

What Happens When Care Gets Taken Away?

Preliminary Findings of SCS Closure Studies

SUBSTANCE USE HEALTH
NETWORK WEBINAR

April 23rd, 2026

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Introductions

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Background

Overdose Crisis in Context

Between January 2016 – September 2025, Canada-wide data show:

55,032

Opioid toxicity deaths

51,563

Opioid-related poisoning hospitalizations

214,469

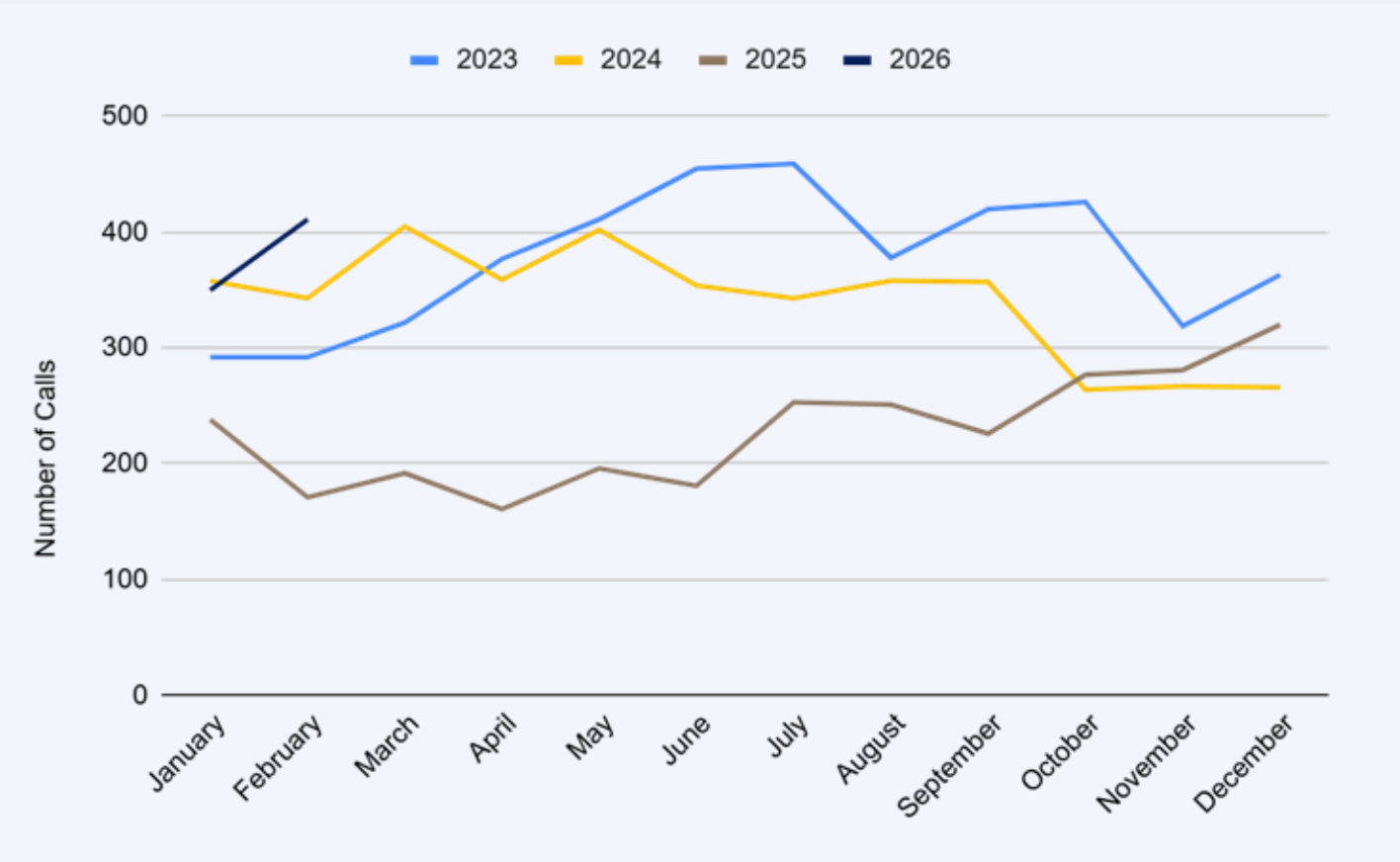
Opioid-related Poisoning Emergency Department Visits

Contributing to the overdose crisis:

- The **unregulated drug supply** is increasingly **contaminated** with fentanyl, nitazenes, benzodiazepenes, and potent veterinary compounds (e.g., xylazine)
- People who use drugs face **barriers accessing harm reduction and treatment services** (e.g. stigma surrounding drug use)

Overdose Crisis in Toronto

Monthly Paramedic Calls to Non-Fatal Overdoses in Toronto



Source: Toronto Overdose Information System

+20%

December 2024 → December 2025
266 calls → 320 calls

+47%

January 2025 → January 2026
238 calls → 350 calls

+140%

February 2025 → February 2026
171 calls → 411 calls

Evolving Policy Context for SCS in Ontario

December 2024

Ontario enacts 'Community Care and Recovery Act' (CCRA)

- Prohibits **Supervised Consumption Sites (SCS) / Consumption and Treatment Services (CTS)** within 200 m of schools and childcare centres in Ontario
- Requires provincial approval to operate federally funded SCS/CTS within Ontario
- Restricts municipalities from applying for federal SOS funding
- Introduces funding for new **Homelessness and Recovery Treatment (HART) Hub model**

HART HUB MODEL

- Focuses on prevention, treatment, and recovery
- Excludes harm reduction services (e.g., SCS/CTS, Safer Opioid Supply [SOS], needle exchange programs)

Evolving Policy Context for SCS in Ontario

March 2025

Closure of Nine SCS Across Ontario

- Four SCSs closed in Toronto; One each in: Ottawa, Hamilton, Kitchener, Guelph, Thunder Bay
- Kensington Market Overdose Prevention Site (KMOPS) (run by the Neighbourhood Group) remains open following injunction
- Closure of one SCS (operated by Ottawa Public Health) and four Urgent Public Health Needs Sites (UPHNS) in Toronto shelters
- **In addition to CCRA:** One SCS in Toronto forced to close after Ontario government pulled operating funds in Nov. 2025

