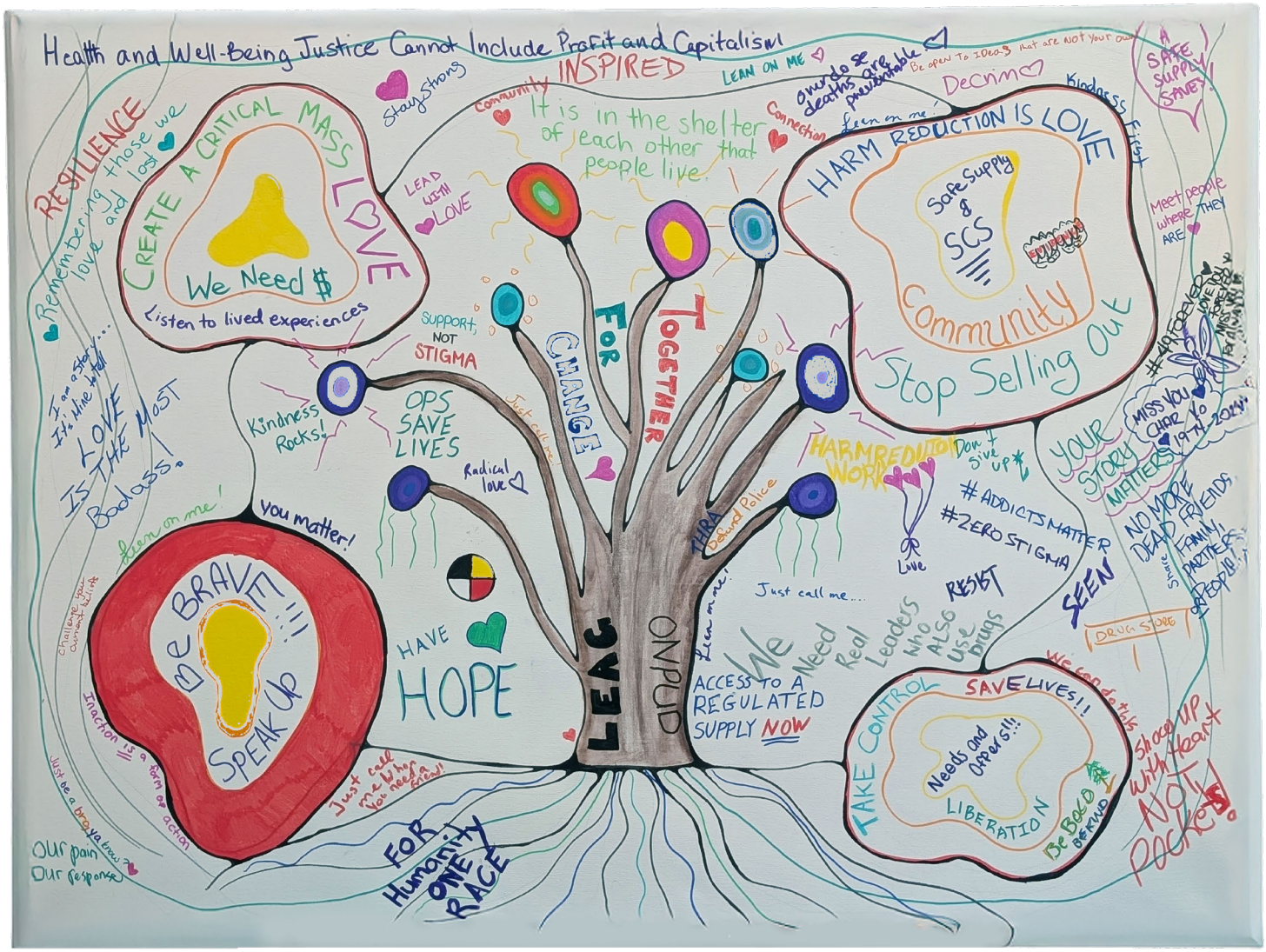
Together For Change

What We Heard at the Community Substance Use Forum



February 10, 2025

Ontario Opioid Drug Observatory

ODPRN
Quality. Relevance. Timeliness.

Land Acknowledgement

We acknowledge that this Community Forum was held in Toronto, which is the traditional territory of the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples, and most recently the Mississaugas of the Credit. Today this land is still home to many Indigenous people from across Turtle Island and we are grateful to have had the opportunity to meet there. We also want to acknowledge that the drug toxicity crisis in Canada has disproportionately impacted Indigenous people as a result of the current and continuing impacts of colonization, including the deep harms of the residential school system and the resulting intergenerational trauma. We also recognize the lasting harms of the transatlantic slave trade and the forced displacement of Black communities in Canada, which laid the foundation for systemic anti-Black racism that continues to permeate institutions, including the healthcare system. These historical and ongoing inequities have contributed to significant disparities in health outcomes, including drug-related harms experienced by Indigenous and Black communities.

Finally, we want to honour the memories of our community members, friends, and families who we have lost to the drug toxicity crisis and to reiterate our commitment to working with our communities to find ways to elevate the voices and experiences of those we have lost, with the goal of supporting responses that improve the lives and safety of people who use drugs across the country.

Purpose of This Document

On January 27 to 28, 2025, the Ontario Drug Policy Research Network (ODPRN) hosted a Community Substance Use Forum, "Together for Change". Over the course of two days, people with lived and living experience of substance use, frontline harm reduction workers, members of community organizations providing programs and services for people who use drugs, healthcare providers, and researchers gathered to discuss the changing landscape of substance use, related harms, sustainability of programs and services, and recent legislative changes in Ontario.

