

Hon. Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON, M7A 1A1

Hon. Christine Elliott
Minister of Health and Long-Term Care
80 Grosvenor Street, 10th Floor, Hepburn Block
Toronto, ON, M7A 1E9

September 5, 2018

Dear Premier Ford and Minister Elliott:

We are healthcare providers in Ontario who are extremely concerned about the potentially fatal impact of your government's recent hold on approvals for new overdose prevention sites (OPS)(1) and delayed opening of already approved OPS in Toronto, St. Catharines, and Thunder Bay (2). Evidence unequivocally demonstrates that supervised consumption services (SCS) save lives and keep communities safe. Delaying the opening of these sites will contribute to unnecessary illness and death.

Seven opioid overdose deaths and several other non-fatal opioid overdoses were reported by Toronto Police Services in the two weeks leading up to the government-directed delay in opening an OPS at the Parkdale Site of the Parkdale Queen West Community Health Centre (3). These seven deaths were in Toronto's 14 Division alone, the site of the OPS slated to open. These lives lost are among thousands of opioid overdoses in Ontario in the past few years, which increased by 55% between 2016 and 2017 (4).

Data from North America's first sanctioned SCS in Vancouver, Insite, shows that the rate of fatal overdoses in Vancouver's downtown eastside decreased by 35% after Insite opened (5) and there have been 6,440 overdose interventions without any deaths (6). One site in Toronto, The Works, has had 15 362 visits and managed 213 overdoses between August 2017 and July 2018 (7), with no fatalities.

The consistent benefits of SCS are clearly shown in a 2014 systematic review of seventy-five articles (8). SCS were found to promote safer injection conditions, enhance access to primary care, and reduce overdose frequency. Other benefits of SCS include decreased rate of HIV and hepatitis C transmission and reduced drug use in public spaces (9).

There is no evidence that SCS and OPS contribute to increased violence or disorder where they exist; in fact, there is evidence they enhance neighbourhood safety (9). More specifically, in the 2014 systematic review, SCS were not found to increase drug use, trafficking, or local crime, and were found to correlate with reduced dropped syringes (8). Decades of neglect have created an income, shelter, and housing crisis. An increasing homeless population and critical shortage of housing and shelter has left a growing number of people on the streets.

We commend the efforts of front-line workers, people who use drugs, and groups such as the Toronto Overdose Prevention Society, who have led the way in rapidly intervening in the opioid overdose crisis that has touched many of us and cost too many lives.

Forty-four people died of SARS in Ontario in 2003 (10), resulting in a timely and comprehensive response. Over a thousand people died of opioid-related deaths in Ontario last year (4) and the number is climbing, yet the provincial government is actively circumventing evidence-based and expert-recommended methods for reducing disease transmission and mortality. The government's lack of urgency in dealing with this crisis is negligent and inhumane.

Expansion of OPS and SCS is only the beginning of the action required by the provincial government to tackle this serious public health emergency. There must be a comprehensive strategy that aims to expand access to evidence-based treatments that include opioid agonist therapy (ensuring it is available in rural regions and in correctional facilities), injectable opioid agonist therapy, intramuscular naltrexone, and other buprenorphine formulations.

As health care providers in Ontario, we call on the provincial government to immediately:

1. Allow the three already approved overdose prevention sites to open
2. Approve applications for new overdose prevention sites
3. Expand and continue funding for overdose prevention and supervised consumption sites in collaboration with Health Canada

4. Engage in meaningful consultations with people who use drugs, front-line workers, and healthcare providers on additional strategies to combat the current opioid overdose crisis

Sincerely,

1. Katie Dorman MD MSc CCFP, Family Physician, Toronto
2. Melanie Spence RN BScN HonBA, Supervised Consumption Services, Toronto
3. Nikki Bozinoff MD CCFP, Family Physician, Addiction Medicine, Toronto
4. Michaela Beder MD FRCPC, Psychiatrist, Toronto
5. Jonathan Gravel MD MSc, Resident Physician, Toronto
6. Jessica Hales RNEC, MN, Nurse Practitioner, Toronto
7. Nanky Rai MD MPH, Family Physician, Toronto
8. Carolina Jimenez RN, MPH Candidate, Toronto
9. Jonathon Herriot MD CCFP, Family Physician, and Health Providers Against Poverty Co-Chair
10. Roxie Danielson RN, Toronto
11. Marcia Zemans MD FRCPC, Child and Adolescent Psychiatrist, and Assistant Professor, University of Toronto, Toronto
12. Alissa Tedesco MD, Family Physician, Palliative Care Resident, Toronto
13. Llijah Pearce RN, Toronto
14. Vincent Tang, MD Candidate, Toronto
15. Arnav Agarwal MD, Internal Medicine, Resident Physician, Toronto
16. Sonja Babovic MD, Family Medicine, Resident Physician, Toronto
17. Katie Boone MD, Paediatrics Resident, Toronto
18. Elise Jackson, MD Candidate, University of Toronto, Toronto
19. Deborah Pink MD FRCPC, Psychiatrist, Toronto
20. Samantha E Green MD CCFP, Family Physician, Toronto
21. Rosalinda Chen, MD Candidate, Toronto
22. Kenneth Fung MD FRCPC MSc, Psychiatrist and Associate Professor, Toronto
23. Dale Wiebe MD CCFP, Family Physician, Addiction Medicine, Toronto
24. Laura Hanson NP MN, Toronto
25. Leigh Chapman RN, PhD Candidate, Toronto
26. Miriam Garfinkle MD, Family Physician (retired), Toronto
27. Edward Xie MD CCFP(EM), Emergency Physician, Toronto
28. Bill O'Leary MSW, RSW, PhD(c), Social Worker, Toronto
29. Kathy Hardill RNEC, MScN, Nurse Practitioner, Peterborough
30. Lanadee Lampman RN, Parish Nurse at St James Cathedral, Toronto
31. Melody Grant, Social Work, Drop In Coordinator, Sistering
32. Mike Benusic MD MPH CCFP, Family Physician, Toronto
33. Liz Creal MSW RSW, Social Worker, Toronto
34. Graham Kasper, MD Candidate, Toronto
35. Zoë Klimack RN, Community Mental Health Nurse, Toronto
36. David L Mowat MBChB, MPH, FRCPC, Public Health Physician, Former Chief Medical Officer of Health, Ontario
37. Amelia MacKinnon RN, Toronto
38. Cathy Crowe RN CM, Distinguished Visiting Practitioner, Ryerson University, Toronto
39. James Deutsch MD, PhD, FRCPC, Psychiatry, Toronto
40. Megan Lowry RN, Toronto
41. Karen Leslie MD FRCPC, Paediatrician, Professor of Paediatrics, Toronto
42. Ritika Goel MD MPH CCFP, Family Physician, Toronto
43. Jenny Rogojanski PhD, Psychologist, Toronto
44. Fatima Uddin MD, Family Physician, Toronto
45. Rebecca Wallace MD CCFP, Family Physician, Toronto
46. Olivia Flaherty RN, Toronto
47. Abeer Majeed MD CCFP, Family Physician, Toronto
48. Katie Bowler RN BScN, Toronto
49. Benjamin Langer MD MA, Family Physician, Sachigo Lake First Nation Community Physician, Sioux Lookout
50. Zara Fischer-Harrison RN, Street Nurse, Toronto
51. Elizabeth Harrison RN, Toronto
52. Yoko Schreiber MD FRCPC, Physician, Sioux Lookout
53. Bonnita Herriott RN, ICU Nurse, Hamilton
54. Conchita Fonseca MD, Family Physician, Ottawa
55. Alison Charlebois MD CCFP, Family Physician, Toronto
56. Linda Rayner IBCLC, Midwife (retired), International Board Certified Lactation Consultant, Toronto
57. Morgan Merrett RM, Midwife, Ridgeway
58. Natalie Kaminski RSSW, Harm Reduction Worker, Brampton
59. Ari Jordan Huhn, Peer Harm Reduction Worker
60. Alpna Munshi, MD FRCPC, Psychiatrist, Assistant Professor, University of Toronto, Toronto
61. Bernadette Lettner RN, Hepatitis C Treatment Nurse, Toronto
62. Kara Hounsell, MD Candidate, Medical Student, Toronto
63. Jacqueline Holiff MD FRCPC, Child and Adolescent Psychiatry Fellow, Toronto
64. Tiffany Dadula-Jardin RN CDE CCHNC, Community Health Nurse
65. Victoria Leonard NP-PHC MSc, Nurse Practitioner, Toronto
66. Naushin Walji MD BSc(N), Family Medicine Resident, Toronto
67. Carolyn Moffatt RM, Midwife, Outreach and High Risk, Ottawa
68. Michelle Klaiman MD FRCPC DABAM, Emergency and Addiction Medicine Physician, Toronto
69. Madeline Moffatt RN, Nurse, Kingston
70. Tarah Hoag RM, Midwife, Toronto
71. Jim Sugiyama MD, Physician, Toronto
72. Ian Digby MD CCFP-EM, Emergency Physician, Chief of Emergency Medicine, Guelph
73. Emery Potter NP-PHC MN, Toronto
74. Kinneret Sheetre RM (Candidate), Toronto

