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## Bracing for the coming crisis

**Guelph emergency services prepare as tidal wave of opioid overdose deaths hit Ontario**

**Chris Seto**  
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As a teenager, Lauren was prescribed Tylenol 3 with Codeine to help her deal with pain after she slipped a disc in her back.

The pills worked well initially, but over time she found they weren't strong enough. She then moved on to Percocet, and they too worked well at the beginning but lost their edge over time.

When her doctor told her she wouldn't be given anything stronger, she sought out drugs on her own.

"That's how it all starts," the Guelph woman said in an interview last month, now a decade after her addiction to opioids began.

She said her story is the same as countless others across the country who have become dependent on opioids while treating some sort of trauma or pain.

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TRIBUNE PHOTO BY DOUG HALLETT

## Five-hour 'yogathon' for AIDS relief

Amanda Wood, left, was one of 83 participants in the second annual Yoga for Hope fundraiser at Bishop Macdonell high school Saturday. It raised close to \$5,000 for Bracelet of Hope, which helps kids affected by AIDS in Lesotho, Africa.

## 'I think people are ready for it'

**Could Guelph be one of 1,000 cities to commit to 100% renewable energy?**

**Doug Hallett**  
dhallett@guelphmercurytribune.com

Interest in a meeting later this month to discuss whether Guelph should join 1,000 communities worldwide that have declared their intent to achieve 100 per cent renewable energy by mid-century has received such a big response

from registrants that the venue had to be changed.

The 7 p.m. meeting on Friday March 24, which is part of Transition Guelph's 2017 Resilience Festival, has been moved from the Old Quebec Street premises of eMerge Guelph. The new venue is Innovation Guelph's larger quarters at 111 Farquhar St., which holds about 80

people.

"We want to take the temperature of people in the city, see if there is any appetite for this, see whether this makes any sense for us to pursue as a city," eMerge Guelph executive director Evan Ferrari says of the event presented jointly by his organization and Transition Guelph.

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## Striking gold



Gryphons win second straight OUA women's hockey title on home ice.

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# 'A significant and serious threat to the community'

**From front page**

Now 26 years old, Lauren said she's been clean for a little more than two years. She's in college and volunteers as a harm reduction advocate at the Stay Sharp needle exchange downtown. At her request, the Mercury Tribune has agreed not to publish her last name for privacy reasons.

Working directly with substance users at the Guelph Community Health Centre, providing them with new needles and educating them on staying clean, Lauren said she understands what many of these users are going through.

"I've seen it. I get it," she said. "They're bound by it until they wake up and realize there's other ways to get rid of the pain."

When she herself was bound by it, Lauren would use OxyContin or heroin, in pill form, mixed with other drugs like methamphetamine. While she stopped short of ever injecting these drugs into her body, she said she would chew or snort them.

Locally, opioid overdoses are on the rise and bootleg fentanyl is suspected of driving this increase.

The powerful drug is up to 100 times more toxic than morphine — two milligrams, or a few grains of the opioid, would be enough to kill the average person.

Det.-Sgt. Ben Bair, who heads the drug unit for the Guelph Police Service, said the synthetic drug is being moved into western Canada from China and is quickly spreading east. The drug is making its way onto the street after it's pressed into counterfeit pills or it's cut with a cheaper drug and sold as heroin, he said. But drug dealers don't tend to go to great lengths to accurately mix their drugs.

"They just take powder and mix it with a powder. As a result, you get hot spots, you don't have it evenly mixed across the thing that they're selling."

Bair said in 2015, traces of powdered fentanyl began showing up in heroin seized by Guelph Police. In 2016, police found most of the heroin they seized was actually made up of more fentanyl than heroin.

"What we're finding now is there's less that are mixed," Bair said. "It's becoming much more common to have just fentanyl — not fentanyl and heroin — just fentanyl."

In British Columbia, there were at least 374 overdose deaths connected with fentanyl in 2016. Last month, Alberta's Associate Health Minister Brandy Payne said 343 people died from fentanyl overdoses last year, up from 257 in 2015.

Earlier this month, Prime Minister Justin Trudeau went on a ride-along



DAN PEARCE/METROLAND

People who use drugs and their allies gathered at Bay and Wellesley streets in Toronto last month before a walk down to Toronto Police Headquarters. The National Day of Action on the Overdose Crisis — They Talk, We Die memorial march to demand action on the overdose crisis was held Feb. 21. The same action was held in eight cities across Canada: Vancouver, Victoria, Nanaimo, Edmonton, Toronto, Montreal, Halifax and Ottawa.

with the Vancouver police in the city's Downtown Eastside. Afterwards he spoke at a news conference, outlining the crisis.

