

‘Every fentanyl addict out there is just a hurting person hiding from whatever problem they have’

Recognizing National Addictions Awareness Week, Nov. 22-28

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** In the interest of privacy, the real names of some of the interview subjects within this article have been replaced with aliases.*

For a casual observer, the growing opioid crisis in Canada may seem like a problem localized within larger urban centres, in distant cities like Vancouver, Montreal or Toronto. The reality is that no community’s population is immune from opioid addiction and overdose-related deaths, and that includes rural midwestern Ontario.

Last year, there were 7,328 deaths from opioid overdoses in Canada. Over one-third of those occurred in Ontario alone with 2,501 fatalities recorded, according to online source statista.com. Those are truly shocking numbers, but for the family members and friends of the victims left behind, it goes well beyond the statistics. These people were not just numbers in a database; they were living, breathing humans who loved and were loved in return.

Fentanyl is not a new drug by any means. It was first synthesized in the United States over 60 years ago, primarily as an effective pain reliever for cancer patients and those recovering from major surgeries or other medical procedures. It is 100 times more potent than morphine, greatly increasing the chance for accidental overdose. Fentanyl is produced in a grain form, with each roughly the size of a poppy seed. It is tasteless and odourless, and can be taken in tablets, smoked, injected, or through skin patch form.

Listowel Pharmasave owner Harminder Nijjar has a master’s degree in mental health and addiction, and used an analogy to describe the unpredictability of using non-prescribed fentanyl. “If we look a pepperoni pizza... pepperoni is fentanyl and the perfect fentanyl would be a pepperoni pizza evenly distributed, therefore we know the potency,” he commented. “But with street fentanyl, all the pepperoni is on two slices.”

“The reason fentanyl is such a dangerous and unpredictable drug is due to the manufacturing process. The fentanyl does not equally distribute through the batch, leading some areas to be highly potent and deadly, and other areas have minimal to no



Contributed Photo

Last year, there were 7,328 deaths from opioid overdoses in Canada. Midwestern Ontario is certainly not immune, as the usage of highly potent and non-prescription fentanyl amongst the population continues to cause crippling addictions and overdose-related fatalities.

drug.”

Fentanyl and its more potent cousin, carfentanil (an analogue of fentanyl synthesized as a sedative for large animals such as elephants), has experienced a spike in popularity amongst non-prescribed users as a potent pain reliever, especially over the last 10 years. Non-prescribed fentanyl users would typically take it at much higher doses than prescribed by a medical professional, subsequently increasing the risk of overdose with every use. It can also be mixed in undetected with virtually any other recreational drug – many overdoses can happen without a user even aware they are taking fentanyl in the first place.

Every fentanyl user has their own story, and why they first began experimenting with it in the first place. Gregory Faulkner’s began over a decade ago after a bad car accident.

Like many veteran drug users, Faulkner, now in his early 30s, started out with recreational marijuana. Coming from a rural area and upon entering high school, he soon found others who shared his pastime of choice.

“Potheads are the most accepting crowd out there,” he said. “Then you move up from smoking pot to doing coke on the weekends, and then smoking crack once in a while. Then all of a sudden, I was doing opiates.”

The downward spiral
His opiate consumption accelerated following the accident when he was in his late teens. Not

wanting to report the incident because of insurance means and potential police charges, Faulkner essentially went underground to avoid the consequences. But he still had his badly-injured back to contend with, and to help manage the pain he turned to OxyContin.

“I couldn’t imagine what that would be like just sitting there watching someone that you care about basically playing Russian roulette every day. Adding one more bullet.”

Obtaining the powerful tablets in a non-prescription sense wasn’t cheap, and like with most drugs, the more you take, the less potency they have over time. Eventually he was snorting several ‘Oxys’ every few hours, until someone showed him how to inject them. Suddenly, one pill would do the work of half a dozen.

With Oxy supplies dwindling because of rising public pressure to ban the drug and following producer Purdue Pharma’s withdrawal of it from the Canadian medical market in 2012, Faulkner eventually shifted to

Dilaudid (hydromorphone), and then ultimately fentanyl.