75. Faiza Majeed MD CCFP, Family Physician, Toronto
76. Vanessa Redditt MD CCFP, Family Physician, Toronto
77. Elia Abi-Jaoude MD FRCPC, Psychiatrist, Toronto
78. Crystal Pinto MD FRCPC, Psychiatrist, Toronto
79. Lucia Costa, Deputy Executive Director, The Empowerment Council, Toronto
80. Juveria Zaheer MD FRCPC, Psychiatrist, Toronto
81. Len Hughes, Outreach Worker, London
82. Sheila Chiasson RSW, BSW, Social Worker, Bramalea
83. Devi Krieger RM, Midwife, Toronto
84. Yelena Chorny MD, MSc, CCFP, DABAM, Physician, Guelph
85. Leonard Hughes, Outreach Worker, London
86. Adriana Carvalhal MD, Psychiatrist, Kingston
87. Amanda Murdoch MD CCFP, Family Physician, Sioux Lookout
88. Jackie Moore, Street Outreach Worker, London
89. David Robertson MD FRCPC, Physician, Toronto
90. Cassandra Siemens RNP, Nurse, Toronto
91. Chetan Mehta MD CCFP, Family and Addictions Physician, Toronto
92. Radhika Gupta RN, BScN, HBA, Nurse, Toronto
93. Katrina Hui MD, MS, Resident Physician, Toronto
94. Catherine Meunier MD, Addiction Medicine and Medical Director LTCs, York Region, Oshawa
95. Chantal Sorhaindo RN, Nurse, Mississauga
96. Chantelle Koeslag NP, Primary Care Nurse Practitioner, Clifford
97. Vicky Stergiopoulos MD, MHSc, FRCPC, Psychiatrist, Toronto
98. Lindsay Snow BSW, MSW, Harm Reduction Worker, Ottawa
99. Arianne St. Jacques MD FRCPC, Psychiatrist, Thunder Bay
100. Alice Maguire MSW, RSW, Social Worker, Kitchener
101. Adam Fraser, Social Worker, Toronto
102. Christina Hitchcock CACC, Addiction Counsellor, Barrie
103. Alison Ashamalla MD, CCFP, Family Physician, Toronto
104. Dorothy Gilbert, Student Midwife, Toronto
105. Lisa Bromley MD, CCFP, FCFP, Physician, Ottawa
106. Charlotte Hunter MC, CCFP, Family Physician, Toronto
107. Paula Langdon-Hanlon BSc, RPN, CCAC, CCCS, Addiction Nurse, Barrie
108. Brian Misiaszek MD, FRCPC, Geriatrician, Hamilton
109. Joanne Veldhorst NP-PHC, Nurse Practitioner, London
110. Tyler Mennen RSW, Social Worker, Ottawa
111. Nisha Kansal, Medical Student, Hamilton
112. Reed Siemieniuk MD, Physician, Toronto
113. Tom Hammond, Executive Director, Guelph
114. Leila Attar, Harm Reduction Worker, Ottawa
115. Shawna DiFilippo MA, RM (Candidate), Toronto
116. Erin Gardiner RM, Mississauga
117. Andrew Lee, MD (Candidate), Toronto
118. Madeleine Bondy, MD (Candidate), Ottawa
119. Sean LeBlanc, Outreach Support Worker, Ottawa
120. Sarah Rice NP, London
121. Karim Suleman PT, Toronto
122. Sharon Grossman RN MED, Mississauga
123. Jeff Reinhart RN, Primary Care, Toronto
124. Sarah Prowse MSW RSW, Toronto
125. Stephen Hwang MD, MPH, Toronto
126. Ali Damji MD, Family Medicine Resident, Mississauga
127. Angela Wong MD, Family Physician, Toronto
128. Arianne Cohen MD (Candidate), Toronto
129. Geneviève Rochon-Terry MD, Chief Resident, Family Medicine, Toronto
130. Evan Ailon MD, Internal Medicine Resident, Toronto
131. Erin Relyea MSW RSW, Toronto
132. Janette Speare MD, Family Physician, Toronto
133. Caroline Jeon MD CCFP, Family Physician, Toronto
134. Amanda Walsh RN, Public Health Nurse, Toronto
135. Kelsey Harford MSW (Candidate), Burlington
136. Ali Mason BSW, Social Worker, Toronto
137. Erin Lurie MD CCFP MSc, Family Physician, Toronto
138. Jessica Munro RN, NP, Lead of the Mt Sinai FHT Chronic Pain program, Toronto
139. Christine Foster, Client Intervention Worker, Toronto
140. Nida Ali MSW (Candidate), Mississauga
141. Jacqueline Vincent MA, MD (Candidate), Kitchener
142. Julia Higgins MN NP-PHC, Primary Care, Kincardine
143. Jim Meeks, Harm Reduction Worker, Toronto
144. Christine Barta MSW BSW RSW, Toronto
145. Isaac Siemens MD CCFP(PC), Family Physician, Toronto
146. Amelia Sweiger CSW CYCP, Community Service Worker, Project Coordinator Pathways to Safety, Toronto
147. Meb Rashid MD CCFP, Family Physician, Toronto
148. Stephanie Simchison RN, Ottawa
149. Tehmina Ahmad MD BSc, Toronto
150. June Lam MD, Resident Physician, Toronto
151. Claire Heslop MD FRCL, Toronto
152. Erin Bellavance HBSW, Case Manager, Thunder Bay
153. Tanya Boozary HBSC, MD (Candidate), Toronto
154. Denise Beaumont, Community Developer, Harm Reduction, Kingston
155. Ashley Hall, Social Worker, Community Facilitator, Toronto
156. Sumeet Khanna MD, Family Physician, Toronto
157. Debra Holmes RN, Crisis ER Nurse, Toronto
158. Mary Cheng NP-PHC, Toronto
159. Ammar Khairullah MD, Psychiatry Resident, Toronto

