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## Canadian Association of Emergency Physicians (CAEP) Statement on the Closure of Supervised Consumption Sites in Canada

**For Immediate Release**

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The Canadian Association of Emergency Physicians (CAEP) stands in opposition to the planned closures of supervised consumption sites (SCS) in Canada. As emergency physicians, we witness firsthand the devastating toll of the ongoing toxic drug crisis. These closures come at a time when Canada is experiencing an unprecedented public health emergency—one that claims an [average of 21 lives per day](#) due to opioid overdoses.

### **Supervised Consumption Sites Save Lives and Reduce Emergency Department Strain**

Supervised consumption sites are evidence-based, life-saving healthcare services that significantly reduce fatal overdoses, prevent the spread of infectious diseases like HIV and hepatitis C, and serve as critical entry points for individuals to access addiction treatment and other health and social services.

The public health and emergency medicine benefits of these sites are undeniable:

- **Overdose prevention and reversal:** In 2022 alone, Toronto's supervised consumption sites reversed [over 1,800 overdoses](#), preventing deaths and medical complications that would otherwise require emergency and intensive care.
- **Reduced burden on Emergency Departments (EDs):** Canada's EDs are already operating at crisis levels, struggling with overcrowding and staffing shortages. Without SCS, [more overdoses will be directed to already overwhelmed EDs](#), delaying care for other life-threatening conditions such as heart attacks and traumatic injuries.
- **Community safety:** Research, [including a Lancet study](#), has demonstrated a 67% reduction in overdose deaths in neighborhoods within 500 meters of an SCS. These facilities also reduce public substance use and facilitate the safe disposal of drug paraphernalia, improving community well-being.

## The Consequences of SCS Closures: Worsening Patient Outcomes and Increased Mortality

The decision to close SCS is not without consequence. Evidence from previous closures demonstrates the grave and immediate risks to public health:

- In Alberta, the closure of SCS [doubled opioid-related deaths in Lethbridge](#), significantly exceeding the provincial average.
- Patients suffering opioid overdoses without rapid intervention face a high risk of hypoxic brain injuries, prolonged ICU stays, and severe disability. The long-term financial and social costs of these preventable harms are [staggering](#).
- Without access to harm reduction services, people who use substances will be [forced to use in unsafe environments](#), such as public washrooms, transit stations, parks, and alleyways—dramatically increasing the risk of overdose deaths and infectious disease transmission.

## Harm Reduction is Essential Healthcare—Not an Option

Harm reduction is a critical pillar of evidence-based addiction medicine and **is essential in the continuum of care for substance use disorders**. Supervised consumption sites are not simply monitoring stations—they are healthcare hubs that provide:

- [Pre-hospital and primary care services](#), including wound care, infection prevention, and mental health support.
- Clean supply distribution, [preventing the spread](#) of HIV and hepatitis C—an urgent priority, as Canada currently has the highest incidence of HIV among all OECD countries.
- Pathways to treatment—many patients who engage in addiction treatment [first establish trust and access services through SCS](#).

## CAEP's Call to Action: Upholding Evidence-Based Policy to Save Lives

As emergency physicians, we have a duty to advocate for policies that uphold patient safety, public health, and evidence-based care. Supervised consumption sites are evidence-based and a public health best practice, and a critical service in the fight against the opioid crisis.

CAEP calls on all levels of government to:

1. Immediately halt the closure of supervised consumption sites and ensure their continued operation.



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2. Expand harm reduction services - including needle exchange, naloxone distribution, drug checking, safer smoking and inhalation supplies, and supports for people who use substances to access and maintain housing - in alignment with community needs and expert recommendations.
3. Guarantee stable, long-term funding for supervised consumption sites as essential public health infrastructure.
4. Commit to evidence-based policymaking that prioritizes health outcomes.

The opioid crisis is a national emergency, not a political debate. Decisive, evidence-based action is required to prevent unnecessary deaths, reduce emergency department pressures, and improve public health outcomes for all Canadians.

Signed:

Public Affairs Committee  
Addiction Medicine Committee  
Health Equity Committee

#### **About CAEP:**

As the national voice of emergency medicine (EM), CAEP provides continuing medical education, advocates on behalf of emergency physicians and their patients, supports research and strengthens the EM community. In co-operation with other specialties and committees, CAEP also plays a vital role in the development of national standards and clinical guidelines. CAEP keeps Canadian emergency physicians informed of developments in the clinical practice of EM and addresses political and societal changes, that affect the delivery of emergency health care.

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