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Commentary

Reconsidering the Alberta study of the closure of the Red Deer supervised consumption site

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ABSTRACT

Supervised consumption sites (SCS) are interventions supported by decades of evidence and yet remain subject to considerable politicization. Recently, researchers from Alberta, Canada published a study in the journal *Addiction* that sought to assess the impacts of the closure of a SCS in Red Deer, Alberta. The study authors reported that the closure had no negative health impacts while increasing uptake of opioid agonist treatments among former clients. However, the study suffers from numerous methodological shortcomings that call the validity of the findings into question, including but not limited to issues pertaining to undisclosed service changes confounding the study findings, exposure misclassification, model assumptions, and problems related to comparator validity. Also evident are a range of undisclosed conflicts of interest involving the study authors, as well as misleading statements about the findings by the authors and organizations that produced the study. Over 25 Canadian researchers signed a retraction request letter that was rejected by the journal's editors, as were multiple letters to the editor outlining these concerns. This case sheds further light on the challenges related to communicating the scientific record and highlights the need for more effective and impartial retraction request processes, as well as efforts to minimize instances of potential research misconduct in the drug policy space.

Introduction

A growing body of international research suggests that supervised consumption sites (SCS), also known as drug consumption rooms (DCRs) or overdose prevention centers (Kerr et al., 2025), typically achieve their objectives without producing unintended consequences (Keemink et al., 2025; Kennedy et al., 2017; Levengood et al., 2021; Lalanne et al., 2024; Taylor et al., 2022). This has been demonstrated in a range of settings using diverse methodologies, including cohort-based studies, qualitative and ethnographic research, spatial ecological analyses, and linked

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[1] Given their role as Associate Editor, Dan Werb and Gillian Kolla had no involvement in the peer-review of this article and has no access to information regarding its peer-review. Full responsibility for the editorial process for this article was delegated to another journal editor.

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administrative data (Kennedy et al., 2017; Levengood et al., 2021). However, investigating this type of intervention can be challenging, due to the fact evaluations have been limited to observational designs. Despite the large body of evidence specific to SCS, few harm reduction interventions have been subject to as much debate and controversy as SCS (Barry et al., 2019; Strathdee & Pollini, 2007). In settings where they have been proposed for implementation, public and political opposition has been immense (Kerr et al., 2017), and peer-reviewed research derived from evaluations of SCS has at times been grossly politicized (Caulkins et al., 2019; Wood et al., 2008). In more extreme cases, groups opposed to SCS have funded research efforts seemingly designed to discredit SCS research (Wood et al., 2008).

Most critiques of SCS research have been released as reports or published in non-peer-reviewed journals, and have suffered from methodological shortcomings while ignoring the larger body of international evidence specific to SCS (Lehman & Sabet, 2026; Mangham, 2007). This is true of efforts undertaken in the Canadian province of Alberta (Salvalaggio et al., 2023). In 2019, the provincial government commissioned a review of seven SCS operating in the province. To do so they formed a hand-picked panel, conducted public consultations, operated a complaint line, and largely ignored the peer-reviewed scientific literature on the impacts of SCS on crime and public disorder (Kennedy et al., 2017; Levengood et al., 2021). Following the release of their report, Alberta cancelled all plans for new SCS and retracted funding for a busy SCS in Lethbridge (Salvalaggio et al., 2023). A 2023 review of the Alberta report published in the Canadian Journal of Public Health concluded that this government-funded report amounted to "*pseudoscience*" (Salvalaggio et al., 2023).

More recently, researchers at the Canadian Centre for Recovery Excellence ("CoRE") in Alberta, a government agency reporting directly to the province's Minister of Mental Health and Addiction, conducted research to investigate the impact of the closure of an SCS in Red Deer, Alberta. The study, published in the journal *Addiction* (Day et al., 2026), drew international attention, including intense criticism from researchers in Alberta and across Canada expressing concerns about the methodological rigor of the study design as well as a range of undisclosed conflicts of interest and misrepresentations of research findings by the authors. These researchers, concerned that the methodological shortcomings of the study served to invalidate the main findings, submitted multiple, separate, and detailed requests to the journal editors calling for a retraction.