This report summarizes the conversations and concerns raised throughout these discussions that are relevant to policy-makers and public health officials, including recommendations for action made by attendees representing various organizations across the province.

How to Cite

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Event Summary

While The drug toxicity crisis is a tragedy and public health emergency that has led to over 49,000 opioid-related deaths since 2016.[1] In 2024, an average of 8 Ontarians died every day from an opioid-related toxicity.[2] Over the past decade, there have been substantial investments in expanding treatment and harm reduction services to address rising harms and provide community-based care to people who use drugs.

In recent years, Supervised Consumption Services (SCS), also known as Consumption and Treatment Services [CTS] in Ontario) and Safer Opioid Supply (SOS, also referred to as Prescribed Alternatives) programs have expanded in response to the increasingly potent and unpredictable unregulated supply. Policy and funding decisions at both the provincial and federal levels have influenced the scope and availability of services, reflecting evolving approaches to addressing this crisis. While the early years of the drug toxicity crisis and the onset of the COVID-19 pandemic saw increased investments in harm reduction, 2024 brought shifts in priorities away from harm reduction responses and towards investments in newly announced programs like the Homeless and Addiction Recovery Treatment (HART) Hubs in Ontario.[3]

As Ontario prepares for the closure of many CTS and the implementation of HART hubs in 2025, this Community Forum provided an opportunity for community-based organizations, front-line workers, and people with lived and living experience of drug use to share perspectives, explore strategies, and identify future research priorities.

Structure of the Forum

Day 1 focused on panel discussions integrating frontline providers, researchers, and people with lived/living experience in combination with breakout discussions that allowed for more nuanced conversation and information sharing among small groups of attendees.

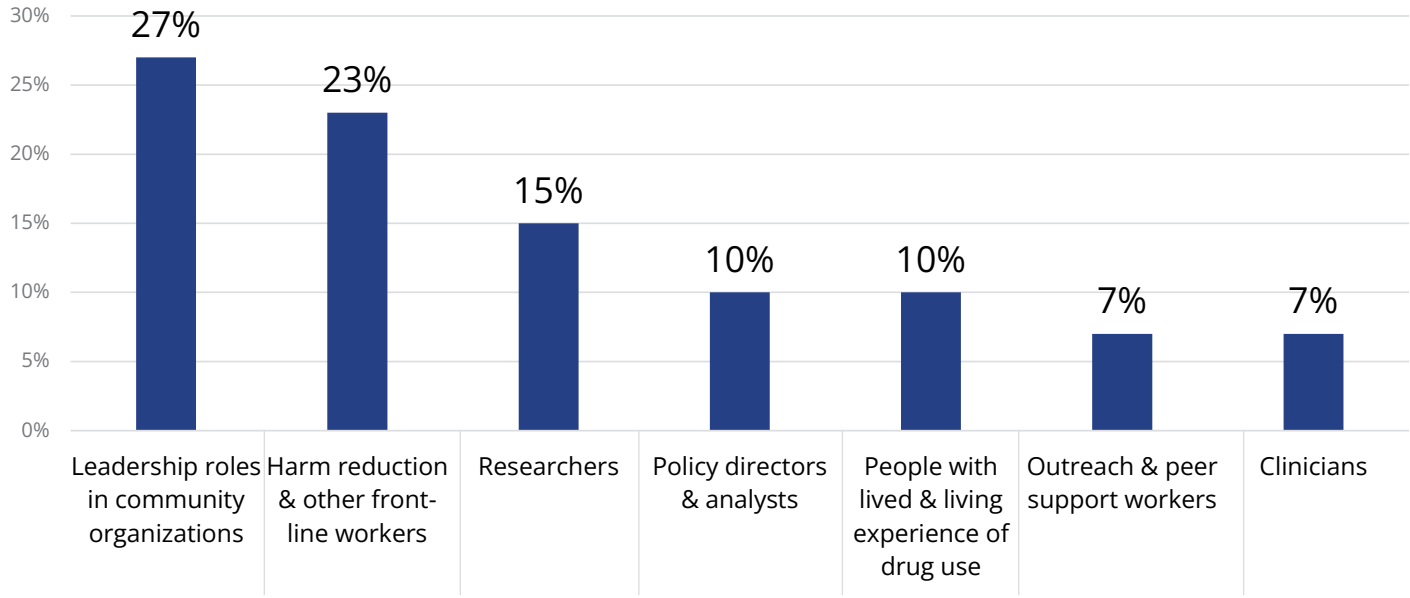
Day 2 centered on developing community-informed recommendations for actionable strategies to support people who use drugs across Ontario. Furthermore, participants identified key areas where future research was needed. Each of these conversations was grouped according to the core themes and services identified on Day 1 of the Forum. These included Supervised Consumption Sites, SOS Programs, Treatment Program Models, and Perspectives of Indigenous People. Throughout the sessions, we ensured that considerations about specific issues faced by service providers and people who use drugs in rural and Northern areas were centered, with targeted discussion on the special considerations for addressing needs in these regions.

Objectives

- **Facilitate dialogue** to assess the evolving landscape of harm reduction and treatment services and their role in supporting community needs.
- **Gather insights** from evidence and lived experience to inform policymakers on actionable strategies and discuss future research priorities.

