

Into focus:

# Calling Attention to Youth Opioid Use in Alberta

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Government of Alberta's Response to the Office of the Child and  
Youth Advocate

Alberta Health, Government of Alberta

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Into Focus: Calling Attention to Youth Opioid Use in Alberta. Government of Alberta's Response to the Office of the Child and Youth Advocate

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# BACKGROUND

On June 26, 2018, the Office of the Child and Youth Advocate (OCYA) released the report *Into Focus: Calling Attention to Youth Opioid Use in Alberta*, an investigative review examining the lives of twelve youth who died from opioid poisoning between October, 2015 and September, 2017. Each of the twelve youth were involved with Child Intervention Services when they passed away or had received services within two years of their death.

The death of any child is devastating. Our thoughts remain with the families, caregivers and communities who continue to mourn the loss of these young people. While each of these young people was unique, they each experienced grief, trauma and loss far too often.

## Affected Youth

As described in the OCYA's report, Bruce was a prankster who was athletic and skilled at carpentry. Bruce had his first contact with the child welfare system in adolescence and continued to be involved and received services until his death. By the age of 19, Bruce had moved approximately 33 times between placements and facilities. Bruce was found unresponsive 28 days after his child intervention involvement ended. It was determined that he had died from ethanol and acetylfentanyl poisoning.

Eva was an intelligent and humorous girl who liked to draw, colour, and paint. At 16, Eva's honour student status and school attendance started to decline substantially and she started to use alcohol and marijuana. *Protection of Sexually Exploited Children Act* (PSECA) and *Protection of Children Abusing drugs* (PChAD) services became involved in her teenage years and she moved between facilities. At 18 years old, Eva was found unconscious near her residence where it was determined that she had died from fentanyl and methamphetamine poisoning.

Alice was a natural leader who liked to help others. At 12 years old, Alice began to experience panic attacks, hurt herself, and use drugs and alcohol. Alice and her family were involved with child intervention services multiple times and she was confined under PChAD and PSECA. At 16, Alice graduated from a 10 month program at a private addiction treatment center and returned home with a positive outlook. Three weeks after release, Alice relapsed and died from fentanyl, cocaine and ethanol poisoning.

Emily was an avid horseback rider. Emily experienced abuse and was exposed to alcohol and drugs by her parents from a very young age. Emily and her family were involved with child intervention services multiple times and moved between family houses and shelters. At 16 years old, Emily died from methamphetamine and fentanyl poisoning.

Owen was an easygoing kid who liked horseback riding and Gabe was friendly and excelled at mechanics. Their mother was involved in drugs and their father was accused of being physically and emotional abusive. Child intervention services and police were involved multiple times and eventually it was reported that the boys were using drugs themselves. At 17, Gabe was found unresponsive in his car and had died from diazepam, methamphetamine and carfentanil poisoning. Three months later, Owen died from fentanyl, heroin, methamphetamine and cocaine poisoning.

Bethany was intelligent, charismatic and humorous. As a teen, she was confined under PChAD

twice, as well as a Secure Services Order and other child intervention services. Bethany had periods of sobriety and relapses. At 19 she completed a residential addiction treatment program but soon found out that her mom was dying. Bethany overdosed three times in 5 days. Although her caseworker helped her develop a safety plan and gave her a Naloxone kit, Bethany died of carfentanil poisoning in her home a day later.

Scott was an intelligent, athletic young man who enjoyed music. Scott became involved with child intervention services at 5 years old due to reports of lack of supervision and food at home. Scott's mental health worsened after his stepdad committed suicide when he was 15, and so began to receive child intervention services more regularly. He experienced homelessness and was heavily involved with the youth justice system. Scott was found unresponsive in bed at 19 years old from fentanyl poisoning.

Shay was a bright, caring and loyal girl. At 13 years old child intervention services became involved when it was reported she was having difficulty at school and drinking alcohol. She was arrested twice for underage drinking and assaulting an officer. Shay accessed many services over the next few years, including three enhancement orders, and moved regularly between her mother's house and other facilities. Shay was found dead at her boyfriend's house from methamphetamine and fentanyl poisoning at 15 years old.

Brendan was charming and friendly and liked to play basketball. His parents separated when he was young and he had a good relationship with his father, but was exposed to domestic and physical abuse from his mother. Brendan started to experience anxiety and depression in junior high and started to smoke marijuana. Brendan's drug use escalated and he ended up hospitalized for drug-induced psychosis. At 16, Brendan was found unresponsive by his father and it was later determined he died from carfentanil poisoning.