160. Justin Lam MD, Pediatrics Resident, Toronto
161. Danyaal Raza MD MPH CCFP, Family Physician, Toronto
162. Annie Larocque NP, Ottawa
163. Stephanie MacGowan MScN NP-PHC, Midland
164. Gregory Cohen MD, Psychiatry Resident, Toronto
165. Saadia Sediqzadah MD, Psychiatry resident, Toronto
166. Elizabeth Scott NP, Toronto
167. Rachel Carr MD, Psychiatry Resident, Toronto
168. Alyssa Swartz MSW RSW, Toronto
169. Mario Moscovici MD, Psychiatry Resident, Toronto
170. Pierre Cheung MD, Psychiatry, Toronto
171. Mike Franklyn MD CCFP AAMRO Addiction Physician/ Family Physician, Sudbury
172. Beverly Guan MD, Resident, Toronto
173. Matthew Haaland MD, Resident Physician, Toronto
174. Iline Guan MDCM, Psychiatry Resident, Toronto
175. May Friedman PhD, Social Worker, Associate Professor, Toronto
176. Meara Tubman-Broeren MD (Candidate), Hamilton
177. Avital Klein MD FRCPC, Psychiatry, Toronto
178. Andrea Perry MHS Sc MSc(OT), Toronto
179. Aaron Silverman MD FRCPC, Psychiatry, Ottawa
180. Joshua Dias MD, Psychiatry Resident, Toronto
181. Priyadarshani Raju MD FRCPC, Psychiatrist, Toronto
182. Amy Howe RN, Clinical Quality Specialist, Toronto
183. Suze Berkhout MD PhD, Psychiatry Resident, Toronto
184. Marcella Jones MD MPH, Family Medicine Resident, Toronto
185. Jordan Mak RD CNSC, Registered Dietitian, Toronto
186. Deborah Levine PhD RSW, Toronto
187. Erin Ashe RN, Toronto
188. Sue Hranilovic NP-PHC, Toronto
189. Krysta Cameron NP-PHC MN BScN, Cambridge
190. Evan Baker MD, Psychiatry Resident, Toronto
191. Patricia Tuff MSW, Toronto
192. Amanda Abate MD FRCPC, Psychiatrist, Toronto
193. Lauren Thomson MD, Psychiatry Resident, Toronto
194. Claire Bodkin MD (Candidate), Hamilton
195. Robin Lennox MD CCFP, Family Physician, Hamilton
196. Timothy O'Shea MD FRCPC, Infectious Diseases, Hamilton
197. Sacha Agrawal MD MSc FRCPC, Psychiatrist, Toronto
198. Robert Pentall RN, Hamilton
199. Montserrat Villanueva Borbolla RN, Acute Care, Toronto
200. Benjamin Trepanier MD CCFP, Family and Addictions Physician, Toronto
201. Patricia Robinson NP MScN, Auburn
202. Kate Reeve MHS Sc MD CCFP, Family Physician, Toronto
203. Heather Kelly RN, London
204. Terri Robertson RP, Psychotherapy, Expressive Arts Therapist, Toronto
205. Diane Marshall RP RMFT, Registered Psychotherapist and Marriage and Family Therapist, Toronto
206. Kineta Valoo MB BCh BAO, Psychiatry Resident, Toronto
207. Hoodo Ibrahim NP Addiction Medicine, Hamilton
208. Corinne Hart RN PhD, Associate Professor, Toronto
209. Nikhita Singhal MD (Candidate), Hamilton
210. Alanna Fennell MPG, Health Promoter, Toronto
211. Lu Gao MD, Psychiatry Chief, Toronto
212. Sahil Gupta MD FRCPC, Emergency Physician, Toronto
213. Anna MacDonald MD MSc FRCPC, Emergency Physician, Toronto
214. Matthew Ta MD, Psychiatry Resident, Toronto
215. Chris Hicks MD, Emergency Medicine, Toronto
216. Sairupa Krishnamurti ND, Naturopathic Doctor, Toronto
217. Eileen McMahon RNEC, BScN, MN, Toronto
218. Brian Wall MD FRCPC, Emergency Physician, Toronto
219. Angela Allt MSW RSW, Guelph
220. Margot Corbin RN, Harm Reduction Program, Hamilton
221. Leeann Morrow RN, Hamilton
222. Lisa Nussey RM, Hamilton
223. Caryn Green MD CCFP, Family Physician, Richmond Hill
224. Sharon Gazeley MD CCFP FCFP, Family Physician, Toronto
225. Oman Huhad RN, Harm Reduction Nurse, Ancaster
226. Samuel Vaillancourt MD MPH FRCPC, Emergency Physician, Toronto
227. Hamza Riaz MD, Psychiatry Resident, Toronto
228. Robyn Winterbottom MD, Psychiatry Resident, Toronto
229. Michelle Barone NP-PHC, Ottawa
230. Brodie Nolan MD FRCPC, Emergency Physician, Toronto
231. Michael Grundland MD, Resident Physician, Toronto
232. Edesiri Udoh BDS MPH, Health Promoter, Brampton
233. Krystina Nickerson, Registered Social Worker, Peterborough
234. Simon Kingsley BSc MD CCFP EM, Emergency Physician, Toronto
235. Fernanda Polanco RN MScN PHC-NP (Candidate), Primary Care, Hamilton
236. Frank Coburn, Harm Reduction Worker, Toronto
237. Jenna Robertson Bly RM, Toronto
238. Erinne Stevens RN(EC) NP-PHC, Primary Health Care, Peterborough
239. Christa Hiscock RN, Primary Care, Brampton
240. Marsha Nicholas RP, Addictions Counsellor, Sault Ste. Marie
241. Lynda Cheng MA MSW, Community Health Worker, Toronto
242. Azad Mashari MD FRCPC, Anesthesiologist, Toronto
243. Sarah Tackaberry BSW MSW, Peterborough
244. Lynn Burnett RN BScN, Care Coordinator, Psychiatric Nurse, Ottawa
245. Diane Smith RN BA. Psychology (Hon), Harm Reduction Worker, Hamilton

246. Jennifer Hirsch MD FRCPC, Psychiatrist, Toronto
247. Ruhullah Nassery Social Worker, Community Health Worker, Toronto
248. Carol Danis SSWG, Harm Reduction Worker, Harm Reduction Coordinator, Toronto
249. Tina Cumby MSW RSW, Peterborough
250. Travis Barron MD, Toronto
251. David Gifuni MD, Psychiatry Resident, Toronto
252. Steve Lin MD MSc FRCPC, Emergency Physician, Toronto
253. Georgia Walton MD, Psychiatrist, Toronto
254. Tara Hicks, Harm Reduction Worker, Ottawa
255. Alyssa Ranieri MSW, Counsellor, Toronto
256. Lisa Warburton, Harm Reduction Worker, Hamilton
257. Claire Kendall MD PhD, Family Physician, Ottawa
258. Chantel Marshall RN, Primary Care, Ottawa
259. Ken Miller, Outreach Worker/Phlebotomist, Thunder Bay
260. Stephanie Vance RN, Public Health Nurse, Belleville
261. Margaret Thompson MD FRCPC FACMT, Toxicologist, Emergency Physician, Toronto
262. Dan Cojocaru MD, Family Physician, Toronto
263. Celina Carter RN MN PhD(Candidate), Nurse and Public Health Researcher, Toronto
264. Adam Whisler MSW RSW, Case Counsellor, Toronto
265. Jennifer Gourley MSW RSW, Case Counsellor, Toronto
266. Lesley Barron MD, Limehouse
267. Emmet O'Reilly RN(EC), Toronto
268. Chloe Walls RSW, Toronto
269. David Dorian MD, Internal Medicine Resident, Toronto
270. Maya Nader MD, Family Physician, Addiction Medicine, Toronto
271. Sarah Robertson RN, Public Health Nurse, Hamilton
272. Carolina Berinstein MSW, Toronto
273. Jason Nickerson RRT FCSRT PhD, Respiratory Therapist, Ottawa
274. MaryKay MacVicar BSW, Harm Reduction, Project Coordinator, Toronto
275. Hasan Sheikh MD CCFP-EM, Emergency and Addictions Physician, Toronto
276. Season Kam OT, Toronto
277. Nancy DiPietro RN, Director of Clinical Services, Cambridge
278. Merissa Taylor-Meissner BSW, Social Worker, Toronto
279. Judith Peranson MD MPH CCFP FCFP, Family Physician, Toronto
280. Patrick Phillips MD CCFP, Family Physician, Addictions Medicine, Toronto
281. Rebecca Hagman RM, Virgil
282. Jennifer Brunet RP, Psychotherapist, Kingston
283. Paula Tookey, Community Worker, HCV Program Coordinator, Toronto
284. Stephanie Burns, Harm Reduction Counsellor, Toronto
285. Daniel Rosenbaum MD, Psychiatry Resident, Toronto
286. Daccia Bloomfield, Counselor Advocate for Assaulted Women and Children, Toronto
287. Rachel Roy MSc BSc BA, Health Promotion Specialist, Hamilton
288. Luba Bryushkova MD MSc, Psychiatry Resident, Toronto
289. Sue Phipps RN MHM Candidate, Shift Lead, OPS Hamilton, Hamilton
290. Tave Cole, Harm Reduction Outreach Worker, Toronto
291. Iain James, Support Worker, Harm Reduction Worker, OPS, Hamilton
292. Elena Lonero, Mental Health & Addictions, Whitby
293. Kai Chieh, MD (Candidate), Hamilton
294. Jason Bourner, Harm Reduction Worker, Overdose Prevention Worker, Toronto
295. Erica Roebelen MD, Family Physician, Lead Physician Hamilton Shelter Health Network, Hamilton
296. Raafia Siddiqui MD (Candidate), Hamilton
297. Jessica Skye Bradshaw SSW, Youth Outreach Counsellor, Barrie
298. Lori Sutton RD, Toronto
299. John Giannitsopoulos MSW RSW, Toronto
300. Erik Wexler MSW RSW, Toronto
301. Laurie J Morrison MD, Emergency Physician, Clinical Scientist, Toronto
302. Adrienne Crowder MSW, Social Worker, Manager, Wellington Guelph Drug Strategy, Toronto
303. Anne Egger RN-EC, Toronto
304. Andalib Haque MD CCFP, Family Physician, Toronto
305. Alana Martin, Peer Support Worker/Harm Reduction Worker, Ottawa
306. Frank Crichlow, Harm Reduction Worker, Toronto
307. Sharon Swaffield, Outreach Peer Support Worker (MSW trained), Krasman Centre, Alliston
308. Nijatha Subramaniam RSW, Social Worker, Toronto
309. Christine Adamson RN, Toronto
310. Kathy Nash NP-PHC, Toronto
311. Aislynn Torfason MD, Resident Physician, Toronto
312. Samantha Szilagyi RN BScN HonBA, Addictions and Withdrawal Management, Toronto
313. Hayley Smuts, Social Service Worker, Toronto
314. Michelle Stern NP-PHC, Toronto
315. Sakina Rahman, Medical Laboratory Technician (MLA), Clinical Assistant, Toronto
316. David MacKinnon MD, Emergency Physician, Toronto
317. Joanne Young Evans CAE, Mental Health/Social Services, Executive Director, Guelph
318. Noam Lapid RN, Primary Care Nurse, Toronto
319. Stephanie Ruston SSW CYW, Substance Use Counsellor, Brampton/Caledon
320. Verity Eaton, Harm Reduction Worker, Toronto
321. Dimple Bhagat RN, Primary Care Nurse, Toronto
322. Sarah Newton RN(EC), Owen Sound
323. Dina Lubin RP MA ICADC, Addiction Counsellor, Toronto
324. Jeff Kennedy BSW, Probation Officer, Guelph
325. Fred Wagner RSW, Social Worker, Executive Director, Guelph

