities in neighbourhoods (Takahashi & Gaber, 1998).

According to the authors, struggles between the three groups (state, shadow state, and interest groups) about facility siting echo broader conflicts about production and the distribution of the impact of “negative externalities” of production and development (Takahashi & Gaber, 1998). Facilities and land uses that aggravate negative externalities can be perceived as threatening quality of life because they become localized in particular neighbourhoods (Takahashi and Gaber, 1998).

Planner perceptions of facility siting conflict are significant in the determination of the ensuing course of action that planners take in response to said conflicts (Takahashi & Gaber; Freidmann, 1987). In an analysis of attitudes toward controversial facility siting⁵, the survey of planning directors found that they believed homeless shelters were the most controversial facilities to site (Takahashi & Gaber, 1998). In fact, six times as many planning directors ranked homeless shelters as controversial as jails and prisons (Takahashi & Gaber, 1998).

2.2.10 Case Study: Casey House Toronto

Chiotti and Joseph (1995) attempt to interpret the location of a Toronto AIDS hospice and the issues surrounding a controversial healthcare facility, especially in the early days of the epidemic. The authors note that the introduction of a facility such as Casey House into an “urban landscape” creates a multifaceted location problem (Chiotti and Joseph). In 1995 the authors analysed the location process through three questions: 1) how did the facility come to exist; 2) why is Casey House located at the Corner of Huntley Street and Isabella Street?; and 3) will the facility be reproduced? For our purposes only questions 1 and 2 will be addressed here. Chiotti and Joseph (1995) note that on one hand, Casey House is a health care facility requiring access to other treatment centres and to potential clients. On the other hand, Casey House is a controversial health care facility. To address these questions the authors drew upon three broad geographical categories accessibility, structuralist, and humanistic (Chiotti and Joseph, 1995).

⁵ The article used two data sources to compile an analysis of resident and planner attitudes toward controversial facility siting. The first is a national survey of attitudes towards both environmental and human service facilities and the second is a national survey of attitudes of planning directors in large American cities toward controversial facilities (Takahashi & Gaber, 1998).

Each perspective leads to certain expectations regarding the location of Casey House. Accessibility suggests a site close to potential patients, their families, and other care services and volunteers (Chiotti and Joseph, 1995). The structuralist approach calls for a site that is dictated by external factors, such as a low-resistance neighbourhood (Chiotti and Joseph, 1995). The humanistic perspective suggests a search for “unfettered human agency,” with community involvement (Chiotti and Joseph, 1995).

The plan to build Casey House came as a result of the AIDS crisis of the 1980s. The authors note during this time, AIDS had become the leading cause of death in Toronto for males between the ages of 35-45 (Chiotti and Joseph, 1995). This reality helped spur activists such as prominent journalist June Callwood, to create Casey House (Chiotti and Joseph, 1995).

A broad search area, which included pockets of opposition, gave way to a section of downtown Toronto known as “the Village,” home to LGBTQ businesses and social activities (Chiotti and Joseph, 1995). This met the need for proximity to potential clients, their families and volunteers (Chiotti and Joseph, 1995). The location also had the benefit of being close to a major hospital (Chiotti and Joseph, 1995). Community activists were able to secure government funding and conduct private fundraising (Chiotti and Joseph, 1995).

Casey House satisfies the elements of the accessibility perspective as it is located near a gay community and a hospital. It also meets the criteria of the structuralist perspective as Isabella and Huntley has been characterized as “highly representative of least-resistant neighbourhoods” as local opposition to Casey House was “uncharacteristically minimal” (Chiotti and Joseph, 1995). It also satisfies the humanistic

perspective, as evidenced by the grassroots efforts of founder June Callwood and community activists.

2.3 Public Participation in the Planning Process

The changing role of public participation in planning will be a central theme of this section. Two decades ago the literature was filled with reflections about limited opportunities for public involvement (Lane, 2005; Munro-Clarke, 1992; Webber & Crooks, 1996). However, public participation is now a central component to policy planning and implementation (Lane, 2005). In Ontario, the Planning Act directs municipalities to include public participation, during the planning process of zoning amendments, official plan amendments and plans of subdivision (Planning Act, R.S.O. 1990, c. P.13), but stops short of prescribing the extent or scope of this participation. However, there has been an acknowledgment that the opportunity to participate varies according to the particular notion of planning (Lane, 2005). In the late 1960s, Arnstein (1969) developed the ladder participation, by comparing and contrasting the various planning models with the ladder; we can see the level of participation of each model, which is best shown visually as a chart (see figure 4) (Lane, 2005).

Arnstein (1969) classifies the levels of participation on a ladder and begins with the greatest degrees of citizen power (citizen control, delegated power, and partnership) labeled blue on the chart, followed by degrees of tokenism (placation, consultation, and informing) shown as green on the chart. Finally, the last level (labeled red on the chart) includes no participation in the process in what Arnstein terms therapy and manipulation (Arnstein, 1969).

Figure 4: Model of Planning and the Corresponding Level of Participation

Level of Participation	Planning Model
<ul style="list-style-type: none"> • Citizen Control • Delegated Power • Partnership 	<ul style="list-style-type: none"> • Communication • Advocacy • Transactive
<ul style="list-style-type: none"> • Placation • Consultation • Informing 	<ul style="list-style-type: none"> • Mixed Scanning • Incrementalism • Synoptic Planning
<ul style="list-style-type: none"> • Therapy • Manipulation 	<ul style="list-style-type: none"> • Blueprint/RCM Planning

Source: Adapted from Lane, 2005

2.3.1 Blueprint

Blueprint planning is an early idea of planning without public participation (Lane, 2005). Howard proposed to integrate employment with a healthy environment by incorporating the best characteristics of town and country (Lane, 2005). Geddes' focussed on the scale and method of planning (Lane, 2005) by arguing that planning should settlement patterns as the extend beyond the town into the "natural region" (Lane, 2005). Faludi (1973) called Blueprint planning as being overly concerned with "gross simplification and heavy-handedness" (Lane, 2005). The implementation of Blueprint planners' vision required a high degree of citizen control (Hall, 1983; Lane, 2005). These early behaviours in planning practice included no use for public participation and relied solely on the expertise of the technocrat or planner (Lane, 2005).

2.3.2 Rational Comprehensive Model, Synoptic and Mixed Scanning

The planning with "token" public participation is known as synoptic model (Lane, 2005; McLoughlin, 1969; Hall, 1983). The synoptic model, also known as systems planning, was conceivably the most important advancement in the planning world (Lane, 2005). Hall (1983) and Lane (2005) suggest that it was the increase in private vehicle use that introduced new planning challenges. The main tenets of the synoptic model of planning

are: 1) a greater importance on goals and targets; 2) an importance on quantitative analysis and a forecast of the environment; 3) a need to identify and evaluate policy alternatives; and 4) an evaluation of means versus ends (Lane, 2005; Hudson 1979; Hall, 1983). The growth in the role of planner as technocrat, led to a public participation ideal/model that was based on “a commentary on the goals of planning” (Lane 2005; Hall, 1983) or as Arnstein (1969) would call it, tokenism.

Synoptic planning can also be tied with the Rational Comprehensive Model. Hodge and Gordon (2014) note that planners from about the 1920s onward placed more and more importance on attaining “efficient city-building.” The efficient use of land in an urban setting carried with it the understanding that the planner could “scientifically demonstrate attainment of this aim” or the planner would make sure that land was efficiently used (Hodge and Gordon, 2014). The Rational Comprehensive Model (RCM) aimed to ensure that a planner would act “rationally” by following three rules (Hodge and Gordon, 2014). First, the planner must exhaust all of the possible (alternative) courses of action in plan-making (Hodge and Gordon, 2014). Second, the planner is to identify and evaluate all of the consequences of each of the alternatives (Hodge and Gordon, 2014). And third, the planner is to select the alternative that would achieve the community’s most regarded objectives (Hodge and Gordon, 2014). But first, whose rationality is used (Hodge and Gordon, 2014)? And how can planners know what is in the public interest (Hodge and Gordon, 2014). Hodge and Gordon note (2014) that notwithstanding the RCM’s worthy roots, how can planners be truly rational in “achieving diverse and often competing goals.”

The synoptic model of planning (or Rational Model) embraced the idea of one public interest (Lane, 2005). The significance of a unitary, or single public interest, is that it makes

the assumption that “the goals of planning are essentially universally shared and transcend any special, sectional interests” (Lane, 2005; Kiernan, 1983). However, this ignores the fact that planning is essentially “distributional” and that there are both costs and benefits to planning interventions that are “disproportionately shared among all classes and groups in society” (Lane, 2005; Kiernan, 1983).

These ideas, it is argued, have three consequences for the role of public participation in planning (Lane, 2005). First, it minimizes the imperative for, and significance of, public participation (Lane, 2005). Second, “the ideology of homogeneity tends to uncritically legitimise planning activities and objectives” (Lane, 2005; Kiernan, 1983). And third, the idea of one public interest “tends to de-legitimise and stigmatise objections to planning proposals as parochial (Lane, 2005; Kiernan, 1983).

The “mixed scanning” model of planning was an alternative and variation of the synoptic model (Lane, 2005; Alexander, 1986). The model was seen as being more flexible than past models. Mixed scanning as a model was developed by Etzioni in 1968 and advised organizations that they should “scan their environments over different decision making levels” (Lane, 2005; Alexander, 1986). The model of mixed scanning was not “concerned with achieving consensus within the planning community about the goals of planning...” (Lane, 2005). Public participation remained restricted under this model of planning (Lane, 2005).

2.3.3 Transactive and Communicative Theory

Friedmann characterizes Transactive Planning as a link from knowledge to action through communication between an “expert” and client (Friedmann, 1992). This planning method was a big part in breaking barriers, and the professional planner “became a conduit

for information dissemination and feedback and the public were encouraged to actively engage in policy and planning processes.” (Forester, 1989; Susskind, 1981)

The opportunity for public participation in the Transactive Planning model is “far removed from earlier models” (Lane, 2005). Participation of the planning community is central in this model (Lane, 2005; Hudson, 1979; Friedmann, 1992). One of the main goals of this model is to decentralize the very institutions of planning by “empowering people to direct and control social processes which determine their welfare” (Lane, 2005; Hudson, 1979; Friedmann, 1992). Arnstein (1969) would term this citizen control of the planning process by making the planner a “conduit for information dissemination” and the feedback of the public was encouraged (Lane, 2005).

2.3.4 Communicative Planning

Patsy Healey coined the idea of Communicative Planning in 1992. Her aim was to help situate the planning profession within a contemporary democratic society (Healey, 1992). Planning as a democratic exercise aimed to promote social justice and environmental sustainability (Healey, 1992). Healey saw a dilemma “in the technical and administrative ‘machineries’ advocated and created to pursue these goals in the past have been based on what we now see as a narrow scientific rationalism” (Healey, 1992). However, Lane⁶ (2005) points out “the declining authority of scientific rationalism forced a reconsideration of the nature and role of reason” (Healey 1992; Hillier 1993; Giddens 1994). The communicative turn, according to Lane, is mainly built on an intersecting set of ideas: Habermas’s (1984, 1987) notion of communicative rationality, Dryzek’s (1990) concept of discursive democracy, and Giddens (1994) notion of dialogic democracy (Lane,

⁶ The writer is interjecting with Lane’s summary of Communicative theory as a means of coming to an understanding of this theory.

2005). Healey summarizes Habermas's communicative perspective in this way: "...far from giving up on reason as an informing principle for contemporary societies, we should shift perspective from an individualized, subject-object conception of reason, to reasoning formed within inter-subjective (Healey, 1992). Healey contends that this reasoning is required due to living together in shared space and time and drives people to search for ways of finding agreement to address collective concerns (Healey, 1992; Forester, 1989). Finally, Lane notes that this way of thinking recognizes the existence of different types of rationality (Lane, 2005).

The Communicative model of planning assumes a significant participation function (Lane, 2005). The Communicative model stresses forms of participations that encourage and provide forums for dialogue, friendly arguments and discourse (Lane, 2005; Hillier, 1993; Healey, 1996). Communicative Planning also seeks to widen the range of actors (publics) and their interests that become legitimized in planning (Lane, 2005). Public participation in Communicative Planning encourages more than just placation and consultation (Arnstein, 1969); but rather, negotiation, bargaining, discourse and debate (Lane, 2005)

2.3.5 The Multiple Publics and Competing Interests

The idea of the multiple publics allows for analytical concept that questions the idea of a "singular, liberal, public realm, which purports to be the forum where all citizens come together to discuss matters of common interest and concern" (Rios, 2004). Nancy Fraser (1990) is one of the better-known scholars who have argued that the idea of a singular public privilege "universalises the partial perspectives of a group of elite, white males" (Barnett & Low, 2004; Fraser, 1990). Fraser (1990) suggests that we think of multiple

publics as members of marginalized groups who “can put forth interests and strategies, develop political positions, and from which groups can speak to other publics” (Barnett & Low, 2004; Fraser, 1990). The multiple publics include different ethnic groups, non-profit social organizations, residents, residents associations, merchants and property owners (Hou, 2004). The challenge to professional planners is to identify commonality between the multiple publics and the potential conflicts that can arise (Rios, 2004). Many of the methods and techniques used in public participation can be seen as a form of placation in order to manufacture a sense of consensus rather than entering into a meaningful conversation with participants, professionals, and other stakeholders in the public process (Rios, 2004).

2.4 Gaps

Medical Marijuana Dispensaries and planning has not been explored thoroughly in planning literature. Specifically, Nemeth and Ross (2014) appear to be the only researchers whom have explored this topic. Gaps include how dispensaries ought to be integrated into neighbourhoods. Particularly, there are gaps in terms of policy procedures for zoning MMDs, the amount that is appropriate to avoid clustering in certain areas.

Chapter 3 Research Methods

3.1 Introduction

The main purpose and or rationale of this study were to assess the planning impacts of emerging legislation on medical marijuana in the City of Toronto.

1. How does the City of Toronto respond to evolving legislation surrounding legalization and access to medical marijuana?
2. How do multiple publics respond to MMDs in the City of Toronto?

3.2 Research Design

This research followed a case study design focusing on the City of Toronto, specifically the Kensington Market area (Creswell, 2014). Case study designs are a detailed and rich story about a person, organization, event, campaign or program (Patton, 2014). Case studies offer a variety of approaches in defining a case that is within the investigator's own field and focus of inquiry (Patton, 2014). Yin (2013) notes that case study research can be useful when the behaviour of the characters involved in the study cannot be changed. Additionally, it is also valuable if the phenomenon and the situation cannot be separated, for example decisions surrounding planning practice and enforcement measures. Additionally, a case study research design is one in which one or a few occurrences of a 'phenomenon' are studied at great length (Given, 2008). This study focused on the rise of medical marijuana dispensaries in Toronto, around the Kensington Market area, and the responses and reactions from multiple publics as well as the impacts on planning the city. This research comes about after an event, the dispensary raids of Spring 2016 and as such is becomes focused on an organization, the City of Toronto.

3.3 Research Setting

This study is based in the City of Toronto and focuses on a neighbourhood called Kensington Market (College Street south to Dundas and from Spadina to Bathurst Street), see figure 5 with Kensington Market in the context of the City of Toronto outlined in red and in figure 6 showing a more zoomed in view of the area (outlined in blue). The neighbourhood was selected as it had clusters of raids through “Project Claudia,” and had an active Residents Association (Kensington Market). Additionally, Kensington Market had 10 storefronts raided and it was a downtown neighbourhood. Demographically, Kensington Market has a population of 17,945 according to data compiled by the City of Toronto (2016). Kensington is an area that is predominately made up of apartments that are greater than five storeys. The area has a population density of 11,806 people per square kilometre (City of Toronto, 2016). Figure 7 depicts Canna Clinic dispensary in Kensington that was raided during Project Claudia. Figure 8 depicts BC Canna Med in Kensington on Nassau Street, both dispensaries continued to re-open after the raids.

Figure 5: Kensington Market and its location within Toronto, outlined in red. Map courtesy of Google Maps, 2017.

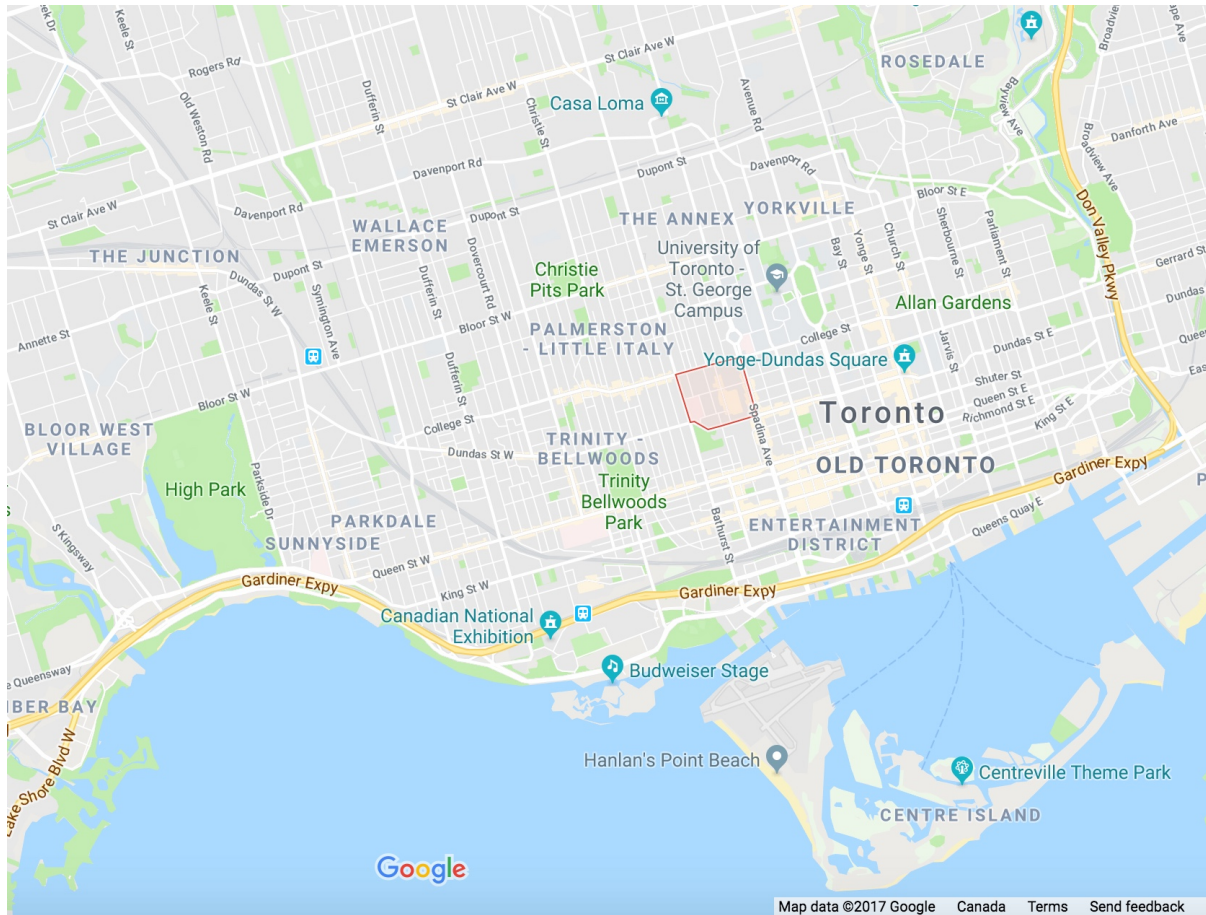


Figure 6: Map of Kensington Market produced by the City of Toronto, which has different boundaries than this study. The boundaries for this study are highlighted in blue.