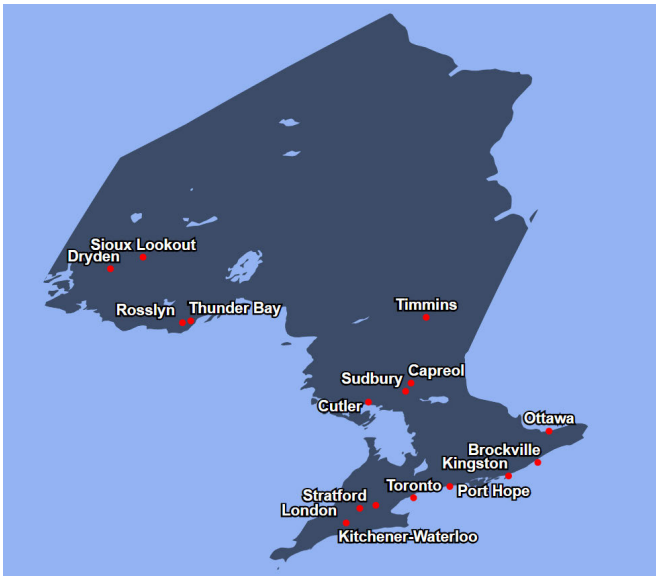
Attendees

The forum gathered a diverse group of 81 community stakeholders from across Ontario, working in diverse roles, including:



People joined us from 19 communities across Ontario, including:

Brockville	Capreol
Cutler	Dryden
Kingston	Kitchener-Waterloo
London	Ottawa
Port Hope	Rosslyn
Shelburne	Sioux Lookout
St. John's	Stratford
Sudbury	Thunder Bay
Timmins	Toronto
Vancouver	



Key themes

The findings of these discussions are outlined below across 5 key themes:

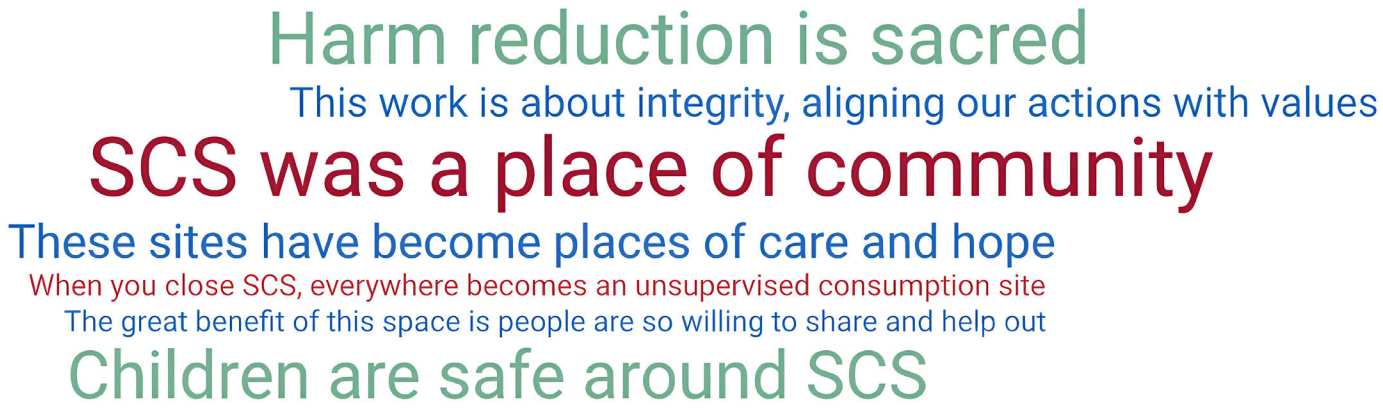
1. Supervised Consumption Sites
2. Safer Opioid Supply Programs
3. Treatment Program Models
4. Indigenous-Led Approaches
5. Northern/Rural Perspectives

1. Supervised Consumption Sites

What We Heard

Impacts of changing legislation

- **Impacts of Bill 223:** Bill 223 (the "Safer Streets, Stronger Communities Act", 2024) will force 10 SCS across Ontario to close on March 31st, 2025, significantly restricting access to SCS throughout Ontario in ways that will expose people who use drugs to additional harm. Several cities in the province will lose their only SCS following these closures. Based on impacts of site closures in Sudbury and in cities across Alberta where SCS have also had to close, there were significant concerns from attendees that these closures will increase rates of overdose death across the province.
- **Fear and concern among front-line service providers:** There is widespread fear among front-line service providers about the devastating health impacts that closing SCS in Ontario will have. There is significant concern that the evidence showing the beneficial health impacts of SCS is being ignored by the government and some public health authorities, and that significant increases in overdose deaths will be seen. Discussions about closing sites were heavy and emotional, and there is extreme concern about the impacts that closing SCS will have on community members experiencing the highest levels of vulnerability.
- **Bill 223 and the human rights of people who use drugs:** There are strong arguments that Bill 223 violates several charter rights including right to life, liberty, and security (Section 7), right to be free of discrimination (Section 15), and right to be free from cruel and unusual treatment (Section 12). Restricting access to vital harm reduction services amidst an ongoing drug toxicity crisis will expose people who use drugs to considerable harm.
- **Closures cut off access to comprehensive care:** In addition to providing overdose response, SCS also fill a crucial role providing easy-to-access health services in community settings for people who use drugs, such as wound care and connections to broader health and social services. The closures of SCS not only increases risk of fatal overdose, but also removes a critical part of a broader continuum of healthcare services for people who use drugs.



Alternative supervised consumption service (SCS) models

- **People who use drugs have always led harm reduction efforts:** The first SCS models were developed by people who use drugs to keep themselves and their peers safe, and community-led responses continue to be a critical component of harm reduction. However, without adequate policy and funding support, these efforts are unsustainable and place tremendous strain on individuals and grassroots organizations. Government investments are essential to ensure harm reduction services are properly resourced, accessible and integrated into the broader healthcare system.
- **Mobile SCS models offer opportunities for expanded access:** Mobile SCS models can help reach under-served areas and reduce barriers to access. They may be options to consider as part of a 'hub and spoke' model of service delivery, where mobile services are used to reach out from a central hub to provide services in areas where they are lacking. However, concerns have been raised that using mobile sites to address the closure of fixed sites may leave communities with a lack of comprehensive, permanent infrastructure that does not meet the demand for services.

