

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

(Court Seal)

THE NEIGHBOURHOOD GROUP COMMUNITY SERVICES, JEAN-PIERRE AUBRY
FORGUES and KATHARINE RESENDES

Applicants

and

HIS MAJESTY THE KING IN RIGHT OF ONTARIO

Respondent

APPLICATION UNDER Rule 14.05 of the *Rules of Civil Procedure*

AFFIDAVIT OF PRESTON PARSONS

I, Preston Parsons, of the City of Waterloo, in the Province of Ontario, MAKE OATH
AND SAY:

1. I am the Rector of the Parish of the Church of St. John the Evangelist (“St. John’s Church”) located at 23 Water Street North, Kitchener. Our church is located across the street from the Consumption and Treatment Site (“CTS”) that is operated by Sanguen Health Centre and located at 150 Duke Street West, Kitchener.

2. As such I have knowledge of the matters contained in this affidavit. Where I do not have direct knowledge of a matter, I have stated the source of my information and belief and verily believe that information to be true.

A. The Neighborhood before the CTS Opened

3. I have been a member of St. John's Church since 2017 and have been the Rector for the past 6 1/2 years. St. John's Church has been at its current location for more than 150 years. I am the main minister leading worship and pastoral care for the members of the church and for the community. St. John's Church has a primary clergy leadership team and approximately 180 active members.

4. Prior to the opening of the CTS, it was common to come to the church and see people in various states of nodding off in our garden and in our green space around the church. This was a regular occurrence. I would also regularly find needles, used naloxone vials and other drug paraphernalia outside on the church grounds.

B. The CTS began to operate in 2019

5. I was involved in the consultation process to select the location for the CTS. I delegated to the City of Kitchener Council, as well of the Region of Waterloo Council in support of the location where the CTS ended up opening, 150 Duke Street. St. John's Church wanted the CTS to be as close to our location as possible so there could be support for our neighbours that we were not able to provide.

6. Before the CTS opened, St. John's Church hosted a neighbourhood consultation facilitated by the Region of Waterloo for nearby business owners, neighbours and other community

organizations. This was a healthy opportunity to grow in relationship with people around us, and very good and strong relationships were developed through this consultation. We continue to be part of the CTS's Community Advisory Group and all I have witnessed through this group is neighbours feeling heard, and growth and compassion. What opposition I had seen quickly became compassionate support.

7. Once the CTS opened we stopped seeing needle litter. We noticed that people were no longer injecting drugs on our grounds and our worry around finding people overdosed on our grounds dissipated. St. John's Church is a very welcoming space and we still have people that inhale substances on our grounds, as this is not something that can be accommodated at the CTS. There are also a number of services offered to unsheltered members of our community through our space, including our feeding program that provides food to 100s of people five days a week through a daily drop-in program.

8. I am familiar with a Report completed by the Region of Waterloo at the request of Regional Council which involved a comprehensive review of the CTS after two years of its opening. This report was shared and discussed with the CTS's Community Advisory Group. In this report, crime statistics provided by the Waterloo Region Police Services demonstrated that the presence of the CTS had not been connected to an increase in crime in the area. Anecdotally this data aligns with my observations of the CTS and the experience of my church community. Attached hereto and marked as **Exhibit "A"** to my affidavit is the Region of Waterloo Executive Summary: Consumption and Treatment Services in Kitchener Evaluation dated April 2023.

9. During the time that CTS has been operational, our Sunday School has grown, and I am not aware of any parents expressing concern about the CTS. In fact, and as you will read in the

attached letters, parents and grandparents have felt safer with CTS present, rather than feeling unsafe.

C. Conclusion


10. Many members of my congregation have expressed to me their significant concerns with the proposed closure of the CTS. We love our neighbours, including those that have substance use disorders and we want them to have the opportunity to get well and get healthy. We believe the CTS provides a vital service that is not provided elsewhere and will not be replaced by the Hart hub.

11. We also have very real and significant concerns about coming to our Church and finding someone dead due to a drug poisoning or an overdose. I have received 9 letters from our congregation, and letters from 2 community organizations housed in our building at 23 Water Street N, the Community Kitchen Co-Op and the Social Development Centre, expressing support of the CTS and attached hereto and marked as **Exhibit "B"** to my affidavit are those letters.

