

Court File No.

**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 JEAN-PIERRE AUBRY FORGUES

1. I am one of the applicants in this proceeding, and as such 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.
2. I was born on August 21, 1988 and raised in Aylmer, Quebec, which is now part of the National Capital Region in Ontario and Quebec that includes Ottawa and Gatineau.
3. My earliest memories are being mentally and physically abused by my stepdad. I remember spending most of my time hiding and trying to avoid my stepdad, especially when he was drunk.

4. Around eight years old, I started drinking alcohol. I would take alcohol from my parents. I started drinking because it helped escape the pain and isolation I felt. Alcohol numbed my feelings and blanked out my thoughts. It provided me relief from what I was experiencing at home.

5. As I grew older, my reliance on alcohol increased. By the time I was twelve years old, I was drunk about three to four times a week. At age 14, I was drinking every day to the point that I was drunk. Drinking, and drinking to the point where I could no longer remember anything, was a regular part of my childhood.

6. At 14 or 15 years old, I tried harder drugs for the first time. I started with ecstasy and cocaine, and then crack cocaine a few years later. These drugs replaced my reliance on alcohol. I came to consume them daily. Eventually, my life centered around using them, and I turned to crime to support my substance use. I ended up dropping out of high school because of my substance use.

7. When I was 27, I started injecting opioids such as heroin. Opioids provided me with a belonging, a sense of relief I never felt before. I liked how they made me feel. It eventually became my substance of choice. I would spend most of my days finding money to buy opioids, often through criminal acts like theft or panhandling, and then spent my remaining time high from whatever opioids I was able to buy on the street. This led me to be unstably housed, where I would move frequently, stay at friends' places, and often sleep outside or in shelters because I would prioritize spending money on opioids over paying rent or my other expenses. This was the

start of what I now know to be opioid use disorder, the chronic, relapsing medical condition that I live with to this day.

8. I would also inject opioids in unsafe conditions, including alone and in alleys and stairwells. I did this because I did not want to get caught by the police while consuming substances, which meant I could be arrested and put in jail. I also injected without proper, sanitized equipment, often reusing or sharing syringes. This is how I acquired hepatitis C and other diseases and injuries, like body wounds from injecting street-sourced opioids. These illnesses and injuries were preventable and treatable but are common for street-sourced substance users like me. They made me very sick and have had a lasting impact on my health.

9. Substance users also disengage from the health care system once their consumption becomes regular. Personally, I felt like I did not get adequate health care supports, that my medical needs were not a priority, and that I was judged because I was a substance user and received worse medical care. Hospitals and clinics were not safe spaces for me to access medical care. I would only end up in the hospital in extreme cases, for instance if I had a serious overdose, lost consciousness, and was rushed to the emergency department by an ambulance. Aside from rare instances, I completely disengaged from the formal medical system. This made the illnesses and wounds I endured due to my substance use worse. But, I did not trust the system because I felt like I would not be respected as a substance user and would receive worse medical care. I felt I was better off on my own.

10. In or around 2018, I remember that I tried fentanyl for the first time. It was not by choice, but because it was in some heroin I bought. I was not expecting it. Fentanyl was very different

than heroin. Heroin provided a gradual high, while fentanyl was instant. Fentanyl hit you like a train; it was more powerful than anything I had ever tried. It scared me because I knew it could easily kill people if they did not know how much they were using.

11. Eventually, fentanyl was found in all opioids you bought on the streets. It was mixed into all drugs that were sold, including non-opioids like street-sourced stimulants such as crystal meth, which I would sometimes try. This made it even more dangerous. You would be taking a substance and not know you were consuming fentanyl and at what levels. This was alarming because even a small amount of fentanyl could cause you to overdose and die.

12. The emergence of fentanyl in the street-supply of opioids changed everything. I started overdosing regularly. By my late twenties, I was injecting opioids multiple times a day, and I was afraid that every dose would be my last. That is how powerful fentanyl was and how you did not know how much you were consuming if you bought opioids on the street. It was everywhere and you did not know the quantities or concentrations of it in the opioids you bought on the street.

13. But I could not stop buying and consuming opioids. My withdrawal symptoms were so strong that I felt like I would die if I did not consume opioids, which I knew could also kill me. The symptoms included severe physical pain, like my skin was being ripped off my body and constant severe migraines. I would be sick for days, unable to talk and move. I would sweat and hallucinate for hours. I would want to die and ask others to kill me to relieve the pain. I would not wish what I was enduring on my worst enemies, particularly as the street opioid supply became increasingly contaminated with substances like carfentanyl (a more potent synthetic

opioid) and benzodiazepines (a depressant), which would intensify my cravings and withdrawal symptoms. I was stuck in this vicious cycle.

14. I overdosed and nearly died so many times that it is impossible to provide a total number. I also saw so many of my friends die due to an accidental overdose. It became a part of our lives. I did not know if the next time I would use would be my last.