"This is a crisis that seems, for most Canadians, to be very far away. Something that's limited to certain tougher parts of town, to the West Coast, but we are seeing a spread of opioids across the country and we're seeing it spread far and wide across socio-economic levels, across communities."

Leanne Swantko, deputy chief of Guelph Wellington Paramedic Service, said the service is not currently seeing a surge of opioid calls in Guelph, but the situation is being monitored closely. We're in a holding pattern, she said, waiting for the spread of bootleg fentanyl, or the more dangerous carfentanil, to hit the city.

"We know the what. We don't know the when," she said.

All local paramedics are now able

to provide naloxone to people suffering from an overdose. Naloxone, also called Narcan, temporarily counters the effects of an opioid overdose. Prior to February 2016, only advanced care paramedics were permitted to administer this drug.

Guelph police are in the process of discussing whether or not their members should be carrying naloxone with them, to be ready when they're first on scene.

"Every police service knows about it and every police service recognizes it as a significant and serious threat to the community," Bair said, comparing the spread of fentanyl to a runaway train.

"Long-term, it's very difficult to say what's going to ultimately stop this," he said. Enforcement, targeting the trafficker and not the user, will help limit the flow of this drug into the community, he said. But this is not always easy, because users aren't always open to cooperating with

police and giving up their dealers.

People who are addicted are putting themselves at great risk whenever they buy drugs off the street, he said.

"Don't trust your dealer, because sometimes the dealer doesn't know what it is."

At Guelph General Hospital, doctors are seeing patients with signs of opioid toxicity on a weekly basis.

"Probably several in a week," said Ian Digby, chief of emergency. "It's been a gradual creeping increase."

But it's difficult to paint an accurate picture of opioid use in Guelph because there are no local numbers available. He said up until now, there's been no way of keeping track of this type of data.

"This issue of increasing opioid use, it's probably been brewing for many years," he said. The severity of the situation is slowly being identified through coroners' data.



SOURCE: HAMILTON POLICE

An illustration of a fatal dose of heroin, left, compared with a fatal dose of fentanyl, a highly addictive drug estimated to be up to 100 times more potent than morphine. Health Canada estimates a lethal dose of pure fentanyl for a typical adult is as little as two milligrams, which is approximately the size of 32 grains of table salt.

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# Fatal overdoses related to fentanyl growing in Ontario

In Wellington County, the preliminary figures from the Office of the Chief Coroner and Ontario Forensic Pathology Service show there were three deaths attributed to fentanyl use in 2015. The numbers for 2016 were not yet available.

According to the service, in 2015 there were 166 deaths in Ontario where fentanyl was seen as a direct contributor. This number has increased each year since 2010, when 86 fentanyl-related deaths were reported. In many of these cases, at least two different opioids contributed to the death, said Cheryl Mahyr, issues manager at the coroner's office.

"The impact of opioid medicines in general, I think, has been underestimated for many years and we are just becoming aware of it in the last six to 12 months," Digby said. "We're really learning that there's a lot more potential risk with opioids for the average individual than we once thought."

"There are risks of developing dependency and addiction even from short-term use of a few days or a few weeks. And that could lead to lifelong severe consequences for individuals if they become addicted to it."

Natalie Basaraba is a harm reduction outreach coordinator at ARCH Guelph and coordinates the Stay Sharp needle exchange site.

She said most people who come to get new needles and supplies from the program are not using street heroin but are injecting prescription medications. Some of these people, similar to Lauren, developed an addiction to opiates while dealing with chronic pain issues.

As the government cracked down on prescribing opiates, this pushed people to use other opiate substances to avoid going through withdrawal. "A lot of drug use, particularly around opiates, involves avoiding withdrawal. Most people using for a while honestly aren't getting that high. They're avoiding withdrawal," Basaraba said.

Last year, the Stay Sharp program handed out more than 240,000



MATHEW MCCARTHY, WATERLOO REGION RECORD

All local paramedics are now able to provide naloxone to people suffering from an overdose. Naloxone, also called Narcan, temporarily counters the effects of an opioid overdose. Guelph police are in the process of discussing whether or not their members should be carrying naloxone with them.

syringes. Over the past several years, the program has handed out nearly 30 per cent more syringes with each passing year, she said, adding most of those syringes are for opiate use.

