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April 20th, 2026

To: Mayor Josh Morgan and Members of the Strategic Priorities and Policy Committee (SPPC)

Re: Support for Motion to Advocate for Increased Provincial Support for Expanded Addiction Treatment, Shelter, and Supportive Housing Resources in London

Dear Mayor Josh Morgan and Members of the SPPC,

We are writing on behalf of Schulich's Government Affairs and Advocacy Committee (GAAC) and additional Schulich School of Medicine & Dentistry medical students. We would like to express our strong support for Councillor S. Franke's motion to request Mayor Josh Morgan and Councillor A. Hopkins advocate through the Association of municipalities of Ontario (AMO) and Province of Ontario for increased and sustained resources for the City of London to expand addiction treatment, shelter, and supportive housing programs. In light of the Ford government's closure of the Carepoint Consumption and Treatment Services, it is necessary to fill this essential need to reduce further strain on the healthcare and addiction support services.

As medical students, we are deeply familiar with the nuanced challenges associated with the care of patients experiencing homelessness and people who inject drugs (PWIDs). To many unfamiliar with the body of evidence surrounding supervised consumption sites (SCSs), the decision to defund these programs in favor of increased recovery services seems logical and ethically sound. However, these programs are complementary.

Evidence demonstrates that SCSs improve safe injection practices and increase access to primary health care services – which ultimately leads to reduced overdose frequency, reduced public injection practices, and dropped syringes (Potier et al., 2014). There is also support for reduced mortality and increased engagement with recovery and treatment programs (such as the HART Hub) (Gaddis et al., 2017; Kennedy et al., 2019).

In defunding initiatives that increased utilization of recovery and treatment programs, the Ontario government acts in contradiction to both evidence and to its stated goal to prioritize rehabilitation services.

As evidence in favour of harm reduction programs has been established, we may now look at costs as another consideration for this decision. With all legislative decisions, there are constraints, costs the strongest among them. As Councillor S. Franke outlined, the London municipal budget is limited and sectioned by the many services required to maintain this great community. Increased funding therefore can come from either the London taxpayer, or the province. Rather than reiterate Councillor S. Franke's cogent argument for the untenable costs that will follow the defunding of Carepoint, we will contribute a supplementary argument from a social housing perspective – a proven humanitarian and fiscally responsible approach.

If Carepoint's funding is not reapproved, there will necessarily need to be an increase in funding and expansion of program capacities for other initiatives such as London Cares' House of Hope and HART Hub sites. It is reasonable to argue that the initial costs paid by the province would yield dividends in savings based on currently active programs in this sector.

Launched in 2024, the Dunn House in Toronto is Canada's first hospital-led social medicine housing program. It is an exemplary case study demonstrating what can be achieved when there is political will and financial support to address the root causes of homelessness and social determinants of health. In the first year, residents in the 51-unit facility visited the emergency department 52% less often and shortened their stays by 79% (Casey, 2025). Visits that cost the ER 788,000\$ annually were reduced to 413,000\$ (Casey, 2025). With the reduction in stays, Toronto hospitals saved \$1.6 million (Casey, 2025). London supports a similar program, London Cares' House of Hope, in cooperation with LHSC. After 12 months, residents of House of Hope spent 93% fewer days in the hospital and 84% fewer ER visits (London Cares, 2026). While financial data has not been released, London's successful reductions suggest savings similar to the Dunn House would be found. Evidently, housing and healthcare interventions that meet people where they are at result in improved healthcare outcomes, are fiscally responsible, and ultimately are a mark of a strong community.

“The moral test of government is how that government treats those who are in the dawn of life, the twilight of life, and the shadows of life...”

- Hubert H. Humphrey

This motion represents an important step towards a crucial social need. Our committee and other Schulich medical students strongly support this motion.

Thank you for your leadership and consideration.

Sincerely,

Alan Keith Michaud

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Hayley Kupinsky

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References

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