



5 Key Reasons Why a gender analysis is important when talking about the closure to Supervised Consumption Sites

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In August 2024, the Ford government proposed legislation that would result in the closure of at least 10 supervised consumption sites (SCS) across Ontario, and on December 4th, 2024, the legislation titled the **Community Care and Recovery Act** was officially adopted. To date, 13 sites have closed across Ontario.

The closure of these sites will have colossal consequences for Ontario's ability to respond to the toxic drug crisis.

Impacts will include the significant loss of human life, severe increases to the burden of response on emergency services including ambulance and emergency rooms, increasing rates of HIV, HCV, and other bloodborne infections as well as brain injury, and increased public drug consumption and discarded drug use equipment. These impacts have been well-documented and are evidenced in many reports including the [Supervised Consumption Services in Ontario: Evidence and Recommendations](#) (November 2024) and [Estimating the effects of closing supervised consumption sites in Toronto: Use of services](#) (2024). Less discussed but of critical importance, the closure of SCS will have a dire impact on women and gender-diverse people. This resource seeks to bring a gendered lens to our understanding of the impacts of the Community Care and Recovery Act by outlining 5 key considerations and laying the groundwork for strategies to address these impacts.

5 Key Considerations:

1. *Increased risk for HIV, HCV and other Bloodborne Infections*
2. *Experiences of Violence*
3. *Autonomy over Drug Use*
4. *Barriers to Services*
5. *Criminalization and Surveillance*

1. Increased Risk for HIV, HCV, and other Bloodborne Infections:

SCS provide important access to new drug use equipment, testing for HIV, HCV and other STBBIs, as well as linkages to treatment and care. These services are important steps in HIV prevention and the continuum of care, especially for women and gender-diverse people who face disproportionate risk for these health realities. In 2022, of the 10.6% of new HIV diagnoses in Ontario through Injection Drug Use (IDU), 36.5% were females,¹ a rate that is disproportionate to overall rates of HIV amongst females.² Gender power dynamics impact this risk, including violence, drug equipment sharing, and drug use practices. For example, "rates of HIV and other infections are particularly pronounced among women who require assistance with injection."³ Women who use drugs also face barriers in accessing HIV care once diagnosed with HIV. For example, once diagnosed with HIV, it takes females who use drugs 40 days to have a viral load test compared to an average of 16 days for newly diagnosed people and 226 days for viral suppression, compared to 91 days for newly diagnosed people.⁴ Furthermore, women

¹Note that the language of "female" is used here to reflect the way data is collected in HIV requisition forms.

²[HIV Diagnosis in Ontario](#), 2022. Ontario HIV Epidemiology and Surveillance Initiative.

³[Submission to the UN Committee on the Elimination of Discrimination against Women: Review of Canada at 89th Session](#). October 2024. Page 6.

⁴Ontario HIV Treatment Network, email communication, September 2024.

who cannot inject themselves often report using equipment that has already been used by someone else, contributing to their risk for HIV, HCV, and other bloodborne infections.⁵ With these gender-specific health risks, services at SCS provide critical prevention and care services; however, linkages to these services will be reduced with the closure of sites and related restrictions of harm reduction supply distribution, resulting in an increased risk for HIV, HCV, and other bloodborne infections and health disparities.

2. Experiences of Violence:

Women and gender-diverse people who use drugs face higher rates of violence, and SCS provide important refuge from violence and linkages to supports. This is well evidenced in the HIV Legal Network and Canadian Drug Policy Coalition's Submission to the UN Committee on the Elimination of Violence Against Women: "Violence against women (VAW) is among the 'most pervasive health risks to women and gender-diverse people' in Canada, and since 2019, the country has seen increasing rates of femicides - borne disproportionately by certain populations, including women who use drugs and Indigenous women."⁶ SCS are trusted touchpoints for women experiencing violence, providing important community connections for those who are isolated. "SCS can also provide a refuge from various forms of violence that women may experience on the street and have been found to disrupt certain social structures, such as gender power dynamics, enabling women to assert agency over their drug use practices."⁷ Further, the National Survey Report put out by the Dr. Peter Centre and Canadian Association of People Who Use Drugs (CAPUD)

notes that "the goal is to create a welcoming space for people who may have experienced trauma, have done or do sex work, and / or are at risk of experiencing gender-based violence."⁸ With cuts to SCS, these important linkages to safety, violence prevention and community support will be eliminated and will inevitably result in increased isolation, increased rates and severity of violence against women who use drugs, with particular risk for Indigenous and Black women who already face heightened risks of violence, while also reducing access to integral supports. These realities are complicated further by the impact of brain injuries through non-fatal overdoses and / or partner violence. In Canada, statistics show that 92% of partner violence involves hits to the head and face and strangulation, increasing the risk of brain injury, as does an overdose which can cause loss of oxygen to the brain or drug toxicity.⁹ A brain injury can result in cognitive, emotional and physical effects that increase challenges navigating safety and well-being, as well as decision making related to drug use safety.