Following in the tradition of work done by others detailing failed retraction requests (Doshi, 2015), including those published in *Addiction* (Bates and Farsalinos, 2015), and in an effort to ensure transparent discourse about the study in question, herein we describe the Alberta SCS study, its impact, as well as its many methodological flaws, associated undisclosed (real or perceived) conflicts of interest, and misrepresentations of research findings.

The Day et al. study

Using a retrospective cohort design, Day et al. sought to determine whether the announcement of an SCS closure (on September 24, 2024) and subsequent end of its operation (March 31, 2025) of a SCS in Red Deer, Alberta was associated with changes in various outcomes among people who had used the SCS, including: opioid agonist therapy (OAT) use, emergency department (ED) visits, inpatient hospital admissions, suspected opioid-related emergency medical service (EMS) events, and all-cause mortality (Day et al., 2026). The cohort included SCS clients with linked personal health numbers who had used the SCS at least once anytime between June 1, 2024 and March 31, 2025. These individuals were also compared to a cohort of linked clients who used an SCS in Lethbridge, Alberta at least once between June 1, 2024 and September 30, 2025. Weekly outcomes were analyzed using interrupted time-series (ITS) for Red Deer only and a segmented regression difference-in-differences (DID) time-series model comparing Red Deer with Lethbridge.

The main finding was an increase in the weekly proportion of clients receiving at least one OAT dispensation following the announcement of the SCS's closure. This effect decreased gradually over time following the actual closure of the SCS. In the DID-ITS comparison, relative to Lethbridge, Red Deer showed no statistically significant change in the weekly proportion of clients dispensed OAT during the announcement-to-closure period. Immediately after closure, there was a small but statistically significant level difference in Red Deer but without evidence of a sustained difference in trends between sites over the post-closure period. There was also a statistically significant post-closure gradual increase (i.e., slope change) over time in OPS site users with inpatient hospital admissions within Red Deer in the ITS model, as well as relative to Lethbridge in the DID-ITS comparison during the follow-up period. In contrast, the analyses did not detect a statistically significant difference in ED visits and suspected opioid-related EMS events in either the Red Deer ITS models or the DID-ITS comparisons. All-cause mortality events were rare over the follow-up period with limited power to report a statistically significant change in this outcome.

Despite these rather mixed and limited findings, political leaders in the provinces of Alberta and Ontario cited this study as justification for the closure of SCS in their respective provinces (Hall, 2026; Lim, 2026). The Minister for Mental Health and Addictions in Alberta stated that:

> "The findings are clear. The closure of the Red Deer site did not lead to an increase in mortality, emergency department visits, or EMS (ambulance) calls for site users. Additionally, more people who had previously used the closed Red Deer site started opioid agonist treatment, which is proven to save lives and support recovery." (Hall, 2026)

Although the study was underpowered and thus unable to draw meaningful conclusions about all-cause mortality, let alone opioid-related overdoses, the public-facing web-posting by Alberta's CoRE used the headline "Landmark evidence shows closing Alberta Overdose Prevention Site led to no increase in overdose deaths…" (CoRE, 2026). In fact, the paper itself did not study overdose deaths specifically and concluded:

> "Acute healthcare events and mortality were relatively infrequent, limiting statistical power to detect modest or short-term changes… This analysis highlights that null findings should be interpreted as inconclusive rather than evidence of no effect, particularly for rare outcomes such as EMS events and mortality. " (Day et al., 2026)

Claims that the study showed no increase in mortality were repeated by the lead author on social media (Day, 2026), despite subsequent comments by the authors reaffirming that such attributions cannot be made based on the study's findings (Day et al., 2026).

The Methodological Issues

Several concerning methodological issues have been identified and widely shared by researchers from academic institutions across Canada. These are summarized here.

