The Closure of Supervised Consumption Sites
A GENDER ANALYSIS

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This resource was developed to bring a gendered lens to our understanding of closure of SCS and highlight actions communities can take to support a gender-inclusive response.

In March 2025 the Ontario government implemented legislation that resulted in the closure of 9 supervised consumption sites (SCS), and proposed the opening of HART (Homeless and Addiction Recovery Treatment) Hubs, which are an abstinence-based initiative to replace SCS. In July 2026, all provincial funding for SCS ceased resulting in the closure of the remaining 8 funded sites.[1] Currently, only 3 sites remain open, all of them are located in Toronto and are operating without provincial government funding.

The initial wave of closures created colossal consequences for Ontario's ability to respond to the toxic drug crisis. Ontario has already seen:

A 69.5% RISE
in the number of opioid toxicities treated by EMS in the 6 months following the first wave of closures.[2]

A 67% INCREASE
in emergency department visits for opioid-related toxicities (March 2025 to September 2025).[3]

A 19.4% INCREASE
in opioid toxicity deaths (April 2025 to October 2025).[4]

Community workers and people who use substances have reported increased use of substances in public washrooms and alleys, a loss of access to health and social services provided through SCS, and reduced access to harm reduction supplies, which increases risk for HIV and STBBI transmission[5] as well as other infections / abscesses, adding to the pressure on public health services. These impacts were predicted as they've been well-documented and are evidenced in **Estimating the effects of closing supervised consumption sites in Toronto:a Use of services** (2024), **Open Letter – Prohibition of sterile needle and syringe distribution within HART Hubs** (June 19, 2025), and **Supervised Consumption Services in Ontario: Evidence and Recommendations** (November 2024).

The defunding of the remaining sites came despite the known negative consequences following the initial closures and public pleas for the government to reverse the decision.

Less discussed but of critical importance, the closure of SCS has dire impacts on women and gender-diverse people. Below are five key ways the closure of SCS impact women and gender-diverse people:

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 & Surveillance**

1 2026. Kolla, G and Gomes, T. What the evidence says about defunding Ontario's remaining supervised consumption sites.
2 Ontario Drug Policy Research Network. Ontario Opioid Tool – EMS Calls.
3 Public Health Ontario. Substance Use and Harms Tool: Cases and rates of ED visits due to opioid-related poisonings in Ontario. 2026.
4 Office of the Chief Coroner. Quarterly Update: Opioid Toxicity Deaths in Ontario. 2026. 2026.
5 Kolla G, Musa S, Lewis JL, Guta A, Strike C, Rudzinski K, et al. Closure of Supervised Consumption Sites in Ontario, Canada. International Society for the Study of Drug Policy Conference. Perth, Australia; 2026.

1 INCREASED RISK FOR HIV, HCV, AND OTHER BLOODBORNE INFECTIONS:

- In Ontario, between 5.1 and 11.2% (2021 and 2023 respectively) of new overall HIV diagnosis are attributed to injection drug use (IDU) and of these, females make up between 10 – 30% respectively in the same time period.
- Once diagnosed with HIV, females who use drugs face barriers and health disparities in accessing health care and HIV treatment. Specifically, it takes females who use drugs 40 days to have an HIV viral load test compared to an average of 16 days for overall diagnosed people and 226 days for viral suppression, a marker of effective HIV treatment, compared to 91 days for newly diagnosed people.[6]
- Gender power dynamics impact this risk, including violence, drug equipment sharing, and drug use practices. These realities are heightened further for those who are pregnant or parenting[7], Trans, 2-Spirit and gender-diverse, as well as those who are Black, Indigenous or newly migrated.
- SCS provide low-barrier spaces for women and gender-diverse people to access HIV and STBBI prevention, testing, treatment, and violence prevention supports.

> "... rates of HIV and other infection are particularly pronounced among women who require assistance with injection."[8]

2 EXPERIENCES OF VIOLENCE

- Women and gender-diverse people who use drugs face higher rates of violence:

> "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."[8]

- The increasing range of street drug contaminations such as medetomidine and other tranquilizers in Canada's unregulated drug supply[9], mean that people who use drugs, particularly women and gender-diverse people, are increasingly likely to experience prolonged sedation which in turn, impacts the risk of experiencing violence, sexual assault, and robbery without the safety, monitor and care that SCS can provide.

> "In Canada, statistics show that 92% of partner violence involves hits to the head and face and strangulation, increasing the risk of brain injury."[10]

- Increasing rates of brain injuries amongst both those who have experienced violence and faced overdose also add complexities and increased risk of experiencing violence.

> "Across WHAI, brain injuries have been cited as a growing concern over the past two years, impacting people's health and ongoing safety."

- SCS have been documented to be trusted touchpoints for women and gender-diverse people experiencing violence, providing linkages to support and care as well as information about current drug supplies, impacts and safety strategies. Without these important linkages to safety, violence prevention and community support are being eliminated, leading to increased isolation and severity of violence.[11]

> "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."[12]

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

7 Camden A, Ray JG, To T, et al. Identification of Prenatal Opioid Exposure Within Health Administrative Databases. Pediatrics. 2021;147(1):e2020018507

8 Submission to the UN Committee on the Elimination of Discrimination against Women: Review of Canada at 89th Session.

9 Medetomidine in Canada's unregulated drug supply. CATIE

10 Intimate partner violence & brain injury. Brain Injury Canada.

11 Kolla G, Musa S, Lewis JL, Guta A, Strike C, Rudzinski K, et al. Closure of Supervised Consumption Sites in Ontario, Canada. International Society for the Study of Drug Policy Conference. Perth, Australia; 2026.