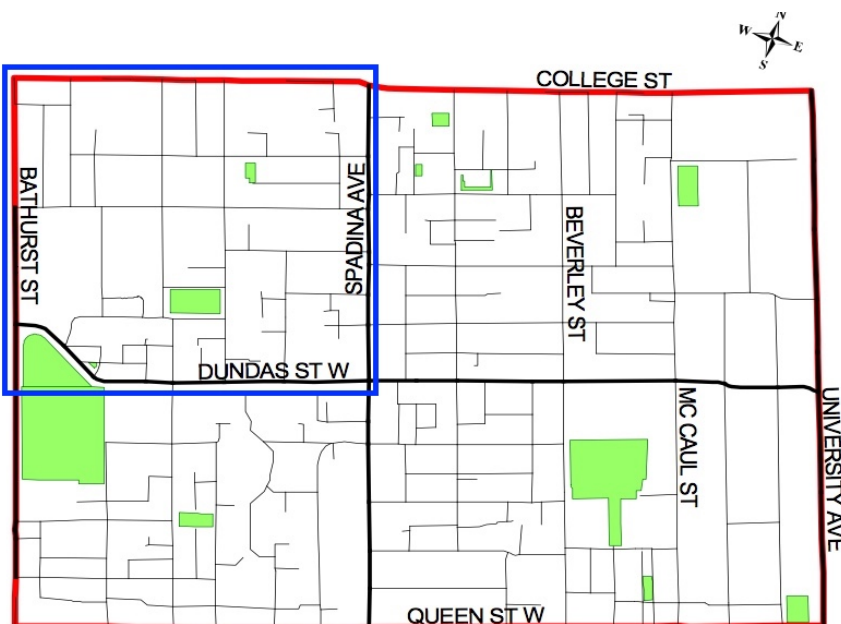


Figure 7:
Canna Clinic
Kensington
Photo Cred: D
Johnson

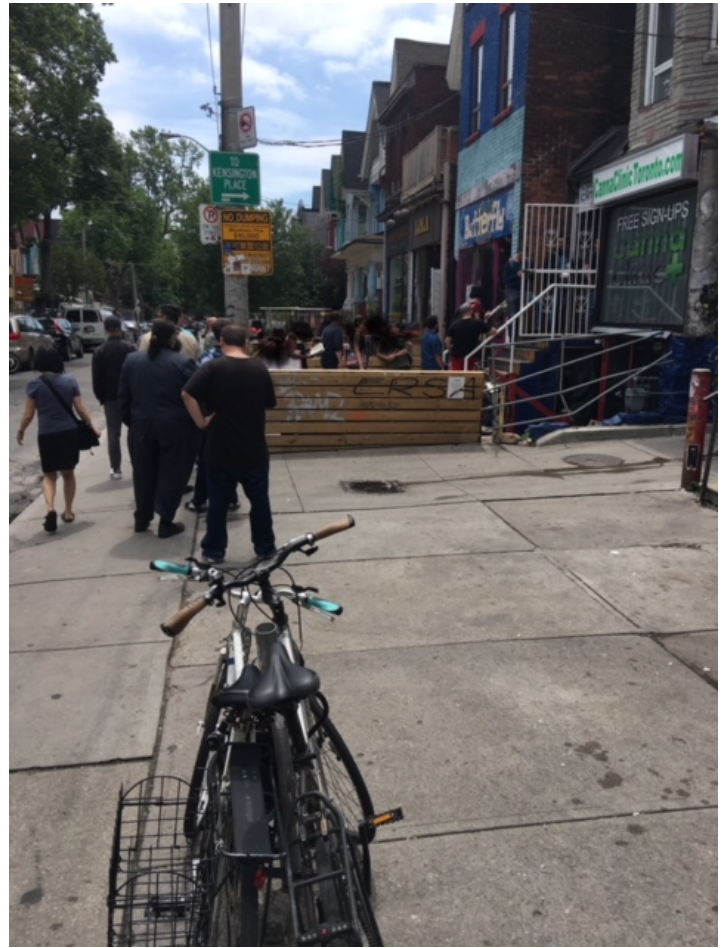


Figure 8:
BC
CannaMed
in
Kensington
Market
Photo Cred:
D Johnson

3.4 Methodology and procedures

The study involved a two phased qualitative data collection protocol to address the research question and the objectives.

Phase 1: Content analysis

The content analysis is an under rated method of social research and it began as a way to analyse written work, such as newspapers, in a quantitative manner (Payne & Payne, 2011). That is, words or phrases would simply be counted for the number of times they appeared and this spoke to their importance (Payne & Payne, 2011). With time, social researchers began to apply this method to literature, like autobiographies and other documents as well as to film, television, video and photography (visual methods) (Payne & Payne, 2011).

In the first phase of the study articles relating to MMDs were collected from two local newspapers: The Toronto Star and the Toronto Sun. The content analysis looks at the underlying meaning (implicit messages) and the actual words on the page or the screen. This is known as the latent and manifest meaning respectively (Payne & Payne, 2011). The content analysis for this study is not concerned with the words as much as the underlying meaning or the latent content. The analysis examines the diverse perspectives of multiple stakeholders in relation to the rapid growth of medical marijuana dispensaries in Toronto in early 2016. These were categorized according to stakeholder group, and the manifest and latent content was coded.

As with every research method, one must be aware of possible shortcomings and the research sample should represent the wider set from which it was chosen and the full range of material should be available (Payne & Payne, 2011).

In this study, the content analysis was used to ascertain the diverse perspective of the multiple stakeholders as it relates to the rise of MMDs in Toronto in early 2016. This study focused on two Toronto daily newspapers; the Toronto Star and Toronto Sun from January 2016 to December 2016. The timeframe was chosen because it allowed the researcher to ascertain what was taking place before the raids of “Project Claudia,” during the time of the raids, and after the raids. The raids of the dispensaries took place at the end of May 2016. The content analysis allowed the researcher to gain insight into how the multiple publics view dispensaries in Toronto. The newspaper websites were searched with the keywords “Toronto Medical Marijuana Dispensary.” The multiple publics this study looked at were users of medical marijuana, police (enforcement), owners of dispensaries, politicians (federal, provincial and local) and city officials (regulation).

Phase 2: Key Informant Interviews and Document Analysis

The key informant interview allows the participant and researcher to have an in-depth discussion that can enrich the quality of the research data (Palys & Atchison, 2014). The interview was a highly flexible method that can incorporate many different types of questions (Palys & Atchison, 2014). Similarly, an interview can build a rapport that could have longer-term advantages for researchers (Palys & Atchison, 2014). Consequently, the main reward of the interview is the richness of the data the researcher gains (Palys & Atchison, 2014). Furthermore, a researcher conducting in-person interviews must be aware of reactivity during the process (Palys & Atchison, 2014, 151). Participants wanting

to appear as “normal” could be inclined to give socially acceptable or politically correct answers, resulting in reactive bias (Palys & Atchison, 2014). Researchers should also be aware of the cues they give off, as the interviewee can be very observant to these cues. As such, a researcher must be careful to not lead the subject (Palys & Atchison, 2014). The researcher for this study was careful to not lead informants, and every attempt was made to be neutral through the interviews to minimise reactivity.

The second phase of the study included interviews with five key informants and an analysis of policy documents from areas where participants were unable to be recruited from. These interviews focused on understanding expectations, reactions and concerns related to medical marijuana dispensaries in Toronto among various stakeholder groups. Advocates (n=1), and community groups/resident associations (n=1) were contacted and interviewed. Key informant interviews were also conducted with a city planner, a city councillor and a representative of Municipal Licensing and Standards (n=3) who are responsible for siting and regulating such dispensaries.

The small total of key informants is mainly due to refusals the researcher encountered through the data collection process. Some key informants simply chose not to participate and others were unresponsive, see figure 9 for a summary of refusals.

Figure 9: Refusals Chart

Organization/Individual Contacted	Answer	Why
Toronto Dispensary Coalition	No answer	?
Canadian Association of Medical Cannabis Dispensaries	No answer	?
Toronto City Planning	Contacted multiple Planners, one in policy and two others whose area included the raids. One interview completed.	One planner taking the lead on the MMD file
Toronto Public Health (multiple)	No	1) somebody better equipped to answer my questions 2) Toronto public health has not had role with dispensaries
Councillor Fletcher	Still considering	
Councillor Cressy	No	Schedule is full
Councillor Fragedakis	Never got back me	?
Councillor ...	Yes/Interviewed	
Councillor Karygianis	No	Did not have time
Marc Emery Marijuana Advocate	Stood me up/arrested	Arrested
Kensington Market Residents Association	Yes/interview completed	
Patrick Morrison (Kensington Market BIA)	No response	?
Dominique Russell (Friends of Kensington Market)	No response	?
Municipal Licensing and Standards	Yes/interview completed	
Owner of a dispensary	No	Did not want to be interviewed even with guarantee of anonymity. Did not want to answer a few questions by email either.

This study utilized an interview guide for the key informant interviews with some minor variations for different professions. The key informants were asked the same starter question right after a brief introduction (See appendix D), for example, “from your perspective as a ___ what are the biggest issues for medical marijuana dispensaries in Toronto?” Each key informant remained anonymous to ensure that they face minimal risk. Palys and Atchison (2014) note that it is incumbent on the researcher to protect the confidentiality of the informant. Key informants signed and/or acknowledged an informed consent form, which are retained by the student researcher and supervisor. The interviews were audio recorded, which is the more common approach to holding data, and each informant gave their consent to be recorded (Palys & Atchison, 2014). Each audio recording was transcribed verbatim.

The key informant interview was utilized for this study to ascertain the views of multiple publics, to dig deeper into the stories revealed in through the content analysis. The key informants provided information rich cases, which could only be obtained through their participation. Information rich cases are those from which we acquire a great deal of knowledge about the issues fundamental to the purpose of the research (Patton, 1990). Thus, this study utilized a purposeful sample.

Document Analysis

Researchers use a variety of methods to study their chosen topic. Using documents to pursue information is called document analysis. (Palys and Atchison, 2014; Scott, 1990). A document is anything that is created (that is, not naturally occurring) at any time. Books, articles, journals, forms, letters, and diaries, among many other things, are documents. A document has physical form. A story one tells is not a document; that story printed on

paper, is (Payne and Payne, 2004). For my research, I consulted material produced by the City of Toronto. These documents are available to the public and readily accessible. The documents I consulted involved the following: official government documents such as the Toronto Zoning By-law, the Official Plan for the City of Toronto, and other public documents. I have used these documents to provide context for my research questions. I used these to supply augmenting analysis for my research questions. I did not rely on frequency analysis of key words, but rather analyzed the documents for key themes, alongside with my interview results. The specific documents were chosen for their relevance to my case study (medical marijuana dispensaries in Toronto) and the character of my research question. I was looking at policy-making and therefore, I found it only natural to examine this policy by studying the official reports of policy-makers. The purposes of the creators of the documents are crucial. One must be thoughtful and analytical in examine these purposes. The reason why the document was made, how it was made and any possible bias of the maker must be considered (Scott, 1990).

3.4.1 Recruitment and Sample

Purposeful sampling, as a qualitative method, typically relies on a smaller sample size (Patton, 2015). The cases that are selected for study are generally information rich and elucidate useful expressions of the phenomenon being studied (Patton, 2015). Sampling, according to Patton (2015) then is concerned at gaining insight about the phenomenon, not empirical generalization from a sample to a population. This study was concerned with gaining insight into how a municipal government (Toronto) and the multiple public's (resident's association, planners, those opposed, users, owners, police) deal with the phenomena of medical marijuana dispensaries operating in neighbourhoods.

A purposeful sample protocol was used to select key informants for phase 2 of the study. Under this protocol information-rich cases are selected to aid in answering the research question and objectives (Patton, 2015). Creswell (2014) notes that in a case study design the sample size can range from four to five information-rich cases. Key informants were recruited a couple of ways. First, planners and professionals were found through online directory and Google searches and connected directly by the researcher. Second, resident associations were found through web searches and were contacted in the cluster areas of where dispensaries were raided in May 2016. Local City Councillors were contacted if their ward was in a cluster area of dispensary raids. Key informants were sent a letter of information in the first email.

Subsequently, if the investigator did not receive a response to the email a phone call was made and the informant was asked if they received the email and if they were interested in participating. A date and time was arranged that was convenient for the participant and the informed consent form were sent before the interview took place, a brief overview of the study was given and informants were notified that they will remain anonymous except for the city councillor who is a public figure. Two interviews took place over the phone and the investigator sent the informed consent form by email and received verbal consent to proceed. The phone interviews took place at the request of the informants due to time constraints. No informants have withdrawn their consent. Finally, the key informants were really information rich cases, as noted by Creswell (2014).

The key informants added depth of understanding of the planning impacts on MMDs through sharing insights on the views of the multiple publics. The key informants were selected solely because they could provide rich information on a topic. Two important

community stakeholder perspectives were not included due to recruitment challenges, public health and storeowners. In the case of public health analysis of relevant policy documents was completed to provide more detailed information. Albeit, not as deep as an interview would have garnered.

3.4.3 Data Analysis

The researcher employed one technique to analyse and interpret the data for the two phases of the study. The approach to data analysis and interpretation was a thematic analysis and is a well-known method for analysing qualitative data (Braun & Clarke, 2006). Data analysis for the study began early in phase 1 of the study, the content analysis. The content analysis involved the coding of articles from two Toronto daily newspapers, The Toronto Sun and Toronto Star. Consequently, coding is the process by which the researcher analyses words, phrases or paragraphs to extract areas of common meaning (Creswell, 2014). Coding for this study was done manually, however, it is common in larger studies to utilize coding software such as NVivo. The manifest and the latent content were coded. The latent content is the underlying meaning, ideas and patterns (Creswell, 2014; Braun and Clarke, 2006).

For phase 2 the key informant interviews were transcribed and then coded based on the themes that emerged in the content analysis. The process of transcription, some argue is a key phase of data analysis process (Braun & Clarke, 2006). The themes that appeared through the content analysis included enforcement, regulation, safety, and advocacy and to a small extent something called knowledge exchange. The enforcement theme included news items such as the enforcement of bylaws against MMDs. Also, in phase 2 key documents including the City of Toronto Official Plan, Zoning Bylaw, the *Planning Act* and

public consultation documents published by the City were analysed through a document analysis for key themes.

3.5 Ethics

For this study, ethics approval was required and granted from the University of Waterloo Research Ethics Board.

Chapter 4 Results

4.1 Introduction

This chapter describes the results of the data analysis of five key informant interviews and a content analysis of both the Toronto Star and Toronto Sun. The chapter is organized into four sections in order to address *What are the planning impacts of emerging legislation on medical marijuana in the City of Toronto?* This chapter is organized by the themes that emerged from the content analysis and accompanied by key informant interviews to gather more in-depth information.

4.2 Theme 1: Framing the MMD Problem

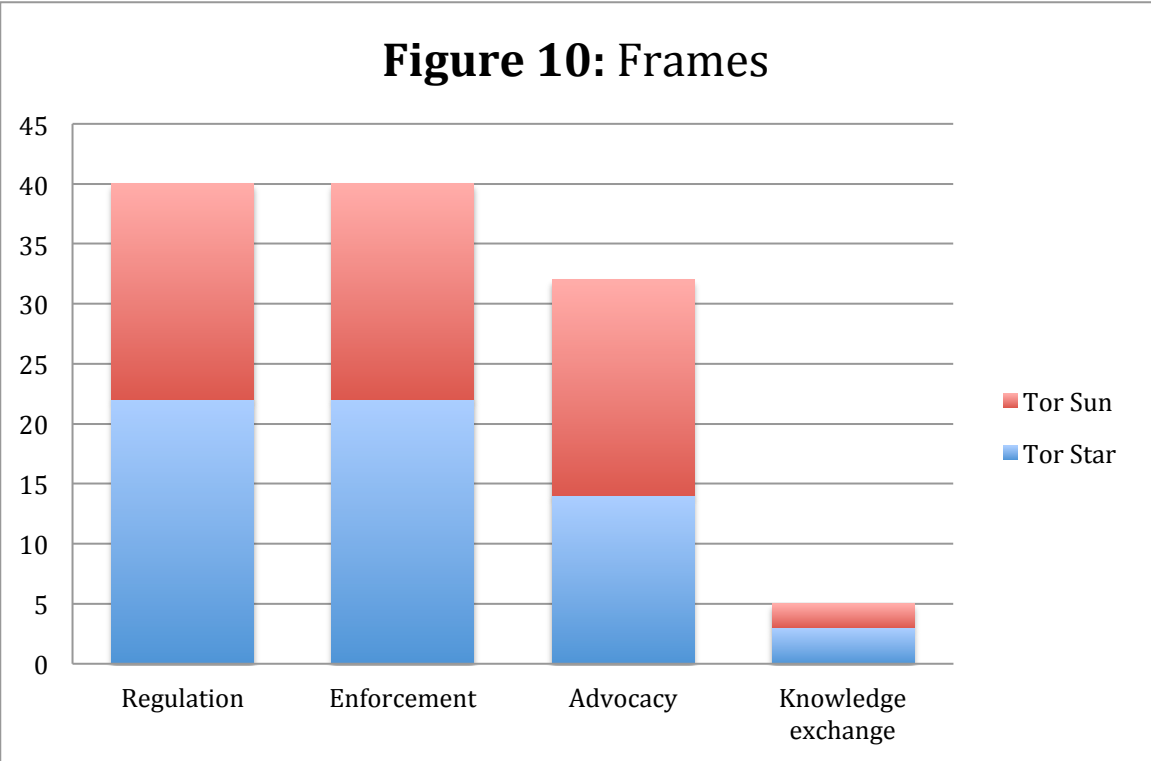
4.2.1 An Overview

In order to understand the nature of the MMD issue in Toronto, content analysis of 98 newspaper articles were conducted⁷. The Toronto Star is a more liberal and in general more supportive of government policies. The Toronto Sun is more conservative leaning and questioning of government policies. In total, four frames were identified. The first frame is regulation and deals issues such as safety. Second is “enforcement” and captures the enforcement efforts against MMDs. Third is “advocacy” and deals with citizens who were in favour of MMDs and advocating for them to be regulated not closed down. Fourth is “knowledge exchange” and captures public opinion polls on the issue of MMDs.