Insufficiently described and analytically unaccounted-for service changes with potential to introduce serious time-varying confounding

The request for retraction of the Day et al. study detailed a range of methodological flaws in the work. Among the most important was the failure to adequately contextualize the study's implications within the context of new services implemented to mitigate the impact of the Red Deer closure, which appear to directly confound the study's main findings. These services, which were not introduced in the comparator site included:

1. **A 24/7 Dynamic Overdose Response Team (DORT)**; comprised of outreach nurses and other healthcare providers) was launched in Red Deer on April 1, 2025 (immediately following the SCS closure) with the specific goal of identifying and assisting individuals who experienced an overdose in the surrounding area of the closed OPS.
2. **A Mobile Rapid Access to Addiction Medicine (M-RAAM)** clinic, which was established and operated in the same parking lot as the Red Deer OPS site a few months before closure (December 2024), provided direct linkage and transportation to the nearby OAT clinic and other addiction supports.

The limitations arising from the failure to account for these services are substantial and varied. The study's main statistically significant finding - an increase in the number of Red Deer clients dispensed OAT in the ITS model between September 2024 and April 2025 - begins after the announcement of the closure rather than the closure itself, which is consistent with the timing of the implementation of the mobile RAAM clinic (December 2024) and would have directly impacted accessibility of OAT for site clients. However, this increase was not sustained. OAT dispensing rose in the short-term when both the RAAM clinic and SCS were active, but this growth stagnated after the SCS closure and began to decline over time. Taken together, the findings likely reflect transient impacts of a bridging service intended to facilitate treatment entry for Red Deer OPS clients and does not demonstrate lasting increases in treatment engagement. Without sustained engagement, short-lived initiation is unlikely to confer meaningful protection against overdose (Gomes et al., 2022). While the study authors have dismissed the issue, characterizing it as "a defining feature of real-world policy evaluation" and similar to evaluations of SCS elsewhere (Day et al., 2026), unlike in other settings, the presence of these services had high potential to confound the findings presented, but were not described within this context in the study. Specifically, the deployment of a Dynamic Overdose Response Team patrolling the community around the OPS outside conventional hospital or ambulance transfer pathways likely led to under-ascertainment of the true number of overdose events, since only those reported as ED/EMS-based outcomes were counted. This bias was specific to the Red Deer site as a DORT was not deployed in Lethbridge. These differences in service delivery threaten the requirement for conditional exchangeability, a key assumption of ITS and DID analyses, which holds that the policy being evaluated (announcement of SCS closure) is the only relevant change (Haber et al., 2021). Instead, there were multiple competing services in one site but not the other (Manca et al., 2026). The authors' claim that "…the present observational design does not permit attribution of the observed increase to any specific mechanism or policy change" (Day et al., 2026). However, even in an ITS analysis populated with aggregate-level data, inclusion of time-varying covariates (e.g., the number of OAT prescribers in a given setting) is possible and represents a means of addressing exogenous changes over time (Bernal et al., 2017). Further, contrary to the authors' response to Crockford et al. (2026), quasi-experimental methods, such as DID and ITS, executed at the individual- or aggregate-level, continue to evolve to address the threats to validity inherent in real-world policy evaluation; applications of these methods, however, vary greatly in their quality.

Cohort definition and exposure misclassification

The study's inclusion criteria and measurement of exposure are ambiguous. The authors describe the selection as follows:

> "The analytic cohorts included individuals with at least one consumption-related visit and a linked PHN. Red Deer clients were identified from 1 June 2024 to 31 March 2025, and Lethbridge clients from 1 June 2024 to 30 September 2025, reflecting the most recent available comparator data. Individuals remained in the analytic denominator across the entire follow-up to support weekly estimation within a fixed cohort." (Day et al., 2026)"

This raises several issues. First, there is no clear description of when individuals' first visit to the OPS occurred, or how that distribution may have differed in Red Deer and Lethbridge. Relatedly, there is ambiguity regarding the accrual periods and contribution of time actively engaging with the SCS services, including a justification for the longer accrual period in Lethbridge. Finally, there is no explicit indication that ALL consecutive SCS users in each site who provided a PHN were included in the study. The approach thus appears to introduce several potential sources of misclassification specific to exposure to the SCS, with the bias likely contributing to the null findings on most outcomes.