3. Autonomy over Drug Use:

Power dynamics embedded in drug use practices and culture resulting from drug criminalization often create significant barriers for women and gender-diverse people to exercise autonomy, control and safety. Pressures such as being forced to share drugs, control over access to drugs, and a need for assistance when injecting are all frequent realities for women who use drugs. In fact, "women who inject drugs are more than twice as likely to require assistance with injection compared to men."¹⁰ Dependence on an injecting partner makes women more susceptible to violence.^{10,11} Peer

⁵[Submission to the UN Committee on the Elimination of Discrimination against Women: Review of Canada at 89th Session](#). October 2024. Page 7.

⁶[Submission to the UN Committee on the Elimination of Discrimination against Women: Review of Canada at 89th Session](#). October 2024. Page 2.

⁷[Gendered violence and overdose prevention sites: A rapid ethnographic study during an overdose epidemic in Vancouver, Canada](#). September 2018.

⁸[Holding and Untangling: A National Survey Report: A Lived Experience Lens: Women & Gender Expansive Populations' Access to Supervised Consumption Consumption / Overdose Prevention Sites](#). April 2024.

⁹[Intimate Partner Violence and Brain Injury](#), Brain Injury Canada.

¹⁰[Submission to the UN Committee on the Elimination of Discrimination against Women: Review of Canada at 89th Session](#). October 2024. Page 6.

¹¹[Help me fix: The provision of injection assistance at an unsanctioned overdose prevention site in Toronto, Canada](#). February 2020.

injection programs, often available at SCS, as well as education from peer employees and other staff about injection practices, are a critical element to increasing women and gender-diverse people's autonomy over their drug use and reducing risks of harm. "Participants characterized OPS as safer spaces to consume drugs in contrast to less regulated settings, and accommodation of assisted injections and injecting partnerships was critical to increasing OPS access among WWUD."¹² The elimination of SCS will remove these spaces which foster women's autonomy over drug use, increasing risk for a range of harms related to gender power dynamics.

4. Barriers to Services:

Women and gender-diverse people who access SCS face significant and damaging barriers to other services which limit their access to safety, healthcare, and shelter. A 2021 National Survey found that, among 500 women and gender-diverse people, those who used drugs were barred from shelters at a rate that was 3x higher than those who did not.¹³ These numbers are even higher for Trans, 2-Spirit, and other gender-diverse populations. As noted above, women diagnosed with HIV also face barriers in access to HIV treatment and care, resulting in a longer time frame to reach viral load suppression.¹⁴ Conversely, SCS help to reduce these barriers by providing important referrals and connecting women to services such as health care services and wrap-around supports.¹⁵ In many cases, SCS are the only space where women and gender-diverse people don't face discrimination and barriers to services. Trust and working with peer workers who have life experience is an important component of services at SCS. With the closure of sites, these service pathways will be eliminated, and barriers will continue to grow, resulting in increased health and safety disparities. Overall, SCS have demonstrated that they reduce barriers and foster

effective access to comprehensive services that include linkages to shelters, HIV and STBBI testing and thoughtful, supportive healthcare and a range of other important services.

5. Criminalization and Surveillance

Many women and gender-diverse people who use drugs experience police harassment, criminalization, surveillance, and consequently face increased risk of harm. This is especially true for Black and Indigenous women and gender-diverse people. As noted in the UN Submission on the Elimination and Discrimination Against Women in 2024, criminalization is a significant fear for women and gender-diverse people who use drugs and prevents them from accessing supports. Shelter rules against serving people who use drugs and the criminalization of sex work are linked to women's fear of police harassment, surveillance and criminalization.¹⁵ Furthermore, as noted in the Holding and Untangling National Report, pregnant and parenting people who use drugs face many barriers to services based on experiences of discrimination and fear of child apprehension. In many cases, the conflation of drug use with inadequate or dangerous parenting practices often result in pregnant and parenting people having increased fear of surveillance and not accessing services, increasing risk for both parents and children.¹⁶ SCS provide safe spaces for these populations and are often the only avenue for women and gender-diverse people to access support and community services without risk of surveillance, police harassment and criminalization. The elimination of these services, combined with increasing pressures to dismantle encampments and the criminalization of homeless communities, will put women and gender-diverse populations at higher risk of using outdoors and unsafe locations, increasing risk of surveillance, criminalization, violence, and overdose.

