

October 16<sup>th</sup>, 2024

The Honourable Sylvia Jones  
Ministry of Health  
sylvia.jones@ontario.ca | sylvia.jones@pc.ola.org  
777 Bay Street, 5th Floor  
Toronto, ON M7A 2J3

The Honourable Michael Tibollo  
Ministry of Health  
michael.tibollo@ontario.ca | michael.tibollo@pc.ola.org  
7 Queen's Park Crescent  
Toronto, ON M7A 1Y7

Dear Minister Jones and Associate Minister Tibollo,

**We write to express our grave concern regarding your recent announcement to shut down and prohibit supervised consumption services (SCS) sites and restrict harm reduction equipment distribution programs in Ontario. While we acknowledge the complexities of addressing public safety concerns surrounding the toxic drug supply, the choice to dismantle these services will have devastating consequences: reduced safety, increased preventable deaths, increased transmission of bacterial and viral infections, and soaring healthcare costs. Ultimately, these policy changes will further entrench and deepen health disparities, and Ontario will fall behind other jurisdictions in health outcomes.**

Research and guidance from numerous domestic and international experts – including Ontario's Chief Medical Officer of Health, Canadian Mental Health Association, Health Canada, Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Office on Drugs and Crime, World Health Organization – overwhelmingly support the delivery of SCS and needle distribution programs.

These evidence-based services are not only proven to reduce harm, but also improve health outcomes by providing screening and treatment for HIV, hepatitis C (HCV) and other sexually transmitted blood-borne infections (STBBI), wound care, guidance on safer injection practices, primary health care including vaccinations, and overdose response. Without them, the risk of viral and bacterial transmission will increase significantly, further straining Ontario's already burdened healthcare system.

Shutting down SCS sites and restricting harm reduction programs would have dire consequences for communities that already face significant marginalization and barriers to care. When co-located with health and social services, these sites are lifelines for people who use drugs, offering not only harm reduction services but also critical connections to other forms of healthcare and social services. In Ontario, SCS sites have provided more than 533,000 linkages to mental health care, drug treatment programs, HIV and HCV care, and more. By removing these vital access points, the province will exacerbate existing health disparities, disproportionately affecting people

who are unhoused, and marginalized groups such as African, Caribbean and Black people, Indigenous people, women, and 2SLGBTQ+ communities.

Data consistently show that SCS sites with embedded harm reduction equipment distribution programs reduce viral and bacterial transmission and improve health outcomes. One study of an SCS site in Toronto providing HCV testing found that 51.6% of service users tested positive for HCV, and 67.4% of those HCV-positive service users who were eligible began treatment – far exceeding the rates found in other studies (14%-40%). Screening and treatment of HCV cases would likely have been missed if these services were not embedded within SCS sites, given that people who use drugs often experience discrimination and barriers when accessing healthcare in conventional settings.

In 2020, 11% of new HIV diagnoses in Ontario were directly linked to injection drug use, underscoring the ongoing need for accessible harm reduction services. The Government of Canada's 2024-2030 STBBI Action Plan identifies access to new drug use equipment as critical to the prevention of new cases of HIV, HCV and other infections.

SCS and harm reduction equipment distribution are prevention mechanisms that lead to an overall cost savings in the healthcare system by diverting the need for emergency services, reducing lifetime cost and pressure of onwards transmission, and reducing overdose-related healthcare costs. One SCS site can prevent up to 83 new cases of HIV transmission in a single year, which translates to more than \$17 million in future healthcare cost savings. Every dollar invested into SCS sites with embedded harm reduction equipment distribution programs can provide more than five times the initial investment in healthcare cost savings. These measures are well-established, highly effective and low-cost interventions that have been the standard in best practice for HIV and HCV prevention for 40 years and counting.