Legal Challenge to CCRA

- *The Neighbourhood Group Community Services (TNGCS), Katharine Resendes, and Jean-Pierre Aubry Forgues v. Ontario*
- Arguments heard in March 2025; decision pending



Evolving Policy Context for SCS in Ontario

March 2026

Ontario ends funding for all remaining SCS/CTS in communities with a HART Hub

- No reason given
- Expands on the governments focus on **prevention, treatment** and **recovery**
- Sites provided with a 90 day 'wind-down period' to transition clients to a local HART Hub by **June 13, 2026**
- **Sites impacted:** St. Catherines, Peterborough, Kingston, London, Toronto (two sites), Ottawa (two sites)

Disclose Study

Uzma Ahmed

MAP Centre for Urban Health Solutions,
Unity Health Toronto

Study Context

On August 20, 2024, Ontario govt. announced plans to close 10 supervised consumption sites (or SCSs) throughout Ontario by March 31, 2025

- We knew this announcement would have **immediate effects** on SCSs clients, who already experience discrimination and marginalization
- We wanted to understand the effects of the announcement from both **client** and **staff** perspectives

Study Objectives

1

Assess the effect of the government of Ontario's announcement of the planned closure of SCSs on the well-being of people who use drugs, including their mental health and drug use

2

Evaluate the short-term effects of the announcement on how people are accessing and using SCSs

3

Understand the plans and strategies of people who use drugs regarding their drug use and harm reduction strategies if SCSs close

Methods



Interviews between November 2024 and January 2025



29 clients, 10 staff from 7 SCSs across Ontario:

- Toronto, Ottawa, Thunder Bay, London, Hamilton
- 3 Research Assistants (Researchers with lived/living experience of drug use)

Themes

01

System-
Level
Betrayal

02

Communit
y Safety

03

Autonom
y &
Visibility

04

Dehumanization

System-Level Betrayal

- Clients had very **limited information**, including timing, which sites would be affected and why
- Some clients found out about the closures **during** the interview
- Staff and clients shared the intense emotional impact of the announcement; **panic, stress, anxiety, fear, rage, grief, powerlessness**
 - Why were sites established and promoted as essential public health measures only to be taken away? Why did they open at all?
- Participants expressed deep **distrust of public health**

*"I think that's just a whole crock anyways...it's just a reason for them to close it, right? You know, **if it wasn't a problem before when they opened it**, they should've looked at all those factors before, right? You know what I mean? And **if it was okay before, why is it not okay now, right?"***

- Client

*"A lot of it was like, **disbelief** that they would go and backtrack that...**I feel like the government is intentionally trying to collapse our healthcare system because they want to privatize.**"*

- Staff

Community Safety

- Clients spoke repeatedly about their value for community safety, including safety of children
- Clients discussed the explicit **rules and norms** among communities of people who use drugs to hide substances and supplies in front of children and families
- **Closures will not improve community safety**; more overdoses, deaths, infections, HIV, sexual assault, theft, public drug use and drug-related litter

"It's almost a universal thing...when people are smoking outside, you see a kid, people say 'Oh kids. Put your shit away.'...That's the one thing I've noticed across the board is you don't use in front of kids, and you respect that when a family is walking by, you put your things away."

- Client

Autonomy & Visibility

- Closures force people into one of two unsafe situations: using in public or using alone
- **People are forced to rely on survival tactics that compromise their safety and strip them of autonomy**

"Everybody, everybody who uses substances deserves that same kind of autonomy, you know, and they don't have that. And so, in a place where that doesn't exist, you got to look out for people. So if that means that people are going to start popping up tents, then people are going to start popping up tents. And then what happens? Will people get frustrated that people are popping up tents in the park? **We don't really give them a lot of choice...we had places. You all wanted it gone, and now they're gone. And so they look like this now. Right?"**

- Staff

*"..., **I'm panicking**. I don't know what I'm going to do...I'm trying to find other doctors to take me on for the safe supply program...I'm worried about like what's going to happen...I'm going to get high, like am I going to put myself in situations? I'm going to be more exposed to chances of at risk because there's not going to be anywhere for me to use and it scares me. And as I wish ..there was something I could do, you know, to change this, but there's nothing. Like I, it doesn't feel like I – **I feel powerless...**"*

- Client

Dehumanization

- Clients are **accustomed** to judgment, stigma, being seen as a “sore sight” and treated like “garbage”
- Closures send the message that **the lives of people who use drugs don't matter** and reinforce the **dehumanization of people who use drugs**
- Loss of sites is a loss of a **sanctuary** where clients are treated with dignity and respect

*"The feedback we've gotten is the like, the fear is that they don't matter. **That their lives don't really matter...**it's really hard because I'm like 'Yeah, you do matter.' But I'm like, I'm one person."*

- Staff

*"...it all leads back to the politicians. Like **they don't care about us because we're – we are a sore sight. A sight people don't want to see on the street.**"*

- Client

*"I mean it's like a hub for people to come and meet up with other people and find community here too. **When you're a drug addict on the side of the road, passersby don't care if you live or die. Ultimately, you're pretty much on your own.**"*

- Client

Key Takeaways

1

Recognize the ongoing harms experienced by people who use drugs and the need to repair trust through **inclusive and transparent decision-making**

2

Include people who use drugs in **defining and implementing public safety**, recognizing their shared commitment to protecting children and communities

3

Position people who use drugs as leaders in designing, implementing, and evaluating initiatives that address **dehumanization and misinformation**

Toronto Public Health Study Evaluation

Farihah Ali

Ontario Node – Canadian Research Initiative in Substance Matters

The Centre for Addiction and Mental Health

Toronto Public Health (TPH)

In 2017, TPH opened the **city's first sanctioned SCS** located inside *The Works* at 277 Victoria St. During its tenure, the SCS recorded more than **164,000 visits**, successfully managed **4,149 overdoses**, and facilitated over **5,800 referrals** to health & social services.