326. Brandon Zhou RPh, Pharmacist, Toronto
327. Michelle Cohen MD CCFP, Family Physician, Brighton
328. Mary Crome MSW RSW, Social Worker, Ongoing Support Manager, Guelph
329. Meaghan McLaren MD CCFP MPH, Family Physician, Ottawa
330. Riley Rose MD, Psychiatry Resident, Toronto
331. Brett Jones MD MSc, Toronto
332. Regan Lavoie RN, HCV/Harm Reduction Nurse, Kingston
333. Raji Grewal RN, Toronto
334. Liana Kaufman MD CCFP, Family Physician, Toronto
335. Kapri Rabin MSW RSW, Social Worker, Executive Director, Toronto
336. Sarah Innis NP, Toronto
337. Joel Lockwood MD FRCPC, Emergency Physician, Toronto
338. Elaine Bradley MD, Psychiatry Resident, Toronto
339. Laura MacDonald RN, Toronto
340. Amber Brown RPN, Peterborough
341. Sarah Nestico RN, Toronto
342. Lindsey Lenters BScN (student), Toronto
343. Arun Ravindran MD PhD FRCPC, Psychiatrist, Professor of Psychiatry, University of Toronto, Toronto
344. Fatemah Habib MD (Candidate), Toronto
345. Gillian Kyle RM (Candidate), Toronto
346. Sarah Leonard MD CCFP, Physician, Kitchener
347. Jijian Voronka PhD, Social Work Professor, Windsor
348. Lwam Ghebrehariat JD MD, Resident Psychiatrist, Toronto
349. Hilary Jennings RN, Kitchener
350. Jessica Heeps RN, Toronto
351. Patricia O'Connell, Executive Director - Sistering, Toronto
352. Erin Watson, Social Worker, Toronto
353. Ken MacKenzie, Executive Director, Residential Recovery Homes, Thorold
354. Fiona Lacey, Youth & Community Engagement Facilitator, Toronto
355. Lindsey Thomson MSW, Guelph
356. Benjamin Hesch MSW RSW, Guelph
357. Megan Cayley BScN (student), Toronto
358. Jennifer Caspers MD, Family Physician, Chief of Staff, Guelph General Hospital, Guelph
359. Sarah Warden MD CCFP, Family Physician, Toronto
360. Kaitlin Labatte, Harm Reduction Outreach Worker, St. Catharines
361. Monica Poirier, Peer Outreach Worker, Alliston
362. Lisa Wright, Harm Reduction Worker, Ottawa
363. Maurice Adongo, Social Worker, Community Health Worker, Toronto
364. Jinghao Mary Yang MD, Psychiatry Resident, Toronto
365. Victory Lall RN, Toronto
366. Naheed Dosani MD CCFP(PC) BSc, Palliative Care Physician, Medical Director of Journey Home Hospice, Toronto
367. Kelly White, Overdose Prevention Site Coordinator - Street Health, Toronto
368. Kaeli Cochrane NP-PHC, Hamilton
369. Gail Glatt MSW RSW, Toronto
370. Jeff Powis MD MSc FRCPC, Infectious Diseases Physician, Medical Director of Research, Toronto Community Hepatitis C Program, Toronto
371. Marc F Leger, Registered Psychotherapist, Youth Mental Health Counsellor, Ottawa
372. Ivan Silver MD FRCPC, Psychiatrist, Toronto
373. Rachel Walker BScN (student), Toronto
374. Alison Perry RN, Toronto
375. Jackie Grandy MSW RSW, Toronto
376. Sameer Mal MD FRCPC, London
377. Anahita Sebti RN, Toronto
378. Jessica Pawluk MSW, Addiction counsellor, Ottawa
379. Katherine Sainsbury BScN (student), Toronto
380. Gili Adler Nevo MD, Psychiatrist, Toronto
381. Christina Usanov BScN (student), Toronto
382. Elise Nagy, RN, Hamilton
383. Jane Aronson MSW PhD, Professor Emerita, McMaster University, Hamilton
384. Franky Morris, Overdose Prevention Worker, Toronto
385. Evelyn Dell MD MPH FRCPC, Emergency Physician, Toronto
386. Sanjeev Sockalingam MD FRCPC, Psychiatrist, Toronto
387. Yonah Krakowsky MD, Urologist, Toronto
388. Max Noel, RPN, Toronto
389. Alexandra Conchie RN, Toronto
390. David Matthews MD, Psychiatry Resident, Toronto
391. Brian De Matos, Advocate, Social Services, Toronto
392. Andrea Chittle MD, CCFP, Guelph
393. Dean Raso MD FRCPC, Guelph
394. Yusra Ahmad MD FRCPC, Psychiatrist, Toronto
395. Kim Van Herk RN MScN, Ottawa
396. Mario Duke SSW, Addictions Case Manager, Toronto
397. Marcela Gallardo RN, Toronto
398. Mack Armstrong, Practical Nursing (student), Toronto
399. Jordan Feld MD MPH, Hepatologist, Toronto
400. Casey Schapel BSW/BSP, Addictions Case Manager, Toronto
401. Jessica Arteaga BScN (student), Toronto
402. Katia Wong RN, MN-NP Program Student, Toronto
403. Rachel Ptashny MD FRCPC, Psychiatrist, Toronto
404. Simple Chhabra, Addictions Case Manager, Toronto
405. Ray Howald RN, Clinical Leader/Manager - ED SMH, Toronto
406. Meredith MacKenzie MD CCFP FCFP, Family Physician, Kingston
407. Shelly Howey, Public Health Nurse, Guelph
408. Scott MacPhee RN, Emergency Nurse, Toronto
409. Anna Skorzevska MD, Psychiatrist, Toronto
410. Julie Caron MD CCFP, Family Physician, Toronto
411. Sarah Bush MD, Psychiatry Resident, Toronto

