



REPORT

Development Services

TO: Mayor and Members of Council

FROM: Elizabeth Howson
Macaulay Shiomi Howson Ltd.

DATE: May 9, 2022

REPORT # DS 19/22

FILE: N/A

SUBJECT: Interim Control By-law 2021-059 - New Drug Addiction Treatment and Harm Reduction Facilities including Methadone Dispensaries

BACKGROUND:

On May 10, 2021, the Township adopted By-law 2021-059 pursuant to the provisions of Section 38 of the Planning Act. The By-law prohibits the establishment of new drug addiction treatment and harm reduction facilities including any addition to an existing building for the purpose of new drug addiction treatment and harm reduction facilities including methadone dispensaries and clinics, needle exchange sites, overdose prevention sites, and drug addiction treatment and drug rehabilitation residential facilities (including those located as an accessory or ancillary use within a pharmacy, other retail store or other similar commercial or institutional use) for all the lands in the Township of Uxbridge for a period of one year.

The public health crisis related to opioid addiction affects residents across the country and the province, including Uxbridge. This crisis has been increased because of the pandemic. It was and is important that the Township carry out a study to establish a planning policy and regulatory framework with respect to new drug addiction treatment and harm reduction facilities which maximizes their benefits for patients, while mitigating any negative impacts on the surrounding community.

The study is underway, and a background report is found in Appendix C to this report. However, additional time is still required to prepare the necessary proposed policy and regulatory framework and carry out public and stakeholder consultation.

PLANNING STATUS:

Currently neither Provincial, Regional nor Township planning policy provides specific guidance with respect to such uses. The Township zoning bylaw also does not specifically identify such uses, although certain facilities such as drug treatment clinics would be permitted as clinics in commercial zones.

ANALYSIS:

The Background Review and Analysis phase of the study has been completed and the results of this work are found in the background report (See Appendix C). However, the following tasks still require completion

i) **Draft Policy and Regulatory Development**

Based on the background review and analysis, draft official plan policies and zoning regulations would be prepared.

ii) **Draft Policy and Regulatory Review (Public and Stakeholder Engagement)**

The study and draft official plan policies and zoning regulations will be reviewed with Planning Committee. It would then be refined and released for public review. The focus of the review would be a virtual public open house. A general advertisement would be placed on the Township website, with a copy of the report, and in the local newspaper. In addition, stakeholders would receive direct notice.

Following the open house, public comments would be reviewed and recommended official plan and zoning bylaw amendments will be finalized.

iii) **Policy and Regulatory Finalization**

The recommended official plan and zoning amendments would be submitted to Planning Committee at a formal public meeting. The meeting would be a virtual meeting and held in conformity with the Planning Act. Following the meeting any revisions would be made and the amendments submitted to Council for adoption.

CONCLUSIONS:

This study represents a major initiative by the Township to establish a planning policy and regulatory framework with respect to new drug addiction treatment and

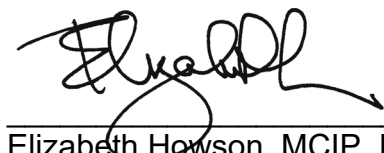
harm reduction facilities which maximizes their benefits for clients, while mitigating any negative impacts on the surrounding community. A one year extension to the interim control by-law is proposed, an extension permitted under the Planning Act, would provide the Township the time essential to achieve these objectives.

RECOMMENDATION:

1. THAT the Report DS 19/22 re: Interim Control By-law 2021-059 - New Drug Addiction Treatment and Harm Reduction Facilities including Methadone Dispensaries be received;
2. AND THAT Township Council direct the Township Planning Consultant, Macaulay Shiomi Howson Ltd. to complete the study to establish a planning policy and regulatory framework with respect to new drug addiction treatment and harm reduction facilities which maximizes their benefits for clients, while mitigating any negative impacts on the surrounding community by enacting the resolution attached in Appendix A to Report DS 19/22;
3. AND THAT Township Council extend the interim control by-law pursuant to Section 38 of the Planning Act prohibiting the establishment of new drug addiction treatment and harm reduction facilities including any addition to an existing building for the purpose of new drug addiction treatment and harm reduction facilities including methadone dispensaries and clinics, needle exchange sites, overdose prevention sites, and drug addiction treatment and drug rehabilitation residential facilities (including those located as an accessory or ancillary use within a pharmacy, other retail store or other similar commercial or institutional use) for all the lands in the Township of Uxbridge, dated May 10, 2021, for a total period of time being two years from the date of passage of the Interim Control By-law.

The draft interim control by-law extension is found in Appendix B.

Submitted by:

A handwritten signature in black ink, appearing to read 'Elizabeth Howson', written over a horizontal line.

Elizabeth Howson, MCIP, RPP
Macaulay Shiomi Howson Ltd.

Appendix A

Council Resolution

Appendix A

Be it resolved that The Township of Uxbridge Council hereby directs the Township Planning Consultant, Macaulay Shiomi Howson Ltd. to complete the study to establish a planning policy and regulatory framework with respect to new drug addiction treatment and harm reduction facilities which maximizes their benefits for clients, while mitigating any negative impacts on the surrounding community.

Appendix B

Interim Control By-law Extension

BY-LAW NUMBER 2022-__

OF

THE CORPORATION OF THE TOWNSHIP OF UXBRIDGE

BEING A BY-LAW PASSED PURSUANT TO THE PROVISIONS OF SECTION 38 OF THE PLANNING ACT, R.S.O. 1990, AS AMENDED, TO AMEND BY-LAW 2021-059 AND ZONING BY-LAW NO. 81-19, AS AMENDED, OF THE CORPORATION OF THE TOWNSHIP OF UXBRIDGE TO EXTEND THE PERIOD OF TIME DURING WHICH INTERIM CONTROL WILL BE IN EFFECT ON ALL THE LANDS IN THE TOWNSHIP OF UXBRIDGE WITH RESPECT TO NEW DRUG ADDICTION TREATMENT AND HARM REDUCTION FACILITIES INCLUDING METHADONE DISPENSARIES

WHEREAS by Resolution No. 2021-04 dated May 10, 2021, the Council of the Corporation of the Township of Uxbridge has directed that a study be undertaken in respect of land use policies for new drug addiction treatment and harm reduction facilities including methadone dispensaries and clinics, needle exchange sites, overdose prevention sites, and drug addiction treatment and drug rehabilitation residential facilities for all the lands in the Township of Uxbridge;

