10th Anniversary



SASKATCHEWAN FEDERATION OF POLICE OFFICERS

PRESCRIPTION DRUG ABISSION OF AN ANTERSE GUIDE









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2018 Crime Prevention Guide

The Government of Saskatchewan is pleased to support the Saskatchewan Federation of Police Officers' (SFPO) Annual Crime Prevention Guide. This year's guide focuses on increasing awareness about prescription drug abuse.

When used properly, prescription medications help treat a variety of conditions, however, when misused they can cause dependence, overdose, and death. Our government takes prescription drug abuse seriously and together with our health care professionals and law enforcement officials we are actively working to create awareness of the dangerous effects of prescription drug abuse, as well as preventing these dangers from occurring. The government provides alcohol, drug and addictions resources for citizens to learn about the risks and effects of misuse and services available for recovery. We must all be vigilant in delivering a strong message on the consequences of drug abuse.

The Saskatchewan Federation of Police Officers represents over 1000 personnel from six municipalities across Saskatchewan. The SFPO is committed to upholding professionalism while providing support to our communities and making recommendations to the Saskatchewan Police Commission. All proceeds from this publication go directly to support improvements in law enforcement and to the SFPO to contribute to community-based programs.

Thank you to the SFPO and to all active police personnel for your continued commitment to keeping our communities safe.

Scott Moe Premier



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The Saskatchewan Federation of Police Officers represents over 1,300 police personnel from six municipalities in Saskatchewan: Regina, Saskatoon, Prince Albert, Moose Jaw, Weyburn and Estevan. The SFPO is comprised of 8 police associations from each of those cities including senior officer associations in Regina and Saskatoon.



FROM THE PRESIDENT



Dear Supporter,

As President of the **Saskatchewan Federation of Police Officers**, I am proud to introduce our **10th Annual Crime Prevention Guide**, focusing on Prescription Drug Abuse Awareness.

On behalf of the 1,300 men and women representing the Saskatchewan Federation of Police Officers, I encourage you to read through this year's Guide.

Our dedicated members of the **Saskatchewan Federation** of **Police Officers** work hard every day to ensure the public's safety, keep their communities safe and build public trust. Our officers in Saskatchewan continue to build relationships within our communities and we value these partnerships.



Thanks to all for the contributions and support by many individuals, businesses and organizations throughout the province who make this publication possible through your generous donations.

Thank you for continuing to work together to build safe communities throughout Saskatchewan.

Sincerely,

Casey Ward President Saskatchewan Federation of Police Officers



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FROM THE PUBLISHER

On behalf of the **Saskatchewan Federation of Police** Officers, I would like to take this opportunity to sincerely thank each and every contributor to our Annual Telephone Appeal, allowing this unique publication to be distributed to schools, libraries and public facilities, and also available online at **saskpolice.com**, making it easily accessible to everyone.

The Saskatchewan Federation of Police Officers publishes these Annual Crime Prevention Guides to educate the public on important community concerns. This 10th Anniversary Crime Prevention Guide targets the very serious problem of Prescription Drug Abuse, focusing on the terrible consequences of abusing opiates, including the recently publicized fentanyl scare.

This publication is made possible as a result of financial contributions from residents and business representatives throughout the province. With their generous support for the activities of the **Saskatchewan Federation of Police Officers** is also able to give back to their communities through donations to various local charities and programs for youth.

Your comments or suggestions regarding these publications are always welcome and we look forward to speaking with you each year during our Annual Telephone Appeal.

Respectfully,

Marki

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10TH Annual Community Guide

TAFECF CONTENTS



Message from the Premier	1
Board of Directors	2
Message from the SFPO President	3
Publisher's Page.	5
SFPO made a \$5,000 donation to to the Royal University Hospital Foundation's "GREATE.R. Campaign."	9
CANADIAN POLICE ASSOCIATION 2018 LEGISLATIVE CONFERENCE	11
14th Annual Saskatchewan Police and Peace Officers Memorial	17
Estevan Police Association	21
Prince Albert Police Association	23
Regina Police Association	
Saskatoon Police Association	27
Weyburn Police Association	29

PRESCRIPTION DRUG ABUSEAWARENESS

What is Prescription Drug Abuse?
Help Prevent Problematic Prescription Drug Use
Prescription Medications
Opioid Crisis: No Easy Fix
'The Crisis has worsened': Opioid-related deaths on the rise in Canada
Warning Signs of Prescription Drug Abuse
Opioid Overdose Signs and Symptoms
Adult Recovery: What to do if alcohol or drugs are causing problems in your life 57
What is Fentanyl?
Frequently Asked Questions about Fentanyl
How Canada Got Addicted to Fentanyl
Fentanyl's Deadly Path
The FACTS about Street Fentanyl
Opioids in Canada
Teenager's Death Sparks New Concerns About Fentanyl in Saskatoon
Take Home Naloxone: Frequently Asked Questions 79
Preventing Overdoses with Naloxone
Naloxone
Take Home Naloxone Overdose Prevention Training and Kits 85
5 Steps to Save a Life
New stats on SK opioid poisonings don't tell full story
Addiction Treatment
Your Community has Connections to Help
Methadone for Opioid Dependence
Where to Get Help
ADVERTISERS' INDEX
There's Help for Drug Addiction More Resources



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Proceeds from this 10th Anniversary Crime Prevention Guide allowed the SFPO to make a \$5,000.00 donation to the Royal University Hospital Foundation's "GREATE.R. Campaign."

The donation supports the building, equipping and furnishing of the new Mental Health Assessment and Short Stay Unit for mental health and addictions patients and their families seeking emergency care at RUH. RUH's new Adult Emergency Department is currently under construction and will be completed late in 2019. Its floor space will be almost 2.5 times larger than that of the current emergency department that was last redeveloped 40 years ago. It includes 35 separate examination rooms with glass sliding doors for increased privacy and safety, and has a helipad on the rooftop with direct elevator access to the Emergency Department's trauma zone to enable faster response times.



Left to right: **Bernie Eiswirth** (SFPO Executive Officer) and **Casey Ward** (SFPO President) present a \$5,000 donation to **Tracy Muggli** (Saskatoon Health Region Director of Mental Health and Addictions Services), **Dr. Marilyn Baetz** (Unified Head of the Department of Psychiatry for the Saskatoon Health Region and College of Medicine), and **Arla Gustafson** (RUH Foundation CEO) in support of the Royal University Hospital Foundation's "GREATE.R. Campaign."



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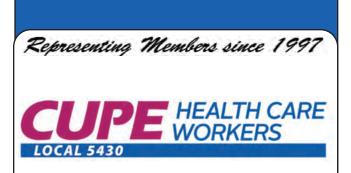


"Through increased awareness and combined efforts we can work to reduce the harms of prescription drug abuse"

- Hon. Don Morgan, Minister of Justice and Attorney General

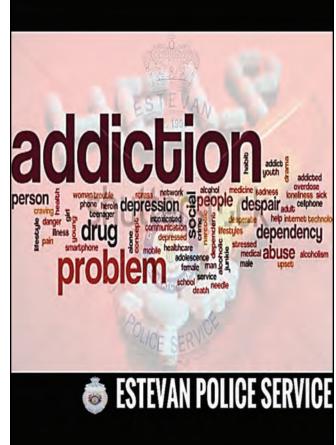
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CANADIAN POLICE ASSOCIATION 2018 LEGISLATIVE CONFERENCE



Canada's Minister of Public Safety Ralph Goodale meets with CPA President Tom Stamatakis prior to the Minister's presentation to CPA delegates gathered in Ottawa

This past April, PAO representatives along with their counterparts from across Canada met with MPs, senators and federal ministers as part of the 2018 CPA Legislative Conference. These individual meetings in tandem with a full business agenda provided association leaders with an opportunity to bring an informed message on behalf of our frontline to the members of all major political parties. This year our efforts focused on the three issues outlined below and we will continue to ask for status updates in the weeks and months ahead.

The Issue Employment Insurance for Police Personnel on Parental Leave

Police officers on parental leave are frequently and routinely subpoenaed during that leave to testify in criminal matters stemming from prior police duties. The practice of numerous police services in those instances was to have the day of the court appearance added to the end of the parental leave, extending it by the amount of time lost for the officer to prepare for and attend court as required.

A few years ago Employment Insurance (EI) conducted an examination of this practice and essentially concluded it was a contravention of the EI provisions with respect to applicable earnings. Even though the compensation was provided in time only to make up for the leave lost, EI took the position that it amounted to additional employer provided earnings which were then subject to claw back from the EI payments as income.

Therefore if the member claims the court appearance in time compensation from the Police Service employer, it is considered as applicable earnings and deducted from his/her El parental leave benefit. There is no longer any ability to provide additional time at the termination of the parental leave for police officers in recognition of the time lost to court appearance. Essentially the officers appear in court, lose days off their parental leave which cannot be recouped.

The Solution

The CPA would like to propose an amendment to the Act and/or regulations governing Employment Insurance to ensure that if a police officer on parental leave is subpoenaed to court as a result of prior police duties, that any compensatory time provided in recognition of that not be unnecessarily clawed back by El.

This amendment would at least provide a reasonable opportunity for our colleagues to recoup the time lost with their families and also recognizes the unique challenges that they face trying to balance their obligations as police officers against those new challenges they face

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CANADIAN POLICE ASSOCIATION

2018 LEGISLATIVE CONFERENCE continued



SFPO members meeting with Ralph Goodale

as parents; a time that most other Canadians enjoy unfettered by their employment obligations.

The Issue Mandatory Minimum Sentencing

Police officers are, appropriately, subject to the most rigorous oversight regime of any profession in Canada, and while incidences involving use-of-force are extremely rare (less than 1% of interactions, according to Canadian statistics), there are occasionally cases where police personnel have been held accountable for what the courts have deemed unlawful usesof-force.

Sections 220 and 236 of the Criminal Code of Canada provide for mandatory minimum sentences of four years when an individual is convicted of manslaughter or criminal negligence causing death, where a firearm has been used in the commission of the offence. While the original goal of these minimum sentences was to act as a deterrent with respect to the proliferation of firearms, unfortunately these minimum sentences fail to take into account the unique nature of the duties of police personnel, who are required to carry a firearm as part of their regulation uniform, and can deploy that firearm as part of the recognized use-of-force continuum.

Because police officers are expected, in the course of their duties, to intervene in numerous operations where the risk of physical and psychological harm is present, both for the officers themselves, and the public in general, we believe it is important to draft a sentencing framework that allows judges to have the discretion necessary during sentencing, to recognize the unique circumstances faced by police personnel, particularly with respect to firearms. These incidents are dynamic and unfold quickly requiring officers to make split second decisions where even a momentary lapse of judgment could mean the difference between a successful intervention and one subject to review.

The Solution

The CPA asks Parliament to consider drafting a new sentencing framework with respect to Sections 220 and 236 of the Criminal Code of Canada to recognize that police personnel are authorized, and at times required, to use their firearms in the course of their duties, and to exempt officers from the mandatory minimum sentences prescribed in the current Criminal Code of Canada, giving the judiciary the discretion to recognize that even in circumstances where police officers are being held accountable, that the officers themselves may have been acting in good faith as they discharged their duties.



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CANADIAN POLICE ASSOCIATION

2018 LEGISLATIVE CONFERENCE continued



SFPO President Casey Ward at CPA meeting

The Issue Parole Reform Targeting Repeat and High-Risk Offenders

The Canadian criminal justice system is a complex and interconnected process where action, or inaction, in one area can have unintended and negative consequences in another. The need to effectively target repeat offenders is significant because, as front line law enforcement officers know all too well, a defining reality of our justice system is that a disproportionately small number of offenders are responsible for a disproportionately large number of offences. Operationally targeting such offenders produces positive public safety results and the same is true of targeted legislation and policy.

It is in that context that the Canadian Police Association continues to propose the creation of statutory consequences for offenders who commit new offences while on conditional release and to replace the entitlement of statutory release with discretionary parole. These amendments are proposed in the belief that early release from a court imposed sentence should be a privilege to be earned and not a right to be demanded.

The Solution

Create the Offence of breaching conditional release:

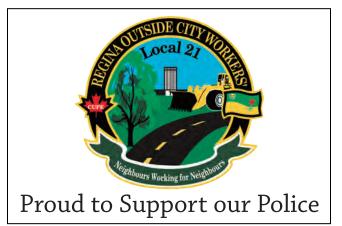
It is critically important that there be an accurate record kept with respect to an offender's breach of conditions while on early release so that any future justice system decisions take into account such conduct. This reality is reflected in the creation of a separate criminal offence of breaching the conditions of bail or probation yet, inexplicably, breaching the conditions of parole is not a criminal offence.

Require reporting of breach of conditional release by supervising authorities: After the fact examination of crimes committed by repeat offenders such as Albert Foulston, demonstrate that breaches of conditional release by offenders are not always reported to the Parole Board of Canada which means its authority to suspend or revoke early release is neutered. Creating an obligation on a supervising entity, which includes offender advocate groups as well as Correctional Service Canada (CSC), would resolve this deficiency and enhance offender and institutional accountability.

Saskatchewan Federation of Police Officers







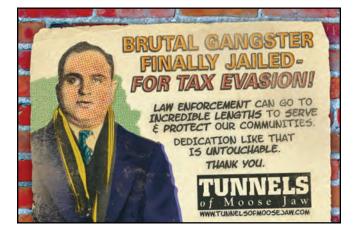
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14th Annual Saskatchewan Police and Peace Officers Memorial

The 14th Annual Saskatchewan Police and Peace Officers Memorial honoured 62 fallen members who died on duty in the province. The names on the Honour Roll date back to 1877.







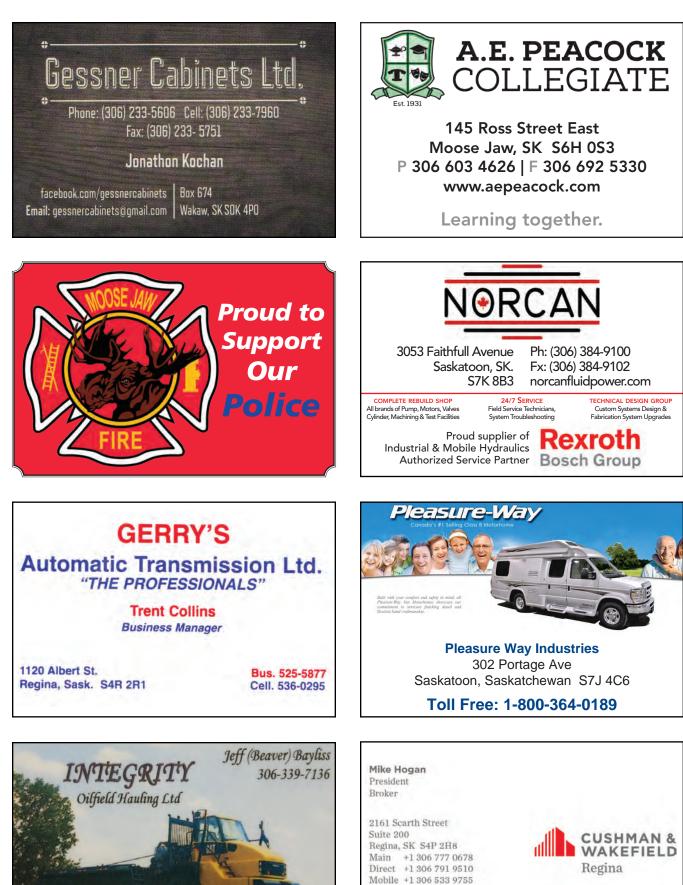
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14th Annual Saskatchewan Police and Peace Officers Memorial

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ESTEVAN POLICE ASSOCIATION ESTEVAN

"Serving with Pride"



The Estevan Police Association continues support for youth education. This year's recipient of the Estevan Police Association Bursary was John Sasi, presented to him by the Estevan Police Association President at the 2018 awards night in Estevan.



Estevan Police Association purchased 'Cross Fit' equipment for local youth to use when training at the Estevan Cross Fit facility.



S/CST Brienne Malmgren and Tyler McMillen of the Estevan Police Service give a \$1,000 donation to Holy Family Roman Catholic School Division - Sacred Hearts School for upgrades to one of the local playgrounds.



Estevan Police Association purchased 'Cross Fit' equipment for local youth to use when training at the Estevan Cross Fit facility.

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Prince Albert Police Association Team placed first in the Inaugural Year (2018) of the **Kid Sport** fundraiser and plan on defending the title next year. **Kid Sport** raises funds to enable local less-fortunate youth to have registration fees and equipment supplied so they have a chance to participate in community sports.



Thanks to some fantastic community partners in Fresh Air Experience, Genes Cycle & Sports and Propaganda, the Prince Albert Police were able to give these youth brand new bicycle helmets in June 2018. Dozens of helmets are going to youth to protect themselves from head injuries.



Congratulations to Prince Albert Police Service's three new officers who graduated from Saskatchewan Police College in June 2018: Constables Danyliuk, Gahrha and Benitez, pictured with Acting Chief Rowden.



Cst. MacDonald helping control traffic with a young future police officer in May 2018.

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REGINA POLICE ASSOCIATION



Regina Police Association executive board members with Hon. Ralph Goodale at the 2018 Canadian Police Association Lobby Day



Regina Police Service recruit class



President, giving opening remarks at 2018 Regina Police Association Spring Retirement Gala



Regina Police Association sponsored members who participated in the Law Enforcement Ride to Remember, pedalling from Prince Albert to Regina in remembrance of those who have lost their lives in the line of duty.



Regina Police Association Regina Red Sox Family Fun Day



Sgt. Kelly Berting and Cpl. Angela Desjarlais as Masters of Ceremony of the 2018 Regina Police Association Spring Retirement Gala

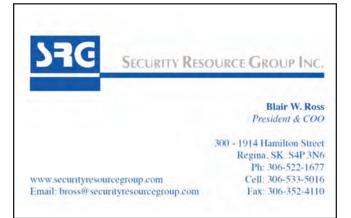
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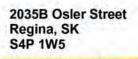
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From on-campus awareness initiatives to researching substance abuse prevention and treatment, the U of S supports educating everyone in prescription drug abuse.

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SASKATOON POLICE ASSOCIATION



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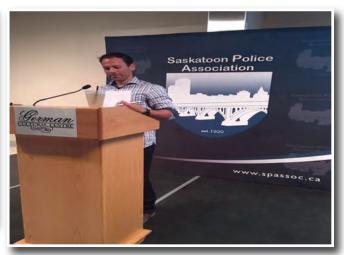
The Saskatoon Police Association congratulate Chief Weighill on his retirement and thank him for the professional relationship they shared during his time as Police Chief of the Saskatoon Police Service.



The Saskatoon Police Association welcomes Chief Troy Cooper as he joins the Saskatoon Police Service. We look forward to working with him to make Policing the best it can be for the Members of the Saskatoon Police Association and the citizens of Saskatoon.