2023

As part of a City Council directive, the building where The Works was located was sold and subsequently purchased by Toronto Metropolitan University, with all clinical operations, including the SCS, set to **cease by March 31, 2025**

May 2024

TPH partnered with the Ontario CRISM Node to **evaluate the closure of the SCS** and its impact on clients, staff, the general public, and the surrounding community.

August 2024

The Provincial Government announced the closure of **all SCS** located within 200 meters of schools or childcare centers, alongside the rollout of the new **HART Hub service model**

February 2025

Pre-closure evaluation begins

October 2025

Post-closure evaluation ends

SCS Closure Evaluation: Aims

- To assess the impacts of the SCS closure in relation to:
 - **Clinical outcomes**, including overdose trends (site-attended and paramedic-attended) and other health-related indicators
 - **Service access and utilization**, capturing shifts in where and how people who use drugs engaged with harm reduction, treatment, and ancillary supports
 - **Neighbourhood-level indicators of safety, public order, and community well-being**, including major crime indicators and environmental observations
 - **Perceptions, experiences, and levels of public support or opposition**, incorporating perspectives from community members, staff, and clients
 - **Ethnographic and observational data**, documenting on-the-ground changes in drug use patterns, service engagement, and community dynamics

This multi-dimensional approach captured the broader **social, community, and contextual impacts** associated with the site's closure, identifying emerging service gaps post-closure and informing harm reduction policy and planning

SCS Closure Evaluation Framework



SCS Staff & Client Interviews

Pre-Closure

One-on-one interviews with clients and staff members of the SCS



SCS Former Client Survey

Post-Closure

Quantitative surveys conducted with former clients located within 100m of the SCS



Community Member Survey

Pre- & Post-Closure

Mixed-methods survey conducted among members of the public located within 100m of the SCS



Ethnographic Observation

Pre- & Post-Closure

Collection of ethnographic data within 100m of the SCS



Toronto Police Crime Data

Pre- & Post-Closure

Quantitative analyses of data on major crimes reported within 100m of the SCS



Overdose Data

Pre- & Post-Closure

Quantitative analyses of data on paramedic service calls for suspected opioid overdoses

Post Closure: Former SCS Client Survey

Client & Staff
Interviews

Former Client
Survey

Community Survey

Ethnography

Crime Data

Overdose Data

Methods: Former client survey (n=30)

GOALS To assess changes in service access, overdose risk, and drug use behaviours among former clients following the closure, as an indicator of service disruption, behavioural adaptation, and changes in risk environment

DATA COLLECTION **Post-Closure:** July 4 – August 7, 2025

PARTICIPANTS Aged 18+, present within a 100 m radius of the former site, accessed the site at least once, able to complete the survey in real-time

RECRUITMENT Researcher approached individuals within 100m of the site, invited them to participate in a survey about the site, and conducted eligibility screening with those who expressed interest

INDICATORS

- Awareness of the site's closure
- Changes to service utilization
- Changes to drug use behaviours and overdose risk
- Experiences with stigma and police

Client & Staff Interviews

Former Client Survey

Community Survey

Ethnography

Crime Data

Overdose Data

Participant Characteristics

N = 30 Total Participants

Mean Age:

 **38**

Gender:

 **63%**
Men

Ethnicity:

 **33%**
Indigenous



57% Reported no fixed address

53% Lived or slept within a ten-minute walk from the site

57% Frequented the area daily

Frequency of Site Utilization Pre-Closure (n=30)



