ALBERTA

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

Fatality Inquiries Act

REVISED

WHEREAS a Public Inquiry was held at the Provincial Court of Alberta

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

on the 7th and 8th day of December, 2020 (year), (and by adjournment

before Francine Y. Roy, a Provincial Court Judge,

into the death of Dennis Rodney Lajimodiere (aka Dennis Rodney Cardinal) (Name in Full) 48 (Age)

of Fishing Lake Metis Settlement, Alberta (Residence) and the following findings were made:

Date and Time of Death: May 19, 2018 at 10:29 a.m.

Place: Edmonton Remand Centre, Edmonton, 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)).

Methadone and Codeine Toxicity

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

<u>Circumstances under which Death occurred:</u>

On December 7th and 8th, 2020, the Provincial Court in Edmonton held an Inquiry to examine the circumstances surrounding the death of Dennis Rodney Lajimodiere (also known as Dennis Rodney Cardinal) on the morning of May 19th, 2018, while he was in custody at the Edmonton Remand Centre ("ERC").

Mr. Lajimodiere's cellmate reported to the ERC staff that Mr. Lajimodiere was unresponsive as he laid in his top bunk in cell number five on Unit 5b. Correctional and medical staff subsequently attended and attempted to resuscitate Mr. Lajimodiere, but it was to no avail. Mr. Lajimodiere was pronounced deceased at 10:29 am at the scene.

Personal Circumstances / Background:

Mr. Lajimodiere was initially remanded to the ERC on August 10th, 2017 on several serious criminal charges. He had been remanded into custody until a return date of June 4th, 2018 before the Court of Queen's Bench in St-Paul, Alberta. On March 22nd, 2018, Mr. Lajimodiere was transferred from the ERC to the Alberta Hospital for a court-ordered assessment in relation to his fitness to stand trial.

Mr. Lajimodiere had been previously diagnosed with schizophrenia, with both auditory and visual hallucinations. Upon his admission to the ERC, Mr. Lajimodiere indicated that he had been prescribed and was taking several medications to treat his mental health issues, all of which had been confirmed through NetCare. On admission to the ERC, Mr. Lajimodiere denied any illicit substance or alcohol use and denied any past or current suicidal ideation or attempts.

During the time period of August 10th, 2017 and March 22nd, 2018 at the ERC, Mr. Lajimodiere was compliant in taking his prescribed medication and there were no recorded instances of him diverting medication while at the remand facility.

After it was determined Mr. Lajimodiere was fit to stand trial at the end of the assessment at Alberta Hospital, he returned to the ERC on May 15th, 2018 and was lodged on Unit 5b. His cell happened to be number five, which he shared with Inmate B and which was located on the third tier of the unit. Upon his return to the ERC, nursing staff noted that Mr. Lajimodiere continued to take his medications as prescribed and that there continued to be no issues with regards to any suicidal ideation on his part. Mr. Lajimodiere did not have any documented history of behavioral or disciplinary concerns.

During the evening of May 18th, 2018, Mr. Lajimodiere was observed to have three separate conversations with Inmate C (once at the entrance of Inmate C's cell at approximately 10:00 pm, once in the common area at approximately 10:22 pm and once again at the entrance of Inmate C's cell at approximately 10:29 pm, just before lockup).

Mr. Lajimodiere's cellmate, Inmate B, described that after lockup, he played cards with Mr. Lajimodiere until approximately 2:00 am. Inmate B indicated that he did not notice anything out of the ordinary in regards to Mr. Lajimodiere's behavior. He explained that Mr. Lajimodiere did not appear intoxicated and was eating well over the course of that evening.

In the morning of May 19th, 2018, Inmate C was observed to be looking into cell number five on two occasions. At approximately 9:52 am, Inmate C returned to cell number five and after speaking briefly with someone inside, he entered the cell for less than two minutes after which time, he exited the cell to attend the medication dispensary line. Less

than one minute later, Mr. Lajimodiere's cellmate Inmate B was observed to empty the cell garbage into the tier garbage and return to his cell. Inmate B then immediately left the cell to request that CPO Hopkins attempt to wake Mr. Lajimodiere.

CPO Hopkins and another correctional officer attended at cell number five and placed Mr. Lajimodiere on the ground in a recovery position as Mr. Lajimodiere commenced expelling blood and vomit from his mouth. Health care staff attended and administered CPR to Mr. Lajimodiere, along with three injections of Epinephrine while conducting chest compressions. Narcan was not administered to Mr. Lajimodiere. He was pronounced deceased at 10:29 am.