AND WHEREAS Section 38 of the Planning Act permits the council of a municipality to pass an interim control by-law where council has directed that a review or study be undertaken in respect of land use planning policies within the municipality or a defined area or areas thereof;

AND WHEREAS Council enacted By-law 2021-059 (the "Interim Control By-law"), being an interim control by-law applying to all the lands in the Township of Uxbridge, on May 10, 2021;

AND WHEREAS the Interim Control By-law was to remain in force for a period of one year from the date of its passing;

AND WHEREAS Section 38 of the Planning Act permits the council of a municipality to amend an interim control by-law to extend the period of time during which it will be in effect, provided the total period of time does not exceed two years from the date of passing of the interim control by-law;

AND WHEREAS Council has directed that an extension to the Interim Control By-law be passed, applying to all the lands in the Township of Uxbridge, to provide for the Interim Control By-law to be in effect for a total period of time being two years from the date of passage of the Interim Control By-law;

NOW THEREFORE THE COUNCIL OF THE CORPORATION OF THE TOWNSHIP OF UXBRIDGE HEREBY ENACTS A BY-LAW AS FOLLOWS:

1. THAT By-law 2021-059 is amended by deleting from Section 5 the words “one year” and substituting the words “two years”.

READ A FIRST, SECOND AND THIRD time and finally passes on the 9th day of May 2022.

DAVE BARTON
MAYOR

DEBBIE LEROUX
CLERK

Appendix C

Drug Treatment and Harm Reduction Facility Planning Policy and Regulatory Review Background Report

Drug Treatment and Harm Reduction Facility Planning Policy and Regulatory Review Background Report

Township of Uxbridge

Prepared for:
The Township of Uxbridge

Prepared by:
Macaulay Shiomi Howson Ltd.

May 2022



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Executive Summary

Opioid-related deaths across Canada have been an ongoing public health crisis for many years and this crisis has become significantly more serious through the pandemic. These issues occur in every community including Durham Region and Uxbridge, although the focus of concern in the Region is in the larger municipalities.

To assist, a range of drug treatment and harm reduction facilities have been, and are being, developed. The Township is not responsible for managing or operating drug treatment and harm reduction facilities; however, it recognizes that these resources provide an essential service. These services are also limited, and their locations if required in the Township, as in any municipality, need to be carefully considered to ensure that they are located and managed in a way which maximizes their benefits for patients, while mitigating any negative land use impacts on the surrounding area.

Currently, neither the Provincial, Regional or Township land use planning framework provides specific direction with respect to planning for drug treatment and harm reduction facilities. It is recommended that an amendment be prepared to the Township Official Plan, in conformity with applicable Provincial and Regional policies. The amendment would provide the policy framework for consideration of the locations which best meet the needs of those requiring treatment or other assistance, while minimizing potential land use conflicts that may be generated by such uses. These directions would consider the location and form criteria identified through the background research:

- Privacy for patients is a key objective - ensure the lobby or waiting area are large enough to accommodate peak volumes, and are designed to ensure that patients can wait inside in privacy and with dignity, provide discrete entrances from parking areas or pedestrian walkways and ensure there is adequate on-site parking;
- Minimize opportunities for impacts on the community or situations which draw attention to the use and its patients - To minimize the potential for loitering and drug trafficking and other similar activities locate facilities in commercial areas which are accessible by pedestrians and bicycles, but which are not intended to be highly pedestrian-oriented;
- Crime Prevention Through Environmental Design (CPTED) – Use CPTED principles in designing new facilities and surrounding areas to ensure the safety of patients and members of the community (i.e. no visually obstructed or obscured areas); and,
- Establishment of separation distances from sensitive uses such as schools and community centres.

A related review of the zoning bylaw would also be carried out to identify amendments to implement the Official Plan policy framework.

1. Introduction

Opioid-related deaths across Canada have been an ongoing public health crisis for many years. In Durham Region alone, between January and September 2021, there were 87 deaths related to opioid use, more than triple the amount in 2013.¹ This is reflective of the fact that:

“In Ontario, the COVID-19 pandemic has exacerbated the ongoing opioid overdose crisis, leading to a significant rise in unintentional deaths due to opioid-related toxicity. Specifically, between February 2020 – the month before Ontario declared a State of Emergency due to COVID-19 – and December 2021, there was a 79% increase in the number of opioid-related deaths across the province. There are a multitude of reasons for this rapid acceleration in opioid-related deaths, including increasing unpredictability of the unregulated drug supply, reduced access to healthcare services, limited access to community based-programs that support people who use drugs, and increased social isolation, which led to more people using drugs alone.”²

Concerns with drug addiction, and unintentional deaths related to opioid-related toxicity, are not just limited to major urban areas, these issues occur in every community in the Province including in Durham Region and Uxbridge. With respect to the impacts of the pandemic:

“Population-adjusted rates of opioid-related deaths were generally higher in urban parts of Ontario, although they increased more quickly during the pandemic in rural Ontario. Specifically, the rate doubled in rural Ontario (5.4 to 10.9 deaths per 100,000 population), while increasing by 73.3% in urban parts of the province (6.9 to 11.9 deaths per 100,000 population).”³

To assist, a range of drug treatment and harm reduction facilities have been, and are being, developed throughout Ontario. Evidence indicates that a comprehensive approach with multiple ways to access treatment is best.⁴ The impacts of the pandemic reinforce the importance of these facilities:

“The high number of single-opioid deaths.... reinforce the need for expanded access to a broad suite of programs designed to support people who use drugs....it is imperative that investments are also focused on comprehensive health and social care for all people who use substances, and expanded harm reduction with access to safer opioid supply

¹ Durham Region Health Department, Survey Report: Consumption and Treatment Services Community Consultation, March 22, 2019, page 3 and Durham Region Opioid Information System, www.durham.ca.

² Gomes T. et. al., on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner of Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Patterns of medication and healthcare use among people who died of an opioid-related toxicity during the COVID-19 pandemic in Ontario. Toronto, ON: Ontario Drug Policy Research Network; 2022, page 3.

³ Gomes T. et. al., op. cit., page 7.