Strengthening community knowledge about SCS

- **Public and Community Safety Concerns:** Public perspectives and safety concerns play a key role in discussions about harm reduction interventions. Community education is essential in countering misinformation and stigma about SCS. Discussions about the role of SCS in communities and the evidence of their effectiveness, as well as effective communication of potential impacts of closing sites within the community is needed.
- **Need for education on the wide range of services provided by SCS:** There is concern that community members overlook the role that SCS play in providing dedicated spaces for people who use drugs to access care, community, and connection to services. Closing SCS could further isolate these individuals, disconnecting them from places they rely on to receive care, support, and respectful, compassionate services.

Community-wide impacts of reduction in SCS

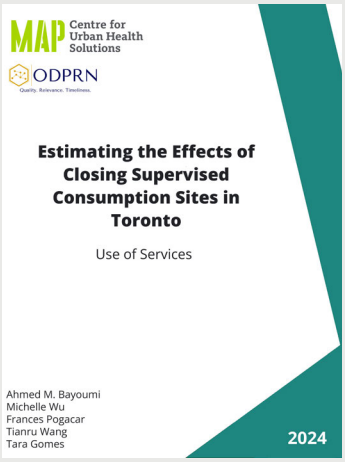
- **Public drug use and overdoses:** In the absence SCS, there will be an increase in drug use in public settings, such as parks, stairwells, alleys and public washrooms, as people will lose access to designated indoor spaces where drugs can be consumed in a hygienic and supervised environment, with ready access to sterile equipment. This will lead to increases in preventable harms like bacterial infections and the transmission of HIV and Hepatitis C virus, as well as increased accidental overdose deaths.
- **Shift of burden onto community members:** There are concerns that the general public will find themselves more frequently encountering and responding to overdoses in public spaces due to the closure of SCS, without necessary training and supports. This will take an emotional toll on community members and on first-responders who will also be called upon to respond.
- **Increased criminalization:** With reduced access to SCS, people will be forced to use drugs in public settings, which has the potential to lead to more arrests for drug-related offenses and contribute to further criminalization of drug use, as well as increased strain on the legal system.

Resource Spotlight: **Estimating the Effects of Closing Supervised Consumption Sites in Toronto**

SCS serve a large population: An estimated 1,366 people accessed SCS services monthly in Toronto between April 2022 and March 2023, highlighting their critical role in harm reduction.

Service closures will significantly reduce access: It is estimated that anticipated closures of 6 sites within Toronto will leave nearly one-third (32%) of clients without access to SCS services (assuming those within 1km of an open site are able to transition).

Expanding capacity of SCS that remain open: If only 4 out of 10 sites remain open, capacity would have to increase by more than half to continue supporting 60% of clients who will lose access.



Healthcare system impacts of SCS closure

- **Overburdening of healthcare services:** A major concern around the closure of SCS is the potential to overwhelm emergency medical services (EMS), police, and other first responders, as well as emergency departments, resulting in longer wait times, increased healthcare costs, and diminished access to care for all. The closure of SCS comes at a time when there is already significant strain on emergency departments.
- **Lack of preparedness:** It was felt that the healthcare system is currently unprepared for the increased volume of overdoses that will likely arise as a result from closure of SCS. Hospitals and emergency departments are already stretched thin, and added pressure of increased visits due to overdoses that would have previously been managed within SCS will exacerbate existing challenges.
- **Increased healthcare costs:** Increased demand on ambulance services, emergency departments and hospitalizations for overdose are costly and preventable through continued access to SCS.

Overburdening of remaining sites in the event of closure

- **Increased Strain on Remaining Sites:** The HART Hubs are not yet operational and the impact of the services they may provide to people who use drugs are still unknown. However, it is unlikely they will be able to fully absorb the needs or demand left by the closure of SCS. Assumptions that people will transition to services offered through HART Hubs (which are anticipated to primarily focus on abstinence-based treatment) as a replacement for harm reduction services provided though SCS is believed to be unrealistic. Additionally, SCS that remain open will face overwhelming demand, pushing their capacity beyond sustainable limits (see Resource Spotlight).
- **Equitable Access:** SCS programs within different geographical regions serve distinct populations with specific needs. People who used a specific site may not find that their needs are met at other locations, and for many, there will be a significant distance barrier to accessing an open SCS. Some cities and regions are losing their only SCS, leaving a complete gap in services. Taken together, it is anticipated that SCS closures will erode equitable access to harm reduction services across diverse populations.

Action Needed

Reverse plans to close SCS due to the harm these closures will cause to communities

The Government should implement recommendations from multiple recent expert reports, which have suggested strategies to properly support and resource SCS.[4-7] This includes:

- Developing models with long term, consistent funding for SCS with goals towards expansion -not closures- to ensure sustainability of programs.
- Resourcing sites that remain open in Ontario to adequately support increased demand.
- Considerations for resourcing alternative models like mobile SCS that can expand reach and accessibility of services.
- Implementation of supervised inhalation services to address the shift in community drug use patterns towards inhalation of fentanyl.
- Opening and re-opening of sites in areas of highest need across the province, including in Northern Ontario cities where overdose death rates are much higher than the provincial average.

Strengthen community preparedness and response

Municipalities and public health units/agencies should proactively develop mass casualty plans, including strengthening rapid response initiatives to address anticipated need for overdose response in the event of SCS closures. Scaling up bystander intervention through expanded overdose training and harm reduction supply distribution is necessary.