12. I affirm this affidavit in support of the Applicant's application and for no further purpose.

AFFIRMED REMOTELY by video conference from the City of Kitchener, in the Province of Ontario (Location of the Deponent), before me at the City of Kitchener, in the Province of Ontario (Location of the Commissioner), on February 6, 2025, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

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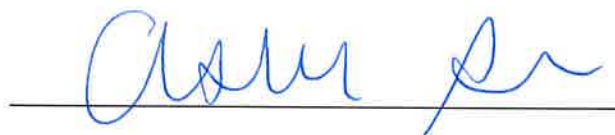
Commissioner for Taking Affidavits
(or as may be)



**THE REVEREND CANON PRESTON
PARSONS, PHD**

ASHLEY SCHUITEMA,
a Commissioner, etc.,
Province of Ontario,
while a Barrister and Solicitor.
LSO #68257G

THIS IS **EXHIBIT "A"** REFERRED TO
IN THE AFFIDAVIT OF PRESTON PARSONS
AFFIRMED THIS 6TH DAY OF FEBRUARY, 2025



ASHLEY SCHUITEMA,
a Commissioner, etc.,
Province of Ontario,
while a Barrister and Solicitor.
LSO #68257G

Executive Summary

Consumption and Treatment Services in Kitchener Evaluation

April 2023



Region of Waterloo
PUBLIC HEALTH AND
PARAMEDIC SERVICES

A full version of this report is available upon request.

For more information contact:

Prevention and Harm Reduction Program

Healthy Living and Foundational Standards Division

Region of Waterloo Public Health and Paramedic Services

150 Main Street, 2nd Floor

Cambridge, ON N1R 6P9

Email: harmreduction@regionofwaterloo.ca

Executive Summary

Consumption and Treatment Services (CTS), previously called supervised consumption services in Ontario, are medically supervised sites that hold an exemption from the Controlled Drugs and Substances Act (CDSA) to operate where individuals can consume pre-obtained illicit drugs intravenously, intra-nasally and through oral consumption. These sites create a supportive environment for people who want to consume drugs and are available worldwide, including Canada.

The CTS located at 150 Duke Street West in Kitchener, opened on October 15, 2019. The site is open 9 a.m. to 9 p.m. seven days a week, including holidays. Sanguen Health Centre operates the site in partnership with Region of Waterloo Public Health and Paramedic Services.

The CTS provides services such as supervised consumption / overdose prevention, harm reduction supply distribution, naloxone kit distribution, wound care, sharps disposal, as well as access to mental health supports, addiction services, primary care and social services on site or by referral.

In April 2018, the City of Kitchener recommended completing a comprehensive review of the CTS within two years of its opening. As per the request of Regional Council, Region of Waterloo Public Health and Paramedic Services began a comprehensive evaluation of the CTS in late 2022.

Evaluation purpose and methodology

The purpose of this study is to assess the effectiveness of the CTS in Kitchener and to make recommendations for program refinements and improvements. The study aimed to answer the following research questions:

1. How has the CTS affected client health and wellbeing?
2. How has the CTS affected safety and security in the neighbourhood?
3. How has the CTS affected businesses in the neighbourhood?
4. To what extent is the CTS facilitating referrals and connections with other services?
5. How does the CTS affect the use of emergency services?
6. What would improve access to the CTS?
7. What needs to be improved/refined?

This evaluation incorporated five data collection methods:

- In-person interviews with people who use drugs (including those who use the CTS and those who currently do not use the CTS)
- Interviews and online surveys with CTS staff
- Key informant interviews with business, safety/security, and emergency response stakeholders
- Secondary data reviews of CTS program data, Waterloo Region Police Service (WRPS) data, Waterloo Region Paramedic Services data, and data from the Overdose / Drug Poisoning Dashboard – Region of Waterloo

- A community perspective survey administered to all residents and business owners in the area surrounding the CTS

Data was analyzed through qualitative and quantitative analysis, responses were categorized based on themes, and results are presented below. The Region of Waterloo Public Health and Paramedic Services Research Ethics Board and/or the University of Waterloo Research Ethics Board reviewed all data tools and collection processes.