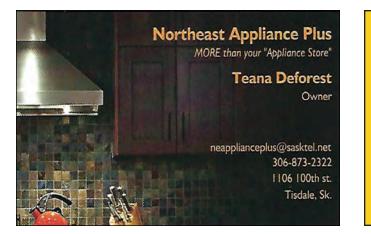


Executive Members of the Saskatoon Police Association attended the 2018 Legislative Conference and speak with a number of Members of Parliament including discussions with Minister of Public Safety, the Honourable Ralph Goodale. Important conversations were had regarding the mental health of Police and other first responders.



The Saskatoon Police Association "honour" recently retired members at the 2018 Annual Retirement Social and Pig Roast. Congratulations to all who retired and thank you for your service!

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WEYBURN POLICE ASSOCIATION





Weyburn Library Branch Supervisor Colin Evans handed out certificates of appreciation, during a donor appreciation event held on May 26. At left, Constable Melinda Mintenko of the Weyburn Police Service accepted on behalf of the Weyburn Police Association. At right, Dallin Chicoine accepted on behalf of Prairie Sky Coop.



Congratulations to Cst. Bartsch & Cst. Mintenko who both received a Chief's Commendation for their dedicated work on their respective community policing initiatives on minimizing impaired driving & mental health awareness.



Weyburn Police Association donated \$500 to SE Regional Library Weyburn to help in recouping the cost of stolen electronics & games lost in a break & enter. Representing the WPA, Cst. Wiebe presents the donations to Debbie Tollefson of the Weyburn library branch.



WEYBURN POLICE ASSOCIATION



Marathon for Mental Health

He is known in the community as the police officer

who runs for a good cause



Weyburn Police Service Constable Jeff Bartsch has been making a name for himself running various half-marathons, full marathons and other road races in full gear, or the weighted equivalent, to raise awareness and money for mental health issues. His reputation is stretching across the border, as he is beginning to be invited to a number of races in the United States.

Over the past two years Cst. Bartsch's uniformed running campaigns and events for Mental Health Awareness in police uniform has drawn the attention of law enforcement members in the California area who also run in uniform for charity. Project Remember and The Blue Stampede, founded in California, are uniformed police officers who also run for charity and have partnered with Cst. Bartsch as their "Canadian Contact". Starting his 2018 running charity year, Cst. Bartsch has run in excess of 120km in his uniform and raised over \$6,000 for Mental Health charity. Cst. Bartsch has been in the spotlight of the media by also bringing the family of a fallen RCMP member from Nova Scotia to Saskatchewan to have his son partake in the 2nd Annual Saskatchewan Ride to Remember law enforcement cycling ride from Prince Albert to Regina in the fall of 2017 to honour his dad, fallen RCMP Cst. Derek Pineo. These are just a few of the successes of Cst. Bartsch since the inception of his community policing initiatives and Mental Health Awareness campaign entitled, Marathon for Mental Health which was founded in late 2015.

In 2018, Cst. Bartsch was personally invited to run the **3**rd **Annual Run to Remember Los Angeles'** 21.1km halfmarathon in full uniform in Los Angeles, California on April 8, 2018 by the race director Mark Kirunchyk, a retired police officer from the southern California area. This run is held



Left to right: Cst. J.R. (Jeffery) Bartsch #83 (Weyburn Police Association Member and founder of Marathon for Mental Health), Officer Joe Cirrito (LAPD), Officer Ryan Gill (San Leandro PD Calif)

annually to honour those who have lost their lives in the line of duty. This race was started by its initial race in Boston, Massachusetts after the tragic events from the Boston Marathon bombings. **Run to Remember Boston** was created to honour the first responders who have lost their lives in the line of duty. **Run to Remember Los Angeles** was then started and is now in its third year. You can find out more about this event online:

https://www.runtorememberla.org/uniform-challenge/

Cst. Bartsch was invited to represent the three fallen Canadian Police Officers who paid the ultimate sacrifice in 2017: Cst. John Davidson (Abbotsford PD), Cst. Francis (Frank) Deschenes (RCMP Nova Scotia) and Cst. Richer Dubuc (RCMP Quebec). Cst. Bartsch was awarded the formal title of "race ambassador" in 2017. Not only will Cst. Bartsch represent these three Canadian Heroes as the only continued



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WEYBURN POLICE ASSOCIATION Marathon for Mental Health



Left to right: Officer Sean Dodge (Project Remember- Modesto PD), Theresa Ann (Love with Lemons), Cst. Bartsch

uniformed Canadian officer running, he will run alongside uniformed US law enforcement officers from all over the United States. Cst. Bartsch is proud to accept this challenge and opportunity to showcase positive community policing and involvement and is proud to be a member of the Saskatchewan Federation of Police Officers.

Cst. Bartsch started a fundraiser in conjunction with the Police & Peace Officers' Memorial Ribbon Society to raise funds to be turned over to the families of the three fallen Canadian Police Officers mentioned above. Three blue line flags will be carried by Cst. Bartsch during the 21.1 km halfmarathon and will also be presented to each of the families along with the donations and will be awarded at various annual memorial services for the three fallen police officers later this year.

You can donate to this fundraiser online at: https://www.canadahelps.org/en/pages/marathon-formental-health-2018/

Just prior to the Run to **Remember Los Angeles**, a total of \$1,100 was raised by Cst. Bartsch for the three fallen members' families for the **Police & Peace Officer's Memorial Blue Ribbon Society**, bringing his total mental health and fallen officer multi-fundraising campaigns to \$7,100 in just under three years.



Left to right: Cst. Bartsch, Officer Ryan Gill (San Leandro PD- Calif)

On April 8, 2018, Cst. Bartsch attended and completed the memorial race as the only Canadian uniformed police officer running the 21.1km half-marathon uniform challenge through the streets of downtown Los Angeles and Beverly Hills. Cst. Bartsch not only represented his country, but also was an ambassador for the Saskatchewan Federation of Police Officers. Cst. Bartsch carried three Canadian blue line flags at the **Run to Remember Los Angeles**, amongst many American flags.

Not only did Cst. Bartsch represent the Weyburn Police Service, his country and his fellow police officers, his campaign efforts have led to many partnerships and friendships south of the border, and has many other police and peace officers intrigued about running in their uniforms for the cause.

Upon returning back to Weyburn and with the conclusion of the Run to Remember Los Angeles, Cst. Bartsch, yet again, has risen up to the challenge by organizing and spearheading a group of four uniformed police and peace officers gearing up to run the **Weyburn Opportunity Road Race** in Weyburn on Father's Day, June 17, 2018. Messages and support have poured in from officers to attend and join Cst. Bartsch for this event. So far, Cst. Lamontagne of the Weyburn RCMP Traffic Services, Officer James Robertson of the Commercial Vehicle Highway Transport Patrol Ministry and Corrections Officer Anthony Clark will join Cst. Bartsch in their respective uniforms for the run.

In the fall of 2018, in conjunction with **Project Remember** in California, Cst. Bartsch and Weyburn Police Service Cst. Melinda Mintenko are gearing up to attend the **2018 Rock and Roll Marathon** in Las Vegas, Nevada with many US uniformed officers from the **Run to Remember Los Angeles**.



Members of Project Remember L-R: Sgt. Patrick Donovan (Cook County Sheriffs Office – Illinois), Cst. Bartsch, Officer Ryan Gill (San Leandro PD-Calif), Officer Sean Dodge (Modesto PD-Calif), Officer Neil Cervenka (Turlock PD-Calif)



The City of Humboldt is proud to support The Saskatchewan Federation of Police Officers.

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INANING INE DIFFERENCE



Prescription drug abuse occurs when someone takes a medical drug that was not prescribed for them or they take it in a different manner than it was supposed to be taken. Most people who abuse a prescription drug take more of the drug than a person who takes it for medical purposes. Abusers will build up tolerances to most drugs, meaning that it takes more and more of a drug to produce the same effect. After a while, the abuser may be taking much larger doses than normal. And a person abusing a drug may change its form, for example, they may crush a pill or dissolve a drug so they can inject it. This helps the drug reach the bloodstream faster and have faster effects, such as euphoria and a sedated feeling or perhaps increased confidence and increased activity, depending on the type of drug being abused.

www.narconon.ca

About Problematic Prescription Drug Use

Intentionally taking medication that has not been prescribed to you, to get high or change your mood, is problematic prescription drug use.

The most common types of prescription drugs that can lead to problematic use include:

- **Opioids**, which can be prescribed to treat certain kinds of pain
- **Benzodiazepines**, which can be prescribed to treat anxiety and sleep disorders
- **Stimulants**, which can be prescribed to treat attention deficit-hyperactivity disorder (ADHD)
- **Counterfeit Prescription Drugs**, are drugs not approved by Health Canada.

Problematic use of these medications can cause serious health effects, including substance use disorder (addiction), overdose and even death.

These risks increase when medications are:

- taken at higher doses
- taken in a different way or for different reasons than they were prescribed
- used with alcohol or other prescription, over- the-counter or illegal drugs



continued



WHAT IS PRESCRIPTION DRUG ABUSE?

About Counterfeit Prescription Drugs

Counterfeit drugs are not approved by Health Canada. They are made to look like brand name or generic prescription drugs to hide how they were produced and what they contain.

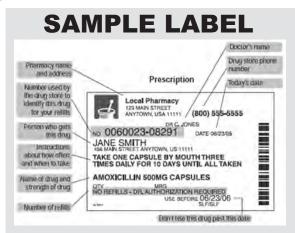
Counterfeit drugs are not safe or effective, as they can be made with:

- too much of the correct medicinal ingredients
- not enough of the correct ingredients
- no correct ingredients

Counterfeit drugs can contain hidden ingredients that can seriously harm your health, including:

- toxic chemicals
- other prescription drugs
- street drugs, such as illegally produced:
 - heroin fentanyl carfentanil

Know what you are taking. If you take a medication, make sure you know your dosage and what your drug looks like. Find information on your prescription drug on the Drug and Health Product Register.



Contact your pharmacist if your drug suddenly has a different:

taste

• size

• shape

• colour

How to avoid Counterfeit Prescription Drugs

Buy your medications from licensed pharmacies only. Look for an 8-digit drug identification number (DIN) on the product label, or ask your pharmacist or health care provider for this information. Counterfeit prescription drugs can look identical to approved prescription drugs.



continued

Don't get drugs from: • friends • drug dealers • online sources that are not appropriately licensed • other non-licensed sources



www.canada.ca



HELP PREVENT PROBLEMATIC PRESCRIPTION DRUG USE

To help prevent problematic prescription drug use, you should:

- keep track of your prescription drugs by counting the pills in each package.
- keep medication in a safe and secure place, such as a locked box or cabinet.
- return any unused or expired medications to your pharmacy or to a take-back program.
- keep track of your refills at the pharmacy and make sure there are none that you didn't fill yourself.
- avoid sharing your medication with family or friends, even if they have been prescribed the same drug before.

Using Medications Safely

Prescription and non-prescription medications can help treat diseases and conditions, and make you feel better. But taking these medications correctly is important. All medications carry some risk. Side effects (also known as adverse reactions) can occur even when the product is used correctly. For example, you could have a mild side effect like a minor rash, or a severe allergic reaction. Following directions, asking questions, and sharing your medical history are all ways to help reduce the risk of side effects.

Know the Risks

All medications carry some risk. Make sure you learn about these risks before you take the medication. Common risks include:

- Combining medication with certain foods, beverages, vitamins, or other health products that can cause harmful interactions.
- the medication not working as it should.
- the medication causing more health problems.

Reduce your Risk

Follow directions. Always use medication as directed by your doctor or pharmacist. This includes when to take it, how often, and for how long. You should also know when and under what conditions you should stop using your medication, and what to do if you miss a dose. Always read the product label and follow the directions closely.

Talk to your healthcare professional

Talk to your doctor, pharmacist, or other healthcare professional about all aspects of your medication. Discuss any questions or concerns you might have.

- Discuss your medical history. This includes any health conditions you have, allergies and sensitivities, and what medications, including natural health products, you are taking. Keep a record of all your medications.
- Mention if you are pregnant, breastfeeding, or planning to have a baby.
- Discuss any difficulties you might have swallowing medication or remembering to take it on time.



continued



HELP PREVENT PROBLEMATIC PRESCRIPTION DRUG USE

Did you know?

It is best to use the same pharmacy for all your prescriptions. The pharmacist will get to know you and your medical history, which will help identify any harmful interactions with other medications that you are taking. Learn about your medication:

- Ask your healthcare professional why you are being prescribed the medication, how it should work, and whether you will need regular checkups or tests.
- Ask about how to reduce the risk of side effects and possible harmful interactions with food, beverages (like grapefruit juice), vitamins, and herbal supplements.
- Ask when you should expect to start feeling better, and if and when you should go back to your doctor.
- Ask your pharmacist for documentation /pamphlets on the medications you are taking.

Store Medications Safely

- Always keep products in their original containers, even when travelling.
- Never combine different medications in the same bottle.
- Keep products in a cool, dry area, away from the sun.
- All medications must be kept out of the reach of children.

Dispose of Medications Properly

At least once a year, go through your medicine cabinet and remove all prescription and nonprescription medications that are expired or that you no longer take. Medications must be disposed of correctly: return them to your pharmacy or to your local waste disposal depot.



Report a side effect

It is important to report a side effect to a medication by contacting your healthcare professional.

You can also report it directly to Health Canada.

www.canada.ca

continued

Prevention of Opioid Misuse and Addiction

- Educational initiatives delivered in schools and community settings
- 2) Supporting consistent use of Prescription Drug Monitoring Programs
 - e.g. The Drug Information System (DIS)
 - i. Records all prescriptions used and filled of a patient usually linked to Provincial Healthcare Number
 - ii. Allows Health Care Providers to monitor and look for signs of abuse and misuse of drugs for a particular patient's drug file
- 3) Aggressive law enforcement efforts to address doctor shipping and pill mills
- 4) Providing healthcare practitioners with tools for managing pain, including prescribing guidelines and enhanced warning on drug labels with expanded information for prescribers

Research on the Use and Misuse of Fentanyl and Other Synthetic Opioids Wilson M. Compton, M.D. Deputy Director, National Institute on Drug Abuse (NIDA).March 21, 2017 https://democrats-

energycommerce.house.gov/sites/democrats.energycommerce.house.gov/fil es/Testimony-Compton-OI-Hrg-Fentanyl-Opioid-Crisis-2017-03-21.pdf



PRESCRIPTION MEDICATIONS

Prescription medications are given by doctors, pharmacists, nurse practitioners or dentists to people who need them for medical reasons. These medications are available at pharmacies with a prescription. They can be very effective when taken as prescribed, and can enhance a person's quality of life. For example, they can help prevent a heart attack or stroke, reduce pain, clear an infection, or help a person fall asleep. It is important to take your medication in the way that your prescriber has instructed.

Proper Use

When prescribing medications, your health care provider takes into account many factors such as body weight, other medications you are taking, your age, and health conditions. If a drug is taken in a different way than it was prescribed (such as taking higher doses, sniffing rather than swallowing a tablet), the body could react differently. This could increase the risk of addiction and/or overdose. However, if taken as prescribed, prescription medications are safe and can help treat various physical and mental health related symptoms.

How does it work?

Most prescription medications come in the form of a tablet or capsule. The drug enters the bloodstream and travels to different parts of the body. Some drugs exert their effect on the brain. This causes your brain to send out different messages. For example, Central Nervous System (CNS) depressants or sedatives send messages from the brain that slow down bodily functions and make you feel sleepy and relaxed.

Medications and Misuse

Misuse of prescription medication can cause serious harm and in some cases can lead to addiction. When prescriptions are 'misused' they are used in a way that was not intended by a health care provider. This includes taking more than prescribed, mixing different medications (prescription and/or overthecounter), or consuming alcohol with medications. It is also considered 'misuse' when you use someone else's prescription.

The three types of drugs that are misused most often are: opioids, CNS depressants, and stimulants. Examples include:

- Opioids hydromorphone, morphine, oxycodone, codeine, meperidine, fentanyl, methadone;
- CNS depressants (sedatives) lorazepam, diazepam, alprazolam; and
- Stimulants amphetamines, methylphenidate.

Opioids

Opioids are mainly used to reduce pain related to surgery, disease or injury. Opioids such as methadone or buprenorphine are prescribed for people who have addictions to other opioids (such as oxycodone or heroin). Opioids, like many other prescription medications, have side effects associated with them. Your prescriber will give you the most appropriate dose of medication and can offer advice on proper management of your symptoms. If you are using this medication as prescribed, its benefits can outweigh the risks.

Misuse of opioids can sometimes cause you to feel 'high', an intense feeling of pleasure, which could lead to abuse of the drug. There are serious consequences associated with misuse of opioids, including some which are life-threatening.

continued



PRESCRIPTION MEDICATIONS

continued

CNS Depressants (Sedatives)

Central nervous system (CNS) depressants slow down normal brain activity. CNS depressants may cause you to feel relaxed or sleepy, have slowed breathing, feel less tension, and cause you to have feelings of well-being. CNS depressants are commonly used to treat seizure disorders, panic attacks and sleep disorders.

Taking higher doses or mixing these drugs with other medications or substances without your prescriber's supervision can be harmful. Harms can include slowed breathing, reduced heart rate and sometimes even coma or death.

Stimulants

Stimulants increase activities and processes in the body and are used to treat conditions such as attention deficit hyperactivity disorder (ADHD) and narcolepsy (a sleep disorder). Stimulants make you feel more alert with more energy, and can increase your blood pressure and heart rate.

Misuse of stimulants can cause changes in behaviour and mood. Mixing stimulants or taking large amounts with other medications without the supervision of your prescriber can cause heart problems and seizures.

Prescription Medication and Dependency

Misusing some prescription medications can change the way your body functions. These changes can lead to a tolerance to the drug, both physically (your body needs it) and psychologically (you feel you need it). When you abruptly stop using the drug, you may feel withdrawal symptoms. Even people who take medications as prescribed can feel withdrawal symptoms if they suddenly stop using them. The withdrawal symptoms depend on what the drug is and how long you have been taking it. Your doctor will know how to prevent these symptoms.

NOTE: This material is for information only and should not replace advice from an Addictions or Mental Health Counsellor, doctor or other health care provider.



Ensuring Patient Safety

The Pharmaceutical Information Program (PIP)

The PIP was introduced in Saskatchewan in 2005. It gives authorized health care providers (such as physicians and pharmacists) confidential access to patient medication records. This program was put in place to improve patient safety. Having access to a patient's drug history helps health care providers make safe decisions about avoiding prescription duplicates, or prescriptions that may cause harmful drug interactions. PIP also helps health care providers determine the most effective medication treatment when a person is taking several different types of medications. For more information about the PIP, see health.gov.sk.ca/pip.

Did you know...

Side effects of prescription medications can be made worse when the drugs are not taken as prescribed or are misused. Please talk to your health care provider if you have any questions about your medications.

