

What the Evidence Says about Defunding Ontario's Remaining Supervised Consumption Sites

On March 13, 2026, the Ontario Government informed organizations operating **all 8 remaining Consumption and Treatment Services (CTS)** that it would be ending their funding effective June 13, 2026. No new funding to support clients or other community health services was announced alongside this decision.

This decision follows the forced closure of 9 CTS sites by March 31, 2025 under Ontario's *Community Care and Recovery Act (CCRA)*. The 9 sites were located in Toronto (4 sites), Ottawa, Thunder Bay, Guelph, Kitchener-Waterloo, and Hamilton. Additionally, a provision in the CCRA restricting the ability of municipalities to support supervised consumption sites led to the closure of 2 sites (Ottawa and Peel Region) and 4 Urgent Public Health Needs Sites (UPHNS) located in shelters in Toronto. The Ontario government also defunded a site in the west end of Toronto in November 2025, forcing its closure.

Taken together, the closure of 16 sites in 2025 and the defunding of 8 remaining supervised consumption services (SCS) less than one year later represents a systematic dismantling of the provincial network of publicly funded, evidence-based SCS, which have played a critical role in addressing the ongoing drug toxicity crisis in communities across Ontario since 2017.

SITES CURRENTLY IMPACTED

Eight Consumption and Treatment Services currently receiving provincial funding will be required to close:

- Moss Park CTS & Fred Victor CTS (Toronto)
- Ottawa Inner City Health & Sandy Hill Community Health Centre CTS (Ottawa)
- Peterborough CTS (Peterborough)
- Kingston CTS (Kingston)
- Positive Living Niagara CTS (St. Catharines)
- Carepoint CTS (London)

WHAT WE KNOW ABOUT THE IMPACTS OF CLOSURES

Emerging Research on the Impacts of the March 2025 Closures

Research currently underway in Ontario on the impacts of the 2025 CTS closures is finding that participants consistently described these sites not merely as supervised drug consumption sites, but as places where they received integrated health and social services.

Ontario's SCS were places where clients could access wound care, referrals to treatment, harm reduction supplies, drug checking, case management, and connections to food security and housing supports.

Increasing Calls to EMS for Opioid Toxicities Following SCS Closures in April 2025

Following declines in opioid toxicities treated by EMS in Ontario from July 2024 to March 2025 (prior to the first round of SCS closures), **the number of opioid toxicities treated by EMS rose 69.5% in the 6 months starting in April 2025.**¹

69.5%

increase in EMS-treated opioid toxicities across the province in the 6 months starting April 2025 following the closure of supervised consumption sites in Ontario

- Across Ontario, EMS calls for opioid toxicity rose from 604 (Q1 2025) to 739 (Q2 2025) to 1,024 (Q3 2025).¹
- There has been an **82% increase in EMS calls for opioid-related toxicities in the City of Toronto** since SCS closures, rising from 192 calls in March 2025 to 350 in January 2026, reversing a prior downward trend.²
- In Hamilton, where the city's only CTS closed in April 2025, opioid-related EMS responses rose from 66 in April 2025 to 199 in February 2026 — **the highest recorded monthly count since reporting began.**^{3,4}

Increasing Emergency Department Visits for Opioid Toxicities Following SCS Closures

- In the 9 months **prior** to the SCS closures (August 2024 to March 2025), there was a 47% decrease in emergency department visits for opioid-related toxicities across Ontario. Since April 2025, **this trend has reversed, with a 67% increase in emergency department visits**, from 608 visits (March 2025) to 1,015 visits (September 2025).⁵

Increases in Opioid-Related Deaths Following SCS Closures

According to data from the Office of the Chief Coroner, there was a 38.7% decline in confirmed or probable opioid toxicity deaths from April 2024 to March 2025, the year prior to SCS closures.^{6,7}

- According to the most recent data available, there was a 19.4% increase in confirmed and probable opioid toxicity deaths from April 2025 (108 deaths) to October 2025 (129 deaths).⁷
- The number of overdose deaths occurring outdoors and in private residences both increased in this period.⁷

Impacts Reported by Front-Line Workers and People Who Use Drugs Following SCS Closures

Following the March 2025 closures, front-line workers and people who use drugs reported rapid deterioration in conditions in multiple cities, including:

- Sharp increases in emergency medical service calls and fatal overdoses following closure;
- Displacement of drug use into hidden areas like public washrooms and alleys, where people are using drugs alone and overdose risk is substantially higher;
- Reduced access to sterile equipment for drug use and increased risk of blood-borne infections;
- Severing of client-provider relationships built over years - relationships foundational to connecting clients to treatment and care;
- Loss of access to integrated health and social services, including wound care and harm reduction supplies.⁸

HART HUBS AND SCS: DISTINCT MODELS WITH DIFFERENT GOALS

The Ontario Government has positioned HART Hubs as the replacement for CTS sites, representing a \$550 million investment across 28 hubs. However, evidence to date raises serious concerns about their capacity to fill the gap left by SCS closures.