⁴ Durham Region Health Department, op. cit., page 3.

programs and supervised consumption services that include spaces for supervised inhalation and smoking in all communities across the Province.”⁵

The Township is not responsible for managing or operating drug treatment and harm reduction facilities; however, the municipality recognizes that these resources provide an essential service. These services are also limited, and their locations in the Township, as in any municipality, need to be carefully considered to ensure that they are located and managed in a way which maximizes their benefits for clients, while mitigating any negative impacts on the surrounding area.

These issues are considered with respect to the Township in the following report as a basis for developing a land use planning policy and regulatory framework for the Township for drug treatment and harm reduction facilities.

To provide a basis for the development of the policy and regulatory framework the following and related matters have been examined through a review of the policy framework and the literature:

- Defining what constitutes a drug treatment facility and a harm reduction facility;
- Understanding the current policy and regulatory environment at the federal, provincial and Regional level, as well as for the Township; and,
- Identification of locational requirements and impacts of such land uses, as well as consideration of policy and regulatory approaches of other municipalities.

⁵ Gomes T. et. a., op. cit., page 29.

2. Policy and Regulatory Environment

It is important to understand the type of facility which is under consideration as a basis for determining appropriate locations and land use planning policies and regulations.

This section initially outlines what constitutes a drug treatment facility and a harm reduction facility for the purposes of this study. These definitions then form the basis for a review of the current policy and regulatory environment.

2.1 What constitutes a drug treatment facility?

Drug treatment programs are recovery-based programs intended for people dependent on prescription or illicit opioid drugs. They usually provide a range of treatment plans including Opioid Agonist Therapy (OAT). OAT includes the use of Health Canada approved medications for the treatment of opioid use disorder including Methadone and Buprenorphine/Naloxone. However, all recovery programs, particularly OAT, require medical supervision and ongoing assessment.

The College of Physicians and Surgeons of Ontario (CPSO) has standards and guidelines in place to guide the delivery of these OAT treatments including

- frequent dispensing of these medications under the observation of a pharmacist (including supervised on-site consumption), with gradual introduction of short-term take-home doses;
- ongoing monitoring of substance use with urine drug screens and office visits; and,
- provision of counselling and medical care.

In Ontario, the most common format for long term treatment currently is Ontario Health Insurance Plan (OHIP)-funded stand-alone clinics⁶. There are currently no stand-alone clinics in Uxbridge, although there are a number in other parts of Durham Region.

Other facilities which provide drug treatment can include residential treatment programs, hospitals, shelters and long-term care facilities. There are no such facilities in Uxbridge, although there are a number of such facilities in Durham Region.

2.2 What constitutes a harm reduction facility?

Harm reduction “refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.”⁷ Harm reduction not only reduces medical risks for individuals using drugs, but also can alleviate community impacts because:

⁶ Methadone Treatment and Services Advisory Committee Final Report, June 9, 2016, pages 9-11.

⁷ Ministry of Health and Long-Term Care, Substance Use Prevention and Harm Reduction Guideline, 2018, page 17.

“Community and interpersonal consequences occur when discarded contaminated needles infect community members, when criminal activity affects public safety, or when family relationships suffer as a result of drug use.”⁸

Such facilities can include:

- Needle and syringe exchange programs that offer the supplies a person needs to be able to inject safely and maintain sterility and accepts and encourages the return of used supplies;
- Safe inhalation programs which provide the required supplies to smoke safely and maintain sterility;
- Supervised safe injection sites;
- Opioid patch return program; and,
- Naloxone distribution.

Ontario Public Health Standards (OPHS) and Protocols require that Boards of Health of all public health regions ensure access to harm reduction programs. Such harm reduction programs are operated through public health units and, as of 2019, all Public Health Units were providing safer injecting and safer inhalation supplies through more than 435+ access points in the Province.⁹ In Durham Region, the Durham Region Health Department manages such programs.

2.3 Federal and Provincial Responsibilities for Drug Treatment and Harm Reduction Facilities

Federal and Provincial responsibilities with respect to substance use, together with civil society groups, are summarized as follows:

“Substance use issues in Canada is a shared responsibility between all levels of government, in collaboration with a wide range of civil society partners and stakeholders.

Everyone has their role. For its part, the federal government provides leadership, funding and supports collaboration. It is responsible for laws and regulations controlling substances in Canada. It conducts research, increases public awareness around substance use issues, and directly funds or provides prevention, treatment and harm reduction services to specific populations like First Nations and Inuit, veterans, members of the military, and people in federal prisons. Provincial and territorial governments (including municipal governments) are primarily responsible for the delivery of prevention, treatment and harm reduction programs and health and social services to Canadians, and also involved in local law enforcement and community safety efforts.

A wide range of civil society groups also play a role, including professional medical associations, universities and research-based organizations, local public health units, harm reduction organizations, and stakeholder groups. These organizations have many

⁸ Durham Region Health Department, SNAPSHOT on Harm Reduction Programming, October 2016, page 2.

⁹ Ontario Harm Reduction Distribution Program, ohrdp.ca.

roles, which can include developing regulations and standards, conducting research, providing harm reduction and prevention services and providing educational programming and outreach.”¹⁰

In the Province of Ontario, in order to address the opioid crisis, the Ministry of Health and Long-Term Care (MLHLTC) established the Strategy to Prevent Opioid Addiction and Overdose (the Opioid Strategy) in 2016. The Ministry then undertook further public consultation to determine potential additional actions. In August 2017, the MOHLTC announced:

“...that public health units across the province were accountable under the Ministry’s Harm Reduction Program Enhancement plan to address the opioid situation through three key components:

- *Local opioid response;*
- *Naloxone distribution and training; and,*
- *Opioid overdose early warning and surveillance.”¹¹*

As part of the Opioid Strategy, funding has been provided to the Central East Local Health Integration Network (Central East LHIN) to help people impacted by opioid addiction and overdose. The investment supports the development of Rapid Access Addiction Medicine (RAAM) Clinics, as well as more support for existing community-based withdrawal services and treatment and existing opioid case management services and additional Harm Reduction Outreach Services in Durham Region.

Lakeridge Health is the Central East LHIN lead for addictions and they have established their own Opioid Strategy Action Group. This group plans and leads work to improve access and coordination of opioid-related addiction and medical services across the Central East LHIN.¹²

The Durham Region Health Department is also taking an active role in dealing with this issue. The Department has developed the Local Opioid Response Plan for Durham Region (Local Response Plan) which was completed in February 2018. Its goal is:

“To reduce the rates of opioid use, misuse, overdose and deaths in Durham Region.”¹³

The Local Response Plan

“...aligns with the pillars of Health Canada’s Canadian Drug and Substance Strategy”.¹⁴

¹⁰ Health Canada, Background Document: Public Consultation on Strengthening Canada’s Approach to Substance Use Issues, www.canada.ca, 2018, pages 4-5.

