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Drug Policy Coordinator

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February 1, 2010

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RE: South Fraser Court & Youth Justice Committee Letter

To Karen Needham,

Thank you for the letter/supporting documentation [on behalf of Kelowna City Council] requesting feedback on mandatory addictions treatment legislation for youth ~ post receiving the South Fraser Court & Youth Justice Committee's correspondence.

It is understandable an involved parent/caregiver of a youth said to be in active addiction and 'resistant to treatment' would encourage mandatory treatment legislation. The Government of British Columbia had previously considered legislative options called SAFE care and SECURE care (included sexually exploited youth as well as drug addicted youth). The Ministry for Children and Family Development studied this issue; it was ascertained SECURE care was not supported by opinion or via research. Short-term SAFE care was said to be supported but did not pass into legislation, it is suspected due to its highly controversial content as well as expense ~ no systems or facilities readily available to enforce this legislation provincially. Hence, if the proposed legislation passed several years later in 2010, it appears the infrastructure necessary to implement mandatory addictions treatment still does not exist to adequately address the service needs identified. It would be helpful if, as requested in the letter received, our provincial government re-opens discussions regarding *current addiction treatment options* for youth within British Columbia. Yet it is encouraged this council proceed with caution around specifically advocating for involuntary treatment legislation as addictions treatment options for youth in general are severely underfunded and therefore extremely inadequate.

In response to this inquiry, although there appears to be a very limited selection of relevant literature available for review, several key points are cited for your consideration. Dr. Cameron Wild from the School of Public Health, University of Alberta wrote in a June 2009 article titled, Court-ordered addiction treatment: A magic bullet?

> "*... parents and guardians need to think long and hard before they use these programs, since they can create an adversarial, coercive climate with a young person. Keep in mind that research shows that an open, trusting relationship with a parent or other respected adult is one of the most effective and protective tools that we have in preventing alcohol and other drug problems. ....the historical record shows that passing policies or legislation for compulsory addiction treatment is often not followed up by funding to support increased demand on treatment programs.*"

In an article titled Mandatory alcohol intervention for alcohol-abusing college students: A systemic review (2005) Barnett and Read recommended using *motivational approaches* with

an empathetic, non-confrontation style, emphasizing choice and personal responsibility to engage individuals for potential treatment ...because it was explained, most students identified as drinking heavily did not recognize this as a problem requiring change. A 2006 journal article titled Ethical issues surrounding forced, mandated, or coerced treatment by Dr. Arthur Caplan proposed mandatory treatment may be difficult to argue via a public health approach considering people have a right to autonomy and self-determination, as established in medical ethics and law, even if their decisions are perceived as harmful. Yet, stating *"it may press current ethical thinking to the limit"*, he suggested mandatory treatment may be justified if it could be demonstrated addicted individuals do not have the capacity for self-determination because the addiction *coerces* negative behaviour. Thus, as a potential intervention, a short-term involuntary admission to facilitate a detoxification process that may enable the individual to make a decision not impacted/coerced by active drug use was offered. It was recommended if utilizing this rationale, further treatment beyond the initial detoxification admission must be voluntary. Furthermore, a 2002 article titled Ethical Considerations for Research and Treatment With Runaway and Homeless Adolescents by Meade and Slesnick, asserted children, by age 14 have the competency to make decisions [regarding ability to participate in research, treatment....] Of interest, it was also documented reports of low service utilization by homeless and runaway youth may be explained by a lack of available treatment services as well as ineffective treatment ~ not designed to meet the specific needs of this complicated youth population and/or situated where at risk youth are located. Another somewhat related perspective from the Canadian Women's Health Network (1997) cited their position on mandatory treatment [for expectant women] to the Supreme Court as; 1. forced treatment doesn't work (fear women will run away or avoid health services out of fear), 2. legislation may not be applied equally {those living in poverty, etc. may be targeted}, 3. quick fix – doesn't address systemic and social causes of substance abuse, 4. set a questionable precedent and in this scenario, 5. child welfare agencies should not be given this power {considering not enough resources to adequately meet needs of women/children}.

