

Safety for Whom? Ontario's War on Safe Consumption Sites is no Act of Care

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This brief centres Brianna Olson Pitawanakwat's words from the [Bill 223 Emergency Webinar](#) on December 2, 2024, hosted by Toronto Overdose Prevention Society, Toronto Indigenous Harm Reduction, and Harm Reduction Advocacy Collective. Watch the webinar to hear more from harm reduction practitioners who speak to the impacts of the Bill on their communities.

ON DECEMBER 4, 2024, amendments to the [Community Care and Recovery Act](#) within Bill 223 received Royal Assent in the Ontario legislature. This move, made without expert or public consultation, will significantly impact the operation of Supervised Consumption Sites (also known as Safe Consumption Sites, or SCSs) in Ontario and, by extension, the safety of community members involved in substance use – with a disproportionate impact on Indigenous people.

Indigenous people in Canada are all too familiar with institutionalization and the resulting disparities caused through intentional systems of displacement, medical neglect, and death. After centuries of legislated harm, Indigenous peoples' health continues to be dictated today – drafted into policy and policed without regard for constitutional rights, consultation, or informed consent. In line with this disparity, the impacts of Bill 223 will disproportionately affect and criminalize Indigenous individuals in Ontario.

In the [Toronto Street Needs Assessment](#) survey produced in 2021, 20% of Indigenous respondents reported using a safe consumption site versus 6% of non-Indigenous respondents. The same study reported that Indigenous people experiencing houselessness in Toronto face greater service gaps, contributing to more frequent interactions with institutional care and carceral systems. In northern Ontario, which has the highest overall opioid death rates

in the province, the only safe consumption site in [Thunder Bay](#) is set to close – following site closures in [Timmins](#) and [Sudbury](#), despite evidence of their life-saving benefits. Northern Ontario is home to over 80% of the First Nation communities in the province.

In the era of reconciliation and performative societal advancements, legislation amendments of this type confirm that Indigenous people are still fodder for prison and forced treatment systems more than any other group of people.

Worse, as community practitioners have warned, this amendment is a death sentence for the vulnerable members of society who rely on these critical services.

Mskwaasin Agnew, a Cree-Dene practitioner with Toronto Indigenous Harm Reduction, stated in an [emergency webinar](#) on the Bill on December 2, “We are going to see an increase in Indigenous people and other racialized people pay the price of this Bill. This is going to have its ripple effects in our community. When we look at our toxic drug supply, and we know that our people are out there on the streets... the most vulnerable they could possibly be, it is only in safe consumption sites that they receive the safety and supports that they need.”

Consequences of the Bill

The Community Care and Recovery Act will shutter the operation of many existing safe consumption sites and restrict the ability for new sites to be established. As of April 1, 2025, safe consumption sites will be prohibited in locations less than 200 metres from schools and childcare centres. This new stipulation means that at least ten safe consumption sites in Ontario will close, putting hundreds of people at risk by cutting access to life-saving services. The majority of safe consumption sites in Ontario operate in Toronto, a dense urban environment where it is highly unfeasible to establish such distance. This specification in the Bill heavily relies on the stigmatization of harm reduction to remove deserved essential health care from members of our communities. In reality, safe consumption sites keep everyone in our communities safer, bringing drug users indoors rather than on the streets.

The Act, effective immediately, also restricts municipalities from launching new safe consumption sites. In Canada, the operation of a safe consumption site is contingent on multi-jurisdictional cooperation. The federal government's Controlled Drugs and Substances Act criminalizes the possession and distribution of substances. Safe consumption sites must apply for an exemption from the federal government, which protects those accessing sites from criminalization. However, a stipulation of the new Community Care and Recovery Act restricts municipalities from applying for exemptions from the Controlled Drugs and Substances Act, making it impossible for municipalities to establish new consumption sites. They must apply for approval from the provincial health minister, Sylvia Jones, who has stated that she will not approve of any such requests.

The health minister faces critique for disregarding evidence from two Ontario government-commissioned reports recommending increasing support and funding for safe consumption sites.

According to the Association of Municipalities of Ontario report, a recent study of Toronto's safe consumption sites found a 42 percent reduction in overdose mortality rates city-wide after the implementation of supervised consumption sites.

The neighbourhoods containing these sites had the greatest reduction in overdose rates.