Marshall was an active young man who wrote rap songs. His parents dealt with mental health concerns and drug issues. He was taken into the care of Children's Services at 7 years old and was diagnosed with a variety of mental health issues and later experienced abuse at the foster home. Marshall received many supports for his drug use and mental health issues and at 17, he moved into a supported independent living program. At 17 years old, Marshall went to visit his parents and passed away from cocaine, methamphetamine and fentanyl poisoning.

Ron was a bright young man who liked to create rap music. He had a chaotic upbringing and was the victim of physical, emotional and sexual assault. At 10 years old Ron was diagnosed with ADHD and was hospitalized four times. He accessed many supports and services throughout his teen years, including Secure Services. Ron died of fentanyl poisoning when he was 16 years old.

### **Government of Alberta's Response**

The Government of Alberta's response includes information gathered from the following sources:

- A review of existing policies related to issues identified in the report;
- A review of current initiatives, practice and program directions related to issues identified in the report; and
- Engagement with the Office of the Chief Medical Officer of Health, Alberta Health Services, child-serving ministry partners: Alberta Education, Children's Services, Community and

Social Services and Justice and Solicitor General.

The Government of Alberta welcomes the recommendations from the Advocate to help us support the health and well-being of vulnerable children, youth and families in Alberta.

# RESPONSE TO RECOMMENDATIONS

## Recommendation #1:

*Alberta Education and Local School Authorities should increase the level of health promotion and age appropriate substance use education in curriculum from Elementary to High School.*

Ministry response: The Government of Alberta accepts the recommendation.

Alberta Education, Alberta Health, Alberta Health Services and other ministry and community partners are implementing a number of initiatives that will address the need for continuous and sustainable age-appropriate health promotion and substance-use education in schools.

Alberta Health, in partnership with Indigenous, community, cross ministry and service delivery partners, including Alberta Health Services, is leading implementation of *Valuing Mental Health: Next Steps*. *Valuing Mental Health: Next Steps* outlines 18 actions to improve the addiction and mental health system in Alberta. Action 12 focuses on supporting learning environments that promote positive mental health and well-being. Under Action 12, there are a number of provincial initiatives underway to address recommendation one, including:

- Alberta Education is developing a new provincial curriculum to ensure that all students have the best possible start in life and meet the demands of living in the 21st century. In the development of the curriculum, Education is exploring options on how to best include age appropriate substance-use education and positive mental health.
- Regional Collaborative Service Delivery (RCSD), administered by Alberta Education, is a partnership among school authorities, Alberta Health Services, Community and Social Services, Children's Services, Health, interested First Nations and other community stakeholders. These partners work together across 17 regions to share and co-ordinate available resources, build their capacity, and plan for sustainable solutions to meet the health needs of children, youth and their families. This work includes implementing health promotion and substance use education. Education in collaboration with Alberta Health, encourages schools to use the Comprehensive School Health Framework to support improved student health and learning outcomes. The framework is an internationally recognized approach to supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way. Health promotion initiatives under the framework reduce substance use by supporting student wellbeing, positive social environments, positive mental health, and healthy relationships.
- The Alberta Health Services Mental Health Capacity Building in Schools Initiative works to promote positive mental health in children, youth, families and support individuals in the community who interact with children and youth. On May 7, 2018, Alberta Health

announced additional funding of 5 million dollars for the MHCBS in Schools Initiative. This additional investment will allow for the development of up to 15 new programs, expanding the reach to more than 100,000 students across the province. This work includes implementing health promotion and substance use education.

- AHS is developing a public website titled [drugsafe.ca](http://drugsafe.ca), which will include multiple resources specifically targeted to students, parents and educators regarding alcohol, cannabis and other drug use prevention.

## Recommendation #2:

Child Serving Ministries should have appropriate substance use intervention training to increase the capacity and knowledge among direct-service professionals to ensure young people get the right services at the right time. This should be part of the provincial youth strategy.

Ministry response: The Child Serving Ministries of Health, Children's Services, Education, Community and Social Services and Justice and Solicitor General accept the recommendation.

The Government of Alberta is committed to ongoing professional development and intervention training to increase the capacity and knowledge of frontline staff who work with children and families. This is especially important to ensure that young people receive the right services at the right time.