Strengthening collaborations

There is a need to strengthen collaborations between municipal government, public health agencies, and community groups to support harm reduction services responsive to community needs to help mitigate the impact of service disruptions. Funding and resourcing community networks will help build local capacity for response in the face of policy shifts.

2. Safer Opioid Supply Programs

What We Heard

Who accesses safer opioid supply (SOS) and why it matters

- **SOS serving people with complex needs:** SOS programs primarily serve clinically complex individuals with high medical and social needs, who have not responded to traditional OAT. Participation has been associated with positive client outcomes including hospitalizations, substance-related overdoses, and mortality (see Key Resources).[8,9]
- **Increase in SOS access:** The number of people accessing SOS in Ontario increased following federal investments, leading to approximately 1,500 Ontarians accessing SOS by 2023.
- **SOS helped engage people with high complexity in primary care:** Integrating SOS into primary care settings was a useful way of engaging people with high complexity into the healthcare system and to provide other medical treatments and social services.
- **Impacts of loss of federal funding:** Many SOS programs in Community Health Centres hired SOS clinicians (i.e. nurse practitioners, nurses, and social service providers) using federal funding. With loss of funding, maintaining these clinicians and the services they provide will be difficult. This will have negative impacts on the care that SOS patients receive, particularly given the medical and social complexity experienced by many people receiving SOS. This may lead to negative health outcomes for them and strain other medical services (i.e. emergency departments).
- **Risks associated with SOS program closure:** Many participants receive high-dose prescriptions, raising significant risks if access to a regulated supply is discontinued as they will be forced to return to the unregulated drug supply.
- **Destabilizations of people receiving SOS:** People who receive safer supply were vocal about how the program provided lifesaving care for them, providing stability and allowing them to receive other needed healthcare and work with improving their social situations. They spoke of extreme destabilization due to the end of programs, and futility in attempting to find new health care providers who could provide the comprehensive care they had been receiving in SOS programs.

With new SOS restrictions, I'm not functioning the same way

Closing safe supply has already started and I'm already getting sick

Without SOS, there will be devastating impacts

We can no longer separate SOS from healthcare

SOS has given me my life back

If people are able to function with SOS, why take it away?

Loss of wrap around services and efficiency of cross-delivered services

- **Service co-location:** Co-locating SOS with other services improves accessibility and efficiency, making it easier for people who use drugs to receive comprehensive care for multiple health and social conditions in one place.

- **SOS as entry point:** SOS programs serve as a crucial entry point to the healthcare system, encouraging regular engagement and connection to other health and social services (e.g., employment and housing supports, primary care, harm reduction education, mental health services, and connections to treatment). Closures will further fragment care for people who use drugs, and disrupt access to essential wrap-around services and referrals provided through SOS programs.

Adapting SOS services amid the end of federal funding for SOS

- **Lack of uptake of research evidence into practice:** There is frustration that the growing evidence-base showing that SOS programs produce positive health outcomes and reduce overdose deaths is being ignored, and that the significant experience building a model for providing comprehensive substance use care within primary care settings is being lost.
- **Ensuring continuity of care:** Ensuring continued care for people currently accessing SOS is essential as programs face potential closures. De-prescribing or rapidly tapering people who have been stabilized on safer supply is dangerous and will lead to high risk of people returning to using unregulated fentanyl, putting them at high risk of overdose.
- **Rostering SOS patients:** Rostering patients into the primary care practices of SOS providers could enhance continuity of care, though availability remains limited in many regions. Safer supply prescribing should be seen as a key part of primary care for people, rather than as a standalone program.
- **Primary care physician hesitancy:** Many primary care physicians may be hesitant to take on patients transitioning from SOS programs, posing a challenge to service continuity.
- **Creating communities of care:** There is an opportunity to create communities of care for SOS provision that could leverage collaborations between primary care, housing supports, pharmacies, and other community-based services to continue to support high quality SOS programs with wraparound services. Public Health Units could play an important role in this approach.

Action Needed

Long-term funding and support

Long-term, sustainable funding for comprehensive primary care (that includes SOS as a part of an individualized care plan for people who may benefit) and wrap-around supports are necessary.

Expand physician education

Physician education is needed to expand understanding of the potency of the unregulated drug supply and to encourage more primary care providers to provide comprehensive, individualized care to people who use drugs who are at high risk of overdose.

Adapting SOS care

Effective strategies are needed for transitioning clients from federally-funded SOS programs to other providers, supporting those in clinics facing closures or dose tapering, and compensating for the loss of wrap-around care through extended appointments and prescriptions. Primary care and addiction medicine providers should seek ways to support safer supply clients by maintaining safer supply prescribing. It is essential to keep clients well-informed about any changes and provide support throughout transitions while ensuring the continued delivery of high-quality, patient-centered care.

3. Treatment Program Models

What We Heard

Note: *Discussions at the forum primarily focused on concerns related to accessibility of treatment, standardization of residential care, and apprehensions about involuntary treatment, rather than the full range of treatment services available in Ontario.*

Limitations to current treatment and recovery approaches

- **Regulatory gaps in treatment:** There currently exists a lack of oversight, transparency, and regulatory standards in residential substance use treatment facilities. Ensuring that evidence-based medications like OAT and SOS are available in treatment settings and that people will not be forced off medications in order to access residential treatment programs is necessary.
- **Lack of evaluation:** There is a need for transparent, objective evaluation of existing treatment programs to assess their effectiveness and ability to meet the needs of people who use drugs.
- **Limitations of punitive and coercive treatment models:** Punitive measures, including mandatory and involuntary drug treatment programs, have not been shown to be effective in these programs' central goal of sustained abstinence and therefore do not support long-term recovery for people who use drugs.
- **Rethinking Recovery Narratives:** There is need to rethink traditional redemption narratives. A singular focus on abstinence-based models does not align with the realities of substance use. Policy approaches should center diverse, voluntary, and evidence-based treatment options that integrate harm reduction principles and respects the autonomy of people who use drugs.