- As of October 2025 — six months after the government announced that HART Hubs would be open and operational — nearly half of the province’s planned HART Hubs had not yet opened, and some that had opened were only partially operational.⁹
- In ongoing CIHR-funded research on the impacts of SCS closures, former clients have reported no improvements in access to detoxification or treatment services, and no increases in housing availability. The vast majority had never heard of HART Hubs.⁸

Harm reduction and treatment services are not in opposition to each other. HART Hubs are designed to serve a different purpose than supervised consumption sites. The abstinence-focused HART Hub model is not designed to address the immediate, acute risks faced by people at high risk of overdose in the context of a highly toxic drug supply.

WHAT THE EVIDENCE SAYS ABOUT SUPERVISED CONSUMPTION SITES

Ontario’s network of Supervised Consumption Sites has become a critical component of an integrated continuum of care for people who use drugs.

- Between March 2020 and May 2024, Ontario’s CTS sites recorded over 1.12 million visits from 178,000 unique clients, facilitating more than 530,000 service referrals — including to housing, case management, and substance use treatment.¹⁰
- These sites also successfully reversed over 22,000 overdoses.¹⁰

Multiple systematic reviews confirm these benefits across jurisdictions.¹¹⁻¹³ Evidence from Canada, Australia, and Europe has shown that SCS are associated with:

- Reduced overdose mortality;
- Decreased HIV and hepatitis C transmission;
- Increased uptake of addiction treatment;
- Reductions in public injecting.

Reducing Overdose Mortality & Improving Access to Health and Social Services

Decades of Canadian and international research has consistently demonstrated that supervised consumption sites (SCS) save lives by preventing overdose deaths.¹⁴⁻¹⁶

- A study published in *The Lancet Public Health* found a **67% reduction in overdose deaths** in Toronto neighbourhoods within 500 metres of SCS following their implementation in 2017, with protective effects extending up to five kilometres from sites.¹⁷
- Research consistently describes these sites as integrated health and social service connection points, where clients access wound care, drug checking, harm reduction supplies, food security supports, and connections to housing and treatment.¹⁸⁻²⁰
- Clients who frequently use SCS have been shown to be significantly more likely to access addiction treatment and other substance use health services compared to those who do not.²¹⁻²⁵
- SCS are a place where trusting relationships between clients and health care workers are built, facilitating access to broader health and social services.^{18,19,26}

Preventing Disease Transmission

- Studies consistently show that SCS reduce transmission of HIV and hepatitis C by ensuring access to sterile equipment and safer use education.^{27,28}
- A 2022 study found that each year Insite in Vancouver operated, approximately 83.5 HIV infections were averted, generating \$17.6 million in lifetime medical cost savings, far exceeding the site's annual operating costs.²⁹
- In Ontario specifically, integrated CTS sites have been shown to facilitate hepatitis C testing and treatment among people who inject drugs who would otherwise be difficult to reach through conventional care pathways.³⁰

Reducing Public Injecting and Crime

- Research has shown that SCS are associated with meaningful reductions in public injecting and discarded equipment in the surrounding area.³¹⁻³³
- Research conducted in Ontario following the opening of supervised consumption sites found neutral or positive impacts on crime rates,^{10,34} and no association with homicide rates.³⁵

BOTTOM LINE: A COMPREHENSIVE SYSTEM OF CARE REQUIRES SUPERVISED CONSUMPTION SITES

Supervised consumption sites are not a standalone solution to the overdose crisis or the challenges associated with substance use — but they are a critical and irreplaceable component of a comprehensive, evidence-based system of care. The evidence is unambiguous: SCS reduce fatal overdoses, prevent disease transmission, connect clients to treatment, and serve as anchors for integrated service delivery in communities experiencing high rates of drug-related harm.

SCS are a crucial part of a comprehensive system of care that includes evidence-based treatment and harm reduction interventions.

Closing them will leave community members who rely on these life-saving services without adequate alternatives in place.

Due to the comprehensive evidence on supervised consumption sites, the Ontario Government should reverse its decision to defund the CTS sites, and invest in a truly comprehensive response to the overdose crisis - one that includes, rather than attempts to dismantle, evidence-based harm reduction services.