As represented in the name itself, the Community Care and Recovery Act touts that banning sites within 200 metres of schools will "protect community". However, numerous studies on the relationship between safe consumption sites and crime indicate that crime decreases in neighbourhoods where safe consumption sites operate, compared to neighbourhoods without sites.

With the closure of safe consumption sites, we can expect to see more public drug use than we ever have, and resultingly, an increase in policing when visible drug use is reported by the public. Beyond increased criminalization, the absence of safe measures to use drugs and the potential loss of access to drug-checking services will inevitably result in significantly higher preventable deaths.

The right to safe consumption

In the current crisis of toxic drug supply, harm reduction-based approaches to care, including investments in safe consumption sites, are a critical facet of health care that saves lives every day. These approaches have been proven essential by the Supreme Court. In the 2011 Insite Decision, safe consumption sites were recognized as essential health care and depriving people of access to safe consumption sites was ruled as a violation of the Charter. As a result of this decision, the Supreme Court ordered Canada's Minister of Health at the time, Tony Clement to grant an exemption to Insite, the first and only safe consumption site in North America at the time.

The basis of this ruling is currently being used in a legal challenge by the Neighbourhood Group Community Services agency, arguing that the removal of safe consumption sites violates the right to life, liberty, and security of the person.

Against the abundance of evidence on the safety and effectiveness of safe consumption sites, this decision poses additional concerns given that the Bill went through three readings and received Royal Assent without discussion or comments from experts, foreclosing any possibility for affected community input or amendments.

Impacts of Bill 223 on Indigenous communities

In 2023, more than 2,500 Ontarians died from opioid toxicity deaths, including 523 in Toronto. The impacts are more severe for Indigenous people. In 2021, First Nations people specifically were reported to experience a mortality rate 7 times higher than the rest of the population. Indigenous people are the most represented population in accessing safe consumption sites, which are the most critical infrastructures we have to help mediate the dangers of toxic drug supply.

In the current drug poisoning crisis, a human relative dies every four hours in this province. We have politicians withdrawing essential healthcare and lifesaving measures; who are actively denying expert alarms that removing safe consumption sites will exacerbate the opioid crisis. We have a health minister who assures “people are not going to die” after site closures, without any attempt to assess the risks. We have a provincial government that passed legislation to close harm reduction facilities with evidence-backed benefits to be replaced by conservative, prohibitionist addiction treatment models, all without a proper plan to determine the impacts on public health.

Importantly, safe consumption sites are not against recovery. In addition to measures that mitigate toxic drug supply, safe consumption sites include options for individuals seeking recovery through referrals to detox and treatments. In replacement of safe consumption sites, the province has offered HART Hubs which act only as conduits to support and recovery services, but do not provide those services themselves. These are approaches that safe consumption sites already offer. As a result, HART Hubs don't provide increased support for those seeking recovery – and they remove support from those not ready for recovery. Our political leaders tell us the removal of these critical services is for our benefit despite all evidence to the contrary: reliance on treatment and abstinence alone leads to preventable and traumatic deaths of our relatives every day.

Health policy as ongoing colonial harm

It is a frightening time, but not a time that we have not experienced as Indigenous people. In fact, the most extreme acts of inhumanity in policy and practice are rooted in the colonization of Indigenous peoples and lands. It is not a coincidence that Indigenous people

make up a large demographic of those who access safe consumption sites, that opioid-related deaths are disproportionately higher for First Nations people, and that drug poisoning deaths are much higher and increasing more rapidly among our people.

As the lives of our most vulnerable are put at risk with this Bill, we are reminded that the greatest risk to public health is stigma. As harm reduction champion Susan Boyd has taught us, by and large, poverty and lack of access to healthcare is the largest predictor of quality of life – not the fact that someone is a substance user. How, then, can we move toward liberation, dignity, and freedom while confronting the stigmatization that enables continued neglect and violence?

Now more than ever, it is critical to honour the people who have passed due to the toxic drug crisis, to honor those fighting for the living, and to recognize the life-saving benefits of safe consumption sites.

We know that harm reduction-based approaches have been proven to be the most critical resources to protecting community members from toxic drug supply and continued legacies of Indigenous criminalization. As Mskwaasin Agnew stated on December 2, “This Bill is structured around ‘safety.’ I'd like to ask the question: the safety of whom?”

CITATION

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