Barriers in access to treatment

- There are currently long-wait times for detoxification services and residential treatment programs across the province, as well as financial barriers—including out of pocket payment and gaps in government funding—that prevent people from accessing care in a timely manner. Therefore these services alone will not be sufficient to meet the varied needs of people who use drugs in Ontario.

Addressing colonial and oppressive frameworks in residential treatment

- Many existing treatment models are rooted in Western, abstinence-based frameworks that do not align with the diverse needs and lived experiences of Indigenous and marginalized communities. Expanding culturally responsive and decolonized approaches to residential treatment programs is essential to ensuring equitable and effective care.

Action Needed

Broadly, there was a strong belief that we need to re-envision what we mean by treatment to include more holistic care and support for people.

Refuse the expansion of involuntary treatment

Policy decisions should prioritize voluntary, person-centred treatment models supported by evidence over involuntary or coercive approaches that have been shown to cause harm and deter people from seeking care.

Invest in a range of holistic harm reduction and treatment services

Investing in a comprehensive range of evidence-based harm reduction and treatment services can help reduce wait times and ensure timely access to essential supports that meet the specific needs of people at risk of drug-related harms.

Invest in models that don't prioritize profit over care

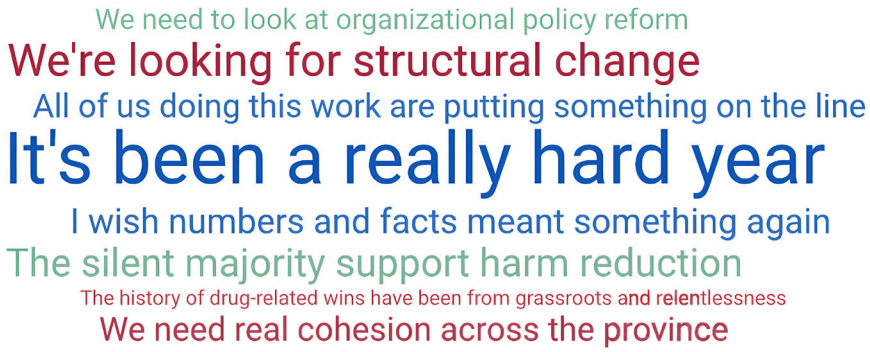
For-profit models of residential treatment can create barriers to accessibility and trauma-informed care.[10] There is need for alternative funding structures that prioritize rapid access to evidence-based treatment that meets a wide variety of needs (including both residential and community-based treatment options) rather than expansion of for-profit centres with limited regulation or quality control.

Regulation of treatment models and transparent reporting of service delivery

There is an urgent need to regulate, monitor, and publicly report on quality indicators for residential treatment facilities to ensure that the services provided are consistent, of high quality, evidence-based, and accessible. This includes expanding beyond abstinence-only frameworks to evidence-based models of care that offer a range of medication options.

Investment in infrastructure tailored to the unique needs of communities

There is a need for sustained investment in infrastructure to support evidence-based treatment services, including expanding the geographic accessibility of treatment centers and upgrading existing services and facilities to meet increasing demand for culturally appropriate, gender-specific services, and holistic models of care.



4. Indigenous-Led Approaches

What We Heard

Systemic inequities

- **Disproportionate impact of SCS closures:** Indigenous People are overrepresented among those accessing SCS; therefore site closures will disproportionately affect and exacerbate substance-related harms in this population.
- **Lack of Investment into Indigenous-Led models of care:** Financial investments into Indigenous-led harm reduction and treatment services, including land-based healing programs, traditional medicines, and community-driven approaches that prioritize self-determination are needed to promote culturally appropriate care.
- **Colonial systems and historical trauma:** Historical and current experience of colonialism and intergenerational trauma is one factor in why Indigenous community members are overrepresented among people using SCS. Legislative changes that will close SCS and limit access to harm reduction services that Indigenous People rely on reinforces historical trauma and systemic discrimination.
- **Criminalization of Indigenous Communities:** The closure of essential harm reduction sites will increase the criminalization and marginalization of Indigenous People who are already overrepresented in the prison system. Priority should be given to upstream interventions that address systemic issues and prioritize provision of comprehensive and culturally responsive health and community supports.

Harm reduction as medicine

- Harm reduction is viewed by many Indigenous people as sacred, functioning as a form of medicine and essential part of health and well-being.

Limited access to treatment and harm reduction

- Indigenous communities, particularly in Northern and fly-in regions of Ontario face significant challenges accessing evidence-based treatment options as well harm reduction services and supplies. Limited access to naloxone hinders overdose response efforts in communities.

Advancing Indigenous health transformation

- Transformation of Indigenous health services remains a priority. This transformation needs to ensure adequate and appropriate services for Indigenous People living both within and outside of communities.

Colonial structures in healthcare & treatment

- **Colonial models of care:** Drug treatment programs are often designed through a colonial framework that fails to meet the needs of Indigenous people who use drugs.
- **Systemic Racism:** Many Indigenous People have deep-rooted mistrust in the healthcare system stemming from lasting and continued impacts of colonization, residential schools, child welfare system and forced displacement.

Resource Spotlight: [Opioid Use, Related Harms, and Access to Treatment Among First Nations in Ontario]

Opioid-related toxicity deaths among First Nations people have risen sharply: Between 2019 and 2021, annual rates nearly tripled from 4.1 to 11.4 per 10,000 people, signaling a worsening crisis in this population.

