



## Ontario Alliance to **End Homelessness**

October 15, 2024

Hon. Sylvia Jones  
Minister of Health  
Ontario

Hon. Michael Tibollo  
Associate Minister of Mental Health and Addictions  
Ontario

### **Re: Closure and prohibitions of consumption and treatment services sites and restriction of harm reduction equipment**

Dear Minister Jones and Associate Minister Tibollo,

We are writing to express our concern regarding the recent announcement from the Government of Ontario to close and prohibit consumption and treatment services sites (CTS) and restrict the distribution of harm reduction equipment.

The Ontario Alliance to End Homelessness (OAEH) recognizes CTSs as critical, [evidence-based services](#), especially for marginalized populations including those experiencing homelessness.

It is well documented that supervised consumption sites reduce overdose deaths - to date, there have been zero overdose deaths in a supervised consumption site worldwide. Meanwhile, there have been [850 suspected drug-related deaths](#) in Ontario in the last three months.

Not only do CTSs reduce overdose deaths, they also improve access to care, including addiction treatment for those who are ready. They serve as low-barrier entry points to healthcare for marginalized populations who are often dismissed from mainstream healthcare settings, and the provision of sterilized equipment reduces the spread of blood-borne infections like HIV and hepatitis C.

Ontario's own [Mental Health and Addictions Centre of Excellence](#), created under [Bill 116 - Foundations for Promoting and Protecting Mental Health and Addiction Services Act](#), calls for quality standards and developing evidence-based guidelines to improve clinical care. The decision to close and prohibit CTSs goes against the evidence.

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While public perception persists that CTSs may increase substance use and local crime and discourage individuals from seeking addiction treatment, these concerns are not supported by existing evidence.

### **CTSs and Homelessness**

CTSs also [reduce the number of people injecting drugs in public spaces and needles discarded in the community](#), when they are located in the area where public drug use is occurring. These benefits can be attributed mainly to the fact that CTSs, while open to all, are especially useful for our neighbours who are unhoused and are forced to live their lives on display in public spaces.

Sometimes, problematic substance use is a contributing factor in an individual becoming homeless, and sometimes those experiencing homelessness turn to drugs as a survival or coping mechanism. Either way, high-risk substance use poses disproportionate levels of harm to those experiencing homelessness, making harm reduction approaches like CTSs particularly necessary for homeless populations.

As an alliance to end homelessness, we advocate for everyone to have safe, affordable, stable housing and to be included in society. In the meantime, we also advocate for policy that protects those marginalized by homelessness from increased health risks, criminalization, and discrimination.

For these reasons, we urge you to reconsider your decision to close and prohibit CTSs and limit harm reduction equipment distribution, and return to the evidence-based services that provide these vital services where the need exists.

Thank you,



Jennifer van Gennip  
Co-chair



Dominica McPherson  
Co-chair



Meg McCallum  
Co-chair