Figure 10 shows that overall most articles focus on regulation and enforcement of which there is an equal number published in the Toronto Star (blue) and Toronto Sun (red). Very few focused on knowledge exchange, likely due to the fact that only a small amount of opinion polls were conducted. As we can see from figure 8 forty percent (40%)

⁷ The content analysis phase of the study used 98 total articles. One might notice that the percentages do not add up to one hundred percent (100%). The percentages do not add up to 100% because in most cases there was more than one theme per article. The articles were sourced from the newspaper websites of the Toronto Star and the Toronto Sun.

of the articles dealt with the frame of regulating MMDs in Toronto. Another Forty percent (40%) of the articles dealt with the subject of enforcement. Thirty two percent (32%) of the articles dealt with the theme of advocacy. Finally, five percent of the articles dealt with an issue, the researcher termed knowledge exchange and this deals with things such as public opinion polls. It is interesting to note that regulation and enforcement are the topics most talked about by the newspapers in this study.



4.2.2 Who is Framing?

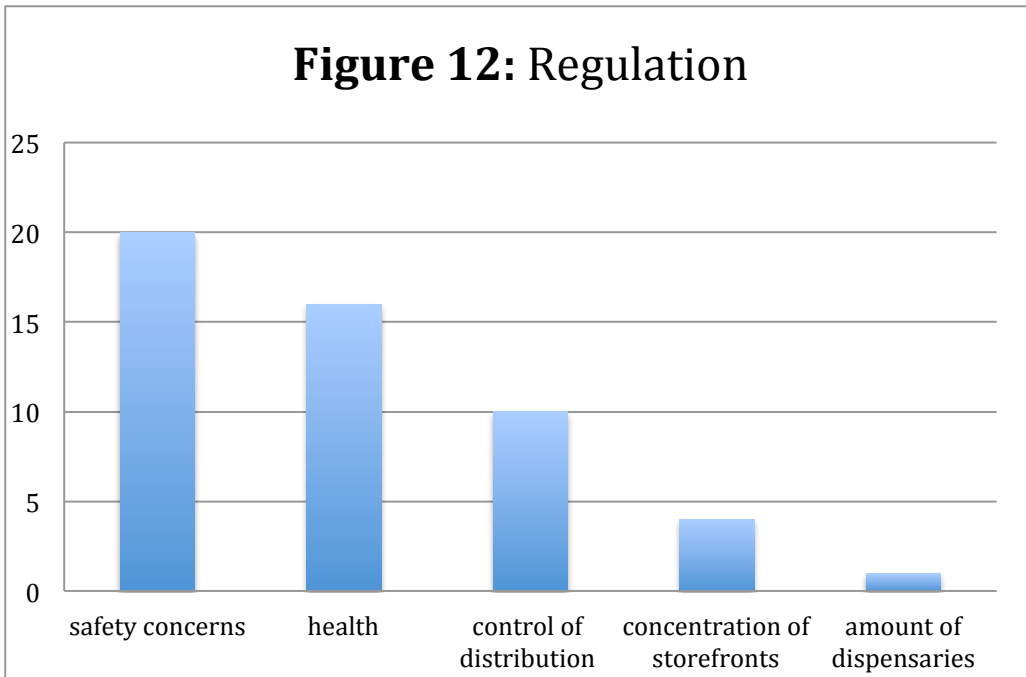
The results indicate that the newspapers talked more often to one stakeholder group than to other groups as we can see in Figure 11. Accordingly, the Toronto Sun talked to more advocates (organizations such as the Toronto Dispensary Coalition) than the Toronto Star, 77% of the total versus 30% respectively. The Toronto Star spoke to more people against (some residents and resident associations, and business improvement areas) 16% versus 8% for the Toronto Sun, users and patients 26% versus 9% in the Toronto Sun.

Additionally, the Toronto Star also spoke to more dispensary owners than the Toronto Sun, 18% versus 8%. The police were spoken to 16% of the time in the Toronto Star and 20% of the time in the Toronto Sun. Surprisingly, the police were not the most talked to group, the advocate stakeholder group holds that title.

Figure 11: Stakeholder count in two Toronto daily newspapers

Stakeholder/Public Interest group	Count in the paper Toronto Star	Count in the Toronto Sun	Percent that Stakeholder/Public interest group appears in Tor Star /49	Percent that Stakeholder/Public interest group appears in Tor Sun/49
Mayor	2	5	4.1%	10.1%
Council	3	4	4.1%	8.1%
Advocates	15	38	30%	77.5%
Dispensary Owner	8	4	18.4%	8.1%
People against	10	4	16.3%	8.1%
Federal Task Force (legalization of recreational)	1	0	2.5%	0
Users/patients	13	5	26.5%	9.6%
Police	8	11	16.3%	21.1%
Federal or Provincial Politician	9	2	20.4%	4%
City Officials (bylaw)	2	0	4.1%	0

The regulation frame tallied 41 articles and includes the sub-frame health – MMDs being used to sell an illegal product – that had a total of 16 articles, see figure 12. Health comes from the perspective of the state in terms of the fact that illegal



dispensar
ies are
indeed
supplied
illegally.
Control of
distributi
on refers
to the fact

that legal producers are the distributors of medical marijuana and that the government wants to keep control of distribution of the substance. Control of distribution represents 10 of 41 articles. Concentration of storefronts refers to the clustering of dispensaries in some neighbourhoods and has four of 41 articles. Notably, Kensington Market, which at the time of the raids had 10 dispensaries open.

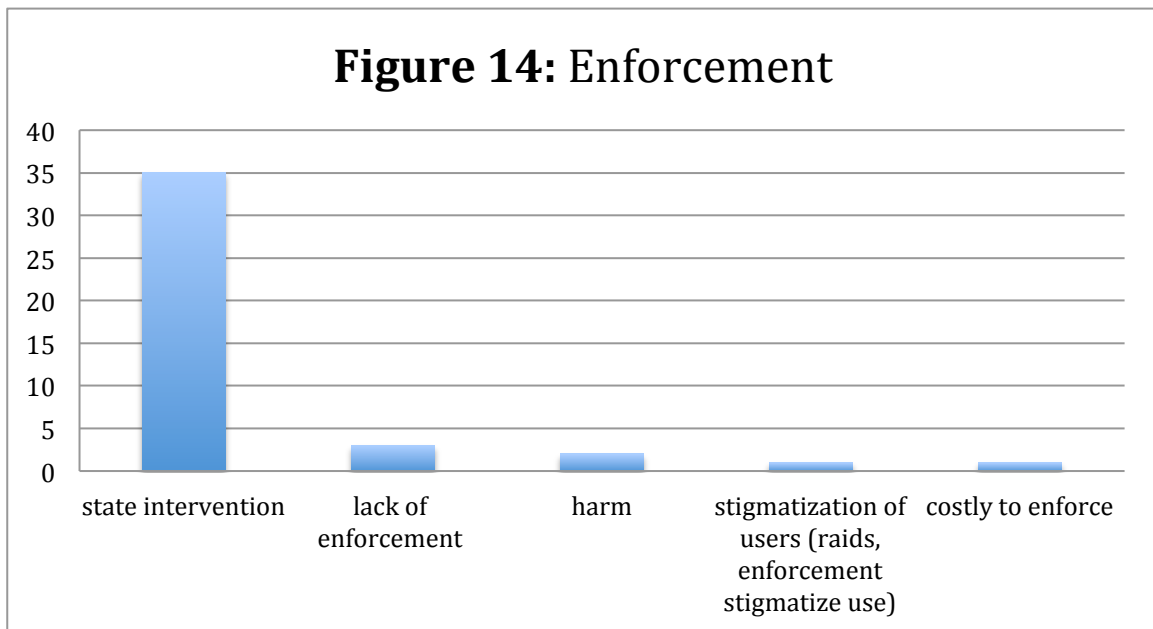
Contravening Toronto's zoning bylaw	5
concern about edibles	4
quality control	4
youth access	2
staff refining product in store	1
robbery	1
dispensaries are safer than the street	1
Legalization could harm youth	1
The smell is bad	1

In addition, the regulation frame also captured safety concerns as noted in figure 13.

Safety concerns included the contravention of the zoning by-law, quality

control issues and a concern about edible being sold. One of the more interesting frames, but was not talked about a lot, is that people feel safer purchasing marijuana in dispensaries than on the streets. Safety concerns captured something called “contravening Toronto’s zoning bylaw,” this is a safety concern because to the City and others, MMDs are selling a controlled substance against what the zoning by-law allows. The safety frame noted a concern about marijuana edibles and quality control of the product. Furthermore, youth access was also a safety concern captured in the newspapers.

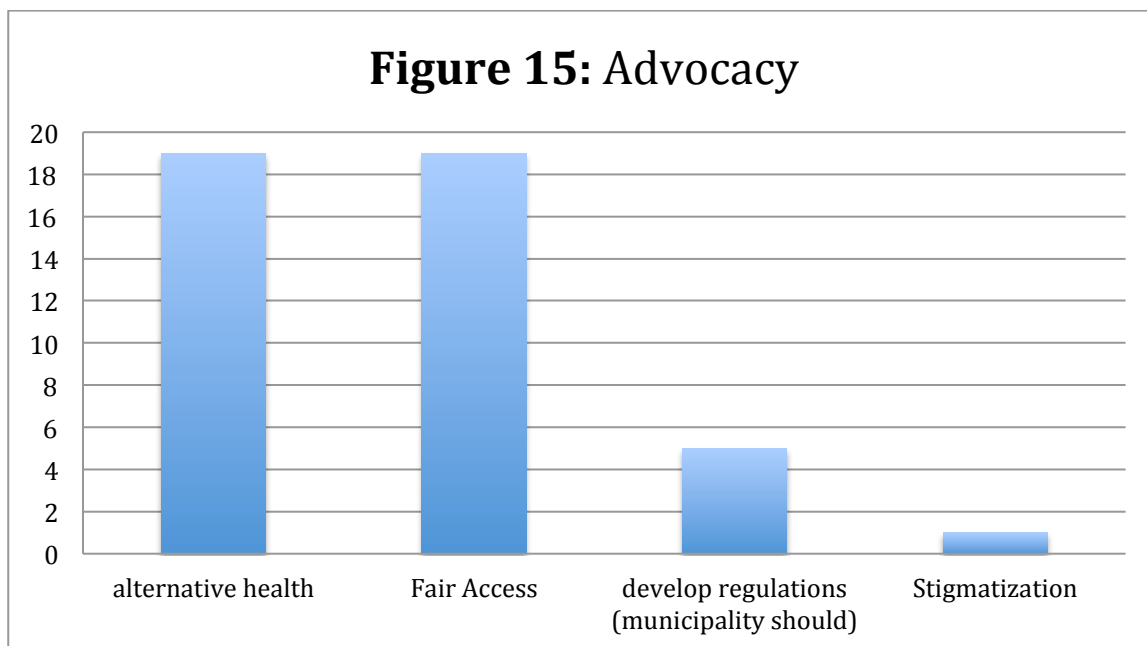
The enforcement frame captured something called state intervention. We can see in figure 14 that state intervention was the primary sub-frame. State intervention is essentially the state intervening in attempting to close down dispensaries through



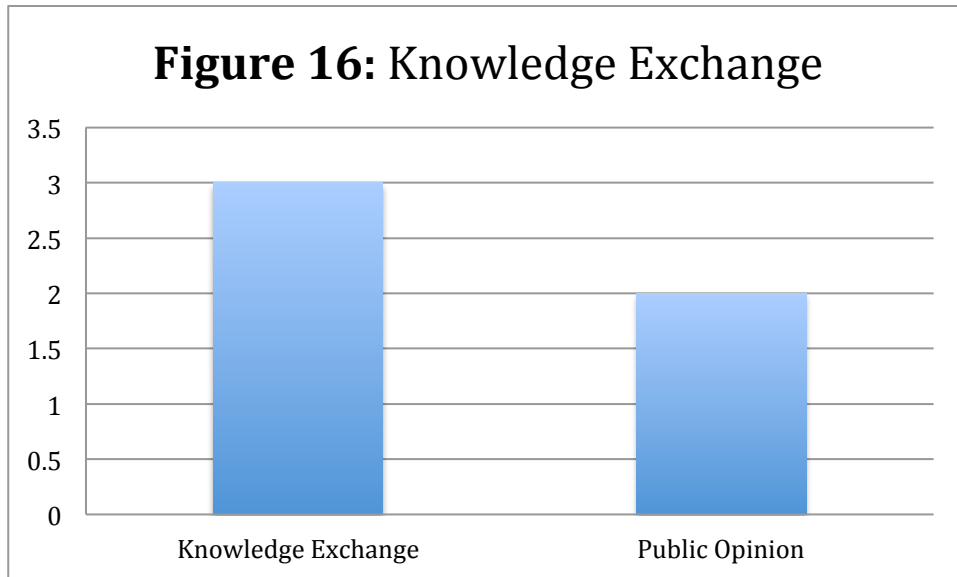
enforcement. The frame also captured the sub-frame of lack of enforcement. Lack of enforcement was noted early in 2016 as dispensaries were opening up. The sub-

frames also notes that some people felt the enforcement continued the stigmatization of users of MM and a couple articles noted that it is costly to enforce against MMDs.

The advocacy frame seen in figure 15 captured the sub-frames of alternative health, fair access, develop regulations and stigmatization. Alternative health encompassed the fact that people would like to use marijuana instead of other medications and fair access means people would like fair and reasonable access to MM. As we can see, alternative health and fair access make up the majority share of the articles. Develop regulations means exactly that, people and some politician’s thought Toronto should have developed regulations in the Zoning By-law for MMDs. Finally, stigmatization differs from the enforcement frame in that this sub-frames captures advocates who are fighting against the stigmatization of MM.



The final frame deals with something called knowledge exchange, see figure 16. The frame dealt with articles that talked about public opinion polls and the Government of Canada task force on marijuana from 2016.



4.2.3 Theme 2: The Nature of the MMD Problem

The Issues

MMDs opened in Toronto, and across Canada, under the promise that marijuana would be legalized with the election of a new government in the fall of 2015. Subsequently, a February 2016 Federal Court decision noted that the system of patients only getting their medicine from licensed producers (LPs) was against their Charter rights. These two events in close succession to one another indicates confusion around the laws. Presented here are the views of the multiple publics gleaned from the five in-depth interviews and a document analysis of key planning documents of the City of Toronto in order illuminate the planning issues.

Four issues influenced the framing of MMD problem as a regulation (health and safety) issue and an enforcement issue. The challenge of these issues was due to the changing policy environment and uncertainty with how new legislation would unfold. These issues are described below. Finally, a tension became apparent through the course of the study between the multiple publics and the policy grey area as the study progressed. Presented first is the results of a document analysis of key documents produced by the City of Toronto (Official Plan, Zoning Bylaw and public consultation documents).

Official Plan

Planning documents, such as the Official Plan (the Plan, OP) and the Zoning By-law, set out the visions and goals for the future of Toronto not just in the built form, but socially also.

The Plan makes note that everything is connected and so is the intention of the Official Plan (Toronto, 2015). Planners and policy makers would want to consult the Official Plan in order to understand how they might treat Medical Marijuana Dispensaries. This Plan does not explicitly define or make mention of MMDs. However, there are sections of the Plan that Planners and policy-makers may consult for guidance on MMDs.

Section 1 Making Choices lays out what kind of city Toronto could be into the 21st Century. The section touts the diversity and richness of urban life and the entrepreneurial spirit of its citizens. The Plan encourages, among other things, diversity and opportunity and a strong and competitive economy (Toronto Official Plan Section 1, 2015, 17)

Integrated thinking means seeing, understanding and accounting for all the connections as we go about our decision-making. Sometimes it means thinking differently about solutions. Always it means searching for outcomes that demonstrate integration, balance and interdependence and that earn social, environmental and economic rewards. (Toronto Official Plan, 2015, 18)

Diversity and opportunity mean in the Plan, “Diversity is our strength because it means vibrancy, opportunity, inclusiveness and adaptability – it is a fundamental building block for success.” (Toronto Official Plan, 2015, 19)

Health services in the City of Toronto OP are directed to the land-use designation *Institutional Areas* that includes Universities, Colleges and Hospitals.

Institutional Areas are made up of major educational, health and governmental uses with their ancillary uses, cultural, parks and recreation, religious, commercial and institutional residence facilities, including full range of housing associated with a health institution, as well as utility uses. Our major health and educational institutions are important employers and service providers and will continue to grow to serve the needs of an increasing city and regional population. (Toronto Official Plan, 2015, 119)

However, at the neighbourhood level, the OP has a section for Healthy Neighbourhoods, specifically the OP says, “The diversity of Toronto’s neighbourhoods, in terms of scale, amenities, local culture, retail services and demographic make-up, offers a choice of communities to match every stage of life.” (City of Toronto Official Plan, 2015, 46) If neighbourhoods are meant to be diverse in the ways mentioned above, and having choice is important, then surely this should include everyone including those seeking alternative forms of treatment.

The OP also notes that, “ We must also work to ensure that our community services are improved to reflect the changing faces of our communities as Toronto evolves socially and demographically.” (Toronto Official Plan, 2015, 46) MMDs and patients should be apart of the evolution of communities noted in the OP.

The OP policy for community and neighbourhood amenities 6b states, “creating new community facilities and local institutions, and adapting existing services to changes in the social, health and recreational needs of the neighbourhood. Policy 7 of healthy neighbourhoods notes, “in priority neighbourhoods, revitalization strategies will be prepared through resident and stakeholder partnerships to address such matters as...” 7a goes on to state “improving local parks, transit, community services and facilities.” All of the above taken together shows that Toronto has a plan for healthy neighbourhoods; however, health services are never explicitly mentioned in the OP.

Zoning Bylaw

Health services in the Zoning Bylaw (ZBL) would fit in under *Institutional Hospital (IH Zone)* which implements the policies found in the OP under *Institutional Areas*. This covers all of the uses that one would expect at a hospital, the commercial uses, ambulatory care among a whole list of associated uses. However, the IH zone also allows a use called “crisis care shelter and municipal shelter.” Crisis care centres (homeless shelters) are allowed in in all zones. A crisis care centre cannot be located 250m from a lot with a crisis care centre or municipal shelter (Toronto Zoning Bylaw, 2013, 250). The shelter must occupy an entire building and not be combined with any other use. In the IH zone a crisis care centre must: “In the IH zone, a crisis care shelter must be on a lot that has a permitted maximum floor space index of 7.0 or greater.” (Toronto Zoning Bylaw, 2013, 203) Crisis care centre’s are not allowed in the IE (Institutional Educational zone) as this use does not appear to be a permitted use.

While MMD’s are not captured in the Zoning By-law, similar commercial uses are. LCBOs, or alcohol sales, are allowed in Commercial Zones (Commercial Local, Commercial

Residential Zone), as they are considered a retail store use. The closest retail use to a MMD would be a pharmacy, which also is not explicitly stated in the ZBL but should be covered in “retail store” as a retail use.

