



# Corporate Report

NO: R036

COUNCIL DATE: March 3, 2003

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## REGULAR COUNCIL

TO: **Mayor & Council**                      DATE: **February 24,  
2003**

FROM: **City Solicitor**                      FILE: **3900-20-13680**

SUBJECT: **Local Government Regulation of Methadone  
Dispensaries and Drug Stores**

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## RECOMMENDATION

That the information be received.

## INTENT

This report provides options for new business license regulations for methadone dispensing.

## BACKGROUND

The City has a concentration of methadone dispensaries in the Whalley neighbourhood. Carries or take away quantities of methadone from these dispensaries is being sold or exchanged for other restricted or illegal drugs.

Council may recall that the City amended the Business License By law in 2001 to prohibit pharmacists from paying cash kick backs to methadone users. This was followed by the Province withholding Pharmacare funding to pharmacies found paying methadone patients.

## DISCUSSION

There is a growing body of evidence that some methadone prescriptions given for off premises consumption end up feeding the consumption of other drugs and causing death or injury from methadone overdoses. The take away prescriptions are sold providing the currency for purchases of heroin, crack cocaine and methamphetamine. According to U.S. medical and drug enforcement authorities, the widespread sale of methadone prescriptions, without medical supervision, to third parties is now resulting in overdoses and in some cases death, particularly when methadone is combined with alcohol or other drugs.

While methadone doses given orally cause minimum euphoria, an injection of methadone, a potent opioid, will result in a euphoric effect similar to morphine. This also contributes to the illegal trafficking in methadone.

The trafficking in methadone prescriptions in a neighbourhood with an over concentration of methadone dispensaries is also contributing to higher policing, City by law enforcement, works staff and fire services costs. These City services are responding to serious drug related crime problems and urban blight.

The risks associated with carry privileges and the federal guidelines for carry privileges are contained in a report entitled "Dispensing Methadone for the Treatment of Opioid Dependence" by Health Canada, attached as Appendix "A".

## OPTIONS IN BUSINESS LICENSING

### Option 1

The option proposed in my report of February 12, 2003 represents a complete ban on "carries" – take away methadone prescriptions which provide an individual with a supply of methadone which can be consumed or otherwise disposed of off the premises. The rationale for this option is an attempt to address the public safety, public health and law enforcement concerns that have arisen from the illegal drug trafficking in methadone. Trafficking in methadone is illegal and the ability of addicts to sell their carries has contributed to the trafficking in other illegal drugs.

This option, however, does not accommodate responsible patients whose treatment may require carries. Doses for patients are often prescribed on a daily basis. Some patients cannot conveniently visit a pharmacy every day.

### Option 2

The second option is to maintain the status quo. The disadvantage is that there is no regulatory framework within which law enforcement and by law officials can stem the abuse of take away methadone. Trafficking, adverse neighbourhood impacts and personal harm results from the unsupervised use of methadone.

### Option 3

A third option for Council's consideration could involve business license regulations that include the following:

1. A ban on non prescribed carries.
2. A register to be kept by the pharmacist disclosing:
  - (a) the name of the patient and a copy of the identification provided,
  - (b) the physician's prescription,
  - (c) a notation on whether the prescription is approved by a physician specifically as a carry and the quantity or amount of the carry prescription,
  - (d) for non carry prescriptions, certification by the pharmacist that the prescription was fully consumed in his/her presence; and
  - (e) a statistical summary identifying the number of carries and non prescribed carries.

3. A by law or law enforcement officer would be able to inspect the records retained by the pharmacist.
4. It would be a by-law offence not to comply with No. 1, 2 and 3 above, including appropriate penalties and fines for non compliance.

The third option permits carries, but imposes a new legal requirement on pharmacists, namely, the requirement that the prescription is fully consumed in the presence of a pharmacist, unless the prescription permits a carry. An advantage of this option is that it can accommodate the patient who needs a carry that is appropriately prescribed by a physician. This framework can assist in monitoring and prosecuting pharmacists who abuse the treatment system by permitting non medically supervised carries.

## CONCLUSION

It is recommended that the City test Option 3 and instruct me to bring forward a by law incorporating the framework described in Option 3. Law enforcement and City By law staff could then work with the pharmacists and the prescribing physicians to ensure that take out methadone prescriptions are under appropriate medical supervision.

CRAIG MacFARLANE  
City Solicitor

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Encl.- Appendix "A"

c.c. John Sherstone, Manager By laws & Licensing Section

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