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 Town (City, Town or Village) of Drayton Valley (Name of City, Town, Village), in the Province of Alberta,

on the 24th day of January, 2020 (year), (and by adjournment

on the 3rd day of March, 2020 (year)),

before Jacqueline E. Schaffter, a Provincial Court Judge,

into the death of D.B. (Name in Full) 17 (Age)

of Drayton Valley, Alberta (Residence) and the following findings were made:

Date and Time of Death: September 21, 2017 at 5:38 pm

Place: Drayton Valley Hospital and Health Centre

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)).

Mixed Drug Toxicity (Fentanyl, Cocaine and Methamphetamine)

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:

Introduction:

D.B. died on September 21, 2017 at the age of 17 years from cardiac arrest occasioned by mixed drug toxicity (Fentanyl, Cocaine and Methamphetamine). D.B. was found unresponsive at his parents' home in Drayton Valley where he was visiting. He was transported to Drayton Valley Hospital and Health Center where he died despite medical intervention.

This is a report to the Minister of Justice and Solicitor General in relation to an Inquiry conducted pursuant to the *Fatality Inquiries Act*, RSA 2000, c F-9 (*the Act*) into the death of D.B. on September 21, 2017.

I am required by section 53 of *the Act* to report on the identity of the deceased, the date, place and time of the death, the circumstances under which the death occurred, the cause of death and manner of death. I am permitted by section 53(2) of *the Act* to make recommendations in relation to the prevention of future similar deaths, but I am prohibited by section 53(3) of *the Act* for making any findings of legal responsibility or coming to any conclusion of law.

The evidence at the Inquiry was presented by Inquiry counsel, Ms. Jennifer Stengel. Children's Services was given standing to appear at the Inquiry and was represented by Laura Leveque. Alberta Health Services was also given standing to appear and was represented by Chelsey Bailey.

D.B.'s father, E.B. attended on the first day of the inquiry and was given the opportunity to ask questions of witnesses presented to the Inquiry.

The Inquiry heard from the following witnesses:

1. E.B., father to D.B.
2. Stephanie Cartwright, Children's Services
3. Jessica Day, Director of Programs, Graham's Place, Youth Group Home
4. Dana Sharp-McLean, Clinical Lead, Addictions Services, Central North Zone, Alberta Health Services.

Prior to the start of the Inquiry, I received a binder of information. The binder was entered as Exhibit 1 in these proceedings, together with other Exhibits during the Inquiry.

Fatality Inquiries were also ordered with respect to three other youth who all resided within the geographic area of Leduc, Devon and Drayton Valley. Each youth who died had unique life experiences that were reviewed during a Fatality Inquiry conducted for each individual youth. Three of these individuals were well known to each other. All four youths died within a period of time from March 2017 to September, 2017. All four youths had involvement with Children's Services at the time of or just prior to their death. All four had substance abuse issues and all four died from mixed drug toxicity.

After the conclusion of the evidentiary portion of the Fatality Inquiry for each of the four youths, the Inquiry heard a "round table discussions" from various experts from across various government ministries to discuss the commonalities experienced by each of these youth and to determine if there are meaningful recommendations to be made that may help save lives in the future.

Participants in this round table discussion were:

Dr. B. Andres - Alberta Health Services - Executive Director, Provincial Addiction and Mental Health
Dr. N. Mitchell - Alberta Health Services - Provincial Medical Lead for Addiction and Mental Health
M. Pearce - Alberta Education
E. Bellman - Children's Services, Senor Manager, Policy for Child Intervention
M. Craig - Alberta Health, Executive Director, Addiction and Mental Health
R. Pickford - Children's Services, Regional Director for Early Intervention