There was a Zoning Amendment to allow Medical Marijuana Production Facilities (MMPFs) took place in early 2014. The process for this change started in September 2013 with the Planning and Growth Management Committee of City Council adopting a report from the Chief Planner of Toronto recommending public consultation on the zoning changes to allow MMPFs. Approximately 16 people attended the community consultation open house held on November 28, 2013. According to the staff report individuals in attendance included industry representatives and other participants from the community. There was general agreement with respect to separation distances from sensitive uses and zones permitting residential. One participant wondered if a distribution facility, similar to a drug store could be permitted in commercial zones. Staff clarified that this was not allowed under regulations of MMPR

As with all Zoning Amendments there is a required Public Meeting to be held. The statutory public meeting for the Zoning Amendment took place on January 13, 2014, which was in addition to the public consultation held in November 2013.

Municipal Licensing and Standards

Staff from the City of Toronto’s Municipal Licensing and Standards submitted a staff report in June 2016. In May 2016 the licensing and standards committee directed the Municipal Licensing and Standards (ML&S) department to provide a review of existing medical marijuana regulations, and provide an overview of operations of medical marijuana dispensaries in Toronto. The committee also asked for an overview of practices

in other jurisdictions, and regulatory mechanisms that may address growth of storefront medical marijuana dispensaries. Specific concerns identified by the committee include; dispensaries being in close proximity to each other, to schools, and community centres. Only federally licensed producers may produce and distribute marijuana in Toronto. There are 31 Authorized Licensed Producers in Canada, 18 of which are located in Ontario including three in Toronto. Licensed producers are not permitted to provide marijuana through storefront dispensaries.

In addition to the federal legislation, Toronto amended its Zoning By-law to define MMPF's and prescribed where their use is permitted in particular 70m from a lot in a Residential Category; Residential Apartment category; Commercial Zone; Commercial Residential Zone; Commercial Residential Employment Zone; Institutional Zone; and Open Space Zone. In addition, MMPFs must be at least 70m from a lot with public school, private school, place of worship and day nursery.

The City of Toronto has no authority to regulate the sale of medical or non-medical marijuana, the report notes. Municipal bylaws will continue to be enforced against storefront dispensaries. As well, the dispensaries are in locations that contravene the city's zoning bylaws. These dispensaries are in violation of the CDSA and municipal bylaws. Enforcement efforts included the Toronto Police Service (TPS) and ML&S working "collaboratively" in issuing notices to the owners of properties where dispensaries have been found to be operating, and informing them that dispensaries violate federal laws and the Zoning By-law.

Officers from both TPS and ML&S attended 43 dispensaries that were violating the CDSA and municipal By-laws. CDSA and municipal By-laws continued to be violated and

officers from both TPS and ML&S laid criminal chargers and Zoning and Licensing By-law contraventions. ML&S will continue and continues enforcement efforts against all dispensaries that are operating.

The staff report recommended the licensing and standards committee request the Executive Director, Municipal Licensing and Standards to report back to the committee by October 25, 2016, with the outcomes of the federal government revised regulations, updated research and jurisdictional scans, and an analysis of regulatory options, if any (City of Toronto, 2016).

Public Consultation

Given the high profile nature of this file and the fact that other cities in Canada went a different route, it is surprising that the public was not consulted. The question should be asked, why consult in the first place? There are a variety of reasons why public participation is important. According to the International Association for Public Participation there are seven core values for the practice of public participation. Those who are affected by a decision have a right to be involved in the decision-making process and that the involvement of the public will in some way influence the outcome. Public participation enables the involvement of those affected by a decision (International Association of Public Participation).

The *Planning Act* in Ontario sets out a minimum amount of public meetings that must be held when preparing an Official Plan or Zoning Bylaw amendments.

The Citizens Guide to the *Planning Act* states:

Your municipal council must give you as much information as possible when preparing its official plan and, in some cases, must hold a public open house to let the public review, ask questions and provide suggestions or comments about the plan. Before it adopts the plan, council must hold at least one public meeting where you can formally give your

opinion. It is up to council to decide the best way to let people know about the meeting, but notice must be given at least 20 days ahead of time, either through local newspapers or by mail and posted notice.

The *Act* specifically states:

Consultation and public meeting

(15) In the course of the preparation of a plan, the council shall ensure that,

(c) adequate information and material, including a copy of the current proposed plan, is made available to the public, in the prescribed manner, if any; and

(d) at least one public meeting is held for the purpose of giving the public an opportunity to make representations in respect of the current proposed plan. 2006, c. 23, s. 9 (2)

Furthermore,

The Act encourages early upfront involvement and the use of mediation techniques to resolve conflict. Make sure you make your views known early in the planning process. If you don't, you are not eligible to appeal certain types of planning decisions and you may not be eligible to be a party to appeals of certain types of planning decisions.

The *Planning Act* encourages early and upfront involvement of the public, many were involved early on in the decisions around Medical Marijuana Production Facilities (MMPFs) Zoning Bylaw Amendments. In addition, considering the high profile nature of the expansion of MMDs in the City, it could be asked should Zoning Bylaw enforcements also be added as a necessary time to seek consultation?

For a Zoning Bylaw amendment the *Act* notes:

12) Before passing a by-law under this section, except a by-law passed pursuant to an order of the Municipal Board made under subsection (11.0.2) or (26),

(a) the council shall ensure that,

(i) sufficient information and material is made available to enable the public to understand generally the zoning proposal that is being considered by the council, and

(ii) at least one public meeting is held for the purpose of giving the public an opportunity to make representations in respect of the proposed by-law; and

(b) in the case of a by-law that is required by subsection 26 (9) or is related to a development permit system, the council shall ensure that at least one open house is held for the purpose of giving the public an opportunity to review and ask questions about the information and material.

The act does encourage early involvement, but short of the 1 public meeting it is not prescriptive in outlining a more robust public participation regime.

In Toronto, given that the Planning Act governs it, the Official Plan sets out public meetings/public participation. Specifically, the Official Plan lays out a policy of public involvement:

Policies 1. Public Involvement A fair, open and accessible public process for amending, implementing and reviewing this Plan will be achieved by: a) encouraging participation by all segments of the population, recognizing the ethno-racial diversity of the community and with special consideration to the needs of individuals of all ages and abilities; b) promoting community awareness of planning issues and decisions, through use of clear, understandable language and employing innovative processes to inform the public, including the use of traditional and electronic media; and c) providing adequate and various opportunities for those affected by planning decisions to be informed and contribute to planning processes, including: i. encouraging pre-application community consultation; ii. holding at least one community meeting in the affected area, in addition to the minimum statutory meeting requirements of the Planning Act, for proposed Official Plan and/or Zoning By-law amendments prior to approval; iii. ensuring that information and materials submitted to the City as part of an application during the course of its processing are made available to the public; and iv. ensuring that draft Official Plan amendments are made available to the public for review at least twenty days prior to statutory public meetings, and endeavouring to make draft Zoning By-law amendments available to the public for review at least ten days prior to statutory public meetings, and if the draft amendments are substantively modified, further endeavouring to make the modified amendments publicly available at least five days prior to consideration by Council (Official Plan of Toronto, 2015, 141)

Furthermore, the City Planning division prepared a document called *City Planning Engagement Primer* that outlines when the public is to be engaged. The City engages when a development application is received, when a neighbourhood planning process is initiated, when a city-wide planning process is initiated, and when the city “talks about city building.” The document notes when engagement is mandated by statute. Consultation is required under the Planning Act: Development Permit Bylaw, Zoning Bylaw Amendment, and an Official Plan Amendment. Consultation that is mandated by the Official Plan, in addition to the Planning Act: Zoning Bylaw Amendment (1 additional public meeting), and an Official

Plan Amendment (1 additional public meeting). It is important to note these as they are in addition to the minimum set out by the *Planning Act*. If the Official Plan outlines additional consultation requirements, then perhaps it is acknowledged that more consultation is needed in general. Interestingly, City Planning claims to regularly exceed the minimum requirements set out in the Planning Act, by having the Official Plan contain additional requirements to conduct public consultation.

It is fair to ask, why consult on something that is illegal in the first place? However, it is also fair to forgive people for being confused about the laws surrounding marijuana given that in 2015 during the election legalization was promised. The IAP2 notes that those who are affected by a decision “have a right to be involved in the decision-making process.” The Ontario *Planning Act* and by extension Official Plan in Toronto stop short of declaring public participation a right. Should public participation be a right? Perhaps it should be considered to include more participation in the planning process at all points including Official Plan Amendments and Zoning Bylaw Amendments and even Bylaw enforcements that affect a great number of businesses/people.

Issue 1: MMDs are Illegal

Throughout the duration of this study it was made clear that MMDs are operating outside of the law. Participant number one, a city official in Municipal Licensing and Standards confirmed the illegality of MMDs (personal interview, 2016):

First and foremost it's still illegal and that's basically something that we have, we have made it clear that there is a rationale and the concerns that we have around these dispensaries, I guess a central word would be that it is an illegal establishment. (KI 1 - MLS)

The appropriate mechanism to get MM is through mail not via a dispensary. Though the existence of MMDs were seen as a likely future as the federal government announced its intention to regulate.

Furthermore, the MLS representative noted that a consultation process had not taken place when asked about public awareness of the MMD issue:

I can't really speak to it with too much confidence because we have not consulted. (KI 1 - MLS)

The researcher interviewed a planner at the City of Toronto and this is what they had to say about MMDs in the city. The participant thought that the issue of MMDs was not complicated. The fact is, they are illegal and selling (at the time) an illegal and controlled substance.

well the status I guess of that is pretty straightforward. In that it is not a permitted use. It's an illegal product to sell, so we have no authority under the planning act to permit the use that is illegal. That's probably as simple as I can make it you know that's what we've been enforcing (KI 2 - Planner).

When asked what they thought the opposition might be about, for example noise or smell, the participant had this to say.

I think the experience that we've had, I don't think there's a noise issue particularly. I think there have been odour issues from what people have been saying. I mean I've lived close to an area that had seven dispensaries as illegal as they were and it was very distinct when you walked by you knew where you were. (Ki 2 - Planner)

The City officials were rather careful with their words, perhaps to not appear as going against official responses to the issue. Both the MLS representative and the City of Toronto planner made clear that MMDs are an illegal use and enforcement against them will continue.

A City Councillor argued that given the uncertainty of the law/political grey zone a black & white approach is necessary much like traffic enforcement:

if I say I want to change the traffic regulation on the street from 50 km an hour to 40 km an hour and somebody drives 60 on it. The cop is not going to say, oh I'm going to give you a speeding ticket for going 20 over, he or she is going to give me a speeding ticket for going 10 over. Because that's the law, right even though the intent is to change it, so intent does not give you a license to do it. (KI 5 – City Councillor)

Issue 2: Toronto Has Chosen Not to Regulate

Toronto took a different approach to MMDs than Vancouver did. Toronto decided because MMDs are illegal it did not have the jurisdiction to regulate them in their Zoning

By-law:

we were advising against regulating essentially or building a case as to why we should wait and see what happens and continue to enforce as we have been enforcing in partnership with the Toronto Police Service (KI 1 - MLS)

MLS advised the Licensing and Standards committee at City Hall that they should not proceed with regulating, and just continue to enforce the by-laws as they stood. MLS acknowledges that dispensaries are illegal, and that research and conversations with Health Canada led them to the conclusion that MM is not difficult to obtain, in their opinion.

Regulation issue – an advocate argued that the enforcement on MMDs were part of a government plan to support future financial gain from marijuana.

They are going to keep raiding, that's what's going to keep happening because in reality what they want to happen is that the licensed producers, who are all liberal members and ex-RCMP or whatever, they are the ones getting licenses and have the licenses (KI 4 – advocate)

When asked what their interpretation of the major issues were they thought that the government wants a state run monopoly and that the current law is not functioning properly. They argued that the raids were an overreaching arm of government to regulate public goods. They likened legalization to homosexuality and being able to shop on Sundays.

...they don't want independents...having control over anything because the government wants to control everything... they want a monopoly. The liberal government wants a monopoly and their friends want a monopoly, and that's what's going to happen ... And that is why dispensaries are being raided, it's not because they are illegal. It used to be illegal to be gay, is to be illegal to shop on Sundays. There is lots of laws that don't function properly within societies ... (KI 4 - Advocate)

The advocate was clearly frustrated by the Toronto Police and MLS in Toronto. They were very forthcoming and laid out the issues as they saw them. Their responses suggest that the people, who have been on the frontlines of advancing medicinal marijuana, and to a smaller extent recreational, feel left out of the discussion surrounding this issue.

A Toronto City Councillor outlines that businesses wanted to get ahead of full legalization, however this created a problem for police and the police enforced the law as it stood then (which is the same today as well). They also note that legalization should have happened a year ago:

Really this (legalization) should have happened a year ago because this hiatus period has only caused trouble for all of us. For people who want to go more quickly... they just jumped the gun that created a problem for the police and then the police say well, okay the law today is the law today is the law today. (KI 5 – City Councillor)

Issue 3: MMDs are opening despite legal status

Even though MMDs were, and are, considered illegal they continued to open. Enforcement efforts and strong words from politicians did not curtail, what some term, trailblazers. Some MMD owners believe they are providing access for patients and consider it a right. It should be noted access has been tested in court, and reasonable access to medical marijuana has been deemed a right under the Charter (cite). However, Toronto has interpreted the courts ruling to not include storefronts. Some owners said they would just continue to open in defiance of the direction the City of Toronto took. A City of Toronto planner noted that the city has no authority to ensure landlords lease to legal businesses:

The City has no jurisdiction in this regard other than what is permitted through the zoning by-law. Even then there are issue because the City has no right of entry to a property unless it is for fire purposes. (KI 2 – Planner)

Despite the illegality, this medical marijuana patient believes they are being discriminated against, and believed the current system of medical marijuana is flawed. Consequently, they are in favour of MMDs and want fair regulations for this land use. This perspective was articulated in media content:

I'm a medical marijuana patient and I believe that I'm being discriminated against. The reason we're seeing so many dispensaries opening is because patients — your neighbours, friends, family members, co-workers — want them. The system as it stands is wrong. Everyone from top to bottom knows that medical cannabis patients have chosen to disregard the hypocrisy of a system set up to support corporate investment, not patient need or accessibility. In the absence of regulations, dispensaries — as an industry — have raised and continue to raise the bar in terms of providing the professional services and medicine that we, as patients and Canadian citizens, have the right to expect." (Tor Star, article 48)

Patients who were interviewed in the newspapers echo similar sentiments to that of the advocate the researcher interviewed. They believe dispensaries are an innovative and useful source to access the medicine, and view access as a right. As noted earlier, reasonable access to MM has been deemed a Charter right by the Supreme Court of Canada

Some owners were defiant and would not close their doors, as they think they are providing a public service. Some owners believe there is always a chance of another raid going forward, but want to provide a safe and comfortable space for cannabis access.

There will always be a chance (of another raid) going forward, but we continue to remain open to provide a safe and comfortable space so that our clients can rely on us for cannabis access. Katey Ashaph (owner) (Tor Star, Article 20)

The Queen's of Cannabis dispensary owner's maintains that their supply comes from legal sources. The supply comes from people who have won the legal right to grow their own.

Queens of Cannabis argues that its marijuana comes from legal sources, essentially patients with the legal right to grow their own green. We've won the right in the courts to provide access to other patients, and that's what we're doing," argued owner Zurborg. Municipal

licensing says dispensaries should be located in industrial zoned areas," added her partner, Cyalume. Sick people cannot travel to industrial zoned areas, it's unconstitutional. Nobody comes through the doors and gets serviced unless they've worked with a practitioner and they've gone to a clinic in order to explain why it is they need medical marijuana," she said. (Tor Sun, Article 15)

The owners have said that Municipal Licensing have asserted that dispensaries should only be located in industrial zoned areas. The owners do not agree with this, saying that people who are infirm cannot travel that far, thus creating an access issue. The MLS representative noted that confusion around legalization is understandable and that people thought it is okay to open MMDs:

I think that people probably thought it was okay. It is confusing seeing a business that is said to be doing an illegal activity, you know, littered all over the place, now that you see them everywhere and you assume that it is fine but you know it's an understandable conclusion. (KI 1 - MLS).

Issue 4: They are Clustering in Certain Neighbourhoods

While MMD's were opening all over the City of Toronto in late 2015 and 2016, the storefronts appeared to cluster in a couple of neighbourhoods. A map released by the Toronto Police depicts MMDs were clustering in the Kensington Market neighbourhood and the Danforth around Chester subway station see figure . The map shows only those sites that were raided by the TPS. The Kensington Market area had the most storefronts open and subsequently raided by Toronto Police. Some residents wanted dispensaries shut down completely as noted in the Toronto Star:

I'm actually shocked that this happened in my backyard. How ironic that this would happen, it's a shame, she said. It's an example why this has to stop immediately, this is a neighbourhood." (The Star, Article 7)

A real estate agent in an area of Toronto known as Forest Hill thinks dispensaries are basically drug dealers with fancy shops. Consequently, some neighbourhoods are not suited for MMDs and they should be located elsewhere:

“This is basically glorified drug dealers with store fronts,” said Fowell, a real estate agent. “Who would’ve thought that Forest Hill would have four pot shops?” “I’m not saying no to drugs for medicinal purposes, but I’m saying no to having illegal shops selling drugs,” she said. “And we don’t need four.” (Tor Star, Article 24)

The Resident Association of Kensington Market participant was not fully against MMDs. The participant saw the value in MMDs, however, they were against the sheer amount of storefronts that opened in 2016. The participant decided to approach the dispensaries and ask them to be more respectful of the neighbourhood:

well, I wish the government would expedite looking at the rules for that so that people know, like is it legal or is it not legal? Are you allowed to smoke, like it's odd for me to talk to my neighbourhood shopkeepers and tell them things that aren't really like laws or anything. I'm just asking them to be respectful of, you know, the children that wander by... we are in favour of legislation. (KI 3 – Resident Association)

4.5 Concluding Thoughts

Content analysis and key informant interviews uncovered a wide range of information and opinions that contribute to the discussion of MMDs in Toronto through the eyes of the multiple publics. The discussion has informed ideas as to how MMDs should be dealt with as the process of legalization continues. The multiple publics may not always agree on issues surrounding MMDs, depending on their perspective. Advocates view dispensaries as a solution to access of medical marijuana for patients as the current regime is cumbersome; alternatively, some residents view them as a nuisance land use. However, the resident association was supportive, but this was dependent on the number of MMDs in a given neighbourhood.

Chapter 5 Discussion

5.1 Key Objectives

The purpose of this research was threefold. The central research question asked what the planning impacts of emerging legislation on medical marijuana in the City of Toronto are? The first objective was to understand how the City of Toronto responds to evolving legislation surrounding legalization and access. Second was to ascertain how multiple publics respond to MMDs in the city.