As Mr. Lajimodiere's death was initially investigated at the ERC, it was immediately suspected that Mr. Lajimodiere had overdosed on drugs not prescribed to him; the supply of these drugs to Mr. Lajimodiere by other inmates became a concern.

Jeremy Chernishenko, currently an Assistant Deputy Director at the ERC (but a supervisor CPO 3 at the time of these events), testified before the Inquiry and described the broader search which was conducted on Unit 5b subsequent to Mr. Lajimodiere's death. As per protocol, the correctional officers searched each individual cell for any hazardous contraband. Mr. Chernishenko testified that each inmate on Unit 5b was strip searched.

Upon searching the cells of the Unit, officers found a note left by another inmate, alleging Inmate C's potential involvement in the matter in giving Mr. Lajimodiere Methadone and alleging that Mr. Lajimodiere was trading pills with some inmates for canteen in the evening prior to his death.

Mr. Chernishenko testified that the other inmate believed to have left the note, was further questioned about these allegations. This other inmate stated that in the evening prior to Mr. Lajimodiere's death, Inmate C vomited Methadone into a t-shirt upon returning to his cell after attending the Medical Clinic. This other inmate also alleged that Inmate C sold the regurgitated Methadone to Mr. Lajimodiere for canteen. Mr. Chernishenko also testified that this other inmate reiterated Mr. Lajimodiere was purchasing pills, specifically Suboxone, from some inmates during that evening. This other inmate's allegations do not appear to have been substantiated. Mr. Chernishenko testified that Inmate C denied any involvement and the allegations made by the other inmate.

The search of Inmate C's cell and a search of the tier garbage near where Inmate B had been seen, was not helpful and provided no insight and no indicators into Mr. Lajimodiere's death. It is noted that Inmate C was placed in the segregation unit, was striped searched and body scanned. He successfully completed dry cell protocol and no illicit drugs or items were produced as a result of the protocol. Inmate B had also been placed on a separate unit pending investigation of this matter.

The Edmonton Police Service conducted a criminal investigation in the matter and no charges were laid against any inmate as a result Mr. Lajimodiere's death.

Cause of Death:

An autopsy was performed on Mr. Lajimodiere on May 21st, 2018. It was concluded that the immediate cause of death was Methadone and Codeine toxicity, and that another significant condition contributing to death but not causally related to death was atherosclerotic cardiovascular disease. It was noted that Mr. Lajimodiere had no injuries other than those attributed to the resuscitative efforts. It was further noted that his liver

was fatty and there was mild narrowing of the blood vessels to the heart. It was determined that there was no other significant disease process which would have caused or contributed to Mr. Lajimodiere's death. Further, the following details regarding the cause of death were provided:

> *Given the history, circumstances and examination findings, the cause of death is Methadone and Codeine toxicity with atherosclerotic cardiovascular disease being a significant contributing factor. Methadone and Codeine are central nervous depressants and consuming them in excess or in combination can be extremely sedating, leading to respiratory depression, coma and death. Even if each individual drug level is not at toxic levels, consuming these drugs together is especially dangerous because these drugs have synergistic effects. Furthermore, individuals with heart disease are more vulnerable to central nervous system depression and it would take a lower level of drugs to trigger respiratory compromise and cardiac arrhythmias (abnormal heart rhythms) and cardiac arrest.*

The medical evidence is consistent with that of an overdose. There is nothing to indicate that Mr. Lajimodiere was suicidal during the time leading up to his death. The whole of the evidence reflects death by an accidental overdose of Methadone and Codeine. These medications had not been prescribed to Mr. Lajimodiere.

ERC's Response to Mr. Lajimodiere's Death:

A Board of Inquiry was convened by Carol Moerth, Acting Assistant Deputy Minister, Correctional Services Division, on May 23rd, 2018 in order to investigate the circumstances surrounding the death of Dennis Rodney Lajimodiere on May 19th, 2018 at the ERC.

In examining the circumstances surrounding Mr. Lajimodiere's death, the Board of Inquiry interviewed witnesses and examined the policies at the ERC regarding the procedure to be followed by correctional and medical staff prior, during and after an inmate's attendance for Methadone at the facility's Health Care Clinic. The Board also examined extensive video footage of this medical clinic and of the unit where Mr. Lajimodiere was housed, which depicted certain events which took place around the time of Mr. Lajimodiere's death.

Where did Mr. Lajimodiere obtain Methadone?:

During the time of these events, the Methadone and Suboxone clinics, (the purpose of which is to treat inmates who struggle with opioid addictions), were conducted at the Health Care Clinic at the ERC. The process according to policy was that upon arrival, inmates would confirm their attendance with the duty nurse and the medical officer would conduct a frisk search prior to the inmate receiving Methadone and would secure that individual into a holding cell parallel to the staff station. The inmates receiving treatment were not allowed to bring any articles with them to the clinic as to prevent them from regurgitating the liquid (the Methadone) and subsequently selling it to or trading it with other inmates.