Compared to other countries, Canada ranks second in terms of prescription opioid use, behind the United States.

Who can you contact if you need help regarding drug misuse?

Contact your local Addictions/Mental Health Services office, doctor or other health care provider if you need more information. To locate Addictions/ Mental Health Services near you here are some options:

- visit healthysask.ca;
- check the green pages of your phone book for your local health region's services;
- visit HealthLine Online at healthlineonline.ca; or
- contact HealthLine at 811 and ask to speak to an Addictions or Mental Health Counsellor.



To access fact sheet sources please contact the Saskatchewan Ministry of Health at (306) 787-7239 September 2013 | healthysask.ca | order code DR14



OPIOID CRISIS: NO EASY FIX



Eroding economic opportunity, evolving approaches to pain treatment, and limited drug treatment have fueled spikes in problematic substance use, of which opioid overdose is the most visible manifestation.

Epidemic in Three Phases

I) Rise of chronic pain

In 1980, acute pain was so frequently treated with opioids. Previously, chronic pain was managed largely with cognitive behavioral therapy, even hypnosis.

The Institute of Medicine reported that the rise in chronic pain prevalence in the 1990s to the following:

- I) Greater patient expectations for pain relief
- 2) Musculoskeletal disorders of an aging population
- 3) Increased survivorship after injury and cancer
- 4) Increasing frequency and complexity of surgery.

As insurers limited coverage of behavioral pain therapy, biopharmaceutical manufacturers sensed an opportunity. Pharmaceutical innovation propagated extended-release formulations, transdermal patches, nasal sprays, and oral dissolving strips.

2) Rise in prescriptions for opioids

Physicians were unscrupulous, doling out opioids without adequate regard for medical need.

3) Rise of efficient global supply chains

Increasingly efficient global supply chains and a sharp intensification in interdiction efforts created the conditions for the emergence of potent and less bulky products, for example, illicitly manufactured fentanyl and its analogs, which are increasing present in counterfeit pills and heroin. Between 2013 and 2016 deaths attributed to fentanyl analogs spiked by 540% nationally. The rapid acceleration of the crisis has led to its designation as a national public health emergency.

Root Causes

Prescription opioid overdose death rates have not yet dropped following the declining opioid prescribing: the number of outpatient opioid analgesic prescriptions dropped 13% nationally between 2012 and 2015. Yet, the national overdose death rate surged 38% during those years. In short, deaths attributable to prescription opioids have not decreased proportionally to dispensing.

There are intuitive causal connections between poor health and structural factors such as poverty, lack of opportunity, and substandard living and working conditions.

An alternate hypothesis suggests that an environment increasingly promotes obesity coupled with widespread opioid use may be the underlying drivers of increasing White middle-class mortality. Complex interconnections between obesity, disability, chronic pain, depression and substance use have not been adequately explored.

Poverty and substance use problems operate synergistically, at the extreme reinforced by psychiatric disorders and unstable housing. The most lucrative employment in poorer communities is dominated by manufacturing and service jobs with elevated physical hazards. When sustained over years, on-the-job injuries can give rise to chronically painful conditions, potentially resulting in a downward spiral of disability and poverty.

The counties with the lowest levels of social capital have the highest overdose rates. The interplay between social and genetic factors, too, is being elucidated. Individuals living in low socioeconomic neighbourhoods were more likely to develop chronic pain after car crashes, a process medicated by stress response genes.

National Academy of Sciences report provides this summary:

...overprescribing was not the sole cause of the problem. While increased opioid prescribing for chronic pain has been a vector of the opioid epidemic, researchers agree that such structural factors as lack of economic opportunity, poor working conditions, and eroded social capital in depressed communities, accompanied by hopelessness and despair, are root causes of the misuse of opioids and other substances.

> American Journal of Public Health. February 2018,Vol 108, No.2





Originally published on Tuesday, March 27, 2018 by CTVNews

Opioid-related overdose deaths are drastically rising in Canada, with an estimated 4,000 people losing their lives to such drugs in 2017, new data from the Public Health Agency of Canada reveals. Unfortunately, the data released have confirmed the fear that the crisis has worsened significantly since 2016, despite the efforts from all levels of government and partners to reverse the trend, a statement from the co-chairs of the Special Advisory Committee on the Epidemic of Opioid Overdoses.

According to the Public Health Agency of Canada, 2,923 people are believed to have died from opioid-related overdoses between Jan. and Sept. 2017 -- a 45 per cent increase over the same period the previous year. That death toll is just 23 less than all apparent opioid-related overdose deaths in 2016. Based on available data, public health officials estimate that there were more than 4,000 opioid-related fatalities in Canada in 2017.



According to the Public Health Agency of Canada, 2,923 people are believed to have died from opioid-related overdoses between Jan. and Sept. 2017.

The data also indicates that illegally-produced synthetic opioids like fentanyl accounted for 72 per cent of accidental apparent opioid-related deaths between Jan. and Sept. 2017, compared to 55 per cent in 2016. An estimated 92 per cent of apparent opioid-related deaths in the first three quarters of 2017 were accidental.

"We recognize that each death reported in today's release represents a human life, and we are saddened by these losses," the committee co-chairs stated. "We recognize that all levels of government must do more to increase awareness, implement and evaluate innovative harm reduction approaches and increase access to effective treatment programs in order to turn the tide on this epidemic of opioid-related deaths."

The Special Advisory Committee on the Epidemic of Opioid Overdoses was established in Dec. 2016 by the federal, provincial and territorial governments "to focus on urgent issues related to overdoses and deaths linked to the use of opioids." Its co-chairs are Chief Public Health Officer of Canada Dr. Theresa Tam and Nova Scotia Chief Medical Officer of Health Dr. Robert Strang.

The chart below shows a breakdown by age of accidental opioid-related deaths across Canada. Please note that data for Newfoundland and Labrador, Prince Edward Island and Nunavut unavailable.

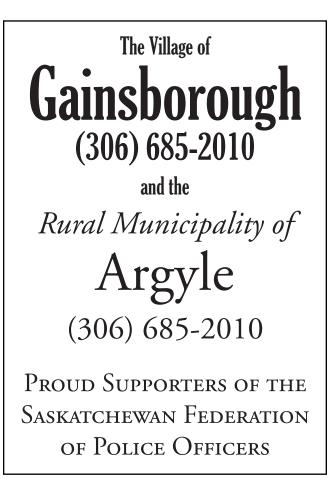
The new data also revealed that males account for a staggering 76 per cent of all accidental apparent opioid-related deaths, with people between 30 and 39 the most at-risk, accounting for 28 per cent of fatalities.

Per cent of accidental opioid-related deaths by age group and province or territory - January 2016 to September 2017

	< 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	> 70
British Columbia	2	18	28	24	21	6	0
Alberta	3	21	34	19	17	5	1
Saskatchewan	3	17	38	14	18	9	1
Manitoba	1	27	34	15	11	10	3
Ontario	2	21	.25	22	22	7	1
Quebec		13	21	27	23	11	1
New Brunswick	2	20	20	22	22	12	4
Nova Scotia	2	18	28	19	25	8	0
Yukon	0	11	56	22	11	0	0
Northwest Territories	0	40	20	0	20	20	0



McKesson Canada supports the Saskatchewan Federation of Police Officers' efforts on Prescription Drug Abuse Awareness in our communities.







Notice the signs and symptoms of abuse before it is too late

Behavioral Changes

Keep an eye out for these behavioral changes:

- Your loved one becomes more irritable or exhibits sudden mood swings or personality change without an obvious cause.
- They become forgetful or clumsy when it is out of their nature.
- They skip work, class, or other regular activities, or their performance in these areas suffers.
- They lie, become more deceitful, and/or avoid eye contact.
- They lose interest in personal appearance and/or things they once loved.
- They have either a major loss or increase in appetite.
- They have an extreme and sudden change in their choice of friends and hang-out locations.
- They are suddenly asking to borrow money or have extra money with no obvious source.
- They become angry and abusive, or engage in reckless behavior.

Physical Symptoms of Opioid Abuse:

- Confusion and lack of coordination
- Lowered blood pressure
- Dry mouth
- Weakness, dizziness, sleepiness
- Constricted pupils
- Watery or droopy eyes
- Nausea, vomiting, and constipation
- Respiratory depression (inadequate ventilation)
- Sleep deprivation or "nodding"
- Slow, slurred speech
- Slow gait
- Dry skin, itching, or skin infections
- Constant flu-like symptoms
- Bruises or "track marks" (if injecting)

Physical Symptoms of Depressant Abuse:

- Decreased attention span
- Impaired judgment
- Lack of coordination/dizziness
- Lowered blood pressure
- Memory problems
- Slurred speech
- Respiratory depression
- Slowed reflexes



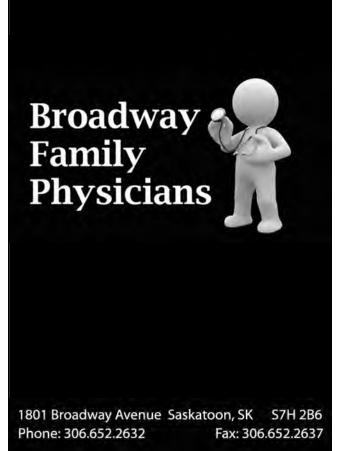
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WARNING SIGNS OF PRESCRIPTION DRUG ABUSE

Physical Symptoms of Stimulant Abuse:

- Loss of appetite or weight loss
- Memory loss and problems thinking clearly
- External indications of mood or emotional problems (aggressive or violent behavior)
- High body temperature and skin flushing
- Anxiety and delusions

- Dilated pupils
- Sweating, shaking or tremors
- Restlessness and hyperactivity
- Paranoia or nervousness
- Increased blood pressure, heart rate, or irregular heartbeat
- Repetitive
 behaviors

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SMI is proud to support the Saskatchewan Federation of Police Officers Crime Prevention Guide and their efforts on Prescription Drug Abuse Awareness

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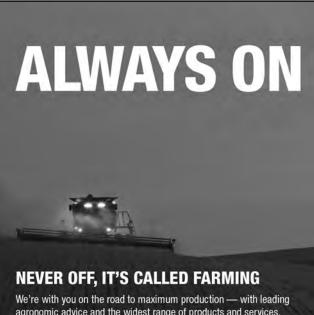






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ADULT RECOVERY: WHAT TO DO IF ALCOHOL OR DRUGS ARE CAUSING PROBLEMS IN YOUR LIFE

Are alcohol or drugs causing problems in your life? Do you need help? Are you unsure of what to do? If you are worried about your alcohol and/or drug use, there are services in your community that can help.

Drinking too much alcohol or misusing drugs can cause problems for you and others. Warning signs that you might have problems related to alcohol or drugs include:

- financial issues;
- having difficulties with family/friends;
- missing work or school;
- getting into trouble with the law;
- causing injuries to yourself or someone you care about;
- · having health problems; and
- getting into vehicle crashes.

Consider the following:

- Recognize that your alcohol/drug use is causing problems in your life.
- Decide that you must do something to deal with the situation knowing that if you don't, the problems could continue and get worse.
- Get help and support. There are many community services available to help you build a healthier life, including: outreach services, outpatient counselling, detox centres, inpatient treatment services and community based self-help programs.

Why is support important?

It can be difficult to reduce or stop using alcohol/drugs.You will have a better chance of reaching your goals if there are people in your life who support and encourage you. Addictions Counsellors can help you develop a recovery plan so that you can build a healthier life.

An Addictions Counsellor can help you:

- figure out if you are dependent on alcohol/drugs;
- set and reach goals;
- find information about alcohol/drugs;
- work through issues you are dealing with;
- learn how to tell others what you need;
- learn how to recognize and deal with your feelings;
- figure out your interests;
- cope when you crave alcohol/drugs;
- deal with your relationships; and
- get connected to your community.

saskatchewan.ca/addictions

Surround yourself with people who can support you to make positive changes. Supportive people can include your family, friends, neighbours, co-workers, religious leaders and other professionals.

As you begin to lead a healthier life, an Addictions Counsellor can help others adjust to the changes you are making. Self-help support groups such as Alcoholics Anonymous, Narcotics Anonymous and Al-Anon may also be able to offer support.

An Addictions Counsellor can also help you...

Deal with your alcohol/drug use behaviour If you have trouble resisting alcohol/drugs, try to figure out which situations put you at risk for this.An Addictions Counsellor can help you take a look at your alcohol/drug use. A counsellor can help you find ways to quit or reduce your use.

Get connected to your community Communities offer a range of services that can help you get your life back on track. Services may be offered through schools, libraries, public health offices, self-help groups and recreation centres.

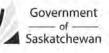
Connecting with others can help you:

- have strong, positive relationships;
- take part in social and recreational opportunities;
- find employment;
- eat healthy food;
- get a quality education; and
- find safe housing options.

Who can you contact if you need help? Contact your local Addictions/Mental Health Services office, doctor or other health care provider if you need more information. To locate services near you:

• Visit www.saskatchewan.ca/addictions.

- Visit HealthLine Online at www.healthlineonline.ca.
- Call HealthLine at 811. Specially trained staff are available to provide mental health and addictions support, in a safe and confidential manner.











Fentanyl is a powerful prescription painkiller about 100x more toxic than morphine. It is now being imported and sold illegally with tragic consequences.

Fentanyl nicknames include:

- Apache
- China Girl
- China White
- Dance Fever
- Friend, Goodfella
- Green beans
- Jackpot
- Murder 8
- Shady 80s
- -TNT
- Tango and Cash.

Overdose signs and symptoms:

- Severe sleepiness
- Slow, shallow breathing
- Lips and nails turn blue
- Person is unresponsive
- Gurgling sounds or snoring
- Cold and clammy skin
- Tiny pupils





FACTS:

- Fentanyl has been mixed with other drugs such as heroin and cocaine.
- It has been used in tablets made to look like prescription drugs.
- Overdoses have occurred where individuals were not aware they were consuming fentanyl.
- It is odourless and tasteless, and therefore hard to detect.
- It is often found in powder, pill, liquid and blotter form.
- 2 milligrams of pure fentanyl (the size of about 4 grains of salt) is enough to kill the average adult.
- Unintentional exposure to pure fentanyl – touching or inhaling – can cause serious harm including death.
- Fentanyl-related deaths have been increasing in Canada.

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What is fentanyl?

Fentanyl is a drug that is 50-100 times more potent than other opioids (such as heroin, oxycodone and morphine). Doctors may prescribe fentanyl for severe pain and for some medical procedures. Because of the strength of this drug,

the dose must be very carefully monitored by a health care provider to make sure that the person does not overdose.

Sometimes fentanyl is used illegally and not received from a licensed prescriber (such as a doctor or nurse practitioner), or is not used properly. This is when using the drug becomes very dangerous; it can slow down a person's breathing, lead to a coma and even cause death.

What does fentanyl look like?

Police have found illegal fentanyl in communities across Saskatchewan in the following forms:

- pills sold as fake oxycodone or other street drugs such as gamma-hydroxybutyrate (GHB), ketamine or ecstasy;
- powder (sold as heroin or fentanyl);
- powder mixed into other drugs such as cocaine, crystal meth or marijuana; and
- fentanyl patches used for purposes other than they were prescribed.

Some slang terms for fentanyl include: fake oxy, greenies, green beans, beans, green apples, apples, eighties and shady eighties.

What are the risks of misusing fentanyl?

When fentanyl is illegally made, sold and improperly used, its use is very risky because:

• Drug dealers sometimes sell this drug by telling the buyer that it is oxycodone when it is actually fentanyl or other substances.

• There could be other toxic chemicals combined with fentanyl. There is no way of knowing the strength or toxicity of the drug.

• Some people use prescribed fentanyl incorrectly. This could lead to an overdose which could result in death.

What are the signs and symptoms of a fentanyl overdose?

An overdose means that the amount of drug a person has taken is more than the body can handle. The body then has trouble working properly. When a person overdoses they may feel or seem sleepy. They may also have:

- "pinpoint" pupils;
- trouble walking or talking;
- bluish coloured and/or cold and clammy skin;
 - a slow heartbeat;
 - trouble breathing or slow, shallow breathing
 - (10 12 breaths/minute) or snoring;
 - seizures; and
 - severe sleepiness, stupor or coma.

What should I do if I see someone who may have mistakenly taken drugs containing fentanyl or who has taken too much of the drug?

Don't delay. Call 911 right away if the person becomes unconscious, stops breathing, has chest pains, or has a seizure.

If it is safe to do so, remove any fentanyl pills in the person's mouth or patches on the person's skin so that the drug does not continue to be absorbed into their body. If possible, stay with the person until medical help arrives.

Illegal fentanyl users can be in danger of dying even with their first use of the drug.

What advice do you have for people who are taking (or thinking about taking) illegal fentanyl?

Using fentanyl that is not prescribed for you or selling or buying fentanyl from someone that is not a licensed prescriber is both illegal and unsafe.

Illegal and improper use of this drug can cause death. The best way to stay safe is to not use illegal drugs at all. While we advise against illegal use, people who do use drugs should be sure to:

- not use alone;
- start with a small amount;
- know that mixing drugs and/or alcohol could lead to an overdose; and
- use where help can be reached right away.

Government Government of Saskatchewan

continued

saskatchewan.ca/addictions



FREQUENTLY ASKED QUESTIONS ABOUT FENTANYL

Be careful when handling fentanyl, as it can be absorbed into the skin. Do not touch your eyes, nose or mouth, because even a small amount can cause serious health problems, or death.

Fentanyl can be a deadly drug especially if used illegally and/or improperly.

Can I test my drugs for fentanyl?

There are no tests available to the general public that can check for fentanyl.

Is this drug safe if it is prescribed by a doctor?

Yes, fentanyl is safe if it is prescribed and used correctly. This drug should be taken only if prescribed by a licensed prescriber (such as a doctor or nurse practitioner) and used as instructed. However, a person must be careful if using other drugs at the same time, such as alcohol, benzodiazepines, illegal drugs or over-the-counter drugs.

When fentanyl is combined with other drugs/alcohol, there could be side effects which could make using the drug unsafe. To keep others safe, make sure that all drugs are kept out of reach of children and pets.

Why are you giving this information now?

Fentanyl can be very toxic and there has been a rise in the number of fentanyl-related deaths in Saskatchewan and Canada. This means that there may be more of this drug in our province, which can increase the danger, especially to people who use illegal drugs.

Who can I contact if I need help regarding drug use?

Publicly funded Take Home Naloxone kits are available to eligible Saskatchewan residents at no cost. Naloxone is a drug used to rapidly reverse the effects of opioid overdose (including fentanyl) and to restore breathing, usually in two to five minutes. It is the standard treatment for an opioid overdose. Anyone can receive the training. For more information about the publicly funded Take Home Naloxone kits please contact your Addictions/Mental Health Services office.