412. Claudia Molinaro BScN (student), Toronto
413. Cristina Balaita MD, Resident Physician, Toronto
414. Katherine Candib MSW RSW, Ottawa
415. Janine McCready MD, Infectious Diseases Physician, Toronto
416. Katie Grundy RN, Emergency Nurse, Toronto
417. Sabrina Botsford MD, Psychiatry Resident, Toronto
418. Daniela Graziano BScN (student), Toronto
419. Sahana Kesavarajah BScN (student), Toronto
420. Mary Gaudet MD, Family Medicine Resident, Toronto
421. Andrea Werhun, Maggie's Peer Outreach Worker, Toronto
422. Karline Treurnicht Naylor MD, Psychiatry Resident, Toronto
423. Jan Klotz MSW RSW, Guelph
424. Brendan Johnson, Community Worker, Executive Director, Guelph
425. Andrew Petrosoniak MD FRCPC, Emergency Physician
426. Bryan Au MD FRCPC, Emergency Physician, Toronto
427. Robert Etherington Allison Grant, Emergency Nurse, Toronto
428. Karen Arcot MD, Internal medicine, Toronto
429. Thomas Man MD, Family Physician, Toronto
430. Liz McLaughlin RN, Toronto
431. Mackenzie Munroe MSW, Toronto
432. Tiffany Kwan RN, Emergency Nurse, Toronto
433. Anne Sylvestre RPh, Emergency Pharmacist, Toronto
434. Shawn Craig BScN (student), Toronto
444. Kelvin Young MD, Toronto
445. Patricia Hoyeck MD(Candidate), Toronto
446. Susan Bender MSW, Toronto
447. Harold Spivak MD FRCPC, Psychiatrist, Toronto
448. Anisha Dhillon RSW BSW, Addiction Services Worker, Guelph
449. Cindy Ocampo RN(EC), Addictions clinic, Kingston
450. Rachel Porretta SSW, Toronto
451. Mark Iacovelli RN MN, Toronto
452. Sarah McCarthy RN, Sexual Health Nurse, Toronto
453. Allison Dalby RN, NP (Peds) Candidate, Toronto
454. Lyba Spring, Sexual Health Educator, Toronto
455. Annika Ollner MSW RSW, Toronto
456. Mariana Borsuk-Gudz MSW RSW, Toronto
457. Stephanie Baptist MEd, Sexual Health Promoter, Toronto
458. Erin Telegdi RN, Overdose Prevention Site Nurse, Toronto
459. Lousse Tolentino BScN (Candidate), Oakville
460. Alexandra Sitnik RN, Toronto
461. Devon Tilbrook MD CCFP, Family Physician, Haliburton and Toronto
462. Julie Shand, Peer Supporter, Richmond Hill
463. Andrea Somers RN MScN, Toronto
464. Lisa MacEachern RPh, Pharmacist, Guelph
465. Anne Simmonds RN PhD, Associate Professor, Teaching Stream, Toronto
466. Michele Nelson, Pharmacy Technician, Guelph
467. Jessica Braidek MD FRCPC, Psychiatrist, Toronto
468. Hershel Russell RP CRPO, Registered Psychotherapist, Toronto
469. Laura Cleland PCP, Clinical Counsellor, Toronto
470. Aidyn Low, Case Manager, LGBTIQ2S Youth Homelessness and Mental Health, Toronto
471. Cynthia Peacock, Substance Use and Harm Reduction Counsellor, Toronto
472. Ahva Shirzadi RP (Qualifying) MACP, Registered Psychotherapist, Toronto
473. John Maxwell, Executive Director, HIV/AIDS Prevention, Toronto
474. Rachel Birmingham RN, Community Nurse, Toronto
475. Joyce Rankin RN MN MBA, Toronto
476. Vanessa Wu RSW, Toronto
477. Lauren Easton RN, Toronto
478. Lindsay Jennings, Prison In-Reach Coordinator, Toronto
479. Kim Radford MSW, Toronto
480. Lindsay Beattie SSW, Social Service Worker/Case Manager, Toronto
481. Kirti Jamwal RP, Psychotherapist, Toronto
482. Megan McGrath MSW RSW, Overdose Prevention Worker/Counsellor, Toronto
483. Leah Cardinale SW, BScN (student), Toronto
484. Anjum Sultana MPH, Social Policy/Social Determinants of Health, Toronto
485. Erin Reeve-Newson, Housing Worker, Toronto
486. Abdullah Shihpar MPH (Candidate), Brown University School of Public Health, Toronto
487. Mathura Karunanithy MA, Public Policy, Toronto
488. Clara Tam MPH (Candidate), Toronto
489. Zahra Sayyed MPH (Candidate), Milton
490. Lori Kufner, Harm Reduction Program Coordinator, Toronto
491. Neha Mahmood, Youth Health Action Network, Toronto Public Health
492. Surkhab Peerzada MPH, Public Health & Community Development, Toronto
493. Fatima Mussa MPH, Public Health Professional, Mississauga
494. Ayesha Basit, Research Associate, Toronto
495. Bronwyn Underhill MPH, Director of Health Promotion and Wellness, Toronto
496. Tara Edeh BA ADTP(Hons) CCAC, Community & Patient Relations Coordinator, Markham
497. Ruby Sniderman MPH, Research Coordinator, Toronto
498. Colin McVicker MA RP, Program Director, Guelph
499. Heather Glenister, Coordinator, Suicide Awareness Council of Wellington-Dufferin, Guelph
500. Ankur Chhabra MPH (Candidate), Toronto
501. Will Wycherley, Developmental Services Team Lead, Guelph
502. Sanda Kazazic, Coordinator of Drop-in Services, Toronto
503. Robert Etherington, Research Assistant, Public Health Services Harm Reduction Program, Hamilton
504. Griffin Epstein PhD, Social Service Work Professor, Toronto
505. Parisa Dastoori, Research Coordinator, Toronto

