



Report to the Minister of Justice and Solicitor General Public Fatality Inquiry

Fatality Inquiries Act

WHEREAS a Public Inquiry was held at the Calgary Court Centre
in the City of Calgary, in the Province of Alberta,
(City, Town or Village) (Name of City, Town, Village)
on the 19th day of June, 2017, (and by adjournment
year
on the 21st day of June, 2017),
year
before The Honourable Judge Lloyd W Robertson, a Provincial Court Judge,
into the death of M.H.C. 17
(Name in Full) (Age)
of Calgary, Alberta and the following findings were made:
(Residence)

Date and Time of Death: November 4, 2014 at 7:35 am

Place: William Roper Hull Home, 2266 Woodpark Ave. S.W. Calgary Alberta

Medical Cause of Death:

("cause of death" means the medical cause of death according to the International Statistical Classification of Diseases, Injuries and Causes of Death as last revised by the International Conference assembled for that purpose and published by the World Health Organization – *The Fatality Inquiries Act*, Section 1(d)).

Methamphetamine and Amphetamine toxicity.

Manner of Death:

("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable – *The Fatality Inquiries Act*, Section 1(h)).

Undetermined.

FORWARD: In compliance with the provisions of section 126.3 of the *Child, Youth and Family Enhancement Act RSA 2000, c. C-12*, there is a publication ban in place regarding the fact that the deceased received intervention services. There is also a publication ban on information revealing the name of the deceased or his parents. There is also a ban on publication of any photograph of the deceased. The deceased will be referred to as M.C. for the remainder of this report.

Circumstances under which Death occurred:

1. Parties Participating in the Inquiry:

Inquiry Counsel, Alberta Justice and Solicitor General, Legal Services Division—Cynthia R. Hykaway.

Counsel for Alberta Human Services—Julie Hart

Mother of M.C. – C.S.

2. Witnesses Called:

LaDonna Tobin (Alberta Human Services)

Lea Bediako (Alberta Human Services)

Cindy Lipsett (Alberta Children's Services)

Nicole Berggren (Hull Services)

Amanda Williamson (Hull Services)

Brent Cudmore (Hull Services)

Johanna Phillips (Hull Services)

Kyndra Shergold (Hull Services)

Dr. Brad Dye (Program Director for TRACC, Hull Services)

Richard Lemieux (Alberta Children's Services)

Numerous written materials were also put before the Inquiry.

3. Introduction:

M.C. was 17 years 2 months and 12 days of age at the time of his death. M.C. was residing at the TRACC (Transitioning Residential Adolescents and Children into the Community) Program of William Roper Hull Homes. He was found deceased in his room on November 4, 2014. M.C. had a history of mental illness and drug abuse. He also engaged in highly risky sexual behavior to secure funds to support his drug addiction.

M.C.'s mother (C.S.), was a supportive, loving and stabilizing influence on M.C. Nevertheless M.C. could not be cared for in her home due to his drug addiction and mental health issues.

M.C. was subject to Apprehension Orders and several Orders for Secure Services between October of 2013 and July 2014. These Orders had the effect of placing M.C. in custody for stabilization purposes for periods of between 5 and 21 days at a time. M.C. was never confined under these orders in a secure setting for longer than 44 consecutive days. While these Orders helped to temporarily stabilize M.C. it is clear that they did not serve to overcome his persistent drug addiction.

4. Key Issues: Two main issues were put before the Inquiry:

- i) The type and provision of intervention services that M.C. received from Alberta Human Services (specifically, the effectiveness of the Secure Services orders, especially for drug addiction),
- ii) Prevention of drug possession and use in the TRACC Program of the Hull Services group home where M.C. was residing at the time of his death.

5. The Type and Provision of Intervention Services and the Duration of Confinement/Secure Services Orders

a) M.C.'s History

M. C. was subject to various orders made in an attempt to curtail his drug addiction, stop his risky sexual behavior and stabilize his condition generally within a secure and controlled environment. On October 4, 2013 an Apprehension Order was granted under

the *Protection of Sexually Exploited Children Act* (PSECA). This was because M.C. admitted to engaging in the practice of selling his own sexual services, on an internet site known as “craigslist”, to support his drug addiction. At the time M.C. did this he was 16 years of age and had an addiction to several serious drugs, including Heroin, Cocaine, MDMA, Methamphetamine, and LSD. The PSECA Order, and the subsequent renewals of that order, totaled a period of 44 days, from October 4, to November 16, 2013. Contributing to M.C.’s difficulties were diagnosis of substantial mental health concerns including ADHD, Depression, Anxiety and Suicidal Ideation. The Inquiry heard evidence that this constellation of mental health concerns and drug addiction made M.C. a complex and difficult case to treat.