Use of aggregated data and confounding at the individual- and aggregate-levels

Although the study drew on linked administrative data, the analytic dataset was aggregated, which diminishes the key advantage of working with such data. Specifically, the opportunity to control for confounding at the individual level is eliminated. Lacking is a clear sense of how these cohorts compare, beyond number of individuals, age, and gender (where some differences exist). While this is a known limitation of ecological analysis, the authors lay out the importance and novelty of their study within the context of "…almost none [of the studies on SCS] have used linked individual-level data" (Day et al., 2026); however much of the value of these data is then removed through this aggregated, ecological approach. Critically – the primary mode and type of drug use, indication for treatment (including those eligible for OAT, one of the study outcomes), the extent of comorbidities, and measures of addiction severity (including measures of past drug-related acute care and experience in OAT) – all indicators of individuals' imminent risk of overdose - are absent.

Poor study power & mischaracterization of study findings

The study is critically underpowered for several of its most relevant outcomes. Its reported minimum detectable effects were: 11% for ED visits, 23% for hospitalizations, and nearly a doubling (96%) for EMS events. This means that increases smaller than these thresholds would likely appear as "no change" in the results, even if they occurred. The all-cause mortality analysis is uninformative, with only 11 total deaths in the 26 weeks before and after site closure, providing effectively no statistical power to assess changes in this outcome. As a result, reporting of "no significant change" or apparent stability in these outcomes should be interpreted as inconclusive rather than evidence of no effect within this design. As indicated above, this was acknowledged by the study authors in the published article. Despite this, the public facing web-posting by CoRE (an organization led by some of the study authors) and a social media posting by the lead author state that the study showed that the closure of the Red Deer SCS "…did not result in increased deaths, emergency department visits, or EMS (ambulance) calls for site users and after the site closed, more site users sought life-saving treatment" (CoRE, 2026). The discrepancy between the study findings and the public communication of these results by study authors raise concerns regarding accurate scientific communication during knowledge dissemination, particularly given the politically contentious nature of SCS, and the apparent failure to acknowledge the larger body of evidence demonstrating positive impacts of SCS on overdose and mortality outcomes (Kennedy et al., 2017; Keemink et al., 2025; Lalanne et al., 2024; Levengood et al., 2021; Taylor et al., 2022). Additionally, the issues with study power also raise the question of why only the Lethbridge SCS was chosen as a comparator, given that 6 SCS were operational during the study period in Alberta.

Model assumptions

Aside from some inconsistencies and incompleteness in reporting DID-ITS results, a key issue is that the validity of the DID methodology depends on the assumption of parallel trends. In practice, this means that the slope of the outcomes over time for Red Deer and Lethbridge were similar before closure, aside from random fluctuation. In the methods section, the authors mention that the "parallel trends were assessed during the pre-announcement interval using visual inspection and formal site-by-time interaction testing" (Day et al., 2026). However, visual inspection of the published results suggests that this assumption is violated for hospitalizations and EMS calls (where slopes differ considerably), and the specific details of the site-by-time interaction testing results are not provided. This is not discussed in the main paper and further reinforces that Lethbridge does not represent a valid comparator for Red Deer, due to pre-existing differences.

Undisclosed conflicts of interest

The request for retraction of the Day et al., study was also based on concerns regarding undisclosed conflicts of interest. *Addiction* requires authors to provide a declaration of interests, including "sources of funding, direct or indirect […] and any financial conflict of interest arising from involvement with organizations that seek to provide help with or promote recovery from addiction." (Addiction, 2026) The journal further advises that "authors should err on the side of inclusiveness" (Addiction, 2026). Day et al.'s declaration of interests and funding statement are reproduced below:

> *Several co-authors are affiliated with the Canadian Centre of Recovery Excellence (CoRE), which receives public funding from the Government of Alberta. The Government of Alberta did not have any role in the study design, data analysis, interpretation of results, manuscript preparation or the decision to submit this work for publication. The funder did not exercise editorial oversight, did not review manuscript drafts for approval and did not have any right of refusal regarding publication. All analyses, interpretations and conclusions are those of the authors alone…This research did not receive a specific project-based grant.* (Day et al., 2026)

In 2022 Alberta's government established a Ministry of Mental Health and Addiction (Government of Alberta, 2024), and under this Ministry, the Crown corporation known as the Canadian Centre of Recovery Excellence or "CoRE" was created (Government of Alberta, 2025b). CoRE is a part of the Ministry (Government of Alberta, 2025b), solely funded by government, and under the direct control of the Minister of Mental Health and Addiction. The Ministry coordinates with CoRE on "data governance, collection, management, analytics, and public reporting" (Government of Alberta, 2025b) and the Minister of Mental Health and Addiction appoints CoRE's Chief Scientific Officer and Chief Executive Officer (Government of Alberta, 2025a), who are the paper's first (Day) and second (Kaufman) authors, respectively. In total, 9 of the 11 authors on the Day et al. paper are affiliated with CoRE, with at least 3 having held salaried positions or contracts.

