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Toronto Public Health's Supervised Consumption Site: A Pre- and Post-Closure Evaluation

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Canadian Research Initiative in Substance Matters

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About the Canadian Research Initiative in Substance Matters

Funded by the Canadian Institutes of Health Research (CIHR), the Canadian Research Initiative in Substance Matters (CRISM) is a national research-practice-policy network focused on substance use, comprising five interdisciplinary regional teams (Nodes) representing British Columbia, the Prairie Provinces, Ontario, Quebec, and the Atlantic provinces. Each CRISM node includes regional research scientists, people with lived and living experience of substance use, service providers, policy makers and community leaders. The Ontario Node is housed within the Institute for Mental Health Policy Research (IMHPR), at the Centre for Addiction and Mental Health (CAMH). CRISM's mission is to translate scientific evidence into clinical practice, health services, and policy change. More information about CRISM can be found at: https://crism.ca.

About this Document

This report presents a pre- and post-closure evaluation of Toronto Public Health's (TPH) Supervised Consumption Site (SCS) and associated drug-related services located at 277 Victoria St. The evaluation was conducted by the Ontario CRISM Node at the request of TPH. Using a longitudinal mixed-methods design, the study was carried out in two phases: Phase I (pre-SCS closure) and Phase II (post-SCS closure). The evaluation assessed the impacts of the SCS on people who use drugs, service providers, community members, and the surrounding area within a 100m radius of the site. Data sources included ethnographic observations, community surveys, interviews with SCS clients and staff, surveys with former clients, Toronto Police Service crime data, and paramedic-attended overdose data.

Funding and Disclaimer

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Executive Summary

Background

Canada continues to face a public health crisis driven by opioid-related harms and an increasingly toxic, unregulated drug supply. In Ontario, these harms, while showing some decline in recent years, continue to represent a significant burden. Supervised Consumption Sites (SCS) play a vital role in reducing overdose deaths, high-risk drug use, and public consumption by providing overdose prevention, sterile needles, harm reduction equipment, and pathways to care and treatment.

In 2017, Toronto Public Health (TPH) opened the city's first sanctioned SCS at 277 Victoria St. . During its operation, the SCS recorded more than 164,000 visits, successfully managed 4,149 overdoses, and facilitated over 5,800 referrals to health and social services. Following the sale of the building, the SCS was scheduled to close on March 31, 2025. To understand the implications of this closure, TPH engaged the Ontario CRISM Node to evaluate its impact on clients, staff, the general public, and the surrounding community.

Methods

The evaluation used a multi-method, longitudinal design to assess the impacts of the SCS closure at 277 Victoria St. across both pre- and post-closure periods. It examined changes related 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 across the pre- and post-closure period

This comprehensive, multi-dimensional approach allowed the evaluation to capture both quantitative changes and the broader social, community, and contextual impacts associated with the site's closure. The study also identified emerging service gaps and opportunities to inform harm reduction policy and planning.

Integrating these data sources across time and stakeholder groups provided a nuanced understanding of the closure's effects and generated evidence to guide future public health and policy responses in Toronto and similar urban settings.

Data were collected through the following six complementary research components:

Evaluation Component	Design	Activities	Data Collection Period
Pre-Closure Client and Staff Interviews	Qualitative	30 one-on-one interviews with clients & 10 one-on-one interviews with staff	Pre-closure: Clients: March 4–13, 2025 Pre-closure: Staff: March 4–11, 2025
Post-Closure Client Surveys	Quantitative	30 surveys with former clients	Post-closure: July 4 – August 7, 2025
Pre- & Post-Closure Community Surveys	Mixed-Methods	100 surveys (50 surveys pre-closure, 50 post) with community members	Pre-closure: February 18 – March 27, 2025 Post-closure: July 2 – August 5, 2025
Ethnographic Observations	Qualitative	50 hours (25 hours pre-closure, 25 hours post) of observation within 100m of site	Pre-closure: February 18 – March 31, 2025 Post-closure: April 1- August 7, 2025
Toronto Police Service Crime Data	Quantitative	Crime data within 100m of site	Pre- and post-closure: 2014 – 2025
Paramedic-Attended Opioid Overdose Data	Quantitative	Calls to paramedics data by neighbourhood and main street intersection	Pre- and post-closure: 2018 – 2025

*See Appendix for full methods details

Findings

Pre-Closure SCS Client (n=30) and Staff (n=10) Interviews

Interviews with clients and staff prior to the site's closure revealed three overarching findings. First, the site's central location, accessibility, and extended hours made it a trusted and supportive environment that fostered engagement, improved health outcomes, and developed community connections. Participants described the site as instrumental in reducing public drug use, preventing overdoses, and alleviating pressure on emergency services. Second, the announcement of the closure was experienced as deeply distressing for clients and staff alike, leading to feelings of grief, depression, uncertainty, and instability. Many expressed concerns about how to stay safe without the site's supports, noting the lack of comparable alternative services in the city. Finally, participants anticipated serious consequences from the closure, including increased overdose risk, infectious disease transmission, and visible public drug use, as well as added strain on remaining SCS and the broader healthcare system.

Post-Closure Surveys with Former TPH SCS Clients (n=30)

Surveys conducted with former SCS clients following the site's closure highlighted the site's extensive use while operational.

- 40% had visited the site multiple times daily
- 93% had accessed harm reduction supplies
- 53% had accessed supervised consumption services
- 73% had accessed basic needs supports (e.g., washrooms, clothing, food)

Following the site's closure, use of nearly all services declined, with access to basic needs supports dropping by 33% (22/30 to 12/30) and supervised consumption by 26% (16/30 to 8/30). Nearly half (47%) of participants self-reported increased overdose risk, and 40% experienced a self-reported overdose within 100m of the former site. Participants also self-reported more public drug use, reduced ability to dispose of drug supplies safely, and increased encounters with police and security.

Pre- and Post-Closure Community Surveys (n=100)

Community survey findings demonstrate strong and sustained support for SCS both before and after its closure.

- 98% (pre-closure) and 74% (post-closure) viewed SCS as an essential health service for people who use drugs
- 96% (pre-closure) agreed that the 277 Victoria St. site in particular improved access to care and reduced unsafe drug use and overdose deaths
- 70% (pre-closure) opposed SCS closures, citing concerns such as increased overdose deaths, more discarded needles, and reduced safety for people who use drugs

Post-closure, concern about negative impacts remained across nearly all indicators:

- 90% expressed concern about the safety and health of people who use drugs, public drugs use, and discarded harm reduction supplies
- 88% cited concerns about increased strain on emergency services
- 84% were concerned about increased overdose risk
- 78% were concerned about an increased presence of people who use drugs in the neighborhood
- 74% were concerned about overall community safety

Across both surveys, strong support remained for establishing a new SCS elsewhere in place of the current one following its closure (86% supportive or very supportive)

Pre- and Post-Closure Ethnographic Observations

Ethnographic observations conducted within 100m of the site both pre-closure (February to March 2025) and post-closure (April to July 2025) revealed marked increases in instances of unsafe and publicly visible drug use practices. Following the closure,

- Instances of publicly discarded needles increased 550% (n=10 to n=65)
- Instances of discarded harm reduction equipment increased 588% (n=119 to n=819)
- Instances of loitering increased 13% (n=99 to n=112)
- Other outcomes also marginally increased, including instances of visible drug use via inhalation (n=65 to n=68) and people under the influence (n=168 to n=177)

Toronto Police Service Crime Data

Preliminary analyses of major crime indicators (assault, auto theft, break and enter, robbery, and theft over $5,000) within 100m of the site suggests minor increases in reported incidents between 2014 and 2025, but no clear changes that can be directly attributed to the SCS's operation or closure. Reported crimes rose gradually during the pre-SCS period (2014–2017) and fluctuated throughout the operational years, including a temporary decline in 2020 associated with COVID-19-related disruptions and a subsequent peak in 2023. A notable decline began in late 2023 and continued into 2024, well before the site's closure; early post-closure data show only a modest further decrease. These initial patterns likely

reflect broader urban and population-level dynamics rather than site-specific effects. Additional data points are required to determine whether the downward trajectory represents a sustained long-term trend.

Paramedic-Attended Opioid Overdose Data

Paramedic-attended calls for suspected opioid overdoses were categorized by neighbourhood and nearest major intersection. TPH SCS was located in the Downtown Yonge East (DYE) neighbourhood and its nearest main intersection was Dundas St E and Victoria Street. The Moss Park neighbourhood (home to two operational SCS - Street Health and Moss Park SCS) was examined as a comparison area. The DYE neighborhood consistently recorded the highest number of calls from 2018 to 2024, peaking at 1,187 calls in 2021. The nearest intersection to the site (Dundas St. E & Victoria St.) similarly ranked among the highest call volume location across multiple years. In early 2025 (January–August), representing the five months after the TPH SCS closure, Moss Park neighborhood and the intersections adjacent to the two comparison SCS recorded more than twice as many calls as Dundas St. E & Victoria St. These early post-closure patterns suggest a potential redistribution of suspected overdose events toward areas with ongoing SCS operations. However, additional data are needed to assess the influence of other potential contributing factors, such as changes in service access and population movement.

Conclusions

This evaluation demonstrates that the SCS at 277 Victoria St. was a critical public health intervention, providing life-saving overdose prevention while facilitating access to essential health, harm reduction, and social supports for people who use drugs. The site's central location, operational efficiency, and integration with broader services supported sustained engagement and continuity of care. Its closure produced immediate and measurable disruptions,, including emotional distress among clients and staff, reduced access to care, displacement of drug use into public spaces, and increased environmental and safety concerns. Community survey findings revealed support for the SCS and widespread concern about the consequences of its closure. While police data indicated no major descriptive changes in crime trends following the closure, ethnographic observations and survey data point to heightened health and safety risks, particularly for people who use drugs and the surrounding community. Overall, the findings underscore the urgent need for accessible, adequately resourced, and sustainable SCS to protect the health and well-being of people who use drugs in the city of Toronto. The findings further support the following policy recommendations:

- Maintain and Expand Harm Reduction Infrastructure
- Integrate Accessible SCS within Broader Health and Social Systems
- Ensure SCS are Centrally Located
- Prioritize Operational Efficiency
- Expand Routes of Administration for Supervised Consumption
- Enhance Environmental and Community Safety Post-Closure
- Implement Continuous Monitoring and Evaluation
- Recognize System-Level Cost Implications

Background

Canada continues to face a public health crisis driven by opioid-related harms and an increasing toxic, unregulated drug supply.[1] In Ontario, opioid-related mortality rose from 10.4 per 100,000 in 2019 to a peak of 19.4 per 100,000 in 2021, before declining to 17.0 per 100,000 in 2024, representing an average of seven deaths per day.[2] Opioid-related emergency department visits and paramedic-attended opioid overdoses followed a similar pattern, peaking in 2021 and subsequently beginning to decline or stabilize. Although these harms have decreased somewhat in recent years, they continue to represent a significant public health burden.[3]

Supervised Consumption Sites (SCS) are a cornerstone of harm reduction. They provide people who use drugs with a safe, supervised environment to consume their own substances while accessing overdose prevention, sterile needles, harm reduction equipment and referrals to health, treatment and social services.[4] Many sites also offer additional supports such as drug checking and basic health care. In Ontario, the SCS model was reformatted under the Consumption and Treatment Services (CTS) program, which further emphasized already existing treatment services (i.e., substance use counselling), added routine on-site inspections, complaint-based investigations, as well as more rigorously-enforced data collection protocols.[5,6] Evidence consistently demonstrates that SCS/CTS reduce overdose deaths, high-risk injection practices, and public drug use while improving access and engagement with health, treatment, and social services.[7-12]

Toronto's first sanctioned SCS began operating on August 17, 2017, at 277 Victoria St. under the management of Toronto Public Health (TPH).[13] Since opening, the site has recorded 164,270 visits, successfully managed 4,149 overdoses with zero fatalities, and facilitated 5,803 referrals, including 4,006 on-site and 1,797 off-site referrals.[14] Between October 2021 and March 31, 2025, the site oversaw 58,238 consumption episodes among 14,266 unique clients.

In 2022, Toronto City Council approved the sale of several city-owned properties, including 277 Victoria St. TPH staff were scheduled to transition to new worksites in Fall 2024, with all clinical operations set to conclude on March 31, 2025.[15] In anticipation of the closure, in May 2024, TPH engaged the Ontario Node of the Canadian Research Initiative in Substance Matters (CRISM; a national research network) to conduct a longitudinal (pre- and post-closure) evaluation of the SCS to assess its impacts on clients, staff, and the surrounding community.