Alberta Health, in partnership with Indigenous, community, cross ministry and service delivery partners is leading implementation of *Valuing Mental Health: Next Steps*, which outlines 18 actions to improve the addiction and mental health system in Alberta. Action 11 addresses raising awareness about adverse childhood experiences within the context of brain and child development, including the importance of the early years and inter-generational trauma, which are risk factors for mental health concerns and substance abuse later in life. A framework for action to fulfill this action is being finalized with areas of focus including education and training for caregivers and professionals, knowledge translation and mobilization and evidence-informed practice. A detailed implementation plan will be developed in fall 2018.

Supporting implementation of Action 15 of *Valuing Mental Health: Next Steps*, Children Services is will release a Youth Suicide Prevention Plan in early 2019. Implementing this plan will increase training opportunities for people working in first point-of-contact settings to better identify and support people with mental health and substance use issues, and provide gatekeeper training to people who support at risk youth. The Children's Services Substance Use Response Working group is also implementing training and developing resources about opioid-use and addictions to better inform people working with at risk youth.

The Ministry of Children Services has many initiatives encouraging early detection and intervention for children and youth struggling with substance misuse. This includes the recently released Ministerial Panel on Child Intervention Action Plan (MPCI) short term focus on education and training to increase family and service provider understanding of the emotional impact of trauma (including mental health and substance use issues) and available services. The MPCI also identifies a longer-term goal of increasing access to trauma informed supports and treatment, including training front-line staff and caregivers to better identify mental health and substance use issues.

Alberta Health released the Opioid Response Initiative, which provides training for primary care providers to offer appropriate treatment, medication and care to patients and families. This initiative

will ensure that primary care providers have the knowledge and competencies to support patients, including young people, with substance use, mental health, and pain issues (which can lead to opioid use and abuse). Through this initiative, Collaborative Mentorship Networks will be launched in March 2019, and will increase knowledge and use of community resources, and help patients, families and communities develop advocacy skills.

The Ministry of Education recently announced that school authorities have the flexibility to allocate provincial funding to meet the needs of all their students, including those with mental health needs. As a result, teachers are better able to detect and provide early intervention for children and youth with substance use issues. In addition, changes to teacher quality standards, which will come into effect on September 1, 2019, will help ensure educators have the tools they need to teach about Indigenous culture, mental health and substance use and contribute to student success.

The Ministry of Justice and Solicitor General now requires staff who work directly with youth, to be trained and prepared to address substance use issues. Examples include:

- All frontline staff in youth custody facilities and community corrections offices are required to take training about opioids, the use of Naloxone, the signs of an opioid overdose and steps to take if an opioid overdose occurs.
- Naloxone kits have been provided to youth custody facilities and community corrections offices.
- All youth Probation Officers are being trained to use core correctional practices, including interventions such as cognitive restructuring, problem solving, and structured learning through the implementation of the Effective Practices in Community Supervision (EPICS). All youth probation officers will have received training in EPICS by 2021.
- In order to facilitate appropriate referrals, all Probation Officers received training to use a validated risk and needs assessment tool to identify areas of risk and need for all youth under supervision in the community, including those using substances.
- Alberta Health Services provides access to psychologists, psychiatrists and addictions counsellors in youth custody facilities to address the mental health and addictions needs of youth, and build staff understanding and knowledge.

The Ministry of Community and Social Services (CSS) staff work together with youth and parents to identify needs and help connect the families with resources in their communities such as mental health or substance use resources. CSS, through the Alberta Works program, provide referrals to and payment for addiction treatment services, including Methadone. CSS makes training for staff a priority including the following initiatives:

- All Case Management employees delivering Family Support for Children with Disabilities program and the Persons with Developmental Disabilities program are required to take Mental Health First Aid Training to increase awareness about mental health and substance use and identify and respond to risks earlier.
- In Lethbridge, supervisors and staff visited the Safe Consumption Site to gain awareness of the client's perspective and services available to them.
- Alberta Works staff in Calgary Region attended a one-day course on understanding addiction and employability. It included information on drug classifications, concurrent disorders, harm reduction, and discussing strategies for working with clients at different stages of change.

- In the Northwest Region, staff have connected with the local harm reduction agency to increase awareness and knowledge about opioids and contracted security staff are trained to administer Naloxone.

## Recommendation #3:

*Alberta Health Services should strengthen their substance abuse related interventions for young people. Special attention needs to be given to interventions specific to youth opioid use and to services for young people with co-occurring issues of mental health and/or cognitive disabilities.*

Ministry response: Alberta Health Services accepts the recommendation.

Although very few youth use opioids, Alberta Health Services understands the differing needs that young people experience when dealing with substance use and is committed to providing them effective, efficient programs that promote youth mental health and resiliency to help prevent use and abuse of all substances, including opioids.

