ALBERTA

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

Fatality Inquiries Act

WHEREAS a Public Inquiry was held at the Court House

in the City (City, Town or Village) of Red Deer (Name of City, Town, Village), in the Province of Alberta,

on the 16th day of July, 2018 (year), (and by adjournment

on the 17th and 18th days of July, 2018 (year)),

before J.D. Holmes, a Provincial Court Judge,

into the death of Juan Penner Wiens (Name in Full) (Age)

of Bowden Institution, County of Red Deer, Alberta (Residence) and the following findings were made:

Date and Time of Death: June 30, 2015 / approximately 1:10 a.m.

Place: Bowden Institution, County of Red Deer, 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 – *Fatality Inquiries Act*, Section 1(d)).

Fentanyl toxicity , contributed to significantly by liver cirrhosis

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

Accidental

Circumstances under which Death occurred:

See attached

Recommendations for the prevention of similar deaths:

See attached

DATED January 4, 2019,

at Red Deer, Alberta.

Original signed

J.D. Holmes
A Judge of the Provincial Court of Alberta

Juan Penner Wiens Public Fatality Inquiry Circumstances

[1] The inquiry heard detailed evidence concerning procedures, investigative techniques and policies at the Bowden Institution intended to restrict illicit drugs and other contraband from entering the facility as well as locating such substances after entry. There were concerns that the record might allow identification of confidential informants assisting in the investigation or other inmates who may have been involved in obtaining the fentanyl consumed by Mr.Wiens. Most of the evidence was heard *in camera* in order not to disclose details that could be of use to persons interested in the smuggling of contraband. These reasons were drafted with these concerns in mind.

Manner of Death

[2] On two occasions in 2014, while he was in custody, Mr. Wiens was successfully treated with naloxone after suspected overdoses of fentanyl, a synthetic opioid. Naloxone is a medication that can temporarily block the effects of an opioid overdose and extend the time for emergency medical assistance. It is a safe medication only effective in cases of opioid overdoses, not for other classes of drugs such as methamphetamine, cocaine or alcohol. After these two prior overdoses, Mr. Wiens denied suicidal intent, depression, or anxiety and investigations concluded that he did not appear to have mental health concerns. Mr. Wein's medical records indicated a dependence on alcohol and nicotine, viral hepatitis C, poor liver function, tuberculosis exposure and previous marijuana and crack cocaine abuse.

[3] Fentanyl tablets, which were not prescribed to Mr. Wiens, were located within his cell. No suicide note was present.

[4] Following the autopsy, the medical examiner, Dr. Bamidele Adeagbo, concluded that Mr. Wiens died primarily because of fentanyl toxicity "with a significant contributing factor of liver cirrhosis".

[5] It is the finding of this hearing that death resulted from the deceased's voluntary consumption of the synthetic opioid, fentanyl. The manner of death was accidental.

Circumstances Under Which Death Occurred

[6] Juan Wiens was a 34 year old male. He was incarcerated for a period of three years following a number of impaired driving charges. He had a history of substance abuse, which included two prior opioid overdoses at the Drumheller Institution on June 29, 2014 and August 10, 2014. He was transferred to the Bowden Institution on February 3, 2015. He was not known to be affiliated with any security threat group, and staff described him as a quiet and respectful inmate. He applied for entry into the moderate intensity national substance abuse program but apparently did not meet the admission requirements.

[7] On June 29, 2015, during the prisoner count at 10:33 p.m., Mr. Wiens was observed standing in his cell. At 12:12 a.m. the unit officer responded to an alarm activated by Mr. Wiens' cellmate. The officer attended at the cell then called for assistance. Two corrections officers arrived, one approximately one minute afterward, the second approximately two minutes later. An automatic external defibrillator was applied and CPR commenced as Mr. Wiens was found to have a shallow

pulse but was not breathing. An ambulance was called. Information was received from other inmates that Mr. Weins may have ingested fentanyl. EMS personnel arrived at approximately 12:35 a.m. and by 12:40a.m. had taken over CPR from the correctional officers. At 1:08 a.m. EMS personnel discontinued CPR and pronounced Mr. Wiens deceased at 1:12 a.m.

[8] Later that day, at 2:40 p.m, correctional officers searching the deceased's cell located three fentanyl pills hidden inside English muffins.

[9] A confidential source told correctional officers that a kitchen steward had smuggled the fentanyl into the institution. It was determined which kitchen steward was involved. When confronted she admitted that she was convinced by an inmate to smuggle a package into the institution in return for a small amount of cash. She told investigators that she understood the package contained only tobacco. The kitchen worker was dismissed from employment and criminally charged, however the charges were subsequently withdrawn. The Corrections Services Canada (CSC) investigation determined that at the time of her hire by an independent contractor, the worker was on a methadone treatment program for opioid addiction and was open to manipulation because of financial problems. Only a basic criminal record check had been required at the time of her security screening. Kitchen stewards come into direct contact with inmates who are cleared to work in the kitchen.

[10] At the time of Mr. Wien's death, fentanyl was not a drug commonly encountered within the prison system in Alberta. In the last three years awareness of its extreme toxicity has expanded significantly. Very small amounts, difficult to detect and often mixed with other drugs, can easily result in overdoses and death. This raises concerns not just with regard to the safety of inmates but corrections officers, police, EMS workers, and others who may be accidentally exposed.

