

Comments at Toronto BOH Meeting – March 30 2026

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Good morning and thank you Chair. My name is Beeta Senedjani and I am with the Canadian Drug Policy Coalition, a national, non-partisan policy organization working to support the implementation of drug policy grounded in public health and human rights. As the most populous municipality in the province, we prioritized making this appearance today and we urge action from this Board and your counterparts across the province. I am also here as a Toronto resident deeply concerned by decisions that will impact my community.

I will be addressing the recent defunding and possible imminent closure of additional supervised consumption sites, which will have disproportionate impacts on people experiencing homelessness in Toronto.

While surely, not everyone who is homeless consumes drugs, and while not everyone who consumes drugs is homeless, peer-reviewed research shows that in 2021, 1 in 6 people who died from opioid toxicity in Ontario was a person experiencing homelessness.

The defunding and closure of supervised consumption services will significantly harm people who use drugs, people who experience extreme poverty and homelessness, gender minorities, women, and Indigenous people. These have implications for this Board's reconciliation efforts, as well as other frameworks designed to reduce health disparities among these marginalized populations.

Access to addiction treatment and access to harm reduction must go hand in hand. It is widely accepted that for anyone who chooses to do so, the pursuit of abstinence is not a linear process. The increase in overdose risk immediately following a course of addiction treatment is well-documented in the research, and therefore harm reduction and supervised consumption services must be available, even within the logic and framework of the province's so-called Recovery based model.

The unregulated and toxic drug supply is leading to increasing rates of death and irreversible injury such as hypoxic brain injury due to oxygen deprivation, as well as increased strain to first responders. After the first round of SCS closures as of April 1, 2025, in Toronto, EMS calls for opioid toxicities increased by 82% in January 2026 compared to March 2025. These overdoses could have been treated safely in a community setting, with appropriate infrastructure such as naloxone, oxygen and trained staff. We urge this Board to consider these kinds of long-term associated with the loss of these services.

In addition to the loss of supervised consumption, homelessness is increasingly criminalized in Ontario through indirect measures such as the *Safer Municipalities Act* which criminalizes drug use in public spaces and provides additional powers to police to displace and arrest people who use drugs, including those living in tents and in encampments. This legislation came after the forced closure of 4 sites in Toronto, pushing unhoused people to use drugs in public space, where they face increased surveillance and risk of arrest.

Ontario is also creating barriers for renters who may consume drugs by passing Bill 10, the *Protect Ontario Through Safer Streets and Stronger Communities Act*, which punishes landlords with significant fines and the possibility of imprisonment for “knowingly” permitting people who produce, share or otherwise supply drugs in their rental unit. This will undoubtedly mean fewer landlords will rent to people who use drugs and may increase evictions.

There will likely be hotspots of overdose emergencies in specific areas of the City, should these closures be permitted to proceed, by this Board. My recommendations to this Board are as follows:

1. Take all action necessary to ensure the remaining sites in Toronto which have been defunded can remain operational.
2. Request the Medical Officer of Health to work with other city divisions and urgently set up an emergency response table that includes paramedics, library workers, supervised consumption site workers and clients, drop in and shelter workers, community organizations and medical professionals.
3. Request that the Medical officer of Health work with Toronto Shelter Support Services on a strategy for providing medical directives on oxygen for shelters and drop ins.
4. Request the medical officer of health provide a follow-up on the ‘Anticipated impacts of the SCS Closures’ report and include a summary of current impacts and recommendations.
5. Make a statement supporting supervised consumption services, as public discourse matters, and evidence and expertise in disease prevention and human rights must guide policy.