During the development of the evaluation, in August 2024, the provincial government announced that all SCS located within 200 meters of schools or licensed daycares must close by March 31, 2025.[16] Simultaneously, the province announced the implementation of Homelessness and Addiction Recovery Treatment (HART) Hubs, which are integrated health and social service centers focused on support, treatment, and recovery, and allowed existing SCS facing closures to apply to transition to the HART Hub model. However, the HART Hub model does not permit supervised consumption, safer supply, drug checking, or needle exchange services.[17]

This evolving policy landscape resulted in a particularly dynamic evaluation, as participant experiences extended beyond the closure of the SCS to reflect broader provincial SCS policy changes. Consequently, the study captures both site-specific and system-level impacts. These shifting contextual factors also informed the design of the study methodology, ensuring that data collection and analysis were sensitive to the evolving policy environment and grounded in the lived realities and perspectives of those most affected.

The current report presents findings from a longitudinal, multi-methods evaluation that integrates data from five key study components, including 1) pre-closure qualitative interviews with SCS clients and staff 2) post-closure surveys with former SCS clients, 3) pre- and post-closure community surveys, 4) pre- and post-closure ethnographic observations, 5) pre- and post-closure analyses of TPS crime data, and 6) pre- and post-closure analyses of paramedic-attended opioid overdose data.

By integrating multiple methods across time points and settings, this study provides a nuanced understanding of the impacts of the site's closure and generates evidence to inform public health practice and policy in Toronto and other urban contexts. The findings are presented by sub-project, with each section outlining the corresponding methods and summarizing key results.

TPH Client and Staff Interviews (Pre-Closure)

Methods

Semi-structured interviews were conducted with 30 clients and 10 staff members of the site during the pre-closure phase (March 4th-13th, 2025). Client interviews explored participants' substance use histories, services accessed, perceived benefits and challenges of the site, and anticipated impacts of its closure. Staff interviews focused on the perceived benefits and barriers of site operations, observed impacts on clients and the surrounding community, and potential consequences of the impending closure. Participants were recruited on-site through convenience sampling and word of mouth. Interviews were conducted in private spaces at the site to ensure confidentiality and comfort. Each interview lasted approximately 30-45 minutes and was audio-recorded. All participants provided informed consent, and clients received a $30 cash honorarium for participation. Interview limitations included convenience sampling and self-reporting response biases (See Appendix A for detailed methodology and full limitations).

Results

Sample Characteristics: Socio-Demographic Information

Clients: Client participants had a mean age of 38 (range: 19-61). Most identified as White (53%), men (60%), who had completed high school (67%), and were currently unhoused (43%).

Staff: Staff participants had a mean age of 41 (range: 32-58). Most identified as White (80%), with half identifying as women (50%). The majority were full-time Harm Reduction Counsellors (70%), with 3-5 years of experience (40%).

Client Site Service Utilization

Over half (56%) of clients had attended the site for three years or longer, and half (50%) reported visiting multiple times daily. Nearly all accessed supervised consumption services (93%) and harm reduction supply distribution (93%).

Other commonly used services included:

- Basic needs supports (e.g., washroom, food, clothing) (67%)
- Opioid agonist therapy (43%)
- ID clinic (40%)
- Drug checking (30%)
- Supportive housing referrals (20%)
- Primary care (13%)
- Tax clinic (13%)

Client Drug Use and Overdose History

Nearly all clients (80%) self-reported using drugs several times daily, with most (77%) primarily using street opioids. The majority (73%) engaged in both inhalation and injection, while fewer relied exclusively on inhalation (13%) or injection (10%). Self-reported overdose experiences were common.

- Inside the site: 23% self-reported overdoses, 71% (5/7) of whom required naloxone
- Outside the site: 87% self-reported overdoses, 96% (25/26) of whom required naloxone

These findings underscore the elevated overdose risk among clients and the crucial role of the site in preventing fatal outcomes.

Staff and Client Qualitative Findings

Staff and clients offered complementary perspectives on the benefits of the site and the anticipated consequences of its closure. Given the substantial overlap in their views, findings are presented together under three overarching themes:

1) Benefits of the Site: The site functioned as a vital access point for harm reduction, health, and social supports. Participants emphasized key operational benefits, such as its central location given its proximity to hospitals, transit, and other key health and social services, as well as its consumption booth capacity and limited wait time, emphasizing the site's efficiency in meeting service demand. They also highlighted the site's role in fostering trust, safety, and belonging, reducing overdose risk, and facilitating engagement with care and treatment. Beyond meeting immediate needs, the site provided stability and connection, with consistent relationships and rapport established between clients, staff, and peers, supporting long-term client well-being (See **Table 1: Benefits of the Site**).

2) Reactions to and Concerns About the Closure: Both staff and clients expressed deep concern and uncertainty about how needs would be met following closure. Many anticipated difficulties identifying safe alternative spaces, while others expected to rely on less secure or less supportive environments. Although some planned to seek out other harm reduction or community services, participants feared increased exposure, stigma, and vulnerability resulting from the loss of a trusted, non-judgmental setting (See **Table 2: Reactions to and Concerns About the Site's Closure**).

3) Anticipated Impacts of the Closure: Participants anticipated wide-ranging individual and community consequences, including displacement of clients, increased overdose and infectious disease risk, and more visible public drug use due to limited alternatives. Staff further expected greater strain on remaining services, including longer wait times, higher workloads, and reduced capacity for wraparound care. Together, these findings illustrate how the site operated as a stabilizing anchor within Toronto's harm reduction network, and how its closure was expected to reverberate across both individual and system levels (See **Table 3: Anticipated Impacts of the Site's Closure**).

High-level evidence supporting each theme is summarized below in tables.

Table 1: Benefits of the Site

Benefit	Findings	Quotes
Site-Specific Operational Benefits: Location, Accessibility, and Hours	• **The SCS' central downtown location near hospitals, transit, and other services made it highly accessible.** • **Participants valued the extended hours and praised the site's clean, efficient operations with minimal wait times.** • **Participants highlighted the adequacy of consumption booth capacity, often noting that the number of booths was sufficient to meet demand.**	***"[The SCS is] always clean. Not a very long wait time [...] they take everybody into consideration and they try to serve as many people as possible, and that way they're being looked after and they're being safe about it." (Client 9)*** ***"Being close to the subway and within walking distance, like having a hospital just down the way, at least it makes you feel a little safer. You can at least advise people there's the hospital right there. (Staff 7)***

Reduced Public Drug Use	• **Publicly-visible drug use had decreased since the implementation of the site.** • **Use had shifted from alleyways, public washrooms and sidewalks to the supervised booths available at the SCS.**	***"I'm using less drugs on the street. It's cleaner. And at least there's somewhere to go." (Client 15)*** ***"I feel like injecting in this community has gone down [since the site was implemented]." (Staff 1)***
Overdose Monitoring & Safety	• **Safety (particularly protection from fatal overdose) was the primary benefit of the site.** • **Overdoses reversed both on- and off-site were frequently cited as proof of the site's effectiveness.**	***"If I overdose, I won't die [...] I mean, it's helped a lot. Because when I overdose [at the site], I don't die." (Client 24)*** ***"I've been here for four years, I've probably reversed a hundred overdoses. Nobody's ever died here." (Staff 3)***
Reduced Strain on Emergency Medical Services	• **SCS reduced reliance on emergency medical services.** • **Staff often intervened early to stabilize overdoses, preventing emergency transport and hospital use.**	***"I haven't been to the hospital for an overdose in a very long time, almost a year and a half. Before, I was at least 30, 40 times in a year […]. Then I started coming to the consumption site, that went down to basically zero." (Client 24)*** ***"The hospital systems are overloaded. [Emergency Medical Services] are overloaded [...] we're able to take a giant strain off of them." (Staff 9)***
Staff and Client Rapport and Sense of Community	• **Described trusting, respectful, and non-judgmental relationships as foundational to the site's success.** • **This sense of community fostered service engagement, better health outcomes, and was often likened to 'family.'**	***"[The employees] don't make me feel like I'm judged [...] they're pretty empathetic towards a drug user's life. I don't feel judged by them, I feel encouraged by them and that's why coming here is such a joy. It's a judgment-free zone." (Client 6)*** ***"We're working with a community of folks that are so institutionalized and marginalized [...] And so, they start to look at you like an ally because you're providing that support." (Staff 10)***

Table 2: Reactions to and Concerns about the Site's Closure

Impact	Findings	Quotes
Uncertainty and Emotional Distress	• **The closure was experienced as deeply disruptive with participants describing profound emotional distress.** • **The closure created instability in daily routines and service access.** • **Participants expressed uncertainty about how their needs could be met without the site's support.**	***"I don't know what I'm going to do when they leave [...] I still don't know. To be honest with you…I keep saying it […] I don't know what the hell I'm going to do when this place is gone, my head's baffled." (Client 19)*** ***"This month is going to be hard, I think, not just for our clients, but like, I'm here because I love this job, and now I don't know what I'm going to do to make the same impact, to have meaningful relationships." (Staff 1)***

Disruption to Sense of Community and Belonging	• **Participants described experiencing anticipatory grief, depression, and disappointment leading up to the closure.** • **The site had provided a sense of community and belonging, intensifying the loss, and its closure felt deeply personal.**	***"When I found out about the closure, I was depressed […] I just felt shut down, man. Not only just for me, but for everybody who's been part of this whole thing. I look at us like a family. So our house is getting sold […] It's a big family just getting torn apart [...] It's just really irreplaceable." (Client 6)*** ***"I think people are feeling incredibly abandoned." (Staff 7)***
Lack of Alternative Options	• **Concerns were raised about where clients could go after the closure, emphasizing the lack of adequate alternatives.** • **Harm reduction services were described as already stretched thin, suggesting multiple SCS closures in the city would further exacerbate this scarcity.**	***"Where do you think they're going to go? [To the alley]. To the Eaton store bathroom. To the schoolyard where they don't want the sites within 20 yards of. That's where they're going to go. They're not going to stop." (Client 7)*** ***"And just loss of [...] places for them to go. There's already none, and everywhere they go it's like security is ping-ponging, there's nowhere for them to go. Where do they go? There's nowhere for them to be. And this is just one less place." (Staff 8)***

Table 3: Anticipated Impacts of the Site's Closure

Impact	Findings	Quotes
Increase in Overdoses	• **Anticipation that the closure would lead to a sharp increase in overdoses and worsen health and social harms**	***"There's going to be deaths. There's going to be blood on people's hands. This is going to have costs and lives. It's really, really fucked up [...] It's going to have incalculable damage." (Client 14)*** ***"I think [the clients who are currently accessing our site are] are going to die. I'm going to cry. We have so many sites in this city right now and people still die. We're not going to be getting complaints about used needles in the park, there's going to be bodies." (Staff 1)***
Increase in Infectious Diseases	• **Concerns were raised about broader spillover effects, including a potential resurgence of infectious diseases such as HIV and Hepatitis C.**	***"Bet the AIDS numbers are going to climb right back up again, so all that hard work for what? [...] Things are going to go on the rise. AIDS is going to go back up. Mark my words on it. It's just my opinion but it doesn't take a rocket scientist to figure that out" (Client 9).*** ***"I remember the years before needle exchange [...] I was aware of the rate of HIV and hepatitis infections in needle users. And needle exchange brought that down, and I think supervised consumption brought it down even more. I expect rates of HIV - and hepatitis C and B even, if people aren't vaccinated - to climb back up to pre-needle exchange levels." (Staff 5)***

Increase in Public Drug Use	• **Drug use was anticipated to shift back into unsafe, visible public spaces such as parks, alleyways, and bathrooms**	***"People are going to be back in the streets using a lot more [...] back to the way they were before. I mean, just all over the city. Anywhere and everywhere." (Client 13)*** ***"Everybody that comes into this site, are they going to go to [other SCS that are open]? Are they going to go that far? The research says no. So what are they going to do? They're going to use at home, if they have a home, most of our clients don't. So they're going to just use in the community." (Staff 3)***
Overcrowding at Remaining SCS	• **Remaining SCS were seen as too limited in number and booth capacity to absorb the influx of clients post-closure.** • **Longer wait times for clients and heavier workload and stress for staff at these sites.**	***"If all the traffic from here goes [to other SCS], there's going to be longer wait times [...] people are just going to be like, forget this, I'm just going to use it outside. They're just going to probably want their supplies and hit the streets." (Client 16)*** ***"[The impact is] going to be massive [...] the intakes [at other SCS] have spiked massively. They're seeing like 150 to 200 intakes a day which is just staggering [...] those [staff] are going to burn out hard, very fast. And so, I think we're going to see a lot of mental health issues […] it's going to just be staggering." (Staff 9)***
Strain on the Healthcare System	• **Participants warned the closure would worsen pressures on an already overstretched healthcare system.** • **They anticipated added strain on services already operating at or beyond capacity.**	***"The toll on healthcare, it's going to get a lot worse [...] I think that the hospitals that have a regular waiting time of two hours, I think that's going to go up substantially." (Client 12)*** ***"I think EMS is going to be overloaded and they're not going to have time to respond to the overdoses." (Staff 5)***

Former TPH SCS Client Surveys (Post-Closure)

Methods

To assess the drug-, health-, and service-related impacts of the closure, researcher-administered quantitative surveys were conducted with 30 former site clients who remained within a 100m radius of 277 Victoria St. following the site's closure. Data collection took place between July 4 and August 7, 2025. Participants completed a real-time, tablet-based survey capturing their experiences accessing the site and its service before its closure, as well as their experiences navigating drug use, health needs, and access to harm reduction and wraparound supports after the closure. The survey also examined participants' perceptions of their own safety and well-being, comparisons of pre- and post-closure service accessibility (e.g., "*Before the site closed, how often did you use the SCS", "Did you access the following services prior to its closure", "Have you been able to access this service since the closure"),* and any changes in drug-related harms such as self-reported overdoses, public drug use, or unsafe consumption practices following the site's closure. Participants provided informed consent and received a $30 honorarium for their time. Survey limitations included convenience sampling of only former clients that remained in the area and self-reported response biases (See Appendix B for detailed methodology and full limitations).