5.2 Summary of Findings

Based on the evident broad spectrum of attitudes on MMDs and how they should best be handled within Toronto, the City responded to the changing legislation landscape by enforcing their by-laws on MMDs, generally resulting in their closure. Consequently, many MMD's re-opened, only to be raided again by MLS and TPS. The Official Plan of Toronto contain no specifics on MMDs, however, it does direct health services in the Institutional and Institutional Hospital Zones in the Zoning Bylaw. Results indicate that MLS and City Planning did not consult widely on the enforcement of MMDs in Toronto, which is one of the major findings of this study.

The results from the content analysis indicated that the two most discussed frames were regulation and enforcement. The frames were spread out across the two newspapers the Toronto Star and Toronto Sun. Therefore, planning for an illegal and unwanted land use is a wicked problem and there is not a "one size fits all approach" that can be applied.

5.3 Limitations

There were a few limitations to this study that are critical to reflect on when assessing it as a whole. First is connected to the recruitment of study participants. Despite approximately 20 potential participants being contacted, the interview aspect of this study

had 5 participants complete an interview. Consequently, the limited number of participants makes it difficult to make generalizations. However, the participant interest, when available, provided meaningful in-depth interviews. Second the content analysis aspect of the study analysed two local newspapers for their coverage of MMDs in Toronto. Third things were happening very fast with new media reports almost weekly, with so much happening it was difficult to manage the scope of this study.

5.4 How does the City of Toronto respond to evolving legislation surrounding legalization and access to medical marijuana?

The results of this study revealed that enforcement of bylaws against MMDs in the City of Toronto was acted upon without consulting the public. With this in mind, the enforcement effort against MMDs is a good example, in some instances of what the literature terms an unwanted land-use. The *Planning Act*, Official Plan and Zoning Bylaw do not explicitly term unwanted land uses. However, a city councillor argued that entrepreneurs attempted to get ahead of legalization (KI 5 – City Councillor). Ultimately, there are many issues to consider in this study of MMDs in Toronto that should be taken into consideration for any future study. Toronto's Official Plan and Zoning Bylaw do not directly address MMDs.

However, the *Planning Act* does stipulate that one public meeting is mandated for an Official Plan Amendment and Zoning Bylaw Amendment. The City of Toronto's response to the MMD issue highlights some key areas of Healthy Cities and governance. Burris et al (2007; 2005) conceptualize governance as “ the management of the course of events in a social system” (p.155) When this is applied to the urban setting, governance becomes “the sum of the many ways individuals and institutions, public and private, plan and manage the

common affairs of the city” (Burriss et al., 2007, p.155). Burriss et al. (2007) note governance cannot only be limited to the work of government (Commission on Global Governance, 1995). For the authors (2007), governance is “polycentric,” meaning it must be distributed among many organizations that apply various forms of power.

In light of the City of Toronto’s handling of the MMD issue three of Braithwaite’s (2004) six strategies for healthy urban governance that cities can use to better engage citizens are relevant here in light of the City of Toronto’s response, and the results of the document analysis of three policies, Toronto’s Official Plan, Toronto’s Zoning Bylaw and public consultation documents.

1. Build and rebuild institutions of governance to increase participation and effectiveness

The funding of NGOs is paramount in this strategy as microgovernance initiatives that can transfer power to all stakeholders has the potential to increase urban governance capacity by mobilizing the necessary resources to communities that currently have no real access to governance mechanisms (Braithwaite, 2004; Burriss et al., 2007).

2. Network governance

Once a wide variety of governance institutions are active, it is important to establish connections between them and with fellow countrymen in other cities (Braithwaite, 2004; Burriss et al., 2007). This allows the “weak” to increase their resources for advocacy and “upstream governance” through multiple community and urban networks (Braithwaite, 2004; Burriss et al., 2007).

3. Have a responsive regulatory strategy

According to Burriss (2007) and Braithwaite (2004), a responsive regulatory strategy is a “best practice” of power in any form. Responsive regulation involves using the cheapest and least intrusive form of action required to secure a desired outcome (Braithwaite, 2004; Burriss et al., 2007). It is questionable whether or not Toronto has a responsive enough regulatory strategy. Is the *Planning Act* flexible enough to even allow this type flexibility that Braithwaite (2004) speaks about. For example, the *Planning Act* mandates that Official Plans be updated every five years.

When it comes to an evolving situation such as MMDs in Toronto, number three having a responsive regulatory strategy could have been useful in this instance. The researcher is suggesting if Toronto had expressed a desire to learn and expressed openness to new information there could have been a more robust dialogue and perhaps a better outcome for all of the multiple publics involved in this issue. Are the Toronto Police Service and Municipal Licensing and Standards institutions of governance? If the answer is yes, then the publics involved need to have access and participate as number 1 suggests. The result of the document analysis of the Toronto Official Plan and Zoning Bylaw suggest that more public participation should be rule and not the exception. Toronto’s Official Plan notes a policy that public engagement be fair, open and accessible for implementing, amending and reviewing the plan (Toronto’s Official Plan, 2015, 141). The researcher believes it is fair to ask, why not extend this engagement process to enforcement efforts of Zoning Bylaw infractions especially when there is as much confusion as noted by the content analysis and key informant interviews. Furthermore the policies for public involvement goes onto encourage participation by all facets of the community. Finally, all members of the community were not consulted and admittedly this was not an Official Plan

amendment, however, the City appears to encourage participation on one hand, and ignores it on another.

5.4.1 Medical Marijuana Dispensaries, Governance and Wicked Problems

One might ask how does healthy city governance apply to MMD's? It does not directly impact, but good or bad governance can have influence on them. Medical Marijuana Dispensaries are filling a gap in urban centres that has been left by the current health care regime, or the federal government and city government simply not recognizing that people need and want access medicinally to marijuana. Either way, governance is playing a role here. As noted above, Healthy City governance demands public participation and citizen empowerment. If this were the case, there would be an on-going public participation strategy in Toronto.

While the federal government is actively engaging the public on its new marijuana legislation, more needs to be done to empower and engage the citizenry at the local level on this issue. As it became clear in the results that MLS and TPS in Toronto did not have a consultation process in place before the raids took place. Furthermore, it became evident through the content analysis that despite some push back, advocates and people who need MM saw the value in MMDs. Thus, the local citizenry should have been engaged at the local level. In areas that have high concentration of MMD's, some local city councillors have been actively reaching out to their constituents (Toronto Star; Toronto Sun, 2016). At this time, it is unclear which constituents have been consulted on this issue.

Wicked Planning Problems and MMDs

The findings of this study indicated that planners and municipal officials must balance the needs and wants of the multiple publics. These societal issues and the conflicts

that arise lead to what Rittel and Webber (1973) term “wicked” planning problems. The case of MMDs rising in Toronto lead to wicked planning (and enforcement) problems that are not easily solved.

5.5 How do multiple publics respond to MMDs in the City of Toronto?

Public perception highlights that there is multiple publics and therefore multiple competing interests. Rios (2004) defines the multiple publics as members of marginalized communities who put forth interests and approaches, advance political positions in order to speak to other publics. With this in mind, the case of MMDs in Toronto is a prime example of the multiple publics organizing and advancing an agenda. The multiple publics can include non-profit social organizations, residents and residents associations, merchants and property owners among others (Hou, 2004). Basically all of the multiple publics that Hou (2004) point out are represented in this study.

The main concern highlighted by the resident association is the amount of dispensaries. Specifically, when asked what they see as the main issue surrounding medical marijuana dispensaries, they had this to say, “... well I wish they weren't very close to children's schools, I don't know, and I certainly wish there weren't so many” (KI 3 – Resident Association, 2016). Furthermore, the key informant said that they wish the government would develop rules for the dispensaries, tried to encourage good behaviour among the dispensaries operating in the area, and that they want regulation of dispensaries. Additionally, if the City had chose to consider MMDs a health issue rather than a recreational issue, Toronto could have decided to zone MMDs through measures in the Zoning Bylaw. Specifically, the Institutional or Institutional Hospital zone would have been an option. By going this route, MMDs could have been regulated and perhaps even

overseen by health institutions addressing the concerns of key informant three from the Resident Association.

The issues highlighted by advocates and storeowners are that they are providing a needed service to the citizens of Toronto. Specifically, they argue that the enforcement efforts do not make sense if marijuana is going to be legalized anyway such could be noted as governance issues within the City of Toronto. As noted in the results, using police resources for MMDs when the plan is to legalize is a misuse of public funds (Tor Star, Article 10). In addition, the Toronto Dispensary coalition recommended that the City of Toronto adopt regulations as a way to serve citizens (Tor Sun, Article 12).

The problem and challenge for planners and city officials is to identify a commonality between the multiple publics (Rios, 2004). However, Rios (2004) notes, that some of the methods and techniques used in public participation can manufacture a sense of consensus rather than entering into a conversation with stakeholders. With this in mind, the results of this study noted that a public consultation process did not take place before the enforcement effort in 2016 (KI 1 – MLS).

5.5.1 Public Participation and the Multiple Publics

The manner in which the City of Toronto conducted itself during the spring 2016 raids appears to harken back to era of limited public participation. The limited, or non-existent, consultation during this time is what Arnstein (1969) would term therapy or manipulation and also brings about the ideals of the Rational Comprehensive Model (RCM) of planning. The RCM embraced the notion of singular public interest (Lane, 2005).

Indeed, MMDs were illegal in 2016 and they still are. The content analysis notes that people viewed the system as cumbersome. These people note that the mail system is not

sufficient to meet their needs. Additionally, for people who do not have a family practitioner they faced added hurdles in access. Thus, the City of Toronto could have taken this into account and took the same stance that Vancouver did, instead of the “tough on crime” approach. These actions bring to mind the Rational Comprehensive Model of planning and the idea that the technocrat is right.

Admittedly, the RCM is about plan making and this is not plan making. However, one could ask the question, is an enforcement effort a sort of plan? The researcher understands that this a stretch but, as Hodge and Gordon (2014) note, whose rationality is at play and how can City Planning and MLS know what is in the public interest if there was no consultation. We know that the City of Toronto’s rationality was at play. Additionally, more ambiguous is which “public interest” the decision to enforce played to.

5.6 Are MMD’s a Wanted or Unwanted Land Use/Health Service?

The City Vancouver took a different approach than Toronto. In 2015, the City of Vancouver decided to regulate marijuana related businesses (City of Vancouver, 2015). Vancouver dealt with the reality of MMDs, whereas Toronto decided to “kick the proverbial can down the road.” In doing so, the City of Toronto declared that it is not open for business for this particular land use. Consequently, in this action they declared MMDs an unwanted land-use in the City of Toronto. The literature terms this a LULU or a locally unwanted land-use (Schively, 2007). LULU’s often invoke NIMBY (not in my backyard) responses to these particular land-uses. Planners are more often than not on the frontlines when it comes LULU’s and NIMBY-ism. Therefore, it is incumbent on the planners to be able to deal with the multiple publics on these issues.

There are many sides to the MMD situation in Toronto. Advocates and patients argue that they should have greater access to medical marijuana and are supportive of this land use. Some say we need to make sure that children do not have access and that the dispensaries were encroaching to close to schools (KI 3 – Resident Association). The protect the children argument was countered with the fact that some parents are facing charges even though marijuana will be legalized next year (KI 4 – Advocate).

These sentiments bring to mind two NIMBY responses in what Dear (1992) terms opposition arguments and tactics. In these arguments against MMDs, which the advocate addresses and come out in the content analysis, two of the three concerns that Dear (1992) note are present: the perceived threat to personal security and neighbourhood amenity. The perceived threat to personal security is mostly in response to certain client groups, one argues this is activated in response to MMDs. Neighbourhood amenity means the possible decline of a neighbourhood could influence community member decisions. Dear (1992) reports that threat to the overall neighbourhood may include appearance of clients and antisocial behaviour. Up until recently, it could be noted that marijuana use was seen as an antisocial behaviour. However, attitudes can change but they might still linger and could drive community resentment of MMDs. Community resentment here means, as noted by the resident association representative, they just did not agree with the amount of dispensaries opening, not the dispensaries themselves.

Professional Planners and bylaw officials have a lot policy input when it comes to whether a land-use is wanted or not. Planners determine what land-uses are appropriate for communities through official plans and zoning bylaws.

The literature notes planner and resident perceptions about the siting of controversial land use is known as “locational conflicts” as noted by Takahashi and Gaber (1998). Interactions among the multiple publics can lead to conflicts in siting controversial land-uses. In Toronto saying they were going to enforce their Zoning By-law and not regulate dispensaries, one argues they gave up control in where dispensaries decide to locate because owners were clearly willingly to thwart the law. Takahashi and Gaber (1998) also intellectualize that land-uses and facilities that exacerbate negative externalities are perceived as threatening quality of life in particular neighbourhoods.

If planners are not neutral experts then planners must make a decision, stand by it and rally support for a position. Conversely, if a planner is against a plan or thinks something could be done better then they should also speak up. Planning practice and (good) public participation (IAP2) must not be mutually exclusive. The issue of medical marijuana dispensaries is no different as they are a land-use, and it appears planners have not spoken about the issue, when perhaps as a profession it should.

5.6.1 Unwanted Health Service

What do people do when they have invisible illnesses (pain, anxiety to name a couple) when a city does not allow a health care in its zoning regulation and/or the access to the health care they need is denied? Access to health care is said to relieve sickness and lead to the improvement of health (Gulliford, 2003). In western countries the question of access becomes the degree of comprehensiveness of care that is offered, the degree to which equity is attained and the timeliness of care (Gulliford, 2003). There are people who would prefer medical marijuana over (legal) painkillers, however, they find the current system (of delivery by Canada Post) to be overly cumbersome and it can hard to find

doctors who will prescribe medical marijuana (Toronto Star, 2016). Therefore, for patients who require medical marijuana the current system does not achieve the goals of equity, comprehensiveness and timeliness of care as outlined by Gulliford (2003).

One argues that this scenario falls under the comprehensiveness of care, in that if we are trying to improve health and relief sickness then one should have access to the kind of care that is right for them. Furthermore, Gulliford (2003) suggest that access to health care is beneficial to entire communities through economic benefits, which in turn can lead to economic growth. As planners, we are generally looking at avenues that can increase the economic performance of our communities, and it would seem improving access to all kinds of health care would help lead to a desired outcome. Lastly, as has been noted MMDs could be fit into the system by allowing them in the Institutional Hospital zone in Toronto's Zoning Bylaw and this would have the added benefit of those in health care having some oversight of them. Therefore, access would be looked after in this scenario, and might lead to, as Gulliford (2003) notes, economic benefits for the community.

5.8 New and Interesting Findings

Participant #2, the resident association member, raised an interesting issue; they surmised that downtown neighbourhoods might be more accepting of medical marijuana dispensaries and other typically unwanted land-uses. Kensington Market is no stranger to accepting land-uses, the participant noted they are around the corner from a hospital and have many rooming houses in the neighbourhood. Additionally, the content analysis revealed that some people view dispensaries as safer than buying on the streets. This sentiment is in contrast to other safety concerns related to dispensaries such as attracting

other forms of crime. Interestingly, the latter was not raised as much as the researcher had assumed it might.

Finally, an unexpected result is whom the newspapers talked to, as described in figure 5. The Toronto Sun speaking to more advocates than the Toronto Star was unexpected. However, it was not unexpected that the Toronto Sun spoke to the police than the Toronto Sun as the Sun is seen in the vernacular as being more pro-police.

Chapter 6 Recommendations and Conclusion

Through the course of this study, the content analysis and the interviews, a course of recommendations for practicing planners appeared. Material was extracted as to how the City of Toronto decided to enforce bylaws against MMDs rather than regulate. Furthermore, additional understanding of how municipal decisions affect the daily lives of citizens was attained through a content analysis and key informant interviews. Finally, clarity of planning policies was attained through a document analysis of Toronto's Official Plan, Zoning Bylaw and Consultation Documents. The recommendations will be divided into two classifications: 1) recommendations for planning practice and policy, and 2) for future study.

6.1 Recommendations for planning practice

- When considering regulations, recreational and medical marijuana should be looked at differently. As reviews take place consideration should be given to allow medical marijuana dispensaries and zone them as a health service, and this could be considered in the Institutional Hospital land-use zone.
- Given that the Official Plan (OP) and Zoning Bylaw (ZBL) of Toronto does not directly deal with MMDs, and if we are to view MMDs as a health service then perhaps going forward they should be considered an Institutional, and/or Institutional Hospital use. The Institutional Hospital land use designation is captured in the OP and ZBL. A key recommendation would be to listen to community members who were asking for regulation instead of enforcement. Members of the community find the current regime of attaining medical marijuana cumbersome, as captured in the content analysis and key informant interviews. It would be

reasonable for planners to approach MMDs in this manner, and make recommendations to elected leaders in this vein. Finally, planners should be at the table during legalization to avoid MMDs becoming over concentrated in one socio-economic neighbourhood, as outlined by Nemeth and Ross (2014).

- As per the results of this study, municipalities should consider citizens rights to fair consultation especially with recreational legalization pending in Canada. The Official Plan of Toronto lays out a robust public engagement regime, which allows for more consultation than the *Planning Act*, the engagement regime should be extended to Zoning Bylaw enforcements, especially those that will effect many citizens. Municipal planners, officials and politicians need to consider, even though technically still illegal, that people want alternatives to opioids in the case of pain management and have this reflected in a robust consultation strategy.
- Once legalized, dispensaries should be considered a commercial use and be sited like a LCBO store and will in fact be like current LCBO stores which controls the sale of liquor in Ontario. Once legalized, marijuana retail stores should be allowed in all existing commercial zones within areas where retail is currently allowed.
- Given the City of Toronto does not currently have a public consultation/public engagement guide and/or one is not easily ascertained, perhaps it would be prudent for the City and other municipalities who are in the same position, to begin the development of such a document. A document of this nature would accomplish two goals: first, citizens would be aware of what to expect during a planning and/or enforcement process; second, a clear and transparent process would be the result.

6.1.2 Recommendations of potential research

- Efforts should be made to engage with those who choose alternative treatments.

Gaining insight from different communities is important to understand their situation and to inform policy decisions.

- Continued efforts to engage Public Health Officials in future MMD research.
- It would be helpful to speak to more members of the community. Specifically, future research could include interviews with storeowners, if possible, with the intent of discovering their concerns and policy ideas. Storeowners are an interesting and highly individualist community to engage with.

6.2 Conclusion

Largely, this research study found that planners and municipal officials must do a better job at engaging with the wider community. It found that there was very little guidance coming from higher levels of government. The results from the content analysis and key informant interviews are generally in agreement with each other. However, given the small total of key informants it is hard to make generalizations across the board. Consequently, there were range of views (unsurprising) from the multiple publics gleaned from the content analysis and key informant interviews. The resident association informant thought that there was too much clustering of MMDs around schools and children should not necessarily be exposed to them. Conversely, the participant expressed that generally the neighbourhood is supportive of these types of services. The advocate informant, however, had a slightly different thought process and thought that consideration should be given to people who require medical marijuana.

