SOUTH FRASER

FAMILY COURT & YOUTH JUSTICE COMMITTEE

December 21, 2009

CITY OF KELOWNA
DEC 23 2009
ADMINISTRATION DEPARTMENT

Kelowna Family Court Committee
Mayor Sharon Shepherd and members of Council
City of Kelowna
1435 Water Street
Kelowna, BC
V1Y 1J4

Dear Kelowna Family Court Committee, Mayor Shepherd and members of Council;

If you have a child struggling with substance abuse and refusing treatment in Kelowna, or anywhere else in BC, there is nothing you can do to help get your child into care, even though, 12% of BC's teen overdose deaths in the past 11 years have been in the BC Coroners Interior Region. Currently, Kelowna parents cannot place their child, who is struggling with substance abuse and refusing treatment, into a detox/treatment program.

The British Columbia government has previously considered developing legislation (Secure Care Act) to protect our youth struggling with substance abuse who refuse treatment. However, at the time (2000), the Act was not proclaimed, because it was believed that the Act was too broad, the maximum period of time in care was too long (100 days), and the effectiveness of involuntary intervention had not been demonstrated.

In light of the new practice-based research, we would like the BC government to re-open their discussions regarding treatment options for youth, struggling with substance abuse and refusing treatment.

On behalf of the South Fraser Family Court and Youth Justice Committee, I am asking for your support and participation in our letter writing campaign. During the last year, we have carried out research exploring options for families whose children are struggling with substance abuse and who are refusing to access treatment programs in British Columbia. Currently, Alberta, Saskatchewan, and Manitoba are the only provinces that have developed, implemented, and evaluated legislation for detox/treatment programs for families with youth struggling with substance abuse who refuse treatment. Legislation was developed in response to an identified gap in addiction services for youth, who have serious alcohol and other drug problems, and refuse treatment. The intent is to provide another avenue of support when <u>all</u> other options for intervention and voluntary treatment have failed.

The attached Research Summary reviews our research. This research includes information on similar legislation in the above provinces, challenges faced, and a summary of the evaluations of the work these provinces have done.

We are requesting that Kelowna supports our letter writing campaign by sending letters to:

1. MLA Norm Letnick;
2. Honourable Steve Thomson;
3. Honourable Ben Stewart;
4. Honourable Michael de Jong, Attorney General; and
5. Honourable Gordon Campbell, Premier;
    - To support our letter writing campaign's impact, we ask that copies of these letters be sent to our committee.

Furthermore, in your letter to MLA Norm Letnick, Honourable Steve Thomson, and Honourable Ben Stewart:

- please request that they send a similar letter of support to Honourable Michael de Jong, Attorney General; and to Honourable Gordon Campbell, Premier and
- that they send copies of these letters to the South Fraser Family Court Committee.

As many parents in British Columbia face the desperate challenge of helping their children who are struggling with severe substance abuse and refusing to access treatment, **we ask you to recommend that the BC government re-opens their discussions regarding treatment options for youth, struggling with substance abuse and refusing voluntary detox/treatment programs.**

We are aware that many letters of support may be needed to encourage our BC Government to implement another avenue of support when all other options for intervention and voluntary treatment have failed; therefore, it is our goal to collect letters of support from: municipal councils, MLAs, and other Family Court & Youth Justice Committees throughout BC. Once we have collected these letters, we will forward them as a "Support Package" to the British Columbia government.

If you have any questions or comments regarding our initiative, please do not hesitate to contact us.

Sincerely,

B. Westlake

Barbara Westlake,
Vice-chair South Fraser Family Court & Youth Justice Committee
Sub-Committee Chair Youth Recovery
youthrecovery@eastlink.ca

Enclosure

Summary of Research:
YOUTH, SUBSTANCE ABUSE, & PROVINICIAL LEGISLATION

Definitions:

- **Detoxification and Stabilization:** Removing the substance from the body and stabilizing the person's health. During this time, the symptoms of withdrawal are treated. Detoxification and stabilization is the primary step in any drug treatment program.

- **Treatment:** Teaching, supporting, and aiding the individual in achieving and maintaining long-term recovery. Treatment programs may include, life-skills training, support groups, individual, or family counselling sessions.

- **Youth:** Within the context of involuntary detoxification/treatment services, a youth is aged 12 - 17 years.