Results

Sample Characteristics: Socio-Demographic Information

Participants had a mean age of 38 years, with most identifying as men (63%; 19/30). About one-third identified as Indigenous (33%; 10/30) or White (30%; 9/30). Over half (57%; 17/30) reported no fixed address, and more than half (53%; 16/30) lived or slept within a ten-minute walk from the site. The majority (57%; 17/30) frequented the area daily.

Pre-Closure: Service Utilization

Prior to the site's closure, most participants reported they had visited it multiple times per day (40%; 12/30), followed by once a week (23%; 7/30) or several times per week (20%; 6/30). Nearly all had accessed harm reduction supplies (93%; 28/30), and most relied on the site for basic needs, such as washrooms, clothing, and food (73%; 22/30). Just over half had used the SCS (53%; 16/30), and half accessed social services (50%; 15/30). Additional supports used included:

- Testing for blood-borne viruses and sexually transmitted infections (BBV/STI) (47%; 14/30)
- Primary medical care (36%; 11/30)
- Harm reduction education (33%; 10/30)
- Drug checking (30%; 9/30)
- Housing referrals (30%; 9/30)
- Mental health referrals (23%; 7/30)
- Detox or drug treatment referrals (17%; 5/30)
- Opioid agonist treatment (17%; 5/30)
- Injectable opioid agonist treatment (3%; 1/30)

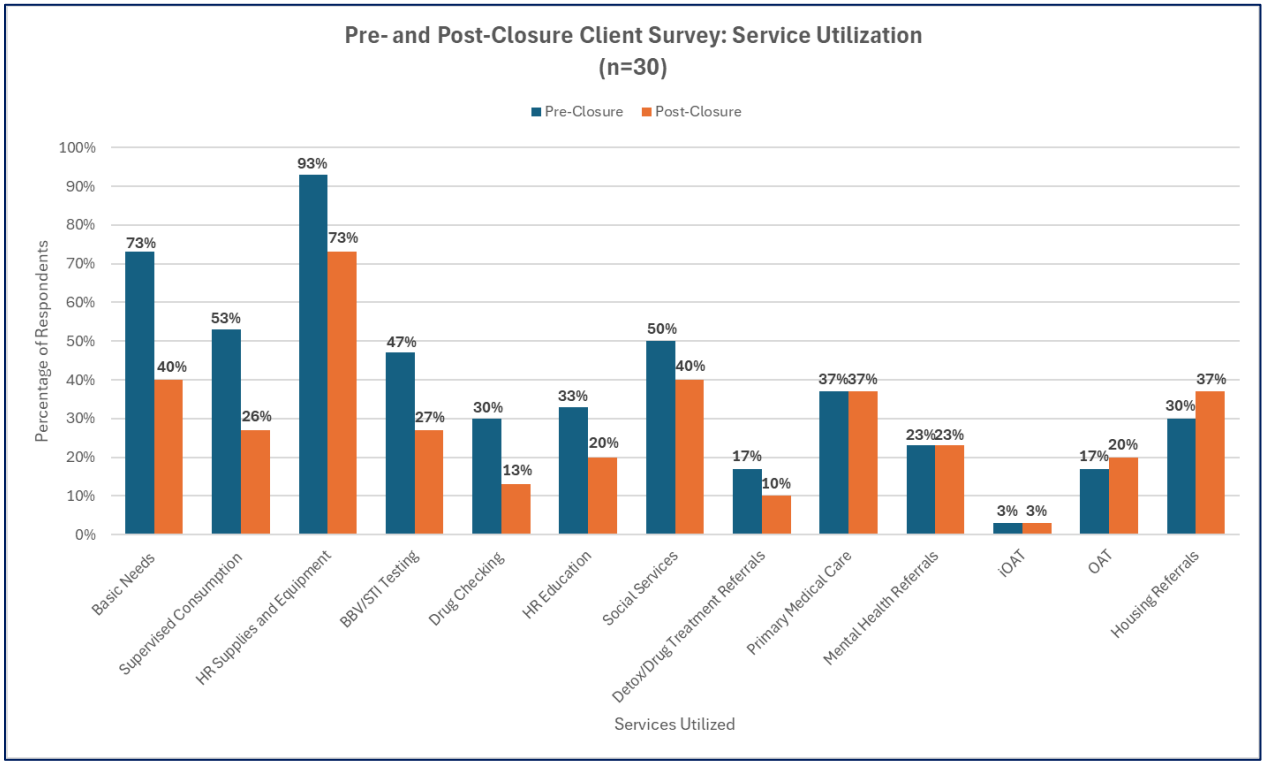
Post-Closure: Service Utilization

Following the closure, self-reported access declined across nearly all service categories. The largest reductions were observed in:

- Basic needs supports (e.g., washrooms, clothing, food), which decreased 33%
- Supervised consumption, which decreased 26%
- Harm reduction supplies and equipment, which decreased 20%
- Testing for blood-borne viruses and STI, which decreased 20%
- Drug checking, which decreased 17%
- Harm reduction education, which decreased 13%
- Social services, which decreased 10%
- Detox or drug treatment referrals, which decreased 7%

In contrast, supportive housing referrals increased modestly (+7%). Utilization of primary medical care, mental health referrals, and injectable opioid agonist treatment remained unchanged (see Figure 1 for detailed breakdown of pre- and post-closure service utilization).

Figure 1: Pre-Closure vs. Post-Closure Former TPH SCS Client Service Utilization

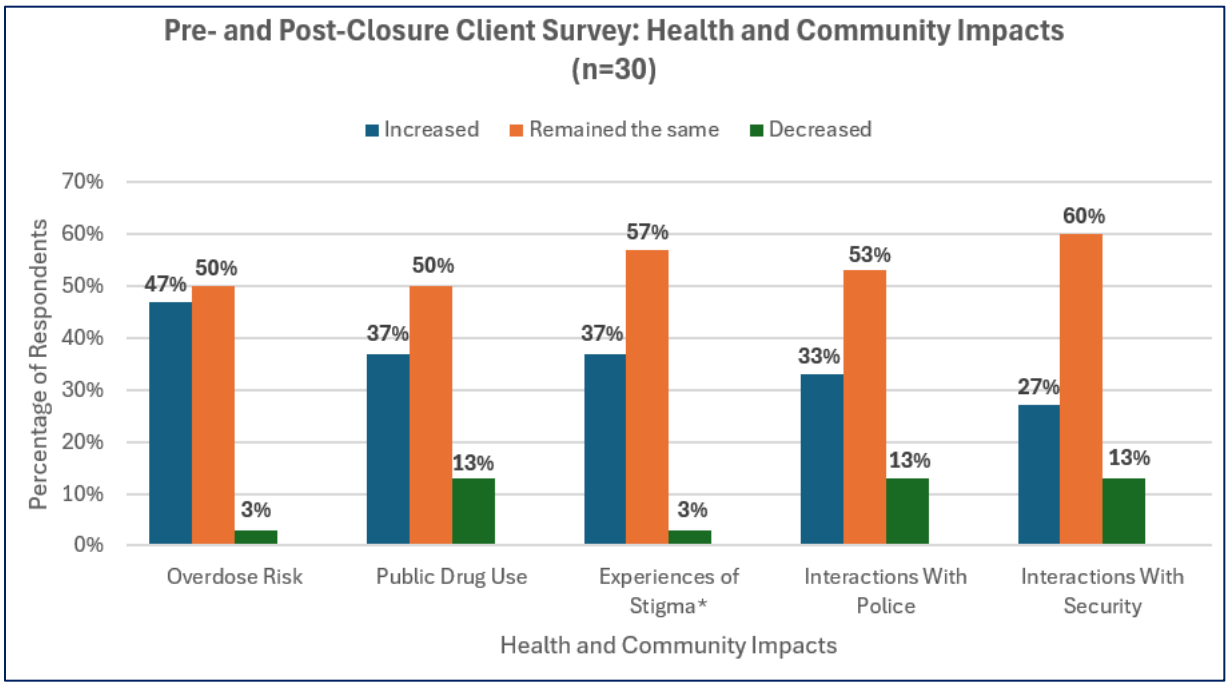


Post-Closure: Health and Community Impacts

Following the site's closure, nearly half of participants (48%) reported that their risk of overdose had increased, and 40% experienced a self-reported overdose within 100m of the site. All participants engaged in public drug use, and over one-third (37%) reported an increase in the frequency of their public drug consumption. The most common locations for public drug use were alleyways and laneways (53%, stairwells and building entrances (53%), public bathrooms (47%), and outdoor spaces such as parks and sidewalks (47%).

The majority of participants (63%) described greater difficulty following the site's closure in accessing harm reduction supplies, and nearly half (37%) reported challenges with safely disposing of used equipment. One-third (33%) self-reported an increases in interactions with police, while over one-quarter (27%) self-reported more encounters with security personnel. Additionally, more than one-third (37%) perceived an increase in stigma following the closure. A smaller proportion of participants reported greater reliance on health services, including doctors (10%), hospitals (10%), and emergency medical services (7%). Most participants (83%) maintained their previous route of drug administration, while a minority (13%) reported switching from injection to inhalation. (See Figure 2 for detailed breakdown of changes in health and community impacts pre- and post-closure).

Figure 2: Pre-Closure vs. Post-Closure Health and Community Impacts



**Experiences of Stigma: One participant (n=1) responded as "not sure".*

Local Community Member Surveys (Pre- and Post-Closure)

Methods

To assess community perceptions of the SCS and its closure, we conducted a mixed-methods study surveying 100 members of the public located within a 100m radius of the site both prior to (n=50 pre-closure) and following the site's closure (n=50 post-closure). During both survey periods, a researcher stood in a fixed location asking passersby if they would like to participate in a survey on SCS and related services. Pre-closure data collection took place between February 18 and March 27, 2025; post-closure data collection occurred between July 2 and August 5, 2025. Surveys were administered in real-time using a tablet-based questionnaire (with open-ended response options), capturing participants' awareness of the site, perceptions of safety, attitudes toward harm reduction while the site was operational, and perceived impacts of the closure on people who use drugs and the surrounding community, as well as levels of support or opposition toward SCS closures more broadly across Ontario (*e.g., "Do you support the government's decision to close SCS" with an open-ended follow-up question asking "Why do you feel this way?"),* once the site had closed. All participants provided informed consent and received a $10 gift card for their time. Survey limitations included convenience sampling, social desirability bias, and a limited sample size that was not exclusive to people who lived in close proximity to the SCS (See Appendix C for detailed methodology and full limitations).

Results: Pre-Closure

Sample Characteristics

Pre-closure participants had a mean age of 37 years. Most identified as White (42%, men (60%), who had completed college/university (48%), and either lived (30%) or worked (30%) within close proximity to the site.

Post-closure participants had a mean age of 40 years. Most identified as White (30%), men (64%), who had completed college/university (42%), and lived (62%) within close proximity to the site.

Pre-Closure: Awareness and Views of the SCS

Before the closure, most respondents (88%) were aware of Ontario's overdose crisis. The majority (80%) broadly understood the purpose and operations of SCS, and nearly all (98%) considered SCS as an essential health service for people who use drugs.

Awareness of the SCS at 277 Victoria St., in particular, was notably high, with 74% of respondents reporting familiarity; among these, 69% were aware of its scheduled closure on March 31, 2025.

