

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

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