To locate Addictions/Mental Health Services near you:

- Visit www.saskatchewan.ca/addictions.
- Visit HealthLine Online at healthlineonline.ca.
- Call HealthLine at 811. Specially trained staff are available to provide mental health and addictions crisis support, in a safe and confidential manner.

Who can I contact if I suspect someone is selling fentanyl?

To report illicit activity associated with fentanyl use you may contact Saskatchewan Crime Stoppers.



Saskatchewan Crime Stoppers is 100% anonymous and does not subscribe to call display nor are your calls traced or recorded. Web and Text Tips are encrypted. Call Crime Stoppers at 1-800-222-TIPS (8477), text TIP206 and your message to CRIMES (274637), or you can submit a tip online at www.saskcrimestoppers.com where you can also view other unsolved crimes.

Photo provided by the Regina Integrated Drug Enforcement Street Team.

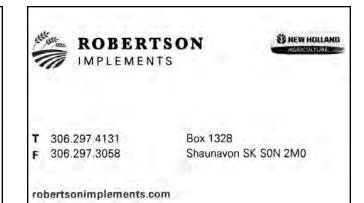


NOTE: This material is for information only and should not replace advice from an Addictions or Mental Health Counsellor, doctor or other health care provider. Fact sheet content has been used with permission of the B.C. Centre for Disease Control and Alberta Health Services (Poison and Drug Information Service).



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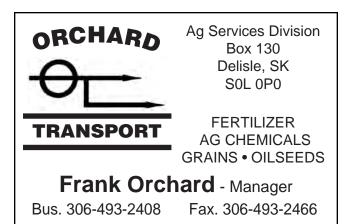
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HOW CANADA GOT ADDICTED TO FENTANYL

- It came into widespread use in the mid-1990s with the introduction of the transdermal patch that releases the drug into the patient's bloodstream over two or three days. When the drug is processed in a clandestine lab with no quality controls, it is difficult to get the dosage right, making it potentially much more dangerous.
- Chemical companies in China custom-design variants of pharmaceutical-grade fentanyl by tweaking a molecule ever so slightly. A few hundred micrograms

 the weight of a single grain of salt – are enough to trigger heroin-like bliss. But the line between euphoria and fatal overdose is frighteningly thin: An amount the size of two grains of salt can kill a healthy adult.
- In British Columbia and Alberta, the two hardest-hit provinces, fatal overdoses linked to fentanyl soared from 42 in 2012 to 418 in 2015.
- Because illicit fentanyl is so potent, once it arrives here, the white crystalline powder gets diluted with powdered sugar, baby powder or antihistamines before it can be sold on the street and consumed. It is also mixed into other drugs, and sold as heroin or OxyContin.
- The arrival of illicit fentanyl in Canada is a "game changer," says Benedikt Fischer, a senior scientist at Toronto's Centre for Addiction and Mental Health. When Canada's opioid problem involved only the abuse of prescription drugs, he says, policymakers squandered an opportunity to address it. Now that many addicts are turning to a drug that is manufactured without government oversight and in countries beyond our borders, to boot it is nearly impossible to get a grip on the problem. "Even if we wanted to now suddenly take action, there's nothing we can do," he says. "We have no way of controlling thousands of illegal drug labs in China."

- Unlike the massive infrastructure and cartels required to manufacture and transport heroin or cocaine, just about anyone can buy and sell fentanyl. Because it is so powerful, a little goes a long way. A kilogram ordered over the Internet – an amount equal in weight to a medium-sized cantaloupe – sells on the street in Calgary for \$20-million, making it a drug dealer's dream.
- Buyers are assured their packages won't get seized at the Canadian border. To avoid the risk of detection, says a supplier from China, he conceals the purchase alongside urine test strips. Not that there is a need to worry: Canadian border guards cannot open packages weighing less than 30 grams without the consent of the recipient.



Suppliers in China hide fentanyl in decoy packages before shipping the drug to Canada. Sometimes they conceal the drug alongside urine test strips. Fentanyl from China is sometimes hidden in silica desiccant packages.

 The supplier, who identified himself only as Alan, says he has two customers in Canada. He e-mails photos of fentanyl hidden inside silica-desiccant packets – the type normally used when shipping goods such as electronics – and a screen shot of a recent order from Canada, including a shipping address for a clothing store in British Columbia's picturesque Okanagan Valley.



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HOW CANADA GOT ADDICTED TO FENTANYL

 Demand for a replacement for OxyContin also gave rise to another problem – a counterfeit version of the drug laced with illicit fentanyl smuggled into Canada and processed for street sale in labs. The labs would typically dye their pills green to mimic the 80-milligram OxyContin pills favoured by opioid abusers, and sell them as "greenies" or "shady eighties."



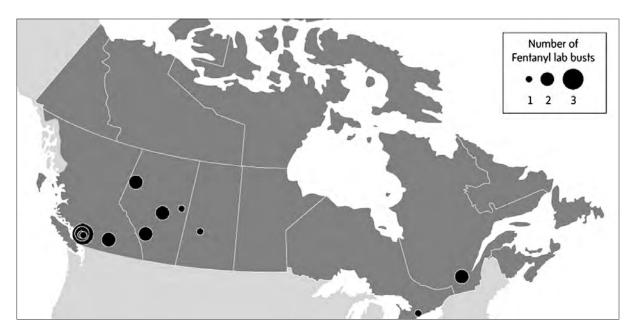
Fentanyl pills are made to look similar to OxyContin pills.

 In comparison to Europeans, North Americans rely heavily on pharmacological solutions to medical woes. In a culture whose citizens pop over-the-counter pills to treat every minor ailment, says Sgt. Darin Sheppard, of the RCMP's Federal Serious and Organized Crime Synthetic Drug Operations, many drug users view the "greenies" as deceptively harmless.

- Police across Canada have shut down 20 fentanyl labs since that first major bust in April 2013, mostly operated by organized-crime groups, according to a Globe review. See Map below.
- The Canada Border Services Agency, the first line of defence in preventing illicit goods from entering the country, is responsible for clearing international mail. In 2015, the agency made just under 11,000 illicit-drug seizures, half of which came through the postal system.
- As long as Chinese officials do not crack down more aggressively on exporters, medical experts say the responsibility for change falls squarely on those in power at the end of the supply chain.
- Even if new guidelines were introduced, there are still not enough resources, nationally, to treat addiction. More beds are needed for those going through withdrawal as well as treatment programs for people addicted to painkillers, especially for aboriginals and those living in remote areas.

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continued



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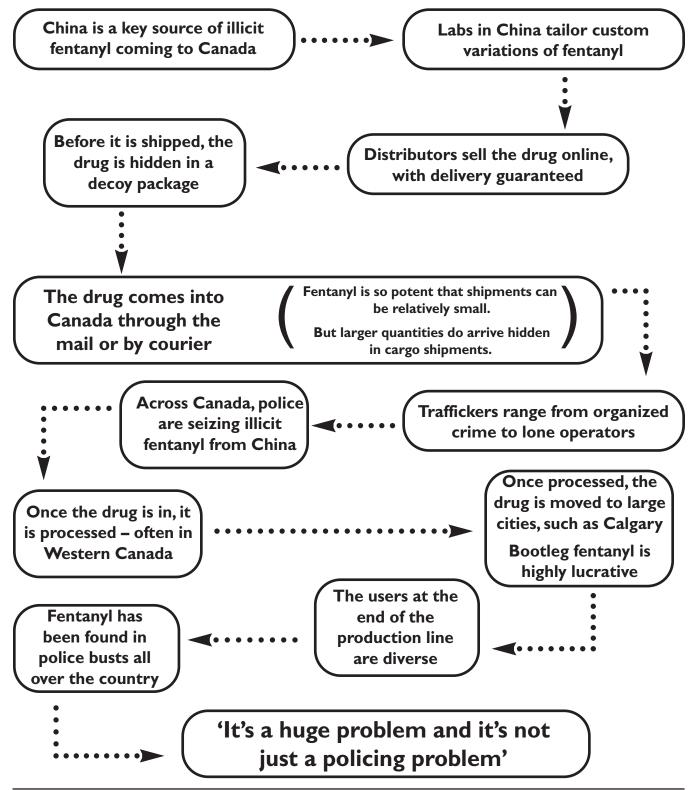
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How the powerful drug gets across Canada's border and into the hands of users



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The FACTS about street

FENTANYL

There is no such thing as a safe street drug. Know the risks.

Fentanyl is often added to other illegal drugs without people knowing.

Fentanyl has been used illegally in various forms including:

- Pills
 - Pure powder
 - Powder mixed
 with other drugs
 - Patches



more potent than Heroin • Oxycodone • Morphine

Fen•ta•nyl [fen-tuh-nil]

An opioid narcotic, a prescription drug used for cancer patients in severe pain.



You can't

See it.

Smell it, or

Taste it.

Overdose Signs

- Trouble walking or talking
- Pinpoint pupils
- Seizures

- Slow heartbeat
- Shallow breathing
- Bluish or cold/clammy skin

Slang Terms

- Fake oxy
- Greenies
- Green beans
- Green apples
- Apples
- Eighties
- Shady eighties

Visit saskatchewan.ca/addictions for more information.

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if you suspect someone has overdosed!



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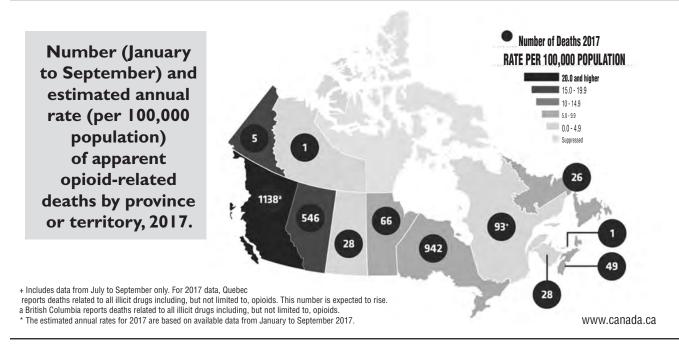


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An average of 16 Canadians are hospitalized every day for opioid poisoning, and the national hospitalization rate for this type of poisoning has gone up 53% over the past 10 years. Pan-Canadian data on opioid-related harms is an urgent priority for the public health sector's emergency response to the opioid crisis, which has resulted in the deaths of thousands of people across the country.



CIHI is committed to providing key data on prescription opioids - which include commonly known types such as fentanyl, oxycodone, morphine, codeine and hydromorphone - through a variety of reports and programs.

Prescribing of Opioids

Canada is the second-largest per capita consumer of opioids, but the amount of the drugs people are getting in each prescription is actually going down.



Opioid-Related Harms

The opioid crisis in Canada is putting increasing pressure on the country's health care systems.

Amount of opioids prescribed dropping in Canada; prescriptions on the rise

The overall amount of opioids Canadians are getting in their prescriptions is dropping, while the number of prescriptions

for the drugs is rising amid the ongoing and deadly opioid crisis, new data from the Canadian Institute for Health Information (CIHI) shows.

The total number of defined daily doses for opioids declined slightly less than 5% from 2012 to 2016 across Canadian provinces, while the overall number of prescriptions increased almost 7%.

Opioids - which include well-known types such as codeine, oxycodone, morphine and fentanyl - are used as a painkiller and can be highly addictive.

"Opioid prescriptions for acute pain should be for a short time period only, with ongoing reassessment for repeat prescriptions." said Dr. Robert Strang, chief medical officer for Nova Scotia.

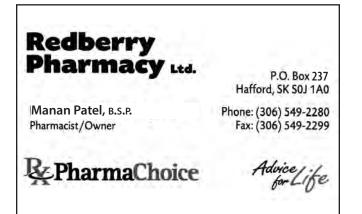
These trends are consistent across most of Canada, and the rate of decline has accelerated with heightened awareness of the opioid crisis.

"Between the prescribing, hospitalization and emergency room data, there are some alarm bells that we need to pay attention to."

Here are some of the key findings of CIHI's report on opioid prescribing in Canada:

continued









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OPIOIDS IN CANADA

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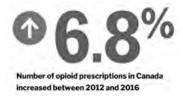
Between 2012 and 2016, the total number of defined daily doses of opioids dispensed in Canada declined from 238 million to 226 million. When adjusted for population growth, the rate per 1,000 people decreased by 8.9% during this period.



declined between 2012 and 2016

"The good news is that the overall quantity of opioids dispensed in Canada is declining, but the fact that such a large number of people are still being prescribed opioids continues to be a concern," says Michael Gaucher, director of Pharmaceuticals and Health Workforce Information Services at CIHI.

In 2016, 21.5 million prescriptions for opioids were dispensed in Canada up from 20.2 million in 2012.



"Opioids are very effective drugs and they're an important part of pain management for many Canadians, but the benefits and risks need to be considered when being prescribed." This increase is just over 2% when adjusted for population growth.

During this period, an increasing proportion of all opioid prescriptions in Canada were for strong opioids, up from 52.2% in 2012 to 57.3% in 2016.



6 opioids accounted for more than 96% of all opioid prescriptions: hydromorphone, morphine, fentanyl, oxycodone, codeine and tramadol. The first 4 of these 6 are considered strong opioids and are usually prescribed for moderate to severe pain.

"We have to acknowledge that this is a balancing act. While we're trying to reduce the prescribing of opioids overall, we have to recognize that there are people who, for a very significant period of time, have been dependent on strong opioids. We're not going to change that overnight."

Although a great deal of attention has focused on fentanyl and the harms attributed to its use and misuse, it is much less frequently prescribed than other strong opioids. Since 2012, the number of prescriptions for strong opioid prescriptions other than fentanyl has increased more than 19%, while the number of fentanyl prescriptions has decreased by almost 7%.



Number of fentanyl prescriptions decreased in Canada between 2012 and 2016

"I think this shows that the fentanyl reportedly being used by Canadians is more likely coming from illicit sources rather than from prescriptions."



More than 20% of Canadian seniors received at least one opioid prescription in 2015–2016

Seniors had the highest rates of opioid prescriptions in Canada between 2012 and 2016, with more than 200 in 1,000 seniors receiving at least one in 2015–2016. The data also shows that I in 8 seniors prescribed an opioid were prescribed a strong opioid on a chronic basis.

Seniors are at greater risk for opioid-related harms due to several factors, including age-related changes in drug absorption and metabolism, and cognitive changes that may increase the risk of accidental drug poisoning.

British Columbia and Quebec had the lowest number of defined daily doses per 1,000 people, at 5,496 and 3,601, respectively, while Alberta and Newfoundland and Labrador had the highest, at 7,955 and 7,878, respectively. The overall Canadian average was 6,110 defined daily doses per 1,000 people.



Quebec's number of defined daily doses of opioids per 1,000 people in 2016 — the lowest In Canada

"This new report rightly points out that we need to look at Quebec in much more detail and try to figure out why it's so different from the rest of the country with regard to opioid prescribing," says Strang.

Both B.C. and Nova Scotia adopted new opioid prescribing guidelines in 2015, and they both also experienced the most substantial decreases in opioid dispensing between 2015 and 2016, with defined daily doses per 1,000 population declining by 11.7% in B.C. and by 6% in Nova Scotia.

"When you look at the overall decreases across the country, particularly in B.C. and Nova Scotia, over the past year, changes in policy and increased awareness of the potential dangers of opioids seem to be making an impact," says Gaucher.

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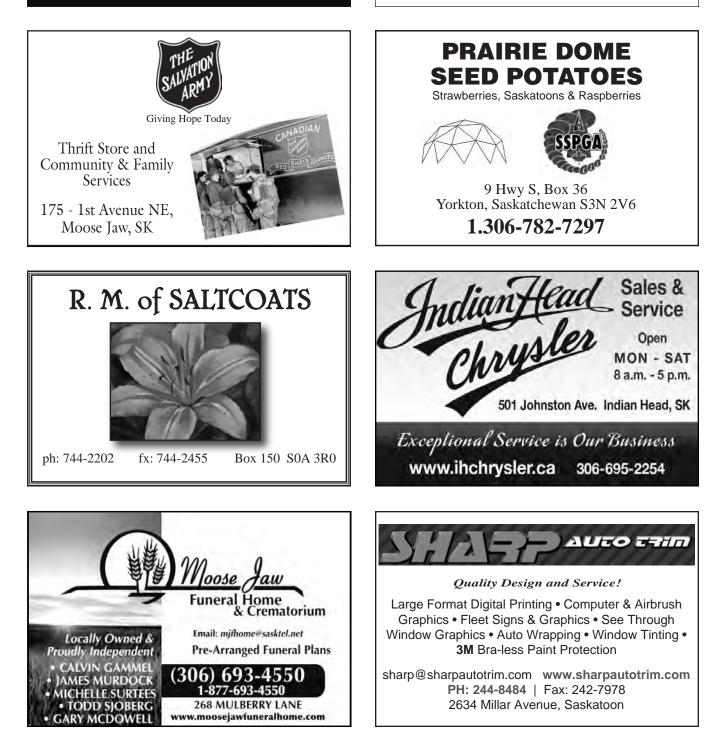
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Originally published by Charles Hamilton, CBC News (May 11, 2017)



Adria May Bosshart died of a fentanyl overdose.

Adria Bosshart died of a fentanyl overdose, a day shy of her 19th birthday, multiple friends confirmed. She wasn't herself when she was using, a friend says. She wasn't the smiling, laughing 18-year-old. She wasn't the fun loving aunty, sister and friend. "I really hope that this was a wake-up call," said Sarah Schlechte, who considered Bosshart like a little sister. "I know a lot of (young people) think that they are invincible; they thought it wouldn't happen to them. That's what they always say, that 'It's not going to be me.' I'm hoping her death might save other lives."



Bosshart was a day shy of her 19th birthday when she passed away. (Facebook)

Fentanyl overdose deaths down provincewide

Fentanyl deaths in this province are decreasing. There were six fentanyl overdose deaths in 2016 compared to 22 in 2015. But those statistics are cold comfort for Bosshart's friends. Schlechte said the teenager had reached out for help, but what was offered was never enough to get her away from the pull of the highly addictive drug. Experts say the deadly opioid is up to 100 times more powerful than morphine. "She just kept coming back. She continued to use it. It was her safety blanket," Schlechte said.

Advocate says more overdose reporting needed

That's a cycle Kim Lamb knows too well. Her 18year-old son knew Bosshart and was himself addicted to fentanyl. He's currently enrolled in a methadone program. Lamb said while the attention is focused elsewhere, people in this city need to know the fentanyl crisis is not over. "We all know the numbers from B.C. because we read about it every week. We don't see that here, so people here think it's gone away ... It's not. It's still here," Lamb said. Lamb believes the police should do more reporting on fentanyl overdoses even if they aren't fatal. That way, she said, more people would understand that it's an ongoing problem that needs ongoing solutions. "I don't think the police are reporting these things enough. I would like to see every week them giving us stats on how many calls paramedics are doing for overdoses," Lamb said.

Earlier this week, Saskatoon police Supt. Dave Haye said while the fatal overdose numbers are down, people shouldn't become complacent. "We still need to be vigilant. We still need to understand that it is a dangerous drug," Haye said.