Key Findings

- 1,929 unique clients accessed the site between October 2019 and October 2022
- 3.6 per cent of all consumptions resulted in a drug overdose/poisoning and zero deaths occurred between October 2019 and October 2022
- 3,887 referrals were made to community services
- The preferred ways to use drugs by CTS participants were smoking (54%), injecting (46%), and snorting (2%)
- The top three reasons for not using the CTS included no place to smoke / the participant does not inject drugs (52.8%), utilizing other services / using elsewhere (25%), and transportation barriers / location / not convenient (22.2%)
- Since coming to the CTS, 83 per cent of respondents reported re-using supplies less often, 74 per cent reported using alone less often, 61 per cent reported overdosing less often, and 69 per cent reported using drugs in public spaces less often
- Drug overdose/poisonings at the CTS require fewer emergency services since most clients do not need an ambulance or go to the hospital. The CTS decreases the number of drug overdoses/poisonings where first responders are needed, as CTS staff are able to provide an effective response
- CTS staff described the relationships and trust-building process with clients as a key component to the success of the CTS
- Staff reported seeing behaviour changes in the people using the service (e.g., proper vein care, using new supplies) and seeing them share their knowledge with others
- Service gaps preventing people from accessing the CTS included limited hours, capacity, location, additional supports (such as housing, food, etc.) and inhalation services
- There was no clear change in the trends related to the CTS opening in 2019 for the proportion of all of the calls to Waterloo Region Police Service within 400 metres of the CTS from 2011 to 2021

Conclusions

The evaluation consistently highlighted the positive impacts the CTS had on client health and wellbeing. The CTS is a supportive, safe, and valuable resource for clients who experience fewer adverse effects due to the less-invasive process used by staff for managing drug overdoses/poisonings (i.e., providing oxygen, stimulation or breath coaching before naloxone is administered). Additionally, clients report feeling safer and more cared for at the site when compared to their experience with drug overdoses/poisonings elsewhere, and clients report experiencing drug overdoses/poisonings less often since coming to the site.

The crime statistics provided by WRPS demonstrate that the presence of the CTS has not been connected to an increase in crime in the area, despite public perception surrounding this issue. While almost half of the respondents in the community perspective survey felt criminal activity has increased since the opening of the CTS, the data from WRPS illustrates that no increase was seen or connected to the CTS.

The CTS facilitated 3,887 referrals for clients to community services between October 2019 and October 2022. The ability for the CTS to provide referrals and connections to community services not only enhances client wellbeing but also facilitates a system whereby providers can work together to support the community more effectively.

The CTS did not significantly affect the use of emergency services during its first three years of operation. The limited use of emergency services can be attributed to the client care provided by CTS staff. Staff reduce the need for emergency services by preventing overdoses / drug poisonings from occurring.

Suggestions for improvement

Inhalation services

The inability to smoke/inhale drugs at the CTS is a barrier and creates a missed opportunity to provide support to 72.2 per cent of clients surveyed who reported this was their main reason for not using the site.

With increased funding to support the required structural changes needed to accommodate safe inhalation, the CTS could explore this option in the future, pending federal and provincial support and resources.

Accommodations for specific populations

The CTS staff identified certain populations including Black, Indigenous and racialized groups, 2SLGBTQ+, youth, women and people who do not identify as cis males, do not regularly access the CTS. Finding ways to provide accommodations for these groups, such as creating certain dates or times where groups could exclusively access the site (as suggested by some staff) or involving these groups in decision-making processes, may help to encourage members of these groups to feel more comfortable accessing the space.

Site logistics and operations

The location, hours, and current building facility were noted as barriers to access from CTS staff, key informants, and those who use drugs. Multiple locations are needed across the region to reduce transportation barriers and wait times. All respondents felt services at the site should be offered 24/7.

Community Referrals

Facilitating referrals for the populations accessing the site can be problematic. Continuing to offer space at the CTS for community programming and services and encouraging service providers to provide their programming and services can help clients have immediate access to needed supports in a space where they feel comfortable. Education for service providers should also be explored to help them better understand the unique needs and barriers of this population to inform their services and approaches accordingly.

Site education and awareness

Stigma and misinformation regarding the CTS and substance use continues to exist throughout the community. The many benefits of harm reduction and the CTS are not widely known by the public, contributing to the barriers many face accessing the CTS for service. Education and awareness on substance use and the benefits that exist because of the availability of CTS along the spectrum of supports can help build support and create safer environments for people using drugs.

Funding

Ministry of Health funding has remained the same since the site opened and has not accounted for the evolving needs of the site. Funding restrictions contribute to many of the barriers noted by both clients and staff including limited hours, space, staffing, and the ability to provide support services (e.g., laundry and showers).

Advocacy efforts continue to be implemented through letters of support and requests to provincial and federal governments for increased funding of the CTS. It is anticipated that the costs charged to service providers in order to operate at the site will provide minimal relief to the limits in funding.

