



300 Dufferin Avenue  
P.O. Box 5035  
London, ON  
N6A 4L9

April 13, 2026

Dear colleagues,

I am writing to raise serious concerns regarding the current delivery model of certain addiction treatment and prescribing practices operating within Ontario, and specifically within the City of London.

To be clear, this letter is not about the specific medications being used, nor is it a discussion about safe supply. This is about how these treatments are administered. The focus is on the delivery model itself, not the drugs. Decisions about which medications are appropriate should be led by clinicians and addiction professionals. The concern here is that the current method of prescribing, dispensing, and managing these medications, without sufficient structure or support, is contributing to the problems we are seeing.

What is emerging is a model that is heavily reliant on private, for-profit delivery of opioid agonist treatment, often without the integration of aftercare, wraparound supports, long-term stabilization planning, or access to medically supervised detoxification services, which should be an important entry point for individuals seeking to stabilize and begin recovery. Access to treatment is highly important, but access alone is not a complete healthcare response. Without that full continuum of care, the current system risks maintaining dependence rather than supporting recovery.

In London's downtown core, there has been a concentration of clinics and associated pharmacies operating within this model. That is multiple for-profit pharmacies located in close proximity to each other along Dundas Street. These sites are dispensing hydromorphone through provincially funded mechanisms, including OHIP, under policy frameworks that do not require sufficient aftercare or ongoing oversight. The clustering of these operations in a small geographic area, without integrated support, amplifies local impacts and places added strain on surrounding businesses, residents, and public spaces.

When prescribing and dispensing occur without a structured continuum of care, outcomes become uncertain and risks such as diversion increase. At the same time, the community feels the effects through increased disorder and a broader sense of instability. Those effects are further compounded by the reliance on virtual prescribing practices with limited in-person clinical engagement.

There is also a fundamental concern regarding the alignment of for-profit incentives with addiction recovery outcomes. A model that relies on patient volume and ongoing utilization creates an inherent tension with the goal of treatment, which is to stabilize individuals and support them toward recovery and independence. In this sense, success is measured by reduced reliance on services, while the business model depends on continued use and customer retention. Without strong clinical oversight, integrated supports, structured aftercare, and access to services such as medical detoxification, these competing interests do not align.

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This for-profit model of addiction support has expanded significantly across Ontario in recent years. This growth has occurred alongside worsening conditions related to substance use in many communities. That trend alone warrants a closer examination of whether the current policy framework, delivery model, and oversight mechanisms are achieving their intended outcomes.

The City does not have the authority to regulate or restrict these operations. Municipal government cannot set clinical standards, limit prescribing practices, or intervene in how these models are structured. Yet, we are left managing the downstream effects through policing, by-law enforcement, public realm maintenance, and support for affected residents and businesses. This creates a fundamental disconnect where the system is designed at the provincial level, but the consequences are felt locally.

Without stronger regulation and clearer standards, gaps in care will persist, and both patients and communities will continue to be negatively impacted.

I have previously raised these concerns with the Ministry of Health and relevant regulators. To date, there has been no response. For these reasons, I am requesting Council's support for the following motion, which calls on the Province and relevant regulatory bodies to review this model, strengthen oversight, and transition toward a publicly funded, fully integrated healthcare approach to addiction treatment.

Therefore, I am respectfully requesting your support for the following;

That the following actions be taken with respect to the communication from Councillor D. Ferreira regarding systemic concerns with for-profit addiction treatment in Ontario:

- a) the letter BE ENDORSED by Council and forwarded to the Ontario Ministry of Health, the College of Physicians and Surgeons of Ontario, and the Ontario College of Pharmacists; and
- b) the Mayor BE REQUESTED to formally advocate to the Province of Ontario, including through appropriate municipal and intergovernmental channels, for the following:
  - i. that the Province and relevant regulatory bodies undertake an immediate review of high-volume, for-profit addiction treatment and dispensing models operating in Ontario;
  - ii. that the Province strengthen oversight, establish clear standards for integrated care, including aftercare, clinical oversight, coordination with broader health and social supports, and access to medically supervised detoxification services, and reform current policy frameworks governing prescribing and dispensing practices;
  - iii. that the Province transition away from private, for-profit models of addiction treatment toward a publicly funded and publicly operated model fully integrated within the healthcare system, with a focus on long-term recovery, stability, and patient outcomes; and



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iv. that, as part of this transition, these high-volume, for-profit models operating in London and across Ontario be phased out and replaced with a publicly funded, fully integrated healthcare model that delivers comprehensive addiction treatment without gaps in care.

Thank you for your consideration,

A handwritten signature in blue ink, appearing to read 'D Ferreira', is written over a light blue rectangular background.

Councillor David Ferreira  
Ward 13, City of London