"We still need to be vigilant. We still need to understand that it is a dangerous drug."



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TAKE HOME NALOXONE: FREQUENTLY ASKED QUESTIONS

What is naloxone?

Naloxone, or Narcan[®], is an antidote to opioid overdose. Taking too much of opioid drugs (such as morphine, heroin, methadone, oxycodone, and fentanyl) can make breathing slow down or stop. Naloxone reverses this, restoring normal breathing and consciousness. Giving naloxone can prevent death or brain damage from lack of oxygen during an opioid overdose. It does not work for non-opioid overdoses (such as those caused by cocaine, ecstasy, GHB or alcohol). However, if an overdose involves multiple substances, including opioids, naloxone helps by temporarily removing the opioid from the equation.

How does naloxone work?

Both naloxone and opioids bind to the same sites in the brain, and these sites affect breathing. However, naloxone binds more tightly than the opioids, knocking the opioids off the receptors and restoring breathing. Naloxone acts fast (usually within 5 minutes), and the protective effect lasts for 30 to 90 minutes. The body will have broken down some of the opioids over time, but naloxone does not destroy the opioids. Therefore if large doses, strong opioids

(e.g., fentanyl), or long-acting opioids (e.g., methadone) are involved, or the individual has liver damage, another dose of naloxone may be needed. For this reason, each Take Home Naloxone Kit contains two doses of naloxone. It is always important to call 911 when someone overdoses.

Can naloxone be harmful or be misused?

Naloxone has been used in Canada for over 40 years and is on the World Health Organization List of Essential Medicines. Naloxone blocks the effects of opioids in the brain. It cannot get a person high and does not encourage opioid use. While naloxone is a very safe drug, it may cause individuals dependent on opioids to go into withdrawal. However, the small doses found in the Take Home Naloxone Kits minimize this risk.

Are there risks associated with using naloxone?

Some individuals may experience a hypersensitivity to Naloxone. Naloxone may cause opioid withdrawal in those with opioid dependence. Withdrawal symptoms include pain, high blood pressure, sweating, anxiety and irritability. In addition, it can be unsettling to come out of an overdose unaware of what has happened. Finally, individuals with health conditions (related to heart, liver, respiratory system, etc.) and/or those who have taken other substances could require additional medical attention. For these reasons, *calling 911 is an important part of the overdose response.*

What does overdose education and naloxone training involve?

Participants are taught how to reduce overdose risk, recognize different types of overdose (i.e., stimulant, depressant), and respond appropriately. Appropriate response to an opioid overdose includes calling 911,

performing rescue breathing, placing someone in the recovery position (especially if you have to leave them, or if breathing has been restored), and administering naloxone. These skills are not a substitute for professional medical care, but can help keep someone alive until an ambulance arrives.

Do you need to be a medical professional to recognize opioid overdose and administer naloxone?

Research and experience show, with basic training the general public can recognize an overdose and administer naloxone just as well as a medical professional. Furthermore, overdose prevention programs are empowering. They

give peers, friends, and families of people who use drugs the chance to save a life, and send a clear message to those who use drugs that their lives matter. However, the availability of Take Home Naloxone does not replace the need for emergency care or minimize the importance of calling 911.

If people who use drugs are given naloxone, will they continue "using", and use more drugs?

Research has shown that having naloxone available does not increase risk-taking behaviour, or cause people to use more opioids. The goal of distributing naloxone and offering training in recognizing and responding to overdose is to prevent death and reduce brain injury or brain damage. It also encourages individuals to seek treatment as an important component in addressing opioid misuse.

Why is it important to stay with an individual after giving them naloxone?

Some longer acting opioids (such as methadone) may last longer in the body than naloxone, so an overdose could return. To make it less likely that an overdose will return, it is important to make sure that the individual knows not to take more drugs for several hours. In addition, you may need to tell them what happened, as they may be confused. Finally, it is important to tell paramedics and/or other medical professionals everything you know about the situation so that they can provide the best treatment.

Where can I find more information?

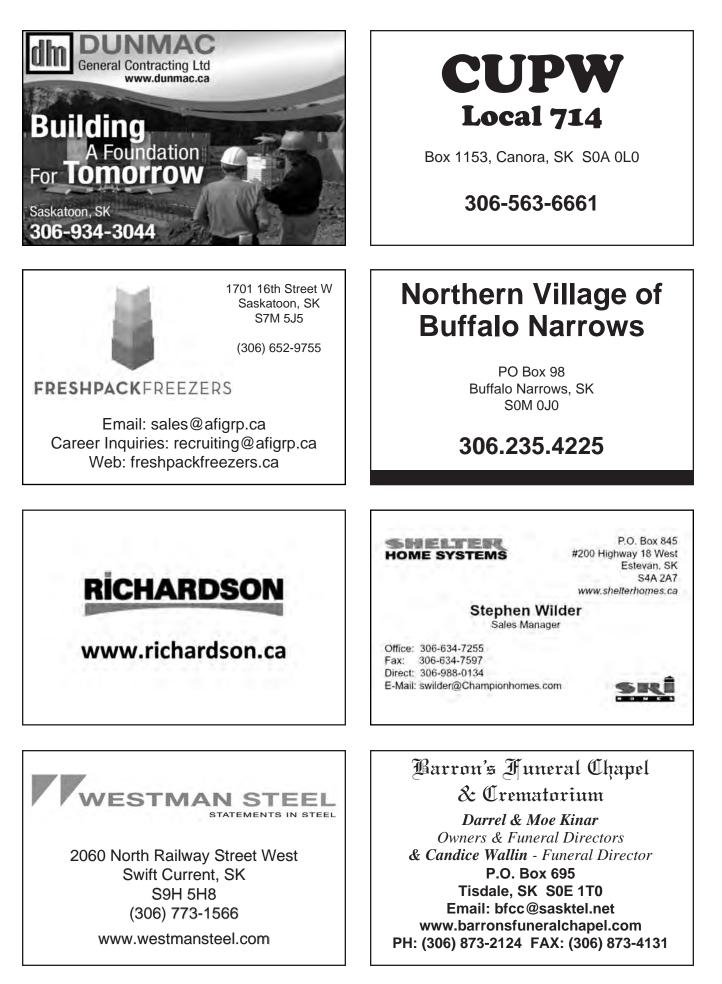
Visit www.saskatchewan.ca/addictions for up-todate information and resources. If you or your client requires more information, please contact your local Regional Health Authority Addictions/Mental Health Services office or doctor.To locate addictions/mental health services near you:

- visit www.saskatchewan.ca/addictions
- check the green pages of your phone book for your local health region's services;
- visit HealthLine Online at healthlineonline ca; or
- contact HealthLine at 811 and ask to speak to an addictions or mental health counsellor.





saskatchewan.ca/addictions



PREVENTING OVERDOSES WITH NALOXONE

hen injeged interses s of naloxone last Multiple_doses

Naloxone is an opioid overdose-reversal drug. It can rapidly restore normal respiration to a person who has stopped breathing as a result of an overdose from heroin or prescription opioids.

Naloxone is used by

- (I) Emergency Medical Personnel
- (2) First Responders
- (3) a number of communities have established overdose education and naloxone distribution programs to make it accessible to friends and loved ones, or potential bystander along with a brief training in how to use these emergency kits.

Two current formulations

 Handheld auto injector (developed in 2014)



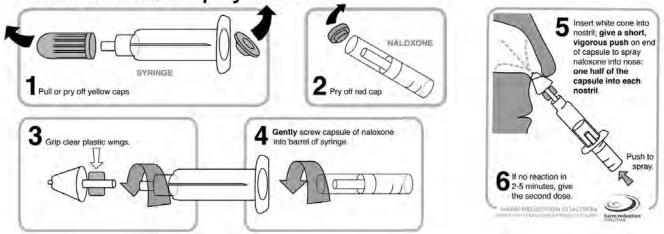
2) User friendly Intranasal formulation (developed in 2015)



Higher than typical naloxone doses are needed to reverse fentanyl overdose. Many doses may need to be administered to revive someone experiencing a fentanyl overdose.

> Research on the Use and Misuse of Fentanyl and Other Synthetic Opioids. Wilson M. Compton, M.D. Deputy Director, National Institute on Drug Abuse (NIDA).March 21, 2017 https://democrats-energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/Testimony-Compton-OI-Hrg-Fentanyl-Opioid-Crisis-2017-03-21.pdf

How to Give Nasal Spray Naloxone







For Immediate Help Call: 306-500-8226 24 hours a day, 7 days a week, 365 days a year. servicemaster.saskatoon@sasktel.net www.svmrestore-saskatoon.ca

Gibbs Seed Cleaning Box 102, McTaggart, SK SOG 3GO (306) 848-1010





In response to Canada's opioid crisis, provinces and territories have put in place a number of strategies to ensure naloxone is available to first responders, health care workers, high-risk users and the public.

AVAILABILITY OF NALOXONE KITS ACROSS CANADA

		BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	NWT	YT	NU
s	Community pharmacies		1	x		<		x	1	1	1	√ ³	~	I
IN kit	Correctional facilities	1	1	1	X	~	X	X	1	1	1	Т	Т	Т
ed TF	Shelters	1	X	ı		1	Χ	X	X	I	x	Т	1	I.
Publicly-funded THN kits	Treatment centres/ Addiction services	1	1	1		1	X	x		I	1	I	1	I
Public	Health care centres/ walk-in clinics	1	1	1		~	X	X		✓	1	1	1	1
	Other community agencies	1	X	1	X	1	X	x		Т	1	I.	Т	1
Naloxone for purchase	Community pharmacies	1	X	1	1	~	1	1	1	1	1	1	1	I
Nalo fe	Other community organizations	X	X	X	X	X	X	X	X	X	X	X	X	X

✓ Available I Insufficient information available

X Not available in the province of territory

Current program contains eligibility restrictions and limited number of sites.
 Number of pharmacies/sites limited.
 Currently limited to intranasal naloxone as the territory transitions to Take-Home Injection Naloxone Kits.

Saskatchewan

In November 2016, the Saskatchewan College of Pharmacy Professionals announced that pharmacists may provide a Naloxone hydrochloride injection when indicated for emergency use for opioid overdose outside hospital settings as a Schedule II drug in community pharmacies without prescription after considering appropriateness and ensuring that users are trained and educated on its proper administration.

Publicly-funded Take-Home Naloxone (THN) Program

Publicly-funded THN kits are available at one site in each of six Saskatchewan cities: Saskatoon, Regina, North Battleford, Kamsack, Yorkton, and Prince Albert.

Purchasing Naloxone in Pharmacy

Pharmacies are able to sell naloxone kits to interested individuals. Pharmacies may order preassembled standardized naloxone kits directly through The Control Group or McKesson Canada.

Cost to Patients

The price of naloxone varies by pharmacy. One media source has indicated that the injectable form may cost patients \$50-\$70 for a two-dose kit.

Patient Assessment and Education

Pharmacists may provide a Schedule II drug after consultation with the patient as per the NAPRA Standards of Practice for Non-Prescription Drugs. Pharmacists must ensure that naloxone users are trained and educated on its proper administration, including proper technique, appropriate dose, use of appropriate supplies and how to avoid and manage needle-stick injury, which are not well covered in the labelling.

www.pharmacists.ca

Take-home Naloxone Kit Supplies List

Each take-home naloxone kit should be assembled in a durable, sealable case or container and must contain the following elements:

Each intra-nasal naloxone spray kit must include:

- (1) Hard case
- (2) Doses of Narcan® Nasal Spray (4 mg/0.1ml)
- (I) Rescue breathing barrier
- (I) Pair of non-latex gloves
- (1) Card that identifies the person who is trained to give the naloxone
- (1) Updated instructional insert (English) OR
- (I) Updated instructional insert (French)

In addition, OPA recommends: (1) - Belt clip

Each injectable naloxone kit must include:

Each injectable naloxone kit must include:

- (1) Hard case
- (2) 1 ml ampoules or vials of naloxone hydrochloride 0.4 mg/ml injection
- (2) Safety engineered syringes with 25g, I" needles attached
- (2) safe ampoule-opening devices (also known as breakers, snappers, or openers),
- (1) Rescue breathing barrier
- (1) Pair of non-latex gloves
- (1) Card that identifies the person who is trained to give the naloxone
- (1) Updated instructional insert (English) OR
- (1) Updated instructional insert (French)
- In addition, OPA recommends: (1) Belt clip

www.opatoday.com



TAKE HOME NALOXONE: OVERDOSE PREVENTION TRAINING AND KITS



Opioid Overdose

Opioids (a drug class) include narcotics such as heroin, morphine, fentanyl, methadone, oxycodone, and codeine. People who misuse opioids (prescribed or obtained illegally) are at risk of opioid overdose (OD). Opioids affect the part of the brain that

controls breathing, so when too much of an opioid is taken, breathing slows or stops. People at higher risk of OD include those starting or tapering opioid substitution therapy (ex. methadone), with comorbid conditions (e.g. HIV or liver disease), or

with a period of non-use (e.g. released from prison or detox).

Naloxone

Death and injury from opioid OD are preventable with OD prevention, recognition and response education, and naloxone. Naloxone (Narcan®) reverses opioid OD, restoring breathing in a few minutes. It is not a narcotic, is nonaddictive, and has no effect if no opioids are present. Naloxone is a safe medication, with few side effects.

Although traditionally (for 40+ years) given by emergency responders, with minimal training laypeople can give naloxone. In fact, the World Health Organization recommends naloxone be made available to people likely to witness an opioid overdose (including family and friends of people who use opioids).

Take Home Naloxone Program

Saskatchewan residents who are at risk of an opioid overdose and/or might witness an opioid overdose, such as friends and family of people who use opioids, are eligible for free training and a Take Home Naloxone kit. The training covers overdose prevention, recognition, and response, including how to administer naloxone.

This program is empowering. It gives peers, friends, and families of people who use drugs the chance to save a life, sending a clear message to those who use drugs that their lives matter.

Content has been used with permission of the B.C. Centre for Disease Control Harm Reduction Program.

Buffalo Narrows Health Centre 491 Peterson Ave, Buffalo Narrows Phone: 306-235-5822

Estevan Addiction Services 1174 Nicholson Road, Esteven Phone: 306-637-2422

Stepping Stone Wellness Clinic Kamsack Hospital and Nursing Home 341 Stewart Street, Kamsack Phone: 306-542-1968

Kindersley and District Health Centre 1003 1st St West, Kindersley Phone: 306-463-1000 Ext. 2560 or 2562

Lloydminster Mental Health & Addictions 3830 43 Avenue, Lloydminster Phone: 306-820-6250 or #115 – 4910 50th Street, Lloydminster Phone: 306-820-2592

Meadow Lake Mental Health & Addictions #8 – 711 Centre Street, Meadow Lake Phone: 306-236-1580 Mental Health and Addiction Services Melfort Hospital 510 Broadway Avenue, Melfort Phone: 306-752-8767

Crescent View Clinic 131 1st Avenue NE, Moose Jaw Phone: 306-691-6464

Mental Health and Addiction Services Nipawin Hospital 800 – 6th Street East, Nipawin Phone: 306-752-8767

Battlefords Sexual Health Clinic 1192 101st Street, North Battleford Phone: 306-446-6463 or 306-441-4556

Access Place 101-15th St East, Prince Albert Phone: 306-765-6542 Communicable Disease Sexual

Health Program 2110 Hamilton Street, Regina Phone: 306-766-7788 Harm Reduction Methadone Program 1048 Albert Street, Regina Phone: 306-766-6350

Mayfair Clinic 504 33rd Street West, Saskatoon Phone: 306-655-4007

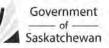
Community Health Services El Wood Building, 4th Floor 350 Cheadle St West, Swift Current Phone: I-877-329-0005

Mental Health and Addiction Services Tisdale Hospital 2010 – 110th Avenue West, Tisdale Phone: 306-752-8767

Weyburn Addiction Services 900 Saskatchewan Drive, Weyburn Phone: 306-842-8693

Turning Point Program Room 109, SIGN on Broadway 345 Broadway St West,





saskatchewan.ca/addictions







Stimulation SHAKE & SHOUT at shoulders their name



Call 911

Place phone on speaker to receive additional support and instructions

Inject Naloxone

1 ampoule (1 ml) of Naloxone into upper arm or upper thigh muscle



Start Chest Compressions

or full CPR and/or rescue breathing as trained Use AED (defibrillator) if available



STAY!

ls it working?

If there is no improvement in 3-5 minutes... repeat Steps 3 and 4.

Stick around until EHS arrives

www.nsnaloxone.com





New stats on Sask. opioid poisonings don't tell full story: prof U of S addictions counsellor says numbers on opioid-related deaths would offer perspective

Originally Published by CBC News (September 15, 2017)

Dr. Peter Butt, an addictions counsellor and teacher at the University of Saskatchewan's College of Medicine, says the report raises a number of questions. (CBC) An addictions expert in Saskatchewan says more data is needed to know whether the province's health care system is actually saving the lives — or not — of people who overdose on opioids. Peter Butt's comment comes a day after a new study found that Regina and Saskatoon have the highest rates of hospitalizations for significant opioid poisoning among Prairie cities with a population of 100,000 or more.

"Are we saving people? Is our death rate lower? We're getting more hospitalizations, yes, but are we saving people?" said Butt, who teaches at the University of Saskatchewan's College of Medicine.

Need to compare against death stats

Butt says it would be particularly helpful to weigh the results of the new study, which was conducted by the Canadian Institute For Health Information, with the number of deaths from opioid poisonings recorded by the coroner's office throughout the country.

"I think it would be important to look at the number of people who are dying province to province from opioid poisoning to see whether or not this is a good news story, that people are surviving here and getting to hospital rather than ending up as coroner's statistics."

While calling the findings of the CIHI report both "alarming" and "a wake-up" call, Butt was quick to add that the report does raise a number of unanswered questions.

Chief among them: how many of the overdoses accounted for in the report reflect people on prescribed drugs who are being overprescribed or unknowingly taking too much of the drugs, versus people taking the drug illegally?

Unanswered questions

Butt also wondered how many of the hospitalizations recorded were for people who took a take-home naloxone kit and received follow-up care at a hospital. The report also doesn't answer why the rates are so much higher in Saskatoon and Regina, Butt said. "Are people coming into to opioid poisoning to the emergency departments from those cities, or are they from outlying areas where there's been province accessing services?"

'Shame and stigma' in reporting

Chris Reaume, a Saskatoon man, has similarly wondered about the why of it all following the death of his sister Elizabeth in Fort McMurray in June.



Elizabeth Reaume, in a photo submitted by her brother Chris. (Chris Reaume)

Elizabeth's toxicology test revealed she had carfentanil in her system at the time of her death. Carfentanil is many times stronger than the more popularly-known fentanyl. "There was a lot of shame and stigma attached to the drug use, that's why she didn't come forward," said Reaume of his sister. "I didn't think it was an issue. She held a job with the same company for eight years, was making six figures, a decent wage, car, house, family.



