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Councillors rarely report on conference, business travel activities

ROGER BELGRAVE

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Taxpayers have so far reimbursed Peel Region council members almost \$130,000 during this term of office to cover municipal business travel and conference costs.

Politicians have flown to parts of Canada, Europe, the United States and Asia at the public's expense.

Some members of council have stayed in locales popular with vacationers - a few of them accompanied by spouses.

But there remains no mandatory requirement for council members to report on their activities during this travel on behalf of the region or demonstrate the return on investment for constituents.

● See COUNCILLORS page 7

PRICE OF LIFE, LIVED AND LOST

Part 1 of 2 examining the opioid issue in Peel.
See page 55

Bryon Johnson/Metroland

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Price of life, lived and lost

RADHIKA PANJWANI

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The grainy photo of a woman sporting a mop of curly hair framing a smiling face and brown eyes filled with vitality was attached to an email to show bureaucrats the human cost behind a growing crisis.

The image was that of Lori, a 30-something Brampton woman, who when the picture was taken held several identities: mother, daughter, sister and friend.

Now, she's become for some a statistic in the growing number of opioid deaths in Peel. Lori's death - from drug overdose - is a telling story of a grim crisis slowly unfolding in Peel.

It was on a recent spring day that Lori, a regular at the Regeneration Outreach Community (Regeneration), an agency located in downtown Brampton serving hot meals and programs for the homeless and those at-risk, stopped by the place. There, she briefly chatted with Ted Brown, the agency's executive director. A few hours later, she was dead.

When Brown heard about Lori's death, he was struck with grief and then a feeling of dread overpowered him. What if Lori had overdosed while at Regeneration? The agency was ill-equipped to handle the emergency as it did not have naloxone and neither he or his staff knew how to administer the nasal spray or injection used to reverse or block the effects of a drug overdose.

A day after the incident, a still-shaken Brown sat down on his computer and let his anger spill over in an email to Dr. Eric Hoskins, Ontario's Minister for Health and Long-Term Care. He included Lori's photograph to his missive.

"We're dealing with people with hard lives," Brown said. "We don't treat them as a client, we treat them as our guests and try to get to know their names and stories. We listen and connect with them over coffee or a meal. So, when they pass away, it hurts us like a family member passing away."

"That's why when I sent out the letter, I included a picture (of Lori)," Brown continued. "I didn't care if I would get in trouble for that because I wanted the people to see Lori was a person, not a number for me."

Brown says he's incensed and fed up at the glacial pace of bu-



Bryon Johnson/Metroland

Ted Brown (left), executive director, Regeneration Outreach Community, and Garry Glowacki, executive director, The Bridge Prison Ministry, are both managing frontline agencies in Brampton where death from fentanyl-laced drugs has become a growing concern.

reaucracy's response to the growing opioid crisis in Peel Region. He wants Queen's Park to equip and train all front line agencies that deal with the homeless and vulnerable and be granted easy access to naloxone.

Brown has grown weary of watching deaths stemming from narcotics cooked with fentanyl and carfentanil.

Fentanyl and its analog are synthetic opioids or painkillers that criminals are now cooking in laboratories in combination with other illicit drugs so that users can get high on something that's inexpensive as well as potent. Carfentanil, another synthetic drug, is an elephant tranquilizer considered to be 100 times more potent than fentanyl. Experts say just a few granules of the synthetic opioid can be lethal.

"We can see the impending crisis (opioid) coming here (in Peel)," said Brown adding he was shocked by what he saw first hand on some streets of Vancouver recently.

Garry Glowacki, executive di-

rector of Bridge Prison Ministry, joined the chorus of voices demanding access to naloxone. His agency is a restorative justice ministry giving a hand to those incarcerated. Like Regeneration, many of Glowacki's clients have addiction issues.

"This drug (fentanyl) does not discriminate; it could affect anyone from a school teacher to a homeless person," Glowacki said. He should know.

A former heroin addict, Glowacki has been clean for more than 26 years. He remembers having some close calls with overdosing.

"That was bad enough, but this is different," he said. "Years ago, if somebody OD'd they had a chance, now not so much. They have Epipens in schools, so why not naloxone?"