506. Raquel DaSilva-DeAngelis BSW RSW Certified CBT Therapist, Addictions/Concurrent Disorders Counsellor, Toronto
507. Shawna Irons MD, Addictions Physician, Toronto
508. Naomi Thulien NP-PHC PhD, Toronto
509. Josée Lynch MD CM FRCPC, Addiction Psychiatrist, Toronto
510. Helen White, Mental Health Counsellor, Ottawa
511. Dara Gordon MPH, Health Policy Researcher, Toronto
512. Susan Phillips RN, Emergency Nurse, Toronto
513. Woganee Filate MD FRCPC, Respiriologist, Toronto
514. Marlene Haines RN, Community Nurse, Ottawa
515. Ciara Whelan MD CCFP(PC), Family Physician - Palliative Care, Toronto
516. Tia Kiriakou RPN, Toronto
517. Rahat Hossain MD, Resident Physician, Psychiatry, Toronto
518. Jordana Rovet MSW BSW RSW, Toronto
519. Jenn Boyd, Harm Reduction Coordinator, Cambridge
520. Laurent St-Martin MD, Family Medicine Resident, Toronto
521. Erica Kamikazi, Student Parent Support Worker, Ottawa
522. Akia Munga, Harm Reduction Meeting/ Social Worker, Toronto
523. Kelly OBrien RN, Emergency Nurse, Toronto
524. Saadia Ahmad MSW RSW MEd, Toronto
525. Wendy Martin MSW RSW, Toronto
526. Denese Frans BSc MPH (Candidate), Community Health Worker (HIV/AIDS), Toronto
527. Robert F. Carlson MD, Family Physician, Sioux Lookout
528. Liza Abraham BA BScN RN, Hepatology Nurse, Hepatitis B and C, Toronto
529. Danielle Kenyon NP, Toronto
530. Adrienne K. Chan MD MPH FRCPC, Infectious Diseases Physician, Staff Physician, Anita Rachlis Clinic, Sunnybrook Health Sciences Centre, Toronto
531. Amika Gupta MPH, Program Coordinator, Toronto
532. Kat Dearham MSW RSW, Toronto
533. Jia Qing Wilson-Yang, Social Worker, Sexual Violence Specialist, Toronto
534. Tyler Lamb MD, General Surgery Resident Physician, Ottawa
535. Katharine Miller CYW, Youth Counsellor, Toronto
536. Jeremy Lloyd A-EMCA(PCP-F), Paramedic, Toronto
537. Ellen Chang MSW RSW, Social Worker, Addictions Therapist, Psychotherapist, Toronto
538. Derek Fraser, Clerical Emergency and Trauma, Toronto
539. Mark Blackstone MSW RSW, Toronto
540. Sarah Addleman MD, Emergency Physician, Ottawa
541. Rick Glazier MD MPH CCFP FCFP, Family Physician, Toronto
542. Robyn Letson MSW, Mental Health Counsellor, Coordinator, Trauma Informed Counselling Services
543. Alison Bruni MD, Family Physician, Toronto
544. Megan Saunders MD CCFP, Family Physician, Toronto
545. Dr. L Kiefer MD CCFP FRCPC, Public Health & Prison Physician, London
546. Nadine Pahor RN, Cardiac Critical Care Nurse, Newmarket
547. Andrea Wang MPH, Public Health Professional, Hamilton
548. Jessica Thoma MD FRCPC, Addiction Psychiatrist, Toronto
549. Harman Sandhu MPH (Candidate), Hamilton
550. Yolanda Dare RN, Ottawa
551. Stan Kupferschmidt SW, Harm Reduction Worker, Ottawa
552. Violet Umanetz RSSW, Harm Reduction Manager, Manager of Outreach, Waterloo
553. Karine Rogers MSW RSW, Peterborough
554. Shannon Leung MPH (Candidate), Hamilton
555. Chris Ramsay RN, Toronto
556. Jen Goldberg RM, Toronto
557. Roisin Byrne MD FRCPC, Psychiatrist, Toronto
558. Gayle Parker NP, Kitchener
559. Katie Crosby MD (Candidate), Toronto
560. Kayla Lucier BAS MPH (Candidate), Hamilton
561. Andrew Pinto MD CCFP MSc FRCPC, Family Physician & Public Health and Preventive Medicine Specialist, Toronto
562. Sarah Freeman MD (Candidate), Toronto
563. Yezarni Wynn MD (Candidate) MSc, Toronto
564. Kristin Boyer HBA, Community Health Worker, Toronto
565. Maham Bushra MD (Candidate), Mississauga
566. Helen Genis MD (Candidate), Toronto
567. Stephanie Eiloart RN, Hepatitis Support Nurse, Toronto
568. Nicholas Wang MD CCFP, Family & Emergency Physician, Toronto
569. Lily Wang MD (Candidate), Toronto
570. Allie Davidson MD (Candidate), Toronto
571. Melanie Campbell MD FRCSC, Ob/Gyn, Oshawa
572. Deborah Cenac RN, Toronto
573. Alessandra Hayes BHSc BScN (Student), London
574. Colleen Wills RN, Emergency, Toronto
575. Brendan Bailey RN, Marmora
576. Lorin J Young MD MSc, Psychiatrist, North Bay
577. Andrea Kwan MSW RSW, Registered Social Worker, Psychotherapist, Toronto
578. Erin Barnes NP MN BA, Toronto
579. Stephanie Lim-Reinders, MD (Candidate), Toronto
580. Monica Williamson BScH MD (Candidate), Toronto
581. Jake Crookall MD MPH FRCPC, Child and Adolescent Psychiatrist, Toronto
582. Nicole Buchanan MD (Candidate), Hamilton
583. Roy Male MDCM FCFP, Family Physician, Toronto
584. Stacey Jacobs MSc, Sex Educator, Sexual Health Education Manager, Waterloo
585. Candis Kokoski RN, Emergency Nurse, Toronto
586. Veronica Javier RSW, Ajax
587. Charlie Williams MSW RSW, Individual & Family Therapist, Toronto
588. Susan Woolhouse MD MCISc CCFP, Family Physician, Toronto

589. Alex Abramovich PhD, Centre for Addiction and Mental Health, Toronto
590. Caroline Senger RMT, Toronto
591. Lindsay Willi RSW, Harm Reduction Worker, Therapist, Toronto
592. Chris Spiess BSW (Candidate), Toronto
593. Laura Day MSW RSW, Toronto
594. Alison Baxter BSW MA, Research Coordinator, North York
595. Catherine Schmidt MSW RSW, Toronto
596. Mary Dahonick RN, Toronto
597. Danielle LeMoine RN, Public Health, Barrie
598. Jaymie Sampa MPH BPHE, Community Organizer, Toronto
599. Jacqueline Northmore RP, Registered Psychotherapist, Program Director Portage, Elora
600. Wanda Menzies RN, Toronto
601. Michael Gordon MD FRCPC, Toronto
602. Kate Mason MHSc, Researcher, Toronto
603. Dana Dack, Harm Reduction Worker, Toronto
604. Kate Uffelman, Harm Reduction Community Support Worker, Toronto
605. Teresa Cheng RM (Candidate), Toronto
606. Noel Simpson, Supportive Housing Provider, Executive Director, Toronto
607. Jane Arrizza, Concurrent Disorders Case Coordinator, Toronto
608. Kirstyn Greenside MSW, Toronto
609. Ricky Rodrigues RSW, Toronto
610. Kwasi Sarpong MPH, Vaughan
611. Dino Paoletti, Counsellor, Toronto
612. Michele Heath MSW, Director of Community Health, Toronto
613. Kyla Balderson RSW MSW, Kingston
614. Arianne Di Nardo, Herbalist, Medical Student, OPS Volunteer, Toronto
615. Whitehorse MSW RSW, Clinical Social Worker, Toronto
616. Dan Werb PhD, Research Scientist, Director, Centre on Drug Policy Evaluation, St. Michael's Hospital, Toronto
617. Carly Schenker MD, Family Medicine Resident Physician, Toronto
618. Caroline Melymuk RN, Toronto
619. Simone Hilley Bland RN, Toronto
620. Jessica Syrette BSc, Research Coordinator, Toronto
621. Joy Elizabeth Simmonds MSW, Peterborough
622. Emma Dickson MSW RSW, Toronto
623. Sue Hranilovic NP-PHC, Toronto
624. Jennifer Chambers, Executive Director, Empowerment Council, Toronto
625. Amber LaGroix, Harm Reduction Support/Community Support Worker, Kingston
626. Sonia Malhotra MD CCFP, Family Physician, Toronto
627. Andrea Stern MD CCFP, Family Physician, Toronto
628. Yousef Obeidat, Mobile Outreach, Harm Reduction Worker, Toronto
629. Emily Lessard RN, Peterborough
630. Sarah Follett MD CCFP, Family Physician, Toronto
631. Drow Zadoorian MA, Community Support Worker, Toronto
632. Diana Da Silva MSW (Candidate), Toronto
633. Gary Bloch MD CCFP FCFP, Family Physician, Toronto
634. Natalie Kallio MA BEd BA, Program Coordinator, keepSIX Supervised Consumption Services, South Riverdale Community Health Services, Toronto
635. Claire Rollans MD (Candidate), Toronto
636. Reed Siemieniuk MD, Toronto
637. Denise Denning RPh, Pharmacist, OAMT (Methadone and Suboxone), Toronto
638. Nicole Demers RN, Toronto
639. Emily Kendell MPH MD CCFP, Family Physician, Addiction Medicine, Toronto
640. Blair Voyvodic MD, Killaloe
641. Sonieya Nagarajah MD (Candidate), Toronto
642. Marc Dagher MD CCFP, Family Physician, Toronto
643. Annie Foreman-Mackey MPH (Candidate), Toronto
644. Avri Lynn Ding BHSc, MD (Candidate), Kingston
645. Francesca Schiavone MD, Psychiatry Resident, Toronto
646. Mahboubeh Katirai RP, Psychotherapist, Toronto
647. Emily Gillard RM, Hamilton
648. Sophie Tache-Green RN, Toronto
649. Adrienne Batke MD, Psychiatry Resident, Toronto
650. Christian Hui RSW, Co-founder and Coordinator, Ontario Positive Asians (OPA+), Toronto
651. Nadia Pabani RD CDE MSc, Registered Dietitian, Toronto
652. Farriss Blaskovits MSc MD (Candidate), Ottawa
653. Mats Junek MD, Internal Medicine Resident, Oakville
654. Lori Regenstreif MD FCFP, Lead MD Shelter Health Network Rapid Access to Addiction Medicine Clinic, Hamilton
655. Walter Cavalieri MSc MSW, Toronto
656. Laura Stratton MD, LGBTQ Enhanced Skills Resident, Toronto
657. Jesse McLaren MD, Emergency Physician, Toronto
658. Daniel Buchman PhD RSW, Bioethicist, Toronto
659. Andrea East MD, Six Nations of the Grand River Territory
660. Hallie Streith NP, Hamilton
661. Chris Londe, Peer Support Harm Reduction, Ottawa
662. Risa Adams MD CFPC, Family Physician, Guelph
663. Jenny Zawaly RD, Registered Dietitian, Toronto
664. Laura Jamieson MSc, Toronto
665. Richard Utama MSW, Case Manager, Toronto
666. Tracy Franklin RM, Associate, Midwives Collective of Toronto, Toronto
667. Naeema Tharani, Public Health, Toronto
668. Julie Rudkowski RN, Toronto
669. Angela Golas, Geriatric Psychiatrist, Toronto
670. Carlee Giffen RN, Newmarket
671. Katie Connolly RN, Toronto
672. Rose Patterson NP, Toronto