The process upon retrieval from the holding cell by the medical officer would be that the nurse at the staff station would confirm the inmate's name and ORCA number. The inmate would be required to open his mouth to verify that he had nothing concealed therein. The nurse would provide the prescribed Methadone to the inmate, who would shake the bottle, drink and swallow the substance. The nurse and the officer would observe this

consumption. The inmate would then drink a glass of water provided by the nurse, who would in turn verify the inside of the inmate's mouth as to ensure no fluid remained. The inmate would then be escorted back to the holding cell, where he would wait for a minimum of 30 minutes. After that time, the inmate would be frisked again and returned to his unit. The medical officer would then search the entire area once vacated by the inmates.

The Board members viewed the video footage of the Methadone and Suboxone clinic at the Health Care Clinic from the evening of May 18th, 2018. It was confirmed that when Inmate C left his unit, staff did not conduct a pat-down search of him. It also appeared that he was checked into the clinic and not searched before being placed in the holding cell. The nurse inspected Inmate C's mouth and he then drank the contents of the Methadone bottle. The nurse inspected Inmate C's mouth again and he was secured back into the holding cell. The video footage subsequently showed Inmate C sit at the back of the holding cell. Another inmate stood up and placed himself with his back turned, directly in front of Inmate C. This blocked the camera's view of Inmate C but it appeared he was making small movements as he was shielded from the camera. It became suspected Inmate C may have regurgitated his Methadone into a baggie. This could not be conclusively determined given the obstruction of the camera's view. It was specifically observed on the video that Inmate C's returned to his unit without being searched by unit staff.

The Board members further noted from their review of the video footage that for the next 90 minutes, several other inmates from Unit 5 attended the Medical Clinic. They were removed from the holding cell after taking their Methadone or Suboxone and left the Clinic without a pat down search being conducted. The review showed that the inmates were also not patted down when they returned to Unit 5.

Having regards to all of the circumstances, I conclude that the likely source of the diverted Methadone consumed by Mr. Lajimodiere came from an inmate who attended the Medical Clinic on the evening of May 18th, 2018. Mr. Lajimodiere consumed the diverted Methadone either later that evening or very early the morning. The identity of the specific inmate who diverted his Methadone to Mr. Lajimodiere that evening or the next morning, and the identities of any persons who may have assisted in this diversion, if any, cannot be determined. The manner of diversion cannot be established either.

Recommendations of the Board of Inquiry:

The Board noted some non-compliance with the order and policy by staff in regards to inmates being frisked prior to and after the issuance of Methadone or upon returning to their units, on May 18th, 2018. In particular, the Board reviewed the order called *Medical Officer – Corrections Peace Officer 1-2 Post Order 2012 – No. 15 - Non-Scheduled Duties #10*, which states:

> ***"All inmates will be frisk searched prior to receiving Methadone and before returning to their living units."***

As well, the Board reviewed *ACOB Policy 20.00.12 – Health Services General Health Services – Methadone Maintenance Standard #7*, which states:

> ***"The offender shall be searched following ingestion of Methadone immediately prior to returning to the living unit."***

The Board made the following recommendations as a result of their investigation:

BOARD RECOMMENDATIONS

1) ***That the Director of ERC ensures that all correctional staff review the policy Medical Officer Post Orders regarding the management of inmates on Methadone. Specifically, they should ensure they are familiar with its protocols with respect to searching prior to and upon their return from the Methadone clinic.***
2) ***That random strip searches be conducted on inmates whom are on Methadone or Suboxone treatment program following their 30 minute waiting period. This would provide inmates a lesser chance of gauging the predictability of the search routine.***
3) ***That the following correctional and AHS staff are recognized for their actions.***
4) ***That upon the approval of the Assistant Deputy Minster, Correctional Services Division and the Executive Director, ACOB the Board members conduct an investigative debriefing with all staff directly involved with the incident.***

Outcomes:

a) Internal Directive:

The Director of Operations of the Correctional Services Division of the ERC, Neil Benner, issued a directive on June 1st, 2018 to all staff for immediate implementation in regards to inmates who attend at the Methadone and Suboxone clinics. It reminded staff about the importance of thoroughly searching all holding cells prior to the arrival of the inmates for their treatment.