M.C. was placed in the Reflections Program at Hull Services. This was a “locked” program. Clients are not allowed to leave voluntarily. The program provides a drug free environment along with medical and psychological care. Clients are allowed to attend school and have their basic needs looked after in a secure and supportive environment. In this environment clients are provided with everything that they neglect while engaged in the relentless pursuit of their addictions. Food, hygiene, adequate medical care and shelter are provided. The health of the clients is closely monitored.

Following the expiration of the Confinement Order under PSECA on November 16, 2013 M.C. was transferred to a less secure program. However, even under the more secure Reflections Program the Inquiry heard that M.C. was never fully stabilized. Numerous witnesses testified that M.C. would also relapse while under less strict environments. He would sporadically leave these programs without permission and re-engage in dangerous and self-destructive behavior almost immediately.

Three further Orders for Secure Services were employed to assist M.C. in 2014. These Orders were under the *Child Youth and Family Enhancement Act*, each for 29 days (January 24 – February 21, 2014, March 3 – 31, 2014 and June 26 – July 25, 2014). While these placements assisted in temporarily removing M.C. from the problems associated with his addiction they did not address the addiction itself.

At the end of each 30 day confinement period M.C. presented with what could be described as a “veneer” of stability (having been properly nourished, rested and kept temporarily away from drugs), yet with no real resolution of the underlying problems that he struggled with.

Eventually M.C. reached a point where he could not, or would not, address his addictions. Moreover, while M.C. understood that his lifestyle choices were dangerous he was no longer able to stop himself from engaging in them. M.C.’s situation had developed to the point that repeated 30 day confinements did little more than prolong his ability to continue his lifestyle by giving him “pit stops” to replenish his strength to continue more self-destructive behavior later.

b) M.C.’s placement in the TRACC Program

M.C.’s final placement was in the TRACC Program operated by William Roper Hull Homes. This placement was a collaborative and thoroughly considered decision taken in consultation with M.C.’s mother, a review of the effectiveness of M.C.’s previous placements and the advice of the Department of Child and Family Services. All understood M.C.’s full history and constellation of concerns. In the TRACC Program the staff attempted to further stabilize M.C. as well as prepare him for the eventuality of life as a young adult.

The TRACC Program is often used following Secure Services Orders. A component of the

TRACC Program focuses on the intensive treatment of mental health and drug abuse concerns. The Director and Chief Clinician of the Program, Dr. Dye, confirmed that 60-70% of TRACC clients present with addiction issues. Many also have mental health concerns.

c) The availability of Secure Treatment Orders under the previous Child Welfare Act

Dr. Dye's experience with clients in the TRACC Program was very useful to the Inquiry. Most helpfully, Dr. Dye was familiar with the legislative history governing Secure Orders and the previous Provincial Acts that authorized them. Dr. Dye informed the Inquiry that the previous *Child Welfare Act* permitted longer periods of secure treatment. This Act was repealed in 2004 and replaced with the current *Child Youth and Family Enhancement Act*. It would be appropriate to say a few words about the legislative changes.

Section 44(6) of the previous *Child Welfare Act (RSA 2000, c. C-12)*, allowed the Director to apply for a "Secure Treatment Order". While the initial Order had a maximum term of 30 days there was a possibility that the order could be renewed under section 44(10) for up to 90 additional days. This made an Order of approximately 4 months, for the purposes of secure treatment, possible.

d) Repeal of the Child Welfare Act and resulting reduction of the time available for protective confinement

The *Child Welfare Act* was repealed in 2004 and replaced with the *Child Youth and Family Enhancement Act*. The current version of this Act (*RSA 2000, c. C-12*), allows for the Director to confine a child for 5 days. The purpose of the confinement is to "stabilize" the child. The order can be renewed by application to a Provincial Court Judge for a further period of 5 and then 20 additional days (see sections 44(2) and 44.1(1) respectively). This means the limit of confinement, for the purposes of "stabilization" is 30 days. For greater clarity this 30 day limit is reflected in subsection 44.1(2) of the *CYFEA* which reads: "*The total period of confinement of a child in a secure services facility under this section and sections 43.1 and 44 shall not exceed 30 consecutive days.*"

There has, therefore, been a significant reduction in the amount of time available for secure orders. Further, the purpose of the orders appears not to be targeted at "treatment" but merely "stabilization."