THIS IS **EXHIBIT "B"** REFERRED TO
IN THE AFFIDAVIT OF PRESTON PARSONS
AFFIRMED THIS 6TH DAY OF FEBRUARY, 2025



ASHLEY SCHUITEMA,
a Commissioner, etc.,
Province of Ontario,
while a Barrister and Solicitor.
LSO #68257G



The Community Kitchen Co-operative Kitchener-Waterloo Inc.
23 Water St. N.
Kitchener, On
N2H 5A4

To: The Revd Canon Preston DS Parsons, PhD
Rector, St. John the Evangelist, Kitchener

The Community Kitchen Co-operative Kitchener-Waterloo Inc. has resided at 23 Water St. N Kitchener (The Church of St. John The Evangelist) since its inception in July 2016 and fully supports the continuation of a safe injection site.

We are located across the street from the Community Safe Injection Site. One of our main functions at the Co-op is a Food Hub as well as a group of people who enjoy cooking and teaching people to prepare healthy food. The Co-op is a member of the Civic Hub housed at the Church of St. John the Evangelist. We organize community dinners, cooking classes and provide cold storage for vital groups in our community: A Better Tent City, Food Not Bombs, Women of Distinction International, The Kitchener Market Food re-distribution, and University food support.

On a weekly basis our partners provide food for as many as 140 individuals/families. Yearly for classes and community dinners, we would serve 300 people.

We have not received complaints from individuals regarding the CTS.

Since the CTS has located across the street, it has become a normal part of our downtown presence. We feel safe with the services that they have provided.
We support this site with safe injection.

Alan Coughlin

President
The Community Kitchen Co-operative Kitchener-Waterloo Inc.
23 Water St. N.
Kitchener, Ontario
N2H 5A4



Social Development Centre
— WATERLOO REGION —

Kitchener, February 4, 2025

To Whom It May Concern:

Social Development Centre Waterloo Region strongly supports the continued operation of the Consumption and Treatment Services (CTS) site located at 150 Duke St. in Kitchener. The CTS site functions as a critical model of support for the some of the most underserved and marginalized populations in our community, including those living with profound trauma while facing significant barriers to accessing existing treatment services or the proposed HART Hub model.

Since 2017, our organization has been located in St John the Evangelist Anglican Church, with our entrance on Duke street facing the Kitchener CTS site. Our programs, community development work, eviction prevention services, and homelessness-related policy and community responses reach over 1,500 residents annually, and 100-150 residents on a monthly basis. Many of them are either community organizers who have lived experience of poverty, homelessness, and addictions, or residents who are currently at risk of homelessness or experiencing challenges related to chronic health and trauma while going through disabling life events.

Our staff's reliance and collaboration with Sanguen Health Centre and their partners at the CTS site has ensured that everyone who comes to our space can continue their daily activities in the capacity required, and remain reassured that fellow residents struggling with addiction are receiving the services they need and are safe from harm. The successful functioning of the CTS site has made this possible by providing a caring, reliable, and low-barrier space for the most vulnerable among those living with addictions.

"We want to take drugs out of the hands of dealers and treat the drug problem as a health issue." – An SDC associate with lived experience.

Staff at our organization are exposed to high levels of stress and second-hand trauma due to the nature of the work we do. Having the CTS site in the downtown core, accessible to the growing numbers of residents who access essential services, prevents further undue exposure to traumatizing experiences or urgency to respond to acute health crises. We acknowledge the [100% success rate](#) of overdose reversals, as reported by the Region of Waterloo Consumption and Treatment Services report (2025), in responding to the community's drug poisonings. There is no replacement for the role played by the Kitchener CTS site, their dedicated staff, and the compassionate, evidence-based safe consumption framework they offer. Our staff remains deeply concerned about the plans to close the CTS site, and how this will negatively impact their work, while remaining hopeful that the decision will be reversed.



Social Development Centre
— WATERLOO REGION —

On behalf of
the Board, staff and associates at the Social Development Centre Waterloo Region

Aleksandra Petrovic
Executive Director
Social Development Centre Waterloo Region

A. Petrovic

Letter of Support for Consumption & Treatment Services (Kitchener)

February 5, 2025

Dear Preston,

I'm writing in support of the continued operation of the Consumption & Treatment Services (CTS) facility at 150 Duke St West, Kitchener. In my role as People's Warden at St John the Evangelist, the Anglican church across Duke St from CTS, I have had much time to reflect on its presence in our neighbourhood.

As you know, CTS has been part of our community since 2019. This was after a period of community consultation, during which our church community advocated for its establishment. We have supported the CTS from its inception. We recognized early on the life-saving potential of such a service, and our support for it was grounded in both our faith and our commitment to human dignity.