Client & Staff Interviews

Former Client Survey

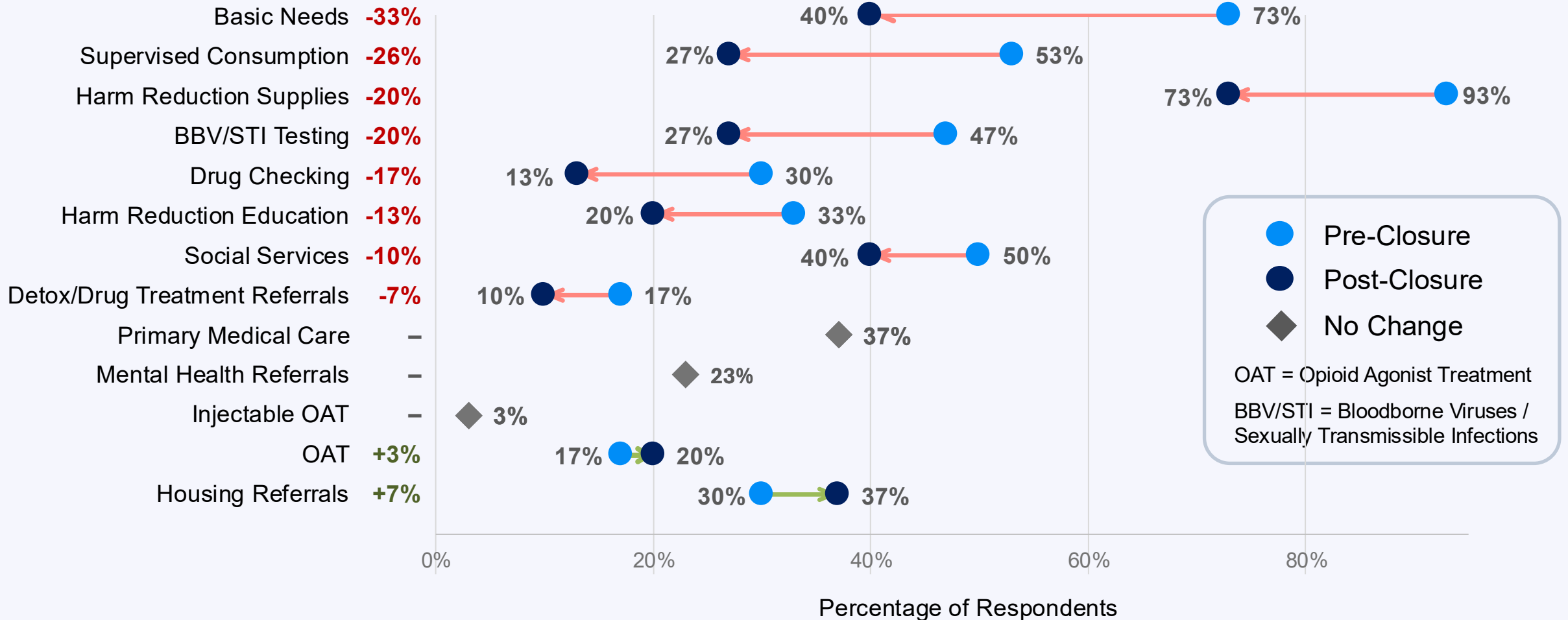
Community Survey

Ethnography

Crime Data

Overdose Data

Changes to Service Utilization Pre- vs. Post-Closure (n=30)



Client & Staff Interviews

Former Client Survey

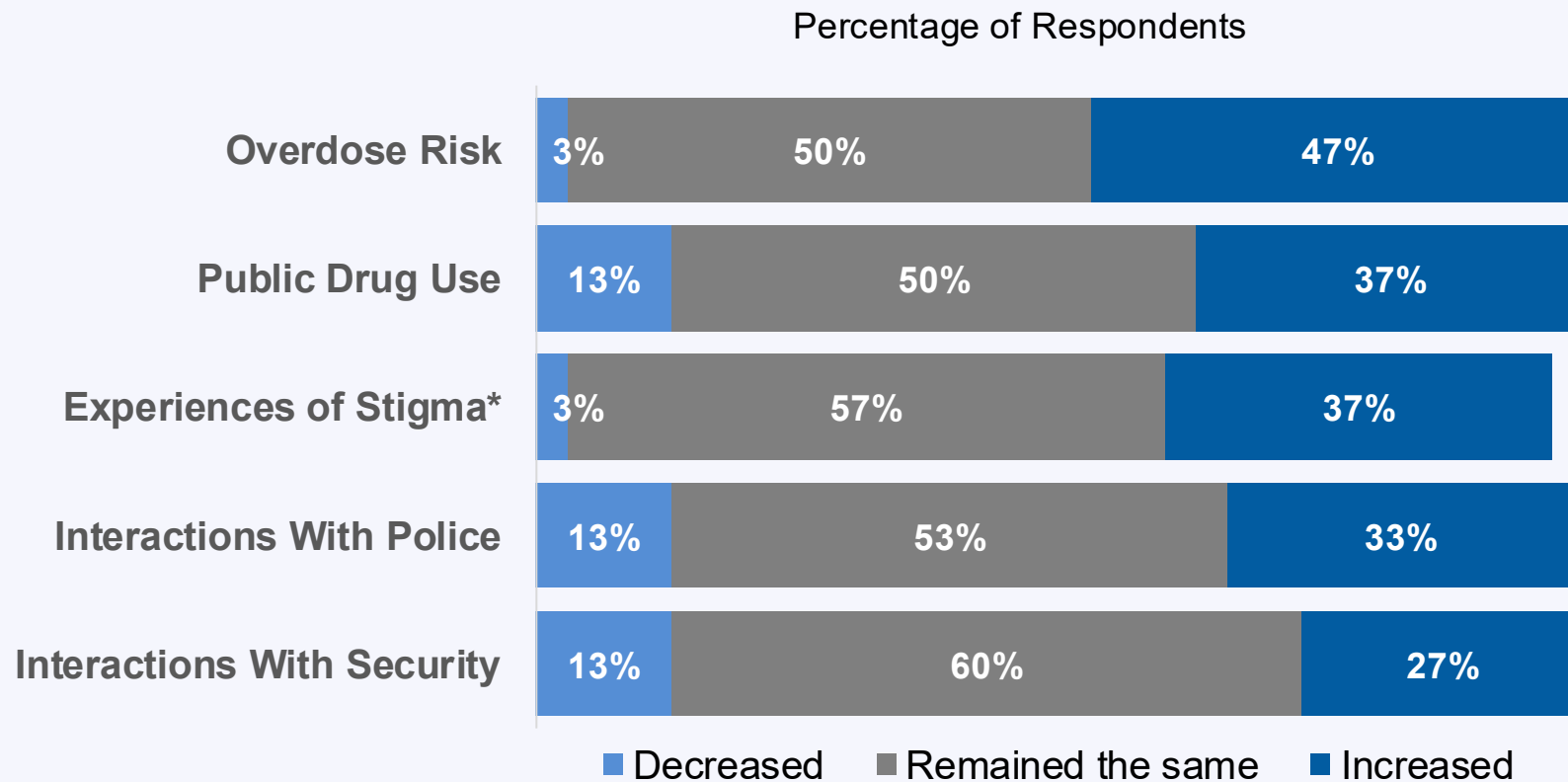
Community Survey

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Changes in Health & Community Impacts Post-Closure (n=30)



Common Locations for Public Drug Use Post-Closure

- Alleys & laneways
- Stairwells & building entrances
- Public bathrooms
- Parks & outdoor spaces

*Experiences of Stigma: One participant (n=1;3.3%) responded "not sure"

Client & Staff
Interviews

Former Client
Survey

Community Survey

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Overdose Data

Health Impacts Post-Closure

40%

Experienced an **overdose** within
100m of the site **post-closure**

63%

Described **greater difficulty**
accessing **harm reduction supplies**

10%

Reported **greater** reliance on
doctors and/or **hospitals**

13%

Switched their **route of administration**
from injection to **inhalation**

Client & Staff
Interviews

Former Client
Survey

Community Survey

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Overdose Data

Key Takeaways

- Clients used the site extensively while it was operational; following closure, utilization **declined** across nearly every service category
- **Over one-third** of former clients experienced an **overdose** near the former site post-closure
- Despite this, most reported no changes in primary modes of drug use, suggesting **persistent risk behaviours** without access to supervised consumption
- Participants also reported increased **public drug use**, greater **difficulty accessing supplies**, increased **encounters with police** and security, and greater **reliance on hospitals**
- Findings suggest the closure **reduced access to essential services**; however, **results are limited** by a small sample size, self-reported data, and potential recall and selection bias