Following Lori's death and Brown's cry for help, officials at the Region of Peel responded and supplied both Regeneration and The Bridge with naloxone kits.

Brown and Glowacki say every agency and organization

should have the drug handy, not just the ones that ask for it.

The rate of opioid-related deaths in the province has almost quadrupled over the last two decades. According to a report, Latest Trends in Opioid-Related Deaths in Ontario: 1991 to 2015 by the Ontario Drug Policy Research Network (ODPRN), there has been a steep hike in deaths - 734 in 2015 from 144 in 1991.

Highlights of the report include:

- More than 80 per cent of all opioid-related deaths in 2015 were accidental;

- Prior to 2012, Oxycodone was the opioid most commonly involved in opioid-related deaths, however fentanyl involvement increased by 548 per cent between 2006 and 2015 and is now most common in deaths from drug overdose.

"The presence of these other drugs may be indicative of the concerning practice of combining cocaine with illicitly produced fentanyl, which is relatively inexpensive, to extend the drug

supply," noted Tara Gomes, a scientist at the Institute for Clinical Evaluative Sciences (ICES) and the Li Ka Shing Knowledge Institute of St. Michael's Hospital and a principal investigator of ODPN.

"The findings highlight an important public safety issue that needs ongoing focus, given the high degree of accidental opioid overdoses that we're seeing across the province."

In Peel Region, there were 20 opioid-related deaths in 2010, whereas in 2015 the number increased to 61, according to Dr. Kate Bingham, associate medical officer of health, Region of Peel. "In Peel, our rates of use, misuse and overdose relating to opioid to have been similar or lower to the provincial average, but the trend is increasing over time," Bingham said. "The increase is concerning." Peel Region officials said they have been following the opioid crisis in British Columbia closely and even though the jump is not nearly as dramatic, there are several underlying concerns. "The spoken or unspoken question in everyone's mind is: could what's happening out west happen here and is there anything we can do to prevent that?"

Bingham noted. "To be honest, I don't know, but we can mitigate the harm and learn the lessons our colleagues out in the west have learned." For starters, current work is focused on analyzing and summarizing details about the opioid use and overdose within Peel; developing a local overdose surveillance system, co-ordinating urgent response planning, and expanded naloxone distribution.

A comprehensive opioid strategy for Peel will also involve working with partners on accessible and effective treatment for opioid addiction as well as prevention, Bingham explained.

Until 2016, naloxone could only be purchased through pharmacies, but this year the region added distribution of the drug through Peel Works Needle Exchange Program (PWNEP) and mobile vans. The cost of naloxone is shouldered by Queen's Park as part of the province's strategy to combat the growing opioid crisis in Peel. Since March, Peel has distributed over 65 naloxone kits.

While it can save lives, naloxone alone cannot fight the waging war of opioid crisis. The role of law enforcement is critical.

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Look Inside for *Canada 150*



Examining the opioid crisis in Peel

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The blue-and-white hospital admission band circling Zach's wrist is a telling reminder of his close encounter with death.

A day earlier, an alert security guard patrolling the downtown Brampton area, had stumbled upon the pale and confused 22-year-old who was making choking sounds. The guard promptly dialled 9-1-1. Zach was clearly in the throes of a drug overdose.

The Bramptonian admits he regularly craves the deadly mix of heroin cut with carfentanil, an opioid generally used as an elephant tranquilizer. When it comes to his addiction, the opioid cocktail has him in a vice grip.

The recent overdose was Zach's fourth in five weeks.

● See OPIOID page 38



HAPPY BIRTHDAY, CANADA

See page 15

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Opioid crisis stumbles its way around the Dark Web

● Continued from front

On the previous occasions, sensing an imminent and fatal outcome, Zach was able to reach out for his naloxone spray stashed in his backpack.

"I have lost everything to addiction," Zach says, explaining he started along the slippery slope of drug addiction when he was 10 years old. "I hate what I have become. I sometimes feel I am addicted to the risk and chaos."

But when you're "chasing the dragon," (slang for heroin use), it's the dragon that ends up slaying you, he says.

"The hardest part of sobriety is not the stopping, it's continuing to stop using," the Brampton man says, adding his stint in rehab few years ago lasted four months.