Pre-Closure: Perceived Benefits of the SCS

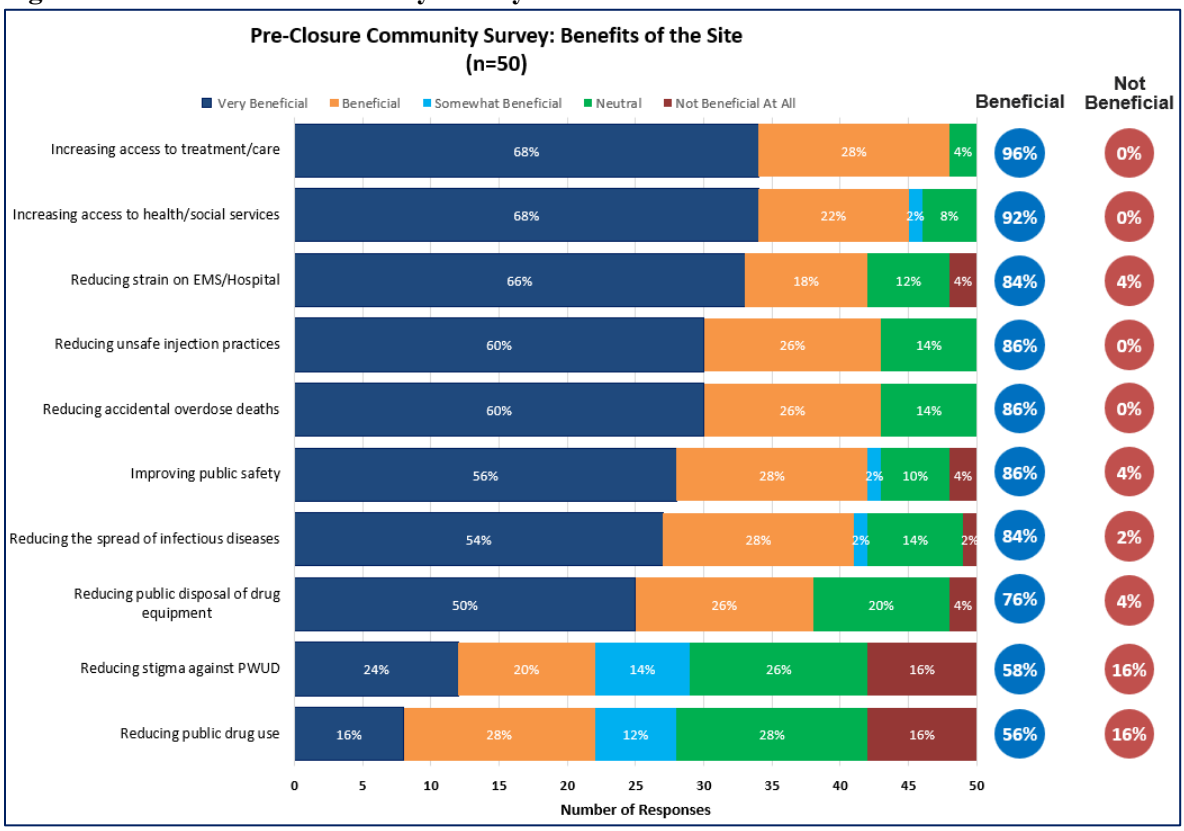
Prior to its closure, respondents recognized the SCS as providing critical public health and safety benefits (see Figure 3 for a detailed breakdown). Nearly all (96%) agreed the site enhanced access to treatment and care, and most (92%) indicated it improved access to health and social services.

A large majority (84%) believed the site reduced strain on emergency medical services and hospitals, and 86% felt it decreased unsafe injection practices and the risk of accidental overdose. Other commonly cited benefits included:

- Improved public safety (86%)

- Reduced transmission of infectious diseases (84%)
- Fewer publicly discarded harm reduction supplies (76%)
- Reduced stigma toward people who use drugs (58%)
- Decreased public drug use (56%)

Figure 3: Pre-Closure Community Survey: Benefits of the Site



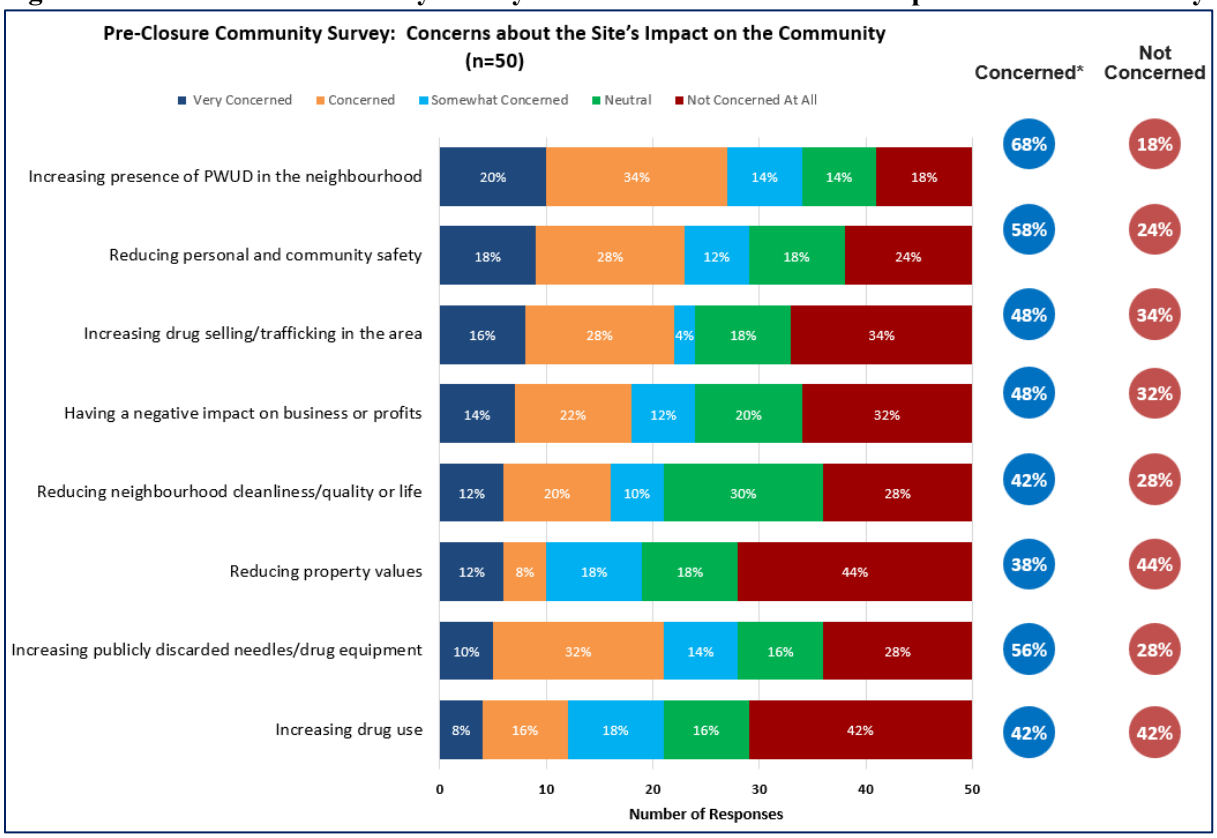
**"Beneficial" total percentage includes respondents who reported the site as being "very beneficial", "beneficial", and "somewhat beneficial".*

Pre-Closure: Community Members' Level of Concern

Prior to its closure, community concerns about the site primarily focused on the presence and activities of people who use drugs in the surrounding area. Most respondents (68%) were concerned that the site increased the presence of people who use drugs in the area. More than half expressed concerns about personal and community safety (58%) and publicly discarded drug supplies (56%). Nearly half (48%) were worried about increased drug selling and trafficking, while community members were evenly divided on whether the site contributed to higher levels of drug use (42% concerned vs. 42% not concerned). About half of participants (48%) expressed concern about negative impacts of the site on local businesses, with fewer citing issues related to neighbourhood cleanliness (42%) or property values (38%).

When asked specifically about the site's impending closure, concern was widespread: more than half of respondents (52%) reported being "very concerned," and another third (32%) were "concerned" about potential negative community impacts. Open-ended responses underscored awareness of the site's lifesaving role, with several participants concerned about increased overdoses following the closure. (see Figure 4 for a detailed breakdown of pre-closure concerns).

Figure 4: Pre-Closure Community Survey: Concerns About the Site's Impact on the Community



*"Concerned" total percentage includes respondents who reported being "very concerned", "concerned", and "somewhat concerned".

Pre-Closure: Recommendations to Address Community Concerns about the SCS

A list of recommendations to address community concerns about SCS were offered to participants. The most frequently recommended solutions included "*providing clearer public information about the goals of the site"* (70%) and "*increasing cleanup of discarded needles*" (70%). Many also agreed with "*expanding outreach in surrounding areas*" (62%), "*maintaining ongoing engagement with community members*" (54%), and "*creating formal avenues for community feedback*" (50%). Others recommended *"enhancing security or police presence in the neighborhood" (*46%), and "*hosting public tours of the site"* (38%).

Looking ahead, participants expressed support for establishing a new site elsewhere following the closure with two-thirds (66%) "*very supportive*" and one-fifth (20%) *"supportive*" of this approach. Respondents emphasized that SCS "*help people who use drugs*," "*improve healthcare access*," and "*save lives*." Some participants, while supportive of a new site, believed SCS should be located away from schools, daycares, or tourist areas.

Results: Post-Closure

Sample Characteristics

Post-closure participants had a mean age of 40 years. Most identified as White (30%), men (64%), who had completed college/university (42%), and lived (62%) within close proximity to the site.

Post-Closure: Awareness and Views of the SCS

In the post-closure survey, 84% of respondents were aware of the opioid crisis, comparable to pre-closure levels. Awareness of the 277 Victoria St. SCS, in particular, was similarly consistent, with 76% aware of the site, although only 50% knew it had officially closed. Support for the site remained strong but slightly lower than pre-closure levels, with 46% "*strongly supportive*" and 30% "*supportive.*" Three-quarters (74%) continued to view SCS as an essential health service for people who use drugs.

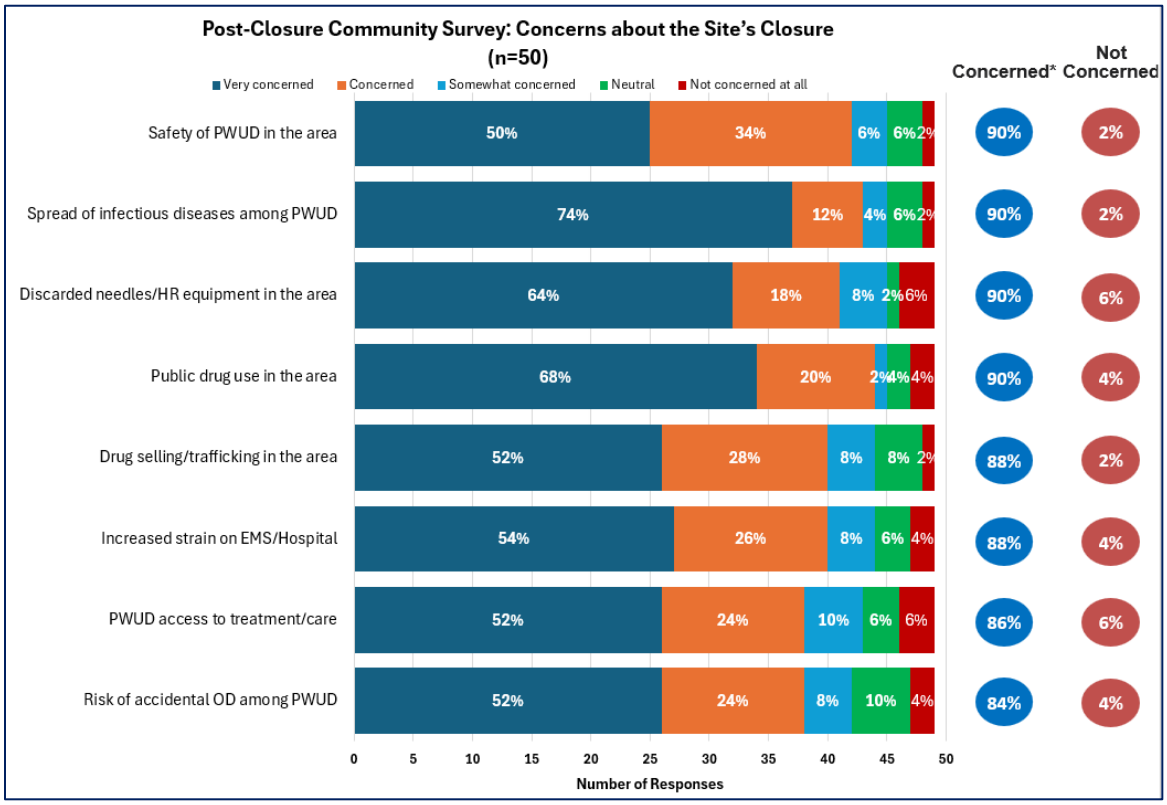
Post-Closure: Concerns about the Closure of the SCS

Concerns following the site's closure closely mirrored pre-closure findings, though these increased across several indicators. More than half of respondents (52%) reported being "*very concerned"*, and nearly a third (28%) were "*concerned"* about the impacts of closure. Community members' concerns primarily included:

- Safety of people who use drugs in the area (90%)
- Spread of infectious diseases among people who use drugs in the area (90%)
- Publicly discarded needles and harm reduction equipment in the area (90%)
- Public drug use in the area (90%)
- Drug selling and trafficking in the area (88%)
- Increased strain on emergency medical services and hospitals in the area (88%).