The letter to Council referenced a 2007 study by Susan McLean et al. titled Mandatory youth detoxification evaluation: A comparison across jurisdictions. Although it was quoted *"preliminary outcomes suggest the programs are working"*...the study appeared to be focused on success of the detoxification service [generally considered step one in the treatment/recovery process and, not a necessary step for all youth]. It was subsequently noted *"...needs are not always met beyond the program....For example, parents in Alberta are dissatisfied with the resources and information available after...."* Please note, resources sought after detox are typically the core recovery services designed to help facilitate and sustain wellness. Of additional concern to this writer was, in the province where staff satisfaction was evaluated, the contracted service providers [people who provide the actual care] expressed relatively low satisfaction rates. Many additional unanswered questions evolved post reading this cited research/summary. In the publication Alcoholism & Drug Abuse Weekly – July 16, 2001 (Vol. 13, No. 27), an article titled Youth treatment study shows good results, parallels findings for adult outcomes documented, *"The best results are reserved for those who stay in treatment longest"*. It was documented youth who left treatment (5-35 day in-patient or an average of 1.6 months of out-patient) had the lowest outcomes for success. Recommendations focused on examining efforts around treatment retention for youth. If this study was applied to the above legislated services, the described 5 days of assessment & detox may not [alone] indicate or provide reasonable rationale to support/generalize continued success. Therefore, it is maintained ~ follow-up, longer-term community-based services appear critical for establishing and sustaining wellness.

The letter added;

> *"Legislation was developed in response to an identified gap in services for youth, who have serious alcohol and other drug problems, and refuse treatment. The intent*

is to provide another avenue of support when all other options for intervention and voluntary treatment have failed".

Sadly, few would argue our addictions continuum has gaps; especially in the area of youth addiction services. Yet, it's highly debatable if the proposed legislation is an adequate response to resolve noted identified gaps in youth addiction services. It could be argued that timely, accessible and available stabilization and community-based treatment programs may actually fill these service gaps. For example, today, in the Central Okanagan if a 15 year old youth voiced a readiness for treatment, there is no existing detoxification centre to admit him/her {although stabilization instead of detox for this age range is suggested ...and stabilization beds do not exist locally at present}. There is no designated/annually funded inpatient treatment facility within the Interior Region for our youth, and at present, our community-based {outpatient} treatment programming is extremely limited. It is likely legislation will not have an impact on access considering those who indicate a readiness for change are also limited by the very lack of resources...and this service issue is not isolated to the Central Okanagan.

Locally, our youth services community is greatly aware of severe service gaps in addictions treatment and in recent months, community partners have been working with Interior Health to redevelop a spectrum of youth services – basically promoting the creation of a youth services team via a collaborative effort consisting of several government, for and non-profit organizations. Adequate funding dollars for clinicians and programming remains our biggest hurdle. Interior Health is greatly underfunded in the area of mental health & addiction services. Hence, it is suggested any advocacy efforts via City Council and/or other sources be directed at encouraging increasing addiction services budgets so a baseline level of resources may be first developed to commence meeting the needs of our complex, at risk youth population. It is suggested with appropriate funds to remunerate and retain trained employees as well as establish/sustain skilled outreach, stabilization and treatment resources, challenging youth will be engaged, and services accessed in a timely manner ~ likely with much better outcomes than what presently exist. With services to meet the identified needs of our diverse youth populations, mandatory treatment legislation may not be required. Mike Gawliuk, a member of the Drug Policy Advisory and area manager with the Okanagan Boys & Girls Clubs concluded,

> *"The answer is collaboration between [all levels of] government, community organizations, corporations and citizens..."* meaning *"federal, provincial and municipal governments [and related Government Ministries such as Housing, Education, MCFD, etc.] working in unison to partner and leverage their financial resources in order to support a continuum of care... then the argument about secure care can come forward. Until then, it would simply be another neglected piece of legislation."*

In sum, if similar legislation was passed in British Columbia as was documented in Manitoba, Saskatchewan and Alberta, it is the opinion of your drug policy coordinator this legislation would not be enforceable at present because resources do not yet exist [such as the noted detoxification safe house] to confine, assess and subsequently treat the apprehended youth. Additional enforcement does not appear to be the answer to managing youth addiction; adequate funding along with skilled employees to facilitate needed prevention and treatment services seems to be the key to promoting wellness for at risk youth.

Thank you for reviewing and considering this perspective. Please contact me at your convenience if you have any further questions and/or comments.

Regards,

Christene Walsh, M.S.W.