CoRE's lack of independence from government is particularly concerning given its mandate to provide scientific justification for policies under the purview of the Ministry of Mental Health and Addiction, including the implementation of the Government of Alberta's flagship, abstinence-oriented 'Alberta Recovery Model' (Government of Alberta, 2023). This conflict of interest matters because it increases the risk or at least the perception of decision-based evidence-making (Hughes, 2007), in which research data and analysis are curated to justify pre-determined policy decisions.

The roles of the study authors in overseeing and decision-making related to the closure of the red deer SCS and other interventions affecting the study results

Addiction requires authors to disclose both non-financial and financial competing interests in their declaration statements, including reporting employment in organizations within the past 36 months that may in any way stand to gain or lose from the kinds of research described in the study. Recovery Alberta is embedded within the Ministry of Mental Health and Addiction and is tasked with delivering mental health and addiction services in Alberta. This includes operation of the interventions under study–the Lethbridge SCS and the Red Deer SCS, as well as the two interventions established to mitigate the impact of the Red Deer SCS closure (M-RAAM and DORT). Recovery Alberta was also a respondent in court challenge under the *Canadian Charter of Rights and Freedoms* seeking the reopening of the Red Deer SCS (Jeffrey, 2026).

Two authors, Day (first author) and Tanguay (co-author) report a current affiliation with Recovery Alberta, but neither discloses occupying senior leadership positions. During the study period, Day was employed as Recovery Alberta's Provincial Medical Director for Addiction (CoRE, 2024). In this role, he was responsible for the oversight of opioid agonist treatment and harm reduction services, including the SCS evaluated in the present study, as well as the M-RAAM and DORT programs that were implemented during the closure of the Red Deer SCS. Indeed, it appears that Day did not disclose that he had oversight over the implementation of these policy changes, despite their direct relevance to the study's reported findings; the study's failure to account for or even acknowledge these interventions is curious given the authorship group's oversight of them. Co-author Tanguay assumed this leadership position following Day's departure (ISAM, 2026).

Multiple authors formally advised the government of Alberta on supervised consumption and opioid agonist treatment services

Addiction also requires authors to declare if they have "served as an unpaid expert witness for governmental committees in the 36 months prior to publication". These non-disclosures appear to be inconsistent with *Addiction's* disclosure requirements, as lead author Day appears to have neglected to disclose that he served as Vice Chair of the Recovery Expert Advisory Panel for Alberta's Ministry of Mental Health and Addiction until 2024 (Government of Alberta, 2023). This panel "provide[ed] ongoing advice on best practices, research and innovation, policy and standards development, as well as informing evaluation and outcomes reporting" (Government of Alberta, 2023). Tanguay (co-author) also served on this committee. Kaufman (co-author) is currently appointed to the Alberta Minister of Health's Integration Council, which advises on the ongoing overhaul of Alberta's publicly funded healthcare system (inclusive of mental health and addiction services).

Undisclosed paid expert testimony on SCS

In addition to government advising, *Addiction* explicitly requires authors to declare whether in the "past 36 months [they] have been paid to serve as an expert witness on the subject of [their] study, review, editorial, or letter" (Addiction, 2026). However, Day appears to have not disclosed acting as a paid expert witness in a 2025 court case filed against the Government of Ontario regarding its decision to close SCS in Ontario (Ontario Superior Court, 2025). His testimony appeared to be related to the present study, as he outlined how through his employment at Recovery Alberta, he was aware of internal analysis of administrative data illustrating that SCS are not effective interventions for improving health outcomes.