An Exhibit Binder containing the following reports was submitted prior to the round table discussion:

a) Into Focus: Calling Attention to Youth Opioid Use in Alberta: June 2018 - Report of the Office of the Child and Youth Advocate
b) Government of Alberta's Response to the Office of the Child and Youth Advocate: September 2018
c) Valuing Mental Health – Next Steps; June 2017
d) Moving forward – Progress Report on Valuing Mental Health: Next Steps; February 2019
e) Appendix A: Progress Chart; February 2019
f) Finding Quality Addiction Care in Canada; November 2017
g) Primary Health Care Opioid Response Initiative: PCN Strategic Leads Forum; February 2018
h) A Stronger, Safer Tomorrow; A Public Action Plan for the Ministerial Panel on Child Intervention's Final Recommendations; June 2018

D.B's Circumstances Prior to his death

D.B. was born on December 29, 1999 to parents E.B. and J.B. In 2007, D.B. was apprehended by BC Ministry of Child and Family Development (MCFD) with his siblings due to parental substance abuse, neglect and family violence. It was reported that both parents abused substances, the father was involved with criminal activity which resulted in incarceration. A Temporary Guardian Order was granted and the children were placed in foster care.

In 2008 D.B. was diagnosed with separation anxiety and seizure disorder and had a lengthy history of behavioral issues. D.B. was returned to his parents' care in 2009 under a Supervision Order.

In 2010 D.B. was hospitalized at which time a psychological assessment was done and he was diagnosed with Anxiety Disorder, Disruptive Behavior Disorder and Complex Partial Seizures, PTSD, ADHD, and frontal lobe epilepsy. Recommendations were made for individual counselling, intensive family therapy, classroom supports and psychiatric follow up.

In 2011 D.B. returned to foster care where he remained for 2.5 years.

In 2014 he was returned with his siblings to his father's care, now living in Alberta, but later that year, he again returned to foster care. There were reports at that time that D.B. was using illicit drugs. In October 2014, D.B. was removed from foster care due to uncontrolled aggression and placed in a group home where he continued to exhibit aggressive behavior.

An assessment done in 2015 referred to a lack of parental role modelling in anger control. It recommended that D.B. not be returned to his parents' care until the family had been provided with a high degree of support and evidence that the parents had evidenced an ability to control sobriety. In 2015, D.B.'s mother completed rehabilitation treatment and D.B. was returned to her care. Due to family violence a Supervision Order was put in place for D.B. in 2015. In December

2015, D.B. was taken to the hospital with a potential drug overdose. Ongoing issues were reported regarding D.B.'s substance use and family violence.

In December 2016, D.B. admitted to substance abuse and feeling hopeless and suicidal. He was assessed at a residential treatment center and it was determined that he did not meet the criteria for a Secure Services Order. D.B. was convicted of assault and placed on probation.

In February 2017, D.B. was offered a placement at Graham's Place, a residential placement with wraparound services. D.B. started to settle while at Graham's Place. A Permanent Guardianship Order was granted in May 2017. D.B. was doing well at Graham's place from February to September; working on school and he loved rapping. He continued to have anger issues which were being worked on. Visits with his family were suspended given continued parental substance abuse; however, one overnight visit was allowed on September 11, 2017. A safety plan had been developed for D.B. If his parents were using drugs he would leave the residence. D.B. did not want his parents to use drugs. D.B. threatened his father that if his father used drugs on that night, then he would break his sobriety and use them too. His father refused to abstain. D.B. also used drugs that day and was found unresponsive on his parents' couch. He was taken by EMS to Drayton Valley Hospital where he later died.

Recommendations for the prevention of similar deaths:

I am permitted by section 53(2) of *the Act* to make recommendations in relation to the prevention of future similar deaths. As stated above, Fatality Inquiries were held for each of the above youths; T.D.M., T.C.M., T.M.B. and D.B. The deaths of each of these young people is unfortunate and each experienced life in their own way.

The recommendations that I have made for the prevention of similar deaths which follows are collective recommendations based on the evidence that I heard in each of the four individual Inquiries together with the information provided by the panel of experts. These recommendations are the same recommendations included in the fatality inquiry reports for each of the other three youth.