¹²[Gendered violence and overdose prevention sites: A rapid ethnographic study during an overdose epidemic in Vancouver, Canada](#). September 2018.

¹³[Submission to the UN Committee on the Elimination of Discrimination against Women: Review of Canada at 89th Session](#). October 2024. Page 3.

¹⁴Ontario HIV Treatment Network, email communication, September 2024.

¹⁵[Submission to the UN Committee on the Elimination of Discrimination against Women: Review of Canada at 89th Session](#). October 2024. Page 4. ⁸

¹⁶[Holding and Untangling: A National Survey Report: A Lived Experience Lens: Women & Gender Expansive Populations' Access to Supervised Consumption Consumption / Overdose Prevention Sites](#). April 2024.

5 Key Tips to Strengthen Community Capacity under Increasing Risk of SCS Closures:

While the above outlines 5 key reasons why a gender analysis is important, below is a list of 5 key tips to build community capacity in response to potential SCS closures, and support gender-inclusive and thoughtful harm reduction and overdose prevention practices.

1. Grow Community Allyship & Collaboration:

Increase and enhance existing harm reduction and overdose prevention services, safer supply access and education in spaces where women frequent. This includes offering harm reduction supplies, naloxone and overdose prevention training, drug safety tips, drug testing and HIV / HCV / STBBI prevention services in community outreach programs, through drop-in centres, foodbanks, women's shelters and other spaces where women and gender-diverse people already go. Ensure staff in these spaces are continually educated about gender-based risks as well as thoughtful approaches to build inclusive spaces and provide education and awareness supports (i.e., awareness about realities of sex work, gender-based violence, gendered drug use dynamics, family surveillance systems and risks, etc.).

2. Strengthen Grassroots Community-led Women's Programming:

Support women and gender-diverse people in building capacity to provide support to each other. This could happen through satellite and outreach services whereby women take extra supplies to others in their friend group / community, or creating spaces for women and gender-diverse people to gather and share education about drug use safety, overdose prevention, navigating violent relationships, pregnancy and parenting, sex work safety, and health care. This may include models such as advisory committees, kit making circles, or general groups for women and gender-diverse people.

3. Raise Awareness about Overdose Prevention Services:

Build community awareness of the Overdose Prevention Hotline and local overdose prevention services and supports.

- National Overdose Response Service (NORS)
24/7 Canada wide 1-888-688-6677

4. Built Capacity and Awareness:

Encourage community agencies to use the WHAI Women and Harm Reduction In Ontario: A Capacity Building Toolkit and other gender-inclusive resources to build their capacity for women-centred harm reduction practices.

5. Support Pregnant and Parenting Women and Gender-Diverse People:

Learn about the realities of family surveillance and child apprehension for parents both currently and throughout history, and the deep experiences of stigma and discrimination. Seek out, support and share strategies that support pregnant and parenting women who use drugs through resources such as Know Your Rights: Drug Use and Child Protection Systems in Toronto, created by the HIV Legal Network, Breakaway: Reducing Harm & Enhancing Health, in partnership with the Drug Strategy's Women and Drug Policy Working Group, the Canadian Community Epidemiology Network on Drug Use (CCENDU) at the Canadian Centre for Substance Use and Addiction (CCSA).

Overall, the closure of SCS will have a dire impact on women and gender-diverse people across Ontario. These services provide crucial support for those who experience violence and face barriers to autonomy related to their drug use. The loss of SCS will increase the risk of HIV, HCV and other bloodborne infections, extend the risks of criminalization and experiences of surveillance, and will reduce access to essential services such as healthcare, violence prevention, and community supports. This gendered analysis offers critical considerations in our work to both prevent the closures of SCS and to strengthen and extend the reach of harm reduction and overdose prevention services for women and gender-diverse people who use drugs.

This document will be reviewed regularly by the Women and HIV / AIDS Initiative and updated based on the changing circumstances impacting SCS and harm reduction services in Ontario.