Community Member Surveys

Client & Staff
Interviews

Former Client
Survey

Community Survey

Ethnography

Crime Data

Overdose Data

Methods: Community Member Surveys

GOALS To assess changes in community members' perceptions of the site and its closure, including perceived benefits and concerns related to health, social, and crime-related outcomes, as an indicator of perceived local impact and community buy-in

DATA COLLECTION **Pre-Closure (n = 50 participants):** February 18 – March 27, 2025
Post-Closure (n = 50 participants): July 2 – August 5, 2025

PARTICIPANTS Anyone aged 18+, present within a 100 m radius of the site, able to complete the survey in real-time, and not a current or former client, staff, or volunteer of the site; Could include anyone who lived or worked nearby, or were visiting the area, within 100 m radius of the site

RECRUITMENT Researcher approached individuals, invited them to participate in a survey about the site, and conducted eligibility screening with those who expressed interest; interviewer-administered real-time survey; participants provided \$10 Tim Horton's gift card

INDICATORS Public awareness, perceptions, and perceived impacts of the site while it was open and following its closure

Client & Staff Interviews

Former Client Survey

Community Survey

Ethnography


Crime Data

Overdose Data

Participant Characteristics

Pre-Closure (n=50):

Mean Age:
45 Range
18-72

Gender:
 **60%**
Men


Ethnicity:
 **42%**
White

Reason for Proximity to SCS (n=50)



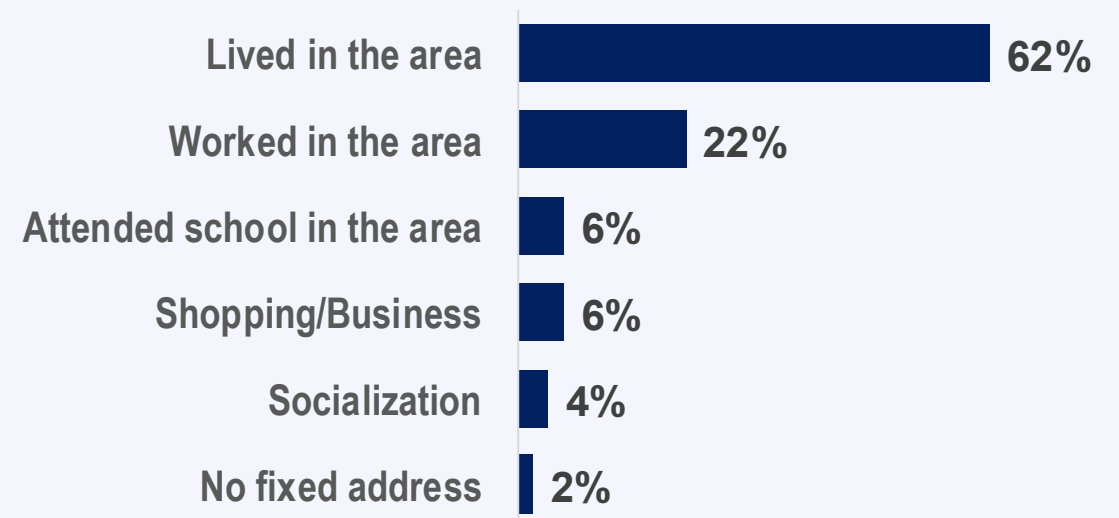
Post-Closure (n=50):

Mean Age:
40 Range
18-77

Gender:
 **64%**
Men

Ethnicity:
 **30%**
White

Reason for Proximity to SCS (n=50)



Client & Staff
Interviews

Former Client
Survey

Community Survey

Ethnography

Crime Data

Overdose Data

Community Support for SCS

Pre-Closure (n=50):

98% Agreed that SCS were essential health services that save lives

84% Expressed concern about the site's upcoming closure

86% Were supportive of SCS being implemented in a different neighbourhood

Post-Closure (n=50):