¹¹ Region of Durham Health Department, Durham Region Opioid Response Plan Status Report, June 2018, page 4.

¹² Lakeridge Health, Central East LHIN supports response to Opioid Crisis, www.lakeridgehealth.on.ca, November 24, 2017.

¹³ Region of Durham Health Department, op. cit., page 14.

¹⁴ Region of Durham Health Department, op. cit., page 14.

The Priority Areas for Action include:

- Increase Treatment Options that are Relevant and Accessible within Durham Region; and,
- Develop a Local Evidence-based Harm Reduction Strategy that Fosters Service Coordination and Increased Access to Harm Reduction Services and Supplies Priority Populations.

As part of the implementation of the Local Response Plan, Durham Region Health Department, along with other community partners, has worked with Lakeridge Health Opioid Strategy Action Group,

“....to plan and lead work related to improving access and coordination of opioid-related addiction and medical services.”¹⁵

This includes opening two Rapid Access Addiction Medicine (RAMM) clinics at Oshawa Hospital and Pinewood Centre. These clinics offer

“immediate help, short-term addiction treatment and counselling until they can be connected to longer-term supports and programs.”¹⁶

In addition, harm reduction programs are funded by the Department. In particular, Project X-Change is a harm reduction program offered through the John Howard Society of Durham Region. It has been operating since 1997, and provides the full range of harm reduction programs. All its services have expanded significantly since 1997 including distribution of clean needles and used needles collected, provision of counselling, opioid patch return program, naloxone distribution and support. Other Durham Region community agencies involved in harm reduction include the Pinewood Centre of Lakeridge Health, Carea Community Health Centre and Positive Care Clinic of Lakeridge Health. There are no such facilities in Uxbridge.

However, long term treatment is still offered primarily through Ontario Health Insurance Plan (OHIP)-funded stand-alone clinics¹⁷. Other facilities which provide drug treatment can, as noted above, include residential treatment programs, hospitals, shelters and long-term care facilities. There are no such facilities in Uxbridge, although there are a number of such facilities in Durham Region.

2.4 Provincial Land Use Planning Policy Framework

Ontario has a policy-led planning system:

¹⁵ Durham Region Health Department, op. cit., page 23.

¹⁶ Lakeridge Health, Rapid Access Addiction Medicine Clinics Now Open in Oshawa, www.lakeridgehealth.on.ca, March 1, 2018.

¹⁷ Methadone Treatment and Services Advisory Committee Final Report, June 9, 2016, pages 9-11.

“...the Provincial Policy Statement sets the policy foundation for regulating the development and use of land. It also supports the provincial goal to enhance the quality of life for all Ontarians.”¹⁸

Land use planning decisions made by municipalities must be consistent with the Provincial Policy Statement, 2020 (PPS). Relevant direction in the PPS is found in Section 1.1 Managing and Directing Land Use to Achieve Efficient and Resilient Development and Land Use Patterns which states in Subsection 1.1.1 that:

“Healthy, liveable and safe communities are sustained by:

- a) promoting efficient development and land use patterns which sustain the financial well-being of the Province and municipalities over the long term;...*
- c) avoiding development and land use patterns which may cause environmental or public health and safety concerns....*
- g) ensuring the necessary infrastructure and public service facilities are or will be available to meet current and projected needs”.*

Further, Section 1.1.3.4 provides that:

“Appropriate development standards should be promoted which facilitate intensification, redevelopment and compact form, while avoiding or mitigated risks to public health and safety.”

In addition, Section 1.6.5 states:

“Public service facilities should be co-located in community hubs, where appropriate, to promote cost effectiveness and facilitate service integration, access to transit and active transportation.”

While Section 1.7.1 provides that long-term economic prosperity should be supported by:

- “c) optimizing the long-term availability and use of land, resources, infrastructure and public services facilities*
- d) maintaining and, where possible, enhancing the vitality and viability of downtowns and main streets”.*

Public services facilities are defined as:

“Public service facilities: means land, buildings and structures for the provision of programs and services provided or subsidized by a government or public body, such as social assistance, recreation, police and fire protection, health and educational programs, long-term care services and cultural services.”

¹⁸ Provincial Policy Statement, 2020, Part I: Preamble.

Other components of the Provincial planning policy framework applicable to the Township of Uxbridge include:

- A Place to Grow: Growth Plan for the Greater Golden Horseshoe, 2020 (Growth Plan);
- Oak Ridges Moraine Conservation Plan, 2017 (ORMCP);
- The Greenbelt Plan, 2017 and,
- The Lake Simcoe Protection Plan (LSPP).

Land use planning decisions made by municipalities must be conform with these Provincial plans. The Growth Plan is applicable to the Township as a whole, the ORMCP to the southern part of the Township including the southern portion of the Uxbridge Urban Area, while the Greenbelt Plan is applicable to the northern part of the Township, including the northern portion of the Uxbridge Urban Area. The LSPP is applicable to lands in the Lake Simcoe watershed.

The plans all reflect the key direction as established in the Growth Plan (Section 2.2.1.2) that:

“development will be directed to settlement areas, except where the policies of this Plan permit otherwise”.

The Growth Plan provides significant direction with respect to development in settlement areas as set out in Section 1.2.1, Guiding Principles, the most relevant directions being:

- *“Support the achievement of complete communities that are designed to support healthy active living and meet people’s needs for daily living throughout an entire lifetime...”*
- *Improve the integration of land use planning and investment in infrastructure and public service facilities, including integrated service delivery through community hubs, but all levels of government.”*

More specifically, Section 3.2.8, Public Service Facilities¹⁹, indicates with respect to planning for such facilities that:

- “1. Planning for public service facilities, land use planning and investment in public service facilities will be co-ordinated to implement this Plan.*
- 2. Public service facilities and public services should be co-located in community hubs and integrated to promote cost-effectiveness.*
- 3. Priority should be given to maintaining and adapting existing public service facilities and spaces as community hubs to meet the needs of the community and optimize the long-term viability of public investments....*

¹⁹ Note: The term “public service facilities” has the same definition as in the PPS.