Concerns for the well-being of people who use drugs were reflected in perceived risks related to access to treatment and care (86%), accidental overdose (84%), unsafe injection practices (82%), and access to health and social services (80%). Broader social and community concerns were also widespread; over three-fourths (78%) cited worries about the increased presence of people who use drugs and reduced neighborhood cleanliness, 74% about overall community safety, and 72% about stigma experienced by people who use drugs. Issues of comparatively lower concern included property values (56%) and impacts on local businesses (52%). (See Figure 5 for a detailed breakdown of post-closure concerns)

Figure 5: Post-Closure Community Survey: Concerns About the Site's Closure



**"Concerned" total percentage includes respondents who reported being "very concerned", "concerned", and "somewhat concerned". "Prefer not to say" responses (n=1) were excluded. Certain data points are not displayed.*

Ethnographic Observations (Pre- and Post-Closure)

Methods

Ethnographic observations were conducted within a 100m radius of the site (see Figure 6 for a map) both prior to (pre-closure phase) and following the site's closure (post-closure phase). During both phases, a single trained ethnographer systematically documented indicators of drug-related activity, public order, law enforcement presence, and environmental conditions pre-and post-site closure. To ensure comparability across observation periods, all sessions followed an identical observation route and were conducted at standardized times of day.

During the pre-closure phase (February 18-March 31, 2025), 25 one-hour observation sessions (25 total hours) were completed. Following the site's closure (April 1-July 18, 2025), an additional 25 sessions (25 total hours) were conducted. Field notes were recorded immediately after each session and later coded for recurring patterns related to substance use visibility, community dynamics, and environmental changes. Indicators were recorded by number of instances observed. Ethnographic limitations included notable differences in seasonality, with pre-closure data collection occurring during winter and post-closure during spring and summer, potentially influencing patterns of service use, drug consumption, and street-level activity (See Appendix D for detailed methodology and full limitations).

Figure 6: 100m radius of 277 Victoria St.

Results: Pre-Closure

Pre-Closure Ethnographic Observations

Prior to the site's closure, instances of public drug use were primarily concentrated along the west sidewalk of Victoria St., directly opposite the site. Observations documented:

- n=168 instances of individuals appearing under the influence
- n=99 instances of loitering
- n=65 instances of drug use by inhalation.

There were also n=119 discarded harm reduction supplies identified during the pre-closure phase, most of which were found in alcoves along this stretch. Instances of police presence were frequent (n=46) prior to

the closure, particularly north of Dundas St. East, where officers were often observed dispersing people who use drugs from the area.

A secondary hub of activity emerged behind the site along Victoria Lane, especially in a stairwell and adjoining alleyway. This area accounted for the only observed instances of public injection (n=2) and nearly all discarded needles (n=10) during the pre-closure period. The average temperature during the pre-closure data collection period was +2.4°C.

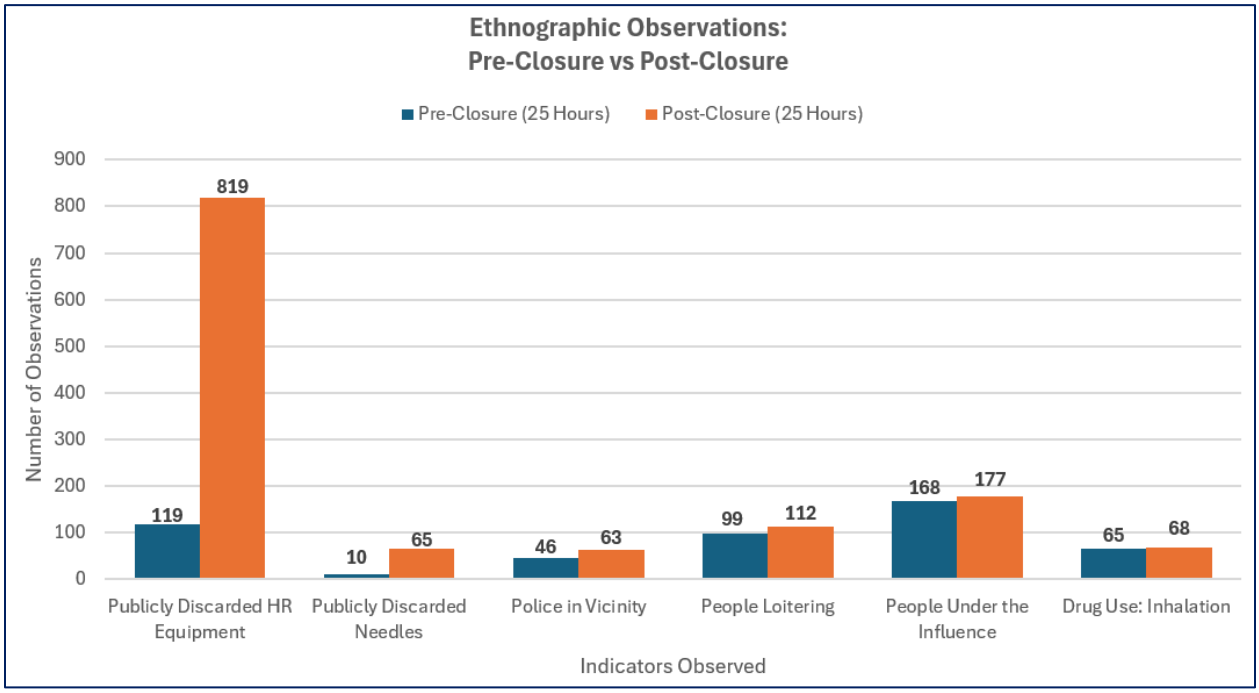
Results: Post-Closure

Post-Closure Ethnographic Observations

Following the site's closure, visible activity shifted eastward from Victoria St. to Victoria Lane and alcoves along Bond St. Publicly discarded harm reduction supplies rose sharply by 588% (from n=119 to n=819), while discarded needles increased by 550% (from n=10 to n=65), coinciding with the removal of the disposal bins previously located outside the site.

Instances of public inhalation increased slightly (from n=65 to n=68), while injection remained rare (n=2 pre-closure, n=1 post-closure), limited to Victoria Lane. Observations of people under the influence increased marginally (from n=168 to n=177), as did loitering or sleeping (from n=99 to n=112). Police presence also intensified, increasing from n=46 instances pre-closure to n=63 post-closure, with observations extending beyond Victoria St. into Victoria Lane and Bond St. A new pattern of frequent public urination and defecation throughout the area, including Victoria St., Victoria Lane, and Bond St., emerged post-closure, none of which had been recorded pre-closure. The average temperature during the post-closure data collection period was +20.5°C . (See Figure 7 for a pre- vs. post-closure ethnographic observation indicator comparisons)

Figure 7: Pre-Closure vs. Post-Closure Ethnographic Observations



**Does not include all indicators observed*

Toronto Police Service Crime Data (Pre- and Post-Closure)

Methods

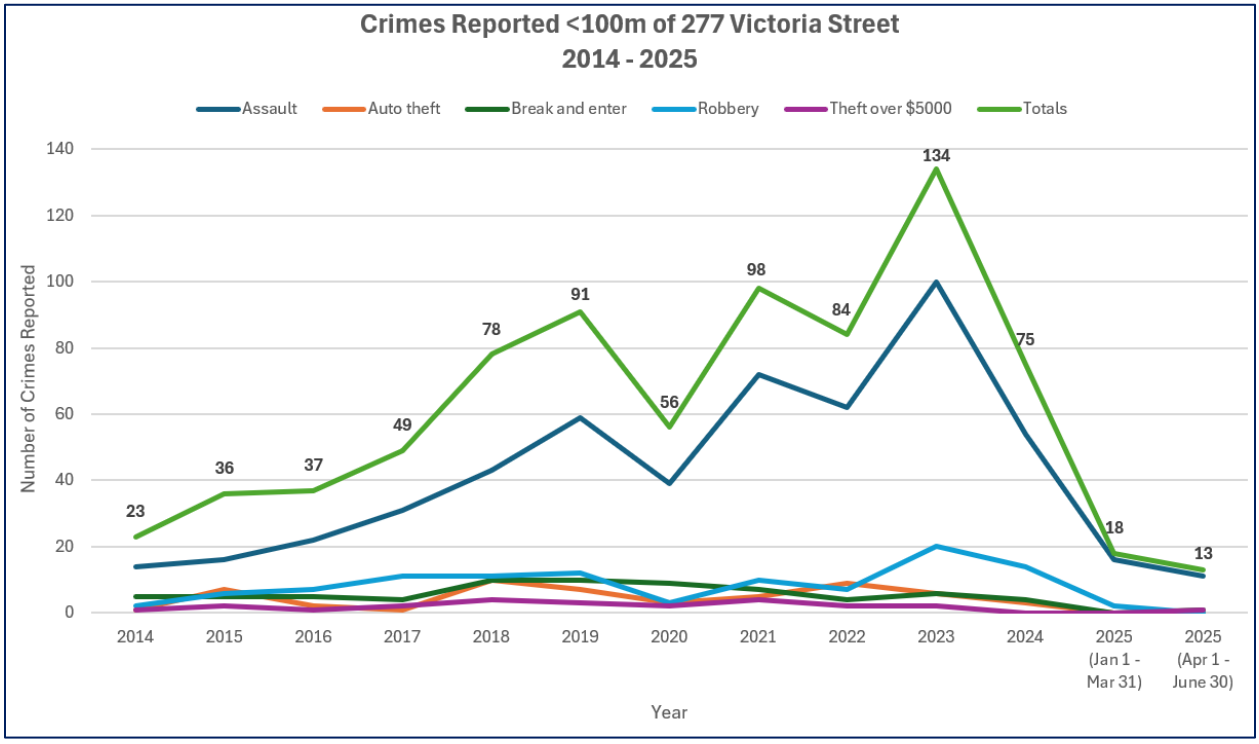
Toronto Police Service (TPS) crime data were obtained from the TPS Public Safety Data Portal to examine trends in reported Major Crimes Indicators (MCI), from 2014 to 2025, within a 100m radius of the site. MCIs included assault, auto theft, break and enter, robbery, and theft over $5,000. All data are publicly available through the TPS Open Data Portal.[18] Crime data limitations included no individual-level identifiers to link crimes reported with people who use drugs, thereby negating a direct causal link between data and the presence of the TPH SCS (See Appendix E for detailed methodology and full limitations).

Results

During the pre-SCS operations phase (January 1, 2014 – August 20, 2017), reported crimes within 100m of the site increased modestly year over year, from n=23 to n=49 total incidents. Throughout the SCS operational period (August 21, 2017 – March 31, 2025), crime levels in the area exhibited minor annual fluctuations, including a temporal decline in 2020 corresponding with the COVID-19 pandemic, followed by a peak in 2023 (n=134).

In 2024, reported crimes declined sharply to n=75, representing a 44% reduction from the 2023 peak. Between 2024 and the site's closure in 2025, reported crimes in the surrounding area had already begun to decline (from 75 to 18), and continued to decrease modestly (from 18 to 13) in the initial post-closure period (April 1 2025 – June 30, 2025). Additional data points are required to determine whether this represents a sustained long-term pattern (see Figure 8 for a breakdown of individual crime types and total incidents across the observation period).

Figure 8: Crimes Reported ≤100m of 277 Victoria St.: 2014-2025



Paramedic-Attended Opioid Overdose Data (Pre- and Post-Closure)

Methods

Data on paramedic service calls for suspected opioid overdoses were obtained from TPH's Epidemiology and Data Analytics Unit.[19] The dataset includes annual totals spanning the pre-closure period (beginning January 1, 2018) through the post-closure period (ending August 31, 2025). Suspected opioid overdose calls were geographically categorized by neighbourhood and nearest major street intersection.

To contextualize trends observed around the site's closure, we also examined the nearby Moss Park neighborhood as a comparison area, given the presence of two operational SCS (Street Health and Moss Park SCS). As such, two primary neighbourhoods were assessed:

- Downtown Yonge East (location of the 277 Victoria St. SCS)
- Moss Park (location of Street Health SCS and Moss Park SCS).

Three nearest major intersections were also examined:

- Dundas St. E & Victoria St. (nearest to location of the site)
- Dundas St. E & Sherbourne St. (nearest to Street Health SCS)
- Queen St. E & Sherbourne St. (nearest to Moss Park SCS)

Neighbourhood- and intersection-level data served as longitudinal indicators of overdose-related emergencies in proximity to SCS locations. This analysis allowed for the examination of temporal trends in overdose frequency and potential shifts in local drug-related harms following the site's closure. Paramedic data limitations included only suspected opioid overdoses, providing only a partial data set linking opioid overdose frequencies with particular neighborhoods and intersections of interest (See Appendix F for detailed methodology).