15. I did not want to live like this. I tried to stop many times. I would quit for three to four days only to relapse and fall deep into opioid use. I even went to detox during my attempts to quit opioid use. My usage would only go up when I inevitably relapsed, and I would take greater risks. The most dangerous time in my substance use was when I would return to using street-sourced opioids after stopping them for a period. I would overdose more regularly and seriously because my body was not used to the dosages and I would frequently misjudge the amount of fentanyl, carfentanyl, or benzodiazepines in opioids I would buy on the street. When you are consuming street-sourced opioids daily, multiple times each day, you acquire a rhythm and awareness of risk around dosages and amounts, including from what you had tried previously and in communicating with other substance users. That went away when I would abstain from opioid use for a few days, placing me at greater risk of overdose death.

16. Abstaining from using substances was not a solution for my condition and it only increased my risk of harm. It could not be the first way for me to stop using opioids.

17. Around 2019, I was living in Ottawa and community groups started to offer supervised consumption services. Essentially, groups would test your drugs and have nurses or other

medical professionals monitor you while you were consuming substances. I am not sure if these services were licensed, but this is the first time that I accessed supervised consumption services.

18. Immediately, I knew that supervised consumption services could transform my life. They provided a safe, monitored space for me to use substances, along with clean, sterile equipment to consume them. Having this all in a single location where I was not rushed to use or constantly looking over my back ensured I was taking measures to protect my health. This included wound care, blood tests, treatment of diseases, and therapy, which I accessed while receiving supervised consumption services in Ottawa. There were also medical professionals present to assess and intervene if something happened to me. They also recommended care to address other aspects of my health and treated me like a real person. I did not feel the judgment that I had received from other medical providers for being a substance user. It felt like they just wanted me to improve my health and I wanted to work with them to do it.

19. The experience inspired me to get involved in community organizing around harm reduction and ensuring that people who used substances accessed the health care they needed. It showed me that we could change our lives and take control over our situations, and live a better, longer life.

20. I later visited other supervised consumption sites in Ottawa, including the Sheperds of Good Hope, Sandy Hill Community Health Centre, and the Somerset West Community Health Centre. I started to regularly attend the sites in Ottawa and became more involved in harm reduction organizing. I stopped injecting substances publicly and in unsafe settings, and used clean equipment.

21. My health improved significantly during this period, all due to the support I was receiving from the supervised consumption services I was accessing. I started to gain weight, received treatment for my injecting wounds (which also became significantly less frequent), stopped reusing and sharing needles (which helped with the injection wounds), and took other measures to improve my health. Accessing supervised consumption services provided stability to my life, and allowed me access health care on a regular basis. This caused me to decrease the amount of overdoses I had, and when I had them, I was under supervision from medical professionals who quickly administered naloxone and oxygen to revive and keep me safe.

22. In and around 2021, I moved to Kitchener and started attending the Kitchener Consumption and Treatment Services (“**Kitchener CTS**”) regularly to consume substances. The support I received from the Kitchener CTS accelerated my journey of taking control back over my condition.

23. At the Kitchener CTS, I received medical monitoring while consuming substances, where they reversed countless overdoses and near deaths. I also accessed other support services to help address the health and social aspects of my substance use. I received wound care to treat serious abscess that developed from injecting substances into my body for so long and treatment for my hepatitis C. I also decreased my street-sourced substance use dramatically and was encouraged to address the underlying reasons for my substance use. I ended up securing housing through my recovery efforts and landing a job. The Kitchener CTS stabilized my opioid use and health and put me in a position to access housing and obtain employment.

24. I felt like those at the Kitchener CTS wanted me to get better, which encouraged me to take control over my substance use and health. It was the non-judgmental, holistic support they provided me that was essential. On some days, I just wanted to use substances and not think about my broader recovery journey. Other days, we were developing plans to treat my hepatitis C and reduce the rate of my injections. They met me where I was at and encouraged me towards my goal of no longer being reliant on street-sourced opioids.

25. The most profound impact the Kitchener CTS had on my life was that through my commitment to overcoming my condition, the Kitchener CTS ended up referring me to a safe supply treatment option for my substance use. I was connected with a physician who prescribed me daily medication for my opioid use disorder. The treatment means that I am no longer dependent on street-sourced opioids to self-medicate my condition, which are mixed with fentanyl, carfentanyl, benzodiazepines, and other extremely toxic substances. I know the opioid medication I am prescribed is safe and how much I need to take to live a functioning life where I can work and maintain strong social relationships. I no longer interact with the criminal justice system because I stopped doing crimes to support my substance use. I live for much more than I did before.

26. The only reason that I am still living and am so far along in my journey of recovery is because I accessed the supervised consumption services offered by the Kitchener CTS. Supervised consumption services stabilized my condition, allowing me to gradually access other treatments at my own pace and when I was ready. I now have control over my opioid use disorder, rather than it controlling me.

27. My aim now is to eventually stop using substances all together. My current treatment regime has put me on that path, though I know it will take time and a lot of effort to reach my goal.