5. *Municipalities will collaborate and consult with service planning, funding and delivery sectors to facilitate the co-ordination and planning of community hubs and other public service facilities.*
6. *New public service facilities, including hospitals and schools, should be located in settlement areas and preference should be given to sites that area easily accessible by active transportation and transit, where that service is available.”*

The other applicable Plans are largely focused on directions related to the protection of environmental features and agricultural land, primarily outside of Settlement Areas. As a result, they provide only very general direction with respect to specific forms of development, and the LSPP provides no direction specific to public service or similar uses.

However, the ORMCP in Section 18, Settlement Areas subsection 3 directs that:

“With respect to land in Settlement Areas, all uses permitted by the applicable official plan are permitted, subject to the provisions of this Plan that are listed in subsections 19(3) and 31(4).”

Section 18 of the ORMCP also does include as an objective:

“(c.1) promoting the locating of two or more compatible public services in one building or place that is conveniently situated so as to be accessible to local residents by walking, cycling and, where available, public transit;”

The policies of the Greenbelt Plan are similar in particular, Section 3.4.3.1, Town/Village Policies, which states:

“Towns/Villages are subject to the policies of the Growth Plan and continue to be governed by official plans and related programs or initiatives and are not subject to the policies of this Plan, save for the policies of sections 3.1.5, 3.2.3, 3.2.6, 3.3. and 3.4.2.”

Section 3.4.2, General Settlement Area Policies provides in subsections 2 and 3 that:

- “2. *Municipalities shall incorporate policies in their official plans to facilitate the development of community hubs that:*
 - a) *Enable the co-location of public services to promote cost-effectiveness and service integration;*
 - b) *Facilitate access through locations served by a range of transportation options, including active transportation and, where available, transit;*
 - c) *Give priority to existing public service facilities within settlement areas as the preferred location, where appropriate; and*
 - d) *Enable the adaptive reuse of existing facilities and spaces in settlement areas, where appropriate.*

3. *Municipalities shall collaborate and consult with service planning, funding and delivery sectors to facilitate co-ordination and planning of community hubs and other public service facilities.”*

2.5 Region of Durham Land Use Planning Policy Framework

The Region of Durham current Official Plan (DROP) has been developed in conformity with Provincial policy and as such its goals as set out in Section 1.2.1 include:

- “a) *to manage growth so it occurs in an orderly fashion....*
- e) *to create healthy and complete, sustainable communities within livable urban environments for the enjoyment of present and future residents;*
- f) *to provide opportunities for a variety of cultural, health and community services”.*

Specific direction with respect to health and community facilities is found in Section 5 of the Plan. These policies establish that:

- Section 5.2.1
“Health facilities for such purposes as hospitals shall only be permitted in Urban Areas.

Cultural and health facilities shall be directed to locations that are visible and accessible to residents of the Region, preferably in close proximity to existing and future transit routes.”

- Section 5.2.2 – initially provides direction with respect to municipally owned and operated community facilities and then with respect to:

“All other community facilities shall only be permitted in Urban Areas; and on the Oak Ridges Moraine in Settlement Areas, subject to the provisions of the Oak Ridges Moraine Conservation Plan.

Community facilities shall be directed to locations that are visible and accessible to residents of the Region, preferably within walking distance or in close proximity to existing and future transit routes.”

- Section 5.3.3
“Regional Council shall continue to promote the establishment of health care facilities offering specialized services, in addition to the establishment of new or expanded health care facilities across the Region to meet the needs of existing and future residents.”

Section 8 provides policies for Urban Areas, including the Uxbridge Urban Area. The goals as set out in Section 8.1 including:

“8.1.1 To establish an Urban System of distinct Urban Areas that are adaptable and able to evolve into healthy and complete sustainable communities that balance growth in population, with growth in employment.

8.1.4 To develop people-oriented Urban Areas that create a sense of community, promote social interaction and are aesthetically pleasing.”

In terms of general development patterns, the policies of Section 8.2.1 provide that:

“Urban Areas shall be planned and developed with regard to the principles of adaptability over time, sustainable development, harmony with nature and diversity and integration of structures and functions. In addition, the planning and development of Urban Areas shall be based on the following principles...

- b) a mixture of uses in appropriate locations, with particular consideration given to Centres and Corridors;*
- c) good urban design principles....”*

With respect to areas designated “Living Areas”, Section 8B.2.3 provides criteria for the evaluation of development applications including:

- “a) the intent of this Plan to achieve a compact urban form, including intensive residential, office, retail and service and mixed uses along arterial roads and in conjunction with present and potential transit facilities;*
- b) the use of good urban design principles....”*

2.6 Township of Uxbridge Land Use Planning Policy Framework

The Township Official Plan, for the areas outside the Uxbridge Urban Area, primarily relies on the policy framework established in the Greenbelt Plan, Oak Ridges Conservation Plan, Lake Simcoe Protection Plan and the Region of Durham Official Plan.

The Uxbridge Urban Area Secondary Plan, in Chapter 2 of the Official Plan, establishes policies for this key settlement area and immediate surrounding lands. The policies provide direction with respect to community structure, natural heritage, servicing, community design, land use, and transportation.

Unlike the DROP, no specific direction is provided with respect to health and community facilities. However, certain general policy directions would be applicable:

- **Section 2.4 Community Design Strategy**
This section provides general design policies, as well as specific direction related to the Main Central Area and Gateway Areas. In particular, Section 2.4.2.7, Safe Community Design provides policies designed to promote safety and security in public

places including requiring appropriate lighting, clear and unobstructed views and design which promotes a sense of community ownership by maximizing use, control and surveillance opportunities. In addition, Section 2.4.3, Main Central Area, recognizes the unique heritage character of the “Main Street” commercial area. Section 2.4.4, Gateways, also provides specific direction such that these areas establish

“.....an image of the Urban Area which should reflect its natural heritage and differentiate it from the surrounding rural environment.”

- Section 2.5 Land Use Strategy

This section provides specific policies for each land use designation which implement the Community Structure established in Section 2.5.2. Commercial and related development is to be consolidated in three nodes: the pedestrian oriented traditional Downtown and a mixed use area on Main Street North; highway oriented commercial uses and large scale mixed use development focused on Toronto Street at the south-west of the Urban Area; and a small mixed use area at the eastern gateway on Brock Street. The Downtown is also the historic centre of the Urban Area including major public buildings and residential development. It is to provide (Section 2.5.2.2 v)):

“a fully integrated array of land uses which complements the main street and pedestrian character of existing development.”

