



300 Dufferin Avenue
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London
CANADA

April 21, 2026

Dear Colleagues,

The [Province recently announced their decision to close local safer consumption treatment sites](#), which includes Carepoint Consumption and Treatment Services, while suggesting that the single 60 bed HART Hub in London will somehow absorb or replace the services currently provided. However, these two services are fundamentally different in scope and function, and without additional support from the Province, the impacts from closing Carepoint will only add to our existing struggle to address addiction.

The data from Carepoint clearly demonstrates its impact in London, in 2025 alone they:

- Reversed 218 overdoses
- Supported 15,000 visits
- Reported zero new HIV cases in Middlesex-London linked to injection drug use

Eliminating this service without providing other treatment options will have serious consequences for both public health and municipal resources. We can reasonably expect an increase in overdose deaths and emergency calls, greater strain on emergency services, increased public drug use in parks, washrooms, and other shared spaces and higher long-term healthcare costs due to preventable conditions such as HIV and hepatitis.

We will also see increased pressure on already stretched social service organizations and frontline staff who continue valiantly to support individuals at the margins within complex, high-acuity environments. These impacts will be disproportionately felt by already marginalised groups like Indigenous community members, who are overrepresented among those accessing services due to longstanding systemic inequities.

From a financial perspective, the impact is significant. If even a portion of the 218 overdoses reversed at Carepoint result in emergency responses, the costs will quickly escalate. A single ambulance response costs on [average \\$217 per hour](#) in London, not including hospital admissions or ongoing care. 218 overdoses could translate to \$47,306 to \$94,612 annually in direct ambulance costs alone. If just 25% of those cases require short hospital stays, additional costs could range from [\\$60,000 to \\$245,000](#). Other costs include;

- Increased demand on paramedic services may require additional staffing, overtime, or delayed response times for other emergencies
- Policing costs will rise due to increased public drug use and emergency calls, which could reasonably add several hundred thousand dollars annually
- Emergency department overcrowding leads to system-wide inefficiencies, increasing per-patient costs and wait times across the healthcare system
- Even a small increase in infectious disease transmission could result in millions in long-term healthcare costs

There are also significant indirect and municipal costs to consider:

- Increased need for bylaw enforcement and public space maintenance due to more visible drug use
- Higher costs for waste management in parks and public spaces
- Increased strain on shelters and outreach services as individuals lose a key point of connection to care, further stretching frontline workers and peer staff supporting individuals with complex needs
- Impacts on businesses, including reduced foot traffic & increased security costs

Taking all these factors together, it is reasonable to project:

- Direct, immediate system costs in the range of \$500,000 to \$1 million annually
- Long-term healthcare liabilities that could extend into the millions



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These costs will not be borne by the Province alone. **A significant portion will fall directly on municipal services and, ultimately, London taxpayers.** Investing upfront in a comprehensive system of care - including harm reduction, treatment, and housing - is far more cost-effective than managing the downstream consequences of service gaps.

At the same time, London continues to face a severe shortage of accessible detox and rehabilitation options. Individuals who are ready to seek treatment are often unable to do so due to long waitlists, limited publicly funded rehabilitation spaces and barriers to accessing timely, local care. **Without sufficient treatment capacity, we are failing people at the moment they are most ready to recover.**

At present, London has:

- Fewer than 100 publicly accessible detox and residential treatment beds combined, all which are longer term stays
 - Approximately 18 publicly funded withdrawal management (detox) beds
 - Approximately 79 publicly funded residential rehab beds
- No access to treatment and recovery short term beds (under 30 days) in London compared to other regions.
- At current capacity, it would take many months, if not years, to cycle even a portion of those in need through available treatment spaces

This results in a structural mismatch. When individuals are ready to seek treatment, there is often no bed available. When beds do become available, individuals may no longer be in a position to access them. Frontline services, including emergency responders and hospitals, are left to manage the consequences of this gap.

Without significant new investment in detox, treatment, and highly supportive housing, the closure of existing harm reduction services will further strain an already over-capacity system that is not equipped to absorb additional demand.

London cannot absorb these impacts alone. Without provincial investment, the costs - both human and financial - will fall to our municipality and our residents. I urge you to support this request so that we can advocate with a unified voice for the resources our community urgently needs.

Thank you,
Skylar Franke
Ward 11 Councillor

SUGGESTED MOTION:

That Mayor Josh Morgan and Councillor A. Hopkins **BE REQUESTED** to advocate to the Province of Ontario, through the Association of Municipalities of Ontario (AMO), for increased and sustained resources to enable the City of London to expand local shelter and highly supportive housing capacity, establish additional HART Hubs, and significantly enhance access to detoxification and rehabilitation services in London.