Although there are exceptions, the majority of those using the needle exchange program are living in poverty and some have undiagnosed mental health issues, she said. Users are aware of the dangers of fentanyl showing up in a mislabelled pill and a lot of them are scared, she said. But they can't just drop the habit; their addictions don't just disappear.

"The potential for overdose is very deadly and very real," she said. "Their friends are dying. They know people who've died. They're tired of going to funerals."

...

In mid-January in 2015, Lauren said she had an epiphany: she was going to break free from her addiction to opioids and go back to school to become a social worker.

At the time, she said she was fortunate enough to have a network of people around her to help her through the process — not everyone is so lucky.

After receiving a lengthy treatment in Oakville, she enrolled in school and is now on track to graduate this spring. During her summer off last year, she spent five months in Vancouver's Downtown Eastside, working with substance users and doing whatever she could to help them.

"I knew there was a drug crisis and I wanted to use my life experience to help out, working with substance abusers and getting them into treatment and detox," she said. "It was very, very eye-opening."

Describing some pockets of the city in graphic detail, she said there are areas of Vancouver where people could be seen sitting against a building next to a pile of needles.

“Every junkie wants the best stuff. As soon as I hear somebody's died, I'm like, where do I get it?”

'Juice' Cunningham  
40-year-old addict

"It was tough being there, but I beat it," she said. "I don't think I'll ever touch that (drug) again."

Lauren said she was lucky to have the resources around her when she made the decision to come clean. For many users, the transition isn't so smooth.

"It's easy just to fall through the cracks," she said. A user may have a 20-minute window where they really want to change, but if they call up a

support program and they're put on a waiting list, they're not likely going to be able to wait it out, she said.

There is no local short-term detox clinic in Guelph. The nearest facilities are in Kitchener or Hamilton.

Adrienne Crowder, manager of the Wellington Guelph Drug Strategy, said later this spring a rapid access clinic will be launching in the city. It will be open once a week as a place where users can meet with an addiction medicine specialist and have a treatment plan developed. Counselling services and someone with lived experience will also be available on-site.

...

'Juice' Cunningham is a 40-year-old Guelph man who has been using injectable drugs since he was 14. Last month he said he was taken to the hospital after overdosing on what he thought was methamphetamine. He was out with someone he used to know and was given fentanyl, although he was told it was meth, he said. His brother ended up injecting him with naloxone and getting him to the hospital to save his life.

Every once and a while Cunningham speaks in schools and in front of small groups about his life as a drug user. These presentations are designed to help keep students from doing drugs.

His personal stories are chilling. Leaning back on a couch at the downtown Community Health Centre, he says he's seen friends die from overdose and he's saved the lives of others by giving them naloxone.

With the spread of bootleg fentanyl over the past few years, he said he's now taking a closer look at the drugs he uses before injecting them into his arm — fentanyl has a certain look and feel to it, he said.

But instead of avoiding the stuff, Cunningham said he and many other users are actively looking for strong drugs. They just want to know what it is before they inject it, he said.

"Every junkie wants the best stuff. As soon as I hear somebody's died, I'm like, where do I get it?" he said.

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# A primer on opioids

by Chris Seto

## How did we get here?

“These things are being produced in places where we don’t know the quality of their chemistry. It’s a huge public health concern.”

Adrienne Crowder  
Wellington Guelph Drug Strategy

### What are opioids?

Opioids are potent painkillers that can be found in nature (opium poppy) or created in drug labs. In addition to treating pain, opioids can give users a feeling of euphoria and have the potential to be very addictive.

Entering the body by mouth, by injection or by a patch on the skin, opioids travel through the bloodstream and interact with proteins called opioid receptors found in the brain and other areas of the body.

The drug can be used to suppress pain or calm a severe cough, but it can also cause nausea, vomiting, sweating, depressed respiration and decreased levels of consciousness. An overdose occurs when a substance user’s breathing slows down to dangerous levels, or the user stops breathing entirely.

Examples of opioids include fentanyl, hydromorphone, codeine, morphine, oxycodone and heroin.

an overdose, even if a person is feeling better after receiving naloxone.

“It’s an amazing thing to see the response. Within 15 or 20 seconds, the individual who was basically comatose is now responsive and awake,” he said.

