Social Justice Vestry Motion 2025: Protecting and Expanding Harm Reduction in Ontario We, the parish of ______ in the Diocese of Toronto, urge the Province of Ontario to reverse the planned closure of safe consumption sites in Ontario, and to lift the ban on the creation of new sites, in order to expand life-saving harm reduction services to Ontarians.

Ontario is currently in the midst of a deadly overdose crisis, which claims an average of seven lives every day. Safe consumption sites, also called supervised consumption sites, (SCS) are on the front lines of this crisis, having reversed more than 21,000 overdoses in the province between March 2020 and January 2024. Each one of these is a life saved. The sites offer an indoor, supervised space for people who use drugs to do so safely, with clean equipment and boxes for the safe disposal of used needles. They also have healthcare workers and other staff on hand to reverse overdoses, address other health issues, and connect people to other supports, including treatment. No death has occurred within an overdose prevention site since they were opened.

In 2018, the province put in place a cap of 21 such sites in Ontario, but has only funded 17. A few other supervised consumption sites in the province have received federal approval but no provincial funding. Two of these, in northern Ontario, have closed due to a lack of funds, while one in Toronto has continued to operate through donations. Other communities, such as Barrie, Cobourg, Oshawa, and Orillia, remain without such sites, despite demonstrable need in those communities.³

In August 2024 the provincial government announced a ban on supervised drug consumption sites within 200 metres of schools and childcare centres. On Nov. 18, 2024, the province introduced Bill 223, the "Safer Streets, Stronger Communities Act," which, in addition to implementing this geographic ban, prohibits municipalities or any other organizations from starting up new sites. As a result, ten SCS are slated to close by March 31, 2025, five of which are in Toronto. Another Toronto SCS, the Moss Park site on Sherbourne St., will also close, as the location is subject to redevelopment and a move to a new location would count as a "new" site under the ban.

Concerns about safety near the sites reached a fever pitch after a mother of two was killed by a stray bullet not far from the South Riverdale site in July of 2023. This is indeed a tragedy. Yet the external review commissioned by the province in the wake of the shooting, while making recommendations concerning safety, security, and community engagement, did not recommend the closure of the site, but noted "a clear need for the services" in that location and recommended that the site continue to receive provincial funding.⁴

The province claims that crime rates are higher near supervised consumption sites, but has not provided statistics to back up this claim, despite repeated requests to do so. Rather, analysis of

Ontario Drug Policy Research Network, https://odprn.ca/occ-opioid-and-suspect-drug-related-death-data/

² https://amho.ca/amho-news/addictions-and-mental-health-ontario-calls-for-community-driven-andevidence-based-approach-to-expanding-addictions-care/ These figures are a lower estimate than that given by the Registered Nurses' Association of Ontario

³ https://www.orilliamatters.com/local-news/city-push-for-treatment-services-harm-reduction-marred-by-provincial-announcement-9391095

⁴ https://www.ontario.ca/files/2024-08/moh-consumption-treatment-service-review-unity-health-en-2024-08-19.pdf

data from the Toronto Police Service indicates that incidents of most types of crime dropped in neighbourhoods with SCS, often to a greater degree than in neighbourhoods without sites, and for crime rates which did not drop, there was no significant difference in the change of crime rates between neighbourhoods which had opened sites and neighbourhoods without them.⁵

It is also worth noting that supervised consumption sites are located where they are because these are areas that already see high levels of drug use. Closing the sites will not change that fact. Indeed, the sites' closure would lead to more public drug use, in parks, alleyways, and coffee shop washrooms; more discarded needles and other drug paraphernalia in public spaces; more bloodborne disease from the sharing of needles; and more likelihood of people overdosing and dying in public. This does not equate to greater safety for anybody in the community, including the children the province ostensibly wishes to protect.

Moreover, by responding to overdoses quickly, safe consumption sites reduce the strain on first responders and emergency services, saving taxpayer dollars. Without these sites, demand for ambulances and emergency rooms will only increase, leading to longer wait times for anyone who needs emergency medical treatment.

Along with the announced closures, the province announced an investment of \$378 million to open "Homelessness and Addiction Recovery Treatment" (HART) hubs. While investment in treatment is welcome, several aspects of the announcement are problematic. Firstly, the name unjustly conflates the issues of homelessness and drug addiction. Most people with a substance use disorder are housed; and even though the experience of homelessness can cause people to increase their substance use, many people experiencing homelessness do not have substance use disorders. Moreover, the amount to be invested in the HART hubs is insufficient to meet the need for either treatment beds or supportive housing across the province. Further, the proposed HART hubs would be barred not only from providing supervised consumption, but also from providing sterile injection equipment, a proven public health measure which has been in place for decades, which is known to be a crucial tool in preventing the spread of blood-borne disease and infectious and bacterial complications. This flies in the face of medical best practice.

Supervised consumption sites take a harm reduction approach to drug use. Recognizing that some people use drugs, and may not be ready, willing, or able to stop doing so entirely, harm reduction focuses on meeting people where they are, without ignoring or condemning them. By offering a place of support that meets people where they are, and respects the inherent dignity of each human being, these sites not only keep people alive to get treatment, but offer a place of community and compassion. These sites should not be seen in opposition to addiction treatment, but as part of a continuum of care available across our province.

"Jesus met people on the margins where they were, with compassion and respect," says Keren Elumir, an Anglican who works as a nurse at the Moss Park site. "Everyone we meet is made in the image of God and loved by God. Harm reduction is holy work."

⁵ Centre on Drug Policy Evaluation. Supervised Consumption Services in Toronto: Evidence and Recommendations (Toronto, November 2024).