

# CLOSING SUPERVISED CONSUMPTION SITES IN TORONTO, CANADA: ESTIMATING HOW MANY PEOPLE WILL LOSE ACCESS

## Authors:

Bayoumi AM<sup>1,2,3,4,5</sup>, Wu M<sup>1</sup>, Pogacar F<sup>1</sup>, Wang T<sup>5</sup>, Gomes T<sup>1,3,5</sup>

<sup>1</sup> MAP Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael's Hospital <sup>2</sup> Department of Medicine, University of Toronto <sup>3</sup> Institute of Health Policy, Management and Evaluation, University of Toronto <sup>4</sup> Division of General Internal Medicine, Department of Medicine, St. Michael's Hospital <sup>5</sup> ICES

## Background:

Supervised consumption sites (SCSs) have strong evidence of benefit but remain controversial. Ontario plans to close 5 of 10 sites in Toronto by March 31, 2025. We estimated the impact of site closures on access to and use of SCSs.

## Methods:

We used administrative data (e.g., hospitalizations, physician visits, opioid agonist therapy dispensing) to estimate the number of people who use opioids and stimulants in Toronto by neighborhood. We estimated the number of people within each SCS's service radius (the distance clients would travel to access services, analyzed at 500, 1000, and 2000 m) currently and if sites close. We used data from SCSs to estimate the number of clients with regression to impute missing data. We estimated the number likely to lose access under a range of assumptions about distance willing to travel and capacity of remaining sites to accommodate clients of closed sites.

## Results:

We estimated that 37,144 people used opioids or stimulants and had an encounter with health care in Toronto in 2022, of whom >90% were located >500 m from an existing site. Assuming 4 SCSs remain open and a service radius of 500 m, 47% of current clients would lose access if remaining sites were able to accommodate all clients. Our results were sensitive to assumptions about the number of sites that remain open, the service radius, and the increase in capacity at sites that remain open.

## Conclusion:

SCSs in Toronto are accessible to about 10% of people who use opioids and stimulants, and closing SCSs would exacerbate this disparity. Slated closures will result in large proportions of existing clients losing access. Even with large increases in capacity among remaining sites, many current clients will be distant from an SCS and are likely to lose access to supervised drug consumption services after sites close.

## Disclosure of Interest Statement:

*No authors have relevant interests to disclose.*