 <p>Regional HIV/AIDS Connection</p>	<p>Harm Reduction and Supervised Consumption Services Guiding Principles <i>Guiding Principles</i></p>	<p>Policy Number: 1.1.12 Page: 1 / 4</p>
	<p>Original: April 2017 Revised: October 2024 Replaced:</p>	<p>Approved by: Board of Directors</p>

Regional HIV/AIDS Connection (RHAC) is deeply committed to the health, dignity, and safety of people who use substances. For decades, we have worked tirelessly to provide compassionate evidence-based services that meet the needs of our community. Harm reduction is not just a practice, but a guiding principle that underscores our approach to supporting members of our community at risk for HIV/AIDS, hepatitis C, and drug-related harms.

We firmly believe that addressing the complexity of substance use challenges and related harms in our community requires a holistic and comprehensive approach.

We support the well-established and evidence-based Four Pillars drug strategy:


- **Prevention,**
- **Harm Reduction,**
- **Treatment, and**
- **Enforcement¹**

The harm reduction pillar is an essential component of this strategy, working in concert with the others to meet people where they are, mitigate the harms associated with drug use, reduce overdose fatalities, and connect individuals to critical services that support immediate and longer-term health and wellbeing outcomes. Supervised Consumption Services (SCS) and Consumption and Treatment Services (CTS) represent critical harm reduction interventions that not only save lives, but also provide pathways to care and support for some of the most marginalized individuals in our community. Furthermore, they alleviate the burden on the healthcare system by reducing emergency room visits, hospitalizations, and infectious disease transmission (see Appendix I).

BACKGROUND

RHAC has been a leader in harm reduction for over 25 years, serving approximately 4,000 people who inject drugs annually. Through the Counterpoint Needle Syringe Program (started in 1992) and mobile outreach programs, we offer harm reduction supplies, education, and referrals to services such as addiction treatment, social and housing supports, and healthcare.

In 2017, London was included in the Ontario Integrated Supervised Injection Services (OISIS) Feasibility Study, which confirmed the local need for supervised services.² As a result, London opened Ontario's first provincially funded Overdose Prevention Site (OPS) in 2018, which evolved into Carepoint in 2019. The permanent Carepoint site at 446 York Street opened in February 2023 and operates 12 hours daily, 365 days per year, providing a safe environment for supervised substance use.

 <p>Regional HIV/AIDS Connection</p>	<p>Harm Reduction and Supervised Consumption Services <i>Guiding Principles</i> <i>Guiding Principles</i></p>	<p>Policy Number: 1.1.12 Page: 2 / 4</p>
	<p>Original: April 2017 Revised: October 2024 Replaced:</p>	<p>Approved by: Board of Directors</p>

EVIDENCE FOR CTS EFFICACY

Since its inception, Carepoint has reversed over 1,023 opioid poisonings (as of June 30, 2024) and supports an average of 1,439 monthly client visits. In 2023 alone, 1,287 referrals were made to addiction counseling and treatment services, in addition to thousands of referrals to social services and health-related supports.

Research shows that SCS is a life-saving intervention that can reduce the risks of overdose; decrease public drug use; and prevent the transmission of infectious diseases, including HIV.³ Evidence clearly demonstrates that SCS sites can also increase access to health and social supports while reducing the strain on emergency medical services.⁴ For more information and evidence about supervised consumption services in Canada, please visit: www.whyscs.ca.


URGENT NEED FOR CTS

Evidence consistently highlights a continuing public health crisis driven by a toxic drug supply, necessitating urgent and ongoing coordinated responses across all levels of government and community organizations. In 2023, Ontario reported 2,647 opioid-related deaths; an increase over the previous year.⁵ Meanwhile, from January to March 2024, non-pharmaceutical opioids accounted for over 80% of apparent accidental opioid toxicity deaths.⁶ These figures underscore the severity of the opioid crisis, exacerbated by the increasing toxicity of an unregulated drug supply that continues to affect vulnerable populations across the province.

The August 2024 provincial announcement to close 10 supervised CTS sites across Ontario, including restrictions on new CTS openings,⁷ is deeply concerning. Evidence strongly suggests that closing these services would lead to preventable deaths, increased burdens on emergency services, and negative public health outcomes. We recognize the tremendous support across the province from various careholders vocalizing shared concerns (see Appendix II) and stand in solidarity with communities facing imminent closures and those barred from life-saving CTS supports.