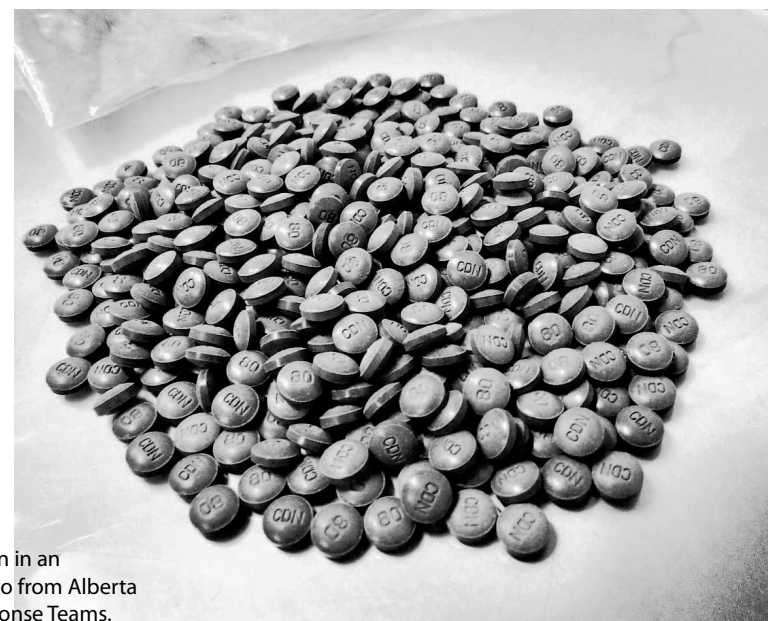
But if too much of the drug is given, it can push someone into a complete withdrawal in seconds. Digby said they have a phrase at the hospital to help remind them of this when administering naloxone: “go low, go slow.”

The nasal spray version of the drug is available at select drug stores. Delivered in this form it’s around seven times stronger than the injectable kind.

Naloxone can be administered by all Guelph Wellington paramedics, and can also be obtained free at drug stores around the city. Guelph police and firefighters are still discussing whether or not they should also have naloxone on hand as first responders.

opiate.

“These things are being produced in places where we don’t know the quality of their chemistry,” he said. “It’s a huge public health concern. These clandestine labs that are just trying to make money and putting a lot of people at risk.”



Fentanyl pills are shown in an updated handout photo from Alberta Law Enforcement Response Teams.

### What is naloxone and how does it work?

Naloxone, also known as the brand name Narcan, is a temporary opioid-receptor blocker.

Ian Digby, chief of emergency at Guelph General Hospital, said naloxone can almost instantly reverse the effects of an opioid overdose. It can be administered through an injection or through a nasal spray and only lasts for a short amount of time before wearing off. This is why medical attention is needed after

### The rise of ‘bootleg’ fentanyl

The British Columbia Coroners Service reports 922 people died in 2016 as a result of illicit drug overdoses. This is 80 per cent higher than the 513 overdose deaths in 2015.

Illicit fentanyl accounts for much of the increase, the service reports. Excluding fentanyl, the number of illicit drug overdose deaths has remained relatively stable in the province since 2011, averaging 293 deaths per year.

Adrienne Crowder, the manager of the Wellington Guelph Drug Strategy, said this illegally produced “bootleg fentanyl” is spreading east across Canada and has already arrived in Guelph.

This synthetic opiate is believed to come from China and is sold in pill or powder form. It’s roughly 50 to 100 times more toxic than morphine and has been found mixed in with other street drugs such as heroin.

Traces of the drug have also been illegally pressed into pills which are then mislabelled as something else, such as OxyContin.

“Because people purchase drugs off the street, there’s no quality control. People don’t know what they’re purchasing and they’re running the risk of purchasing bootleg fentanyl without knowing,” Crowder said.

Digby said fentanyl has been a widely used medication for chronic pain throughout his entire career. But with illegal labs producing this drug in an unregulated way, it becomes hard for users to gauge the potency of the

### How did we get here?

“Canada is the second largest prescriber of opiates in the world and Ontario is the highest opiate-prescribing province,” Crowder said. Since the 1990s, opiate prescription has increased in volume and frequency.

“Initially people took a drug that helped them with a bad back or a physical pain, and they found that opiate also helpful to them around social or psychological trauma. So, people became addicted.”

When people were taken off their opiate prescriptions, some found they still craved the drug, having developed a physiological tolerance to opiates. Without getting their fix, the withdrawal symptoms would creep in. The higher the tolerance, the worse these symptoms would be.

