

Canadian provinces scaling back harm-reduction services

Public health officials have criticised plans to close safe injection facilities. Paul Webster reports from Toronto.



Electioneering politicians in two of Canada's most populous provinces are scaling back harm-reduction programmes amid a national public health crisis driven by surging rates of fentanyl usage. The retreat from harm-reduction programmes contradicts calls from senior public health officials for the expansion of these programmes, and is based on crime data that scientists dispute.

In British Columbia, which has a population of 5 million, the Provincial Government recriminalised public consumption of illicit drugs last April. Then, on Sept 15, the Government announced it would expand efforts to force drug users into involuntary treatment. "People with addiction challenges, brain injuries, and mental health issues need compassionate care and direct and assertive intervention to help them stabilise and rebuild a meaningful life", British Columbia Premier David Eby said while announcing stiffened measures to criminalise and incarcerate drug users.

In Ontario, which has a population of 16 million, the Provincial Government announced plans on Aug 20 to shut down 11 of the province's 20 Consumption and Treatment Services (CTS) by banning all such sites within 200 m of schools and childcare centres by March, 2025. At the same time, the Provincial Government announced plans to prohibit municipalities from establishing new consumption sites and from participating in Federal Government programmes aimed at making drug use safer.

According to the Toronto Overdose Prevention Society, an alliance of public health and social support agencies, at least 11 000 drug overdoses have been reversed since

March, 2000, at the 11 Ontario CTS sites now slated for closure. These sites also provided more than 240 000 medical referrals, including linkages to primary care, substance use treatment, housing, wound care, and other essential health and social services, the Society says. "Thanks to these sites, there are over 10 000 people who are still alive today who might otherwise have died, had they not received timely care", the Society said in a press release announcing province-wide protests on Oct 2.

The closure of several Ontario CTS sites will be especially significant to rural and northern communities across Ontario's vast landmass, including many communities with significant Indigenous populations, says Toronto-based Indigenous harm-reduction worker Mskwaasin Agnew, while noting that First Nations People in Ontario are dying of toxic drug deaths at seven times the rate of non-First Nations People. "This announcement will leave no sites for all of Northern

Ontario. Northern and Indigenous communities have been abandoned by the Ontario Government", says Agnew.

A November, 2023 review of opioid use amongst Ontario Indigenous people found significantly higher rates of medically prescribed opioid use among Indigenous people than among non-Indigenous people, higher rates of opioid antagonist therapy, and far higher rates of hospitalisation for opioid toxicity and overdose deaths. "These high rates show the need for culturally appropriate services, harm reduction, and better access to opioid antagonist therapy for First Nations People regardless of where they reside", concluded the study, which was co-written by the Chiefs of Ontario and the Ontario Drug Policy Research Network.

There are between 2500 and 3000 opioid toxicity deaths in Ontario each year—or one death every 3 h—largely due to the toxic unregulated drug supply, noted Ontario's Chief Medical Officer of Health, Kieran Moore, in a March, 2024, report to



The Parkdale Queen West Community Health Centre is one of several drug consumption rooms in Ontario slated for closure.

Richard Laurens/Toronto Star via Getty Images

For Werb and colleagues' study
see [https://dx.doi.org/10.2139/
ssrn.4969290](https://dx.doi.org/10.2139/ssrn.4969290)

the Ontario legislature calling for an expansion of CTS.

While acknowledging public concerns about the impact of the opioid toxicity crisis on neighbourhood safety, "including discarded needles, public substance use, and people who sell drugs being attracted" to consumption sites, Moore's report recommended that all of these problems be addressed by "providing a wider array of harm reduction and treatment services", and by creating more safe consumption sites.

Allowing drug inhalation within the sites (which currently only permit drug injection) so that people can use substances indoors rather than outdoors in the neighbourhoods around the sites "would help to meet the urgent harm reduction needs of people who use opioids while promoting community safety", Moore also recommended.

Cécile Kazatchkine, Senior Policy Analyst with the Toronto-based HIV Legal Network, describes the Ontario Government's harm-reduction roll-back as an "outrageous attack on a vital health service amidst a relentless drug poisoning crisis in Canada". Kazatchkine labels the decision by the Ontario Government to halve the number of consumption and treatment sites as an "ideological" tough-on-crime response to a social crisis in which problems of addictions, mental illnesses, and homelessness are intertwined.

Kazatchkine notes that the Government's decision not only repudiates Moore's advice but also flies in the face of recommendations from a panel of community health-care and harm-reduction experts who were commissioned by the Provincial Government to investigate community safety concerns relating to the operation of a CTS facility in Toronto's South Riverdale neighbourhood. The panel was commissioned after public outcry and media coverage after a stray bullet killed a mother of two who had been walking nearby when a fight

between alleged drug sellers broke out near the South Riverdale CTS site in July, 2023.

In its report, the panel strongly recommended that the Provincial Government bolster CTS site security and community consultation measures and that the Ontario Ministry of Health "incorporate into the CTS annual reports a requirement that all CTS programs provide an annual report on their risk register and mitigation plan". Rather than bolstering and expanding the sites, however, on Aug 20, Ontario Health Minister Sylvia Jones announced that the closed CTS sites would be replaced by 19 new homelessness and addiction recovery treatment (HART) facilities.

So far, few details have been provided about the HART facilities beyond the Government's pledge that although they "will not be allowed to deliver needle exchange programs, needle return or collection services may be considered during the application process".

Panel member Ahmed Bayoumi, who has closely studied safe-consumption sites as a scientist with the Centre for Urban Health Solutions at St Michael's Hospital in Toronto, described the Government's decision to close sites rather than bolster them as an "ideologically driven and evidence-light, anti-harm-reduction decision that will have measurably negative impacts for users and for community safety".

The CTS sites now slated for closure "will be encouraged to submit proposals to transition to HART Hubs and will be prioritised by the province during the review process and could be eligible on average, for up to four times more funding under the HART Hubs model than they receive from the province as a consumption site", the Government explained in a press release.

"We are investing more than any government in Ontario's history to create a nation-leading system of mental health and addictions care", Michael Tibollo, Ontario's

Associate Minister of Mental Health and Addictions added. "The new HART Hubs are a next step in the vision first outlined in the Roadmap to Wellness and expanded on in the Addictions Recovery Fund to provide the substantial regional resources that are needed to keep our communities safe and give people their lives back through treatment and recovery."

Tara Gomes, Canada Research Chair in Drug Policy Research and Evaluation at the University of Toronto, says the HART Hubs strategy signals a clear move away from harm reduction towards treatment and recovery. "Politically, it seems palatable to take a moralistic approach and focus on abstinence-based approaches."

In an email to *The Lancet*, Hannah Jensen, Director of Communications for Sylvia Jones, said "the presence of drug consumption sites near schools and daycares is leading to serious safety problems". In Toronto, she added, neighbourhoods with CTS sites within 200 m of schools have "44-81% higher reports of homicide".

To support this claim, Jensen cited aggregated police data from numerous geographically large Toronto neighbourhoods rather than data targeted to zones with CTS sites. Jensen did not respond when asked if other data exist that might verify her claim.

A new study in preprint from Werb and colleagues investigating the spatial association between CTS sites and homicide rates in Toronto between 2010 and 2023 found CTS "implementation was not associated with increased homicide rates; instead, we observed a reduction in monthly incidence".

"I think there may be some failure to account for the fact that CTS were implemented in areas with higher drug market activity", Werb explains. "This makes sense, as this is where they might be able to provide the most benefit to people who use drugs."

Paul Webster