Discussion

Our review of the Day et al. paper reveals numerous methodological shortcomings, which appear to raise legitimate questions regarding the validity of the study's causal and policy interpretation. These include issues pertaining to undisclosed service changes confounding the study findings, exposure misclassification, model assumptions, and problems related to comparator validity. A number of undisclosed conflicts of interest also appear difficult to reconcile with the journal's disclosure expectations, and which may have, or at minimum could be perceived as having influenced the study design through a failure to account for the impact of interventions overseen by the study's authorship group. Despite these concerns, the regional editor for the Americas for *Addiction* replied to the request for retraction by saying: "*The methodological and interpretive concerns raised do not establish that the study's findings are unreliable and do not meet the criteria for retraction*" (Andrews, 2026). Further, while several researchers submitted letters to the editor critiquing the Day et al. study, the *Addiction* editors took the position of accepting only one critical letter. In response to those who submitted, the editors wrote that the issues raised in the unaccepted submissions had been covered by the one letter that was published. However, a review of that letter and the methodological concerns articulated herein, suggests that this is not accurate (Crockford et al., 2026).

Despite Day et al. indicating that their analysis was exploratory and that many of the study's key findings (e.g., mortality) remain inconclusive, the Government of Alberta has since cited the study's results to support SCS closures. On March 20th, 2026, ten days after Day et al.'s study was published, the closure of two additional SCS, one in Lethbridge and one in Calgary, was announced (Government of Alberta, 2026). Given the noted conflict of interest issues, the involvement of the lead researchers in CoRE, and the announcement regarding SCS closures made within days of the study's release, questions regarding whether pre-determined policy goals were in play remain.

The request for retraction was also based on a range of undisclosed conflict of interest concerns. Among them, was the concern that the lead author likely had operational knowledge of, or leadership responsibilities related to, services with high potential to affect the study results. These interventions were not described with sufficient timing, site-specific detail, or analytic consideration. Other concerns pertain to undisclosed non-financial and financial conflicts, as well as expert advisory and witness roles, since several authors of the Day et al. paper held such roles yet failed to fully disclose them. In response to these concerns, the regional editor for *Addiction* replied: *"We do, however, take concerns regarding transparency and disclosure seriously. We have therefore contacted the authors to inform them of the issues raised and to invite them to provide any additional disclosures or clarifications for the record, should these be warranted."*(Andrews, 2026b). At the time of this writing, it has been over four months since this reply was sent, and no further correspondence regarding this matter has been received. Notably, when the authors responded to the one critical letter submitted to the journal, their affiliations and declaration of interest remained unchanged (Day et al., 2026a).

As mentioned above, the Day et al. paper has had significant impacts. The premiers of two Canadian provinces have cited the paper as justification for closing several SCS in their provinces; in the case of Ontario (Canada's largest province), it was cited to justify ending provincial funding for all remaining government-funded SCS in the province just 3 days after the study's publication, leading to their closure in June 2026 (Hall, 2026; Lim, 2026). This raises serious public health concerns given the ongoing epidemic of fatal toxic drug poisonings in Canada, as well as the evidence indicating that SCS prevent these accidental deaths (Kennedy et al., 2017; Levengood et al., 2021). It is also concerning that firefighters in Red Deer have reported a notable increase in overdose-related EMS call volume (i.e., comparatively higher than during the same period in the previous year) after the Red Deer SCS was closed (Black, 2026), which is in direct contrast to the trends described in the Day et al. study.

SCS have remained controversial interventions since they first opened in the 1980s and 1990s in Europe (de Jong & Wever, 1999), despite 40 years of a large and growing body of international literature indicating that they typically meet their objectives without creating unintended consequences. The Day et al. study stands in contrast to this literature, which alone does not justify its retraction. However, there appears to be a long list of methodological concerns alongside unresolved issues related to conflicts of interest. This in turn raises the question of how such a study could remain published in a top-tier substance use journal known for its methodological rigour and historical commitment to high ethical standards. This appears to be a failure to correct the scientific record, thus reinforcing existing calls to develop more effective processes to deal with issues related to scientific quality and error, and promote more serious consideration of requests for retraction and correction among those responsible for overseeing the publication of research (Retraction Watch, 2015).

