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The Canadian Society of Addiction Medicine raises concern regarding provincial closure and de-funding of supervised consumption sites

The Canadian Society of Addiction Medicine (CSAM-SMCA) is alarmed by recent decisions by the governments of Ontario and Alberta to end funding for or close supervised consumption and overdose prevention sites (SCS). These decisions appear to be made without well-considered alternative plans to protect public health and safety and, in Alberta's case, are citing support from a [flawed](#) study. As a national society of medical professionals and scientists working with Canadians impacted by substance use disorder and addiction, CSAM-SMCA calls for the continued operation of these and other SCSs across Canada as one evidence-based intervention in the harm reduction pillar of care. Research shows that SCSs reduce the health and social consequences of substance use and improve access to care for people who use drugs.

Canada continues to face an opioid poisoning emergency. Between 2016 and 2024, over 47,000 people died of opioid overdose. CSAM-SMCA members see firsthand the immense personal and societal costs of this epidemic and toxic drug crisis. SCSs are an essential, evidence-based component of Canada's response to the toxic drug crisis. These sites are regulated health facilities where people are monitored by trained staff while using pre-obtained substances. Staff are available to provide education, support, resources, and emergency medical care for drug poisoning events. The benefits of SCS are supported by peer-reviewed [research](#). Consider:

- Multiple studies have shown that SCSs significantly reduce overdose mortality in surrounding communities while facilitating entry into detoxification, treatment, and primary health care
- SCSs reduce the spread of blood-borne infections such as HIV and hepatitis C by providing sterile equipment and safer injection education
- Economic analyses demonstrate that SCSs provide significant cost savings by preventing overdose deaths and reducing the burden on emergency services and hospitals
- Research shows that public drug use and crime levels remain the same or decrease in areas surrounding these services

The effects that SCSs can and do have on the communities in which they are located are important issues that merit recognition and efforts to remediate. These challenges, however, do not supersede the public health benefits from SCSs and reflect a need for iterative change and not ideological retreat. It is critical that, amidst this ongoing public health crisis, policymakers ground their decision making on SCS in science and the health and well-being of Canadians. To save lives and protect communities, we urge governments to enact known solutions based on all four pillars of substance use policy: prevention, harm reduction, treatment, and enforcement.

Further, CSAM-SMCA reiterates its call for the federal government to establish a Canadian Mental Health and Substance Use Health Task Force with a mandate to create an evidence-based, national policy framework on treatment and prevention of substance use disorder and addiction. Such a framework could be informative to federal and provincial policymakers and the wider public about SCS and other strategies.

Members of CSAM-SMCA are available and pleased to support governments seeking evidence-based policy solutions regarding the opioid crisis and broader substance use disorder and addiction issues.

About CSAM-SMCA

We are a national organization of Canadian healthcare professionals and scientists, including some members with lived and living experience of addiction, working within the field of addiction medicine. The organization is committed to advancing the understanding and treatment of substance-related and behavioural addiction. For more information on CSAM-SMCA, please visit: <https://csam-smca.org/>.

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