First Nation people are disproportionately affected: In 2021, opioid toxicity death rates were over 7-times higher among First Nations people compared to non-First Nations people.

Action Needed

Commitment to Truth & Reconciliation

Implement the Truth and Reconciliation (TRC) Calls to Action, ensuring that policies align with reconciliation efforts rather than contradict them.

Indigenous-led harm reduction & treatment

Strengthen Indigenous-led harm reduction and treatment frameworks to provide holistic, trauma-informed and culturally-affirming support. Additionally, restrictive policies that limit Indigenous self-determination must be removed.

Expanded and culturally relevant treatment

Expand non-abstinence based treatment models that offer extended support including longer stays, transitional housing, and case management after discharge.

Sustainable funding

Increase long-term, stable funding for harm reduction services and treatment in rural and remote Indigenous communities.

Low-barrier harm reduction

Mobile SCS (as described earlier) should be considered as a strategy to provide low-barrier access to these services in communities where significant service gaps and geographically disperse populations exist.

5. Northern/Rural Perspectives

What We Heard

Resistance to harm reduction services

- While harm reduction services, such as SCS, are seen to be essential by many living in rural and remote communities, they often face significant resistance that can hinder their implementation. Although some community members continue to stigmatize these services, there are opportunities to engage in dialogue and raise awareness about their benefits.

Limited awareness

- Northern and rural communities have limited awareness of changing legislation and the way it will impact the accessibility of harm reduction services. This may leave many people who rely on these services with limited options for alternative supports upon closures.

Access to harm reduction supplies

- There is limited access to harm reduction supplies in Northern and rural communities. Some community organizations can risk loss of municipal funding if they provide naloxone or other harm reduction supplies in community centres, which limits access.

In Focus: **Closure of Sudbury's Supervised Consumption Site, The SPOT**

The SPOT was the only SCS in Sudbury, Ontario, a region experiencing opioid toxicity deaths at rates almost three times the provincial average. Despite demonstrated success in reducing public substance use and substance-related harms, SPOT was forced to close on March 29, 2024 due to a lack of provincial funding.

A Critical Gap in Services: With SPOT's closure, the nearest SCS in the region of Sudbury was over 200km away in Timmins, Ontario, leaving a significant service gap in Northern Ontario. Unfortunately, the SCS in Timmins was also forced to close in June 2024 due a lack of provincial funding. In addition to leaving residents of Sudbury and Timmins with no local access to SCS, both cities are regional hubs serving rural and remote communities, including several First Nation communities, where access to harm reduction services is already limited. Closure of these services not only weakened the regional response but also exacerbated disparities in access for populations in Northern Ontario already facing systemic barriers to accessing care. In the two months after the SPOT's closure (April and May 2024), there were 29 opioid toxicity deaths in Sudbury Region, compared to 14 in April and May the year prior (2023).[2]

Unmet Funding Needs: The inability to secure consistent and sustained funding from the provincial government for SCS in Sudbury and Timmins continues to weaken overdose prevention and harm reduction efforts across Northern Ontario, leaving these communities without essential services.

Action Needed

Expanding access

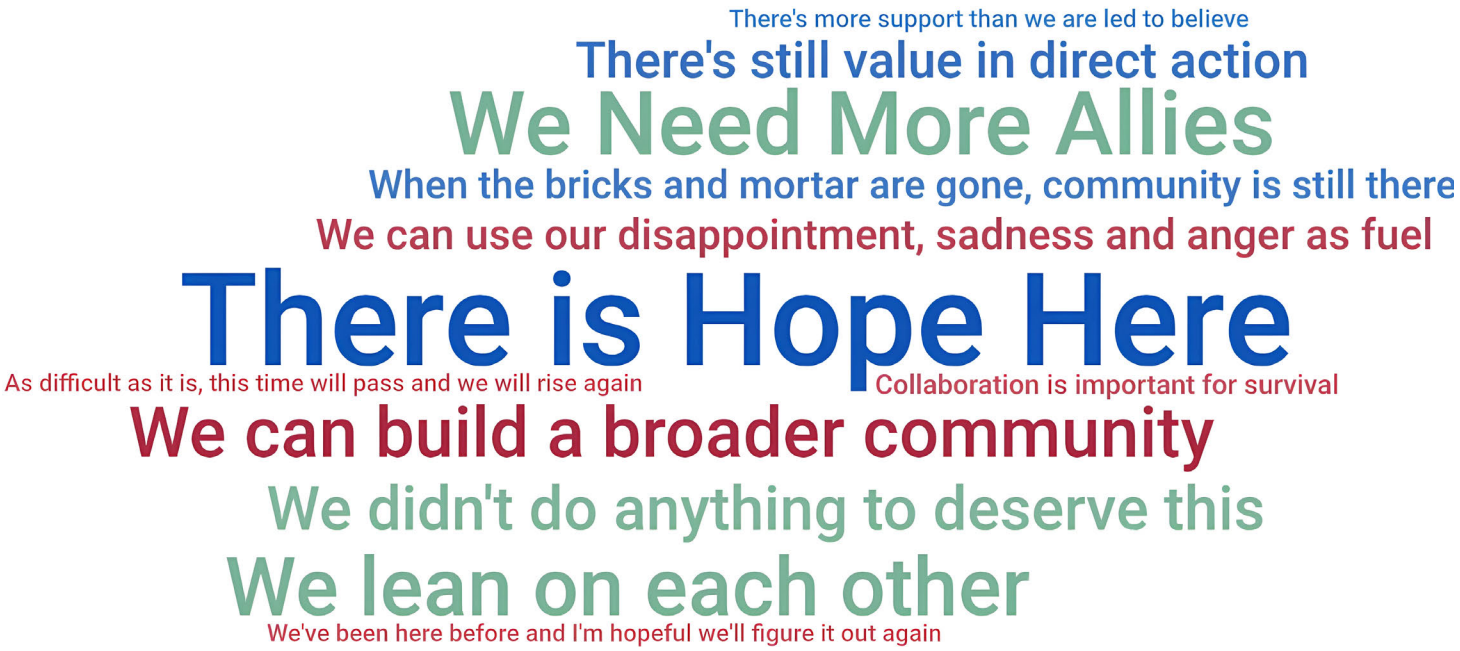
Prioritizing the expansion of harm reduction and treatment services in rural and Northern communities is key to ensuring equitable access and improving health outcomes.

