## To Kitchener City Council, on Sept 30 2024

Mayor <del>Vrbanovic</del> and members of Kitchener City Council,

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beha by Dr. Sonika Kainth
who couldn't be here this.

Personally and professionally, I am heartbroken by the provincial government's decision to defund interventions proven to work in preventing and/or reducing drug-related harms, including deaths and injuries. The province's move to defund Consumption and Treatment Services sites, restrict or attempt to eliminate needle syringe programs, safer supply initiatives, and consumption services clearly ignores a robust evidence base demonstrating effectiveness, saddling taxpayers with additional, unnecessary costs at a time when health systems are over capacity and unable to absorb any additional pressure.

As a physician, I am legally required to follow evidence based guidelines, and I am shocked that our province is ignoring decades of harm reduction research that has served my patients and others so well. The costs to taxpayers are signficiant. For example, every \$1 invested into syringe exchange programs saves \$4 incurred by the costs of treating, and not preventing, HIV, Hepatitis C, as well as chronic heart and skin infections. Ontario made needle exchanges mandatory in 1997, so I wonder why we are going back almost 30 years on this? HIV and Hepatitis C rates will increase, putting more burden, not less, on our healthcare system, frontline workers, and patients across Waterloo region, and across Ontario.

Some research estimates that <u>each</u> supervised consumption site saves taxpayers approximately 6 million dollars per <u>year</u>. Supervised consumption sites have reduced deaths locally and across the province. Defunding existing supervised consumption sites, and threatening to prohibit new sites will bring drug use out into the community, lead to more 911 calls, and produce longer wait times to already overwhelmed emergency rooms, among other harms.

Kitchener's limited safer opioid supply program will also end in March 2025, an initiative which has produced extraordinary results - fewer overdoses, less homelessness, improved health, and less crime among them. At a time when an Ontario resident dies of drug poisoning every 2.5 hours, the policy announcements are alarmingly disconnected from the evidence, and unwelcome.

On behalf of myself, many of my colleagues and patients, I encourage Council to voice opposition to the province, and further, do everything possible to secure local emergency funding to establish a consumption service through Health Canada's Urgent Public Health Needs Sites exemption process with haste. The health and safety of so many hangs in the balance.

Regards,

- Dr. Sonika Kainth, Family Doctor for marginalized populations (she/her), Kitchener