

Examining the Effects of the Closure of Sudbury's Supervised Consumption Site: A Community Report

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Executive Summary

Introduction

Sudbury, Ontario, has been significantly impacted by Canada's toxic unregulated drug supply crisis. In response to the rising rates of overdose, *The Spot*, a supervised consumption site (SCS) in Sudbury, Ontario, was opened in September 2022. Due to funding challenges and a lack of provincial funding/support, The Spot closed its doors less than two years later in March 2024. This report brings together the results from two peer-reviewed scientific publications that examined the local impact after the closure of the only SCS in Sudbury.

Methods

The research used a community-based approach and involved people with lived/living experience of drug use and HIV/HCV through all stages of the research process, by employing 5 individuals as peer research assistants (PRAs). 27 people who use drugs (PWUD) living in Sudbury were interviewed between April and August 2024. Participants shared their experiences through thoughtfully crafted interview questions and by mapping where they use drugs, access services, and where they reside. Natural observations and interview data were then analyzed to understand how the closure of The Spot impacted the participants, including the effect on drug use patterns and service access.

Key Findings

The findings revealed that the closure of The Spot had many negative consequences regarding the health and well-being of PWUD. Results of the closure included drug use being shifted to more isolated and dangerous locations, facing increased stigma, a loss of social connections, and struggling to access basic harm reduction supplies. The mapping activity highlighted a mismatch between where service access was offered and where it was actually needed.

Recommendations and Conclusion

Specific recommendations include:

- **Improve Access:** Future harm reduction sites need to be situated where people are using drugs. Multiple sites are required because of Sudbury's large catchment area.
- **Implement Mobile Services:** Mobile SCS are a promising option for areas that are underserved and large in size.
- **Political Action:** The lack of funding at the provincial level reflects harmful neglect. Healthcare management and delivery is a provincial responsibility; therefore, funding should be provided to support evidence-based health services, including harm reduction.

This report underscores the urgent need for responsive, community-based harm reduction services in Greater Sudbury and other Northern communities and emphasizes the need for future research and policy to be guided by the lived experience of those who are most impacted.

1.0 Introduction

Communities across Canada continue to face high overdose death rates due to the toxic unregulated drug supply.¹ Between January and June 2024, an average of 30 Canadians died per day from the use of unregulated opioids and stimulants. From January 2016 to December 2024, approximately 52,544 opioid toxicity deaths occurred, 80% of which occurred in British Columbia, Alberta, and Ontario.¹ In Ontario, overdose rates are considerably higher in rural and Northern settings, including Greater Sudbury.² These statistics highlight the urgent need for action, including the establishment of supervised consumption sites (SCS). SCS are an evidence-based harm reduction intervention that allow people who use drugs (PWUD) to consume pre-obtained drugs in a safer environment, supervised by medical staff and/or peer staff who can respond to drug-related harms such as accidental overdose.³ Several studies have shown that SCS are effective in improving health outcomes, reducing the risk of infectious disease, and reducing substance-use related deaths.^{4,5} While SCS have been shown to reduce overdose rates, there are few SCS in smaller, northern communities in Canada.⁶

1.1 Study Objectives

Study objectives were to:

1. Understand the impacts of the SCS closure on PWUD
2. Identify changes in drug use practices and service access post-SCS closure
3. Examine the geographical layout of drug use patterns, service access, and living locations
4. Inform the implementation of future substance-related services, including SCS

2.0 Study Setting: Sudbury, Ontario

Sudbury is the largest municipality by land area in Ontario, yet it has a relatively small population of approximately 179,964 people.⁷ Between January and November 2023, Sudbury's drug-related death rate was 43.9 per 100,000, which is nearly triple the provincial average of 16.5 per 100,000 during the same time period.^{8,9} In response to rising overdose

rates, The Spot, an established SCS within Sudbury, was opened in September 2022. However, due to financial challenges and a lack of political will at the provincial government level, The Spot subsequently closed in March 2024.¹⁰ The closure of The Spot raised concerns about the health and well-being of PWUD in the community.¹¹

2.1 The Spot

The Spot was Sudbury's first and only sanctioned SCS, offering a range of supports and services to PWUD. The site provided sterile injection supplies, oxygen and naloxone for overdose response, drug checking, snacks, social service referrals, and other essential supplies, including drinkable water, bandages, sterile water, alcohol wipes, and bus passes.¹⁰ These resources were highly valued, particularly to homeless individuals who relied on these supplies to care for wounds, prevent infection, maintain hygiene, and get to appointments.