REFERENCES

1. Ontario Drug Policy Research Network. Ontario Opioid Tool – EMS Calls. Available from: <https://odprn.ca/ontario-opioid-indicator-tool/ems-response/>
2. Toronto Public Health. Toronto Overdose Information System: Monthly Paramedic Data. 2026. Available from: https://public.tableau.com/app/profile/tphseu/viz/TOISDashboard_Final/ParamedicResponse
3. CHCH News. Hamilton’s opioid overdose calls exceed the monthly record for July: city reports. 2025.
4. City of Hamilton. Hamilton Opioid Information System: Opioid Related Paramedic Responses in Hamilton. 2026.
5. Public Health Ontario. Substance Use and Harms Tool: Cases and rates of ED visits due to opioid-related poisonings in Ontario. 2026.
6. Public Health Agency of Canada. Decline in opioid-related deaths in Canada. 2025.
7. Office of the Chief Coroner. Quarterly Update: Opioid Toxicity Deaths in Ontario. 2026.
8. Kolla G, Musa S, Lewis JL, Guta A, Strike C, Rudzinski K, et al. Closure of Supervised Consumption Sites in Ontario, Canada. International Society for the Study of Drug Policy Conference. Perth, Australia; 2026.
9. Migneault J. Nearly half of Ontario’s homelessness and addiction hubs not yet open. CBC News. 2025 Oct 28.
10. Centre on Drug Policy Evaluation. Supervised Consumption Services in Toronto: Evidence and Recommendations. Toronto, ON; 2024 Nov.
11. Potier C, et al. Supervised injection services: What has been demonstrated? Drug and Alcohol Dependence. 2014;145:48–68.
12. Kennedy MC, Karamouzian M, Kerr T. Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities. Current HIV/AIDS Reports. 2017;14(5):161–83.
13. Levenson TW, et al. Supervised Injection Facilities as Harm Reduction: A Systematic Review. American Journal of Preventive Medicine. 2021;61(5):738–49.
14. Marshall BD, et al. Reduction in overdose mortality after the opening of North America’s first medically supervised safer injecting facility. The Lancet. 2011;377(9775):1429–37.

15. Milloy MJS, et al. Estimated Drug Overdose Deaths Averted by North America's First Medically-Supervised Safer Injection Facility. *PLOS ONE*. 2008;3(10):e3351.
16. Kerr T, et al. Drug-related overdoses within a medically supervised safer injection facility. *International Journal of Drug Policy*. 2006;17(5):436–41.
17. Rammohan I, et al. Overdose mortality incidence and supervised consumption services in Toronto, Canada. *The Lancet Public Health*. 2024;9(2):e79–87.
18. Foreman-Mackey A, Bayoumi AM, Miskovic M, Kolla G, Strike C. Experiences of using an unsanctioned overdose prevention site in Toronto, Ontario. *International Journal of Drug Policy*. 2019;73:135–40.
19. Nassau T, Kolla G, et al. Service utilization patterns among clients of integrated supervised consumption sites in Toronto, Canada. *Harm Reduction Journal*. 2022;19(1):33.
20. Scheim AI, et al. Supervised consumption service use and recent non-fatal overdose among people who inject drugs in Toronto, Canada. *International Journal of Drug Policy*. 2021;87:102993.
21. DeBeck K, et al. Injection drug use cessation and use of North America's first medically supervised safer injecting facility. *Drug and Alcohol Dependence*. 2011;113(2):172–6.
22. Kimber J, et al. Process and predictors of drug treatment referral at the Sydney Medically Supervised Injecting Centre. *Drug & Alcohol Review*. 2008;27(6):602–12.
23. Tyndall MW, et al. Attendance, drug use patterns, and referrals made from North America's first supervised injection facility. *Drug and Alcohol Dependence*. 2006;83(3):193–8.
24. Wood E, et al. Attendance at Supervised Injecting Facilities and Use of Detoxification Services. *New England Journal of Medicine*. 2006;354(23):2512–4.
25. Wood E, et al. Rate of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction*. 2007;102(6):916–9.
26. Kolla G, et al. The impact of the COVID-19 pandemic on access to harm reduction and treatment services. *SSM – Qualitative Research in Health*. 2025;8:100569.
27. Kerr T, et al. Safer injection facility use and syringe sharing in injection drug users. *The Lancet*. 2005;366(9482):316–8.
28. Stoltz JA, et al. Changes in injecting practices associated with the use of a medically supervised safer injection facility. *Journal of Public Health*. 2007;29(1):35–9.
29. Pinkerton SD. Is Vancouver Canada's supervised injection facility cost-saving? *Addiction*. 2010;105(8):1429–36.
30. Lettner B, et al. Rapid hepatitis C virus point-of-care RNA testing and treatment at an integrated supervised consumption service in Toronto. *The Lancet Regional Health – Americas*. 2023;22.
31. Salmon AM, et al. Community perceptions of drug-related public amenity following establishment of the Sydney Medically Supervised Injecting Centre. *International Journal of Drug Policy*. 2007;18(1):46–53.
32. Wood E, et al. Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Substance Abuse Treatment and Prevention and Policy*. 2006;1(1):13.
33. Wood E, et al. Changes in public order after the opening of a medically supervised safer injecting facility. *Canadian Medical Association Journal*. 2004;171(7):731–4.
34. Panagiotoglou D, et al. Toronto's Supervised Consumption Sites and Local Crime. *JAMA Network Open*. 2025;8(11):e2545352.
35. Werb D, et al. Investigating the spatial association between supervised consumption services and homicide rates in Toronto, Canada. *The Lancet Regional Health – Americas*. 2025;43:101022.

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