“Every time you upgrade to another drug like that, there’s a whole group of people that just won’t talk to you anymore,” he said. “They just disown you, because of what you do. Especially when it comes to fentanyl. Even myself back then, if you did fentanyl, I didn’t want anything to do with you. Because the way I looked at it, you were pretty much trying to commit suicide every day as far as I was concerned.”

Faulkner also used heroin, and began experimenting with a combination of fentanyl with it, along with other opiates. He estimates that he has “went down” – or overdosed – roughly half a dozen times.

“I was in the back of the ambulance, and I remember waking up and ripping the IV out of me, and refusing any kind of treatment. I went back to my buddy’s house, took another toke and dropped,” recalled Faulkner. “I wound up waking up in the hospital, and four cops were pinning me down to the gurney. After that experience, I haven’t really felt whole since then.”

Medical personnel essentially brought Faulkner out of a self-induced coma once he arrived at hospital. Coming from a large, loving family of Christian faith, what he experienced while being under and close to death wasn’t what he had been taught in terms of his religion.

“To me, I couldn’t believe that I had died, because it was just

black. Nothing,” he said. “I was thinking, well if I had died, why wasn’t there something, or anything? I wasn’t actually dead-dead though.”

It wouldn’t be the last time Faulkner “went down” over the years. Fentanyl users in particular are often hesitant to call an ambulance if someone within a group overdoses, mainly due to the availability of free naloxone kits through pharmacies. Naloxone – or ‘Narcan’, referring to original brand name – is a fast-acting, nasal-administered drug that is affective in temporarily reversing the effects of an opioid overdose. It can restore breathing within two to five minutes, but only remains active in the body for anywhere from 20 to 90 minutes. The effects of most opioids last much longer, and hospital treatment should still be sought regardless of someone intervening with naloxone.

Faulkner described overdosing and then restoring your senses as “somebody hitting the reset button on you.”


“I don’t know how to explain it. You know you’re out for a while, because you know you’re missing time. You know there’s a space when you know you weren’t there, when you weren’t consciously aware of what happened,” he said. “It’s a really freaky feeling, not knowing what’s happening. It’s like getting put out for surgery and then waking up, but you don’t wake up in the hospital.”

Another reason for utilizing the hospital as a last resort is what Faulkner explains as a stigma against drug users, and fentanyl addicts in particular. And despite Ontario’s *Good Samaritan Drug Overdose Act*, ‘which provides some legal protection for people who experience or witness an overdose and call 911,’ Faulkner said there’s nothing stopping police from returning to the scene later after the initial incident to lay possession charges against those present.

“I’m not going to go to the hospital unless I have to,” he said. “If you kept going down over and over again, maybe you would. Nobody wants to go to the hospital – do you know how embarrassing that is ending up in the hospital after overdosing on fentanyl?”

“If you’re doing meth and you have any kind of problems, they look at you like it’s your own fault – you don’t need health care. They treat you totally different.”


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Funding shortfall to affect HPPH programs, services in 2024

Restructuring includes loss of 13.5 jobs for organization

SPECIAL TO MIDWESTERN NEWSPAPERS

HURON-PERTH – Huron Perth Public Health (HPPH) will be restructuring its programs and services effective January 2024 to address a challenging budget shortfall. Prior to the 2020 amalgamation of the Huron County Health Unit and Perth District Health Unit, both organizations received little to no budget increases while expenses continued to rise due to inflation, affecting wages and other operating costs. During the acute pandemic phase, one-time COVID-19 funding allowed HPPH to provide a comprehensive response to the COVID-19 pandemic; at that time approximately