Results

Between 2018 and 2024, the Downtown Yonge East neighborhood consistently recorded the highest number of paramedic calls for suspected opioid overdoses, peaking at n=1,187 calls in 2021. However, between January 1– August 31, 2025, including the first five months after the closure of the site, the Moss Park neighborhood recorded the highest number of calls to paramedics (n=250), followed by Downtown Yonge East (n=163). (See Figure 9 for a comparison of suspected opioid overdose paramedic calls by neighbourhood)

A similar shift in the geographic concentration of paramedic calls was observed when examining the nearest major intersections. Dundas St. E & Victoria St., located closest to the former site, recorded among the highest call volumes for several years prior to closure. In 2025, however, the two intersections adjacent to the remaining operational SCS, Dundas St. E & Sherbourne St. (where Street Health SCS is located) and Queen St. E & Sherbourne St. (where Moss Park SCS is located) respectively recorded more than twice as many calls as Dundas St. E & Victoria St. (n=61 and n=58 versus n = 26). (See Figure 10 for a comparison of paramedic service calls by nearest main intersection)

Figure 9: Calls to Paramedic Services for Suspected Opioid Overdoses by Neighborhood, 2018 - 2025

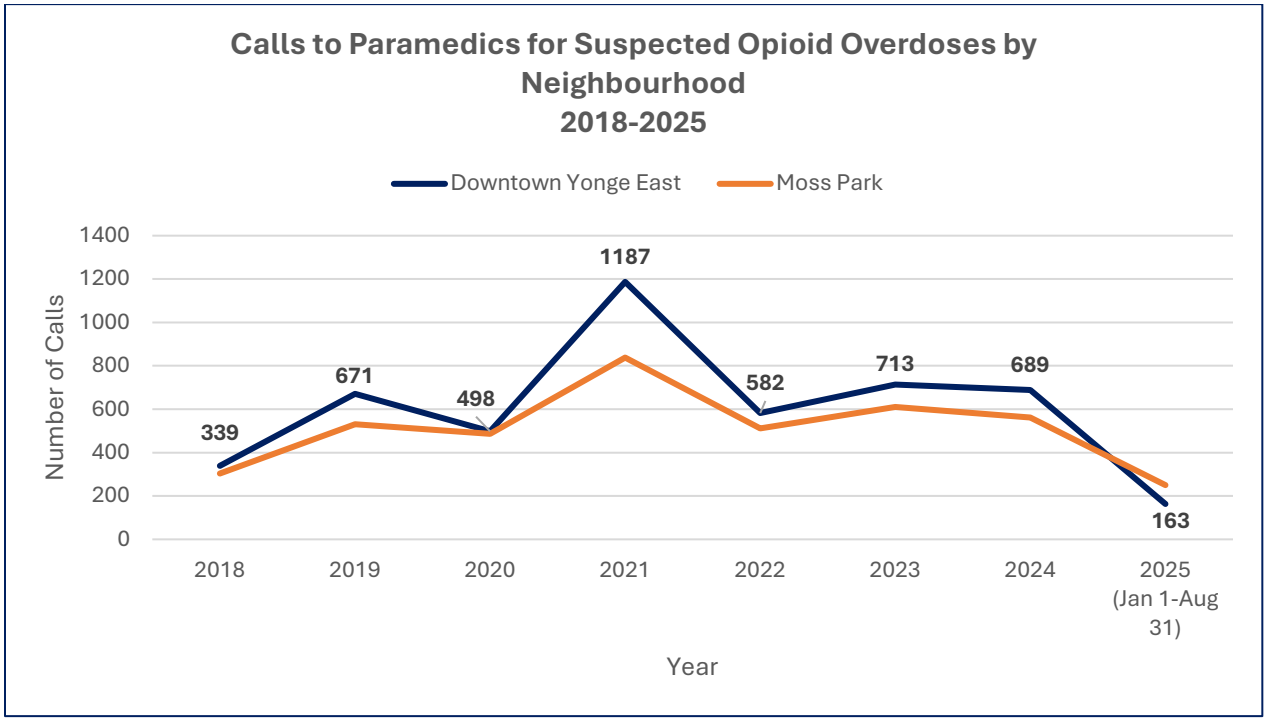
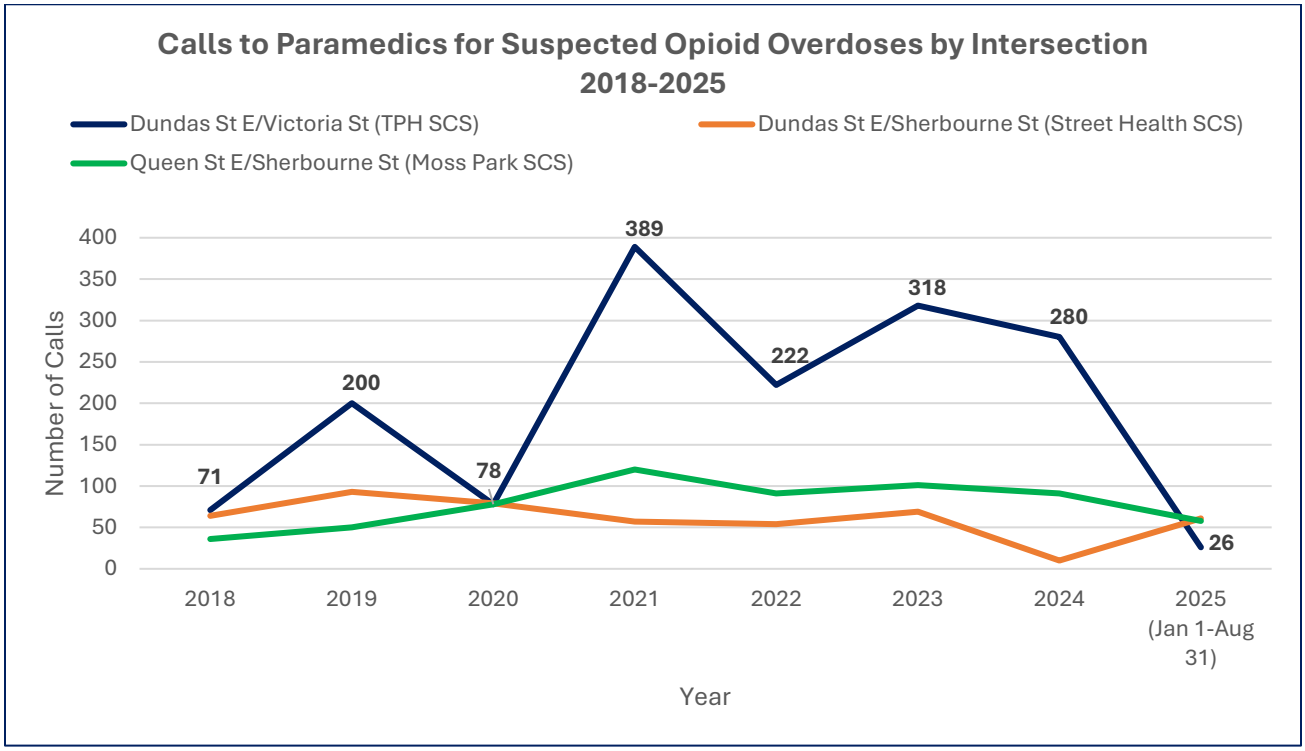


Figure 10: Calls to Paramedic Services for Suspected Opioid Overdoses by Street Intersection, 2018 - 2025



Conclusions and Implications

The findings from this evaluation provide an early, yet comprehensive, understanding of the role and impact of the SCS at 277 Victoria St. and highlight the broader implications of SCS closures for clients, communities, and public health systems. Across multiple data sources, including qualitative interviews, former client and community surveys, ethnographic observations, and publicly available crime and overdose data, a consistent narrative emerges: the site functioned as a critical harm reduction and public health intervention, and its closure has produced implications at both individual and community-levels.

Importantly, these impacts did not occur in isolation. They reflect broader systematic and structural trends, including service defunding and a move away from harm reduction towards more abstinence-based approaches - both provincially and nationally. Understanding the closure of the site within this broader context helps explain how these consequences unfolded and highlights the need to consider structural drivers alongside immediate local effects when evaluating the closure of harm reduction services.

Critical Role of the SCS in Public Health and Harm Reduction

Clients and staff consistently emphasized the site's life-saving, health-promoting, and stabilizing functions. The SCS not only prevented fatal overdoses but also acted as an entry point to a range of wraparound supports, including testing for BBV/STIs, access to primary care, housing and social supports, and harm reduction education.

Beyond its clinical functions, the SCS cultivated social connectedness and trust, providing a non-judgmental, safe environment where clients could engage with peers and staff. These findings align with international evidence demonstrating that SCS reduce fatal overdoses, promote safer drug use, and connect clients to healthcare and social services, thereby improving overall well-being.[7-12]

Participants also highlighted several operational features that enhanced the site's effectiveness and accessibility. The SCS's central downtown location, situated near hospitals, public transit, and other essential services, was described as highly accessible. Participants valued the site's extended operating hours and consistently praised its clean, well-organized, and efficient operations, noting minimal wait times. In addition, participants emphasized the number of consumption booths was generally sufficient to meet demand, particularly when compared to other sites that were perceived as more constrained in capacity.

Ethnographic observations reinforced these insights; although impacted by weather condition differences, the closure led to an increase in discarded needles and harm reduction supplies, indicating that drug use persisted but became more dispersed and less safely managed. Post-closure activity concentrated in nearby alcoves and laneways, illustrating that in the absence of supervised environments, risk behaviors are displaced rather than eliminated, creating new hazards for both clients and the surrounding community.

Community Perceptions and Broader Impacts of SCS Closures

Community survey findings reflected both public support for SCS and recognition of its health and social benefits, while consistently reporting concerns over its impact on public safety and community cleanliness. The majority of respondents acknowledged the plethora of drug- and health-related benefits the SCS potentially had on people who use drugs and expressed opposition to the closures, citing concerns about the potential for increased harms to former clients. At the same time, persistent concerns

about public safety, discarded needles and harm reduction supplies, as well as publicly visible drug use were reported. The concerns expressed by participants align with publicized criticisms of SCS by residents who live in proximity to SCS throughout the city. It is important to note that these perceptions are often shaped by stigma and misinformation, and that site closures may inadvertently intensify community tensions, contribute to stigma, and disrupt the broader public health infrastructure that supports both people who use drugs and the surrounding community. This underscores the need for ongoing community engagement, education, and transparent communication about harm reduction strategies. The results present a more nuanced public response and perception to SCS, which require a more thorough sample size to generalize across larger populations.

These perceptions also mirror the broader provincial landscape. The closure of the site occurred amid a wider wave of SCS closures across Ontario following the Government of Ontario's directive to shutter sites near schools and childcare centres. These coordinated closures have disrupted an already fragile harm reduction system, concentrating demand on remaining sites while leaving high-need areas without access to life-saving services. The loss of multiple SCS across the province has raised concerns among public health professionals, community organizations, and people who use drugs regarding increased overdose risk, reduced continuity of care, and declining public safety.[20]

Service Disruption and Individual-Level Risk

Surveys of former clients revealed declines in access to essential services post-closure, including supervised consumption, harm reduction supplies, basic needs, and BBV/STI testing. Nearly half of the former clients self-reported increased overdose risk, and over a third self-reported experiencing an overdose within 100m of the site following its closure. Despite these changes, most clients maintained the same modes of drug use, suggesting that risk behaviors persisted in the absence of safer, supervised environments. These findings demonstrate that SCS closures can produce immediate and measurable harm for marginalized individuals who rely on them for safety, stability, and connection to care.

Broader System and Environmental Impacts

Administrative data provide further context for understanding the impacts of the SCS closure. TPS crime reports in the vicinity indicated that incidents began declining after peaking in 2023, well before the site's closure, and have only marginally decreased since. These patterns suggest that fluctuations in reported crime near the site likely reflect broader urban and pandemic-related trends, rather than being directly attributable to the site's operation or closure. The modest post-closure decline observed to date may instead reflect short-term shifts in policing, reporting practices, or population movement, rather than a substantive reduction in underlying criminal activity. Preliminary paramedic data provide additional context suggesting that population movement may be influencing observed changes. Specifically, the Moss Park neighborhood (home to two of the city's remaining operational SCS located near the closed site) recorded higher overdose-related paramedic calls than the Downtown Yonge East neighborhood for the first time. Qualitative and survey data from people who use drugs indicated that the closed site had served as a safety net, where individuals felt safer using drugs in nearby areas due to the presence of harm reduction supports. The site's closure may have led to shifts in where drug use occurs, potentially increasing demand at other operational sites. While these findings offer important preliminary insights, additional data and analyses are required to better understand the underlying dynamics.

Policy Implications and Recommendations

Several key implications and recommendations emerge from the findings.