76% Were supportive of SCS

70% Did not support the provincial government's decision to close SCS

Client & Staff Interviews

Former Client Survey

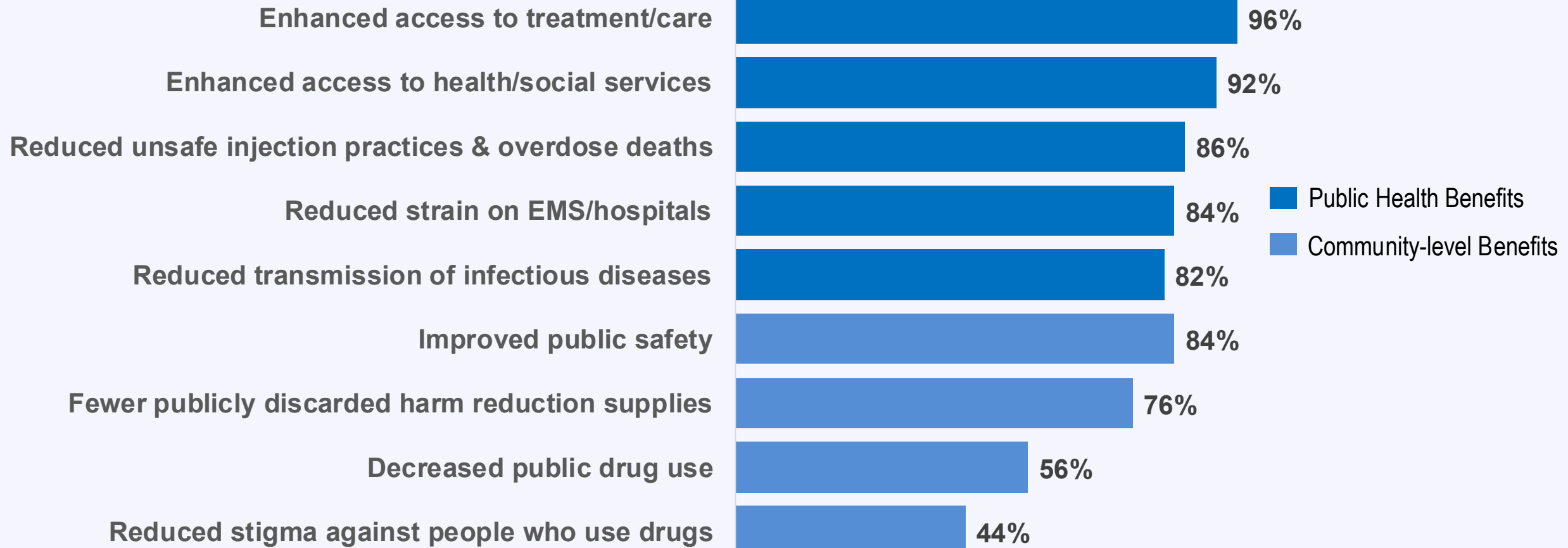
Community Survey

Ethnography

Crime Data

Overdose Data

Perceived Benefits of 277 Victoria St. SCS (Pre-Closure) (n=50)



Client & Staff
Interviews

Former Client
Survey

Community Survey

Ethnography

Crime Data

Overdose Data

Concerns Regarding the Site's Presence (Pre-Closure) (n=50)



Client & Staff
Interviews

Former Client
Survey

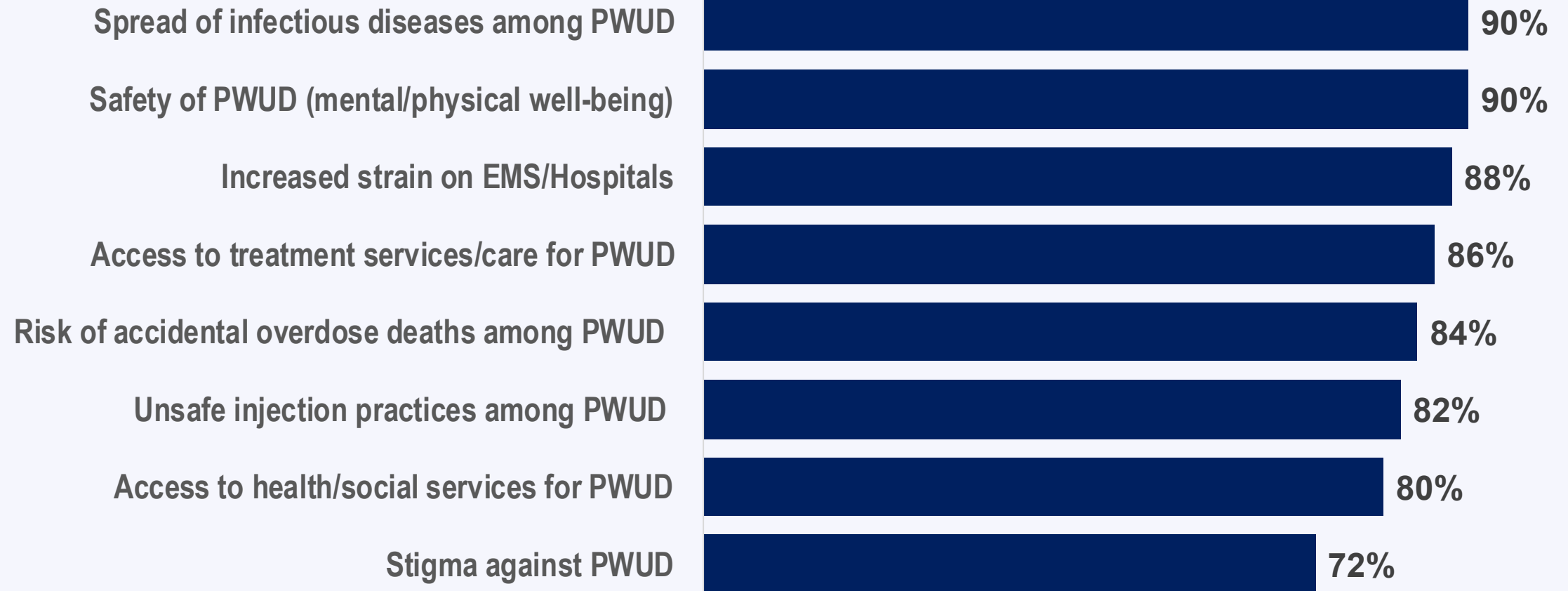
Community Survey

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Crime Data

Overdose Data

Public Health Concerns Regarding the Site's Closure (Post-Closure) (n=50)