Vomit, cold sweats, jitters – it’s like the worst flu anyone could ever have, Crowder said. “It’s not life-threatening, but it feels life-threatening.”

To avoid feeling these symptoms, people turned to the streets to find a replacement drug, she said.

Det.-Sgt. Ben Bair heads the drug unit for the Guelph Police Service. He said for a time, oxycodone was the go-to drug for those looking to satisfy their opiate craving. But in an effort to curb the misuse of this drug, the popular OxyContin pills were replaced by OxyNEO in 2012. This new version of the pill was

designed so it couldn’t be crushed or broken down to be injected.

This pushed users to seek out other opiates, Bair said. Pharmaceutical fentanyl, primarily through transdermal patches, became one of the popular choices among users. To combat this, a patch-for-patch program was launched, forcing people to return their old patches in order to get new ones.

The program effectively removed many of these patches from the street, but left users looking for something else to satisfy their addiction.

“By this time we now have people addicted to heroin and fentanyl,” Bair said. “What we’ve developed up until now is an increasing dependence on a stronger and stronger opiate.”

This is where powdered fentanyl comes in. Pharmaceutical-grade fentanyl and fentanyl analogues are being smuggled into the country from China and manufactured in clandestine labs domestically. Bair said for most people without any opioid tolerance, as much as two milligrams — a few grains — would be a lethal amount.

Fentanyl analogues refer to opioids that are chemically similar to fentanyl, such as carfentanyl or 3-methylfentanyl.

Carfentanyl is commonly used as an elephant tranquilizer and is roughly 100 times more potent than fentanyl. The analogue 3-methylfentanyl is around three times stronger than fentanyl, Bair said.



## Opioid toxicity deaths BY DRUG IN ONTARIO

SOURCE: OFFICE OF THE CHIEF CORONER FOR ONTARIO

YEAR	CODEINE	FENTANYL	HEROIN	HYDROMORPHONE	METHADONE	MORPHINE	OXYCODONE	DEATHS
2010	26	86	33	31	77	72	174	421
2011	28	104	33	42	109	68	169	448
2012	35	116	41	65	95	84	146	477
2013	50	120	46	89	129	110	123	525
2014	45	153	79	98	106	113	107	533
2015*	38	162	59	112	97	92	108	529

## Opioid + alcohol toxicity deaths BY DRUG IN ONTARIO

SOURCE: OFFICE OF THE CHIEF CORONER FOR ONTARIO

YEAR	CODEINE	FENTANYL	HEROIN	HYDROMORPHONE	METHADONE	MORPHINE	OXYCODONE	DEATHS
2010	8	5	6	15	15	14	37	93
2011	11	8	12	11	9	17	48	100
2012	10	24	16	20	23	12	43	121
2013	7	16	14	24	19	20	31	112
2014	15	23	22	29	21	26	40	142
2015*	9	36	23	36	23	18	36	156

\*PRELIMINARY FIGURES: Subject to change when the statistical year is completed

NOTE: Individual drug death figures may equal more than the total number of decedents, because some people may have died from an overdose of multiple drugs.

# Addict says risk of overdose better than going through withdrawal

### From Page 9

His friend Kristen agrees. The Mercury Tribune will not be publishing her last name for privacy reasons.

"That's the thing, the stronger, the better," the 19-year-old said. "You have that thought in the back of your head that it could be deadly and you could overdose, but at the same time you're a junkie and you don't care. You just do it because you want to get high."

Taking the risk with bootleg fentanyl is better than suffering through the withdrawal symptoms, she said.

Cunningham said with his tolerance level, he starts to feel withdrawal quickly. If he injected in the evening, he'd need to take something again in the morning or he'll be feeling sick by noon.

Kristen said she's only been using opioid drugs for around eight months and she's learned to tell the difference between a pressed

pill disguised as OxyContin and a real one.

"You know what it looks like, what it taste like, you know what it crushes up like, how it looks in the rig, you know everything about the pill. So when something's off about the pill, it will be different and you'll realize when you're setting up."

Kristen said she's made it a habit now to inject a small amount and then wait for a bit before injecting the rest. This is done as a last-ditch safety measure against injecting something more potent than she's expecting. She also carries a couple of doses of naloxone with her and never uses unless she's with someone she can trust to save her life, should she need saving.

So far, she said she hasn't experienced this potent form of bootleg fentanyl that everyone's been warning about. All the powdered fentanyl she's tried has been weak, she said, but she knows the more powerful stuff is out there.

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