The HART Hubs, which do not offer harm reduction services, are not a sufficient nor appropriate replacement for SCS and harm reduction equipment distribution sites. Paired with police-led crisis response for mental health and addictions-related healthcare issues, shutting down SCS sites risk further marginalizing and exacerbating disparities, particularly among African, Caribbean and Black communities, Indigenous communities, women, and 2SLGBTQ+ people. The closure of ten established SCS sites in Guelph, Hamilton, Kitchener-Waterloo, Ottawa, Thunder Bay, and Toronto, as well as recent shutdowns in Sudbury, Timmins, and Windsor due to provincial funding decisions, is alarming and will result in significant harm to people who rely on these services.

Ontario's HIV and HCV rates have finally stabilized after years of cross-sectoral efforts, and implementing additional barriers to SCS and harm reduction equipment distribution programs will roll back this crucial progress. We need to retain and expand SCS in every community where there is need to halt the monumental loss of life through drug poisoning deaths in Ontario, alongside implementation of a broad range of evidence-based voluntary treatment.

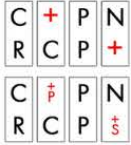
We urge your government to reconsider your decision to prohibit SCS and harm reduction equipment distribution under the HART Hub model. We further urge you to reverse your decision to close ten SCS sites and to not fund an additional three more which have led to their closure. We call on you to maintain urgently needed support for SCS and harm reduction equipment distribution in Ontario by ensuring all established SCS and harm reduction equipment distribution sites remain operational, and that services are provided in every community where need exists.

Ontario's future depends on compassionate, evidence-based solutions that prioritize the health and safety of all its residents.

Signed,

Adrian R. Betts, Executive Director, The AIDS Committee of Durham Region (ACDR)  
Amanda Girling, Executive Director (Interim), Trellis HIV & Community Care  
Ambrose Fan 范家俊, Executive Director, ACAS (Asian Community AIDS Services)  
Amilcar Kraudie, Executive Director, Centre for Spanish Speaking Peoples  
Angela Vos, Founder, Jordans Life  
Ardis Proulx, Manager of Cochrane Regional Foodbank, Cochrane Region Food Bank  
Ashleigh Pineau, Founding Member, Barrie Encampment Support Network  
Breklyn Bertozzi, Executive Director, Canadian Positive People Network  
Brianna Olson Pitawanakwat BSW, MSW, Indigenous Birthworker, Toronto Indigenous Harm Reduction  
Board, Canadian Association of Nurses in HIV/AIDS Care  
Reverend Christine Nayler, Co-founder and Director, Ryan's Hope  
Dane Record, Executive Director, Peterborough AIDS Resource Network (PARN)  
David Oritsetserundede, Board Member, ACDR  
DJ Larkin, Executive Director, Canadian Drug Policy Coalition  
Donald Turner, Director of Programs, Dudes Club Chatham-Kent DCCK  
Dr. Doris Grinspun, Chief Executive Officer, Registered Nurses' Association of Ontario (RNAO)  
Emmanuel Olaoti, Chief Executive Officer, Equality Global Support Foundation  
Eric Cashmore, Executive Director, The Seeking Help Project  
Gilles Charette, Director, Gay Men's Sexual Health Alliance  
Hannah Stahl, Steering Committee Member Street Nurses Network  
Heidi Eisenhauer, Executive Director, Réseau ACCESS Network  
Holly Gauvin, Executive Director, Elevate NWO  
Ian Culbert, Executive Director, Canadian Public Health Association  
Janet Rowe, Executive Director, Prisoners with HIV/AIDS Support Action Network (PASAN)  
Jehna Morin, Executive Director, Sudbury's Centre for Transitional Care  
Jennifer van Gennip, Executive Director, Action Hepatitis Canada  
Jesse Burt, Coordinator, Waterloo Region Drug Action Team  
Jillian Watkins, Executive Director, Moyo Health and Community Services  
Jody Jollimore, Executive Director, CATIE