Alberta Health in partnership with Indigenous, community, cross ministry and services delivery partners including Alberta Health Services (AHS) is leading implementation of Valuing Mental Health: Next Steps. *Valuing Mental Health: Next Steps* outlines 18 actions to improve the addiction and mental health system in Alberta. The first action identified is to implement youth service hubs across Alberta. Youth service hubs provide integrated health and social services and supports under one roof in a youth-friendly environment. Services include housing, physical and mental health services, primary health care, addiction services, justice, social services, and school-based services. These services help youth prevent and address issues (including addiction) that they may be experiencing.

- Through *Valuing Mental Health: Next Steps*, there have been 3 integrated youth hubs established since 2017 with additional sites expected by March 31, 2019.
- In addition, Access Open Minds Edmonton is an AHS integrated youth hub that is a walk-in clinic for youth seeking addiction and mental health supports. The program provides self-help resources, support groups, mental health and/or addiction counselling, access to psychiatric services, education, income and housing supports and ongoing peer support. The clinic emphasizes the importance of family involvement in the services provided. These services help youth prevent and address issues (including addiction) that they may be experiencing.

In spring 2018, AHS interviewed both the AHS, and AHS contracted detox and residential addiction treatment programs to better understand their approach to clients using opioids. The resulting report, released on August 29, 2018, found that all 12 of the youth services interviewed admit clients on Opioid Agonist Therapy (OAT) but none of them initiate clients on OAT at this time. Almost all of the youth sites commented that they rarely see clients on OAT. The report also recommends that AHS increase education to better support clients using opioids and to provide clear direction to service providers on harm reduction practices.

Examples of AHS initiatives to support youth who struggle with substance abuse include:

- Edmonton Zone has been making concentrated efforts to provide outreach addiction and mental health services in school settings, Children's Services branch offices, and within the contracted agencies that work with vulnerable youth. Addiction Counsellors and Family

- Peer Support Workers, who specifically work with youth at risk of opioid involvement, are also being hired in schools in Edmonton.
- Youth Addiction Services in Calgary will be piloting an open group for youth who have difficulty accessing their more structured, regular programming. The group is expected to begin October 2018.
  - South Zone offers a Youth Intensive Day Treatment Program in Medicine Hat which is a 6 week program for youth in grades 7-12 that is offered in collaboration with 3 local school districts. The program has an embedded Addictions Counsellor to support concurrent capable programming.
  - South Zone provides a full time Addictions Counsellor who specializes in working with children who are in need of protection because of substance abuse. The counsellor offers information, support and treatment to youth and their parents.

AHS opened five new OAT programs, all of which accept youth, in communities where no services were offered before. A new Rural Opioid Dependency Program was recently opened for patients in rural central Alberta, utilizing existing telehealth technology to access patients in their home community. In 2017, the program provided access to OAT in 56 communities and to 201 clients. Numbers are expected to rise in its second year. AHS has also recently established four detoxification centres in Alberta and are now initiating clients on OAT, and transitioning them to community and primary care clinics for ongoing care.

As important as safe and appropriate clinical intervention for youth living with substance use is, a key focus on prevention is important, especially for young people. Prevention is a key component of the AHS Developmental Pathways online resources which aims to support Primary Care Providers to develop skill and competency in addiction and mental health issues for children, youth and their families. The focus is to help health providers recognize and reduce significant stressors of vulnerable children and their parents, enhance resilience and increase coping skills and increase health promotion and disease prevention, thereby reducing the risk of youth becoming addicted to opioids and other drugs.

## Recommendation #4:

*Alberta Health Services' Youth and Addictions and Mental Health programs should have a more inclusive practice of involving families and significant individuals, with specific attention to substance use prevention and treatment for young people.*

Ministry response: Alberta Health Services accepts the recommendation.

Alberta Health Services is committed to exploring more inclusive options to involve families and significant individuals in intervention and treatment plans. Involving families in addressing youth substance abuse is critical and can support the improvement of family relationships, communication and understanding and improve outcomes for youth.

Alberta Health Services is currently reviewing the way it works with parents and guardians in light of complaints surrounding the lack of family involvement. The AHS Parent and Youth Advisory Council are in the process of providing recommendations on how to achieve parent engagement that is effective and sustainable.

Examples of work underway include:

- Incorporating Family Peer Support Workers, whose role is to assist parents and guardians with navigation and support.
- Increasing caregiver involvement in programs such as the Youth Intensive Day Treatment program Access Open Minds and PChAD.

Alberta Health Services continues to explore other ways to enhance caregiver and family involvement.