Client & Staff Interviews

Former Client Survey

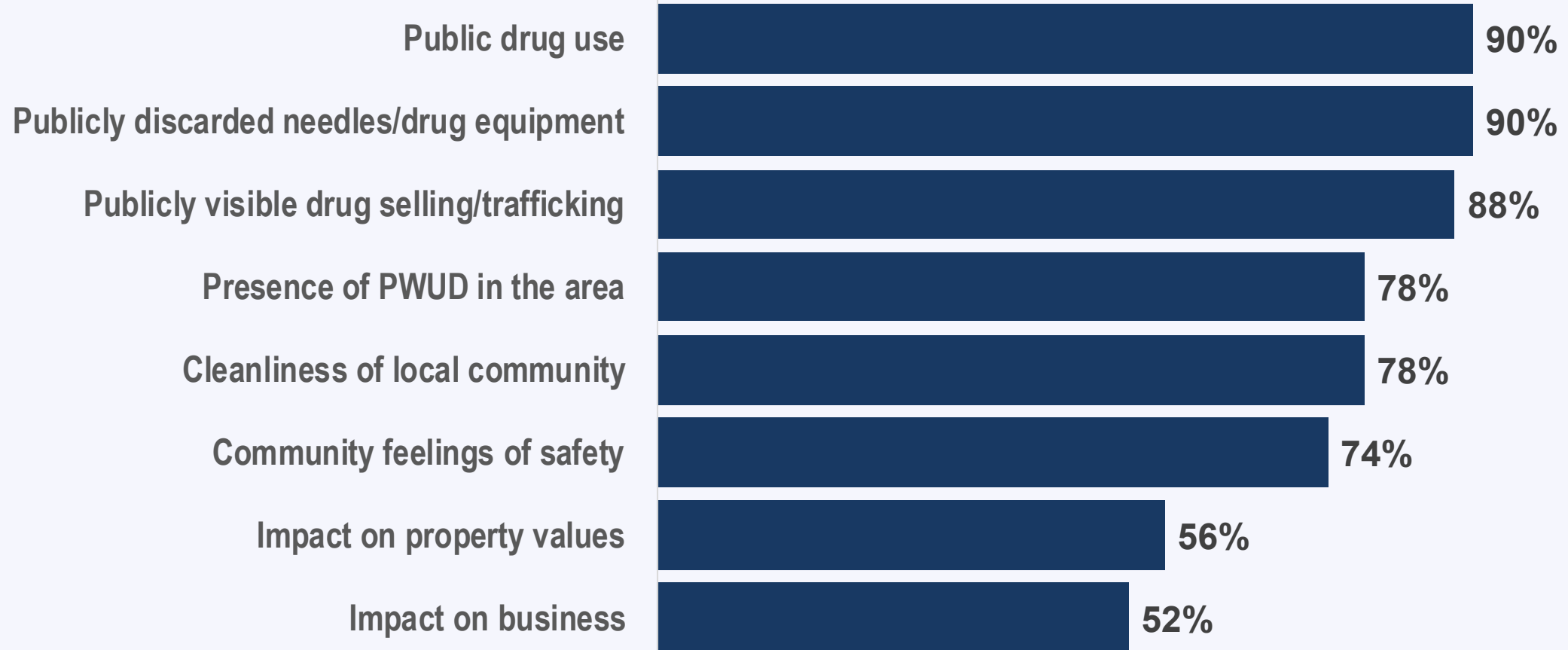
Community Survey

Ethnography

Crime Data

Overdose Data

Community Concerns Regarding the Site's Closure (Post-Closure) (n=50)



Client & Staff
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Key Takeaways

- Survey respondents demonstrated **broad support for SCS**, with most identifying it as an essential health service
- Majority of respondents recognized the site's role in improving **public health** and **community safety**, including **reducing overdose risk, easing health system strain, decreasing publicly visible drug use**, and enhancing overall neighborhood safety
- Following the site's closure, concerns regarding publicly discarded drug supplies and related activity, as well as neighborhood cleanliness **intensified**
- Findings suggest the SCS was perceived as contributing **positively** to community health and safety, while its closure was associated with **heightened perceived** neighbourhood disorder and health-related concerns
 - Self-report data are subject to response bias (e.g., social desirability), and the sampling approach (self-selection) may **limit generalizability beyond the immediate study area**

“Every Place Becomes an Unsafe Injection Site”: Impact of changes to supervised consumption site service provision in Ontario

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April 23rd 2026

Impact of changes to harm reduction service provision on health outcomes in Ontario

- Aim: To use a multi-method, community-based approach to assess changes associated with this policy shift, including changes in:
 - Overdose morbidity and mortality
 - Health service utilization
 - Accessibility of health and social services
 - Economic implications
- Assessing changes in service accessibility and outcomes following closure of supervised consumption sites
 - Using qualitative interviews with clients and staff of harm reduction services and HART hubs

Data collection on impacts of closures

Prior to SCS closures

- **83 clients** who used supervised consumption sites interviewed
- **22 staff** working in organizations offering harm reduction programs including SCS
- 5 programs in 4 cities across Ontario
- Data collection: November 2024-March 2025

After SCS closures

- **104 clients** who were former or current SCS clients interviewed (some located in cities where SCS were still operating)
- **32 staff** working in organizations offering or that offered harm reduction programs
- 8 sites in 6 cities across Ontario
- Data collection: May 2025-February 2026

Public drug use and people using alone

- **Pre-closure: Public drug use projected to rise, with potential for increased frequency of overdoses in community**

“Every other public place or private place will become an unsafe consumption site, because people who use drugs will not stop using drugs. They will just use them elsewhere, in places that are unsafe. And so, unfortunately, there will be overdoses and deaths.” *(Hamilton staff)*

- **Post-closure: Increase in people using alone: alleys, bathrooms, parking lots, “hidden” areas**

“You’re by yourself. There is a very high chance of you overdosing but you don’t know if someone will find you. There is no one to make sure you’re okay and save you if you do go down.” *(Hamilton client)*

“People are overdosing in more dangerous spaces, unsupervised spaces, unmonitored spaces....People are more isolated. People are more alone. People are more unsafe, and likely to die, because we've pulled the rug out from under them.” *(Toronto staff)*

“Every place becomes an unsafe injection site. So, anywhere you look in the city, especially close to the inner city, is where you'll find unsafe injection sites everywhere. In Tim Horton's, in public libraries, in public spaces. *(Hamilton staff)*

Overdose risk

- **Post-closure: Use alone and in hidden places increased**

“The first two weeks after this site closed here the overdose alarm in the bathroom was going off every couple of minutes” (*Toronto client*)

“Now that people don't have a place to use, they are using in alleys, they are using in abandoned buildings, they are using in parks and they're overdosing” (*Hamilton staff*)

- **Post-closure: Increased frequency of overdoses in public & in hidden spaces**

“In a 4-day span, we had 5 people die. And those were all from drug overdoses. So, it was very quickly that the community was able to see what was happening now that these places were taken away.” (*Kitchener staff*)

“So more fatal overdoses, more overdoses that aren't responding to you quickly, more people using outside in unsanitary conditions, more folks getting assaulted while they're unconscious for longer amounts of time. More people getting robbed, all of those things. (*Toronto client*)