673. Maya Ricker-Wilson MSW RSW, Toronto
674. Rhona Zitney MA, MHCSW, Service Resolution Justice Coordinator, Toronto
675. Stephanie Kay MD FRCPC, Toronto
676. Malika Sharma MD MED FRCPC, Infectious Diseases Physician, Toronto
677. Farnoush Harandian MDCM, Physician, Toronto
678. Charles Wharton NP-PHC, Toronto
679. Kathy Kortess-Miller MSW PhD, Social Worker, Thunder Bay
670. Claudia Wong RN, Pickering
671. Ketan Vegda MD FRCPC, Psychiatrist, Toronto
672. Natalie Doherty RP, Mental Health and Addiction Counsellor, Registered Psychotherapist, Midland
673. Liz Darling R, Hamilton
674. Susan Davis, Community Crisis Responder, Toronto
675. Bradyn Ko MSW RSW, Toronto
676. Jesse Knight MASC, Toronto
677. Erin Hann RSW MSW, Toronto
678. Anahita Sebti RN MSc(A), RN, Toronto
679. Tanya S Hauck MD PhD, Resident Physician, Toronto
680. Leigh Anne Martin NP, Primary Care, Toronto
681. Andrea Baumann RN, Cambridge
682. Erin Claman, Recreation Therapist, Toronto
683. Eleni Giannopoulos MED, Mental Health Worker, Toronto
684. Julianne Lavoie NP-PHC, Toronto
685. Mary Ellen Prange MHSc RD, Health Promoter, Cambridge
686. Hannah Fleisher, Manager of Health Promotion, Planning and Quality Improvement, Toronto
687. Michael Kruse ACP-AEMCA BSc, Paramedic, Medical Student, Hamilton
688. Sara Robb MSW RSW, Toronto
689. Mariah Hughes MD, Resident, Ottawa
690. Cait MacLennan RM, Hamilton
691. Kyrsten Howat MSW, Toronto
692. Adam Kaufman MD CCFP(EM), Emergency Physician, Toronto
693. Abeera Shahid, Global Health Student, Hamilton
694. Caitlin McKeever MD FRCPC, Psychiatrist, Toronto
695. Todd Kaufman MDiv RP, Registered Psychotherapist, Clinical Director, Toronto
696. Sean B Rourke PhD, Neuropsychologist, Toronto
697. Katharine Charlton MD, Psychiatrist, Toronto
698. Kristel Guthrie RN, Toronto
699. Sarah Levitt MD, Psychiatry, PGY4 Resident, Toronto
700. Stefania Pallotta MSW RSW, Case Manager, Alliston
701. Tom Peric MA RP, Addiction Counsellor/Psychotherapist, Toronto
702. Emily Bellicoso MD (Candidate), Toronto
703. Laura Pacione MD MSc FRCPC, Child and Adolescent Psychiatrist, Lecturer, Dpt. of Psychiatry, University of Toronto, Toronto
704. Cheryl J Rowe FRSPC, Psychiatrist, Inner City Health Associates, Toronto
705. Olivia Wetzel, Paramedic, Toronto
706. Linda Miller RN, Toronto
707. Rishabh Soni PCP (AEMCA), Prehospital Medicine, Mississauga
708. Keith Johnstone MD CCFP, Family Physician, Toronto
709. Cheryl Eadie MSW RSW, Inner City Family Health Team, Toronto
710. Sherif Marzouk MD, Hamilton
711. Jason Perdue MD, Psychiatry Resident, Toronto
712. Ruth Chiu MD, Family Medicine Resident, Kingston
713. Thomas Wasiuta MD, Psychiatry Resident, London
714. John MacDonald, Health Promoter, Toronto
715. Gary Thompson, Harm Reduction Worker, Toronto
716. Brian Konik MSW RSW, Case Manager and Psychotherapist, Toronto
717. Najib Safieddine MD FRCSC, Toronto
718. Nicole Kozloff MD SM FRCPC, Child and Adolescent Psychiatrist, Toronto
719. Anita Lathia MD, Family Physician, Toronto
720. Yi Wei Hu MD CCFP, General Practitioner, Toronto
721. Michael Douglas Scott MD, Resident Physician, Toronto
722. Nicole Powers SSW, Centennial Manor Long Term Care, Activation Aid, Bancroft
723. Dorothy Kuk MD, Psychiatry Resident, Toronto
724. Ninotchka Sequeira MSW RSW, Toronto
725. Danyka Leclair, Student (Conflict Studies and Human Rights), Toronto
726. Ian Thompson MSW RSW, Housing Support Worker, Kitchener
727. Laura Hayos OT, Toronto
728. Alison Sumner MD (Candidate), Toronto
729. Rose Gan OT, Toronto
730. Laura Ovens MD, Family Medicine Resident, Hamilton
731. Elisha MacWhirter MSW RSW, Orillia
732. Josée Sovinsky RD, Toronto
733. Peter Milliken, Director of Kingston Community Health Centres, Kingston
734. Mike Bell MA MSc, CEO, Kingston Community Health Centres, Kingston
735. Renée Charette CYC, Child and Youth Counselor, Toronto
736. Brittney Monaghan, Outreach Worker/Social Work, Markham, Stouffville
737. Shaila Khan, Health Provider - University, Toronto
738. Nishan Zewge-Abubaker MPH, Public Health Researcher, Toronto
739. Lynn Anne Mulrooney RN MPH PhD, Senior Policy Analyst, Toronto
740. Ceinwen Pope MD, Public Health and Preventive Medicine Resident, Toronto
741. Mara Rothschild MSW RSW, Ottawa
742. Keddane Dias, Executive Director, Toronto
743. Ann Ytterberg BScN (student), Toronto
744. Heidi Berry RN, Public Health Nurse, Hamilton
745. Kirsten Penner-Goeke MD, Resident Physician, Toronto
746. Elizabeth Mens BScN (student), Toronto