1. **Maintain and Expand Harm Reduction Infrastructure:** Sustained access to supervised consumption and harm reduction services is critical. Efforts should prioritize continuity of care during transitions or closures and explore opportunities to establish new sites with comparative services in areas with high rates of overdose and drug-related harms.
2. **Integrate Accessible SCS within Broader Health and Social Systems**: SCS act as gateways to wraparound services. Future planning should prioritize the co-location of SCS and related harm reduction services with primary care, mental health, and social services to enhance continuity of care, streamline referrals, and reduce structural barriers to access.
3. **Ensure SCS are Centrally Located:** Drivers of site utilization resulted from the SCS operating in a centralized location, with proximal access to various forms of public transit and other health-related services such as hospitals. To promote utilization of SCS, future planning and implementation should prioritize centralized locations with strong connectivity to public transit, hospitals, and other health and social services.
4. **Prioritize Operational Efficiency:** Participants emphasized that accessibility and effective service delivery are supported by key operational features. Future SCS should offer extended hours of operation, implement streamlined service workflows to minimize wait times, and ensure sufficient consumption booth capacity to meet service demand.
5. **Expand Routes of Administration for Supervised Consumption**: Injection and inhalation were the most common routes of administration for TPH SCS clients. The expansion of supervised consumption services to include inhalation is expected to decrease public drug use - a common concern among community members - and to decrease the need for off-site overdose response by SCS staff and emergency services.
6. **Enhance Environmental and Community Safety Post-Closure**: Displacement of drug use and increases in improperly discarded supplies following the site's closure highlight the need for expanded street outreach, accessible disposal options, and rapid response mechanisms to mitigate environmental and community safety concerns.
7. **Implement continuous monitoring and evaluation**: Sustained surveillance of overdose trends, infectious disease transmission, and community-level indicators is critical. Real-time data collection and integration across health, emergency, and social systems would enable timely detection of emerging harms and guide rapid, evidence-informed responses. Longitudinal data integrated analytics should be used to assess long-term impacts and inform policy and funding decisions.
8. **Recognize System-Level Cost Implications:** Reduced access to SCS and harm reduction services is likely to increase reliance on high-cost emergency and acute care systems. Maintaining SCS can yield both public health and economic benefits by preventing overdose deaths, reducing emergency service utilization, and mitigating downstream healthcare costs.

Moving forward, the lessons from this evaluation provide a foundation for rebuilding more resilient, integrated, and equitable harm reduction systems. Reinvestment in supervised consumption, coupled with community-driven engagement and data-informed planning, can help ensure that Toronto, and Ontario more broadly, are better equipped to prevent overdoses, save lives, and promote community well-being.

Limitations

This evaluation has several limitations. First, all participant-involved research activities, including TPH client and staff interviews, local community member surveys, and former TPH client surveys, used small, convenience samples, limiting generalizability and constraining broader inference on community-level impacts. Self-reported data are also subject to recall and social desirability biases.

Second, local community member survey participants only captured participants on foot within the 100m radius, with no criteria pertaining to the proximal radius of people who lived, worked, owned a business or went to school. Therefore, the responses may not be generalizable to the local population. Local residents who live near 277 Victoria Street may differ from participants who only work, own a business, or go to school in the area.

Third, ethnographic observations were influenced by environmental and methodological factors. Pre-closure data were collected during colder months (February-March; +2.4 ℃), while post-closure observations occurred in warmer months (April-July; +20.5 ℃), which may have affected the visibility and frequency of observed indicators. For instance, snow accumulation during the pre-closure period may have obscured harm reduction equipment and colder temperatures may have impacted the number of people consuming drugs in publicly-visible outdoor spaces, rendering larger observable differences in indicators post-closure. Observations were limited to set times of day and may have missed activity outside these periods. As all observations were conducted by a single ethnographer, subjective bias and potential reactivity effects, where the presence of an observer influences behaviors, may have further affected the data.

Fourth, the crime data reflect only reported major incidents, excluding arrests, convictions, or individual-level identifiers, limiting the ability to infer causality or link patterns directly to site operations or client activity. Moreover, data specific to drug-related crimes were unavailable, constraining interpretation regarding changes in drug-related crime or behaviors among people who use drugs. Similarly, paramedic call data capture only suspected opioid overdoses and do not include confirmed toxicology, fatal outcomes, or overdoses managed without paramedic involvement. As such, these data reflect a partial indicator of overdose trends and may underestimate the true burden of drug-related harms in the area. It is also important to consider additional caveats when interpreting the crime and emergency data. Reporting bias, displacement effects (in which policing impacts, both positive or negative, diffuse to surrounding areas), racial biases, and data completeness can all influence observed trends. Consequently, changes in crime or overdose patterns cannot be solely attributed to the presence or closure of the SCS.

Finally, the evaluation captures a brief period immediately before and after the SCS closure, restricting the ability to assess longer-term impacts. Due to the limited number of observations available post-closure, we elected not to conduct statistical analyses and instead relied on descriptive trends to examine overdose and crime outcomes. As such, these findings should be interpreted as illustrating potential associations rather than causal effects or definitive impacts of the site's closure. Additional data will be required to assess the stability of observed patterns and to better understand other factors that may be contributing to these shifts.

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Appendix

Appendix A: Methods: Toronto Public Health SCS Client and Staff Interviews

Design

Semi-structured interviews were conducted with 30 clients and 10 staff of the site during the pre-closure phase. Each client and staff interview included a brief researcher-administered survey (~10 minutes). Clients' structured survey collected socio-demographics (age, gender, ethnocultural background, education level, and housing status), treatment and drug use history (use of opioid agonist treatment (OAT) or injectable OAT (iOAT), primary drug of choice, preferred method of drug use, frequency of use), overdose history (experiences with overdose on- and off-site, administration of naloxone/Narcan), and site utilization history (frequency and patterns of use at the site). Staffs' structured survey collected socio-demographics: age, gender, and ethnocultural background. All surveys were conducted using REDCap software.[21]

The surveys were followed by a 45-60-minute semi-structured interview, audio-recorded with participant consent. Clients' interview guide focused on clients' lived experiences using the site, the impact of service utilized, their perspective on beneficial and challenging aspects of site utilization, their relationship with staff members, the role of the site in their drug use practices and overall well-being, and their perspectives on the anticipated site closure. Staff interview guides explored perceptions, feelings and experiences on providing services and support to people who use drugs, benefits and barriers of site operations, relationship with the surrounding community, and the impact of the impending closure of the site and other SCS city- and province-wide. Staff interviews were conducted while staff were on-shift, on-site to comply with union regulations with pre-authorized approval from Toronto Public Health.

Eligibility

Client participants were eligible if they were 18 years of age or older and had used the SCS to consume drugs at least once. Staff participants were eligible if they were current employees with at least 6 months experience working at the site.

Recruitment

Clients were recruited through a combination of staff referrals, word of mouth, and a study poster displayed on-site. The poster included a brief description of the study as well as the dates and times the researcher would be available on-site to conduct interviews. Drop-in interview sessions were scheduled twice weekly, and clients were informed that they would receive a $30 CAD cash honorarium upon completion of the interview. Staff interviews were arranged between the staff member and the researcher as either a drop-in during the interview time frame or pre-arranged during the interview time frame and there were no honoraria provided for staff participation as per Toronto Public Health guidelines.

Data Collection

Interviews were conducted on-site from March 4 to March 13, 2025, while the SCS was still operational, and occurred across a range of days and times. Once eligibility was confirmed, interviews were conducted in a confidential setting, such as an unoccupied office or boardroom within the site. Informed consent was obtained electronically via REDCap.

Analysis

Descriptive statistics were generated using SPSS to summarize the sample's socio-demographic characteristics. Frequencies and percentages were calculated for categorical variables (e.g., gender, ethnocultural background, housing status, education level), and means and standard deviations were reported for continuous variables (e.g., age). These data were used to describe the sample and contextualize the qualitative findings.

Interview transcripts were transcribed verbatim by a third-party transcription company and analyzed using thematic analysis, following the six-phase approach outlined by Braun and Clarke (2006).[22] Analysis was conducted using NVivo software (version 15) to facilitate coding, theme development, and data organization.[23] A combined inductive and deductive approach was used to guide the thematic analysis. While an inductive strategy allowed themes to emerge organically from the data, a deductive lens was also applied to ensure alignment with the study's core research questions. Coding was carried out iteratively by multiple members of the research team to enhance analytical rigor, establish consistency, and minimize bias. Discrepancies in coding were resolved through discussion and consensus. Analyses focused on identifying patterns related to participants' experiences with the SCS and perceptions of its closure.

Appendix B: Methods: Former TPH SCS Client Surveys

Design

To assess the experiences of people who use drugs who accessed the site and remained in the area following the site's closure, researcher-administered surveys were conducted in real-time with 30 individuals located within a 100m radius of the former site. A trained researcher remained in a fixed position at the nearest main street intersection to the former site and indiscriminately asked passersby to participate in a CAMH survey on the closure of the SCS and the ongoing opioid toxicity crisis. Surveys were administered using a secure, CAMH-issued tablet via REDCap software and took approximately 25-30 minutes to complete.

Measures

Surveys with former site clients aimed to assess awareness of the site's closure, changes in service accessibility, and related health- and drug-use impacts. Questions focused on participants' awareness of the closure, frequency of the use of the site prior to closure, and frequency of being near the site afterward. Service accessibility questions compared pre-closure utilization at the site to post-closure utilization of other services and explored reasons for not accessing alternative services where applicable. Services examined included: supervised consumption, harm reduction supply distribution, opioid agonist treatment and injectable opioid agonist treatment, basic needs supports, primary medical care, social services, drug checking, testing for blood-borne virus and sexually transmitted infections, harm reduction education, and referrals to mental health, supportive housing, and detox or treatment-related services.

Health- and drug-related questions captured potential changes to overdose risk, including overdoses experienced within 100m of the site post-closure and who responded to these incidents. Additional questions explored public drug use (including locations and routes of administration), access to medical services and harm reduction supplies, safe disposal practices, and experiences with police, security, and stigma.

Participants' awareness and utilization of HART Hubs was also captured, along with locations and services accessed, plans to access HART Hubs in the future and information-sharing strategies that would aid in their willingness to utilize HART Hubs.

Eligibility Criteria

Inclusion criteria required participants to be 18 years old or older, present within the 100m radius of the former site, accessed the site at least once and were able to complete the survey in real-time. Exclusion criteria included being under 18 years old, being unable to complete the survey within the 100m radius in real-time, or no prior site utilization at 277 Victoria St.

Recruitment

A participant recruitment script was utilized to approach members of the public within the 100m radius for standardization purposes. Recruitment occurred in person by the researcher, wearing CAMH identification. The researcher inquired if the potential participant was 18 years old or older and would be interested in completing a brief (25-30 minute) survey to aid in the evaluation on the impact of the site closure located in the area, communicating that the survey would need to be completed on the spot.

Data collection

Data collection occurred between July 4 and August 7, 2025. Surveys were conducted across a range of days and times to capture a broad cross-section of former site clients.

Upon determining eligibility, the researcher obtained informed consent from each participant. An eligibility screener was then administered, followed by the collection of socio-demographic data, including gender, ethnocultural background, current living situation, proximity of living arrangement to and frequency of proximity to the former site. All data, including eligibility and informed consent were captured using REDCap. All participants received $15 (CAD) as compensation for their time.

Analysis

Descriptive statistics were generated using SPSS to summarize the socio-demographic characteristics of the sample. Frequencies and percentages were calculated for categorical variables (e.g., gender, ethnocultural background, current living arrangement, frequency of proximity to site), and means and standard deviations were reported for continuous variables (e.g., age). These data were used to describe the composition of the survey participant group. Data obtained regarding participants' health- and drug-related outcomes and practices, services accessed and HART Hub awareness and engagement were exported from REDCap to an Excel database, and analyses consisted of basic descriptive statistics, including frequency distributions and percentages.

Appendix C: Methods: Pre-Closure and Post-Closure Local Community Member Surveys

Design

To assess community member perceptions and awareness of the site, researcher-administered surveys were conducted in real-time with 100 individuals located within a 100m radius of the site, both prior to and following the site's closure. A trained researcher remained in a fixed position at the nearest main intersection to the site, indiscriminately asking passersby to participate in a CAMH survey on the site and

the opioid toxicity crisis. Surveys were administered using a secure, CAMH-issued tablet via REDCap software and took approximately 15–20 minutes to complete.

Measures

Pre-closure surveys aimed to capture public perceptions of safety, awareness of the site, and attitudes toward harm reduction services while the site was still operational.

Questions focused on participants' awareness of the drug toxicity crisis, the function of the site as a public health intervention, the location of the site, and its anticipated closure. Participants were asked to indicate their level of concern regarding the site's impending closure using a 5-point Likert scale (1 = "not concerned at all" to 5 = "very concerned"), with an open-ended prompt to elaborate on their reasoning.

