

Statement: One Year After the Closure of Kitchener CTS and the Future of Harm Reduction in Ontario

March 26, 2026

On April 1, 2026, we will mark one year since the closure of the Kitchener Consumption and Treatment Services (CTS) site – a service that was deeply embedded in our community and an essential part of the local health system.

At Sanguen, we continue to see the impacts of that loss every day.

Over the past year, substance use in our community has not disappeared – it has become more dangerous. More people are using alone, often in hidden and unsafe spaces. Front-line teams are responding to increasingly complex health needs, and the loss of trusted relationships between clients and care providers has made it harder for people to stay connected to support.

These local realities are reflected in emerging provincial evidence as well.

Following the closure of CTS sites across Ontario in 2025, there have been significant increases in drug-related harms. In the six months after closures, EMS responses to opioid toxicities rose by nearly 70% across the province. Emergency department visits, which had been declining, increased by 67%. After a period of decline, opioid-related deaths have also begun to rise again. (Source: Gillian Kolla, PhD – Faculty of Medicine, Memorial University, Tara Gomes, PhD – University of Toronto)

At the same time, the province has announced that it will end funding for all remaining CTS sites as of June 13, 2026 – effectively eliminating provincially funded supervised consumption services in Ontario.

This moment calls for careful reflection on what the evidence tells us.

Supervised consumption services are not experimental. They are among the most well-studied public health interventions in substance use care. Decades of research in Canada and internationally have consistently demonstrated that these services reduce overdose deaths, prevent the transmission of infectious diseases, increase access to treatment, and reduce public drug use.

In Ontario alone, CTS sites facilitated more than 1.12 million visits and reversed over 22,000 overdoses between 2020 and 2024. They also served as critical access points to wound care, primary care, housing supports, and substance use treatment .

Harm reduction is healthcare.

It is also a critical part of a sustainable health system. When people have access to supervised consumption services, overdoses are treated early, complications are prevented, and connections to care are made. Without these services, the burden does not disappear – it shifts to emergency departments, paramedic services, and acute care settings, where interventions are more costly and often less effective.

Investing in harm reduction saves both lives and healthcare resources.

CTS sites have also demonstrated what is possible when services are meaningfully integrated into communities. In Kitchener and across Ontario, these sites worked to build relationships with neighbours, local businesses, and community partners. They were not isolated services – they were collaborative, responsive, and accountable parts of the communities they served.

Importantly, harm reduction and treatment are not opposing approaches. They are complementary. While investments in treatment and recovery services – including HART Hubs – are important, current evidence suggests they are not designed to address on their own the immediate risks associated with an increasingly toxic and unpredictable drug supply .

A comprehensive response requires both.

Dr. Chris Steingart, Executive Director of Sanguen and a physician in Waterloo Region, reflects on what this means in practice:

“As a physician working in this community, I have seen firsthand the critical role that harm reduction interventions like supervised consumption services play – not only in keeping people alive, but in improving their overall health outcomes. Harm reduction is healthcare. As an organization grounded in harm reduction, we will continue to advocate for a future that includes supervised consumption services and other evidence-based interventions as part of a holistic, compassionate approach to substance use and addiction.”

One year after the closure of the Kitchener CTS, we remember what was lost – not only a service, but a vital point of care within a broader system.

We also look ahead.

Sanguen remains committed to working alongside our community, partners, all levels of government and people with lived and living experience to advance responses that are evidence-based, person-centred, and grounded in care. This includes continuing to advocate for harm reduction as an essential component of a comprehensive, effective, and compassionate health system.

Because the evidence is clear – and the stakes are too high to ignore.

To our colleagues who are now facing the devastating reality that their supervised consumption sites will close due to lost funding – we see you and we share in your grief. Please know that we are holding you in our hearts as you navigate the months ahead.

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