

Canadian Supervised Consumption Site Closures and the Politicization of Healthcare

Debbie Kariuki, Abdullah Shhipar, Brandon DL Marshall
Brown University School of Public Health

As the United States debates whether or not to operate overdose prevention centers, recent events in Canada pertaining to these facilities (often known as supervised consumption sites in Canada) have informed this debate. Some of the information that circulates is often not evidence-based or grounded in data. To better inform this discussion, we provide this short brief on the state of closures occurring in Canada and the issues these sites face.

A nationwide issue

Across Canada, supervised consumption sites (SCSs) are facing widespread closures, defunding, and operational disruptions. These changes reflect a broader shift away from harm reduction and toward abstinence-based models—often justified through claims of neighborhood safety, crime reduction, and community wellbeing. However, peer-reviewed research refutes these claims, demonstrating that SCSs do not increase violent crime and are instead associated with improved community health and safety including reductions in overdose deaths, public drug use, and discarded paraphernalia (Panagiotoglou et al., 2025; Salvalaggio et al., 2023). Regardless of the research, policy discourse has continued to rely on non-substantiated reports, public complaints, and news media. The impact of these closures is creating a growing geographic inequity in access to life-saving service and care. As access narrows, communities lose not only supervised spaces for safer drug use, but also critical points of connection to healthcare, housing, and social services for people who use drugs (PWUD).

Ontario

Ontario's approach to harm reduction is anchored in the Community Care and Recovery Act and the Safer Streets, Stronger Communities Act. These legislative frameworks introduced a 200-metre buffer zone around schools and childcare centers, a requirement that rendered many existing SCSs non-compliant due to their placement in dense urban areas. **As a result, 10 of Ontario's 17 supervised consumption sites were closed in 2025.** (Bayoumi et al., 2024; Lavoie, 2025).

Funding for these sites was withdrawn and redirected toward Homelessness and Addiction Recovery Treatment (HART) hubs, which emphasize abstinence-based treatment models (Bayoumi et al., 2024). While recovery-oriented services play an important role in the continuum of care, this shift reduces access to harm reduction services for individuals who are not interested, ready, or able to pursue abstinence.

Modeling by the MAP Centre for Urban Solutions estimates that if only four SCSs remain open and each serves a 500-metre radius, 47% of current clients—approximately 636 people—would lose access, even if remaining sites operated at full capacity (Bayoumi et al., 2024). Even if expanding the service radius to 1,000 metres, it would still require a capacity increase of more than 50% to remain serving 60% of former clients (Bayoumi et al., 2024).

Canadian Supervised Consumption Site Closures and the Politicization of Healthcare

Ontario

These projected access gaps are particularly concerning in light of emerging evidence on the population-level benefits of supervised consumption services. A 2025 study found that the closure of SCSs was associated with **increases in overdose events** and **reduced engagement with other health and social services**, emphasizing the protective role these sites play within urban drug policy environments (Tucker et al., 2025). Together, these emerging findings suggest that restricting the geographic and operational viability of SCSs may exacerbate overdose risk and service disconnection, particularly in high density areas where need is greatest.

Toronto

Toronto has experienced some of the most significant reductions in SCSs in the country. Following legislative changes and provincial defunding, only four SCSs remain operational within the city and these sites have reported more visits (McGillivray, 2025). Most of the closures occurred in dense urban neighborhoods like Regent Park, Parkdale and South Riverdale (Bayoumi et al., 2024). These neighborhoods are predominantly populated by low income families with high proportions of immigrant residents, aging populations, and notable levels of housing insecurity.

Increases in non fatal overdose post SCS closures in Toronto - comparing the same periods in 2024 to 2025



Data: Toronto Drop In Network

Recent data shows that Toronto as a whole experienced a **47% increase** in non-fatal overdoses, comparing the period between Jan 2025 and Jan 2026 (Lavoie, 2026). Since the closures, there has also been a documented increase in public drug use across the city (Callan, 2025).

Recent reporting further indicates that overdoses at Toronto drop-in centres have spiked following the closure of downtown SCSs (Lavoie, 2025). Comparing the same periods between 2024 and 2025, the month of April (right after the closures took effect) saw a 75% increase in non-fatal overdoses, May saw an increase of 175% and June an increase of 288% (Lavoie, 2025). These policy changes place additional strain on frontline service providers and shelter based staff who do not have the capacity to wholly support the needs of the community, tending to growing demand and overdoses while attempting to maintain typical service provision of the centers.

Canadian Supervised Consumption Site Closures and the Politicization of Healthcare



Toronto

Calls to the city for syringe pick ups, however, have increased by approximately 5% (comparing April-Sept of 2024 to the same period in 2025), suggesting that the reduction in supervised services has not translated into meaningful improvements in public cleanliness or safety (Callan, 2025). Instead, drug use has been displaced into less visible and less safe environments, increasing risks for both individuals and the broader community.

Supervised Consumption Sites in Toronto

- ✔ remains open
- ✘ closed on or after 03/2025



Saskatchewan

In Saskatchewan, supervised consumption services face ongoing instability driven by the absence of consistent provincial funding. Rather than permanent closures through legislation, sites experience repeated service interruptions that undermine continuity of care. Inconsistent financial support for SCSs leaves sites dependent on short term or external funding sources (Lang, 2020). In March 2025, the Saskatoon SCS temporarily closed to allow staff relief from burnout, highlighting the human and operational toll of maintaining services under sustained resource constraints. In Regina, the SCS operated by the Nēwo-Yōtina Friendship Centre experienced periodic closures between March and June 2025 following a fire, and was not able to return to full operation until August of that year (Holowaychuk, 2025). These interruptions significantly reduced access for PWUD during periods of heightened vulnerability and underscore the necessity of long term, stable funding models.