Dr. Dye provided an interesting historical context about the changes. He advised that before the legislative change occurred representatives of the Ministry responsible sought the input of industry experts. This consultation occurred in the spring and summer of 2004. Dr. Dye and other industry experts were specifically consulted on the proposal for reducing the length of Secure Services Orders. Dr. Dye recalls that all representatives argued against the change as it compromised their ability to meaningfully treat drug addicted clients. Curiously, their unanimous advice was ignored and the changes were made anyway. The Secure Treatment provisions were removed and the available protective confinement reduced to a maximum of 30 days.

e) The benefits of longer periods of secure treatment

Dr. Dye further explained the benefits of longer periods of secure treatment. Dr. Dye informed the Inquiry that treating drug addiction in youths requires a prolonged and sustained effort. This would be especially true where the youth additionally suffers from mental health concerns. Dr. Dye testified that a period of 4 to 6 months is a more realistic length of time for individuals to begin to recover from addictions and build healthy new habits. The Inquiry was presented with several reasons for why this increased length of secure confinement and treatment is necessary:

- i) Breaking the drug cravings of clients and interrupting their destructive dopamine cycle cannot be accomplished in 30 days. To adjust for and reverse the physiological damage caused by these drugs 3-4 months is minimally required,
- ii) Street drugs are becoming more powerfully addictive and dangerous than ever before. New, powerful opioids such as fentanyl have eclipsed even the most dangerously addictive drugs of the past.
- iii) Drug addiction often occurs in combination with mental illness. Prescription medications can be a very useful tool in, in combination with other therapies, to combat addiction and mental illness together. Prescription medications targeting depression and anxiety take longer than 30 days to optimize within the body. Many such medications are only beginning to be effective for their purpose *after* 30 days. Most require even longer to achieve maximum effect.
- iv) Adopting new habits and effective coping strategies also takes time. If clients are to succeed these new habits and coping strategies take time to be accepted and adopted by the client.

Perhaps the most persuasive evidence came from the experience of former clients of the TRACC, and other similar programs, (as reported through Dr. Dye). These clients, now adults, reported that they overcame their addictions only through the longer secure treatment orders available under the previous legislative scheme. Former clients almost unanimously reported to staff that it can take up to 3 to 4 months just to break the cycle of drug cravings associated with the worst addictions. Meaningful treatment can only begin after these cravings are overcome. These former clients hard-won sobriety was not achieved quickly.

f) The inadequacies of the *Protection of Sexually Exploited Children Act* and the *Protection of Children Abusing Drugs Act*

It would be appropriate to comment on two other Provincial Statutes which were relevant to M.C.'s situation. Both could have assisted M.C. had they been more appropriately drafted. The first is the *Protection of Sexually Exploited Children Act (RSA 2000, c. P-30*—often abbreviated as “*PSECA*”). M.C. was originally confined under an Apprehension Order under this Act. M.C. was selling sexual services to fund his drug addiction. M.C. was not confined long enough under this Act to make a difference. *PSECA* permits an initial 5 day Apprehension Order (s. 2(1)(b)), as well as two further confinements. One such confinement for a maximum of 21 days (s.3(4)), and a one-time-only renewal of that confinement for a maximum of a further 21 days (s.3(5)). Therefore, a protective confinement of 47 days is the current maximum available under *PSECA*. M.C. was in fact confined for a total of 44 consecutive days under *PSECA*.

None of these periods, alone or combined, were enough to conquer M.C.'s drug addiction. This addiction was the base reason for M.C.'s need for protection under *PSECA* in the first place.

The second Act which could have assisted M.C. was the *Protection of Children Abusing Drugs Act (RSA 2000 c. P-27.5*,-- sometimes abbreviated as “*PChAD*”). This Act also appears inadequate. The Director did not resort to this legislation, likely because the periods of confinement authorized under the Act are even less workable. *PChAD* came into force on July 1, 2006 for the purpose of “ensuring the health and safety of all children” and to help “children to **overcome** their problems with alcohol and drugs” (both quotes from the preamble to the Act —emphasis added). Yet this Act allows for a meager 10 days of initial protective confinement, followed by an extension of just 5 further days.