Elizabeth on life support before she died. Toxicology reports later found she had carfentanil, a drug many times stronger than fentanyl, in her system at the time of her death. (Chris Reaume)

"How do you come forward when you have a job and a family or that sort of thing and say to people that I have an addiction? It's impossible."

Post-hospital care

Butt says a key part of any strategy to address the problem is transitional mental health and addictions services once people leave the hospital. "Some provinces have a rapid access to addiction medicine system," he said. "We don't have that in Saskatchewan in part because of capacity. But perhaps that's something we should be looking at."



ADDICTION TREATMENT



Deciding to get help for an addiction to alcohol or other drugs is a very important decision. Whether you are thinking about treatment for yourself or someone you care about, finding the right treatment is key.

When is the right time to seek treatment?

The choice to enter treatment is a personal one. People often seek treatment when the negative effects of drinking or drug use become stronger than the positive effects. However, treatment can be helpful even for people who think their alcohol or drug use is only a mild problem.

Who can help?

Medical doctors (M.D.) Addiction Medicine Specialists (M.D.) Psychiatrist (M.D.)

If your healthcare professional is not trained in assessing and treating addictions, he or she can refer you to a professional who is. Don't be afraid to ask for a referral from your doctor.

- Licensed/registered psychologists and counsellors (Ph.D., Psy.D., M.A., M.Sc., MMFT)
- Licensed/registered social workers B.S.W. or M.S.W.)
- Licensed/registered psychotherapists or counsellors (R.C.T.)
- Nurse/nurse practitioner
- National Native Alcohol and Drug Abuse Program (NNADAP) workers
- Other certified addiction counsellors

Although they may not provide addiction treatment, other professionals, individuals and groups in your

community can support you and help connect you to other resources:

- Peer support groups (e.g., 12-step programs SMART Recovery, LifeRing)
- Family support groups
- Employee assistance programs through your employer
- School guidance counsellors
- Spiritual or cultural leaders

Planning your treatment

An addiction or healthcare provider can work with you to come up with a treatment plan. This process begins with an assessment of your alcohol or other drug use problems, and other related physical, mental and social concerns. Your care provider can help you decide on your treatment goals, explain what your treatment options are and set up the services you need to reach your goals.

Treatment settings

Outpatient (community): Delivered in a variety of places in the community, such as an addiction or healthcare provider's office, a mental health clinic or an addiction clinic. Most often used by people whose alcohol or other drug use does not put them or others at serious risk, and who have safe stable homes. Outpatient treatment can sometimes involve structured treatment activities.

Inpatient (hospital): Care provided at a hospital, 24 hours a day, 7 days a week, involving intensive structured treatment activities. Most often used by people with alcohol or other drug problems and also medical or mental health problems who need more intensive and comprehensive supports including greater medical care and supervision.



ADDICTION TREATMENT



Residential: Care provided in a live-in treatment centre, 24 hours a day, 7 days a week, involving intensive, structured treatment activities. Most often used by people whose alcohol or other drug problems are long-standing and complex.

Withdrawal management centres: Sometimes called detox centres, these are places where people who are physically dependent on alcohol or other drugs are helped to withdraw safely from them. They can be in different settings, including hospitals, residential centres and non-residential centres.

Continuing care: Care provided post-treatment to support recovery and help maintain healthy changes. Can include different activities such as peer support groups, continued use of addiction medications and specialized supportive housing.

Addiction therapy and counselling

Therapy and counselling is the most common form of treatment for alcohol and other drug use problems. It can be delivered in many formats including to individuals, couples, families and groups. The most common formats are individual therapy, which involves meeting with a therapist or counsellor one-on-one; and group therapy, which involves meeting with a therapist or counsellor and other clients who share similar problems in a group setting.

Structured treatment programs

These intensive programs have a structured daily schedule of addiction treatment and activities. Treatment can include group and individual therapy, education about symptoms, social skills training and treatment planning.

Addiction medication

There are several addiction medications that can help people who are addicted to alcohol or to other drugs. The most commonly used are medications to treat alcohol addiction and opioid addiction (e.g., prescription painkillers, heroin). If using addiction medication, the best results are seen when they are combined with counselling and other supports. Your family doctor can assess if an addiction medication might be helpful for you. All the medications described below require a prescription and continued use should be supervised by your doctor or by a trained and licensed/registered healthcare provider (this can vary by province and territory).

Medications used to treat opioid addiction

Buprenorphine/naloxone is a pill that combines both buprenorphine and naloxone, and is an opioid medication that has a lower risk of overdose. Buprenorphine replaces the physical effects of the opioid to which the person is addicted, while the naloxone is added to prevent misuse. Methadone is a medication that lessens the symptoms of opioid withdrawal, reduces cravings, and blocks the high feeling of other opioids. It can be used for medication-assisted therapy. Methadone maintenance therapy is generally used for people with a long history of opioid use who have been unsuccessful with other forms of treatment. Methadone is a powerful medication that, if misused, can lead to overdose — it should only be taken while supervised by a doctor or other licensed/registered healthcare provider who is trained and licensed to prescribe it (this can vary by province and territory).



ADDICTION TREATMENT

continued

Harm Reduction Programs

Harm reduction programs are most often used by people who are already experiencing harm from their alcohol or other drug use, have not been successful in treatment, are not interested in treatment or choose to continue to use drugs. There are many types of harm reduction programs.

Needle distribution or exchange programs give out clean needles, exchange used needles for new needles and provide syringes and other supplies to intravenous (IV) drug users. They also provide information on how to safely dispose of old needles. These activities help decrease the risk of contracting serious infections such as HIV and hepatitis C through using or sharing needles.

Opioid substitution therapy replaces the illegal use of heroin and opioid prescription pain medications with methadone, uprenorphine/ naloxone, or other substitutes. Supervised consumption services prevent overdoses and other harms by providing a safe, supervised environment for drug use.

Overdose prevention and response provides training and naloxone kits for people who are at risk of overdosing on opioids and those who might be present to respond to someone having an overdose. Naloxone can temporarily reverse the effects of an opioid overdose providing time to see emergency medical attention by calling 911.

Withdrawal management (detox)

Better known as detoxification or detox, withdrawal management helps people who are physically dependent on alcohol or other drugs safely withdraw from them. Withdrawal symptoms range from mild (e.g., anxiety, tremors, poor sleep) to severe and potentially life-threatening, and can include:

Hallucinations; Racing heart; High blood pressure; and Seizures There are different types of detox services available across Canada. **Medical detox programs** use medications and medical supervision to help you safely withdraw from alcohol or other drugs. Social detox programs do not use medications, but provide a supportive and supervised environment for you to withdraw from alcohol or other drugs. Some provinces offer home detox where you can receive support to withdraw in your own home. Your doctor or other healthcare provider can help you decide if you need detox and which type would be the best fit.

It is important to enter treatment immediately after detox. People who have gone through withdrawal from opioids such as heroin or prescription pain medication have lost their tolerance for the drug. If a person decides to use the drug again, and mistakenly believes he or she can use the same amount of the drug as before detox, there is a risk of overdose or even death.

Withdrawal from alcohol and some prescription medications can be dangerous and even life threatening. A doctor should always supervise withdrawal.

Continuing care

Finishing a structured treatment program or completing regular therapy and counselling sessions is a big accomplishment. Like other chronic health conditions, addiction requires long-term care and support. Work with your healthcare provider to develop a continuing care plan that is right for you. Continuing care plans can help maintain the healthy changes you made during treatment.



www.ccsa.ca



YOUR COMMUNITY HAS CONNECTIONS TO HELP

Are you concerned that your drinking, drug use or gambling might be more than just a bad habit? Are you thinking about getting help? Are you ready to make a change? Are you worried about someone else's drinking, drug use or gambling? Your community has connections to help at Addictions Services offices across Saskatchewan.

How can Addictions Services help you?

These offices are located in communities across the province. You can go there to talk to an Addictions Counsellor if you want to get help for alcohol/drug misuse or problem gambling. Whether you need to talk for the first time or the tenth time, you can contact these services in your region. Please call ahead to make an appointment to see a counsellor.

Who are Addictions Counsellors?

Addictions Counsellors are health care professionals who know about alcohol, drug and gambling problems. They will encourage you and your family to lead healthy lives and can help connect you to services if needed. By talking with a counsellor, you can make decisions about the best way to get help.

Where can you go for help?

There are many places to get help when you decide to either reduce or stop using alcohol/drugs or to deal with gambling problems. Here are some options:

Outpatient counselling services are usually the starting point for many people who want information or who are worried about their own or someone else's alcohol, drug or gambling problems. Working with a counsellor, you will set goals and work on things you want to change. A plan

saskatchewan.ca/addictions

that fits your situation will be made. You can continue to work, go to school and care for your family while attending these services.

Counselling may be provided:

- one-to-one: you can talk to a counsellor by yourself;
- to a family: a counsellor can meet with you and your family to offer support and information;
- in a group: support and information is provided to a group of people with similar concerns and challenges.

Where else can I get help for alcohol or drug problems?

Brief detoxification (detox) services provide a safe and supportive place for anyone under the influence of alcohol or drugs to detoxify and safely withdraw from the substance. You can contact these services directly.

Social detoxification services are for people with severe alcohol/ drug use problems. You will get help withdrawing from alcohol or other drug use much like at brief detox, but for a longer term. You will stay in a facility anywhere from 7 to 10 days. There are both adult and youth services available in Saskatchewan. You can contact these services directly.

The **Secure Youth Detox Centre** in Regina is for youth ages 12-17 years who are suffering from severe alcohol/drug use problems and are at risk of harming themselves or others. This service is available for youth from across the province. Two approved doctors must assess and order that a youth be admitted. Typically, this is for youth after other services have been tried unsuccessfully.





YOUR COMMUNITY HAS CONNECTIONS TO HELP

Day patient and inpatient services are treatment services offered daily for about 4 weeks. For day patient services you go to sessions during the day and then go home at night. For inpatient services you stay at a facility while getting help. A referral is needed from a health region Addictions Counsellor for these services.

Long term residential services are for people who need help with alcohol/drug use problems but who also have problems in other areas of their lives. This service helps people build life skills so they can lead healthy lives. It is a place people can live for an extended period of time while getting addiction counselling and programming. A referral is needed from a health region Addictions Counsellor for these services.

Transitional housing is for people who are moving into an inpatient treatment service or back into the community after completing an inpatient treatment program. An Addictions Counsellor provides support to people living in the house. This support can include: helping to learn life skills, finding a job, and linking residents to services in the community.

Self help groups can be found in many communities around the province and include Gamblers Anonymous, Alcoholics Anonymous, and Narcotics Anonymous. These groups give support and encouragement to anyone recovering from alcohol, drug and gambling problems. Al-Anon is a group for family members looking for support if someone in their family is using alcohol or drugs. The group setting offers a chance to connect with others going through the same challenges.

A range of addictions services are available. Find the support you need by connecting for help. continued

What else does Addictions Services do? Outreach services

Counsellors provide help and support in community settings. Counsellors are often available during irregular hours of work. They may have office hours in community locations such as schools, other health centres or community organizations. In some regions, outreach services give youth a safe place to go and be with friends, for example to use computers or do crafts.

Education and prevention services

Counsellors and prevention workers provide education and information sessions about alcohol and drugs to schools, clubs, organizations and businesses.

Consultation services

If an organization has staff with alcohol/drug problems, Addictions Services can talk with the employer and can take a referral for staff if needed. Some Addictions Services offices offer alcohol and drug education programs where they give information about alcohol and drugs, the changes involved in overcoming these problems, and the services available to help.

Whom to contact

Contact your local Addictions/ Mental Health Services office, doctor or other health care provider if you need more information. To locate Addictions/Mental Health Services near you:

- visit saskatchewan.ca/ addictions;
- check the green pages of your phone book for your local health region's services;
- visit HealthLine Online at healthlineonline.ca; or
- contact HealthLine at 811 and ask to speak to an Addictions or Mental Health Counsellor.





METHADONE FOR OPIOID DEPENDENCE

Methadone (also called juice or meth) is a synthetic (human made) opioid. It is used to treat dependence on other opioids such as morphine and heroin. Some opioids may be prescribed (for example, morphine) and some are obtained illegally (for example, heroin).

What are opioids and what is methadone maintenance treatment?

Opioids are prescribed to lessen cough, diarrhea or pain. They are misused when taken to feel pleasure. Regular misuse can cause a person to develop a dependency on these drugs. It becomes very hard for people dependent on these drugs to quit without treatment and counselling because they can feel pain, anxiety and/or strong cravings for more opioids.

When people who are dependent on opioids suddenly stop taking them, they can have withdrawal symptoms (such as shakes, fever/chills, change in bowel function, sleeplessness, sweating, irritability and weakness). These symptoms can make a person feel unable to stop using opioids.

Methadone maintenance treatment and recovery can help a person get back to living their life. It involves the prescribing of methadone, counselling, case management and other medical and psychosocial services.

Methadone maintenance treatment and recovery is not a cure; it allows people to deal with issues related to their opioid dependence and helps them live their lives.

Why and how is methadone used for treatment? Methadone is a special type of opioid that works by blocking craving and withdrawal symptoms that can occur when other opioids are stopped.

Addictions Counsellors provide information, assess a person's situation and may make a referral to a doctor who is approved to prescribe methadone. Methadone can be effective and safe to use when taken as prescribed and when a person regularly visits their health care provider and addictions counsellor. Once prescribed, a person will take methadone in the presence of a nurse or pharmacist, usually in the form of an orange drink.

Methadone stops craving and withdrawal symptoms for 24 to 36 hours, so people usually take it once a day at the same time.

Prescribed methadone can help:

- improve memory and the ability to focus;
- improve physical and mental health;
- reduce the likelihood of overdosing from opioid use; and
- reduce harm to the community such as criminal activity and the spread of diseases from sharing needles (e.g. HIV, Hepatitis C).

saskatchewan.ca/addictions

How long does treatment last?

It can take many months for treatment with methadone to be fully effective. Treatment is more effective when the person is motivated to succeed. A person may slowly take less and less under a doctor's care and monitoring. However, if a person continues to benefit from being on methadone, she/he may stay on it for years.

What are the side effects and cautions of taking methadone?

Side effects may include: • gaining weight;

- constipation;
- nausea or vomiting; feeling drowsy or light headed;
- sweating a lot;
 - inability to sleep;
- feeling restless; and skin rash or itchiness.

There are other more serious side effects not listed here that can be discussed with a health care provider.

Side effects are usually felt at the start of treatment but often go away once the right dose is found.

Methadone use can be dangerous if:

- doctor's instructions are not followed;
- it is used by someone it is not prescribed for;
- it is used by children;
- it is taken with alcohol or other drugs; and
- more of the drug is taken than the body is used to.

Recovering from opioid dependence

Methadone maintenance treatment and recovery helps individuals achieve many goals. This includes:

- dealing with anger and other emotions;
- coping with stress; problem-solving;
- enhancing life skills; relapse prevention; and
- connecting to community supports (e.g. child care, housing, transportation, parenting supports, food security, literacy, employment and financial support).

Using methadone and going to counselling together are helpful in reaching many goals.

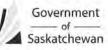
Who can you contact if you need help regarding drug use?

Contact your local Addictions/Mental Health Services office, doctor or other health care provider if you need more information. To locate services near you:

- Visit saskatchewan.ca/addictions.
- Visit HealthLine Online at www.healthlineonline.ca.
- Call HealthLine 811. Specially trained staff are available to provide mental health and addictions crisis support, in a safe and confidential manner.

NOTE: This material is for information only and should not replace the advice from an Addictions or Mental Health Counsellor, doctor or other health care provider.





Saskatchewan Federation of Police Officers





Government of Saskatchewan HealthLine

Online and telephone services for adults, youth and health providers 8-1-1

List of Drug & Alcohol Services in Saskatchewan

Athabasca Health Authority - Addiction Services

Aftercare | First Nation | Holistic Treatment | Outpatient Drug Rehab Centers | Pregnant Women | Youth Drug Rehab Centers Box 124 Black Lake (306) 439-2200 www.athabascahealth.ca

Armand Bekkattla Treatment Centre

Aftercare | First Nation | Residential Drug Rehab Clearwater Rd., Clearwater River **(306) 822-2033**

Freedom Outreach Challenge

Aftercare | Individual Counselling | Man Only | Prevention & Education | Relapse Prevention | Residential Drug Rehab Danare Beach (306) 362-2117 freedomoutreach.weebly.com

Leading Thunderbird Lodge

Assessment | Group Counselling | Individual Counselling | Residential Drug Rehab 555 Fort San Rd, Fort Qu'appelle (306) 332-5659 fhqtc.com

Discovery Ranch

Equine | Holistic Treatment | Youth Treatment Grenfell (306) 697-3121 or (306) 697-7645 www.discoveryranch.ca

Pine Lodge Treatment Centre

Assessment | Family Program | Family Support | Residential Drug Rehab 211 Otterloo Street, Indian Head (306) 695-2251 www.pinelodgetreatment.ca

Robert Simard Centre

Detox Center | Medical Detox 711 Centre Street, Meadow Lake **(306) 236-1580**

Sakwatamo Lodge

Aftercare | First Nation | Residential Drug Rehab P.O. Box 3917, Melfort **(306) 864-3631**

Metis Addictions Council of Saskatchewan Inc.