1. The experts spoke at length about brain development research and research into the effects of trauma on children and the potential for long term negative impacts on the child in childhood and into adulthood. The greater the number of adverse childhood experiences the greater the potential negative impact. The Report, *Into Focus* by the Office of the Child and Youth Advocate states that "trauma, abuse, family breakdown, parental substance use and lack of connection to school may increase a young person's risk of substance use." Early identification of childhood trauma and education of individuals, professional and familial of the effects of trauma on a child will assist in helping the child to develop resiliency in order to mitigate the effects of the trauma. Programs such as Head Start are geared towards providing young children who are experiencing difficulties with additional supports. Operation of these programs largely falls to not for profit community groups and in smaller rural areas such a group may not exist. **Government ministries should investigate and actively facilitate the operation of early intervention services in rural areas.**

2. Although it appears from the representations of the panel members that education on a trauma informed approach for professionals has increased over the last 10 years, **Brain Development and training in the trauma informed approach should be maintained and enhanced.**

3. Each of the four youths reviewed, experienced school attendance issues and some were expelled at various times for truancy. A greater understanding of the effects of trauma and resulting behaviors, by teachers, school administrators, counsellors is imperative. Interventions in the past have been about consequences, limit setting and punishments as opposed to root causes and developing of individual supports. The Office of the Student Attendance and Re-engagement has now been created (which was not in existence when these youths were attending school) to approach truancy using restorative principles; engaging family, student, and supports. **School Administrators should be strongly encouraged to use the services of the Office of Student Attendance and Re-engagement when attendance issues first arise with a youth and prior to proceeding to suspension or expulsion.**

4. At various times, the youths reviewed sought out help for their substance abuse and life circumstances. Sometimes the youth were met with barriers to communication existing between government ministries. The youth were seeking immediate assistance but were referred to other agencies with subsequent appointments. The youth did not follow through with the subsequent appointments which were set up for them. Professional supports for youth are frequently located outside the youth's community which often make them inaccessible. Youth Hubs and other wrap around services such as Graham's Place which was accessed by the youth D.B. have been identified as a means of providing an immediate, one-stop service integrating health, social services and supports. Research, in other countries and elsewhere in Canada, have shown these to be very effective. Although the creation of Youth Hubs was noted in the Government of Alberta's response to the *Into Focus* report by the Office of the Child and Youth advocate in 2018, few Hubs have been created. Again, this program requires an application by a community organization with some "seed money" from the government. Children's Services are also not part of these Hubs. Smaller communities do not always have the resources to apply for such programming and further once operational, these programs rely on fundraising and community financial support. **Alberta Health should review the policy, funding and service delivery approaches that would facilitate the creation of more wrap around programs that are appropriately staffed with individuals knowledgeable about substance abuse, mental illness and the supports available for youth, particularly in rural communities. Services must be accessible and responsive.**

5. Not all youth may be in a situation where they are ready to stop using substances. The youth reviewed at various times wanted to stop and other times wanted to continue with their drug use. There is growing recognition that harm-reduction strategies may be effective. Such strategies accept that adolescents may choose to use alcohol or drugs, and acknowledge that alcohol and drug abuse have potential health and psychosocial risks. Unlike abstinence-based approaches, which focus on eliminating the behaviour, harm-reduction strategies aim to reduce the dangers associated with substance use including safe injection sites, Naloxone/Narcan program which reduces harm to the youth until such time as they are willing and able to access other treatment. **Alberta Health should continue to implement and supplement harm reduction programs including:**

    A) Increasing education for youth, and general public in use of Naloxone/Narcan and distribution of such kits;

B) Creation of more safe consumption services and overdose prevention services sites particularly in rural communities;

C) Provision of counselling services following a medical intervention for overdose or substance use;

D) Opioid Agonist therapy programs for youth;

E) Recognition that Youth perspectives in the development of harm reduction programming are needed to ensure that approaches are relatable and meaningful to young people, and effective for promoting the minimization of substance-related harms.