Canadian Supervised Consumption Site Closures and the Politicization of Healthcare



Alberta

In Alberta, SCS closures followed a provincial socio-economic review that emphasized neighborhood concerns, including opioid-related emergency medical service calls, recorded overdose deaths in the vicinity of sites, perceived increases in methamphetamine use, aggressive or erratic behavior, and increased police calls near facilities (Government of Alberta, 2020). Importantly, no overdose deaths were recorded within the supervised consumption sites themselves. In fact, the evidentiary basis for these closures has been widely criticized. The data relied on non-peer reviewed complaints and did not control for external factors such as pre-existing neighborhood challenges, changes in drug markets, or what outcomes might have looked like in the absence of SCSs. Many of the cited concerns, including public disorder and drug-related activity, were present prior to the establishment of these sites, making causal attribution unrealistic (Salvalaggio et al., 2023).

Regardless, several site closures followed the review. The Lethbridge SCS closed in August 2020 after \$1.6 million in unaccounted funds were identified in an audit, leading to the defunding of ARCHES, the overseeing organization. ARCHES was later cleared of any wrongdoing (Vogt., Code, 2020). While a mobile unit operated by Recovery Alberta replaced the site, the loss of a permanent location reduced service stability and accessibility. Soon after, in Edmonton, the Boyle Street Community Services SCS closed in 2023 due to lease expiration and financial constraints, alongside closures in Red Deer and at the Royal Alexandra Hospital. Some sites were converted into alternative services, while others closed entirely, creating uncertainty around the long term public health impacts of SCS loss in the province (Thorington, 2020).

A 2025 qualitative study found the Lethbridge closure was a disruption of not only service provision, but created a chasm in users' comfort interacting with healthcare systems.

Interview participants described damaged trust between service providers and clients, increased reliance on unsafe use practices, and the sense that closures contributed to more deaths from drug poisonings as individuals were forced to use alone or without supportive services. Staff and people who use substances also reported frustration with political opposition to harm reduction, noting that policy decisions rooted in stigma and exclusionary attitudes undermined both evidence-based practice and community wellbeing (Magnuson et al., 2025).

Neighborhood Concerns and the Real Threat—Criminalization

Government justifications for closing SCSs frequently center neighborhood concerns, including perceived increases in crime, public disorder, and emergency service use. However, peer-reviewed evidence consistently shows that **SCS do not increase violent crime**. While some site vicinities have experienced localized increases in certain non violent criminal indicators, these represent a minority of cases and are often confounded by pre-existing social and economic conditions (Panagiotoglou et al., 2025).

Canadian Supervised Consumption Site Closures and the Politicization of Healthcare

Neighborhood Concerns and the Real Threat—Criminalization

The more significant and well documented risk is the criminalization and displacement of drug use. As supervised consumption spaces decrease, drug use does not cease; it is pushed into public, hidden, or unsafe settings, increasing the likelihood of fatal overdoses and encounters with law enforcement (Bayoumi et al., 2024). This dynamic disproportionately affects marginalized populations, including Indigenous communities, immigrants, and unhoused individuals, reinforcing cycles of surveillance, policing, and incarceration rather than addressing the underlying determinants of substance use (Bayoumi et al., 2024).

The Future of Supervised Consumption Sites

The future of overdose prevention in Canada hinges on whether policy decisions align with empirical evidence. Without sustained investment in harm reduction, remaining sites will continue to operate beyond capacity, and geographic inequities in access will worsen. Recovery-oriented and abstinence-based services cannot replace SCSs without significant public health consequences. Evidence from jurisdictions that have closed overdose prevention and supervised consumption sites demonstrates increased overdose events, heightened mortality risk, and the displacement of drug use into unsupervised settings, alongside reduced connection to health and social services.

Importantly, closures have not been associated with meaningful reductions in overall drug use, but rather with greater instability and service fragmentation for people who use drugs. A multifaceted approach that integrates harm reduction, treatment, and social support is critical to restoring trust with PWUD and reducing preventable overdose morbidity and mortality. As provinces continue to reevaluate their approaches, the peer-reviewed evidence suggests that the dissolution of SCS infrastructure will not resolve neighborhood concerns, but will instead exacerbate the harms these sites were designed to prevent.

Canada's overdose crisis cannot be addressed through service contraction, criminalization, or the displacement of drug use from supervised to unsafe environments. **The peer-reviewed evidence supports supervised consumption centers as spaces that save lives, reduce public drug use, and serve as critical access points to healthcare and social support for people who use drugs** (Salvalaggio et al., 2023; Magnuson et al., 2025). Policies that undermine this infrastructure do not eliminate harm, they redistribute it to marginalized communities and deepen existing health inequities. Governments should commit to evidence-based decision making by halting further SCS closures, reinstating stable and long term funding for harm reduction services and meaningfully engaging people who use drugs, frontline workers, and affected communities in policy development.

For references please visit opcinfo.org/canadianref or scan the QR code.