With respect to specific permitted uses, there is no reference to a drug treatment facility and a harm reduction facility in the Secondary Plan. However, the following should be noted:

- Section 2.5.8 Institutional Area - This designation applies to major public uses such as the hospital and public schools. It permits institutional uses and service, retail commercial, residential, office and/or other uses which are related to the institutional use. New uses and modifications to existing uses must be sited and designed to meet a number of criteria including to ensure:

“....there will be no significant adverse impacts with respect to loss of privacy and shadowing, and that appropriate buffering can be provided”.

- Section 2.5.15 Main Central Area - The Main Central Area is intended as (Section 2.5.15.2):

“....the most diverse focus of activity and use in the Urban Area. The Township encourages rehabilitation, redevelopment and new development that strengthens the Main Central Area as a location for a range of retail, office, service and other commercial uses, along with governmental, institutional, residential and community uses.....The Township encourages new development the main street

and pedestrian character of existing development in the Main Central Area through scale, appearance and character of new buildings and development.”

- Section 2.5.16 Corridor Commercial Area – This designation (Section 2.5.16.1):

“....provides a location for large scale and highway oriented commercial which are not appropriate in the Main Central Area because of scale and/or character of the use. In addition, mixed use development may also be permitted in the Corridor Commercial Area.”

Further, it permits (Section 2.5.16.2) a range of commercial, retail and personal uses as well as non-commercial uses including medium and higher density residential uses, office uses and institutional and non-profit uses. It should be noted though that small retail units are discouraged as such development is directed to the Main Central Area. Development is also subject to a range of design criteria (Sections 2.5.16.3.3 and 2.5.16.3.4) including with respect to non-commercial development:

“ii) can be designed in a manner which is compatible with adjacent existing commercial and employment uses, as well as any on-site commercial development”.

Section 2.5.16.3.5, Conditions of Approval, also requires a Zoning By-law Amendment for a development which includes the submission of specific studies including noise and light studies that address compatibility issues.

- Section 2.5.17 Mixed Use Area – This designation applies to Main Street North. It permits (Section 2.5.17.1) existing commercial uses, other small scale commercial uses which cannot be located in the Main Central Area; office; residential including medium density and higher density residential uses; institutional; and park and recreation uses.

New development is subject to a number of conditions, including:

“a) the development enhances the “gateway” function of the Mixed Use Area through factors such as site design and landscaping, including features such as heritage signage....

b) the proposed uses, buildings and structures are of a size and scale which can be appropriately integrated with the character of the Mixed Use Area, particularly any abutting low density residential uses”.

- Section 2.5.18 Employment Area – There are limited employment areas in the Uxbridge Urban Area, however permitted uses including office; conference, education and training; and institutional uses.
- Section 2.5.25 Brock St. Mixed Use Area - The permitted uses include both mixed use and single use building including retail and commercial uses and personal service uses as well as medium and higher density residential uses. Certain uses are also prohibited including drive-through or drive-in uses, service stations and banks and trust companies. Development is also subject to conditions (Section 2.5.25.4.1) including:

“measures to mitigate potential impacts on adjacent residential development, both existing and proposed, based on the recommendations of a noise impact study and a light impact study”.

2.6 Township of Uxbridge Zoning By-law Number 81-19

The Township’s Zoning By-law does not specifically define or provide regulations for a drug treatment facility or a harm reduction facility or other similar use. However, such uses, where offered by a medical professional, could be considered to be permitted under the definition of Business, Professional or Administrative Office which is provided in Section 1.21:

“Shall mean a building or part of a building in which one or more persons are employed in the management, direction or conducting of a business or where professionally qualified persons and their staff serve clients or patients who seek advice, consultation or treatment and for the purposes of this By-law may include the administrative offices of a non-profit or charitable organization.”(emphasis added)

The definition of “Medical or Dental Clinic” in Section 1.95 would also permit such uses:

“Shall mean a building or part of a building where members of the medical profession, dentists, chiropractors, osteopaths, physicians or occupational therapists, either singularly or in union, provide diagnosis and treatment to the general public without overnight accommodation and shall include operating room, a pharmaceutical dispensary and a coffee shop, provided that all such uses have access only from the interior of the building, and shall not include any other activity or use otherwise defined or classified on this By-law.”

In addition, the definition of “Hospital” in Section 1.73 would permit such uses:

“Shall mean an institution, building or other premises established for the treatment of persons afflicted with or suffering from sickness, disease or injury, for the treatment of convalescent or chronically ill persons that is approved under The Public Hospitals Act, R.S.O, 1980, c. 410, as amended, as a public hospital.”

The definition of “Nursing Home” in Section 1.113, could also be considered to permit a residential drug treatment facility:

“Shall mean any premises maintained or operated for persons requiring nursing care, which is licensed under The Nursing Homes Act, R.S.O., 1980, c.320, as amended.”

A drug store, however, would not appear to permit such uses given the current definition, unless associated with a medical professional office in a medical clinic (i.e. located in the office of a medical professional as an ancillary or accessory use). The definition of “Drug Store” in Section 1.41.1 of the By-law is as follows:

“Shall mean a retail store that shall contain a pharmaceutical dispensary and in which non-prescription drugs, cosmetics and personal care products may be sold to the public and such other products ancillary thereto and such a use shall be considered a Retail Commercial Establishment.”

A “Retail Commercial Establishment” is defined in Section 1.144 of the By-law as:

“Shall mean a building or part of a building, in which goods, wares, merchandise, substances, articles or services are offered or kept for sale at retail or on a rental basis.”

Finally, a “Personal Service Shop” as defined in Section 1.149, would also not permit such a use given that it does relate to medical advice, consultation or treatment:

“Shall mean a building or part of a building in which persons are employed in furnishing services and otherwise administering to the individual and personal needs of persons, such as a barber’s shop, ladies hairdressing establishment and a shoe repair shop or other similar services.”