## Recommendation #5:

*The Ministry of Health should undertake a review of the Protection of Children Abusing Drugs (PChAD) Act and its policies, so the related services better meet the needs of young people and their families.*

Ministry response: The Ministry of Health accepts the recommendation.

Alberta Health recognizes the concerns the Advocate has outlined in relation to PChAD and acknowledges that the concerns are similar to those heard from youth, parents and professionals. The Ministry is committed to improving PChAD services to better meet the needs of young people and their families. Therefore, in addition to the work outlined below, the Ministry of Health will conduct an internal review of the PChAD Act and its related policies over the next 18-24 months and recommend policy and amendments based on the findings from the review.

Aligned with the current legislation, the PChAD mandate is to provide a period of stabilization and supported detoxification. PChAD programs are not intended, nor designed for addiction treatment.

Evidence suggests compulsory approaches like PChAD may not reduce drug use, while potentially increasing harms like criminal recidivism and vulnerability to human rights abuse (Effectiveness of Compulsory Drug Treatment, Werb, 2015).

The Canadian Centre on Substance Use and Addiction (CCSA) outlines best practices for youth treatment programs which include providing a range of supports including prevention and early intervention, outreach to meet youth “where they’re at”, facilitating smooth service transitions as children age, and ensuring interventions are evidence-informed. PChAD programs endeavour to achieve these goals. CCSA further advises that individuals with opioid use disorder undergo community-based, outpatient withdrawal management such as opioid agonist treatment rather than rapid detox. Rapid withdrawal may place individuals at increased risk of fatal overdose following discharge from an intensive program, particularly if follow-up does not occur. AH and AHS have identified this area as an opportunity to improve PChAD programs that can be achieved through clinical practice and program enhancements.

In 2017, Alberta Health Services completed a PChAD evaluation and are implementing the recommendations to support parents to better understand the court process, reduce stigma through training and awareness building, lessen the negative impact on parent/child relationships and update policies and procedures to better meet the needs of opioid dependent youth including:

- Developing brochures, parent cards, and an information series to provide parents with information about PChAD and the court process.
- Developing policies and resources to support parents in the pre-application process to prepare parents for court applications and hearings including protection orders, and informing parents when a child applies for a review order.
- Reviewing best practices for court testimonials to reduce the impact on families, in partnership with Justice and Solicitor General.
- Working with Justice and Solicitor General to improve processes related to apprehension and conveyance of children to the Protective Safe House by police, including police

- training.
- Developing an “Information Sharing for Guardians” policy to improve information sharing practices with parents, including discharge recommendations.
  - Improving policies and practices to facilitate a seamless transition to post-PChAD treatment programs and services along the continuum of care.
  - PChAD program staff are trained to administer Naloxone and kits are provided to clients and families at discharge.
  - Exploring policies and practices to address the needs of opioid dependent youth.

With input resulting from the internal review with targeted consultation, AHS will continue to address improvements to its PChAD services while considering best practise and evidence based interventions.

# CONCLUSION

We are deeply saddened by the loss of these twelve young people. Their deaths are tragic examples of the impact of the opioid crisis in Alberta and underscore the importance of taking meaningful action to address substance use and abuse in our province and across the country. Moreover, the Government of Alberta thanks the Advocate for completing this review and providing these recommendations.

The Government of Alberta recognizes that youth services need to be tailored to their unique needs, include them in decision-making, and involve their families and key support people. Critical services, including prevention, early intervention, treatment and after care, also need to be evidence based, effective and efficient.

The Government of Alberta has embarked on several collaborative initiatives to support youth that address the recommendations of this report. One example is Alberta Health's *Valuing Mental Health: Next Steps*, released in June 2017, which outlines 18 actions to improve the addiction and mental health system in Alberta and focuses on particular underserved populations including children, youth and families. Another is Children's Services' *Public Action Plan for the Ministerial Panel on Child Intervention's Final Recommendations*, released June 2018, which is the Government of Alberta's response to all of the final recommendations made by the Ministerial Panel on Child Intervention. This plan outlines 39 actions to improve services for Indigenous families, increase supports for children, youth and all caregivers, and address the funding gap on-reserve. These youth focussed provincial plans layout strategies and actions that reflect the wisdom and advice provided by youth and community partners and will be implemented with support of community, Indigenous, service provider and government partners.

In responding to these recommendations, the Government of Alberta aims to improve the lives of Alberta's youth through health promotion and education, intervening early, and providing the right services at the right time to meet the unique needs of youth and their families.