[11] Screening of persons entering the institution is complicated by the fact that, in addition to visitors, over 200 staff and contract personnel are required to enter and exit each day at the beginning and end of each shift. While detailed detection protocols were in place that attempt to balance privacy rights and security requirements, concerns were expressed by witnesses that protocols were not being applied consistently or were inadequate due to budgetary constraints. Examples of the former included random searches, including ion scanning of unionized corrections staff and underage visitors. Inadequate canine (drug dog) availability was an example of the latter.

[12] CSC employs a number of registered nurses (RN's) to provide medical services and programming at the Bowden Institution. Their duties include responding to medical emergencies, including overdoses. At the time of this fatality, they were trained to recognize the symptoms of drug overdose and in the use of naloxone in the case of opioid overdoses. Nursing staff work only between 7:00 AM and 7:00 PM. During the evening shift, correctional officers are the only responders available to provide emergency medical care. Their emergency training consists only of first aid and CPR. In 2015 they were not equipped with nor trained in the use of naloxone.

[13] The inquiry heard that the response times for outside ambulance services (EMS) to attend at the Bowden Institution varied - averaging 15-20 minutes, but sometimes taking up to 90 minutes. In Mr. Wein's case, it took ambulance personnel about 25 minutes to arrive on scene.

[14] In addition to the administration of naloxone in the case of opioid overdoses, the inquiry heard evidence that EMT's and RN's are trained in the use of airway devices, taking vital signs, and administering a variety of intravenous or other medication depending on the nature of the emergency. As such, they are able to provide a much greater opportunity for a positive outcome than corrections officers with first aid training.

[15] As it took approximately 25 minutes for EMT's to arrive, it is likely that if this incident had occurred when nursing staff were available and naloxone had been administered, death may have been avoided.

[16] While initially there was some concern over whether, in the case of Mr. Weins, CPR had been properly conducted by the attending corrections officers, the CSC investigation included consultations with experts familiar with up to date CPR protocols who determined concerns were unfounded.

Juan Penner Wiens Public Fatality Inquiry Recommendations

[1] Since 2015, CSC has taken a number of steps to raise awareness among staff and inmates of the danger of overdose posed by synthetic opioids. These steps included information campaigns, instructions to management and staff on the use of naloxone and having Narcan (a naloxone nasal spray) readily available throughout the institution. These initiatives should continue. However, opioid overdoses are only one category of medical emergency. To shorten response times and increase the likelihood of successful emergency intervention, not only in the case of drug overdoses but other medical emergencies, a nurse or an appropriately qualified EMT should be on site at all times. This should be accomplished without compromising funding for existing nursing services or mental health and addictions programs which reduce demand for illegal substances within the institution.

[2] Public perception about inadequate control of prison facilities and poor security can undermine public confidence in the prison system. There was inadequate time for this hearing to fully investigate and formulate detailed recommendations concerning the complex and multi-faceted issue of how to prevent contraband generally (illegal drugs being only one component) from entering prisons and how to detect and deal with such contraband if it enters. Contraband is the source of significant harm within the prison system. It is associated with increased potential for violence between inmates and an increased risk for misconduct and corruption amongst staff. In addition to the risk of overdose, illicit drug use by inmates poses significant health risks including the transmission of diseases such as HIV and Hepatitis.

[3] With the above disclaimer, further recommendations include:

(a) The government initiate an independent commission, or similar process, to conduct a thorough investigation of the corrections system for the purpose of obtaining recommendations and forming specific policies to reduce demand for and to prevent illicit contraband, including illegal drugs, from entering and being used within the corrections system.

(b) The inmate population disproportionately suffers from addiction and other mental health concerns. Readily available, effective and adequately funded mental health and substance abuse programs, to include methadone and suboxone programs, would not only aid in rehabilitation but reduce demand and the incentive to participate in the smuggling of dangerous drugs.

(c) Visitors and compromised staff or contracted services were identified as being the most common sources of contraband entering the institution. Canine (drug dog) services and random enhanced entry searches are two of the most effective means of detection and deterrence. Inconsistent enforcement of existing search policies (particularly of canine and ion scan searches of union personnel and youth visitors) are a concern. Policies and procedures making management and search staff accountable for the consistent application of random search protocols are required. Additional canine services need to be available. Personnel refusing or avoiding searches should be suspended until they complete additional enhanced security

screening. Visitors refusing or avoiding searches should result in suspended or modified (no contact) visitation.

(d) Specialized search teams were noted to be motivated and effective in regular random contraband searches of areas within the facility. Continued use of search teams should be encouraged and intelligence and information shared across institutions.

(e) More rigorous security screening of all persons having direct contact with inmates should be implemented. This screening should exceed a simple criminal record or sensitive sector check and include components to detect economic vulnerability, personal problems and include drug testing. Renewal of security clearance for all personnel having contact with inmates should occur on a regular basis, perhaps every 5 years.

(f) Mandatory regular information sessions on the subject of identification and how to defend against the use of manipulative techniques by inmates should be required of all staff and contract personnel.