28. However, my journey is not a straight line, and I do have challenges along the way. Opioid use disorder is a chronic, relapsing condition, like any form of substance use disorder. I have relapsed along the way, where I have reverted to using street-sourced opioids. There are a lot of reasons why, including having intense withdrawal episodes that I need to address immediately, causing me to buy opioids on the street to inject. Or something else takes a hold of my brain, compelling me to use street-sourced opioids. I do not have a clear explanation of why or when these urges occur; I try my best not to succumb to them, but I am not always successful.

29. In those instances when I have relapsed, I attended the Kitchener CTS to use street-sourced opioids. I did because it is the only way to reduce my risk of overdose death to basically zero. If I were to use alone, or with others outside the Kitchener CTS, I could easily overdose and die. I know this because so many people are dying of overdoses after consuming street-sourced opioids in unsupervised settings; I know many who have died and have seen the statistics for overdose deaths in the Kitchener-Waterloo over the past few years. It is a very dangerous time to consume street sourced substances in this area.

30. Over the past year, I have used the Kitchener CTS to consume street-sourced opioids a few times, with the most recent use sometime in June or July 2024. I know that in the future, when another relapse occurs, I will attend the Kitchener CTS, so that I can safely consume substances and not die.

31. The Kitchener CTS is the only supervised consumption service provider in the Kitchener-Waterloo region. There is no other way me or other substance users to consume street-sourced substances safely in the entire region if it is closed. I worry that means that people not as far in their recovery journey as me will be deprived of lifesaving, sustaining, and enhancing medical care in the form of supervised consumption services. I worry that means more people will die preventable overdose deaths and suffer a range of other social and health harms associated with street-sourced substance use. Many of my friends are in this situation. I know that they will die or suffer significant harms if the Kitchener CTS no longer offers supervised consumption services. I am concerned about my own safety and well-being if supervised consumption services are no longer provided in Kitchener-Waterloo, but also the safety and well-being of my friends.

32. Personally, the closure of the Kitchener CTS will mean that I will no longer have access to the medical services I need when I relapse and require supervised consumption services to ensure I do not die of an overdose or suffer other health harms associated with injecting street-sourced opioids. It is not feasible for me to travel to a different city to access supervised consumption services when I relapse, as the urges that hit me are too strong and immediate to delay obtaining and consuming opioids for any significant length of time. The only reason I am still alive, medically stable, and on a path to recovery is because of my access to supervised consumption services. If I relapse and consume street-sourced opioids without access to supervised consumption services, which occurs a few times each year, there is a strong likelihood of me overdosing and dying.

33. I do not want to die. I want to continue to see what I can do and achieve in my life. I want to continue on my path to recovery and one day live a life where I do not use drugs. I do not

want to return to a situation where I do not know if I will live to see the next day because of an overdose. I do not want to be forced back to consuming opioids in dangerous conditions and circumstances. I want access to supervised consumption services when I relapse to ensure that I can continue to live.

34. I want my medical condition to be treated the same as other medical conditions. The government usually encourages people to access essential health treatment for medical conditions that can be fatal. To me, that is what supervised consumption services are. However, restricting access to supervised consumption services, and categorically denying people in the Kitchener-Waterloo region access to them in any capacity means that government is denying me and other people like me critical and essential medical care.

35. Cutting access to supervised consumption services to an entire region makes me feel like the government considers my life and the lives of people living with substance use disorder as not being worth anything. It makes me feel like my life is disposable; that it does not matter if I live or die. That is the only way that I can understand why the government is cutting access to supervised consumption services in Ontario and specifically in the Kitchener-Waterloo region, where no service provider will remain. If our lives meant something, the government would not be stopping access to the only form of medical treatment that ensures we do not die, particularly in the current overdose crisis. The decision could cost my life and the life of so many others who rely on supervised consumption services to live.

36. I am a harm reduction outreach worker with the Waterloo Public Health and Paramedic Services and Sanguen Health Centre, which operates the Kitchener CTS. I am not aware if the

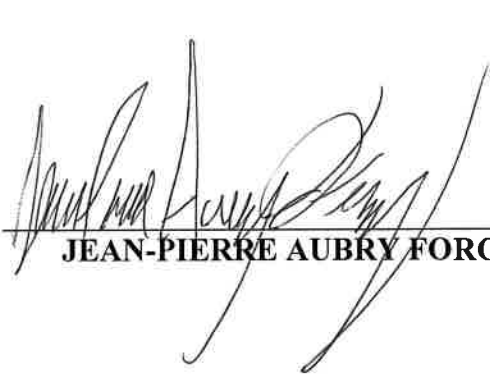
Kitchener CTS no longer offering supervised consumption services will impact my employment. Even if it did, it would not impact the evidence I have set out above on the history of my substance use, the efforts I have taken to treat it, and the impact of denying access to supervised consumption services in the Kitchener-Waterloo region will have on me and other substance users.

SWORN BEFORE ME at the City of Kitchener, in the Province of Ontario on January 3, 2025.



Commissioner for Taking Affidavits
(or as may be)

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JEAN-PIERRE AUBRY FORGUES

Ashley Elizabeth Schuitema
A Commissioner etc.
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while a Barrister and Solicitor
LSO # 68257 G

Applicants

-and- Respondents

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PROCEEDING COMMENCED AT TORONTO

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