The parable of the Good Samaritan from the Gospel of Luke tells of a man beaten, robbed, and left on the side of the road. He is ignored by others who pass by, but it is a Samaritan - a figure often despised by his community - who stops, offers aid, and ensures the man's safety. For us, this story is not just a parable; it is a guiding principle. We are called, as a community, to not walk past those in need, but to stop, offer help, and ensure the safety of those who are suffering. CTS and its principles of harm reduction reflect what we learn from the story. Harm reduction is not a solution that we can turn our backs on in discomfort; It is an opportunity for us, as a community, to extend compassion and care to those often left on the margins.

In the Gospel of Matthew, Jesus says, *"And the king will answer them, 'Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me.'" To us, the people who rely on CTS are members of our family, often shunned, stigmatized, and treated as though they are beyond help. But as Christians, we are called to reject that narrative. Every person deserves safety and compassion. Supporting harm reduction services like CTS is one way we live out this calling, offering care to those who need it most.*

But it is not only our faith that compels us; our human values also play a significant role. It is a matter of dignity and human rights. People who use drugs deserve to do so where their lives are valued, and their safety is prioritized. The evidence is clear that CTS saves lives. In our community, it reduces harm, prevents overdose deaths, and offers a path to other health and social services that can eventually lead to recovery.

Since the establishment of CTS, we at St. John's have witnessed its benefits firsthand. Before the site opened, our property was frequently used by individuals in active drug

use. We saw the remnants of this: discarded needles, drug paraphernalia, and the occasional tragic sight of someone experiencing an overdose. It was clear that these individuals needed a safe space, somewhere that offered not only clean supplies but also connection to medical care and treatment options. The CTS brought that, and with it, we saw an immediate reduction in drug use on our property. But more than that, we saw how the site provided dignity to those who once had no choice but to use in public spaces.

As a church and a community, we welcome the creation of HART hubs in our region. These hubs represent a positive step towards treating the intertwined issues of homelessness and addiction. However, while we celebrate their establishment, we also mourn the loss of complementary harm reduction services. Without these essential services, we risk leaving many vulnerable individuals without the support they need to survive. The two approaches of treatment and harm reduction work best in tandem. One cannot replace the other. The loss of CTS would leave a dangerous gap in our community's safety net, especially for those not yet ready or able to seek treatment.

We must show compassion towards the clients of the CTS. These individuals are members of our community. They are our neighbors... our brothers and sisters... our parents... our children... and they deserve to be treated with dignity. Providing them with a safe space to use drugs gives them the chance, to someday pursue treatment. Most importantly, it protects them from the stigma and danger of using in public spaces, where they are often criminalized and dehumanized.

I strongly urge support for Consumption and Treatment Services, as it is a matter of life and death for many in our community. It aligns not only with the principles of preventive healthcare but also with our moral and ethical duty to care for the most vulnerable among us. Let us not be like the passersby in the parable of the Good Samaritan, who walked past someone in need. Let us instead be like the Samaritan, who stopped, helped, and ensured that the person was cared for and safe.

Thank you for your time and attention.

Simon Guthrie MSc MPACS
People's Warden
St John the Evangelist Anglican Church
23 Water St N, Kitchener, Ontario

Letter of Support for Consumption and Treatment Services (CTS), Kitchener site

In the 14 years of attending St John the Evangelist Church, I have watched the neighbourhood of downtown Kitchener rapidly change with redevelopment for high-rise housing, re-vitalized retail and commercial spaces, and the gathering of more and more neighbours with greater and greater needs. This parallels the general trend in society: the rich getting richer and the poor getting poorer.

Part of the mission of our downtown congregation is to reach out with love and compassion to meet needs in our immediate neighbourhood. We have worked hand-in-glove with the CTS to meet needs that we would be unable to cope with on our own. We have been delighted to cooperate with their mission, and have seen visible results of saving lives, alleviating pain, and channeling towards treatment services.

As Chair of Property at St John's Church, I can vouch for the fact that drug paraphernalia littering our grounds has dramatically declined. This creates a safer environment for the children attending, and those who meditate in our Memorial Garden and Cemetery. It is concerning that with the CTS shutdown we will return to these former hazardous conditions. Consultation with the surrounding neighbourhood in the discussion about abolishing this CTS site would have brought out these very positive changes.

Please reconsider the discontinuance of the CTS sites. Their establishment was through a process of thorough study and research by professional public health authorities. I support the advice of research into the value of CTS because I have seen the difference it makes on the ground.