The Director of Operations also announced the re-deployment of one (additional) internal escort officer daily starting at 6:00 pm until the completion of the administration of the Methadone and Suboxone. This officer would be responsible for searching all inmates as they enter the clinic and also when they return to their units. Between the times of these searches, the officer would assist in monitoring the inmates on Methadone treatment as they wait in the holding cell for the 30 minutes observation period. The treatment schedule was also set out on a rotation by unit.

The direction was also for inmates to be searched prior to leaving their unit for any additional clothing, food, baggies and other items in which Methadone could be diverted. There was an absolute ban on inmates wearing t-shirts to the clinic and if an inmate was found in possession of a t-shirt, it would be confiscated prior to any administration of treatment. Staff was reminded that some inmates have in the past regurgitated Methadone into their clothing and it was directed that staff conduct careful visual checks of inmates clothing for stained or damp areas during the pat down searches.

Further, the directive called for the separation of the inmates being treated with Methadone from the inmates being treated with Suboxone, while in holding cells. As well, it called for any inmate caught diverting Methadone or Suboxone to be internally charged, with Healthcare to be notified. Lastly, it called for specific recording of the observation time-period for the inmates on Methadone on ORCA and records to be kept regarding clinic attendance on AHS clinic forms.

This Inquiry received indication that Corrections has also since upgraded the randomness aspect of the searches conducted on the unit, once an inmate has returned from his Methadone treatment.

The Inquiry also received confirmation that all staff involved as outlined by the Board's recommendations, were recognized for their actions during the course of these events, by way of presentation of letters of recognition. Further, comprehensive interviews with participating staff were conducted and were positively received. A determination was made that a follow-up full debriefing was not required.

b) Administration of Methadone at the ERC Medical Clinic

Subsequent to the above directive and of further significance is that since Mr. Lajimodiere's death, only Methadone is administered at the Health Care Clinic. Suboxone is now administered separately to inmates on the unit. Dr. Keith Courtney, a forensic psychiatrist and the Facilities Medical Director under contract to Alberta Health Services, testified before the Inquiry that Suboxone is the preferred method of treating opioid disorders in the remand setting as opposed to Methadone. Suboxone is considered safer as there is a rare chance of overdosing on this medication. There is also a lesser chance of fatality in the event of an overdose. It is the first type of treatment offered to an inmate once an opioid addiction has been identified. If an inmate is already on Methadone treatment upon admission to the ERC, that inmate will continue to be treated with Methadone with such treatment to be administered at the Medical Clinic. Given the dangers for overdose, the goal is to have fewer inmates on Methadone treatment and thus, fewer inmates attending at the Medical Clinic for Methadone treatment.

Dr. Courtney also testified about the potential for Sublocade to be used as an alternative method of treatment of opioid addiction in the remand setting. Sublocade is administered by way of injection to the abdomen once per month. It is believed that Sublocade would be much more difficult to divert. Given the relative short stays of the inmates in the remand setting, the time needed for Sublocade to take effect and given the potential for dangerous adverse medical consequences if the individual consumes drugs once released into the community, the prescription of Sublocade may present some challenges as a form of treatment for opioid addiction. Dr. Courtney testified that he would be reluctant to prescribe Sublocade to a "short stay inmate". Sublocade could potentially be diverted, but the effects of diverted Sublocade are unknown.

Recommendations for the prevention of similar deaths:

1. Ian Lalonde, currently the Director of Programing at ERC, testified before the Inquiry about the difficulties of providing meaningful programing to inmates at the ERC, who are suffering from drug addictions, given that the average stay of an inmate at the ERC is 17 days. At any given time, there are between 1200 and 1300 inmates housed at the ERC. The program coordinators have to tailor the programing for shorter stays. Consequently, there are often waiting lists and it can be difficult to access certain programs. Programing for addictions is particularly difficult given the

relative short duration of the inmates' stays but self-study programs are always available. There are postings for program offerings on each unit to make inmates aware of the programs available to them. Mr. Lalonde pointed out that in the remand setting, inmates cannot be forced into attending programs. Inmates are presumed innocent and cannot be compelled to attend anything. Mr. Lalonde also testified about education campaigns which have been launched and about information which has been disseminated to inmates, for example, about the dangers of using narcotics. Mr. Lalonde cited a recent awareness campaign for the inmates, in partnership with Norquest College in relation to surviving opioids. The Inquiry heard that Alberta Health Services (AHS) further provides education and support to inmates.

The inquiry has no further recommendations in relation to addictions programming and education awareness for inmates at ERC.

