



Ministry of Health
The Honourable Sylvia Jones, MPP
Deputy Premier and Minister of Health
Via Email: sylvia.jones@ontario.ca

Via Email: March 30, 2026

RE: Supervised Consumption Services Are Essential Public Health Infrastructure.

Dear Minister Jones,

As a coalition of gender justice and equity organizations providing frontline services to women, girls, and gender diverse people across the province, YWCAs across Ontario are writing to provide an evidence-based perspective on the provincial government's recent decision to end funding for supervised consumption services. We are concerned that removing existing supervised infrastructure will inadvertently increase the burden on emergency services and undermine this government's goals of addressing addictions.

Supervised consumption services are a primary tool for maintaining public safety by keeping drug use off the streets and out of public spaces. When these sites are removed without a transition plan, the drug use does not end; it only moves into public spaces. Research consistently shows that neighbourhoods with active supervised sites experience significant reductions in public intoxication and discarded needles.¹ By maintaining these spaces, the government ensures that high-risk activity remains indoors and under professional supervision, directly supporting your commitment to safer communities for Ontario families.

These sites are also a critical component of Ontario's Violence Against Women prevention infrastructure. Using substances in isolation or in unregulated outdoor spaces leaves women acutely vulnerable to predatory violence, sexual assault, and human trafficking. Supervised environments provide a monitored safe haven where staff can intervene in cases of violence and connect survivors with emergency shelters and legal support. Eliminating supervised spaces exposes individuals to serious and preventable forms of gender-based violence.

Since 2020, Ontario's supervised sites have facilitated over 530,000 referrals to detox, housing, and addiction treatment.² These sites act as a high-volume intake system that directs individuals to necessary and appropriate services. Without this initial point of

¹ <https://cdpe.org/wp-content/uploads/2024/11/CDPE-SCS-Toronto-Nov-2024-.pdf>

² Ibid



contact, many individuals may remain in a constant cycle of interactions with emergency services and hospitals.

Finally, the closure of these sites represents a significant unfunded mandate for our already strained emergency services. Reversing an overdose on-site with oxygen or naloxone costs the taxpayer a fraction of a 911 response, which involves a police escort, an ambulance crew, and an ER bed. Given that these sites have successfully reversed over 22,000 overdoses without a single death³, their removal will inevitably lead to a surge in ER wait times for all Ontarians.

We urge the Government of Ontario to reverse its decision immediately and work closely with harm-reduction experts, frontline service providers and those with lived experience to strengthen, not dismantle, Ontario's response to the toxic drug crisis.

Sincerely,

YWCA Ontario

³ Ibid