David B. Sapelak
866 Guelph Street
Kitchener ON N2H 5Z5
519-577-5713
dbsapelak@gmail.com

February 3, 2025

To whom it may concern,

I am writing as a member of St John the Evangelist Anglican Church located at the corner of Duke and Water Streets in Kitchener. I serve as a member and secretary of Parish Council; I also serve as the coordinator of Outreach for the congregation. I joined St John's in the summer of 2022.

My involvement at St John's has provided an appreciation of what it means to be an urban downtown faith community responding to the needs of vulnerable people in our immediate neighbourhood. I am grateful for the active participation of our congregational members, as well as civic partners such as the Working Centre, the Social Development Centre (and its 50+ partners), and -- until March 31, 2025 -- the Consumption and Treatment Services (CTS) site across the street from the church.

Complex issues such as poverty, food insecurity, mental health/addiction and homelessness require a coordinated response among civil society, government and the private sector. There is an abundance of evidence-based findings from across these intersecting complexities that points to promising practices. Of course, the views of those with lived experiences are integral to identifying the most promising practices addressing poverty, food insecurity, mental health/addiction and homelessness.

Here are several authoritative sources presenting evidence supporting the ongoing provision of consumption and treatment services, a model of care based on harm reduction –

- “Supervised consumption services [save lives and benefit communities](#). Supervised consumption sites provide a safe, clean space for people to bring their own drugs to use, in the presence of trained staff. This prevents accidental overdoses and reduces the spread of infectious diseases, such as HIV.” (Health Canada)
- “...the [closure of supervised consumption sites](#), coupled with the news that HART Hubs will not offer safer supply or needle exchange programs, is dangerous. Evidence shows supervised consumption services both save lives and benefit communities.” The Wellesley Institute
- “The [low-barrier and non-judgmental services](#) offered by SCSs have been especially helpful for folks who are looking to reduce risk or improve health but do not feel safe or comfortable using other social or healthcare services, such as people who are racialized, sexually and gender diverse, and people who are First Nations, Métis or Inuit...” Canadian Centre on Substance Use and Addiction

I add my support to the message that my parish priest, the Rev'd Dr Preston Parsons, will give in support of a Charter challenge to the decision by the Government of Ontario to close all CTS sites by March 31, 2025.

Sincerely, Henriëtte Thompson

To whom it may concern,

I am writing with deep concern over the closing of the safe consumption site currently located on Duke St. Kitchener ON. As a trustee of a scattering garden (cemetery) on the property of The Church of St John the Evangelist across the street, I have personally witnessed the value of such a service. St John's Anglican Church is also the temporary home of St John's kitchen offering meals five days a week to the local community experiencing hunger and food insecurity. We see close to 400 people a day move in and out and around the property where many find a friendly face and a place where they feel welcome. These patrons include those who visit the CTS site and benefit from services provided by both the buildings in close proximity to each other.

As a garden trustee, I visit the garden on a regular basis from May-Oct to water, weed, tidy, clean up and change the garbage bins. During these visits the garden is often filled with visitors from both the CTS site and the kitchen seeking a quiet place to enjoy the beauty of the garden on a warm sunny day. I make an effort to be a smiling face and provide a friendly presence to listen and support them in their struggle to survive. The building of a positive relationship has increased their personal sense of being more responsible in how they behave in the garden. They often assist in my tasks and hold others to account in cleaning up after themselves when they leave. I hear often words of gratitude for a place where they are welcome in a time where they are not in so many other places. Giving them dignity and showing care and compassion is a very important component in their healing journey. We are grateful to the staff of the CTS site who visit the church grounds regularly to clean up any unwanted items left behind from drug use. The church property continues to face challenges in our attempts to serve the needs of so many, but we are making progress that many do not see or choose to see. All this progress is tied to the existence of the CTS site. I have never felt unsafe during my time in the garden or experienced an incident where my personal safety was at risk. I bring my grandchildren to church regularly without concern.

The closure of the CTS site leaves me gravely concerned for how the patrons will cope. With no where to go they will simply continue their activities out in the open anywhere and everywhere including our church property. I worry for overdose deaths and improper disposal of needles. My biggest concern is the loss of compassion in providing a safe welcoming space to begin their healing journey. A treatment centre without safe consumption is missing an important first step to a new beginning. The loss of the site is one more reason for them to feel hopeless and left behind. We can do better! What is good for one is good for all and it seems a shame to do away with an important piece to heal not only the individuals but the whole community.

