

## Overdose prevention site closure: A reply to Day *et al.*

The report by Day *et al.* [1] has significant methodological limitations resulting in its misinterpreting that closing an overdose prevention site (OPS) does not cause harm and may increase opioid agonist therapy (OAT) utilization.

The report [1] purports to compare similar services in two small cities before and after closure of a supervised consumption site (SCS), but this is not the case. When the full-service SCS closed in Lethbridge in 2020, it was relocated and replaced by a small OPS with limited resources [2]. This replacement was criticized for its less central location, absence of inhalation rooms and lack of comprehensive services [3]. The Red Deer SCS site was replaced by a 24/7 overdose prevention team, rapid access addiction medicine clinic and other resources on the day of closure to mitigate potential harms from closing [4]. As such, the compared sites differed substantially and the report does not evaluate the simple closure of an SCS as enhanced services were put in place after. Differences in OAT prescribing and the stability of 'short-term effects on acute healthcare utilization and mortality' appear then to relate to differences in service availability. Even then, there was an increase in emergency room (ER) and in-patient services after the Red Deer site closure.

The report also used provincial health numbers (PHNs) reported by individuals who used each OPS and linked them to other provincial data to build their analytic cohorts. Use of PHNs in this study has critical limitations. PHNs that could not be linked to other provincial data were not reported. There was no confirmation that the PHNs reported were those of the people using the OPS. A previous report from Alberta Health Services identified that valid PHNs were available for 74% of Lethbridge site users and 96% of Red Deer site users between 1 June 2023 and 31 January 2024, but that '...clients who present without a PHN may represent a larger proportion of overall clients' [5].

The Red Deer cohort was followed for 6 to 12 months, versus 0 to 12 months for the Lethbridge cohort. The shorter time frame would provide less opportunity for exposure to OAT, so the finding of increased OAT dispensing in Red Deer could be because of longer observation time. In addition, the higher ER and in-patient use post closure at the Red Deer site may have led to greater exposure to OAT providers. Regardless, OAT utilization was low for both sites before and after closure, at 13% to 15%.

Furthermore, although regional drug use patterns were compared, no individual-level drug use patterns are known (e.g. how many site users use opioids). Differences in OAT prescribing may relate to differences in opioid use between groups.

Therefore, because of differences in service provision and availability between sites before and after closure, differences in time frames used and deficits in the data, the report by Day *et al.* [1] is incapable of accurately assessing safety or OAT utilization relevant to OPS closure. Future research should engage site users, assess their substance use and follow them longitudinally for validity.

### KEYWORDS

closure, methodology, opioid agonist therapy, overdose prevention site, service availability, supervised consumption site

### AUTHOR CONTRIBUTIONS

**David Crockford:** Conceptualization; writing—original draft; writing—review and editing. **Kate Colizza:** Conceptualization; writing—original draft; writing—review and editing. **Meera Grover:** Writing—review and editing. **Tara Leary:** Writing—review and editing. **Erin Knight:** Writing—review and editing. **David Martell:** Writing—review and editing.

### DECLARATION OF INTERESTS

None.

David Crockford<sup>1</sup> 

Kate Colizza<sup>2</sup>

Meera Grover<sup>3</sup> 

Tara Leary<sup>4</sup>

Erin Knight<sup>5</sup>

David Martell<sup>6</sup>

<sup>1</sup>Department of Psychiatry, University of Calgary, Calgary, Canada

<sup>2</sup>Cumming School of Medicine, University of Calgary, Calgary, Canada

<sup>3</sup>Department of Family Medicine, University of Calgary, Calgary, Canada

<sup>4</sup>Northern Ontario School of Medicine University, Sudbury, Canada

<sup>5</sup>Max Rady College of Medicine, University of Manitoba, Winnipeg,

Canada

<sup>6</sup>Dalhousie University, Halifax, Canada

### Correspondence

David Crockford, Department of Psychiatry, University of Calgary, AC289B, Special Services Building, Foothills Medical Centre, 1403-29

Street NW, Calgary, AB T2N 2T9, Canada.

Email: [david.crockford@recoveryalberta.ca](mailto:david.crockford@recoveryalberta.ca)

**Funding information** There was no funding for this manuscript.

#### ORCID

David Crockford  <https://orcid.org/0000-0001-9938-7388>

Meera Grover  <https://orcid.org/0009-0004-1573-1823>

#### REFERENCES

1. Day N, Kaufmann K, Devoe DJA, Grubac V, DiMarzo A, Osmanli H, et al. Healthcare utilization and mortality after overdose prevention site closure: a linked cohort analysis using segmented difference-in-differences time series. *Addiction*. 2026. <https://doi.org/10.1111/add.70380>
2. Greene C, Maier K, Urbanik MM. "It's just not the same": exploring PWUD' perceptions of and experiences with drug policy and SCS services change in a Canadian city. *Int J Drug Policy*. 2023;111: 103934. <https://doi.org/10.1016/j.drugpo.2022.103934>
3. Magnuson M, Vandenberg S, Oosterbroek T, Dey K. "We've lost a lot of lives": the impact of the closure of North America's busiest supervised consumption site on people who use substances and the organizations that work with them. *Harm Reduct J*. 2025;22(1):98. <https://doi.org/10.1186/s12954-025-01251-7>
4. Elsaadi, L. "Alberta crown corporation study finds red Deer OD prevention site closure didn't lead to more deaths—critics raise concerns about study's scope, impartiality." *CBC News* 2026 Mar 15. Available from: <https://www.cbc.ca/news/canada/edmonton/red-deer-overdose-prevention-closure-study-core-alberta-government-9.7128107>
5. Alberta Health Services, Addictions & Mental Health and Correctional Health Services, Knowledge, Evidence & Innovation, Performance Measurement. 2024. Mortality among supervised consumption site clients. Edmonton, AB. Obtained via FOIP request no. 2025-G-068; requested by Alberta Ministry of Mental Health and Addiction. Document 1:33–34. Unpublished government document obtained under the Freedom of Information and Protection of Privacy Act; 2024.