This study shows, through key informant interviews and a policy/document analysis, how decisions are made can affect a city's well being. A Healthy City requires consultation as noted by Burris (2007), and it was shown engagement and consultation was very much lacking from this exercise/process in enforcement. As a result of not having a proper engagement process citizens can feel left out of the process, therefore an open dialogue between "technocrat" and the populous is very necessary. Perhaps a necessary exercise is for expanded consultation to come from the top-down, and therefore a requirement of the *Planning Act*. A large sector of the population feels access to alternative medicine, i.e. cannabis, is their right but the current law does not reflect that reality.

Planning is frequently believed to be technical or rational (Hodge & Gordon, 2014). This research suggests perhaps this is not the right approach when thinking about public participation in the planning process. Communities in cities must be consulted before an action like a raid is under taken. Advocates and municipal officials in Toronto were at odds with each other, with advocates believing that Toronto should regulate MMDs while municipal officials wanted to take action. As Nemeth and Ross (2014) articulately point out, local planners are often unprepared for the land-use ramifications of medical marijuana legalization. As caretakers of the public interest when it comes to land decisions, building relationships with the various publics is paramount. The research findings point to the need for planners to be at the decision-making table for siting MMDs, and other controversial land-use, and to encourage public consultation/participation.

Letters of Copyright Permission

David Johnson
200 University Ave W
Waterloo, Ontario
N2L 3G1

August 21, 2017
Caitlin Denboer
South East Local Health Integration Network
71 Adam Street
Belleville, Ontario
K8N 5K3

Dear Ms. Denboer,

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Appendix

Appendix A

Letter of Information

Hello (Insert Name),

My name is David Johnson and I am a Master's student working under the supervision of Dr. Jennifer Dean in the School of Planning in the Faculty of Environment at the University of Waterloo. As a student researcher, I would like to request your participation in a research study examining the challenges of planning for a controversial land-use.

Purpose of the Study: Over the last year medical marijuana dispensaries (MMD's) have been opening in cities across Canada in response to changing legislation that supports the use of marijuana to certain health conditions. In June 2013 the Federal Government of Canada passed the Marihuana for Medical Purposes Regulations (MMPR). There currently is an absence of standard procedures for siting dispensaries that sell this controlled substance. Further confusing the issue is that the federal government has promoted the future decriminalization and legalization of marijuana for recreational use. With rapidly changing federal laws governing marijuana use, there has been confusion around how and where legal MMDs are able to operate. This research seeks to understand that impact on MMDs on communities in general, and the planning process specifically.

Procedures involved in the Research: As a key informant, we are asking for your participation in a 30-45 minute interview either in person or over the phone at a time convenient for you. You will be asked about the benefits and challenges facing MMDs in your community as well as areas for improvement. A copy of the interview script is available at your request. **With your permission, the interview will be audio-recorded.**

Participation Benefits and Risks: The data gathered from this study will better inform local communities about the impacts of MMDs for various stakeholder groups, and how municipal planning departments can better plan for such controversial land-uses. The decision to participate in the research will be kept confidential, however, the location (Toronto) of the study will be revealed and therefore potential employment risks may exist if your identity is discerned.

Confidentially: The identity of all participants will be kept confidential in any report or presentation resulting from this study. Participants will be referred to using the general terms (e.g. "planner" or "community advocate"). Only researchers associated with this study will have access to the encrypted audio files. Paper files will be locked securely. We will keep your data for a minimum of one year. You can withdraw your consent to participate and ask that your data be destroyed by contacting one of the researchers within this time period. It is not possible to withdraw your once papers and publications have been submitted to publishers. All data will be destroyed according to University of Waterloo policy.

Information about Study Results: All participants will be asked to review a summary of their interview to confirm its accuracy. If no comments are received after 2 weeks it will be assumed

that the participant accepts the transcript as presented. Additionally, interested participants will be sent a copy of the research results once the study is complete.

Thank you.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE#21694). If you have questions for the Committee contact the Chief Ethics Officer, Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

For all other questions contact:

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Appendix B

Informed Consent

Investigators:

Student Investigator: David Johnson
School of Planning
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Waterloo, Ontario, Canada
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Faculty Supervisor: Dr. Jennifer Dean
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Waterloo, Ontario, Canada
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Purpose of the Study: Over the last year medical marijuana dispensaries (MMD's) have been opening in cities across Canada in response to changing legislation that supports the use of marijuana to certain health conditions. In June 2013 the Federal Government of Canada passed the Marihuana for Medical Purposes Regulations (MMPR). There currently is an absence of standard procedures for siting dispensaries that sell this controlled substance. Further confusing the issue is that the federal government has promoted the future decriminalization and legalization of marijuana for recreational use. With rapidly changing federal laws governing marijuana use, there has been confusion around how and where legal MMDs are able to operate. This research seeks to understand that impact on MMDs on communities in general, and the planning process specifically.

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Confidentially: The identity of all participants will be kept confidential in any report or presentation resulting from this study. Participants will be referred to using the general terms

(e.g. “planner” or “community advocate”). Only researchers associated with this study will have access to the encrypted audio files. Paper files will be locked securely. We will keep your data for a minimum of one year. You can withdraw your consent to participate and ask that your data be destroyed by contacting one of the researchers within this time period. It is not possible to withdraw your once papers and publications have been submitted to publishers. All data will be destroyed according to University of Waterloo policy.

Participation: Participation in this study is voluntary. You may withdraw at any time or even after you have signed this consent form without any consequence to you or your organization. You may also choose to skip any question you are not comfortable with and still remain in the study. If you choose to withdraw part way through the study, you may request that your earlier data be omitted from the study. **With your permission, we would like to use anonymous quotes from your interview in future reports and publications.**

Information about Study Results: All participants will be asked to review a summary of their interview to confirm its accuracy. If no comments are received after 2 weeks it will be assumed that the participant accepts the transcript as presented. Additionally, interested participants will be sent a copy of the research results once the study is complete.

Information about Participating as a Study Subject: If you have questions or require more information about the study, please contact David Johnson by phone (416-409-4435) or e-mail (d9johnso@uwaterloo.ca).

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE#21694). If you have questions for the Committee contact the Chief Ethics Officer, Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

For all other questions contact

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CONSENT

I have read the information presented in the information letter about a study being conducted by David Johnson (Master’s student) and supervised by Dr. Jennifer Dean, of the University of

Waterloo. I have had the opportunity to ask questions about my involvement in this study, and to receive any additional details I wanted to know about the study. I understand that I may withdraw from the study at any time, if I choose to do so, and I agree to participate in this study. I have been given a copy of this form.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

YES NO

I agree to have my interview audio recorded.

YES NO

I agree to the use of anonymous quotations in any thesis or publication that comes of this research.

YES NO

Participant Name: _____ (Please print)

Participant Signature: _____

Witness Name: _____ (Please print)

Witness Signature: _____

Date: _____

Appendix C

Feedback and Appreciation Script

University of Waterloo

Date:

Dear,

I would like to thank you for your participation in this study. As a reminder, the purpose of this study is study controversial land uses and their relation to the case of medical marijuana dispensaries in Toronto.

These interviews will contribute to a better understanding of the challenges related to the siting of controversial land uses (medical marijuana dispensaries (MMDs), and how practitioners regulate them. Your contribution will provide a better understanding of how the MMDs are dealt with by the different multiple public stakeholders. Finally, your participation will aid in the understanding of the impact of MMDs on communities in general, and the planning process specifically.

Please remember that any data pertaining to you, as an individual participant will be kept confidential. Once all the data are collected and analyzed for this project, I plan on sharing this information with the research community through seminars, conferences, presentations, and journal articles. If you are interested in receiving more information regarding the results of this study, or would like a summary of the results, please provide your email address. When the study is completed, anticipated by September 2017, I will send you the information. In the meantime, if you have any questions about the study, please do not hesitate to contact me by email or telephone as noted below.

Thank you.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE#21694). If you have questions for the Committee contact the Chief Ethics Officer, Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

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Appendix D

Interview Script

- 1) From your perspective as a _____, what are the biggest issues for Medical Marijuana Dispensaries (MMD's) in Toronto?
- 2) **How aware is the general public about MMD's? Is there opposition or support for these across the city?**
 - a. Who/what is driving this? (probe for safety concerns (for whom?), access to health care/medicine, NIMBY (noise, smell, property values, place-making), economic benefit?)
- 3) **Has your department/organization dealt with the changing MMD landscape? If you have not had to deal with it as yet, when do you anticipate dealing with it?**
 - a. Are you able to speak to the laws and/or the zoning and other bylaws that regulate MMD's? What are they and how are they enforced? Are they good? Can they be improved? How so?
- 4) I want to ask you about specific issues for ____?
 - a. Planner: How does the city plan for controversial land uses? **Are there any similarities to methadone clinics and safe injection sites?**
 - b. Planner: What are legal and/or policy factors that influence where MMD's can be located (sited)?
 - c. Bylaw officer: What are the specific bylaws that you must follow/enforce when it comes to MMD's? What is the most frequent infraction?
 - d. Public health: From a public health perspective, what do you see as negative or positive with MMD's?
 - e. Public Health: Does Public Health support this sort of land use?
 - i. Are the MMD's a health concern?
 - ii. How can they be better planned, and/or monitored to improve public health and safety? (Is it possible to have a rating system similar to the food inspections?)
 - f. **Advocacy: From an advocacy perspective, what do you see as the issues surrounding MMD's in Toronto**
 - i. **How do you think they should be treated/planned?**
- 5) Given that medical and recreational use will be legalized, what do you think is a reasonable approach in the siting of MMD's?
 - a. How much autonomy do you anticipate the City having once Federal and Provincial guidelines are put in place?
 - b. What challenges are you anticipating in how this unfolds over time/is implemented? Can they be mitigated?
 - c. **Should they be treated like existing liquor stores/beer stores?**
- 6) **Are there any similarities you can see between the recent changes in how beer is sold in the province (e.g. beer being sold in supermarkets) and MMD's?**
- 7) Is there anything you think I have missed or is there anything you would like to add?
 - a. Could you go into more detail? (If necessary)

Appendix E

Article Chart

	Stakeholder group	Concern	Relevance to planning	Important quote(s)	Framing
Paper: Tor Star	Mayor, Users, Police, advocates, business owners, People against, task force				
1	People against, Council	Too many clustered together/Concerned that public health is not acting	1. Zoning and laying ground work for enforcement under bylaw 2. Location / too close together	“It’s like Uber — we need to regulate and find a solution that works for the city. Five or six shops in one area does not work for anybody.” Coun. Paula Fletcher “I’m not saying ‘No to drugs;’ I’m saying you need rules,” Fowell said. “I can’t have my kids around all these shops.” Resident	Regulation: Health; more compassionate way to distribute MM, Amount enforcement: lack of

2	mayor, users, business owners	too many have appeared/clustering	Location/zoning	The notion that these can spread like wildfire across the city and that they can be done in a completely unregulated manner . . . is just not the right way to go about this," Tory told reporters. "If there are others who are not going to take action, then we might have to in order to bring some semblance of control to it."	enforcement: state intervention, controlling the spread Regulation: amount, concentration
3	Police, people against	Police and Columnist argue that dispensaries are not legal. Dispensary owners are only chasing profits	Location/Encroachment of dispensaries on neighbourhoods/zoning	"Project Claudia is not an attack on lawful production, distribution or purchasing of marijuana for medical purposes." Mark Saunders" In no way, shape or form did we look at or consider arresting people for possession, said Saunders.	Regulation: Safety; contravening Toronto's zoning bylaw

				This is strictly for those people that are trafficking in narcotics.” Saunders	
4	users, advocate, business owners	City and police should drop charges because legalization is imminent, people's lives may change who do not have a criminal record	zoning/location	“Mayor John Tory has committed political suicide with young people,” said customer John Neely carrying a handmade sign stating: “Fight crime not cannabis.” “Immediate guidance? The law’s the law,” he wrote. “Cities have the regulatory tools they need, police have the same laws they’ve always had. Not doing anything was (Toronto)’s choice. Adam Vaughan	advocacy: alternative health, board of health Enforcement: State intervention (drug trafficking)
5	Users, owners	Enforcing the law is ridiculous if the law is set to change	Zoning charges	I think it’s kind of ridiculous and funny, actually,” Mercedes Carter, 26,	enforcement: state intervention, waste of time

				who works at a Danforth Ave. dispensary, said of the zoning charges after appearing in court	
6	Police	trafficking and possession	none		
7	Owner, People against	Dispensaries do not belong in neighbourhoods	Proximity to neighbourhood	I'm actually shocked that this happened in my backyard" Resident How ironic that this would happen, it's a shame," she said. It's an example why this has to stop immediately, this is a neighbourhood."	Regulation: Health; Safety,
8	same as above	same as above	same as above	same as above	Same as above

9	police, advocates (Opinion Piece)	Confusion of pot laws as it relates to dispensaries	Zoning / location / zoning by-law charges	Toronto Mayor John Tory has described the city's dispensaries as "bogus" and likened their proliferation to the "Wild West." "Dispensary owners operate in a precarious business environment, particularly as new laws may continue to prohibit dispensaries. On top of criminal charges, stores operating in Toronto can face stiff penalties for municipal licensing and zoning violations that carry maximum fines of \$25,000 for individuals and \$50,000 for businesses. Inventory can be seized"	enforcement: state intervention, storefronts are illegal, selective enforcement Regulation: safety, contravening zoning by-law
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<p>10</p>	<p>Police, advocate, people against</p>	<p>Sale of marijuana is still illegal outside of government sanctioned producers (police) Police actions are heavy handed considered legalization is coming, and that enforcements efforts stigmatize those that need acces</p>	<p>zoning and location</p>	<p>How many people got stabbed and shot in this city last night but they're using undercover officers for this?" said Lorenz, who said he uses pot to help his post-traumatic stress disorder. By the time next year rolls around it's going to be legal and the cases will be thrown out of court."Using valuable police resources to enforce archaic marijuana laws that are set to be taken off the books a year from now is not just a clear misuse of public funds, but a poor allocation of police human resources." Michael McLellan "We</p>	<p>enforcement: stigmatization of users Regulation: Amount and concentration</p>
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				continue to raid marijuana dispensaries because the sale of marijuana outside of licensed government channels continues to be against the law," said police spokeswoman Meaghan Gray.	
11	Police, users and advocates	Some users worry that the police are acting against the public interest. Some doctors will not prescribe MM, some users feel this is better than getting from a dealer	zoning and licensing and standards	The public supports these businesses. The police are working against the public interest and causing harm where no harm is being caused otherwise," she said. "We beg the Toronto Police to stop their enforcement." Jodie Emery "City of Toronto Licensing and Standards spokesperson	Regulation: Health - unknown and unregulated amount of THC, Safety - concern about edibles Advocacy: Alternative health

				Tammy Robbinson confirmed to the Star the downtown pot dispensary was busted as a result of "zoning infractions."	
12	advocates, City Council	Some members of council think the City should be regulating through zoning where Dispensaries can and cannot go. Some Councillors want to defer action until the Fed. Gov has legalized.	zoning and licensing and standards	"Until the federal government actually legalizes marijuana, municipalities are not in the position of legalizing them, and that's what people just don't understand," Mammoliti "We have to go back to the drawing board...stakeholders have to be at the table to discuss and have a rational approach on how to move forward," Karygiannis	enforcement: costly

13	federal government - federal task force, bill blair, advocates	That legalization should keep MJ out of the hands of youth and criminals. Dispensaries Coalition would like the dispensaries to be made legal before recreational MJ is legalized, as they argue their MJ comes from ethical sources	zoning	"Dispensaries in our coalition strive to ensure the product we sell is safe and ethically grown, free from organized and violent crime. The repeated accusations by anti-dispensary business interests to the contrary are false and unconstructive" Michael McLellan	regulation: Health - Storefronts are illegally supplied, Unknown and unregulated
14	advocates	The government should deal with pot stigma, and not the black market	public participation/ participatory planning	Pot advocates have warned that the "black market" of presumed gangsters will benefit from the dispensary raids. To me, the "black market" is just another term for the people you bought your weed from before dispensaries	advocacy enforcement: state intervention, war on drugs has not worked
15	politicians - premier of Ontario	The sale of recreational marijuana be limited to the LCBO. The city	Location and zoning	We have the LCBO in place (and) I think that we've demonstrated	regulation: control of distribution

		must use it's bylaws to enforce the dispensaries which are operating		that that kind of regulation is efficient and is effective," Wynne said	
16	Video Story				
17	Advocate, business owner, user, police	crime and unwarranted police action	location/access/zoning	"The enforcement of marihuana storefronts continues to be a joint effort between the Toronto Police Service and the City of Toronto Municipal Licensing and Standards," police said. "There is a safe acces point for needle exchange in this city but no safe access point for recreational marijuana users," he said. "This is leaving them reliant on individual dealers they find in parks and back alleys in this city."	advocacy - alternative health; Enforcement state intervention, drug trafficking
18	editorial cartoon				

<p>19</p>	<p>Poll of torontonians (users, people against, mayor)</p>	<p>Dispensaries should be regulated as to where they can locate</p>	<p>location</p>	<p>It appears that, while one half still accepts the right of these places to dispense their wares, even in their neighbourhoods, the majority also accepts that there need to be regulations in place," said Forum Research president Lorne Bozinoff.</p>	<p>Knowledge Exchange: Public Opinion</p>
<p>20</p>	<p>Business owner, advocate, police</p>	<p>Dispensaries provide a safe and comfortable space for access to cannabis. They would like to see a model similar to Vancouver and being to zone for dispensaries</p>	<p>location/zoning/access</p>	<p>"There will always be a chance (of another raid) going forward, but we continue to remain open to provide a safe and comfortable space so that our clients can rely on us for cannabis access. Katey Ashaph (owner) "I've spoken to a number of dispensaries who are part of this coalition and</p>	<p>Enforcement: state intervention - drug trafficking advocacy: develop regulations</p>

				we can't piece together why some were raided and some were not" Alex Blumenstein "We will charge those operating the businesses, and ultimately the premises owners, where they continue to operate illegally," Mark Sraga (director of investigative services MLS)	
21	advocates	LCBO should not be the only place to get pot once legalization occurs	Location/zoning/access	Limits would also have to be set on the number and location of dispensaries. The recent proliferation of pop-up pot stores in Toronto – some of them near schools – is a result of the current vacuum in the law. It's exactly what would <i>not</i> be permitted under a well-regulated marijuana retail system.	Advocacy: Fair access