Sincerely,

Laura Doric (Garden Trustee at the Church of St John the Evangelist Kitchener)

207-545 Belmont Ave. West
Kitchener, ON, N2M 5G7

Monday, February 3, 2025

RE: Charter Challenge to the CTS closures proposed by the Ford Government

To Whom This May Concern,

I'm writing because apparently it *doesn't* concern the Ford Government that harm reduction measures are needed to keep some fentanyl addicted people alive long enough to be ready for addiction and recovery programs (which already have considerable 'wait lists' across the Province).

I volunteer periodically at St. John's Kitchen (a Food Security and Outreach Program of The Working Centre), and I worship periodically at the namesake St. John the Evangelist Anglican Church. I am particularly heartened by the hospitality that the Church is extending to 'the Kitchen', and the ongoing advocacy of the Church for the neighbouring Consumption and Treatment Site (CTS) on Duke St.

In five years of operation, there has not been *one* overdose/drug poisoning death at the CTS, nor am I aware of even a *single* complaint from the neighbouring St. Louis Adult Education program, nor the Child Care Centre at Kitchener City Hall, despite the unfounded claims of Progressive Conservation MPP for Kitchener-Conestoga Mike Harris Jr., who parrots that pre-text for the Government's decision.

Though I'm encouraged that the proposed new – and ironically named – Homelessness, Addiction, Recovery and Treatment (HART) Hub will be located nearby on Francis St., it will only offer *some* of the wrap-around services that the CTS currently provides, and *none* of the harm reduction services that are literally saving lives. The Ford Government needs to show some HEART, with insight and compassion.

Bravely, the Premier has acknowledged his late brother's own addiction issues, though sadly the Premier has also called for "people who use drugs in public to be arrested." (*various media reports*). I have already raised these concerns *directly* with the Premier's Office, and though he boasts about responding to *everyone*, I have not received so much as an acknowledgement.

Akin to so many others – including the Ford Government - in hoping that the Trump Government will see the error of its ways on tariffs, with its similarly ideological and baseless claims, surely the closure of CTS locations across the Province (including in Downtown Kitchener) will be reversed.

As Charles Dickens' young exemplar Tiny Tim Crachit said: "God bless us everyone." *Everyone*.

Peace,

Original signed by

John Lougheed
jslougheed@sympatico.ca
cell: 519-575-3689 (voice-mail, no text)

I am writing in protest of the scheduled closure by the Provincial Government of Ontario of the province's Consumption and Treatment Services (CTS) and Supervised Consumption Services (SCS). This closure is clearly in contravention of the right to life guaranteed in Section 7 of the Canadian Charter of Rights and Freedoms (1982). This closure also jeopardizes the charter principles of health equity and health as a human right. I am in full support of challenging the Government of Ontario on this act of willful negligence.

The citizens of Ontario who suffer from chronic addiction to drugs need the services offered by local CTS and SCS sites in order to remain alive and safe from accidental overdoses and drug poisoning. The soon-to-be-closed sites provide this life-saving and life-preserving intervention. Because of this intervention, death by overdose or drug poisoning is now preventable in Ontario. Removing this necessary safeguard from our communities will result in a death count directly attributable to the CTS and SCS closures.

I am one of a number of citizens in Waterloo Region who have been working since 2018 to advocate and provide support for those in our three cities and four townships who suffer from chronic addiction through outreach initiatives from our church and faith communities. Whereas most of these faith communities seek to address needs often associated with those who suffer from chronic drug dependency – food insecurity, poverty, homelessness, and mental illness – some of our parishes and congregations have direct interaction with those who are chronically addicted. In 2020, I took the intentional step of moving into one of these hands-on parishes, the Church of St. John the Evangelist (Anglican), Kitchener. The parish's leadership, having advocated publicly for a CTS site directly across the street from the church, inspired my move.

Both the church community and the wider community were successful in persuading a nervous Kitchener City Council to back the establishment of the Kitchener CTS. For the people living and working in downtown Kitchener, the CTS, community policing, and our parish's cooperation with The Working Centre and hospitality to the St. John's Kitchen Community have been life-giving. Our parish is growing because we are engaged. Hundreds still struggle with addiction, but they are not alone. And both individual and community healing is taking place before our eyes.

This drawing-closer approach is in concert with the work being done each day at the CTS on Duke Street in Kitchener. The withdrawal approach of the Government of Ontario is the opposite of life-giving, removing on-site medical support, essential counselling support, a drug-screening program that provides immeasurable safety for users, and staff peer support. (Almost all CTS staff are people who have suffered terribly from addictions and are now sober.)

I pray the success of challenging the Government of Ontario on its willful negligence.