Reviewing the zone regulations in the Zoning By-law with respect to permitted uses, based on the discussion of the definitions above, the following zones would permit a Professional Office and/or Medical Clinic, recognizing that any permitted use would also be subject to the zone regulations for the specific zone:

- Community Facility (CF) Zone – medical clinic;
- Hamlet Commercial (C1) Zone – professional office;
- Local Commercial (C2) Zone – medical clinic;
- General Commercial (C3) Zone – office, clinic;
- Corridor Commercial/Mixed Use (C4) Zone – office, clinic;
- Main Street North Mixed Use (C5) Zone – office, clinic; and,
- Brock Street East Mixed Use (C6) Zone – office, clinic.

In addition, the Community Facility (CF) Zone would permit a hospital and a nursing home. A public health oriented facility, which is not a defined use, is also permitted in the CF Zone.

It should also be recognized that there is a permission in all zones for public uses subject to the regulations of Section 5.18, and in the C3, C4, C5 and C6 Zones for institutional

and non-profit uses. Where a harm reduction or a drug treatment facility is operated by a Public Authority (i.e. Township, Region, Provincial or Federal Governments) or a non-profit use, these regulations could be deemed to permit such uses in any zone.

2.7 Conclusions

Prescription or illicit drug use issues, in terms of prevention, treatment and harm reduction, is a shared responsibility primarily between the Federal, Provincial and Regional levels of government as follows:

- The Federal government is responsible for laws and regulations controlling prescription or illicit drug use;
- The Provincial government is responsible for delivery of prevention, treatment and harm reduction programs and related health and social services, as well as law enforcement and community safety.
- The Province has developed the Opioid Strategy and provided related funding to the Central East LHIN to implement the Strategy. Lakeridge Health is the Central East LHIN lead for addictions and have their own Opioid Strategy Action Group; and,
- Durham Region Health Department, working with Lakeridge Health and other community partners such as the John Howard Society of Durham Region, is also taking an active role in dealing with these issues through their own Local Response Program.

The location of facilities for prevention, treatment and harm reduction related to prescription and illicit drug use issues, is considered by local municipalities, such as the Township, in the context of Ontario's policy-led land use planning system.

Provincial policy as established in the PPS, the Growth Plan, the Greenbelt Plan and the ORMCP, as well as the DROP, does not provide specific direction with respect to these facilities. However, general direction is provided to avoid development and land use patterns which may cause public health and safety concerns, while ensuring public service facilities, such as hospitals, are or will be available to meet current and projected needs. In addition, development is directed to settlement areas with integrated service delivery through community hubs or the co-location of public services in accessible locations.

The Township Official Plan has been developed in conformity with Provincial and Regional land use planning policy. It does not provide direction with respect to health and community facilities. However, the policy framework does direct that development be focused in the Uxbridge Urban Area and within that area in the Main Central Area and the Corridor Commercial Area and other mixed use areas. In addition, design of development is a key consideration ensuring protection of community character and compatibility with adjacent uses.

With respect to land use regulation, the Township Zoning By-law Number 81-19 does not provide specific regulations for drug treatment and harm reduction facilities. However,

such uses, where offered by a medical professional, would be considered to be permitted as part of a Professional Office, Medical Clinic or Hospital Use. In addition, a Nursing Home could also be considered to permit a residential drug treatment facility. Zones where Professional Office, Medical Clinic uses are permitted included CF, C1, C2, C3, C4, C5 and C6 Zones. A CF Zone would also permit a hospital and nursing home, as well as a public health oriented facility, which although not a defined use could be considered to provide for drug treatment and harm reduction facilities.

It should also be recognized that there is a permission in all zones for public uses subject to the regulations of Section 5.18, and in the C3, C4, C5 and C6 Zones for institutional and non-profit uses. Where a harm reduction or a drug treatment facility is operated by a Public Authority or a non-profit use, these regulations could be deemed to permit such uses in any zone.

3. Facility Locational Requirements and Impact Assessment

As a basis for developing a land use planning policy and regulatory framework for drug treatment and harm reduction facilities, it is important to understand the locational requirements and potential impacts of such uses. This section reviews the results of a review of available background with respect to these and related matters relevant to the Township of Uxbridge. This review reflects information from planning studies undertaken by a range of municipalities including the City of Oshawa, City of London, and City of Markham, as well as other sources related to smaller municipalities.

3.1 Locational Requirements

3.1.1 Drug Treatment Facilities

In Ontario, the most common format for long term treatment currently is Ontario Health Insurance Plan (OHIP)-funded stand-alone clinics²⁰. Private facilities operated by medical professionals funded by public health system.

A study of this approach by the Methadone Treatment Services Advisory Committee has identified issues which have implications in terms of impacts with the location of such uses in the community. In particular,

“the OHIP fee schedule incentivizes clinics to require patients to provide frequent urine samples and attend frequent office visits, as often as every one to two weeks.”

There are also pharmacies that dispense methadone and similar treatments as more than an ancillary activity. There are currently no stand-alone clinics or such pharmacies in Uxbridge, although there are a number in other parts of Durham Region, primarily in the larger municipalities in the south. This reflects the areas where the need is the greatest.²¹

Other facilities which provide drug treatment include residential treatment programs (i.e. Renascent Treatment Centre, Pinewood Centre). In addition, drug treatment facilities are provided through hospitals, shelters and long term care facilities. There are no such facilities in Uxbridge with such facilities located in the larger municipalities to the south. However, such institutional settlements can be more readily located and designed in way that mitigates potential impacts on the surrounding area, whereas stand-alone clinics are generally not located in purpose-built buildings or on sites which are designed to mitigate impacts.

²⁰ Methadone Treatment and Services Advisory Committee Final Report, June 9, 2016, pages 9-11.

²¹ Durham Region Health Department, Durham Region Opioid Information System, www.durham.ca -Note: Number of suspected opioid overdose calls January 1- March 30 2021 for Uxbridge was between one and four with results being suppressed for confidentiality.

3.1.2 Harm Reduction Facilities

In Durham Region²² community agencies are involved in harm reduction programming. In particular, the Project X-Change harm reduction program is presently funded by Durham Region Health Department through the John Howard Society of Durham Region. The program which has been in operation since 1997:

“offers sterile needles, alcohol swabs, sterile water and other equipment for safer drug use and safe disposal of products. The purpose of Project X-Change is to protect the general public and substance users from unsafe disposal of drug paraphernalia, to protect substance users by decreasing sharing of unsterile products, and to reduce infections and hospitalizations due to shared products.”²³

The sites where these services are provided are co-located with other public or non-profit facilities, or in some cases in pharmacies. There are currently no facilities in Uxbridge, although there are a number in other parts of Durham Region, generally to the south where the need is the greatest.