Support for implementing a site in a different neighbourhood was similarly rated on a 5-point Likert scale, followed by an open-ended explanation of their choice. Perceived benefits of the site were measured across a series of public health and community safety indicators using the same scale, including its role in addressing: accidental overdose deaths, unsafe injection practices, public drug use, improper disposal of drug use equipment, the spread of infectious diseases (e.g., HIV, hepatitis C), pressure on emergency and hospital services, and stigma against people who use drugs. Participants also rated perceived improvements in access to health and social services, treatment and care, and public safety.

Concerns related to potential negative impacts of the site were assessed using a 5-point Likert scale across the following domains: increased drug use, drug trafficking, discarded drug equipment, presence of people who use drugs, decreased cleanliness or quality of life, reduced property values, personal/community safety, and adverse effects on businesses.

The survey concluded with a list of eight potential strategies to address community concerns. Participants could select multiple strategies and/or provide additional suggestions. Options included: providing public education on SCS goals and benefits; increasing security or police presence; enhancing needle disposal and clean-up; improving lighting in surrounding areas; establishing communication channels for community feedback; engaging with local residents; expanding outreach; and offering public tours of the SCS.

Post-closure surveys aimed to capture public awareness, perceptions and potential impacts of the site closure on the local community and people who use drugs.

Questions focused on participants' awareness of the drug toxicity crisis, their perceptions on the efficacy of the site and their awareness of the site's closure. Participants were asked to indicate their level of concern regarding the site's closure using a 5-point Likert scale (1 = "not concerned at all" to 5 = "very concerned"), with an open-ended prompt to elaborate on their reasoning.

Using the same 5-point Likert scale, participants' level of concern was ascertained on the site closure's potential impact on people who use drugs' overdose risk, infectious-disease contraction risk, mental and physical well-being, ability to access to health and social services, as well as ability to access treatment services and care. Questions pertaining to their level of concern on community impacts such as: personal safety, public drug use, publicly discarded harm reduction equipment, publicly visible drug dealing and trafficking, strain on emergency medical and hospital services, neighbourhood cleanliness, property values, and local business profits were also measured using the same 5-point Likert scale.

Eligibility Criteria

Inclusion criteria required participants to be 18 years old or older, present within the 100m radius of the site, and were able to complete the survey in real-time. Pre-closure participants could include people who live, work or go to school nearby or were visiting within the 100m radius. Post-closure participants also needed to have been and consistently be within the 100m proximity at least once a month. Exclusion criteria included being under 18 years old, being unable to complete the survey within the 100m radius in real-time, as well as being a current or former client, staff or volunteer of the site.

Recruitment

A participant recruitment script was utilized to approach members of the public within the 100m radius for standardization purposes. Recruitment occurred in-person by the researcher, wearing CAMH identification. The researcher inquired if the potential participant was 18 years old or older and would be interested in completing a brief (15-20 minute) survey to aid in the evaluation on the impact of the site located in the area, communicating that the survey would need to completed on the spot.

Data collection

Pre-closure data collection occurred between February 18 and March 27, 2025. Post-closure data collection occurred between July 2 and August 5, 2025. Surveys were conducted across a range of days and times to capture a broad cross-section of community members.

Upon determining eligibility, the researcher obtained informed consent from each participant. An eligibility screener was then administered, followed by the collection of socio-demographic data, including gender, ethnocultural background, and highest level of education completed. All participants received a $10 Tim Horton's gift card as compensation for their time.

Analysis

Descriptive statistics were generated using SPSS to summarize the socio-demographic characteristics of the sample. Frequencies and percentages were calculated for categorical variables (e.g., gender, ethnocultural background, reasons for proximity to site, frequency of proximity to site), and means and standard deviations were reported for continuous variables (e.g., age). These data were used to describe the sample's composition. All data obtained regarding perceptions of benefits and concerns related to the operation of the site within the community were exported from REDCap to an Excel database, and analyses consisted of basic descriptive statistics, including frequency distributions and percentages.

Appendix D: Methods: Ethnographic Observations

Design

To assess the community-level impacts of the site and its services, ethnographic observations were conducted within a 100m radius of the site, both prior to and following the site's closure. A single trained researcher followed a structured observation protocol using a field guide informed by *Writing Ethnographic Fieldnotes* by Emerson, Fretz, and Shaw (2011).[24] Field notes captured both descriptive information (e.g., physical environment, observed activities) and reflective insights (e.g., impressions, emotional responses).

The researcher followed a consistent walking route through the designated area, and recorded observations of all indicators in real time using a notebook. The primary aim of this component was to document external, community-level impacts potentially influenced by the presence of the site.

Data Collection

Ethnographic observations were conducted during both the pre-closure and post-closure phase. Pre-closure data collection occurred from February 18 to March 31, 2025, and included 25 one-hour sessions (totaling 25 hours of observation). Post-closure data collection occurred between April 1 to July 18, 2025, and similarly consisted of 25 one-hour sessions (totaling 25 hours of observations). Observations were conducted seven days a week, during morning, afternoon, and evening sessions to capture variations in time, day, and weather conditions. The researcher utilized a graph paper notebook with a list of all indicators to be observed, along with a map of the radius to track where indicators were observed. Each indicator observed was noted with a tally system in real-time, along with any notes to describe relevant events or occurrences needing to be documented.

Measures

Indicators were systematically documented to assess drug-related activity, public order, law enforcement presence, and environmental conditions:

- **Public drug use:** Indicators included the number of discarded needles and syringes, and other drug use-related equipment (e.g., pipes, tinfoil, cookers, syringe wrappers, caps, water containers, naloxone kits, and baggies). Visible modes of drug consumption, including injection, inhalation, oral ingestion, and insufflation were recorded. The number of individuals who appeared to be under the influence of drugs was estimated based on observable behaviors, following the method outlined by Leon et al. (2018),[25] which involved standardized cues for assessing intoxication. These indicators were selected to capture the frequency and visibility of drug use behaviors among people who use drugs within 100m of the site.
- **Social order:** Observations included the number of visible overdoses, observed drug transactions, street-based income-generating activities (e.g., sex work, panhandling), income-generating street based activities (e.g. panhandling, sex work), social disorder (e.g., verbal altercations, physical confrontations), loitering, and presence of temporary structures (e.g., tents or makeshift shelters). These indicators aimed to reflect community dynamics, particularly as they relate to safety, stability, and the presence of marginalized populations in the area.
- **Law enforcement presence**: The number of police officers observed on foot or in vehicles was recorded, along with any observed interactions between police and people who use drugs. This measure was used to assess the visibility of law enforcement in the area and its potential influence on community perceptions of safety and order.
- **Environmental factors:** General cleanliness (e.g., litter or waste) and weather conditions (e.g., precipitation in centimeters, and temperature in degrees Celsius) were recorded to identify contextual factors that may influence visibility and frequency of other indicators.

Analysis

Field notes were analyzed using both qualitative and quantitative methods. Qualitative analysis involved open coding of observational data to identify recurring patterns and themes related to public drug use, community safety, social disorder, and law enforcement presence. Codes were iteratively refined and grouped into broader themes using constant comparison methods.[24]

Quantitative analysis involved tallying key indicators (e.g. discarded drug use equipment, visible overdoses, drug transactions, police presence, etc.). These counts were aggregated and contextualized within the qualitative findings to highlight trends.

This mixed-methods analytic approach allowed for both the enumeration of key environmental markers and a deeper, interpretive understanding of neighbourhood conditions. Together, these methods offer a comprehensive view of ecological and social dynamics within the immediate vicinity of the site.

Appendix E: Methods: Toronto Police Service Crime Data

Design

This component of the evaluation employed a secondary data analysis design using publicly available crime data from the Toronto Police Service (TPS) Open Data Portal. [18] The analysis focused on assessing trends in reported criminal activity within 100m radius of the site utilizing longitudinal and latitudinal coordinates obtained from the TPS Year-to-date (YTD) Crime App, both before and after the establishment of the site.[26] The study period spanned from 2014 to 2025, enabling a multi-year comparative analysis of crime trends over time.

Measures

Crime data were identified using the Toronto Police Service's Major Crime Indicators (MCIs), which represent key categories of criminal activity consistently tracked by Toronto police. The following MCIs were included:

- Assault
- Auto theft
- Break and enter
- Robbery
- Theft over $5,000

These indicators were selected for their relevance to assessing public safety and perceptions of neighbourhood disorder, often cited in discourse surrounding harm reduction sites. The selected measures also align with previous literature evaluating the relationship between supervised consumption services and neighbourhood-level crime patterns.[27]

Data were extracted from two TPS sources:

- **TPS Year-to-Date (YTD) Crime App** (TPS Crime App YTD): This application provided disaggregated crime data at the level of specific street intersections within the 100m radius of the site. The application provided three locations, identified as main street intersections with longitude and latitude, which were used to identify locations of crimes reported within the 100m radius.
- **TPS Major Crime Indicators Open Data Portal** (Major Crime Indicators Open Data | Toronto Police Service Public Safety Data Portal): This repository was used to extract annual MCI data in Toronto between 2014 and 2025. The data are publicly available and include geocoded incidents aggregated at longitudinal and latitudinal coordinates.

The three street intersections located within 100m of the site, identified by longitude and latitude from the TPS YTD Crime App, were used to extract all MCI reported crimes within 100m from 2014 to 2025.

Data Collection

The TPS MCI Open Data Portal was accessed and downloaded into an Excel file in September 2025. The three street intersections with longitudinal and latitudinal coordinates, identified from the TPS YTD Crime App, were used to identify and extract all MCI reported crimes within 100m of the site that were reported from January 1, 2014 to June 30, 2025.

Analysis

Quantitative analysis of TPS data was conducted to examine temporal and spatial trends in reported crimes. Annual crime counts for each of the five MCIs were compiled from 2014 to 2025 within 100m of the site. Year-over-year percent changes were calculated to identify increases or decreases in crime from 2014-2025.

For the localized analysis, crime incidents reported at specific street intersections within the 100m radius of the site were extracted for the years 2014-2025. Incidents were aggregated by crime type and compared across years to detect fluctuations that may correspond to the site's operational status (i.e., during versus after closure).

Descriptive trends were used to triangulate with qualitative and ethnographic findings from other components of the evaluation. This comparative approach supports an integrated interpretation of neighbourhood-level changes over time, with particular attention to perceived and reported safety concerns.

All data were managed and analyzed using Microsoft Excel for basic statistical summarization and visual representation (e.g., bar charts, trend lines), with results presented in aggregate to protect anonymity and confidentiality.

Appendix F: Methods: Paramedic-Attended Opioid Overdose Data

Design

This component of the evaluation employed a secondary data analysis design using privately available paramedic data from Toronto Public Health's Epidemiology and Data Analysis Units' annual reports: "Calls to Paramedic Services for Suspected Opioid Overdoses Geographic Information" from 2018 – 2025. The analysis focused on assessing trends in calls to paramedic services divided into 2 geographic subsets: (1) Neighbourhood: Downtown Yonge East (DYE) and Moss Park (MP), and (2) Nearest main street intersection: Dundas St. E & Victoria St. (nearest main intersection to the site), Dundas St. E & Sherbourne St (nearest main intersection to Street Health SCS), and Queen St. E & Sherbourne St. (nearest main intersection to Moss Park SCS). The study period spanned from 2018 to 2025, enabling a multi-year comparative analysis of paramedic calls trends over time.

Measures

Paramedic calls data were identified using "Calls to Paramedic Services for Suspected Opioid Overdoses Geographic Information" annual reports, divided into 2 categories: (1) Neighbourhood and (2) Nearest main street intersection. The number of calls indicator was selected for its relevance to assessing geographic overdose risks and the need for SCS within specific regions.

Data Collection

"Calls to Paramedic Services for Suspected Opioid Overdoses Geographic Information" annual reports were shared with the research team and downloaded into an Excel file in September 2025. The DYE and MP neighbourhoods, along with the three nearest main intersections of Dundas St. E & Victoria St.,

Dundas St. E & Sherbourne St., and Queen St. E & Sherbourne St. were identified and extracted from the reports from January 1, 2018 to August 31, 2025.

Analysis

Quantitative analysis of the paramedic calls data was conducted to examine temporal and spatial trends in calls to paramedic services for suspected opioid overdoses. Annual call counts by neighbourhood and nearest main street intersection were compiled from 2018 to 2025. Year-over-year total call counts were calculated to identify increases or decreases in calls to paramedics from 2018-2025. Neighbourhoods and intersections were compared across years to detect fluctuations that may correspond to the site, Street Health SCS and Moss Park SCS operational statuses (i.e., during versus after the site's closure).

All data were managed and analyzed using Microsoft Excel for basic statistical summarization and visual representation (e.g., bar charts, trend lines), with results presented in aggregate to protect anonymity and confidentiality.