22	Users, police, advocates	Police raids are valid. Police raids are waste of time and resources.	zoning/location	Access to affordable medicinal marijuana, access to the right strains and method of consumption is part of the essential right to access medical marijuana for this recognized group," Lawyer Kendra Stanyon representing some of the dispensaries in the raid. Tory called the situation "almost out of control," and a poll showed significant but dwindling public support for the shops as they proliferated. As of Wednesday, licensing staff had issued written warnings to 78 property owners, out of 83 known dispensaries.	Enforcement: State Intervention - waste of time Advocacy: Fair access
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23	Politician - Premier Kathleen Wynne	Conversation needs to happen as to where marijuana should be sold	location / retail model	<p>“The whole reason to legalize and move in this direction is to put a legal structure around marijuana and we’re just not clear at this point, we’re just not sure exactly what that structure is going to look like,” Wynne</p> <p>“The notion that these can spread like wildfire across the city and that they can be done in a completely unregulated manner ... is just not the right way to go about this,” Tory said</p> <p>Monday after touring some of the “dispensaries” in Kensington Market.</p>	<p>Enforcement: State Intervention - defining the line between recreational and medical</p> <p>Regulation: Control of Distribution</p>
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24	users, people against, business owner, legalize it politician, against it politician	<p>Nine perspectives of MMD's in toronto (9 arguments) 1. the angry resident who cannot believe that they have appeared in her upscale neighbourhood 2. the business owner (purveyor), that people have spoken with their dollars, and therefore this should be taken into account. the owner wants to change the image of the user 3. Wants to see the small independent business able to sell, not just the big corporation 4. Legalize it - politician believes it should be sensibly regulated as clear criminalization has not worked 5.</p>	location / zoning	<p>“This is basically glorified drug dealers with store fronts,” said Fowell, a real estate agent. “Who would’ve thought that Forest Hill would have four pot shops?” “I’m not saying no to drugs for medicinal purposes, but I’m saying no to having illegal shops selling drugs,” she said. “And we don’t need four.” “The people have voted with their dollars, and just the amount of people that have benefitted from the dispensaries — we can’t understand what the police agenda is,” Goodwin, 30, told the Star (Owner). She wants to change the</p>	<p>regulation: health - public health-criminalization a failure; safety - youth access Enforcement: State intervention - need for clear rules advocacy: Alternative health, fair access Knowledge Exchange: Public Opinion</p>
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		<p>Crack down politician - dispensaries are indistinguishable from street dealers</p>		<p>perception of marijuana users, often derided as lazy or unintelligent, and show that many people from all walks of life consume cannabis and incorporate the substance as an element of their lifestyles. "There's no reason why corporations should be the only ones to produce this medicine," said Campbell, 32 (user) "We can create a system where there's room in the market for everybody." "We need consistency, right across the country," Cressy told the Star (legalize it) "It needs to be very clear, just like we've done with alcohol and tobacco," he said. "it's a</p>	
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				<p>bunch of people trying to make a buck, and in my opinion they're doing it illegally," said Burnside, the councillor for Ward 26, Don Valley West, who was elected for the first time in 2014. "Essentially they're dealing drugs."(against it councillor)</p>	
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25	users, people against	letters to the editor from differing perspectives of readers	Location / access	<p>"The police should also consider the consequences of indiscriminately shutting down dispensaries, regardless of their business practices and proximity to schools. Lacking dispensaries, most patients will return to the black market, or seek the help of an adolescent relative or acquaintance, or turn to more problematic drugs such as alcohol, fentanyl and oxycodone." Wigmore "By all means shut down the so-called dispensaries that are clearly illegitimate and illegal and have sprung up over the past 6 months. That doesn't</p>	<p>Advocacy: alternative health regulation: Safety - concern about edibles, concentration of storefronts</p>
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				justify shutting down dispensaries that have operated ethically for years. Yet this has happened."Cowan	
26	producers, people against	The notion that the Legal Producers were involved in the raids is conspiracy theory	location	I could easily make the case that the only reason they got shut down was because they opened too many too quickly," said Closner, a former vice-president of business development at Mount Sinai Hospital.	Enforcement: State intervention - protecting corporate profits

27	users, owners, advocates	dispensaries should not have been raided given legalization is coming	location/access	still, he said some dispensaries need a wake-up call, because they are “pushing the boundaries” of what they are allowed to sell to the public Staff from Cannabis As Living Medicine, or CALM, still set up their exhibit and promoted various products, from vaporizers to grinders and lighters to “Weed The North” T-shirts, despite having seen three of their locations in Toronto shut down in the raid, dubbed Project Claudia. “In the meantime, sick people are calling us and crying that they need their medicine, and we can’t help	Advocacy: Alternative health
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				them," he said.	
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28	business owner	the city should regulate the dispensaries	location / access / zoning	<p>“We wanted it to be opening, friendly, welcoming. We wanted to take the stigma away from medical marijuana,” says co-owner Brandy Zurborg, a government tax auditor-turned pot entrepreneur. “Right now it’s a free-for-all,” “In the last several weeks these dispensaries are really becoming an issue of concern,” Mark Sraga, director of investigation services for city licensing, told the Star. “We are developing an operational plan to address these issues under our regulatory authority.”</p> <p>MLS. Dispensaries argue they are operating in a legal grey</p>	<p>Regulation: health - more compassionate way to distribute medical pot Enforcement: state intervention - storefronts are illegal</p>
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				<p>zone because a B.C. judge struck down Harper-era rules on patients growing their own plants. Sraga, from city licensing, calls that bunk. Health Canada has “robust” rules in effect for medical marijuana production and distribution, he says. City council reacted to them by saying federally proved facilities can’t be in residential and commercial neighbourhoods.</p>	
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29	Opinion writer	Marijuana should remain a controlled substance - contained to the LCBO	location	With its 650 outlets across the province, the LCBO also has the virtue of being government-owned — ensuring any weed windfalls flow into the treasury at the very time its revenue base is being diluted by the encroachment of supermarkets into its erstwhile wine monopoly. Common sense in the distribution of dope means shutting down Toronto’s pop-up pot stores. And rebranding the once-liquor-focused LCBO.	regulation: control of distribution
30	Video Story - government task force	reporting back about the legalization of Marijuana			knowledge exchange

31	Politician - Kathleen Wynne, Premier of Ontario	That Toronto was right to raid the dispensaries	zoning	<p>“In terms of the dispensaries there’s been a real grey area for a while because the federal government has said they are moving ahead on the legalization of marijuana,” Wynne</p> <p>“But municipal bylaws don’t allow what’s been happening in Toronto and I think that the mayor had to take some action,” the premier said of Mayor John Tory</p> <p>For months, she has been expressing concern about the plethora of storefront drug dealers exploiting the fact that Prime Minister Justin Trudeau will be legalizing marijuana next year.</p>	Enforcement: State Intervention - storefronts are illegal Regulation: Control of Distribution
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32	Politician - Kathleen Wynne, Premier of Ontario	Regulation and control of recreational marijuana. The illegal shops are opening because the only mechanism to stop them is municipal bylaws	location	"I think that's why we are seeing these shops put up. Right now the only mechanism to deal with those is municipal bylaws. We need that federal framework in order to be able to put a regulatory regime in place," she said. "For me that's really not the point; the point is how do we make sure that we know what is in this substance once it is legalized and how do we control access, for young people particularly, who shouldn't have access to it." Kathleen Wynne	regulation: control of distribution
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33	property owners, city officials - municipal licensing and standards	Property owners given three days to shut the dispensaries, or receive a summons to court for contravening municipal zoning bylaws	location / zoning / access	This past week, licensing executive director Tracey Cook said the city's goal "is not just to go out and hammer people," but to ensure compliance with city bylaws. "In my opinion, dispensaries which restrict sales to documented medical patients are not illegal and protected by the Charter of Rights and Freedom." Alan Young (Charter Lawyer)	Enforcement: State intervention - storefronts are illegal
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34	opened (people against dispensaries)	Toronto should regulate storefront dispensaries	location/zoning	<p>There are already about 100 of these shops operating in the city, with nine in Kensington Market alone. Toronto city councillor Paula Fletcher says a half-dozen dispensaries are operating around a single subway station in her Riverdale ward." While the Star supports Ottawa's intention to legalize marijuana for recreational use, these dispensaries can't be allowed to continue to operate outside the current law. The city ought to put in place interim regulations, as Vancouver has, until new federal legislation is passed to</p>	<p>Enforcement: State intervention - storefronts should be regulated Regulation</p>
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				<p>control how and where marijuana is sold. A city ban already exists on pot shops in residential or commercial neighbourhoods. Toronto should enforce it. For his part, the city's director of investigation services for city licensing, Mark Sraga, is clearly ready and willing to act. He told the Star: "We are going to be addressing this issue with the full extent of our authority and enforcement tools to ensure compliance with our bylaws."</p>	
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35	city officials - municipal licensing and standards staff	Property owners given three days to shut the dispensaries for contravening municipal zoning bylaws	location	<p>“We’re giving property owners an opportunity to remedy the issue first,” Tracey Cook, executive director of the city’s licensing division, said Thursday. The city’s goal “is not just to go out and hammer people,” it’s to ensure property owners comply with the rules, she said. “In my opinion, dispensaries which restrict sales to documented medical patients are not illegal and protected by the Charter of Rights and Freedom,” said Young, a leading cannabis reformer</p>	Enforcement: State intervention - storefronts are illegal
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36	op ed (people against dispensaries)	Toronto is right to enforce the laws that govern the illegality of storefront dispensaries	location / zoning /	Or, it could enact more robust regulations on where pot shops can be located, as Vancouver did last year. New city bylaws there now prevent dispensaries from locating within 300 metres of any schools, community centres or other dispensaries, and imposes a \$30,000 licensing fee on each shop. That curbs their concentration in any one neighbourhood and vastly reduces the number of shops.	Enforcement: State intervention - storefronts are illegal Regulation safety concerns - contravening zoning bylaw
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37	advocate - opened	Toronto should not ban storefront dispensaries	location	<p>Canadians are allowed to drink booze and smoke cigarettes — both legal substances that are far more harmful than anything you can imagine about pot. There are bars on every street, and you can even buy beer in some grocery stores. Cigarettes are widely available for purchase, despite the many deaths directly attributed to smoking them. The reason no one ever offers statistics about marijuana overdoses and deaths is because it almost never happens.</p>	Advocacy: develop regulations
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38	mayor, people against, city officials	There are too many dispensaries, and they should be cracked down on for being illegal	location / zoning	“We just can’t have allegedly medical marijuana dispensaries popping up on every street corner, in a completely unregulated manner,” pending the federal promise to legalize pot, Tory The city’s new pot entrepreneurs could also be hit with operating without a business licence or contravening zoning bylaws; the latter carries a maximum penalty of \$50,000 for a corporation and \$25,000 for an individual	regulation: safety concerns - contravening zoning bylaw enforcement: state intervention - drug trafficking, storefronts are illegal
39	advocate, federal task force	Federal task force is recommending that pot should not be sold in retail outlets that already sell liquor and tobacco	location	“We think it’s a poor idea to be seen to be condoning or encouraging the co-use of alcohol and cannabis,” he said, noting privately run	Regulation: Safety concerns - Contravening Toronto's zoning bylaw, Control of Distribution

				dedicated storefronts are the best way to go." Michael McLellan of Canadian Cannabis Retail Council	
40	Task force on legalization	report released by federal task force on legalization, and how the new law should be implemented	location	Marijuana would not be sold in the same place as alcohol or tobacco, "wherever possible." Sorry, LCBO! Anyone tempted to grow their own would be limited to four plants whose height would be capped at 100 cm each.	Regulation: Health - legalization framework

41	users, advocates	Toronto green market for pot community... that there is more to marijuana than rolling and smoking. A safe space for local vendors	location - secret location for every green market - access	"The Green Market was billed as craft cannabis night market (strictly for adults) in celebration of legalization." Market co-founder Lisa Campbell said they've opened for several evenings this year since Mother's Day. It was started to create a space for local vendors of craft edibles to sell their products, she said, because dispensaries refused to sell edibles after the Project Claudia raids in May. Christie, a 55-year-old user, came to the market to find candy or toffee. She said she suffered from sleepwalking and insomnia, and had found out earlier this year that	Advocacy: Alternative health
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				weed-infused candy helps her sleep better.	
42	video of report release - task force				
43	Politician - Kathleen Wynne, Premier of Ontario	Still thinks LCBO is the right way to introduce legalization. Co-location should be avoided	location	When co-location cannot be avoided, appropriate safeguards must be put in place," the report said, urging "limits on the density and location of storefronts, including appropriate distance from schools, community centres, public parks, etc." It also advised that marijuana could be sold	regulation: control of distribution

				<p>through “dedicated storefronts with well-trained, knowledgeable staff” and “a direct-to-consumer mail-order system.” “It may not even be sold out of the LCBO. Because I’ve had people say to me we don’t want to have marijuana and alcohol sold out of the same places,” she told the Star in July, pointing out the government agency could instead be involved in “regulation and distribution and monitoring it in some way.” Wynne</p>	
44	<p>Politician - Prime Minister Justin Trudeau</p>	<p>Trudeau wants police to enforce law on illegal dispensaries</p>	<p>zoning/regulation</p>	<p>We believe that a properly regulated, controlled system will achieve both of those</p>	<p>Enforcement: State intervention - Storefronts are illegal</p>

				measures. But we haven't brought in that properly regulated, controlled system because it's important that we do it right in order to achieve those two specific goals."	
45	poll				
46	advocate	Shoppers drug mart is a good location for medical marijuana dispensary	zoning/regulation	"On the whole, it's a really good thing because it shows that there is a level of credibility of the industry that might not have existed just two or three years ago," said Jordan Sinclair, a spokesman for Tweed, a producer of medical marijuana with operations in Smiths Falls, Ont.	Advocacy: Alternative health

47	Politician - Ontario party leaders	Federal government needs to bring legalization quickly so that provinces have direction	regulation	"there will be impacts on every level of government and on our jurisdiction, so I think that there needs to be that conversation that includes everybody as we could move forward." Wynne. Brown concurred that "it would be better if there was clarity."	Regulation: Health - Storefronts are illegally supplied
48	Letter to the editor/advocate/user	User of medical marijuana feels like she is being discriminated against when the dispensaries are closed down	location/access	"I'm a medical marijuana patient and I believe that I'm being discriminated against. The reason we're seeing so many dispensaries opening is because patients — your neighbours, friends, family members, co-workers — want them. The system as it stands is wrong. Everyone	Advocacy: Alternative health

				<p>from top to bottom knows that medical cannabis patients have chosen to disregard the hypocrisy of a system set up to support corporate investment, not patient need or accessibility. In the absence of regulations, dispensaries — as an industry — have raised and continue to raise the bar in terms of providing the professional services and medicine that we, as patients and Canadian citizens, have the right to expect."</p>	
49	editorial				
TOR SUN					
1	users, police, people against, advocate	Too many dispensaries clustered together	location	<p>How many sick people are there that there needs to be this many dispensaries? Business owner in Kensington</p>	<p>Advocacy: Alternative health Regulation: health Enforcement: lack of</p>

				Market	
2	advocate, people against	Products sold in dispensaries are from illegal sources	access	<p>Dispensaries sell untested products that maybe unsafe and particular risk to kids"</p> <p>Ian McLeod "any call to close dispensaries right now wile we're trying to figure out what legalization will look like will directly and adversely affect tens of thousands of patients across the country."</p> <p>Canadian Association of Medical Cannabis Dispensaries ...</p> <p>"the situation is getting out of control"</p> <p>Colette Rivet of Canadian Medical Marijuana Cannabis Industry Association. "</p>	<p>Regulation: health - Storefronts are illegally supplied, safety concerns - quality control</p> <p>Enforcement: lack of</p>

				in the past few months, more than 30 dispensaries have opened in Toronto, selling illegal, unregulated marijuana to people, many of whom are not aware that they are breaking the law"	
3	advocate	Patient access served by dispensaries	access/location	"we're not doing anything wrong." Marina of the Toronto Dispensary	Advocacy: Alternative health, access

4	advocate, user	people still being charged	access/location	<p>“Most of the time, I’ll go to my local dispensary in Kensington Market because it’s a five-minute walk. It’s more convenient. Other times, because the quality fluctuates between producers and dispensaries, sometimes, there are mail-order recreational Websites that have been around for over 10 years that provide really good quality medicine you can’t get from Toronto. A lot of people have disabilities as well, so there has to be a variety of options.”“People are still being targeted – dispensary owners, patients, suppliers. People are still being charged</p>	<p>Advocacy: Alternative health, access</p>
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				for cannabis in Canada, even though it may not seem like it. The longer we wait, the scarier it is for everyone. And the City of Toronto needs to act. Our government has been mute.” User	
5	police, business worker	Dispensaries operating outside of zoning bylaw	zoning/licensing and standards	"Our zoning bylaw just does not allow for them" "There may be a couple of business owners that realize that the ramifications of continuing on are not worth the penalties they may face, so there may be a few," he said. "But I just don't see the majority of them	Enforcement: state intervention - storefronts are illegal Advocacy: Alternative Health Regulation: Safety - Contravening Toronto's zoning bylaw

				(shutting down) based upon the blatant disregard for the rules as it is now." "We employ lots of people - you're looking at jobs, you're looking at storefronts that will be empty." Store worker " Everyone that comes in has a medical ailment"	
6	police	fire at a forest hill dispensary	safety	An on-going criminal investigation	Regulation: Safety Concerns Enforcement: Harm
7	advocate	the needs of MM users	location/access	"Patients" is the word most dispensaries to describe clients. Not users" Jay. Medical marijuana changed my life" jay. CALM Cannabis as Living Medicine. Quietly in existence for more than 20 years. It initially started up to serve upwards	Advocacy:Alternative health

				of 100 AIDS patients.	
8	Police,	Pot shop robbed	safety	"even with the robbery, the patient feels safe being a customer of the dispensary	regulation: safety concerns - robbery
9	advocate, police	Dispensaries should be governed under the same rules as food and plant business	location/access	" As long as we have true believers who are willing to go to jail for our cause, as I am, we will continue to open and defy the punishment of the City of Toronto under the federal government is giving us." MarC Emery Canada's Prince of Pot. A mom brought her three children to the Cannabis Culture reopening, she happens to be a professional cannabis consultant from Hamilton	Enforcement: State intervention - need for clear rules Advocacy: alternative health, fair access

				" I brought them to show them how to peacefully disobey an unjust law..." Olivia Brown	
10	Advocate, police	the crack down on MMD's will continue as long as they continue to open	zoning	"we were quite clear during the lead up to project claudia, we sent letters telling property owners to cease these operations." Mark Pugash TPS spokesperson.	Enforcement: State Intervention - storefronts are illegal
11	police, advocate	Dispensaries are operating illegally. Raids are waste police resources and a moratorium of further raids.	location/access	"This investigation has nothing to do with personal use, this has everything to do with people that are entering into this for the sole purpose of making money, using it as a guise	Enforcement: State Intervention - storefronts are illegal