BC Youth and Substance Use

According to the Adolescent 2008 BC Health Survey conducted by the McCreary Centre Society:

- Of those surveyed, 25% of BC 18 year olds reported passing out as a result of their substance use and 31% were unable to remember things they had done or said

- The rate of BC students (grade seven - twelve) ever using alcohol, marijuana, mushrooms, cocaine, and amphetamines (including crystal meth) has decreased in the past 10 years. Alcohol still remains the most commonly used substance among youth of all ages

- The rate of BC students (grades seven - twelve) using prescription medication without a doctor's consent has increased as well as the rate for the use of hallucinogens (such as ecstasy) and steroids

- 17% of those BC students (grades seven - twelve) that reported drinking the weekend prior to taking the survey fell within the two highest-risk categories (5 - 10 drinks and more than 10 drinks)

According to the Adolescent 2003 Health Survey conducted by the McCreary Centre Society:

- Of BC students (grades seven - twelve) surveyed who used alcohol, 44% binge drank within the previous month (this rate has remained consistent since 1998)

- Marijuana use among BC students (grades seven - twelve) increases as they get older:
  - 20% of youth 14 years old and younger have tried marijuana
  - 45% of 15 and 16 year olds have tried marijuana
  - 56% of 17 years old and older have tried marijuana

- The percentage of BC students (grades seven - twelve) who had tried illegal drugs increases as they get older:
  - 14% of youth 14 years old and younger have tried illegal drugs
  - 25% of 15 and 16 years old have tried illegal drugs
  - 33% of 17 years old and older have tried illegal drugs

- 23% of BC students (grades seven - twelve) have used illegal drugs, not including marijuana:
  - The three most commonly used substances are:

- Mushrooms (13%)
- Prescription medication without a doctor's consent (9%)
- Cocaine (5%)

2006 Vancouver Youth Drug Survey by Vancouver Coastal Health:

- 25% of those surveyed who tried heroin use it every day
- 20% of respondents who used crystal meth use it daily and 12% use it once a week or more
- Of youth aged 16 - 18 years who use heroin, 100% reported having difficulty stopping or reducing their drug use
- 66% of respondents aged 16 - 18 years who used crack cocaine reported having difficulty stopping or reducing their drug use
- 75% of respondents aged 16 - 18 years old who used crystal meth reported having difficulty stopping or reducing their drug use

According to a report from the Office of the Chief Coroner of BC:

- Between Jan 1997 – Sept 2008, there were 90 overdose deaths of teenagers, aged 13 - 19 years:
  - 55/90 of theses deaths were a result of illicit drug use
  - 6/90 of these deaths were a result of alcohol consumption

Key Components of Provincial Legislation Regarding Involuntary Youth Detox Services

Alberta, Manitoba, and Saskatchewan have developed and implemented legislation that provides families and child care providers with options for accessing services on behalf of a youth who is unwilling or unable to engage in voluntary service for severe substance abuse. 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.

Alberta: The *Protection of Children Abusing Drugs Act (PChAD-2006 amended 2009)* states that a parent/guardian of a child under 18 years may apply for an order of apprehension and an order of confinement for the child. However, prior to petitioning the court for a confinement order, the parents must attend an information counselling session. If the court believes the youth meets the criteria for involuntary detoxification (criteria listed below), an order is issued and the youth is transported to a detoxification safe house. During the youth's stay in the protective safe house information is gathered during the assessment process to create a treatment plan/recommendation for the youth to consider pursuing when he/she is discharged.
In 2009, amendments were made to the Act to include:

- increasing the maximum length of confinement period from 5 days to 15 days for the purpose of expanding support services
- enhancing the involvement of parents/caregivers
- addressing pressure on police transportation services
- strengthening the review process

Since the legislation was enacted, Alberta has noted 49% of youth who were sent to an involuntary detox program accessed voluntary drug treatment programs following discharge.

Saskatchewan: Under the *Youth Drug Detoxification and Stabilization Act (2006)*, a parent, youth care professional, or person with whom the youth has a close personal relationship can petition the court for involuntary detox by demonstrating that the youth is suffering from a severe drug addiction. When the court is satisfied that the youth

meets the criteria for involuntary treatment (criteria listed below), the court will then issue a warrant to apprehend the youth and transport him/her to a physician for an assessment. If the physician believes the youth meets the criteria for involuntary detox, the doctor can order involuntary detox and stabilization in either the youth's home community (Community order – maximum of 30 days) or in a locked facility (Involuntary Detoxification order – maximum of 5 to 15 days). Within 24 hours, a second doctor must access the youth. Both doctors must agree or the order is terminated. Since the legislation was enacted, Saskatchewan has noted that 71% of the youth sent to involuntary detox voluntarily accessed drug treatment following their discharge.