Aftercare | Detox Center | First Nation | Group Counselling | Holistic Treatment | Individual Counselling | Outpatient Drug Rehab Centers | Prevention & Education | Relapse Prevention | Residential Drug Rehab 334-19th Street East, Prince Albert (306) 953-8250 www.macsi.ca

Brian J. Smith Law

Drug Charges Lawyer | DUI Lawyer #213 - 1808 Smith Street, Regina (306) 988-7337 www.reginacriminallaw.com

Live Free Regina Interventionists Regina 1(800) 563-5361 www.livefreenow.ca

Regina Criminal Lawyers

Drug Charges Lawyer | DUI Lawyer #206 - 1808 Smith Street, Regina (306) 993-0980 www.regina-criminal-law.ca

Teen Challenge Saskatchewan

Christian Based | Residential Drug Rehab PO Box 21111, Saskatoon (306) 664-4673 www.tcsk.ca

Live Free Saskatoon

Interventionists Saskatoon 1(800) 563-5361 www.livefreenow.ca

Metis Health Addictions Council of Saskatchewan - Saskatoon Centre

Aftercare | Assessment | Group Counselling | Holistic Treatment | Individual Counselling | Intensive Outpatient Program | Outpatient Drug Rehab Centers | Relapse Prevention Residential Drug Rehab 335 Avenue G. South, Saskatoon (306) 652-8951 www.macsi.ca

IM Safety Services

Drug Test #11 - 1724 Quebec Avenue, Saskatoon (306) 374-6401 www.imsafetyservices.com

Cuelenaere Kendall Katzman & Watson

DUI Lawyer 128 - 4th Ave South, Suite 500, Saskatoon (**306**) **653-5000 www.cuelenaere.com**

Brayford Shapiro Law & ADR Offices

Drug Charges Lawyer | DUI Lawyer 311 21st Street East, Saskatoon (306) 244-5656 www.brayfordshapiro.ca



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101017285 SASKATCHEWAN LTD OPERATI	NG
AS SPORTY T'S APPAREL LTD	38
102008548 SASKATCHEWAN LTD.	
O/A CLASSIC VACUUM TRUCK	
A A PAINTBALL	
A A TRIFON'S FAMILY RESTAURANT	
A C FLOORING & INSTALLATIONS 2004 LTD	
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ADVANCED DENTURE CLINIC	
ADVANTAGE COLLISION INC.	
AGGRESSIVE DRILLING LTD.	
AIM ELECTRIC LTD.	
ALBERT E PEACOCK COLLEGIATE	20
ALDENE MEIS-MASON/ ED 524.7	
FACULTY OF BUSINESS	
ALFORD FLOORS AND INTERIOR	
ALL PURPOSE CLEANING	
AN AN MARKET	94
ARC-ALLOY WELDING	
ARD LAW OFFICE	
ARMY NAVY & AIRFORCE VETERANS	
ARTHUR ROSE DRY CLEANERS	
ASQUITH HOTEL	48
ASSINIBOIA CAR WASH LTD.	92
ASTRO TOWING	18

STERNER GEORGE TRUCKING CO LTD STEVENSON INDUSTRIAL REFRIGERATION LTD STEWART STEEL STITCH WITH STYLE UPHOLSTRY STOR-IT MINI WAREHOUSE LTD STOUGHTON FEED PROCESSING INC STR FARMS STUDIO S FASHION HOUSE SUNBURST QUALITY CLEANING SUNCAP ENERGY SUNDOWN SALOON INC SUNNY'S CAR & TRUCK SVC SUNNYSIDE RESORT SUNRISE WELLNESS SPA INC SUNSHINE FAMILY CARE HOME SUNSHINE MOTEL SUPER CLEAN CARPET SVC LTD SUPERIOR ROADS SUPREME BASICS SURTEST OILFIELD SERVICES SUSAN CARR SUSHI HOUSE T & B QUALITY JANITORIAL SVC TAGS PLUMBING & HEATING TAIT INSURANCE GROUP INC TAMMY POWDER TAXES & MORE PLUS MORTGAGES TBS COLLISION AND AUTO GLASS LTD THE SHARPENING DEN TILLI-BEANS BAKERY & COFFEE **TINKER'S WELDING 2016** TISDALE FLORIST LTD TODAY'S ENTERPRISES LTD TOM ROSS ELECTRIC TOUCHSTONE DEVELOPMENT CORP TREE HOUSE TREASURES LTD TRICIA STRUTYNSKI TUPPERWARE CONSULTANT TRIFON'S PIZZA TRINITY SAFETY & TRAINING INC TRIPLE QUICK MFG

ATHABASCA BASIN SECURITY	38
ATLAS - APEX ROOFING (SK) INC.	
B E C INTERNATIONAL CORP.	88
B JOLLY ACCOUNTING (SASKATOON) LTI	
BADGER DAYLIGHTING LTD.	J4Z
	40
BAINBRIDGE JODOUIN CHEECHAM	
BALICKI PARCHOMCHUK SHERDAHL HUNTER	
BAR ROOFING	
BARRON'S FUNERAL CHAPEL LTD	
BARRY'S EAVESTROUGHING & EXTERIORS LT	D.86
BAR-T CONSTRUCTION & PRESTAINER LTD	104
BECKERS MECHANICAL SERVICES LTD	100
BEDECS READY MIX LTD.	66
BEITEL'S INSURANCE AGENCY (2008) LTD.	78
BELAK TRUCK & TRANSPORT REPAIR	
BENDIG & KLASSEN	
BENSON TRITHARDT & NOREN	
BEVERLY ASHDOWN DAY SPA	
BIG RIVER LEGION BRANCH #136	
BIRCH HILLS & DISTRICT LIONS CLUB	
BIRSAY KITCHEN	38
BLUE MOON OILFIELD SERVICES LTD	
BOCIAN JEWELLERS	96
BOOTH BURNETT INSURANCE LTD	58
BORDERLINE FENCING SVC.	94

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BOURGAULT TILLAGE TOOLS LTD	
BOXTON PRAIRIE EXPERIENCE	
BOYCHUK CONSTRUCTION CORP.	84
BRAEBURN INN	42
BREDENBURY TOWN OFFICE	
BRIDGEVIEW MANUFACTURING INC	24
BROADVIEW & DISTRICT LIONS CLUB	.104
BROADWAY FAMILY PHYSICIANS	52
BUDS ON BROADWAY	62
BUFFALO HEAD ENVIRONMENTAL LTD	84
BUNGE CANADA	46
C A A SASKATCHEWAN	6
C.W. MILLAR INSURANCE AGENCIES	
CANADIAN MENTAL HEALTH ASSOCIATION.	28
CAN-AM TRAVEL STOPS INC.	56
CANORA AMBULANCE CARE LTD.	
CANPRO DECK & RAIL INC.	84
CARA DAWN TRANSPORT	
CARGILL ANIMAL NUTRITION	
CARLYLE PHARMASAVE	
CARRY THE KETTLE FIRST NATION	
CATHEDRAL OF HOLY FAMILY	44
CEMENT MASONS &	
PLASTERS UNION LOCAL 222	14
CENTRAL BUTTE HOTEL	
01	

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ADVERTISERS' INDEX

	~
CENTRE CULTUREL ROYER INC7	2
CERVUS EQUIPMENT PETERBILT	Ω
CHAMNEY CRUSHING LTD9	8
CHARLES REPAIR & SERVICE	
CHECKS N BALANCES BUSINESS SERVICES 4	6
CHEYENNE MOTOR PRODUCTS LTD10	
	0
CHRIST THE TEACHER	
	~
CATHOLIC SCHOOLS-DIVISION OFFICE9	0
CHURCHBRIDGE CREDIT UNION8	2
	~
CIRCLE DRIVE ALLIANCE CHURCH	8
CITY OF HUMBOLDT	
CITY OF HUMBOLDT	4
CLASSIC AUTO GLASS LTD8	4
COBBLE CREEK LODGE INC10	4
COCKBURN CONSTRUCTION LTD10	n
COFF STOP VAPE SHOP	6
COGENT CPA LLP9	0
COGENT CFALLF	0
COLLEGE AVE DRUGS4	6
COLLINS BARROW PQ	Ö
CONSTRUCTION & GENERAL WORKERS	
	~
UNION LOCAL 1801	2
CO-OPERATORS INSURANCE	6
COPPERBELT HOTEL8	8
COPPERTOP TOWING & LOCK OUT9	
OUT LIVIUE A LOUK OUT	~
CORNERSTONE BAR & GRILL6	6
COTTONWOOD DENTAL CLINIC	
COUNTRY COMFORT BEDROOMS9	6
CREE-WAY GAS4	0
CRESTVUE AMBULANCE SERVICE LTD 10	Λ
CROP PRODUCTION SERVICES	6
	ō
CROSS ROADS INN9	0
CROSSROADS THERAPEUTIC SOLUTIONS7	2
	-
CUPAR FOODS8 CUPE HEALTH CARE WORKERS'	2
CLIPE HEALTH CARE WORKERS'	
COUNCIL OF UNIONS5	4
CUPE LOCAL 211	6
CUFE LUGAL 21	U
CUPE LOCAL 54301	0
CUPE LOCAL 8595	Č.
CUPE LUCAL 859	O
CUPVV / 14	()
CUPW 714	0
CURTIS BIT RETIPPING SERVICE10	4
CURTIS BIT RETIPPING SERVICE10	4
CURTIS BIT RETIPPING SERVICE	4
CURTIS BIT RETIPPING SERVICE	4
CURTIS BIT RETIPPING SERVICE	402
CURTIS BIT RETIPPING SERVICE	402666
CURTIS BIT RETIPPING SERVICE	402666
CURTIS BIT RETIPPING SERVICE	402666
CURTIS BIT RETIPPING SERVICE	
CURTIS BIT RETIPPING SERVICE	40266622860
CURTIS BIT RETIPPING SERVICE	40266622860
CURTIS BIT RETIPPING SERVICE	40266622860
CURTIS BIT RETIPPING SERVICE	402666228604
CURTIS BIT RETIPPING SERVICE	402666228604 C
CURTIS BIT RETIPPING SERVICE	402666228604 C
CURTIS BIT RETIPPING SERVICE	402666228604 C2
CURTIS BIT RETIPPING SERVICE	402666228604 C22
CURTIS BIT RETIPPING SERVICE	402666228604 C22
CURTIS BIT RETIPPING SERVICE	402666228604 C228
CURTIS BIT RETIPPING SERVICE	402666228604 C228
CURTIS BIT RETIPPING SERVICE	402666228604 C2288
CURTIS BIT RETIPPING SERVICE	402666228604 C228888
CURTIS BIT RETIPPING SERVICE	402666228604 C228888
CURTIS BIT RETIPPING SERVICE	
CURTIS BIT RETIPPING SERVICE	4026662228604 C22888066686C 008888
CURTIS BIT RETIPPING SERVICE	4026662228604 C22888066686C 008888
CURTIS BIT RETIPPING SERVICE	4026662228604 C22888806686C 0088886
CURTIS BIT RETIPPING SERVICE	402666228604 C22888806686C 0088862
CURTIS BIT RETIPPING SERVICE	402666228604 C22888806686C 0088862
CURTIS BIT RETIPPING SERVICE	402666228604 C22888806686C 008888622
CURTIS BIT RETIPPING SERVICE	4026666228604 C22888806686C 0088886228
CURTIS BIT RETIPPING SERVICE	4026666228604 C22888806686C 0088886228
CURTIS BIT RETIPPING SERVICE	4026666228604 C22888806686C 00888862286
CURTIS BIT RETIPPING SERVICE	4026666228604 C22888806686C 008888622866
CURTIS BIT RETIPPING SERVICE	4026666228604 C22888806686C 008888622866
CURTIS BIT RETIPPING SERVICE	4026666228604 C22888806686C 008888622866

FRESH PACK FREEZERS LTD.	80
FUTURE VISION OPTICAL	۹N
G & N INDUSTRIES LTD	92
G & S LANDSCAPE & EXCAVATION	70
G W RAILINGS	40
GATEWAY ESSO	
GALEWAY ESSU	90
GENE'S REALTY PARTNERSHIP	34
GEORDIE'S WOODWORKING LTD	98
GEO'S APPLIANCE REPAIR & SERVICE	
GERANSKY'S MOVING & STORAGE INC.	86
GERRY'S AUTO TRANSMISSION LTD	20
	20
GESSNER CABINETS	20
GIBBS SEED CLEANING INC	82
GIBBY'S PUB	
	+0
GLOBAL EXTERIORS LTD.	92
GLOBE EXCAVATING LTD	
GOLD EAGLE CASINO	
GOODSOIL & DISTRICT LIONS CLUB	
GOODWILL BAKERY	100
GRAINBELT TRANSPORT LTD.	104
GRAINDELLI TRANSFORT LTD.	104
GREAT CANADIAN OIL CHANGE	18
GREY CAB PRINCE ALBERT	
HAMMOND CATTLE LINERS LTD.	102
	102
HARDEN & HUYSE CHOCOLATES	100
HAYES TRAINING & DEVELOPMENT	104
HEALTH SCIENCES ASSOCIATION OF SI	
HEPBURN CO-OP	96
HERGOTT FARM EQUIPMENT LTD	102
HIGHLIGHT TELECOM MIDWEST LTD	
	02
HILL LAW OFFICE	40
HOLLIDAY-SCOTT INTERIORS	
& DESIGN STUDIO	4.4
HOME TEAM	88
HORIZON SCHOOL DIVISION #205	
HOT YOGA ON 20TH	
HOT TOGA ON 201H	42
HOUSE OF STATIONERY LTD.	38
HUGH SKOTHEIM TRUCKING LTD	84
HUMPHREY'S TAVERN	04
HUMPHREYS TAVERIN	94
	11
I.B.E.W. LOCAL 2067	
I.B.E.W. LOCAL 2067 IAN WAGNER - LAWYER	44 60
IAN WAGNER - LAWYER	60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER	60 76
IAN WAGNER - LAWYER	60 76
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD	60 76 42
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD.	60 76 42 46
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD. INTEGRITY OILFIELD HAULING	60 76 42 46 20
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD.	60 76 42 46 20
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD. INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD.	60 76 42 46 20
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'I UNION OF BRICKLAYERS &	60 76 42 46 20 104
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1	60 76 42 46 20 104
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771	60 76 42 46 20 104 68 14
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771	60 76 42 46 20 104 68 14
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD. INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD. INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD.	60 76 42 46 20 104 68 14 30
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD. INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD. INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON	60 76 42 46 20 104 68 14 30 96
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD. INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD. INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS.	60 76 42 46 20 104 68 14 30 96 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD. INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD. INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS.	60 76 42 46 20 104 68 14 30 96 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD. INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD. INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE.	60 76 42 46 20 104 68 14 68 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE	60 76 42 46 20 104 68 14 30 96 60 86 104
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR.	60 76 42 46 20 104 68 104 68 96 96 86 104
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR.	60 76 42 46 20 104 68 104 68 96 96 86 104
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON	60 76 42 46 20 104 68 104 68 68
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA I TD.	60 76 42 46 20 104 68 14 30 96 60 86 104 40 40 42
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE	60 76 42 46 20 104 68 14 68 14 96 60 86 104 86 104 42 90
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE	60 76 42 46 20 104 68 14 68 14 96 60 86 104 86 104 42 90
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION	60 76 42 46 20 104 68 14 96 60 86 104 86 104 48 102 70 70
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD. INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD. INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE. JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION	60 76 42 46 20 104 68 14 96 60 96 60 86 104 48 102 70 70 70
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INDOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED.	60 76 42 104 68 104 68 104 60 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD. INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD. INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE. JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION	60 76 42 104 68 104 68 104 60 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLY INSURANCE BROKERS LTD KELLY INSURANCE BROKERS LTD KELY FOOD EQUIPMENT SVC	60 76 42 104 68 104 68 104 60 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INDOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED KELLSEY CALHOON M.ED KELLY INSURANCE BROKERS LTD KEYANOW CHILD AND	60 76 42 46 20 104 68 14 68 14 96 60 86 102 70 100 96 60 96
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INDIAN HEAD CHRYSLER INTOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED KELLY INSURANCE BROKERS LTD KEY FOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC	60 76 42 104 68 104 68 104 68 104 68 104 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS. J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED. KELLY INSURANCE BROKERS LTD KEYFOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP	60 76 42 46 20 104 68 14 68 14 96 60 86 104 60 70 70 70 70 70
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS. J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED. KELLY INSURANCE BROKERS LTD KEYFOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP	60 76 42 46 20 104 68 14 68 14 96 60 86 104 60 70 70 70 70 70
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS. J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED KELLY INSURANCE BROKERS LTD KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP.	60 76 42 46 20 104 68 14 96 60 86 104 86 104 104 96 70 100 96
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED. KELLY INSURANCE BROKERS LTD KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP. KINDERSLEY PACKERS KINDERSLEY VETERINARY CLINIC	60 76 42 46 20 104 68 14 96 60 86 104 96 60 70 100 96 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED. KELLY INSURANCE BROKERS LTD KEYFOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY PACKERS KINDERSLEY VETERINARY CLINIC KLASSIQUE DESIGNS	60 76 76 76 76 76 70 104 68 104 68 104 60 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED. KELLY INSURANCE BROKERS LTD KEYFOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY PACKERS KINDERSLEY VETERINARY CLINIC KLASSIQUE DESIGNS	60 76 76 76 76 76 70 104 68 104 68 104 60 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INDIAN HEAD CHRYSLER INTOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE. KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED KELLSEY CALHOON M.ED KEY FOOD EQUIPMENT SVC. KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY PACKERS KINDERSLEY VETERINARY CLINIC KLASSIQUE DESIGNS	60 76 42 104 68 14 68 14 68 104 68 68 104 68
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INDIAN HEAD CHRYSLER INTOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE. KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED KELLSEY CALHOON M.ED KEY FOOD EQUIPMENT SVC. KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY PACKERS KINDERSLEY VETERINARY CLINIC KLASSIQUE DESIGNS	60 76 42 104 68 14 68 14 68 104 68 68 104 68
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INDIAN HEAD CHRYSLER INTOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLY INSURANCE BROKERS LTD KEY FOOD EQUIPMENT SVC. KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY VETERINARY CLINIC KARIEL, LOUIE DDS KWIK LUBE 'N' EXHAUST (2006) INC	60 76 42 104 68 104 68 104 60 96 60 96 60 104 70 100 96
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INDIAN HEAD CHRYSLER INTOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLY INSURANCE BROKERS LTD KEY FOOD EQUIPMENT SVC. KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY VETERINARY CLINIC KARIEL, LOUIE DDS KWIK LUBE 'N' EXHAUST (2006) INC	60 76 42 104 68 104 68 104 60 96 60 96 60 104 70 100 96
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED KELLY INSURANCE BROKERS LTD KEY FOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY PACKERS KINDERSLEY VETERINARY CLINIC KLASSIQUE DESIGNS KOEPPERN SERVICE CANADA INC KRIEL, LOUIE DDS KWIK LUBE 'N' EXHAUST (2006) INC L & L GRAVEL & RANCHING CO. LTD	60 76 42 46 20 104 68 14 68 14 68 104 60 60 60 60 70 100 96 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INDIAN HEAD CHRYSLER INTOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED KELLY INSURANCE BROKERS LTD KEYFOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY PACKERS KINDERSLEY VETERINARY CLINIC KLASSIQUE DESIGNS KOEPPERN SERVICE CANADA INC KRIEL, LOUIE DDS WWIK LUBE 'N' EXHAUST (2006) INC L & L GRAVEL & RANCHING CO. LTD L M O LANDSCAPING LTD	60 76 42 46 20 104 68 14 30 96 60 86 104 60 70 100 96 60 70 70
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY OILFIELD HAULING INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS. J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSY CALHOON M.ED KELLY INSURANCE BROKERS LTD KEY FOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY VETERINARY CLINIC KLASSIQUE DESIGNS KOEPPERN SERVICE CANADA INC KRIEL, LOUIE DDS KWIK LUBE 'N' EXHAUST (2006) INC L & GRAVEL & RANCHING CO. LTD L & L ADSCAPING LTD	60 76 42 46 20 104 68 14 96 60 86 104 96 60 70 100 96 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY OILFIELD HAULING INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS. J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSY CALHOON M.ED KELLY INSURANCE BROKERS LTD KEY FOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY VETERINARY CLINIC KLASSIQUE DESIGNS KOEPPERN SERVICE CANADA INC KRIEL, LOUIE DDS KWIK LUBE 'N' EXHAUST (2006) INC L & GRAVEL & RANCHING CO. LTD L & L ADSCAPING LTD	60 76 42 46 20 104 68 14 96 60 86 104 96 60 70 100 96 60
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY OILFIELD HAULING INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS. J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSY CALHOON M.ED. KELLY INSURANCE BROKERS LTD KEY FOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY VETERINARY CLINIC KLASSIQUE DESIGNS KOEPPERN SERVICE CANADA INC KRIEL, LOUIE DDS KWIK LUBE 'N' EXHAUST (2006) INC L & L GRAVEL & RANCHING CO. LTD LAKELAND AGENCIES INC LAKELAND AGENCIES INC LAKELAND AGENCIES INC	60 76 42 46 20 104 68 14 68 14 68 14 60 60 60 70 100 96 60 70 100
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY PLUS FINANCIAL LTD INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD. JAMES A MORRISON JAMES D. PAPPAS J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD. KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSEY CALHOON M.ED KELLSEY CALHOON M.ED KELY FOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY PACKERS KINDERSLEY VETERINARY CLINIC KLASSIQUE DESIGNS KOEPPERN SERVICE CANADA INC KRIEL, LOUIE DDS KWIK LUBE 'N' EXHAUST (2006) INC L & L GRAVEL & RANCHING CO. LTD LAKELAND VETERINARY SERVICES PC ITD.	60 76 76 76 76 76 70 104 68 14 68 14
IAN WAGNER - LAWYER INDIAN HEAD CHRYSLER INNOVATIVE SUPERVISION LTD INTEGRITY MAINTENANCE LTD INTEGRITY OILFIELD HAULING INTEGRITY OILFIELD HAULING INT'L UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 IRON WORKERS UNION LOCAL 771 J R T EXCAVATING LTD JAMES A MORRISON JAMES D. PAPPAS. J-DUBS CONCRETE JGL CATTLE JIM'S TUB REPAIR JMR MEATS-DAVIDSON JOHN KMITA LTD KA-PA-CHEE TRAINING CENTRE KEESEEKOOSE CHIEFS' EDUCATION KELLSY CALHOON M.ED. KELLY INSURANCE BROKERS LTD KEY FOOD EQUIPMENT SVC KEYANOW CHILD AND FAMILY CENTRE INC KGS GROUP KINDERSLEY VETERINARY CLINIC KLASSIQUE DESIGNS KOEPPERN SERVICE CANADA INC KRIEL, LOUIE DDS KWIK LUBE 'N' EXHAUST (2006) INC L & L GRAVEL & RANCHING CO. LTD LAKELAND AGENCIES INC LAKELAND AGENCIES INC LAKELAND AGENCIES INC	60 76 76 76 76 76 70 104 68 14 68 14