In light of the experiences of former TRACC clients, outlined above, and the specific

experiences of M.C., these periods of protective confinement are wholly inadequate. The Act appears incapable of meeting its objectives for this reason alone.

g) The role of the State

It is possible that the desire to reduce the available time for Confinement or Apprehension Orders is rooted in the well-intentioned notion that children should be confined as minimally as possible and only as a last resort. Of course this is true. However, it is also true that the state has the power, and indeed the duty, to protect children whose lives are in jeopardy. These concepts have been adopted in the child welfare context by our Supreme Court.¹ They have also been adopted by the Court of Queen's Bench of Alberta.²

There may also be confusion about the very separate concepts of confinement for *punitive* reasons and confinement for *protective* reasons. Again, our Supreme Court has previously held that these concepts are separate and distinct and that the state clearly has the ability to detain and confine children where their lives or health is at risk.³

Let us examine the threat to the health and well-being of M.C. represented by his drug addicted lifestyle. M.C. could not control his addiction. Assisting M.C. with “open” placements contributed to his poor health as he went AWOL from these programs and re-engaged in his drug consumption (which he was able to keep hidden from his care providers). This drug consumption led him to engage in highly risky sexual behavior where he was abused by adult sexual predators. Through this highly risky activity he gained the ability to purchase and consume more dangerous drugs, deepening his addiction. M.C. could not stop and ultimately died from his addiction. Viewed in this context the risk to M.C.'s life was clear. Confinement of M.C. for the legitimate purpose of treating his addiction clearly fit within the state's responsibilities. The state had a reduced ability to perform this responsibility, in part due to the removal of a meaningful secure treatment option from the legislative equation.

h) Summary

A summary of the current situation could be stated this way: one of the unintended consequences of the new legislative scheme, with its shortened maximum periods of confinement, is that addiction is poorly addressed. This has left vulnerable youth at significant risk. Further, Secure Services Orders are now directed only at *stabilizing youth temporarily* and not at meaningful treatment of, or resolution for, addiction and mental health issues. As observed above, this problem is not helpfully addressed by two further Provincial Statutes which, in theory, were specifically designed to assist those people in M.C.'s exact situation (*PSECA* and *PChAD*).

Street drugs have become much more powerful and addictive than in the past. New drugs, not contemplated even a short time ago, have made their way into our society. They have serious effects on the body's dopamine system and need time to fade before true treatment can be effective. If legislation is not changed, cyclical and repetitive illness in

¹ *B.(R.) v. Children's Aid Society of Metropolitan Toronto* [1995] 1 S.C.R. 315 La Forest J. observed at p. 374 “The protection of a child's right to life and to health, when it becomes necessary to do so, is a basic tenet of our legal system, and legislation to that end accords with the principles of fundamental justice, so long, of course, as it also meets the requirements of fair procedure.”

² *Alberta (Director of Child Welfare) v. K.B.*, 2000 ABQB 976 which approved of the state's power to detain and confine children who were in need of protection because they were engaging in child prostitution. This detention was authorized under the precursor to *PSECA*, the *Protection of Children Involved in Prostitution Act S.A. 1998, c. P-19.3*

³ *Winnipeg Child and Family Services v. K.L.W.* 2000 SCC 48

severely addicted youth will be the result. Death by overdose is a foreseeable outcome.

6. Possible prevention of drug possession and use in the TRACC Program, Operated by Hull Homes

The Inquiry heard that when M.C. died a significant quantity of drugs was found in his possession. Specifically, the drugs were located in his personal room at the TRACC Program home operated by Hull Homes.

The Certificate of Medical Examiner revealed that the cause of death for M.C. was Methamphetamine and Amphetamine toxicity. Toxicological findings were that Methamphetamine, Amphetamine and Ketamine were found in M.C.'s femoral blood and iliac blood.

These substances had been recently purchased by M.C. during a routine day absence from the TRACC Program. M.C. brought these drugs back to his personal room by some unknown method. However it was accomplished, the banned materials evaded the routine searches carried out by staff. Drug paraphernalia and materials used for injecting drugs intravenously and smoking drugs were also found in M.C.'s room at the time of his death. In addition, several unidentified capsules were found in M.C.'s room.