75-78 per cent of HPPH staff were redeployed into COVID-19 response and some additional staff were hired. However, increases to the base budget were limited, and did not keep up with rising expenses. With COVID-19 funding ended, HPPH must address a \$1.5 million funding gap accumulated over the last five years. The province’s recently-announced 1 per cent increase for public health units over the next three years is welcome news, but still not enough to cover the gap. “We have had to make difficult decisions,” says Dr. Miriam Klassen, Medical Officer of Health for Huron and Perth. “We have spent the past year decreasing program expenses in a

variety of ways; however, most of our budget is for human resources. We had to make the difficult decision to remove positions from the organization.” There will be 13.5 positions removed from the HPPH organizational structure, which is an approximate 10 per cent reduction in staffing levels. Some of these eliminations will occur through retirements and unfortunately, layoffs and the ending of temporary staff contracts. Positions will be removed from several areas of the health unit, including management. These changes will impact the programs and services HPPH will be able to provide to the community. HPPH will be relying on its newly-released 2024-

2027 Strategic Plan to help determine how best to deliver programs and services in the years ahead. The plan is available for viewing at www.hpph.ca/reports. “Public health in Ontario is heading into a transitional time,” says Dr. Klassen. “Public health structure,

funding and mandates are under review. We expect new Ontario Public Health standards to be implemented in 2025, and a new funding approach to be implemented in 2026.” HPPH continues to participate in the consultation process for these initiatives. The HPPH 2024-2027 Strategic Plan will help HPPH chart the

course in the transitional years ahead, building on the organization’s mission, vision and values to focus on specific priorities and initiatives. More information about specific changes to HPPH programs and services will be communicated as they are implemented. Changes are expected to take place by January 2024.

COVID, flu vaccines now available in Huron-Perth

SPECIAL TO THE BANNER

HURON-PERTH – As of Oct. 30, the COVID-19 XBB vaccine and the influenza vaccine (“flu shot”) are available to everyone aged six months and older. Individuals can receive their next COVID-19 dose if it has been a recommended six months since their last dose or confirmed COVID-19 infection. “We know that COVID-19 continues to circulate, and that flu has arrived in Huron-Perth,” says Dr. Miriam Klassen, medical officer of health for Huron-Perth. “Both viruses can lead to serious illness, especially for older adults. Vaccination is the best protection and I encourage all residents aged six months and older to get their COVID and flu vaccines this fall.” Public Health officials say it is safe and convenient to receive both a COVID-19 vaccine and a flu shot at the same time. The vaccines are available through participating pharmacies, some primary care providers, and public health unit clinics. A list of pharmacies offering vaccine can be found at <https://www.ontario.ca/vaccine-locations/>. For information on Huron Perth Public Health vaccine clinics, visit www.hpph.ca/getvaccinated. Clinics are taking place across Huron and Perth in November. Appointments are required, except for those under the age of five. Appointments can be booked online at www.ontario.ca/book-vaccine/ or by call-

ing 1-833-943-3900 (Monday to Friday, 8:30 a.m. to 5 p.m.).

Keep preventing the spread of respiratory illness
As respiratory season continues and respiratory infections increase, Public Health officials encourage everyone to use layers of protection to prevent getting and spreading respiratory viruses, including the flu and COVID-19.
Screen daily for signs of illness and stay home when you are sick. Stay home until all of the following apply:
- your symptoms have been improving for at least 24 hours (or 48 hours if you had nausea, vomiting and/or diarrhea);
- you do not have a fever;
- you do not develop any additional symptoms.
When you are no longer isolating, do the following for 10 days from when your symptoms started:
- wear a tight-fitting, well-constructed mask in all public settings;
- avoid non-essential activities where you need to take off your mask (for example, dining out);
- avoid non-essential visits to anyone who is immunocompromised or may be at higher risk of illness (for example, seniors).
More information about illness prevention, and local data about respiratory virus activity is available online at www.hpph.ca/illness.

