“EVERY PLACE BECOMES AN UNSAFE INJECTION SITE”: HEALTH AND SOCIAL IMPACTS OF SUPERVISED CONSUMPTION SITE CLOSURES IN ONTARIO, CANADA

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Background
Supervised consumption sites (SCS) are evidence-based harm reduction services that reduce overdose mortality and connect people who use drugs to broader health and social care. SCS were scaled up in 2017 in Ontario - Canada’s largest province - to address rising drug toxicity deaths. In December 2024, the Ontario government passed the Community Care and Recovery Act, forcing the closure of 9 of 19 provincially funded SCS by March 31, 2025. We examine health and social impacts of these closures on people who use drugs in Ontario.

Methods
We conducted semi-structured qualitative interviews and focus groups with 235 participants in 8 programs across 6 Ontario cities in two phases: with 83 clients and 22 service providers prior to closures, and 104 clients and 26 staff after program closures. Participants described observed changes and, where applicable, drew on program-level monitoring data. Thematic analysis identified changes in substance use patterns, overdose risk, and connection with healthcare services.

Results
Following closures, participants reported: 1) increased overdose risk and direct health impacts including more frequent calls to paramedics; 2) loss of access to integrated health and harm reduction services, including wound care, drug checking and sterile harm reduction supplies; 3) adverse social impacts including severed connections to healthcare workers and community, as well as increased substance use alone and in hidden spaces, and displacement of use into public spaces such as bathrooms, alleys and parking lots.

Conclusion
SCS closures produced immediate health and social impacts, driven primarily by displacement of drug use from supervised sites to public and hidden spaces in community. SCS closures exemplify a broader pattern of organized abandonment of evidence-based overdose, HIV and HCV prevention services. These findings highlight the costs of politically motivated health policy decisions and underscore the need to ensure that evidence remains central to health policymaking.

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