(signed,)

The Rev. James F. Brown, M.Div.,
Assistant Priest,
Church of St. John the Evangelist (Anglican)
23 Water Street North, Kitchener, ON N2H 5A4

Chair, Steering Committee,
Christians Together Waterloo Region

Letter in Support for Kitchener CTS

February 2, 2025

Five years ago this month, I was involved in crafting a speech (see below) for a March meeting of the Kitchener City Council on the subject of the establishment of a local safe consumption site. At the time, my connection to the Kitchener downtown *per se* was not solid (I live in Waterloo.) except for the fact that a potential safe consumption site might be located there and serve the wider community.

Since those days, a Consumption and Treatment Services (CTS) site was established on Duke Street across from St. John's Anglican Church. As my March 2019 speech indicates, at the time I was a Lutheran pastor serving in the national office of our church. I have since retired and now serve as an honorary assistant at St. John's Anglican Church. One of my reasons for joining this congregation has to do with their positive engagement of the community in which they are located and positive regard for the CTS across the street. We are friends.

The journey of the last several years has not been without its complicated twists and turns but, in the main, the CTS site has been a force for good, has saved lives, and serves as a visible and accessible locus for a loving and caring social fabric. In my view, the erasure of the CTS site will weaken that fabric and cost lives. As my speech of five years ago will make clear, mine is a considered opinion born of a lifetime of real-world interaction with the community served by CTS.

In fact, on Sunday morning, after worship, I paid one of my regular visits to the reception area of CTS to deliver something to one of the staff members. The evidence of a life-giving and life-affirming reality was everywhere to be observed. There was great pain in the room and great hope. Nothing that has been put on offer to date comes close to addressing the real-worldly needs of the people who benefit from the CTS *as it is*. Moreover, there has been little to no local consultation on the question of the downside risk to the wider community as might be foreseen in the move to abolish this CTS site.

I would invite the government of our province to reconsider the destruction of the web of CTS's which was originally born of informed, intelligent and fact-based research and reasoning on the part of the medical authorities, then and now. Build on what has been rather than destroy the good that is out there.

I am grateful to any who have taken the time to read and contemplate this submission.

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Speech to Kitchener City Council

Ash Wednesday, March 6, 2019

Mr. Mayor, councillors, staff, friends.

My name is André Lavergne.

A couple of weeks ago, someone asked me what I was doing for Holy Week. I don't have the duties of other pastors. I work for the national church but I'm not on deck anywhere. So here we are and Holy Week begins with this meeting. Somehow it seems appropriate. The themes are very similar.

Last summer, the Eastern Synod of the Evangelical Lutheran Church in Canada met for its every 2-year convention with more than 200 delegates, many from the Region of Waterloo. I was a delegate. We convened under the theme "Liberated by God's Grace" (a very Lutheran sort of thing) "Liberated by God's grace ... to be neighbour." (We've not always done so well at that.)

And "Who is my neighbour?", the lawyer asks Jesus, and Jesus tells him the story of the good Samaritan who tended the wounds of someone of a community that his community didn't like very much.

One of the resolutions we passed at the assembly encouraged our membership to "support safe injection sites where identified and needed in our neighbourhoods." The need is clear and a site has been identified. We trust the process.

Our Synod offices are located not far from here. So this is our back yard, too, and my bishop is no stranger to picking up the paraphernalia in the parking lot after the activities of the night before. So, we're in and I'm here to support the current process and the recommendation of the Region's public health people. We trust their due-diligence and considered opinion.

Ad lib: So a word of gratitude to Mayor Berry and Councillor Sarah. It is not easy for politicians to change their minds in a time when views are polarized and polarizing.

They change their minds at their peril. So I'm grateful for your leadership.

Now, I could stop here and go back to my seat and you'd have one more tick in the box in favour of the Duke Street site and that would be it.

What brings me to this meeting, however, is not my collar. I'm here as a father whose wife died young in life and whose son—who was in his teens at the time—crawled into a well of darkness where he has lived for half his lifetime.

If it were not for the sort of compassion he received from front line safe injection folks, he would not be alive to speak to you with a voice of experience, and the voice of hope for the better days he has come to know for others who live and die at the margins of community life.

Please, let's trust our public health people. They are wise. That's why we hire them. And let's not fling one more hurdle into a process that has gone on long enough.

Please vote in favour of the recommended Duke Street option.

I'm grateful for your time. Thank you.

THE NEIGHBOURHOOD GROUP
COMMUNITY SERVICES et al.

Applicants

and HIS MAJESTY THE KING IN RIGHT
OF ONTARIO

Respondent

Court File No. CV-24-00732861-0000

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding commenced at TORONTO

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