747. Jennifer Wyman MD FCFP MPH, Family and Addictions Physician, Toronto
748. Natasha Conklin RPN, Barrie
749. Melissa Keigher RN, HIV, Toronto
750. Pauline Armour MD, Rapid Access Addiction Medicine Clinic Physician, Owen Sound
751. Wendy Lee Wilson MD MSc CCFP FCSAM, Coroner, Parry Sound
752. Baraa Achtar MD, Family Medicine, London
753. Laurie Kibiuk MD, Addiction Medicine, Thunder Bay
754. Olga Baleca NP-PHC, Primary Care/Addiction Medicine, Cambridge
755. Andy Zeng MD PhD (Candidate), Toronto
756. Liz Tupling RN, Mental Health Nurse, RAAM, Barrie
757. Nathan Corbett MD, Psychiatry Resident, Toronto
758. Christina Vannelli BA (Hons) PGC (MHA), Addiction/Mental Health Counsellor, London
759. Melissa Holowaty MD PhD, Addictions Physician, Marmora
760. Doreen Khamo MSW RSW, Toronto
761. Beth Mulvale RN, Toronto
762. Irene Zouros MD CCFP(EM), Family Physician, Street Health Physician, Kingston
763. Adam Newman MD CCFP CCSAM, Kingston
764. Shiyang Ding MD CCFP, Family Physician, Addictions Physician, Toronto
765. Justine Walker RSSW, Intake Triage Counsellor, Toronto
766. Darrell H. S. Tan MD FRCPC, Infectious Diseases Physician, Toronto
767. Mary-Grace Falvo RM (Candidate), Sudbury
768. Montserrat Villanueva RN MSc BScN B.Ed EMT, Acute Care Cardiology, Toronto
769. Ashley Pancoast MSW RSW, Brantford
770. Lindsay Johnson HBSoc CCAC, Addiction Counsellor, Muskoka
771. John Macdonald MD CCFP FRCPC, Ottawa
772. Frank Denson MD, Addiction and Mental Health, Thunder Bay
773. Jennifer Bober, Case Manager, Toronto
774. Jane McLeod RN, Primary Care Nurse, Toronto
775. Claudia D'Amico RN BScN, Toronto
776. Alicia Beloshesky MSW, Brampton
777. Michelle Bobala RN, Toronto
778. Jordan Mak RD CNSC, Toronto
779. Ina Radziunas RN, Toronto
780. Susan MacRae RN, Toronto
781. Anne De La Franier RN, Toronto
782. Sandra Walsh RN MScN DNC, Toronto
783. Jeannine Oliver RPh, Guelph
784. Kirsten Locke RN, London
785. Patricia Cavanagh MD FRCPC, Psychiatrist, Toronto
786. Tess Fischer OT, Toronto
787. Tammy Alston, Case Manager, Scarborough
788. Helen McGee RN MN CPMHNC, Advanced Practice Clinical Leader, Toronto
789. Tianna Costa RPh, Toronto
790. Christine Bradshaw MSW RSW, Toronto
791. Colleen Dockerty RN MScPH, Toronto
792. Peggy Millson MD FRCPC, Professor of Public Health, Toronto
793. Nimerta Dhami RM, Toronto
794. Melanie Rodrigues RP (Qual.), Addictions/Mental Health Counsellor, London
795. Lee Barratt RN, Clinical Nurse Educator Emergency Department, Toronto
796. Kayla Hamilton RN (Temporary Class), Paediatric Acute Care, Toronto
797. Roselyn Wilson MD FRCPC, Psychiatrist, Hamilton
798. Susan Rosenthal MD, Guelph
799. Christina Henry RN, Rapid Access Addictions Medicine Clinic, Thunder Bay
800. Andrea Luciuk RM, MaTCH program South Riverdale Community Health Centre, Toronto
801. Layne Boyer RN, Toronto
802. Dorothy Bakker MD, Family Physician, Medical Lead University of Guelph Student Health, Guelph
803. L. Sky, Outreach for P.A.R.C., Toronto
804. Kaitlin Baenziger MD, Psychiatry Resident, Toronto
805. Judy Waldman RN MN NP-PHC, Toronto
806. Erin MacLeod, Community Health, Crisis Intake Worker, Ottawa
807. Rabia Bana MD CCFP MPH, Family Physician, Hamilton
808. Nives Ilic CYW, Addictions Counsellor, Ottawa
809. Shannon Willmott RSW, Ottawa
810. Larissa Ziesmann BSW (no longer registered), Peer Health Support, Downtown Community Health Centre, Kitchener
811. Irene Onyango RN, Toronto
812. Meaghan Lynch RN, HIV/AIDS, Toronto
813. R Schrijver RN, Toronto
814. Csilla Kalocsai PhD, Applied Anthropologist, Project Scientist, Toronto
815. Nicole Wilson, Social Worker, Toronto
816. Asia van Buuren MD (Candidate), University of Toronto, Toronto
817. Robin Griller, Executive Director, Toronto
818. Firrahana Sayanvala MD (Candidate), Hamilton
819. Meg Leitold, Registered Psychotherapist, Toronto
820. Jessica Lyons, RN, Primary Care, Toronto
821. Georgia Chappell MD, Kitchener
822. Robyn Hartley RN, Toronto
823. Lydia Hernandez, Youth Worker, Toronto
824. Lisa Toner, Harm Reduction Coordinator, Community Outreach Coordinator, Hepatitis C Treatment Team, Sudbury
825. Colin Phillips MSW PhD, Contract Lecturer, Ryerson University School of Social Work, Toronto
826. Deborah Quiggin RSW, Toronto
827. Jenny Kirby, Harm Reduction Worker, Kitchener
828. Molly Bannerman MSW, Director, Women and HIV/AIDS Initiative, Toronto
829. Dania Notta MD CCFP, Family Physician, Addiction Medicine, Toronto

830. Jann MacIsaac, Applied Social Psychology Researcher, Trans* Activist, Windsor
831. Tyler Watts, Harm Reduction Worker, Coordinator of Overdose Prevention Services, Toronto
832. Bahar Orang MD, Resident Physician, Toronto
833. Elizabeth Brownlie PhD, Developmental Psychologist, Assistant professor, Department of Psychiatry, University of Toronto, Toronto
834. Alexandra Piatkowski MPH, Epidemiologist, Toronto
835. Bernadette Timson, Housing Support Worker (Addictions & Mental Health), Toronto
836. Ciera Gautreau RPN BScN (Candidate), Outreach, Cambridge
837. Melanie Carrington MSW PhD (Candidate), Social Worker, Toronto
838. Marisa Wijayabaskaran RN (Candidate), Toronto
839. Julia Heyens RM, Cambridge
840. Josephine Lau RN, Toronto
841. Chad Clarke HIV/AIDS Activist and Advocate, Toronto
842. Mackenzie Churchill MPH, Student Midwife & Professor, Hamilton
843. Brandon Bailey PSC, Harm Reduction Worker, Peer Support Counselor /Mentor, Windsor
844. Alanna Kibbe RM, Toronto
845. Emily Cooper RN, Toronto
846. Madeleine Ritts MSW RSW, Mental Health and Addictions Social Worker, Toronto
847. Jean Hopkins MSW, MSc, Toronto
848. Marion Parsons RN, Toronto
849. Matthew Myers, Social Worker Student, Toronto
850. Shawn Khan MD (Candidate), Toronto
851. Ted Maloney MD CCFP, Family Physician, Toronto
852. Chih Chen MA, Housing Worker, Toronto
853. Janet Chappell PhD, Educator, Toronto
854. Jennifer Squibb, Social Worker, Toronto
855. Kira Hamilton, Harm Reduction CSW, Toronto
856. Becca Stein MA (Clinical Psychology), Therapist, Toronto
857. Stephanie Russell SSW, Social Service Worker, Supportive Housing Worker, Toronto
858. Patricia Marks MD (Candidate), Toronto
859. Faye Moreau, Follow-up Community Support Worker, Toronto
860. Ken Miller, Outreach/Phlebotomy, Rosslyn
861. Shawn Matheis MSW, Guelph
862. Alicia Taylor RSW, St Catharines

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