

Personal Stories

(We are grateful for all the personal stories shared here, who are real people in our Diocese. Names followed by an asterisk have been changed to protect anonymity.)

Megan is a parent whose child attends school within 200 metres of a supervised consumption site. “Closing down the safe injection site is likely to cause more completely unsupervised drug use in the alleys and streets and stairwells which are right by the school and on the way where kids walk,” she says. She also notes the hypocrisy in closing these sites while convenience stores near schools have begun to sell alcohol.

A community solidarity protest in support of the safe injection site in September, Megan says, was “attended by hundreds of people, including other parents from my local school and many people who have raised kids in this community. And we have kids in our community who have lost parents to street life or to overdose. If parents can get access to harm reduction, they have a better chance of coming home to their kids someday. Drug users are not isolated from the rest of society, especially in our neighbourhoods, and their health affects the rest of us. Access to clean needles and other paraphernalia prevents the spread of infectious disease and means that people can dispose of their needles safely.”

Rebecca is another parent whose child attends school near a supervised consumption site, the Kensington Market Overdose Prevention Site. She says, “As a parent, I value safe consumption sites. Amidst the opioid crisis that has claimed thousands of lives in Ontario, safe consumption sites are saving lives, and making our communities safer. I am sympathetic to people who are concerned for their safety; however, as research points out, overdose prevention centres do *not* increase local crime, but instead help reduce drug use in public spaces and reduce the disposal of syringes in public spaces, such as parks and school yards.”

She goes on to say, “Social inclusion is important to me. Growing up, I heard family stories about how my grandmother was marginalized by anti-Semitism in the early twentieth century, and how she and her family found community in Kensington Market. People who suffer from addiction also face marginalization, and as a community we can help them. I want my daughter to grow up in a city where we take care of each other, even in difficult times.”

Zach, who lives in a homeless encampment in Toronto, goes to a nearby SCS for harm reduction supplies. He says, “I don’t use these as much myself, but other people come here [to my tent] and get this stuff. I often go three times a day to refresh the supplies.” He adds that people who are addicted “gotta do it somewhere. It’s better people know what you’re doing and how you are doing it, so you don’t do it in the bathroom. That’s how people die.”

Don* is a survivor of residential school trauma and the Sixties Scoop. He has had part of his stomach removed due to cancer. He struggles every day, sees an addictions counsellor, and tries to live a good life, but often uses alcohol, and sometimes street drugs, to take the edge off his lifelong mental and physical pain. One day last fall, after using street drugs he had brought into the Overdose Prevention Site, he collapsed immediately. The staff responded within seconds. Don’s blood oxygen level was nearly into single digits. If SCS staff had not been immediately at hand with oxygen and naloxone, he would not have lived until the ambulance arrived.

Although Don has a history of homelessness, he has recently been able to move into housing. He is, for the first time in many years, in a position to start getting his life onto a more solid footing, which could include a greater focus on recovery. But this can only happen if he is alive. Thanks to the Overdose Prevention Site, he is alive today, but if the site closes, Don, and many others, may not be alive for much longer.

Tucker and **Cera** are volunteers at a parish breakfast program near a small homeless encampment. Cera describes a morning which at first felt calmer than usual. “Suddenly B., the youngest of the current encampment residents, called us over, his face panicked. “Someone needs your help, over there, he overdosed,” he said, pointing to the narrow path tucked between the Church and the neighbouring fence. We ran over to the figure who was face down in the mud. I arrived first and was horrified to see that the individual, who I initially mistook for another encampment resident, was deathly pale. I crouched down beside him and tried to turn him onto his back, immediately thinking that our chances of reviving him were slim. His lips were blue and his body provided no response to my efforts to rouse him. Tucker administered the first nasal dose, the first of four doses before firefighters arrived to take over the response. We waited with bated breath to see if the naloxone would reverse the overdose. After a minute and half, B* passed the syringe to Tucker, and he administered the second dose while I was calling 911. It looked like the person had a nasal infection, so we hoped the injected naloxone would work better. We waited more.

After a minute or two the man took a rattly, choking breath, though his eyes did not open, and his lips and nails remained tinted blue. Feeling tentative relief, we rolled him into recovery position before administering another dose of naloxone. As I waited on hold with 911, the thought crossed my mind that this situation was only going to become more frequent. Tucker and I had received significant amounts of training on how to respond to an overdose: once 10 of the province’s 17 supervised consumption sites (SCSs) were forced to close, how many others would be required to be in our position?

It took eight minutes from the first dose of naloxone administered for medical personnel to arrive on scene. While the gentleman we supported ended up recovering from his near-death experience, what would have happened if we hadn’t had been there? Or if we only carried the standard two-dose naloxone kit provided by pharmacies? Or if B. hadn’t seen his limp body in the cold, dark passage, on the other side of some raised stairs? We were only maybe 10 meters away but were oblivious to the crisis until it was almost too late.” [Read Tucker’s and Cera’s full account here.]

Julie lives in the northern part of the Diocese, many miles from the nearest supervised consumption site. She saw a news segment showing Bishop Andrew and other faith leaders advocating to keep supervised consumption sites open. “We have a family friend who works in the harm reduction field,” she writes. “Thank you for advocating so strongly for the important and necessary work he does.”

Amy is a minister who used to work at a church in downtown Barrie. “As a church, we would never encourage people to use illegal drugs. But people still used all around our property, hiding from others for fear of getting caught. They could easily pass out or overdose without anyone noticing for hours.

One day, there was an ambulance outside our church after Sunday service. Our caretaker told me that someone had overdosed behind the church and they're taking away the body. The caretaker found pictures of the man's family beside him. All I could do was offer support to anyone in the congregation who needed it. But I wondered - what if that man had a safe place to go?

Another time, I walked out of the church office and found a man lying on the grass, in plain sight. I tried wake him up, but when I couldn't, I called 911. The operator talked me through my panic while I got the nearby naloxone kit. Then, police and paramedics showed up. Thank the Lord he was alive. I talked to him. I couldn't tell him, "If you need to use, go somewhere safer." Where else could he go? He clearly wanted to be seen. He didn't want to risk dying behind the building or somewhere hidden away. And I couldn't offer him a better place to go. No first step, no safe way, nothing immediate.

To me, safe consumption sites save lives. They are about harm reduction and serving the sick. I was taught to never give up on people, especially the sick and forgotten. Barrie needs a safe consumption and treatment site."