3.0 Methods

The research followed a community-based participatory research (CBPR) approach, ensuring the voices and experiences of PWUD were central throughout the project. Ethnographic methods were used to better understand local drug use patterns following the closure of The Spot. 5 Peer Research Assistants (PRAs) with lived and living experience were hired to support the project at all stages, including participant recruitment, data collection, and analysis. The PRAs recruited are members of the Sudbury community, and have lived experience of injection drug use, and some with HIV/HCV diagnoses. Their involvement was vital to the project, as they ensured the research remained grounded in lived experience.

Participants were recruited through Réseau ACCESS Network, a local non-profit organization providing various programs and services to PWUD. To be eligible to participate, participants had to be 18 or older, live in Sudbury, and actively use unregulated drugs. Participant demographics were also recorded to ensure a wide range of voices were represented. The study included both participants who regularly used The Spot before its closure, and those who did not, to include differing views on SCS.

Between April and August 2024, we conducted interviews with PWUD, annotated maps of Sudbury related to service access, living locations, and drug use, and completed observations in the community to further understand the local context. We analyzed the data using computer software (e.g., ArcGIS, NVivo) and results were discussed with community partners to validate the findings.

4.0 Key Findings

Based on the study, several key themes emerged when examining how the closure affected drug use patterns and impacted PWUD at the local level. The key findings include:

4.1 Increase in Drug Use in Risky Locations

After the closure of The Spot, many participants noted they began using unregulated drugs in unsafe locations, such as in nearby wooded areas to hide their drug use from public eye. There was an apparent rise in secluded drug use, including consumption alone in cars, forests, alleyways, or apartments. In Ontario, nearly 70% of unregulated drug toxicity deaths happened in private residences between 2018 to 2024.¹² Conversely, there was also an increase in use in public settings. This was not due to preference, but rather because there was nowhere else to go. Using drugs in public settings also carries risks, including facing stigmatization from the community and a risk of criminalization. As public unregulated drug use became more common, an increase of discarded syringes and needles was also seen near the site of the closed SCS.

“And if you don’t like it, don’t look. And where else are we supposed to do it? If you take away the one place we had to go and do it [The Spot], where else are we supposed to do it?” (study participant)

4.2 Loss of Community and Social Connections

For many participants, The Spot offered a place to create social connections, describing it as a space where PWUD could connect with peers and staff who offered their support, which they did not receive in other healthcare settings. The space was described as free from stigma, and there was an overwhelmingly positive description of The Spot. The interviews revealed that the closure of the SCS has created feelings of isolation.

“They were not judgemental at all. None of the workers were. You knew you weren’t getting judged when you walked through the doors... they [i. e., SCS staff] were always very welcoming and, like, warm, friendly feeling...” (study participant)

4.3 Barriers to Essential Supplies

Following the closure, many participants had trouble accessing essential supplies that were previously available at The Spot. Although harm reduction supplies were still provided at a local public health site, many PWUD avoided the location due to various forms of stigma.

Participants also mentioned the limited hours because of its location in a shopping centre and reported being frequently asked to leave the mall by security when trying to access the public health site.

“The mall’s never opened half the time. So, I rarely go in the mall to grab anything,” and that the mall had *“a lot of the security there, they kick us out a lot of the times”* (study participant).

4.4 Mismatch Between Service Access and the Location of Need

Based on the mapping data, the downtown core of Sudbury seemed to have the highest density of unregulated drug use among the participants. However, findings show a significant amount of unregulated drug use still exists in residential areas and away from downtown. Most of the participants who reported using The Spot before its closure lived downtown and in the Flour Mill Neighbourhood, which was just over 1 kilometre from the SCS. Most of the participants

who reportedly did not use The Spot resided much further away from it and were in isolated locations. Among participants who did not use The Spot, some had an average distance of over 2 kilometres between their drug use location and where the SCS was located. This distance was described as a barrier to accessing harm reduction services, especially during the winter months.

“They certainly dropped it [The Spot] in the wrong place... I don’t know why they dropped it where they did... maybe the city said that was the only spot, I guess?” (study participant)

5.0 Recommendations

Based on the key findings, specific recommendations include:

5.1 Improve Access to Harm Reduction Services

Participants consistently stressed that the location of the SCS must align with where people live, use drugs, and access other health services. While some noted the location of The Spot as convenient, others found the surrounding field muddy, unsanitary, and difficult to navigate. A more strategic placement of an SCS in Sudbury could reduce travel barriers and improve service usage. Some also mentioned that there should be more than one SCS within Sudbury, considering the city’s large geographic area. Before implementation, future SCS and harm reduction sites should be assessed by PWUD themselves to ensure these services meet community needs.

5.2 Utilizing Mobile Health Services

Mobile health services are a promising health service delivery model that can reduce the health equity gap by providing care that is accessible to geographically-sparse and vulnerable populations within Canada.¹³ A mobile SCS run by trained staff to supervise drug use and provide additional linkages to healthcare is a promising intervention that can better address the needs of PWUD in Sudbury and similar Northern communities.