Joel McCartney, Executive Director, Cochrane Temiskaming Resource Centre  
John Maxwell, Executive Director, ACT  
Julie Thomas, Program Manager, Healing Our Nations  
Keith McCrady, Executive Director, 2-Spirited People of the 1st Nations  
Ken Miller, Executive Director, Canadian AIDS Society  
Khaled Salam, Executive Director, AIDS Committee of Ottawa  
Linda Truglia, Executive Director, Bruce House  
Lounanjio Brown O'Sullivan, Director, African and Caribbean Council on HIV  
Marie Morton, Executive Director, CAYR Community Connections  
Martin McIntosh, Executive Director, Regional HIV/AIDS Connection  
Meghan Young, Executive Director, Ontario Aboriginal HIV/AIDS Strategy (Oahas)  
Mia Biondi, Director of Implementation, Viral Hepatitis Care Network  
Michael Brennan, Executive Director, Pozitive Pathways Community Service  
Michael Parkinson, Director, Drug Strategy Network of Ontario  
Michelle Joseph, CEO, Unison Health and Community Services  
Molly Bannerman, Director, Women and HIV / AIDS Initiative (Ontario)  
Nadine Sookermany, Executive Director, Fife House  
Nasra Smith, Executive Director, Ontario AIDS Network  
Normand Babin, Interim Executive Director, Action positive VIH-Sida  
Patrick Soje, Program Manager, Africans in Partnership Against AIDS  
Patty MacDonald, CEO, Canadian Mental Health Association - Sudbury/Manitoulin  
Praney Anand, Executive Director, Alliance for South Asian AIDS Prevention  
Ricardo Romero, Sexual Health Program Coordinator, Centre for Spanish Speaking Peoples  
Rob Romanek, Chair, Engage Barrie Organization  
Ruth Cameron, Executive Director, ACCKWA  
Ruth Fox, Ontario Director, Moms Stop the Harm  
Ryan Peck, Executive Director, HIV & AIDS Legal Clinic Ontario (HALCO)  
Sandra Ka Hon Chu, Co-Executive Director, HIV Legal Network  
Sarah Tilley, Harm Reduction Manager, Gilbert Centre  
Seth Compton, Women & HIV/AIDS Development Community Coordinator, The AIDS Committee of North Bay & Area  
Shamin Mohamed Jr, Founder & President, LetsStopAIDS  
Simone Morrison, Manager of Outreach & Education, Sanguen Health Centre  
Stacey Mayhall, Executive Director, AIDS Committee of North Bay and Area  
Suzanne Paddock, Executive Director, Toronto People With AIDS Foundation  
Talia Storm, Director of StreetWorks Services, Positive Living Niagara  
Tania Duguay, Executive Director, Timmins Family Counselling Center  
Tara Gomes, Program Director, Ontario Opioid Drug Observatory  
Thierry Croussette, Board of Directors - Director, DIY Community Health - Timmins  
Tim McClemont, Executive Director, Positive Health Network  
Tyler Beaton, Executive Director, Ininev Friendship Centre  
Wangari Tharao, Director of Research and Programs, Women's Health in Women's Hands CHC  
Wendy Vuyk, Interim CEO, Kingston Community Health Centres  
Zoe Dodd, Co-Organizer, Toronto Overdose Prevention Society





**CSSP** Centre for Spanish Speaking Peoples  
**CGHH** Centro para Gente de Habla Hispana



**CANADIAN PUBLIC HEALTH ASSOCIATION**  
**ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE**



Canada's source for HIV and hepatitis C information  
 La source canadienne de renseignements sur le VIH et l'hépatite C



Canadian Mental Health Association  
 Sudbury/Manitoulin  
 Mental Health & Addiction Services

Association canadienne pour la santé mentale  
 Sudbury/Manitoulin  
 Services de santé mentale & de toxicomanie



Kingston Community Health Centres  
 Centres de santé communautaire de Kingston



**CANADIAN AIDS SOCIETY**  
**SOCIÉTÉ CANADIENNE DU SIDA**

**BRUCE HOUSE**



HEALING OUR NATIONS



**POZITIVE PATHWAYS**