CRediT authorship contribution statement

Thomas Kerr: Writing – review & editing, Writing – original draft, Investigation, Conceptualization. **Katarina Bogosavljević:** Writing – review & editing, Writing – original draft, Investigation, Conceptualization. **Elaine Hyshka:** Writing – review & editing, Writing – original draft, Investigation, Conceptualization. **Mohammad Karamouzian:** Writing – review & editing, Methodology. **Bisola Hamzat:** Writing – review & editing, Methodology, Investigation. **Gillian A. Kolla:** Writing – review & editing. **Shaleesa Ledlie:** Writing – review & editing, Methodology, Investigation. **Bohdan Nosyk:** Writing – review & editing, Methodology. **Dan Werb:** Writing – review & editing, Investigation, Conceptualization. **Ahmed Bayoumi:** Writing – review & editing, Methodology, Investigation. **Tara Gomes:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Conceptualization.

Declaration of competing interest

Thomas Kerr holds funding from the US National Institutes of Health (R01 DA044181–06A1) to examine the impact of the evolving illicit drug supply on a range of outcomes, including some outcomes associated with supervised consumption site use. He has also provided expert witness testimony in Ontario Superior Court and BC Supreme Court cases focused on Charter rights challenges to Canada's Controlled Drugs and Substances Act. Dr. Kerr also was paid as a consultant to write a policy brief on the state of the international evidence specific to supervised consumption sites for Harm Reduction International. He is also a paid consultant and on the SAFER Evaluation of supervised consumption sites in New York city and Rhode Island, and is a co-investigator of a study evaluating a supervised injection site in Melbourne. Dr. Kerr also co-led the scientific evaluation of Insite, North America's first supervised injection site implemented in Vancouver. He also provided testimony in the BC Supreme Court charter challenge focused on the continued operation of Insite.

Gillian Kolla has received peer-reviewed grant funding from the Canadian Institutes of Health Research (CIHR) (Grant#203801) to evaluate the impacts of supervised consumption site closures (currently in progress), and also holds funding to conduct research on supervised consumption sites from the Medical Research Foundation at Memorial University and the Social Science and Humanities Research Council (SSHRC). She has also provided unpaid, expert advice to municipal public health units on supervised consumption site closures. Given her role as associate editor at the *International Journal of Drug Policy*, Gillian Kolla had no involvement in the peer-review of this article and has no access to information regarding its peer-review. Full responsibility for the editorial process for this article was delegated to another journal editor.

Dan Werb is supported by the St. Michael's Hospital Foundation via

the St. Michael's Hospital/University of Toronto Chair of Mental Health and Substance Use Disorders. He is a co-founder of DoseCheck, a commercial entity developing a mobile drug checking technology. In 2025 and 2026, he acted as an expert witness in legal challenges related to the closures of supervised consumption services in Ontario and Alberta, and related to drug checking, drug regulation, and involuntary treatment in British Columbia.

Katarina Bogosavljević is a Killam Postdoctoral Fellow in the School of Public Health at the University of Alberta. In the past 36 months, Dr. Bogosavljević has received funding from the Killam Trusts and the Social Sciences and Humanities Research Institute to study drug policy in Alberta. She reports no actual or potential conflicts of interest.

In the last 36 months, Elaine Hyshka reports peer-reviewed research grants from the Canadian Institutes of Health Research (CIHR) and Social Sciences and Humanities Research Council (SSHRC) to study supervised consumption services and related policy, research infrastructure funding from the Canada Foundation for Innovation and Government of Alberta, and support from the Canada Research Chairs Program in the form of a Tier II Canada Research Chair in Health Systems Innovation. She has advised Health Canada and CIHR on topics unrelated to this work, and provided unpaid expert testimony in supervised consumption services-related litigation.

Ahmed Bayoumi is supported by the Baxter and Alma Ricard Chair in Inner City Health, a joint Hospital-University Professorship between the University of Toronto, St. Michael's Hospital, and the St. Michael's Hospital Foundation. He has received peer-reviewed grant funding from the Canadian Institutes of Health Research and non peer-reviewed funding from the St. Michael's Hospital Foundation to study the effects of closing supervised consumption sites in Ontario. He has served as an unpaid expert witness in legal challenges to legislation addressing supervised consumption sites and drug policy In Ontario.

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