Informing Communities

To effectively support people who use drugs in rural and Northern Ontario, it is crucial to educate communities about the evidence supporting harm reduction and treatment services, highlighting their role in local well-being. Additionally, transparent communication about upcoming changes in service availability is essential for those relying on these services in these regions.

Healthcare stability in remote communities

Reliance on short-term funding and fly-in physician services (e.g. Locum Programs) disrupts continuity of care and creates instability for people in Northern and remote communities. Sustainable investments and targeted physician incentives are needed to improve healthcare access and ensure equitable resources comparable to urban standards.



Key Take-Aways and Resources

Key Take-Away Messages

Engaging communities, including those with lived experience, in policy development:

Effective policies are built on firsthand knowledge. Engaging people with lived and living experience of drug use, alongside frontline workers and community organizations, ensures responses are practical, evidence-based, and directly address community needs.

Ensuring continuity of care and preventing gaps in services

Supervised Consumption Sites (SCS) and other harm reduction programs provide vital healthcare and social supports, helping people stay connected to services that improve health and well-being. Closure of these evidence-based programs during a continuing drug toxicity crisis is dangerous; the loss of these programs risks increased overdoses, greater strain on hospitals and emergency responders, and fewer opportunities to connect people to treatment and other supports.

Supporting proven approaches to reduce healthcare costs and improve stability

Programs like Safer Opioid Supply (SOS) have demonstrated success in stabilizing individuals with complex needs, reducing reliance on emergency medical services, and connecting people to primary care. Preserving effective, evidence-based interventions can prevent increased healthcare costs and improve public health outcomes.

Expanding Indigenous-led solutions to address disproportionate impacts

Indigenous communities face disproportionately high rates of opioid-related harm. Strengthening Indigenous-led harm reduction and treatment programs aligns with commitments to reconciliation and self-determination while ensuring culturally appropriate and effective care.

Enhancing services in rural and northern communities to ensure equity

Many rural and Northern areas experience high rates of drug-related harm but have limited access to harm reduction and treatment services. Expanding mobile and community-based services in these regions will improve health outcomes, reduce pressure on hospitals and first responders, and ensure people can access care where they live.

Key Resources

- Supervised Consumption Services in Ontario: Evidence and Recommendations
- Estimating the Effects of Closing Supervised Consumption Sites in Toronto
- Prescribed safer opioid supply: A scoping review of the evidence
- Effect of Risk Mitigation Guidance for opioid and stimulant dispensations on mortality and acute care visits during dual public health emergencies: retrospective cohort study
- Truth and Reconciliation Commission of Canada: Calls to Action
- Opioid Use, Related Harms, and Access to Treatment Among First Nations in Ontario
- South Riverdale Community Health Centre Consumption and Treatment Service Review
- South Riverdale Community Health Centre: Consumption and Treatment Services, Supervisor Report

References

1. Government of Canada. Opioid and Stimulant Related Harms in Canada. 2024. https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/.
2. Public Health Ontario. Substance Use and Harms Tool. 2025. https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Substance-Use-Harms-Tool.
3. Government of Ontario. Ontario Protecting Communities and Supporting Addiction Recovery with New Treatment Hubs. 2024. https://news.ontario.ca/en/release/1004955/ontario-protecting-communities-and-supporting-addiction-recovery-with-new-treatment-hubs.
4. Bayoumi A, Wu M, Pogacar F, Wang T, Gomes T. Estimating the Effects of Closing Supervised Consumption Sites in Toronto: Use of Services. 2024. https://odprn.ca/wp-content/uploads/2024/11/Estimating-the-Effects-of-Closing-Supervised-Consumption-Sites-in-Toronto.pdf.
5. Centre on Drug Policy Evaluation. Supervised Consumption Services in Ontario: Evidence and Recommendations. 2024. https://cdpe.org/wp-content/uploads/2024/11/CDPE-SCS-Toronto-Nov-2024-.pdf.
6. Unity Health Toronto. South Riverdale Community Health Centre Consumption and Treatment Service Review. 2024. https://www.ontario.ca/files/2024-08/moh-consumption-treatment-service-review-unity-health-en-2024-08-19.pdf.
7. Campbell J. South Riverdale Community Health Centre: Consumption and Treatment Services 2024. https://www.ontario.ca/files/2024-08/moh-south-riverdale-community-health-centre-cts-supervisor-report-en-2024-08-19.pdf.
8. Gomes T, Kolla G, McCormack D, Sereda A, Kitchen S, Antoniou T. Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario. CMAJ 2022; **194**(36): E1233-E42.
9. Ledlie S, Garg R, Cheng C, et al. Prescribed safer opioid supply: A scoping review of the evidence. Int J Drug Policy 2024; **125**: 104339.
10. Office of the Auditor General of Ontario. Implementation and Oversight of Ontario's Opioid Strategy. 2024. https://www.auditor.on.ca/en/content/annualreports/arreports/en24/pa_ONopioid_en24.pdf.