None of these items were permissible in the TRACC Program. The Inquiry heard that staff routinely search the TRACC clients for contraband. The Inquiry also heard that staff perform periodic searches of clients' rooms to search for banned substances and to maintain a healthy and safe environment. It would be appropriate to set out the type of search procedures which were in place at the time of M.C.'s death:

- i) Searches of the TRACC clients and their personal clothing and effects: Pat down searches of the clients are not performed. Staff are not allowed to touch the clients in this context. This is understandable. The process during M.C.'s stay had become one of asking individual clients to empty their own pockets for staff inspection as well as take off their shoes and socks when entering the home. A similar process was used for their bags and outer-wear. Searches of the client, their outer clothing and their bags were performed daily and did not depend on if the client had gone AWOL or otherwise offended the rules of the home. The searches were performed if the client had been in the community that day. Neither clients, nor their belongings, were allowed into the home unless, and until, they had been searched.
- ii) Daily wand searches of the clients were also performed when the client returned to the home. These were done by staff of the same sex as the client. This would be similar to airport style security checks with a metal-detecting wand. This wand search would not pick up drugs or material that was not metal.
- iii) Searches of the client rooms were done on a scheduled basis. However, this did not happen every day. A calendar in the staff room was used to organize the searches of the client rooms to ensure that there was some degree of regularity in the search of each room. Rooms were searched about once a week and would have been done more often if the client had self-harmed or gone AWOL from the program. Staff were trained on how to search client rooms. These searches were thorough and took between thirty minutes to one hour per room.
- iv) Video Monitoring of the outside of the TRACC Program home occurred. This was partly because it was known that clients of the Program were able to evade personal searches by carrying drugs or other items home with them and

throwing these items directly into their rooms through the open windows. It was also suggested that clients could place contraband items near the perimeter of the home, just beneath their windows, and retrieve the items once safely in their room (and therefore no longer subject to the entrance-search procedures). The inquiry heard that the TRACC Program building is a dated one with poor air circulation. Client windows were often open for ventilation purposes. The video monitoring was on a “live feed” basis meaning that staff could easily miss a client attempt to throw something into their room. The approach of the client to the home might be missed altogether if staff were occupied with other duties when the client returned. Staff reported that they did not perform perimeter searches of the TRACC Program building. It was unclear whether any other security service did perform such duties.

The Inquiry heard evidence that clients are resourceful and creative in secreting drugs and other banned items on their person. Clients hide drugs inside areas of their clothing which are not easily searched by TRACC staff. One witness suggested that “pat down” style searches would be more effective in locating drugs than the methods currently being used. It was also suggested that the use of drug sniffing dogs and more frequent room searches would be of assistance in ensuring compliance with TRACC Program rules. Witnesses suggested that there aren’t sufficient resources to ensure 100% compliance with the policies of the TRACC Program.

One must recognize that secure institutions such as penitentiaries and correctional facilities have long struggled with smuggling attempts. It is fair to say that this is a very common and pervasive problem. Even if security protocols and search methods were robustly increased at the TRACC Program clients would likely adapt and adjust their methods. It is very unlikely that a fool-proof method of screening could be devised and implemented. That said, efforts should be made to make it as hard as possible to have banned substances at the home.

To begin with, the suggestion of implementing a “pat-down” style of search procedure is problematic. Many clients of the program would have histories of suffering serious physical abuse at some point in their lives. Such a search would be traumatic for them, even if properly performed. The concept of using a drug detecting dog is an interesting and promising one. However, no evidence was put before the inquiry on the logistics of how such a method could operate and what costs would be associated with it. It is clear that the room search methods and their frequency are not sufficient. In addition, monitoring of the entrance to the TRACC Program home, by video, and in person, needs to be considered. It is recognized that any method used would increase resourcing demands on the Program.