OUR POSITION: CTS ARE ESSENTIAL CARE

We, the Board of Directors at RHAC, strongly support the sustained integration of CTS in our community as part of a broader public health response to the ongoing substance use and toxic drug supply crisis. Evidence consistently demonstrates that CTS reduce overdose fatalities, prevent the spread of infectious diseases, and connect individuals to additional health, social, and treatment services in a non-judgmental, supportive environment.

 <p>Regional HIV/AIDS Connection</p>	<p>Harm Reduction and Supervised Consumption Services <i>Guiding Principles</i> <i>Guiding Principles</i></p>	<p>Policy Number: 1.1.12 Page: 3 / 4</p>
	<p>Original: April 2017 Revised: October 2024 Replaced:</p>	<p>Approved by: Board of Directors</p>


RHAC is committed to ongoing community engagement, prioritizing safety and security in all aspects of Carepoint’s operations. We continue to collaborate with key health partners, including the Middlesex-London Health Unit (MLHU) and London InterCommunity Health Centre (LIHC), local law enforcement, addiction treatment and recovery service providers, housing support services, and people with lived experience. These partnerships ensure that our services meet the evolving needs of the community while promoting health and safety for all careholders.

OUR CALL TO ACTION

We urge policymakers to reconsider the restrictions or closures of CTS. The evidence is clear: Harm reduction is compassionate, necessary, and effective in responding to the public health crisis of substance use. As a vital component of a comprehensive, evidence-based four-pillar strategy—alongside prevention, treatment, and enforcement—harm reduction services are essential to safeguarding public health and saving lives. RHAC remains committed to providing life-saving services and advocating for the continuation of harm reduction initiatives across our region as an indispensable part of a holistic drug and alcohol response.

Endnotes:

- I. Health Canada. Pillars of the Canadian drugs and substances strategy, August 13, 2018.
<https://www.canada.ca/en/health-canada/services/publications/healthy-living/pillars-canadian-drugs-substances-strategy.html>
- II. Ontario HIV Treatment Network. Ontario integrated supervised injection services feasibility study, February 2017.
<https://www.ohtn.on.ca/wp-content/uploads/2017/02/OISIS-London-Report-Online.pdf>
- III. Health Canada. Supervised consumption explained: types of sites and services, February 9, 2024.
<https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites/explained.html>
- IV. Ibid.
- V. Public Health Ontario. Interactive opioid tool, September 16, 2024.
<https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Interactive-Opioid-Tool>
- VI. Public Health Agency of Canada. Opioid- and stimulant-related harms in Canada, September 2024.
<https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>
- VII. Ministry of Health. Ontario protecting communities and supporting addiction recovery with new treatment hubs, August 20, 2024.
<https://news.ontario.ca/en/release/1004955/ontario-protecting-communities-and-supporting-addiction-recovery-with-new-treatment-hubs>

 <p>Regional HIV/AIDS Connection</p>	<p>Harm Reduction and Supervised Consumption Services <i>Guiding Principles</i> <i>Guiding Principles</i></p>	<p>Policy Number: 1.1.12 Page: 4 / 4</p>
	<p>Original: April 2017 Revised: October 2024 Replaced:</p>	<p>Approved by: Board of Directors</p>

Appendix I:

Reference Links/Documents

- CATIE. Frequently asked questions: Supervised consumption sites in Canada, August 2024. <https://www.catie.ca/sites/default/files/2024-08/CATIE-Frequently-Asked-Questions-Supervised-Consumption-Services.pdf>

Appendix II: List of Careholders Expressing Concern for CTS Closures

There is tremendous support across the province from various careholders vocalizing public concern for the closure of CTS facilities:

- [Addictions & Mental Health Ontario](#)
- [Alliance for Healthier Communities](#)
- [Canadian Public Health Association](#)
- [CATIE](#)
- [Canadian Network on Hepatitis C](#)
- [Centre on Drug Policy Evaluation](#)
- [CUPE Ontario \(Joint Statement\)](#)
- [HIV Legal Network](#)
- [Registered Nurses Association of Ontario](#)
- [The Centre for Addiction and Mental Health](#)
- [Women's College Hospital \(META:PHI\)](#)
- [Women & HIV/AIDS Initiative](#)