6. The panel of experts noted that youth addiction treatment is an underserved area in Alberta. **It is noted that the Government has previously identified an investment of funding for this area. This investment should be continued.**

7. All of the youth reviewed had been involved in the youth criminal justice system. Adult Drug Treatment Courts provide a pre-sentence alternative for addicted offenders that integrates justice, health services and treatment. These programs have shown a high degree of success and the Alberta Government has committed to the creation of additional Adult Drug Treatment Courts in the Province of Alberta. Drug Treatment Courts for youth could similarly provide assistance to youth experiencing substance use disorders that have brought them into contact with the youth criminal justice system by the provision of the wrap around services. **The Ministries of Justice and Health should inquire into the feasibility of the creation of Youth Drug Treatment Courts**.

8. All of the youth reviewed were or had been involved to some degree with Child Intervention Services. In one instance, a Permanent Guardianship Order was granted to the Director as a result of parental substance abuse and physical abuse. In the other three cases, Children's Services was involved with the family through Enhancement Agreements which were never followed through by the parents. Personnel from Children's Services were aware of the youths' substance use; having witnessed the youths apparently high on some substances at various times. Children's Services were aware that the youths had been admitted to the hospital for overdose, had been charged with criminal activity, were not attending school, were living at a residence that was well known as a "drug house". Children's Services felt that they were unable, because of legislation to intervene for the children in any greater way than to enter into an Enhancement Agreement which is a contingent upon a parent voluntarily entering the agreement and following through. The parents did not follow through on any of the terms of the Agreements and the youth continued to be at risk. Children's Services representatives advised the inquiry that they felt that their Ministry as well as guardians needed greater legislative assistance in dealing with youth who are struggling with substance abuse. *Protection of Children Abusing Drugs* legislation is designed only to provide detox services and was not implemented to assist in rehabilitation or ongoing safety for the youth.

The *Child Youth and Family Enhancement Act* provides in section 1(2) that a child is in need of intervention if there are reasonable and probable grounds to believe that the safety, security or development of the child is endangered because of any of the following:

(a) the child has been abandoned or lost;

(b) the guardian of the child is dead and the child has no other guardian;

(c) the child is neglected by the guardian;

(d) the child has been or there is substantial risk that the child will be physically injured or sexually abused by the guardian of the child;

(e) the guardian of the child is unable or unwilling to protect the child from physical or sexual abuse;

(f) the child has been emotionally injured by the guardian of the child

(g) the guardian of the child is unable or unwilling to protect the child from emotional injury;

(h) the guardian of the child has subjected the child to or is unable or unwilling to protect the child from cruel and unusual treatment or punishment.

The inquiry was advised that this section was interpreted by the individuals from Children's Services to mean that Children's Services could not intervene in the family unless it was the actions of the parents that was placing the child at harm. The substance abuse of the youths reviewed which was putting the youth at risk and ultimately was the cause of death for the youth was not sufficient to allow intervention unless the parents voluntarily agreed through an Enhancement Agreement.

The Inquiry was advised that the *Child Youth and Family Enhancement Act*, formally the *Child Welfare Act* was amended in 2003 with the deletion of an additional provision that a child is of need of intervention if:

(i) the condition or behaviour of the child prevents the guardian of the child from providing the child with adequate care appropriate to meet the child's needs.

Youth substance abuse is a growing concern for our society and is putting an increasing number of youth at risk. The state has a duty to intervene to protect children who are at risk. When parents are unable or unwilling to protect the child, the state should have the ability to step in to protect the child. **Children's Services should review the *Child Youth and Family Enhancement Act* or consider new legislation that would better able the state to intervene when it is the child's substance abuse that is putting them at risk.**

DATED February 26, 2021,

at Leduc, Alberta.

"J.E. Schaffter"

Jacqueline E. Schaffter
A Judge of the Provincial Court of Alberta