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

3 AUTONOMY OVER DRUG USE

- Pressures that impact drug use autonomy and safety include being forced to share drugs, lack of control over access to drugs, social / monetary dependency on a partner or sex work, and a need for assistance when injecting. These are all frequent realities for women and gender-diverse people who use drugs.

"...women who inject drugs are more than twice as likely to require assistance with injection compared to men."[13]

- Peer injection programs, often part of the SCS model, as well as education from peer workers 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.

- The elimination of SCS removes these spaces have supported women's autonomy over drug use, increasing risk for a range of harms related to gender power dynamics.

"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."[13]

4 BARRIERS TO SERVICES

- Women and gender-diverse people who use SCS face significant barriers to other services which limit their access to safety, healthcare (including prenatal planning for those who are pregnant), 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.[14] These numbers are even higher for Trans, 2-Spirit, and other gender-diverse populations.
- Fear of surveillance, child apprehension, and experiences of discrimination create barriers for pregnant and parenting people who use drugs, including avoidance of services.[15]
- The risk of drug toxicity is particularly high in the postpartum period and opioid toxicity rates, both fatal and non-fatal have increased dramatically.

"From 2013 to 2020, there was a 220% increase in non-fatal opioid toxicity events, and from 2015 to 2020 there was a 160% increase in opioid toxicity deaths. In 2020, opioids were involved in 1 in 4 deaths during pregnancy or within one year of delivery."[16]

- SCS help to reduce these barriers by providing key referrals and connecting women to healthcare services such as HIV and STBBI testing, treatment, pregnancy testing and prenatal care, and wrap-around supports.

"SCS provide safe spaces as they are often the only avenue for women and gender-diverse people, especially those who are pregnant, precariously housed and / or unhoused, to access support and community services without risk of surveillance, police harassment and criminalization."

13 Submission to the UN Committee on the Elimination of Discrimination against Women: Review of Canada at 89th Session. October 2024. Page 6.

14 Submission to the UN Committee on the Elimination of Discrimination against Women: Review of Canada at 89th Session. October 2024. Page 3.

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

16 Pregnancy, Opioid Toxicity & Death. August 2025.

5 CRIMINALIZATION & 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 well as those who are pregnant, parenting, or newly migrated.
- As noted in the UN Submission on the Elimination of 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.[17]
- The elimination of SCS, combined with increased surveillance and criminalization of homeless, newcomer, and pregnant women and gender-diverse people have intensified risk for using outdoors and in unsafe conditions, furthering the realities of isolation and service fragmentation.

5 KEY TIPS

TO BUILD A GENDER-INCLUSIVE COMMUNITY CAPACITY RESPONSE TO 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 SCS closures, and support gender-inclusive and thoughtful supports for people who use substances.

1. GROW COMMUNITY ALLYSHIP & COLLABORATION

Increase and enhance existing harm reduction and overdose prevention services, safer supply access and education in spaces where women and gender-diverse people 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, pregnancy and family surveillance systems, etc.).

2. STRENGTHEN GRASSROOTS COMMUNITY-LED PROGRAMMING

Support spaces such as satellite and outreach services where women and gender-diverse people share supplies with their friend group / community. Help create spaces for women and gender-diverse people to gather to 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, peer-based outreach, and general groups for women and gender-diverse people.

17 Submission to the UN Committee on the Elimination of Discrimination against Women: Review of Canada at 89th Session. October 2024. Page 6.

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. BUILD CAPACITY 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 that support women and gender-diverse people. Check if your community has a drug checking service or overdose alert reports. Seek out other resources such as:

- Pregnancy, Opioid Toxicity & Death Factsheet
- National Survey Report: Holding & Untangling – Women and Gender Inclusive Overdose Prevention
- Guidelines Supplement: Treatment of Opioid Use Disorder During Pregnancy Guideline Statement (British Columbia)
- CATIE How can supervised consumption services and overdose prevention sites better meet the needs of racialized women and gender expansive people?
- Knowing Your Rights – Using, Carrying, and Storing Drugs In Shelter

5. SUPPORT PREGNANT AND PARENTING WOMEN AND GENDER-DIVERSE PEOPLE

Accessing care can be complex and daunting for pregnant and parenting people who use drugs, and some may avoid care due to anticipated legal and social repercussions of disclosing their drug use while pregnant. To strengthen care and reduce risk and isolation, 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 people 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; and the Canadian Community Epidemiology Network on Drug Use (CCENDU) at the Canadian Centre for Substance Use and Addiction (CCSA).

Overall, the further closures of SCS will continue to have a dire gender specific 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 violence and criminalization and experiences of surveillance, increase parent-child health complications, and will reduce access to essential services such as healthcare, violence prevention, and community support. This gendered analysis offers critical considerations in our work to both navigate the closures of SCS and to strengthen and extend the reach of harm reduction and overdose prevention initiatives for women and gender-diverse people who use drugs.

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