LATUS OILFIELD SOLUTIONS INC	
LAW FIRM OF BENJAMIN J PARTYKA	.86
LAWRENCE ENVIRONMENTAL SVC. LTD	
LEADER ESSO	.18
LEWIS M CARTER MANUFACTURING LTD.	.24
LIBERTY TAX SERVICE	
LIFE LINE BROKERS LTD.	.98
LIFEMARK 8TH STREET	
LML INDUSTRIAL CONTRACTORS LTD	
LOBLAW'S INC C/O MIKE'S YOUR INDEPEN	
ENT GROCERY	.24
LUBRICATION STATION	.32
LUNG ASSOCIATION OF SASKATCHEWAN	.28
M & C RENTALS LTD	4
MACKLIN CREDIT UNION	.88
MACOUN CO-OP ASSOCIATION	
MACRO PROPERTIES	.44
MADILL'S DRUGS	.40
MAKWA & DISTRICT LIONS CLUB	.96
MAPLE CREEK COMPOSITE SCHOOL	100
MARCIA HERBACK CPA	
PROFESSIONAL CORP.	
MARC'S TRUCK SHOP LTD	.40
MATHESON INSURANCES LTD	.22
MAXIE'S EXCAVATING LTD	.38
MC KERCHER LLP	.74
MCDOUGALL GAULEY BARRISTERS	
& SOLICITORS	6
MCKESSON CANADA	.50
McNEVIN MANAGEMENT LTD.	
MEDALLION-WEST INDUSTRIES LTD	.98
MELRON SERVICES LTD.	
MERCIER LAW OFFICE	.26
MERRY MAIDS OF REGINA	.48
MICHELLE MOLLE RMT	.92
MIDTOWN SERVICE	.90
MIDWEST DIESEL REPAIR INC.	
MIKE'S AUTO GLASS LTD.	
MILLENNIUM III PROPERTIES CORP	.12
MILLER MOAR GRODECKI KREKLEWICH	
& CHORNEY	102
MILLSAP FUEL DISTRIBUTORS	.54
MINISTRY OF JUSTICE,	
CORPORATE AFFAIRS	.10
MINOWUKAW LODGE & JOE'S CABINS	
MINUTE MUFFLER & BRAKE MOOSE JAW	.58
MISO YA JAPANESE CUISINE	.40
MITCHELL DEVELOPMENTS INC.	.70
MNS LTD.	.66
MOOSE JAW CULTURAL CENTRE INC	.70
MOOSE JAW FIRE DEPARTMENT	.20
MOOSE JAW FUNERAL HOME	.76
MOOSE JAW TRANSIT	
MR RV SVC CTR LTD.	
MRYGLOD STEEL & METALS INC	
NAPA AUTO PARTS BIGGAR	.82
NATIONAL CRANE SERVICES INC.	
NAWIGIZIGWEYAS EDUCATION CENTRE	
NELSON MOTORS & EQUIPMENT LTD	
NEPTUNE PUMP SERVICES	
NEW NORTH SANC SERVICES INC.	
NORCAN FLUID POWER	
NORDON MEDICAL ENTERPRISES LTD	
NORFEHR CONTRACTING LTD.	
NORSEMAN STRUCTURES	.58
NORTH PRAIRIE DEVELOPMENTS LTD	
NORTHEAST APPLIANCE PLUS	
NORTHERN NUTRACEUTICALS INC.	.84
NORTHERN VILLAGE OF BUFFALO NARROWS	00
	.00
NORTHSTAR DEVELOPMENT LTD.	
NU - LOOK OPTICAL LTD NU-TECH PROTECTIVE COATINGS	
OCEANIA INN	
OFF BROADWAY LAUNDROMAT & DRY CLEAN	

ADVERTISERS' INDEX

OFF ROAD EXTERIORS82
OGEMA INCOME TAX &
ACCOUNTING SERVICE LTD
OLY'S TRADING POST & TRUCKING
ONE STOP IMMIGRATION SERVICES LTD48
ONE STOP INNINGRATION SERVICES LID40
ORCHARD TRANSPORT LTD
OUTLOOK LOCKER PLANT
OXBOW TRENCHING LTD48
P & H MILLING GROUP106
PA HERITAGE SENIORS CENTRE
PALLISER AGGREGATES LTD44
PALLISER PLAINS CO-OP66
PANTER AGENCIES LTD106
PANTHER INDUSTRIES INC
PARADISE HILL AGENCIES LTD
PARK DEROCHIE COATINGS
SASKATCHEWAN INC
PARK FUNERAL HOME / ARBOR MEMORIAL84
PAUL'S DRUGS LTD60
PENTEC ENERGY LTD72
PERFECTION PLUMBING &
DRAIN CLEANING LTD
PHARMASAVE 406
PHEONIX RESIDENTAL SOCIETY
PHYLLIS ARMSTRONG CPA PRO CORP88
PINELAND CO- OPERATIVE ASSOCIATION98
PLAINSVIEW CREDIT UNION72
PLEASURE-WAY INDUSTRIES LTD
PONTO'S PREMIUM LAWNCARE
PRAIRIE DIESEL INC
PRAIRIE DOME POTATOES
PRAIRIE MINES & ROYALTY ULC
PRAIRIE MINES & RUTALIT ULG
PRAIRIE SKY RECOVERY
PRECISION FOUNDATION LTD
PRINCE ALBERT ELKS LODGE #588
PRINCE ALBERT INSPECTIONS LTD78
PRINCE ALBERT POLICE SERVICE72
PRO-BILT STRUCTURES46
PUKAS WELDING LTD
QUICK DELIVERY SVC
R & M WATER SHOP100
R K SUNVIEW FARMS-PLANT
R K SUNVIEW FARMS-PLANT42
R M CONSTRUCTION
R M OF ARGYLE50
R M OF COULEE98
R M OF HEART'S HILL74
R M OF INDIAN HEAD90
R M OF ITUNA BON ACCORD #24690
R M OF LAURIER
R M OF PORCUPINE
R M OF PROGRESS
R M OF PROGRESS88R M OF RIVERSIDE #168102R M OF SALTCOATS76R M OF SALTCOATS76R M OF SASMAN94R M OF SENLAC #41172R M OF SIPE LAKE # 259100R M OF SIPE LAKE # 259100R M OF VISCOUNT NO 34182RAE'S AG SERVICE16RASMUSSEN RASMUSSEN &CHAROWSKY46RDT RENTALS LTD26RE- APPLIABLE PARTS INC64RECON POWER SUPPLIES70REDBERRY PHARMACY LTD74REGINA MARINE & PONTOON CENTER38REGINA POLICE SERVICE4REMAX GUARDIAN COMMERCIAL30RIC & RED'S TIRE & AUTO88RICHARDSON OILSEED80RJ'S CONSTRUCTION SERVICES LTD46RMB CONSULTING INC.106ROSENAU TRANSPORT LTD64ROSENAU TRANSPORT LTD62ROYAL CANADIAN LEGION CRAIK BRANCH 10
R M OF PROGRESS
R M OF PROGRESS88R M OF RIVERSIDE #168102R M OF SALTCOATS76R M OF SALTCOATS76R M OF SASMAN94R M OF SENLAC #41172R M OF SIPE LAKE # 259100R M OF SIPE LAKE # 259100R M OF VISCOUNT NO 34182RAE'S AG SERVICE16RASMUSSEN RASMUSSEN &CHAROWSKY46RDT RENTALS LTD26RE- APPLIABLE PARTS INC64RECON POWER SUPPLIES70REDBERRY PHARMACY LTD74REGINA MARINE & PONTOON CENTER38REGINA POLICE SERVICE4REMAX GUARDIAN COMMERCIAL30RIC & RED'S TIRE & AUTO88RICHARDSON OILSEED80RJ'S CONSTRUCTION SERVICES LTD46RMB CONSULTING INC.106ROSENAU TRANSPORT LTD64ROSENAU TRANSPORT LTD62ROYAL CANADIAN LEGION CRAIK BRANCH 10

RURAL MUNICIPALITY - NORTH BATTLEFORD84
RUSSEL METALS INC
RUSSEL METALS INC
S L OLSON INSURANCE
S R I HOMES80 SAFETY FOR ALL CONSULTING30
SAKEWEW HIGH SCHOOL
SALVATION ARMY76
SANBURN CONSTRUCTION LTD
SASCAL INSTRUMENT SVC94 SASKATCHEWAN PARTY GOV. CAUCUSIBC
SASKATCHEWAN UNION OF NURSES
SASK MILK
SK DENTAL ASSISTANTS ASSOCIATION68 SK JOINT BOARD RETAIL WHOLESALE AND
DEPARTMENT STORE UNION
SK MUTUAL INSURANCE CO
SK POLYTECHNIC
SK RIVERS SCHOOL DIVISION100 SK VOLUNTEER FIRE FIGHTERS ASSOC94
SK WRITERS GUILD
SASKATOON BAG & CASE
SASKATOON CRISIS
INTERVENTION SERVICES40 SASKATOON FOLKFEST
SASKATOON FOLKFEST
SASKATOON INTERVAL HOUSE INC24
SASKATOON POLICE SERVICE
SASKATOON REAL ESTATE BOARD
SCHLAMP TIRE
SECURE CHOICE MOVING & STORAGE 102
SECURITY RESOURCE GROUP
SERVICEMASTER
SHELL LAKE GENERAL STORE
SHERWOOD CO-OP MARKETPLACE
SHIELDS LAW OFFICE
SHOPPERS DRUG MART18 SIDNEY STREET SCHOOL106
SIGN HERE SIGNS & PRINTING48
SIGNATURE SMILES ORAL WELLNESS6
SIMONOT & HANSEN
SKUNK FUNK SMOKERS EMPORIUM
SMILEY'S CORNER CAFE LTD
SMITH AGENCIES LTD44
SOBEY'S
SOLE WORKS BY CINDY-RFLXLGY
SOUTH CENTRAL COMMUNITY FUTURES22
SOUTH EAST EYECARE
SOUTH RIDGE CARE HOME
SPECTROM ELECTRIC INC
SRI HOMES INC
ST PAUL'S CATHOLIC OFFICE
STEEL SERVICES
PROF CORP
STUDIO 10 44
SUN COUNTRY HEALTH REGION40
SUN WOOD BUILDERS
SUNRISE MOTEL
SUNTEP8
SUPERIOR CABINETS LTD
SVEIN BRYEIDE CONSTRUCTION90 SWIFT CURRENT FIRE FIGHTERS4
SWIFT CURRENT FIRE FIGHTERS
SYNERGY SALES INC86
T.T. AUTO SERVICE LTD
TAIT KITCHEN CENTRE LTD
TD CANADA TRUST

TEAMSTERS DIVISION 510	
THE HEARING PLACE	50
THOMAS SAND & GRAVEL	IFC
THOMSON'S DELIVERY LTD.	0
THOMSON'S DELIVERY LTD.	32
THORSNESS APPLIANCE & TV	92
TIM HORTONS ATTRIDGE DR LOCATION.	28
TIM THE TOOL MAN ELCTRTN PLUS	
TIN ROOF CONSTRUCTION LTD.	42
TKO OILFIELD SVC LTD.	
TKO OILFIELD SVG LTD	82
TOPKNOTS & TAILS GROOMING	92
TOWN OF ASQUITH TOWN OF BIG RIVER	100
	100
TOWN OF BIG RIVER	44
TOWN OF BIGGAR	00
TOWN OF COLONSAY	96
TOWN OF CREIGHTON	98
TOWN OF DUNDURN	/8
TOWN OF WHITE CITY	38
TRANSPORT CITY SVC. LTD.	00
TRAVELONLY	40
TREELINE MOTEL & DINING ROOM	60
TRINO'S MENSWEAR	98
TRUSTED TRUCK AND TRAILER	88
	00
TUNNELS OF MOOSE JAW	16
TURTLEFORD & DISTRICT CO-OP	64
TURTLEFORD CREDIT UNION	40
TURTLEFORD GREDIT UNION	46
TWILITE MOTEL	104
TWO RIVERS EXPRESS	10
IWU RIVERS EXPRESS	40
TWO SMALL MEN WITH BIG HEARTS MOVING CO.	70
ULTIMATE INSULATIONS FOAM & FIRE INC	100
UNIFOR LOCAL 2013-M	48
UNIFOR LOCAL 677	28
UNIFOR LOCAL 922	
UNIVERSITY OF REGINA - FACULTY OF ART	S 8
UNIVERSITY OF SASKATCHEWAN	26
UPONOR	16
VALLEN	IEC
VALLEIN	
VIBANK MEAT MARKET	32
VILLAGE GREEN THRIFT STORES	12
VILLAGE OF GAINSBOROUGH	50
VILLAGE OF GAINSBOROUGH	50 64
VILLAGE OF LANG	64
VILLAGE OF LANG VILLAGE OF MACRORIE	64 90
VILLAGE OF LANG VILLAGE OF MACRORIE	64 90
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM	64 90 44
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM VILLAGE OF MUENSTER	64 90 44 98
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM VILLAGE OF MUENSTER VILLAGE OF VANSCOY.	64 90 44 98 92
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM VILLAGE OF MUENSTER VILLAGE OF VANSCOY.	64 90 44 98 92
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM VILLAGE OF MUENSTER VILLAGE OF VANSCOY W 5 PROPERTIES LTD	64 90 44 98 92 102
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM VILLAGE OF MUENSTER VILLAGE OF VANSCOY W 5 PROPERTIES LTD W3M I AND MANAGEMENT INC	64 90 44 98 92 102 102
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM VILLAGE OF MUENSTER VILLAGE OF VANSCOY W 5 PROPERTIES LTD W3M I AND MANAGEMENT INC	64 90 44 98 92 102 102
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM VILLAGE OF MUENSTER VILLAGE OF VANSCOY W 5 PROPERTIES LTD W3M LAND MANAGEMENT INC WALDHEIM FINE FOODS	64 90 98 92 102 102 40
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM VILLAGE OF MUENSTER VILLAGE OF VANSCOY W 5 PROPERTIES LTD W3M LAND MANAGEMENT INC WALDHEIM FINE FOODS WALTER I OFWEN	64 90 44 98 92 102 102 40 88
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM VILLAGE OF MUENSTER VILLAGE OF VANSCOY W 5 PROPERTIES LTD W3M LAND MANAGEMENT INC WALDHEIM FINE FOODS WALTER I OFWEN	64 90 44 98 92 102 102 40 88
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM VILLAGE OF MUENSTER VILLAGE OF VANSCOY W 5 PROPERTIES LTD W3M LAND MANAGEMENT INC WALDHEIM FINE FOODS. WALTER LOEWEN WATROUS BAKERY LTD	64 90 92 92 102 102 40 88 58
VILLAGE OF LANG VILLAGE OF MACRORIE VILLAGE OF MISTATIM VILLAGE OF MUENSTER VILLAGE OF VANSCOY W 5 PROPERTIES LTD W3M LAND MANAGEMENT INC WALDHEIM FINE FOODS WALTER LOEWEN WATROUS BAKERY LTD WEBER & GASPER	64 90 44 98 92 102 102 40 88 58 90
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6 "The journey of a thousand miles begins with one step."

- Lao Tzu

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A lifesaving medication for opioid overdose is now accessible to the public in Saskatchewan

Naloxone is an antidote for opioid overdose. It is available for free through the Saskatchewan Health Authority's Take Home Naloxone (THN) Program for individuals at risk of overdose as well as their friends, family, and anyone else who may witness an overdose. The THN program is available in 17 communities across Saskatchewan, including Saskatoon, Regina, North Battleford, Kamsack, Yorkton, Prince Albert, Moose Jaw, Weyburn, Estevan, Kindersley, Buffalo Narrows, Swift Current, Melfort, Nipawin, Tisdale, and Meadow Lake.

In addition to the THN program, Naloxone is also available through pharmacies. A recent change was made to enable distribution through community-based organizations working with individuals at risk of opioid overdose.

Your Saskatchewan Party Caucus will continue to support innovative approaches to care that improve government's response to people facing addictions issues.



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