Manitoba: Under the *Youth Drug Stabilization (Support for Parents) Act (2006)*, families in Manitoba can access short-term stabilization for their children under the age of 18 years. A parent seeking an apprehension order must demonstrate to the court that the youth is struggling with a severe drug addiction (criteria listed below). The court will then authorize the police to apprehend and transport the youth to a stabilization facility for an assessment by two addictions specialists, who will assess the youth and then decide whether to issue a stabilization order. The youth can be upheld for up to 7 days. Since the enactment of the legislation, Manitoba found that 83% of youth detained under the Youth Drug Stabilization Act have accessed voluntary drug/alcohol treatment following their discharge.

Criteria for Involuntary Detoxification

According to the above-mentioned provincial legislation, when an individual requests a court order of involuntary youth detoxification, the petitioner must demonstrate that the youth is struggling with a severe drug addiction and is:

- At risk of serious harm (to themselves or others)
- Needs confinement to ensure safety (of themselves or others)
- Needs confinement to assist with detoxification and stabilization
- Needs an assessment by an addictions specialist (AB), two physician (SK) or two addictions specialists (MB)to determine whether or not the youth should be placed in a detoxification program
- Is refusing to access voluntary treatment

If at any time, it is deemed (as determined by a physician and/or addictions specialist) that the youth is able to make sound decisions regarding their own treatment and no longer meets the abovementioned criteria the court order may be terminated.

Rights of the Youth

According to the three provincial legislations, when a youth is brought into an involuntary detoxification program, they are informed of their rights as follows:

- The youth has the right to contact a lawyer
- Why the youth is being confined
- How long he/she will be confined
- Their right to ask the court for a review of their confinement order

Furthermore, the youth has the right to appeal the confinement and apprehension order at any time. Each youth can ask for a review of their case and the review will be granted. The court can make an order confirming, changing, or ceasing the original order. However, the court cannot lengthen the period of confinement set by the original order. NOTE: In Alberta, the Alberta Alcohol and Drug Abuse Commission may appeal the court order on behalf of the child.

British Columbia: The British Columbia government has previously considered developing legislation (Secure Care Act) to protect our youth struggling with substance abuse who refuse treatment. However, at the time (2000), they did not proclaim the Act, because it was believed that the Act was too broad, the maximum period of time in care was too long (100 days), and the effectiveness of involuntary intervention had not been confirmed.

Involuntary Youth Detoxification in Canada

The investigation is ongoing....

According to Susan McLean, MSW, RSW Provincial PChAD Coordinator of Alberta Alcohol and Drug Abuse Commission, "In Canada, mandatory youth detoxification legislation is still in its infancy, but preliminary outcomes suggest the programs are working as they were intended: youth are detoxed and stabilized, while parents are given another avenue of support when all other options have failed. Additionally, youth and parents are satisfied with the services they receive and a proportion of youth are pursuing voluntary treatment upon discharge..."

**Mandatory Youth Detoxification Evaluation: A Comparison across Jurisdictions*
http://www.issuesofsubstance.ca/SiteCollectionDocuments/2007%20IOS%20Documents/SusanMcLean.pdf

Let's keep the discussion open....

As a committee, we recognize that involuntary youth detox is a controversial issue. We also recognize that research into best practice options for youth suffering from severe substance addictions and refusing treatment is ongoing. However, in light of the new practice-based research, we are asking for your support in persuading the BC government to re-open the discussion regarding treatment options for BC families, whose child is struggling with substance abuse and is unwilling to access treatment.

PROVINCIAL COURT ACT

[RSBC 1996] CHAPTER 379

Family court committee

5 (1) A municipality must have a family court committee appointed by the municipal council in January of each year.

(2) The members of a family court committee must include persons with experience in education, health, probation or welfare.

(3) The members of a family court committee serve without remuneration.

(4) If a court facility in which family matters are dealt with serves more than one municipality or area not in a municipality, the family court committee must be composed of representatives from each area served.

(5) The municipalities involved must appoint one member of the family court committee as chair, and another as vice chair.

(6) The family court committee must do the following:

(a) meet at least 4 times a year to consider and examine the resources of the community for family and children's matters, to assist the court when requested and generally, and to make the recommendations to the court, the Attorney General or others it considers advisable;

(b) assist the officers and judges of the court, if requested, to provide a community resource or assistance in individual cases referred to the committee;

(c) report annually to the municipalities involved and to the Attorney General respecting their activities during the past year.

REGIONAL DISTRICT of CENTRAL OKANAGAN

Drug Policy Coordinator

1450 K.L.O. Road
Kelowna, B.C. V1W 3Z4

Telephone: (250) 469-6291
Fax: (250) 763-0606
www.regionaldistrict.com

February 1, 2010

Karen Needham
Deputy City Clerk, City of Kelowna
1435 Water Street
Kelowna, BC
V1Y 1J4

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.