2. Ken Johnston, current Director of Security at the ERC, testified about the levels of security for classifying inmates at the facility. He testified that inmates housed at Unit 5b are in protective custody. Inmates are not classified according to their medication requirements. Mr. Johnston testified about the policy that inmates are not permitted in each other's cells. He described that this is monitored "to the best of the unit officer's ability". Once an inmate leaves his cell, it is locked by the control officer. Two officers supervise 72 inmates (36 cells, only two of which have cameras). Verbal warnings are given to any inmate attempting to engage in inter-cell visiting. A security check of any given cell can follow but that is within the discretion of the officer.

The increase of the number of correctional officers on each unit to specifically monitor the prohibition of inter-cell visits, would be ideal. However, in considering the overall mobility allowed to inmates on the units over the course of any given day (in reference to non-pandemic times), the Inquiry has no further recommendation relating to inmate monitoring on the units.

3. Mr. Johnston also testified about the policies in place and the manner in which searches are conducted on the unit and in cells, and the manner in which searches are conducted of the inmates themselves. A directive by the Director of Operations was immediately transmitted regarding searches of inmates who attend the Health Care Clinic after Mr. Lajimodiere's death. An additional "floater" officer was, in short order, deployed to the Medical Clinic to monitor the administration of Methadone and conduct the requisite searches.

The Inquiry has no further recommendation in relation to the how searches are conducted at ERC, in particular there are no further recommendations in relation to how searches are conducted of inmates who attend the Methadone clinic, provided the directive issued June 1st, 2018 is strictly adhered to.

4. During Dr. Courtney's testimony, he stated that studies have shown that the percentage of inmates in the Canadian or North American jail system who struggle with opioid disorders is in the range of 60-70%. In Dr. Courtney's opinion, this percentage is likely more in the range of 80-90%. There has been some discussion before the Inquiry as to whether a system of alerts for drug-seeking behavior should be put into place upon inmates' admission to the ERC i.e.: the flagging of an opioid disorder. This presents some difficulties as facilities such as the ERC rely, to a certain extent, on an inmate's self-reporting of struggles with addictions upon admission. Dr. Courtney testified that if the nursing staff identify an issue with regards to an opioid disorder, the inmate will be referred to Addiction Services. He testified that the nursing staff also is very experienced with identifying the early signs of withdrawal. This expertise was obvious and reflected in the testimony of Ms. Cheryl Mueller, Assistant Health Care Manager at the ERC, who was the last witness to testify before this Inquiry.

   Given the prevalence of opioid disorders in inmate populations, the Inquiry has no recommendation in regards to flagging inmates for potential opioid disorder.

5. There was some discussion before the Inquiry about whether it would be appropriate for the correctional officers on the units to carry Narcan (Naloxone) to administer to inmates who are suspected to have overdosed on opioids. There was also some discussion that the Narcan nasal spray would be easy for correctional officers to administer, without the requirement of specific or extensive training. While this could potentially become a requirement in the smaller centres where medical staff are not always available (around the clock), this requirement appears to be unnecessary in facilities such as the ERC where medical staff are available 24 hours per day. In the case of Mr. Lajimodiere, the evidence is such that even if Narcan would have been administered to him by the correctional officers upon finding him unresponsive, it would not have prevented his death, as he already had no heart rhythm by the time he was found.

   The Inquiry has no recommendations with regards to the carrying of Narcan by correctional officers at the ERC.

6. Special considerations exist for the treatment of opioid addictions or disorders in a remand setting and the goal is to administer treatment which has the least damaging effects upon overdose and/or diversion. The Inquiry heard from several witnesses that certain inmates have become creative with diversion of medication. First, they have become creative with what is being used in exchange for diverted medication. As an example, canteen has been used as a form of currency. This inquiry heard that it would be very difficult, if not impossible, to keep track of or to label canteen items. In any event, other forms of currency have been used by inmates such as meal, phone call or clothing trades and even e-transfers, in exchange for diverted medication. Second, the Inquiry heard that certain inmates have become creative with regards to how the actual medication is diverted by them before, during and

after the administration of their medication. As stated previously, Ms. Mueller, Assistant Health Care Manager at the ERC, was the last witness to testify before the Inquiry. She testified about the processes for administrating treatment to inmates struggling with opioid addictions and spoke about the prevalence of diversion, even now with Suboxone, being the preferred method of treatment. When asked about how to prevent the diversion amongst inmates of medication used to treat opioid addiction, Ms. Mueller provided an answer which the Inquiry found to be impactful. She responded by stating that she wasn't sure how diversion could be prevented without "taking the value out" of the treatment for those who need it while housed at the ERC.

The Inquiry has no overall general recommendation in regards to the prevention of diversion of medication as between inmates at the ERC.

Dated March 1st, 2021 at Edmonton, Alberta.

Original Signed

Francine Y. Roy

A Judge of the Provincial Court Alberta