				<p>under medical marijuana — this is a falsehood.” Chief Saunders “This inequality is unjust when Canadians will be buying pot legally in the near future,” Emery said. “If Canadians are not going to be arrested in the future for pot, they shouldn’t be arrested today.” Jodie Emery</p>	
12	advocate	How to create regulations for dispensaries	regulation/access/location	<p>“The TDC is recommending the city not allow anyone under 19 into shops, that they be open from 7 a.m. to 10 p.m., and not be located within 100 metres of each other or schools.” Toronto Dispensary Coalition. “These rules — and rules like them — if implemented are the best way to serve</p>	<p>Knowledge exchange Advocacy: Alternative health</p>

				the needs of patients in Toronto,” he said. “It keeps cannabis out of the hands of minors, extinguishes the black market, and staves off expensive and inappropriate enforcement actions.” Michael McLellan	
13	advocate, business owner	Dispensaries will remain defiant, so patients can access their medicine	access	"We do not want to force people to be sick or to fake illness or to pay a doctor for permission to access cannabis," said Jodie Emery, a spokesman for the Cannabis Culture brand. We believe everyone does have the right to access cannabis," she said. "And because cannabis will be legal recreationally in the future, our model should demonstrate what	Advocacy: fair access

				legalization should look like.”	
14	advocate	Regulations in other cities can provide a model for Toronto	access/location	Dieter MacPherson, the president of the Canadian Association of Medical Cannabis Dispensaries, said the city is proposing the allowance for edible marijuana products and is reducing the required distance from places like schools and vulnerable youth facilities to 200 metres with an estimated \$5,000 license fee. "Victoria has had the benefit of looking at what Vancouver did and amending it," he said.	Advocacy: fair access, develop regulations

				<p>“City council has had more of an integrated and inclusive process in developing their regulations and has taken its time to have in-depth conversations about this.”</p>	
15	police	Pot dispensaries are unsafe	location/safety	<p>““The front plate glass window shattered, showering the sidewalk and roadway with shards of glass,” Const. Craig Brister said Wednesday. The charges have yet to be tested in court and Tweeder, like many of the city’s controversial pot dispensaries where warrants have been executed, simply reopened.</p>	Health: Explosion

16	advocate, owners	Dispensary MM comes from legal sources	access	Queens of Cannabis argues that its marijuana comes from legal sources, essentially patients with the legal right to grow their own green. "We've won the right in the courts to provide access to other patients, and that's what we're doing," argued owner Zurborg. "Municipal licensing says dispensaries should be located in industrial zoned areas," added her partner, Cyalume. "Sick people cannot travel to industrial zoned areas, it's unconstitutional." "Nobody comes through the doors and gets serviced unless they've worked with a	Advocacy: Alternative health, fair access
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				practitioner and they've gone to a clinic in order to explain why it is they need medical marijuana," she said.	
17	Police, lawyer	The legalities of MMD's from a lawyer. Dispensaries who want to be legitimate must make sure patients have proper documentation if there is a hope of escaping charges in court	access	"Look, it can stick. As it stands today, marijuana is illegal." Prutschi: "When it comes to people who are selling to persons without legitimate medical marijuana licenses, that's going to be a problem. For the dispensary that is careful and purchases only from	Knowledge exchange

				another lawful authorized source and only to lawfully authorized people, they at least have the glimmer of an argument to make.”	
18	advocate, mayor	The community benefits of MMD's or Compassion clubs. Cannabis can save lives	access	True Compassion Toronto (TCT), a facility where “patients treat patients” for chronic illnesses using cannabis, sent Mayor John Tory an open invitation Friday for him to come tour the facilities and see the community benefits before the city cracks down on the city’s growing number of pot dispensaries. Tory said Saturday during a media scrum, he would go to the centre if his schedule permits. “I’m	Advocacy: Alternative health, fair access

				certainly willing to listen,” he said. “The very fact I went to a medical marijuana dispensary last week and just asked a lot of questions indicates my interest in knowing more about this.	
19	advocate	access to cannabis should not be limited to the 416 area code. New clinics offer to help find doctors who will prescribe MM	licensing/acces	“Almost all the doctors we spoke to told us they had patients who wanted medical cannabis but those particular doctors were not going to prescribe medical cannabis because they weren’t comfortable about it, didn’t know enough about it, believe in it — whatever the case may be. But they were happy to refer patients to	Advocacy: fair access

				doctors that were comfortable with this. After hearing that enough times, we thought, 'what about trying to make a medical clinic for this particular niche and help doctors who have these patients they can't help and patients who can't get help from their own doctors.'"	
20	advocate	Former mayor has cannabis strain named after him at the Canadian Compassion Dispensary in Kensington	access	"Oh, yeah," Ford said when asked if he'd ever tried marijuana. "I won't deny that. I've smoked a lot of it."	Advocacy: Alternative health

21	Column, police	Police should be focussing on real crime, and the armed drug dealer not the dispensary	access	“(Toronto Mayor) John Tory knows perfectly well that shutting these dispensaries down will force countless medical marijuana users, many of them veterans, back into the arms of dealers,” said Russell Barth, known as the Angriest Pothead in Canada. “I am so glad, as, must be, the taxpayers, to know that all the other crimes in the Greater Toronto Area have been solved. The mayor and chief of police should resign immediately.”	regulation: safety concerns - dispensaries are safer than buying on the street Enforcement: State intervention - storefronts should be regulated
22	advocate	Marijuana should not just be limited to the LCBO in Ontario	access	Most Ontario voters believe marijuana should be legal and that it should be sold by independent dispensaries	Knowledge exchange: public opinion

				or drug stores, not in the LCBO.	
23	advocate, mayor, users (patients)	Dispensaries are having affects on surrounding businesses. Advocates draw comparison to the Uber debate Tory was opposed to standing in the way of change	access	"John Tory knows perfectly well that shutting these dispensaries down will force countless medical marijuana users, many of them veterans, back into the arms of dealers," said Russell Barth, known as the Angriest Pothead in Canada." Tory said he's merely trying to protect neighbourhoods and businesses from something new sprouting up without adequate rules."	Enforcement: State Intervention - storefronts are illegal Regulation: health - Storefronts are illegally supplied; safety concerns -youth access , control of distribution

24	advocate	Cannabis could be accessed by vending machines, just like buying a pop	access/location	<p>Drug stores, the LCBO and “medical” dispensaries are scrambling to get a piece of the coming pot pie — but we’re forgetting one obvious, time-tested sales venue. Vending machines.</p> <p>Imagine. Press “select” for kush, skunk, granddaddy purple, diesel or Acapulco gold, as if you’re are choosing a Pepsi or a Wunderbar. Then I’d put one at the end of my street near Dundas Square, to chase out the pushers and related crooks, which, after all, is a key reason to legalize pot.</p>	Advocacy: fair access
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25	Council - city councillor Karygianis	MMD's crackdown is knee jerk instead Toronto should have rules and regulations for them	access and location	<p>“This is a knee-jerk reaction to a couple hundred emails,” Karygiannis said of the crackdown. “The speed with which these storefronts are proliferating, and the concentration of dispensaries in some areas of our city, is alarming,” Tory wrote in a letter to police and licensing officials earlier this month urging a crackdown.</p>	<p>Enforcement: State Intervention - storefronts should be regulated Advocacy: Develop regulations</p>
26	advocate, police	Against the law for the dispensaries to be operating. Police cite health concerns. Cannabis should be looked the same way as fruit and veggies	access	<p>“We strive to keep minimal stock on site, so we make sure that there’s not a huge amount to be seized,” she said. “But it’s absurd that these police raids continue to happen even though these</p>	<p>Enforcement: State Intervention - drug trafficking</p>

				businesses continue to open.” “It remains against the law for these dispensaries (to operate) and we will continue to enforce the law,” he said.	
27	people against	General population won't take up marijuana with enthusiasm when legal	access	“My initial concern is that I think legalizing it makes it more accessible, even though it's going to be controlled and regulated,” he said. “I think making it legalized will increase the accessibility and the availability and therefore the potential for abuse by young people.”	Regulation: safety concerns - Legalization of MJ could lead to abuse by young people

28	advocate	people of toronto support dispensaries. They are speaking with their dollars and feet in the retail establishments	access	<p>“It’s unfathomable because marijuana is a very safe substance. These dispensaries meet the demand of citizens who are there voting with their dollars and their feet to buy. There’s no harm going on, there’s no coercion.”</p> <p>“The citizens of Toronto love these dispensaries because they support them in droves ... they are going to remember the people like John Tory who brought this oppression to the kind of horrible peak that we’re seeing today. John Tory is finished. Let me guarantee you that.”</p>	Enforcement: State Intervention - waste of time Advocacy: access
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29	Council	City should be included in new regulations of MM.	location/access/zoning	<p>“I’d like to see a set of rules,” Karygiannis said Monday. “We even regulated the vapour lounges. Capping the numbers is something to be looked upon. I think three or four in my ward would be adequate — not 50.” “We need to do a study and make sure our folks are at the table,” he contended. “We don’t need Amsterdam-style coffee shops or recreational marijuana shops popping up in our neighbourhoods.”</p> <p>Councillor Joe Cressy, who heads the Toronto Drug Strategy, said he is waiting on a report from the chief medical officer</p>	Knowledge exchange
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				of health on how the city should deal with marijuana dispensaries.	
30	advocate - politician, councillor Mammolitti	City should regulate MMD's instead of arresting and closing shops	access	Here's all they really need to know about ending Prohibition: A growing majority of Canadians want it done; for instance, 68% in a Nanos poll. They're smart enough to see the folly in a victimless "crime" and balk at the ridiculous costs of enforcing it.	Advocacy: fair access

31	advocate	Rules surrounding MMD's. Pharmacies should have been the sole dispensary	access	Medicinal marijuana is an evolving industry in Canada, he said. Michael Haines of Mettrum Health. "Certainly how it is dispensed and how the process of legalizing marijuana will be considered fully and the legislation and the subsequent regulations will reflect that consideration. "	regulation: health - legalization framework Enforcement: State Intervention - storefronts are illegal
32	council - Councillor Karygiannis, advocate	City should regulate MMD's. Instead the City said the cannot as it is not legal to be operating dispensaries. City Committee would not allow activists to speak	access/location	"People were here to be heard," said Councillor Jim Karygiannis, who was the lone committee member to vote against the deferral. "Shutting them down is nothing else but an insult to them." Brandy Zurborg, co-owner of	Advocacy: fair access, develop regulations

				<p>Queens of Cannabis, questioned the committee's work.</p> <p>"We're educated. We're all highly-educated individuals who can see past this," she said. "We can see through their garbage they're trying to feed us. It's just a sham, and absolute sham."</p>	
33	advocate, police	city raided dispensaries due to health and safety concerns	access/zoning	<p>Toronto police say "genuine health concerns and a significant number of community complaints prompted officers to raid dozens of MMD's across the city"</p> <p>Marc Emery -- Canada's self-proclaimed "Prince of Pot" who served five years in a U.S. prison for selling marijuana</p>	<p>Enforcement: State Intervention - storefronts are illegal Regulation: health - Storefronts are illegally supplied; safety concerns - concern about edibles</p>

				seeds from Canada to American customers -- was leading the protest, holding a sign that read "Dispensaries are indispensable."	
34	advocate	Support for Marijuana growing, everybody should have access	access	Amy Anonymous, a Toronto cannabis activist who opened the CannDo Medical Marijuana Dispensary, said she thinks the media has been putting marijuana in a "positive light" in recent years. "Think about five years ago: The only time you heard about cannabis in the news is when it was about a raid or an arrest or some kind of	Advocacy: fair access

				<p>bust,” she said. “Now, this year, it’s about unity. Look at this event. I got goosebumps when I saw the size of it. I was here eight years ago, and it was much smaller. Now, it’s all about unity.”</p>	
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35	police, advocate, owner	no quality control of product	location/access	<p>“There is no quality control whatsoever on these products,” Saunders said Friday. “It’s a genuine health concern, because there is no regulatory process behind this,” Saunders said.</p> <p>Well-known marijuana activist Jodie Emery repeatedly lobbed questions at the chief.</p> <p>“Who’s being harmed?” she demanded to know.</p> <p>Dispensary owner Chris Cardozo said his three colleagues were swept up in the raids.</p> <p>“I’ve been trying to work with the city, so this is out of left field for me,” said Cardozo, who</p>	<p>Enforcement: State Intervention - storefronts are illegal Regulation: health - Storefronts are illegally supplied; safety concerns - quality control</p>
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				added he has wanted to see regulations imposed on dispensaries. "I feel a bit stabbed in the back by the city."	
36	advocate	Too many dispensaries in an area	access/location	On Thursday, several pro-pot people — some rooting for medical marijuana patients, others for dispensary owners — were appalled when the city's licensing committee deferred discussion on marijuana dispensaries	Advocacy: fair access

				<p>till the end of June. “If they’re not going to allow us to speak on the issue, then they need to cease enforcement,” said patient advocate Tracy Curley.</p>	
37	Mayor - John Tory	Mayor wants to see regulations for MMD's	health/location	<p>For several weeks, Tory has been publicly lamenting the large number of marijuana dispensaries growing like weeds in city neighbourhoods. On Thursday, he fired off a letter to Municipal Licensing and Standards executive director Tracey Cook asking her to take action. “The speed with which these storefronts are proliferating, and the concentration of</p>	regulation: Concentration of storefronts

				<p>dispensaries in some areas of our city, is alarming,” Tory says in the letter.</p> <p>“We just can’t have allegedly medical marijuana dispensaries popping up on every street corner in a completely unregulated manner pending a change in the law,” he said. “The law is not changing yet.”</p> <p>“We have to manage the transition period in a way that doesn’t just throw everything up in the air and say, ‘Well, let’s just let the chips fall where they may,’” he said.</p>	
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38	Mayor - John Tory, Premier of Ontario Kathleen Wynne	Mayor and Premier support MMD crackdown, municipal bylaws need to be followed until legalization	zoning	“Municipal bylaws don’t allow what’s been happening in Toronto,” she said. “I think that the mayor had to take some action. The province hasn’t had anything to do with that, it’s been a municipal action.” Wynne	Enforcement: State Intervention - Controlling the spread of dispensaries
39	politician - health minister and attorney general of Canada	Task force studying legalization; distinction needs to be made by recreational and medical; concern about the number of dispensaries popping up	location/amount	“I’ve been very clear that I think there needs to first be a distinction between recreational and medicinal marijuana,” Premier Kathleen Wynne said Thursday. She’s waiting for the feds to come up with a “framework” for legal pot sales. Wynne But in anticipation that it will become legal — somewhere, somehow —	regulation: safety concern - quality control; health - Storefronts are illegally supplied

				<p>hundreds of pot dispensaries have sprung up. They can't all be getting their product from legally-grown sources. We have no idea what's in that pot, how it's grown or where it's coming from.</p> <p>Blizzard</p> <p>If these dispensaries are prepared to risk prosecution, there's clearly plenty of dough to be made from selling weed.</p>	
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40	advocate, user	Patients need to be able to get their medicine; healthy and safety as advocates see it	location/access	Raymond Hathaway, a Scarborough paralegal, told the Toronto Sun on Wednesday he filed a \$50,000 claim prior to the raids because the shop he was visiting, Scarborough Dispensary, was forced to shut down temporarily. In his original claim filed May 19, Hathaway states that the city is “attacking another dispensary I use to access my medication.” “Medical marijuana patients in this country must be given access to marijuana,” she told the Sun. “To deny accessibility to specific cannabis medicine is to deny them their right to	Advocacy: Alternative health, access
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				health and liberty and safety.”	
41	Column	LCBO should not be only place to get MJ; Pharmacy better option to get MJ	Location	Now that the LCBO has shown it can't handle its vodka, we better rethink how to sell pot. Here's another option: Your pharmacy. After all, they're called drug stores.	Regulation: Control of Distribution

42	mayor	mayor did not order raids; police have a duty to enforce the law	access	<p>“The police have an obligation to enforce the law,” he added. “When it comes to something like ... alleged drug trafficking and the absolutely unregulated location of these stores popping up all over the place, going from like 30 to 100 in the space of about a month, I think common sense told you that was not a tenable situation.” Tor y also shied away from commenting on whether he thought the mass arrests of dispensary employees was proper.</p>	Enforcement: State Intervention - Toronto Mayor did not order raids, drug trafficking
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43	Shoppers Drug Mart	Pharmacies could be safer option for dispensing M(MJ)	access	<p>Marc Gobuty, founder and CEO of Peace Naturals Project, a producer licensed by Health Canada to grow medical marijuana, says he has met with some major drugstore chains but would not confirm which ones. Gobuty says there's been interest by the drugstore chains to dispense medical marijuana because offering infused oils is now a "viable option."</p>	Regulation: Control of Distribution, safety concerns - quality control
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44	Council - Councillor Joe Cressy, advocate	Federal government needs to clarify MJ rules; TO public health a public health perspective to MJ legalization should be taken	healthy/acces s/	Dr. David McKeown, Toronto's medical officer of health, stressed there's need to minimize harm that will result from the legalized recreational use of marijuana. "Ca nada is going to be taking an important step if it moves forward with legalization and regulation," he said. "Very few countries around the world have done this so it's important we get it right from a public health point of view."	Regulation: toronto Board of health
45	advocate	Public perception of MJ and stigma	access	I don't think there's going to be some big date on the calendar where it turns into a legally- regulated drug ... and then suddenly the norms around it are going to	Advocacy: Stigmatization

				be different. I think that process has been going on since the 60s, actually, and it won't really change overnight.	
46	people against	Should not disrespect the laws		Should the operator of a dispensary feel wronged by a landlord, customer, vendor or a competitor, how would they feel if those tasked with upholding the law said to them, "Sorry, we don't feel it is worth our time to help illegal pot shops. You went it alone, so work it out alone."	regulation: safety concerns - youth access
47	op ed	People's rights are being violated by those who choose to smoke	access	A woman whose backyard disappeared in clouds of smoke from next door griped to Portland station KATU: "People's rights are being violated	regulation: safety concerns - concern about edibles, the smell is bad

				by the people who have been given the right to smoke pot.” But an Oregon court ruled, in another neighbour-from-hell case, that marijuana smoke is not inherently “physically offensive” — at least not as bad as rotting trash.	
48	advocate, Shoppers Drug mart	Strains could be limited if corporations sell legal MJ;	access	Shoppers Drug Mart spokeswoman Tammy Smitham says the company is hopeful that the federal government will do so, arguing that it would improve “access, safety, quality and security” for patients. Industry association Cannabis Canada says adding a middleman such as a pharmacy could provide some benefits	Regulation: Control of Distribution Advocacy: fair access

				<p>— for example, medical marijuana users would be able to consult with their pharmacists face-to-face — but it may also come with some downsides.</p> <p>“At Shoppers Drug Mart they pay a certain price for the pills but then they add a dispensing fee to cover their administrative costs.”</p>	
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49	advocate. Veterans (users)	cost and quality, access for veterans	access	<p>Veteran Affairs Minister Kent Hehr expressed his “shock” earlier this week that the government was reimbursing veterans for the medicine with “no policy in place” and promised to launch “a research project to clarify and contribute to evidence on the effect of cannabis on the health of our veterans.” Hehr also stated that new limits on reimbursements for medical marijuana would be set to a maximum of 3 grams a day at a max cost of \$8.50 a gram. Licensed producers found a way to squeeze the system — and yet police are</p>	
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				raiding pot dispensaries trying to help people in desperate need of accessible marijuana and products for medical issues.	
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