Fentanyl, opioid addiction continues prevalency in rural midwestern Ontario

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Easy accessibility

Fentanyl’s affects – albeit much stronger – share the same quality as other opiates in that its countless varieties eventually begin to lose their potency over sustained usage. That’s why the illegal market is flooded by so many variations (and colours) of the drug, further increasing the danger based on its growing variety of origins, which are both domestic and internationally-based. A gram of fentanyl can cost anywhere from \$100 to \$200. Faulkner at one point was spending around \$100 a day just to be in a place of comfort with his ongoing pain. “In a small town like this, I could probably get five different kinds right now. But that’s in a small place,” said Faulkner. “If I go to Hamilton or someplace like that, I could probably get 40 or 50 different kinds. It’s just like coke – it comes over in a brick and this person stomps it, and then this person stomps it. They don’t know what the last guy put in, and the last guy before him put in. They’re just trying to stretch their product. “It changes people so bad. I’ve seen people change from meth, and every drug I’ve seen effect people in different ways. When it comes to fentanyl... and carfentanil... it takes control over you. Anything that can take control over your thinking in that sense, can also take control over you in other ways.”

‘It was actually real’

Faulkner spent some time living in the city and saw death from fentanyl first hand, in apartment buildings and other low-income residences he called “trap houses.” In North Perth, the reality of fentanyl’s toxicity was further driven home with the overdose death of Allen Gordon in June of this year. Gordon was a popular local man in the community who had been “living rough” for some time. Listowel It Takes A Village Director Andrea Charest knew Gordon well, as did local Sarah Brown. Gordon had previously overdosed on fentanyl, but no one was still prepared for the news that the last incident had taken his life. Around the time of his death, there were four total fatal fentanyl overdoses in the Huron-Perth region, as well as multiple near-fatal overdoses in Huron-Perth and Bruce-Grey. “When Allen died, it was actually real,” said Brown. She is an addict herself, although not to fentanyl. Brown has brought many people back using naloxone kits over the years. “People were in shock because it actually happened, and that he died from his overdose,” added Charest. “When people talk about fentanyl use or addiction, that’s one of the things I hear people say; it’s this blanket statement and we lose the people. We lose individual humans, and supporting for them and caring for them in that way.”

Collateral damage

Faulkner has maintained a long-term relationship throughout his fentanyl addiction. She has been his one stable element during that time, and he knows that his drug abuse has been extremely hard on her as well. “I couldn’t imagine what that would be like just sitting there watching someone that you care about basically playing Russian roulette every day. Adding one more bullet,” he said. “But I don’t know what else to do. “I’ve put her through hell. And she’s stood by me through all of it. She’s been everything to me.” Charest said that the peripheral effects on everyone around the addict are profound. She added that above all, “we need to have the courage in our community to talk honestly about things, because we need to support the people who love people who are navigating these paths. It’s a really horrible feeling to feel so alone in a community where you would otherwise engage people in either sports or dance, whatever the case may be. Then you attend these things and have this cloak of shame because you love someone who is navigating substance abuse dependency. We need to make it OK and comfortable.” “Not only does substance abuse horrifically impact the person who is dealing with it, but it also horrifically impacts every other person who cares for that person,” said Charest. “At the end of the day, that is a person and a human, and somebody cares about them and somebody loves them. We need to be able to have the courage to talk about these very human things. “We talk about strength and inclusion in our community, and this has to be a part of that.” After spending half of his life as an addict, multiple overdoses, and various encounters with police that resulted in jail time, Faulkner is still here and willing to speak about his experiences to help others understand that beyond the numbers and statistics, there are real people behind them. He didn’t come from a broken home. He remains a fiercely loyal and caring person to those around him. But it only takes one instance to cause a chain reaction that can drastically alter your life – whether it be good or bad. He advised those in similar circumstances to “be more cautious about the one who is really suffering.” “Everything that you go through makes you who you are,” said Faulkner. “Yeah, I hate a lot of the things I’ve had to go through, and I wish that I didn’t hurt the people that I did as I went through them. Most of the people that I hurt were the ones that cared about me the most. “Every fentanyl addict out there is just a hurting person hiding from whatever problem they have. There’s not a lot of help out there for people who really need it. The more you use drugs, the worse your life gets. Using drugs doesn’t help, but it numbs it. It keeps you from crying all the time.”

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