Impact on EMS calls

- Province-wide, **opioid toxicities treated by EMS rose 69.5%** in the 6 months starting April 2025
 - This is the reversal of a downward trend from July 2024 to March 2025
- Toronto: **82% increase in EMS calls** for opioid-related toxicities since April 2025
 - Rising from 192 calls (March 2025) to 350 calls (January 2026)
- Hamilton: **201% increase in opioid-related EMS calls** from April 2025 to February 2026
 - Rising from 66 calls (April 2025) to 199 calls (February 2026) - the highest recorded monthly count since reporting began

“The police and the ambulance calls, they've gone up tremendously. I think in May, we had the most we've ever had, which is, like, 93 overdoses in a month. And then just, just this past week, we had 42 EMS responses to overdoses within three days.” *(Hamilton Staff)*

Access to low barrier health & social services

- **Pre-closure: Concerns about loss of access to comprehensive health services**

“People lose community, people lose that connection, people who maybe wouldn’t access healthcare or wound care, but they know the nurse cause she’s in there all the time, you know? You’ll see a lot more emergency visits.” *(Toronto staff)*

- **Post-closure: Lose of SCS as access point for primary care & specialized health care, and social services**

“That means that those people immediately have access to nurses and doctors, things like that, after they come out of an overdose. And then it's usually like, ‘Well, here's an overdose. But then also I have this really brutal infection.’ And then people are getting started on antibiotics.” *(Ottawa client)*

“People have already been disconnected from healthcare. People aren’t getting the same connection to wound care, and to dental care, and to food security, and community.” *(Toronto staff)*

Access to harm reduction equipment

- **Pre-closure: Clients worried about losing access to harm reduction equipment**

Participant 1: And it would be hard for us to access health services again.

Participant 4: And safe supplies and everything.

Participant 3: We'll all go back to square one again.

(Toronto clients)

- **Post-closure: Downstream public health impacts of loss of access to harm reduction equipment**

“It's a matter of public health too. Like having clean gear reduces the load on the ERs. It reduces the load on public health. It reduces STI and bloodborne infection transmission. There's so many things that harm reduction helps to maintain.” *(Ottawa client)*

“I had to reuse my needles this weekend because they were closed.” *(Ottawa client)*

Access to treatment services

- Goal of HART hubs is to increase access to treatment services
- No reports of increased access to detoxification or residential treatment services

"There are still no more beds. If somebody wants to detox, there are no detox beds. There is no continuity of care. The continuity of care that was there is basically gone. They're trying to RE-INVENT THE FUCKING WHEEL! They're not doing it." (*Toronto client*)

"I'm not saying that treatment is not helpful for some people, but where is the access to treatment? Because even in our programs, people want to access treatment, and it's just not accessible. Like, detox program, withdrawal program, like medical withdrawal. Like, none of that is ever accessible when somebody needs it." (*Toronto staff*)

"We're currently trying to set up the treatment part of the HART hub. And we've been facing a lot of challenges in even setting that up. Like, a lot of community pushback... So I would say for our HART Hub, it hasn't improved access because we haven't started the treatment yet, because we're still facing all this pushback." (*Hamilton staff*)

Access to housing

- Goal of HART hub to increase access to housing
- No reports of increased access to housing

“Housing is a pain in the ass. It’s hard. Yeah... It’s worse. Yeah, it is worse.” (*Kitchener client*)

“No. The waitlist is still, like 10 years plus. Yeah, I haven't seen any improvements in terms of housing.” (*Toronto staff*)

“No, nobody has gotten any housing.” (*Toronto client*)

“The government didn't give us any money for capital projects. So, we have to find supportive housing for people within the existing system that is already overstretched and overburdened with a lack of beds.” (*Outside of Toronto staff*)

“I don't know a single client who has gotten housing through the HART hub, since the openings of the HART hub.” (*Toronto staff*)

Policing and criminalization increasing

- Participants noted significant increases in policing around SCS immediately after the closures, arrests, and displacement of people to other neighbourhoods

“There is an increase in cops. I’ve never seen it this bad in my whole life... Yeah, they’re starting to arrest more people, crack down more. They’re definitely being assholes.” (*Toronto client*)

“And an obvious crackdown on public drug use, where the police will tell you that they're not actually jailing anyone or charging anyone, they're just arresting them and trying to deter the behavior. But all of that serves to drive people into cracks and crevices and into hiding, in places where they might not be seen or observed by people who would help.” (*Hamilton staff*)

“And on top of that you got a whole thing with the crack down here in encampments and the encampments are disappearing and people are kind of disappearing off into the shadows and it’s hard to find them and the harder it is to find them. It doesn’t mean they’re going away. It just means that we don’t know where they are.” (*Toronto client*)

Why do people think these policy changes are occurring?

- **Policies of social murder**

“It's cheaper to bury somebody than it is to house them.” (*Ottawa client*)

“I don't think there's going to be any meaningful change to homelessness. I don't think HART hubs are designed to succeed. And I'm worried that it's just the whole point is for people to die, rather than meaningful effort.” (*Kitchener-Waterloo staff*)

“So, the fact is that they aren't doing anything to actually help people. Instead, they're just leaving them out to dry. And so. As much as it sucks to stay, it feels like they're just killing people on purpose.” (*Kitchener-Waterloo staff*)

Organized abandonment of people who use drugs

- **Divestment from evidence-based healthcare, social services and community supports**

“Because a safe injection site isn't the answer to homelessness and drug addiction, but it is part of the solution.” (*Ottawa staff*)

“And that, it's heartbreaking to think of the abandonment of the people that we're serving by no longer living those values. And then it takes me down the thought train of: ‘What do you actually think of these people? How much do you actually value their lives?’ (*London staff*)

- **Privileging of policing and incarceration**

“There's no real addressing the actual problem, it's more of just trying to clean up the streets. And yeah, the police presence, it also just puts people at risk of violence from police.” (*Ottawa staff*)

“It's part of a broader policy of racial and social cleansing. And trying to fill up our prisons with Black and Brown and Indigenous poor people who use drugs.” (*Toronto client*)

Thank you

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- Questions? Feedback? Gillian Kolla - gkolla@mun.ca

Discussion

Thank You

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