5.3 Political Action is Required

The closure of The Spot is a direct display of how political inaction directly harms PWUD.

Despite clear evidence that SCS prevents overdose, reduces healthcare spending, and decreases local crime rate, there is a need for policy to be aligned with existing evidence. Political leaders must act by funding and supporting community-informed SCS and other harm reduction services.

6.0 Conclusion

This study^{14,15} sheds light on the urgent need for accessible and community-informed harm reduction services in Sudbury. It is clear that the closure of The Spot has created many negative outcomes for PWUD in the community. Upon analyzing the effects of the closure, there is a clear need for policies and interventions to address the lived realities of PWUD. The closure of the site created a more unsafe environment. The research demonstrates that if PWUD aren't provided a supervised space, they are forced to use in isolated areas, with a lack of social support, and an increase in stigma. Sustainable funding models, healthcare integration, and peer-led health services are all options that require further research to inform future planning. A call to action is made, recommending the opening of a new SCS in Greater Sudbury, and future research and policy should incorporate the voices of PWUD, particularly regarding the placement of a future SCS and other harm reduction services.

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References

1. Public Health Agency of Canada. Key findings: Opioid and Stimulant related Harms in Canada. December 11, 2019. Accessed July 29, 2025. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>
2. City of Greater Sudbury. 2021: A Year of Economic Growth in Greater Sudbury. Accessed July 29, 2025. <https://www.greatersudbury.ca/city-hall/news-and-public-notice/2022/2021-a-year-of-economic-growth-in-greater-sudbury/>
3. Kennedy MC, Karamouzian M, Kerr T. Public health and public order outcomes associated with supervised drug consumption facilities: a systematic review. *Current HIV/AIDS Reports*. 2017;14(5):161-183.
4. Dow-Fleisner SJ, Lomness A, Woolgar L. Impact of safe consumption facilities on individual and community outcomes: a scoping review of the past decade of research. *Emerging Trends in Drugs, Addictions, and Health*. 2022;2:100046.
5. Potier C, Lapr evote V, Dubois-Arber F, Cottencin O, Rolland B. Supervised injection services: what has been demonstrated? A systematic literature review. *Drug and alcohol dependence*. 2014;145:48-68.
6. Save the Spot. Keep Sudbury's supervised consumption site open. savethespot.ca. Accessed July 29, 2025. <https://savethespot.ca/myths>
7. Government of Canada. Focus on Geography Series, 2021 Census - Greater Sudbury / Grand Sudbury (Census metropolitan area). July 13, 2022. Accessed July 30, 2025. <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/Page.cfm?lang=e&topic=1&dguid=2021S0503580>
8. Public Health Sudbury & Districts. Drug Surveillance. Accessed July 29, 2025. <https://www.phsd.ca/health-topics-programs/alcohol-drugs/community-drug-strategy/research/opioid-surveillance/>
9. Public Health Ontario. Substance Use and Harms Tool. Accessed July 29, 2025. <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Substance-Use-Harms-Tool>
10. Public Health Sudbury & Districts. Supervised Consumption and Treatment Services. Accessed July 29, 2025. <https://www.phsd.ca/health-topics-programs/alcohol-drugs/community-drug-strategy/education/substance-use-care/supervised-consumption-and-treatment-services/>

11. Sudbury News. 'More lives will be lost' if The Spot closes: RAO president. Accessed July 30, 2025. <https://www.sudbury.com/local-news/more-lives-will-be-lost-if-the-spot-closes-rao-president-8172306>
12. Ontario Drug Policy Research Network. Suspect Drug-Related and Drug Toxicity Deaths in Ontario. September 17, 2023. Accessed July 29, 2025. <https://odprn.ca/occ-opioid-and-suspect-drug-related-death-data/>
13. McGill University. Mapping mobile health clinics in Canada: lessons and solutions to deliver equitable primary care. Global Health Programs. Accessed February 23, 2026. <https://www.mcgill.ca/globalhealth/article/global-health-night-2021-americas-health-equity-healthcare/mapping-mobile-health-clinics-canada-lessons-and-solutions-deliver-equitable-primary-care>
14. Tucker L, Ibanez-Carasco F, Legault B, et al. Necropolitics of the North: A rapid ethnography examining the effects of the closure of one of Northern Ontario's only supervised consumption sites. *International Journal of Drug Policy*. 2025;143:104869.
15. Tucker L, Ibáñez-Carasco F, Legault B, et al. Mapping socio-spatial contexts of drug use and service access: A community-based rapid ethnography in Northern Ontario, Canada. *Health & Place*. 2025;96:103570.