Recommendations for the prevention of similar deaths:

Recommendation #1

Sections 43.1, 44 and 44.1 of the *Child Youth and Family Enhancement Act* should be amended. The amendment should permit the Director to issue a “Secure Treatment Certificate” and to further apply to the Provincial Court for a child to be confined under a “Secure Treatment Order.” The available length of continuous secure treatment should be no less than 120 days. 180 days would be an even more appropriate allowable maximum. That length of time should be apportioned as follows:

- i) An initial assessment period of up to 5 days by the issuance of a Secure

Treatment Certificate by the Director,

- ii) This initial 5 day period could be extended to a further 55 days, on application by the Director to the Provincial Court of Alberta, for the purposes of a Secure Treatment Order (if deemed necessary),
- iii) Finally, extensions of these Secure Treatment Orders should be available, where necessary, by the possibility of two further “Renewal Orders”, each for a further maximum of 60 days. These Renewal Orders should be available on application by the Director, to the Provincial Court of Alberta (if deemed necessary).

The amendments should be drafted to recognize the dangers experienced by those children suffering from the medical condition of addiction. The amendments should allow the Director to pursue secure treatment where a child’s medical condition presents a danger to the child or others and it is necessary to confine the child to remedy or treat the medical condition.

The *Protection of Sexually Exploited Children Act* and the *Protection of Children Abusing Drugs Act* should also be amended. These Acts should have parallel provisions of protective confinement to the proposed amendments to the *Child Youth and Family Enhancement Act* outlined above. In both cases the allowable confinement periods under these two Acts are currently inadequate for the purposes referenced in the preambles to those Acts.

Amendments to the current legislation are necessary for the reasons stated above. It is time to recognize that confinement for the purposes of merely “stabilizing” the child (as contemplated in the current wording of the legislation), is insufficient. Confinement must also serve the legitimate purpose of treatment. This will allow the system to better serve the long term health of the child.

The state has a duty to intervene to protect children who are at risk. When the state does so, it is with reluctance. In the case of secure treatment, the state confines a child only in its protective capacity, and only as a last resort.

The situation that M.C. faced required confinement for a lengthier period than the law currently allows. M.C. should have been confined in secure treatment, even against his wishes, for his own welfare. Longer periods of confinement may have allowed M.C. to do more than become temporarily stable. He may have slowly and steadily recovered from a serious health concern, ready to move to the next step of longer-lasting wellness.

Recommendation #2

Improvements should be made to the entrance search and screening procedures at the Hull Services group home operated by the TRACC Program. Improvements should include a variety of measures designed to reduce or eliminate the possession of drugs and other harmful materials by TRACC clients. It is recognized that some improvements have already been made at TRACC. Procedures should be continually reviewed by TRACC staff for the purpose of ensuring that the entry of illegal drugs and other harmful materials into the TRACC group home is made as difficult as possible. Specific suggestions derived from the experiences of M.C. include:

- i) Improvement of the video monitoring system which covers the client entrances to the home. This system should be constantly monitored by a staff member, especially as clients return to the home at the end of the day. The system should not depend on a “live monitoring” system alone. Instead, there should be the capability of viewing the approach of all clients in both live and recorded format, with slow motion playback and zoom-in feature if necessary.
- ii) No client should be permitted to enter the home without being subjected to an

entrance search.

- iii) *While* clients are temporarily detained and subjected to the entrance search another staff member should *simultaneously* check the client's personal room to ensure that no item has been deposited through the window prior to that entrance search.
- iv) Frequent perimeter searches should be conducted of the outside of the home and its grounds, especially in the period proximate to the clients return to the home. The areas near the windows to the client rooms, should be carefully examined.
- v) Items i) – iv) above are recommended to reduce the ability of clients to thwart the entrance search procedures. These measures should reduce the ability of clients to place banned substances directly into their personal rooms prior to entering the home after a day in the community.
- vi) Additional procedures should be put in place to detect illegal substances *within* the home at all times. These procedures could include an increased frequency in room searches (daily, rather than weekly), daily searches of client's mobile phones and the use of drug detecting dogs. The use of "sniffer" dogs is an excellent way to detect illegal drugs efficiently while doing so in a way that is harmless to a client's safety and personal space. While it is recognized that the use of dogs will carry logistical and resourcing difficulties, perhaps a form of partnership with law enforcement officials would be a good way to enter into this new procedure.

No amount of improvements will keep all banned materials out all the time. As mentioned under point 6 of this report above, secure facilities have long struggled to reduce the presence of banned substances within their walls. However, it is an ongoing and necessary struggle made even more relevant by the vulnerability of our youth to increasingly addictive substances.

DATED November 6, 2017,

at Calgary, Alberta.

Original Signed by

The Honourable Lloyd W. Robertson
A Judge of the Provincial Court of Alberta