

## Myths and Facts About Supervised Consumption Sites

<b>Myth:</b>	<b>Supervised consumption sites are “drug dens” that provide illegal drugs to users.</b>
<b>Fact:</b>	<p><b>Supervised consumption sites do not supply illegal drugs.</b> They are places where people who use drugs can bring the drugs they have obtained elsewhere and use them under supervision by trained staff who are able to respond immediately to any adverse reaction. The sites do provide sterile equipment, including needle exchange, which prevents the transmission of HIV, Hepatitis C, and other blood-borne diseases and infections. Some also offer testing of drugs that people bring in, to see if they contain toxic or unexpected substances, like fentanyl. Given the increasing toxicity of street drugs, this is an important way to help prevent overdose deaths.</p> <p>Supervised consumption sites are, first and foremost, health care centres. Along with supervised consumption and needle exchange, they offer primary health care, including wound care, diabetes care, women’s healthcare, and vaccinations. This is especially important as many drug users tend not to seek health care for fear of the stigma they experience. The sites also help connect people to other supports, including addictions treatment, housing, and mental health supports. Many provide meals and snacks, water, and a quiet space for people to rest or engage in various forms of therapy. They foster a sense of trust, acceptance, and belonging for people whose lives have been marked by the opposite.</p>
<b>Myth</b>	<b>Supervised consumption sites increase neighbourhood crime and make communities unsafe.</b>
<b>Fact:</b>	<p>Neighbourhood safety is a valid concern. However, the data does not support the contention that supervised consumption sites lead to more crime. <a href="#">Analysis</a> of 13 years of homicide data in Toronto shows that homicide rates actually showed a small but significant decline in neighbourhoods near supervised consumption sites after the sites opened, while areas farther away from the sites showed a small but significant increase. Similarly, analysis of 9 years of data from the Toronto Police Service showed significant decrease in assaults and robberies in neighbourhoods with sites after the sites opened, while neighbourhoods without sites did not show such a decline. Both neighbourhoods with and without sites experienced initial increases in break and enters after the sites were opened, followed by significant downward trends for both types of neighbourhoods. In addition, studies show that supervised consumption sites lead to a 50% reduction in public injecting for people who are homeless or precariously housed (who are those drug users most likely to inject in public).</p>
<b>Myth</b>	<b>Providing supervised consumption sites and harm reduction services is just enabling drug users. Instead, we should be getting people into treatment.</b>
<b>Fact:</b>	<p>There is no contradiction between harm reduction and seeking treatment for substance use. People who use drugs are not always in a position to seek, much less achieve, abstinence from drug use. Nor is recovery from substance use a linear process: people have relapses and fluctuating motivation for giving up drugs, just as most of us do with more socially acceptable vices. Providing safe, supervised consumption sites recognizes that some people are going to use, and strives to minimize the harms of that drug use to both personal and public health. By keeping people alive, and providing a safe, stigma-free space not only to use</p>

	<p>drugs but access other supports, safe consumption sites help people get to a place where they can choose recovery, or at least reduce their drug use and other risky behaviours. Statistics show that people who regularly use supervised consumption sites are nearly twice as likely to enroll in addictions treatment. Harm reduction and access to treatment thus go hand in hand as part of a full continuum of care. Even when people seek treatment for their addictions, there are insufficient treatment resources to meet the demand. The cost of private treatment is far above what people on low incomes are able to pay, while publicly funded detox and treatment beds are difficult to access. Between April 1, 2023 and March 31 2024, staff at the Moss Park site made 55 detox referral calls for clients: beds were only available two of those times.</p> <p>The government’s policy announcement promised funding for 500 new treatment beds, but this would still not be enough to meet the needs of the 75,000 unique clients served by the sites to be closed in Ontario. Many users will die before they can access treatment.</p>
<b>Myth</b>	<b>This is a Toronto problem. It doesn’t affect other parts of our Diocese.</b>
<b>Fact</b>	<p>Substance use is not a uniquely Toronto problem: communities all across our Diocese are seeing increases in substance use and would benefit from enhanced access to harm reduction.</p> <p>It is true that, of the ten supervised consumption sites slated to be closed due to their location within 200 metres of a school, daycare, or Early ON centre, the five within our Diocesan boundaries are located within the City of Toronto. However, the legislation affects all communities in the province by making it illegal for <b>any</b> municipality to apply for a federal exemption, or the renewal of a federal exemption, for the purposes of operating a safe consumption site, without approval of the provincial Health Minister. This effectively bars any new sites from opening, regardless of the need in that community. Applications for new sites in Barrie and Orillia have gone unaddressed by the province: the Barrie application was dropped after waiting nearly 3 years for provincial approval. Moreover, since federal exemptions are only valid for three years, the ban on seeking a renewal of an exemption has the potential to close all supervised consumption sites in the province within the next three years. This represents a step backward for all communities in Ontario.</p>
<b>Myth</b>	<b>Closing supervised consumption sites and prioritizing treatment is cost-effective and evidence-based.</b>
<b>Fact</b>	<p>The provincial government has repeatedly ignored the recommendations of taxpayer-funded reports and reviews, including those it has commissioned. In October 2018, the province moved to restrict the number of supervised consumption sites and the amount of funding for them, inconsistent with a September 2018 Summary of Evidence and Expert consultations by the Ministry of Health and Long-Term Care that “concluded that supervised consumption services were effective against overdose mortality, improved addiction treatment uptake, reduced public drug use, and were cost-effective, among other benefits.” It also ignored the recommendations of the province’s Opioid Emergency Task Force to support supervised consumption sites along with increased access to addictions treatment. Despite expressing a commitment to expanding access to treatment, provincial spending on mental health and addictions actually decreased from 2018-19 to 2019-20 and remained static for the next three years.</p>

	<p>In the wake of a shooting near the South Riverdale Community Health Centre in 2023, the province commissioned two expert reviews, whose reports were released in 2024. Neither of these reports recommended closure, but rather called for increased funding, both to address community safety needs and to expand harm reduction services, recognizing a clear need for the services.</p> <p>Paramedics, emergency physicians, the Registered Nurses' Association of Ontario and Toronto's Acting Medical Officer of Health have all noted that closing safe consumption sites will result in an increased burden on emergency medical services, including longer wait times for ambulances and in emergency rooms, which will negatively impact other vulnerable Ontarians, including seniors.</p> <p>The Community Care and Recovery Act, 2024, which is the legislation closing SCS within 200 metres of schools, daycares and Early ON centres, went from Second Reading vote to Third Reading vote on Dec. 2, 2024, without being referred to Committee for public consultation and all-party review. The next day, Dec. 3, 2024, the Auditor-General of Ontario released a report criticizing the government for its "outdated" opioid strategy, and for failing to develop a comprehensive plan to assess, quantify, or mitigate the impacts of closing safe consumption sites on public health and Ontario's health-care system.</p>
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