3.2 Land Use Related Impacts

3.2.1 Drug Treatment Facilities

Land use related impacts, based on research with respect to other communities appear to only be related to stand-alone OHIP funded clinics or pharmacies. There is no indication of any impacts with residential treatment facilities, hospitals or other similar facilities.

Impacts on the surrounding area identified with stand-alone clinics and pharmacies can include:

- Patient volumes that, because of limited waiting space, create line ups outside the facility and pedestrian congestion on the street;
- Garbage, littering and similar activities, including the improper/unsafe disposal of needles and other drug related material.
- Traffic and parking impacts as a result of inadequate parking; and,
- Criminal activity, in particular drug-dealing, including the sale of methadone, and other related material outside the facilities which may related to patient volumes.

Concerns with these impacts increase where locations of facilities are close to sensitive populations such as schools, parks, community facilities and residential areas.

In addition, where these impacts are evident it draws attention to the use and those attending at the facility. This impacts on the privacy of patients potentially making them feel stigmatized which may discourage attendance.

²² City of Oshawa, Zoning Review for Supervised Injection Sites, Report DS-18-67, March 26, 2018.

²³ Durham Region Health Department, op. cit., page 8.

3.2.2 Harm Reduction Facilities

As noted above, in Durham these facilities are generally co-located with other public or non-profit facilities, or in some cases in pharmacies. This model termed a

*“fixed-integrated service model is preferred. A fixed-integrated service model is a facility that is part of a broader health and/or social service centre where other services such as general medical services, counselling services, social services etc. are located.”*²⁴

Generally, similar to drug treatment facilities, there may be some impacts from these facilities but there are fewer indications of concerns identified through the background research. In Durham, there is no indication of issues perhaps because of the co-location approach. Some general issues identified are:

- Loitering; and,
- Drug-dealing and other criminal activity.

To balance there has been, at least in Durham, a substantial increase in needles distributed and needles received, as well other beneficial impacts like increases in counselling sessions.²⁵

3.3 Other Considerations

Under the Planning Act, zoning by-laws must regulate land use and not people to avoid discriminatory zoning. In addition, zoning for people may violate the Human Rights Code:

“The Ontario Human Rights Commission (the “OHRC”) has researched potential discrimination within municipal zoning by-laws as they relate to addiction/recovery centres, with special attention to methadone maintenance clinics. OHRC indicates that zoning by-law amendments that aim to regulate addiction/recovery centres arguably intend to prohibit certain people from an area/ neighbourhood. For these reasons, they argue that the amendments have no apparent land use planning ground and are not in good faith.”²⁶

3.4 Planning to Minimize Impacts

Careful planning is required to minimize impacts on the community and to reduce the potential for impacts on the privacy of patients potentially making them feel stigmatized which may discourage attendance. In addition, it is essential that any regulations are designed to create an appropriate balance to ensure that both the community and patients are protected.

²⁴ City of Oshawa, op. cit., page 3.

²⁵ Durham Region Health Department, op. cit., page 1.

²⁶ City of Marham, Markham Zoning By-law Consultant Team, Task 16B:Review & Assessment of Addiction/Recovery Centres, April, 18, 2015, page 4.

Location and form criteria for consideration for planning facilities include:

- Privacy for patients is a key objective - ensure the lobby or waiting area are large enough to accommodate peak volumes, and are designed to ensure that patients can wait inside in privacy and with dignity, provide discrete entrances from parking areas or pedestrian walkways and ensure there is adequate on-site parking;
- Minimize opportunities for impacts on the community or situations which draw attention to the use and its patients - To minimize the potential for loitering and drug trafficking and other similar activities locate facilities in commercial areas which are accessible by pedestrians and bicycles, but which are not intended to be highly pedestrian-oriented;
- Crime Prevention Through Environmental Design (CPTED) – Use CPTED principles in designing new facilities and surrounding areas to ensure the safety of patients and members of the community (i.e. no visually obstructed or obscured areas); and,
- Establishment of separation distances from sensitive uses such as schools and community centres.

4. Future Directions: Land Use Planning Tools

Opioid-related deaths across Canada have been an ongoing public health crisis for many years and this crisis has become significantly more serious through the pandemic. Concerns with drug addiction, and unintentional deaths related to opioid-related toxicity, are not just limited to major urban areas, these issues occur in every community in the Province. This includes Durham Region and Uxbridge, although the focus of concern in the Region is in the larger municipalities.

To assist, a range of drug treatment and harm reduction facilities have been, and are being, developed throughout Ontario. Evidence indicates that a comprehensive approach with multiple ways to access treatment is best.

The Township is not responsible for managing or operating drug treatment and harm reduction facilities; however, it recognizes that these resources provide an essential service. These services are also limited, and their locations if required in the Township, as in any municipality, need to be carefully considered to ensure that they are located and managed in a way which maximizes their benefits for patients, while mitigating any negative land use impacts on the surrounding area.

Currently, neither the Provincial, Regional or Township land use planning framework provides specific direction with respect to planning for drug treatment and harm reduction facilities. It is recommended that an amendment be prepared to the Township Official Plan, in conformity with applicable Provincial and Regional policies. The amendment would provide the policy framework for consideration of the locations which best meet the needs of those requiring treatment or other assistance, while minimizing potential land use conflicts that may be generated by such uses. These directions would consider the location and form criteria identified through the background research:

- Privacy for patients is a key objective - ensure the lobby or waiting area are large enough to accommodate peak volumes, and are designed to ensure that patients can wait inside in privacy and with dignity, provide discrete entrances from parking areas or pedestrian walkways and ensure there is adequate on-site parking;
- Minimize opportunities for impacts on the community or situations which draw attention to the use and its patients - To minimize the potential for loitering and drug trafficking and other similar activities locate facilities in commercial areas which are accessible by pedestrians and bicycles, but which are not intended to be highly pedestrian-oriented;
- Crime Prevention Through Environmental Design (CPTED) – Use CPTED principles in designing new facilities and surrounding areas to ensure the safety of patients and members of the community (i.e. no visually obstructed or obscured areas); and,

- Establishment of separation distances from sensitive uses such as schools and community centres.

A related review of the zoning bylaw would also be carried out to identify amendments to implement the Official Plan policy framework.

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