Addictions counselling: Get in line

Steven Morris, an addictions counsellor with the Canadian Mental Health Association (CMHA) Dufferin-Peel has seen an influx of clients seeking his help over the past few years. Despite an emerging opioid crisis in Peel, Morris is just one of three addictions counsellors serving a catchment area with more than 1.5 million residents.

"I call the current opioid situation an epidemic as opposed to a crisis," Morris said. "Fundamentally, we need more money to be put into addictions services across the country."

There's currently a wait-list of three months for those seeking help with their addiction issues. This coupled with a pattern of chronic underfunding within the Mississauga Halton Local Health Integration Network (LHIN) and Central West LHIN has placed an enormous stress on CMHA Dufferin-Peel's resources, he said.

In 2015/16, the Mississauga-Halton LHIN spent \$26 per person on mental health and only \$5.4 per person on addictions, whereas the Central West LHIN—which includes Brampton and Caledon—spent \$33/person on mental health and \$6.1/person for addictions.

The two LHINs are among the



Christopher Cheung photo

(Above) Mississauga's Donna May, a harm-reduction advocate has been working tirelessly to bring about awareness and policy changes with regards to the opioid crisis in the country. May's daughter Jac (Below), 34, died of an opioid overdose in 2012. Mississauga's Jac seen in this dated photo at her Grade 8 graduation.

lowest spenders. Neighbouring LHINS such as Toronto Central allocated \$103.7 on mental health and \$30/per person on addictions.

The Dark Web: an Internet alleyway

Last year, Prime Minister Justin Trudeau signed an intelligence-sharing agreement between the RCMP and China's ministry of public security in an effort to crack down illicit Chinese laboratories and suppliers that manufacture fentanyl.

The investigations have yielded no major breakthroughs largely because tech-savvy criminals have created an impossibly complex web of covert supply chains online.

Illegal drugs can be purchased through disposable credit cards, loaded with money coaxed from family and friends. Some users



Donna May photo

and drug suppliers pay with Bitcoin, a digital currency.

The RCMP through its investigations has found synthetic opioids like fentanyl and carfentanil often arrive in Canada as small packages through mail from China.

"Criminal networks operate on the Internet via the Dark Web, which continues to serve as the main gateway for the sale and illegal importation of illicit fentanyl into Canada," said RCMP media relations officer Sgt. Harold

Pfleiderer.

In 2015 RCMP crafted a report, The Canadian Fentanyl Story: Heightened presence and threat in the illicit market in which it talked about the emergence of open market involving myriad organized crime groups and trafficking cells at varying levels of the illicit fentanyl trade.

The rapid growth of the illicit fentanyl market was directly linked to China-sourced fentanyl and its analogues via Internet websites, the report said.

Peel Insp. Taufic Saliba, officer-in-charge, major drugs & vice unit, said his force's opioid strategy is a collaborative one that involves organizations such as health, education and public sector, government and individuals working in the frontline of the war against opioids.

"This substance is available through various forms including medical patches, powder, pill and liquid. Medical experts maintain that the smallest quantity of fentanyl can be fatal," Saliba said.

Early in June, Ontario's provincial police announced it was equipping its front-line officers with naloxone kits.

Peel Regional Police officers do not carry naloxone.

The Mom/Advocate

Donna May's daughter Jac, 34, died of an opioid overdose in 2012. Since then, May, a harm-reduction advocate, has devoted herself to bringing about policy and legislative changes around the growing opioid issue.

"It's not about addiction, it's about kids going out on a Friday/Saturday night and instead of having a bottle of beer decide to use cocaine or another illicit substance and unfortunately, those substances are laced with deadly chemicals now, poisons," May said.

Sharing her grief and story brought her in contact with other parents of users and in turn led her to start mumsDU (moms united and mandated to saving the lives of Drug Users).

The group is a coalition of Canadian mothers that have banded together to emerge out of the stigma and shame of drug use.

The Mississauga mother's work has resulted in several promising changes such as the Good Samaritan Law, introduction of supervised injection sites and easy access to naloxone for everyone.

Calling for help in case of overdoses is not straightforward, especially when drugs are involved. May and others worked diligently for the introduction of The Good Samaritan Law that would grant immunity from drug charges to those that dial 9-1-1 to report an overdose.