
March 19, 2019

What the Manitoba Advocate Means When She Talks about Safe and Secure Treatment for Youth at Imminent Risk of Harm and Death

Last week, when I released my investigation into the death of Tina Fontaine, I made five formal recommendations to the Manitoba government. This included the need to examine models for safe and secure treatment which are running in other provinces, like Alberta, because some Manitoba youth are at imminent risk of dying from their addictions. Manitoba families who urgently require secure treatment for their children need to be given those same options here in our province.

Secure care, which may be involuntary for the youth, is not an option that should be available to all families. It is for a small number of youth who urgently need life-saving intervention. My team and I knew that making this recommendation was going to raise concerns from some in the community, because not all people believe that involuntary care is needed. We agree that involuntary care is not always or often needed. In many cases, there are other existing interventions that need to be attempted first before a parent, caregiver, or guardian should consider accessing involuntary treatment for their child. However, for parents who are facing the desperate possibility of losing their child to the disease of an untreated addiction, and when all other options have failed, we need to ensure that here in Manitoba we are responding in ways that prioritize a child's right to life.

In the time before we released *In Need of Protection: Angel's Story* (2018), and *A Place that Feels Like Home: The Story of Tina Fontaine* (2019), we spoke with community members, Elders, parents, youth, Indigenous-led and non-Indigenous organizations, survivors of sexual exploitation, policy makers, frontline advocates, and other experts, and we came to several important conclusions. Among them, and in an ideal world, Manitoba families should have access to the early, health-focused interventions that would prevent severe addictions from taking root in the lives of their children. In an ideal world, Manitoba would be a leader in rapid, child-centred responses to trauma. These responses would prioritize the individual needs of the child and their family, and would promote healing and healthy relationships. All youth would have a protective circle of care that surrounds them and keeps them sheltered from harm. We have not yet created that protective circle here in Manitoba. We have more work to do.

That reality becomes even starker as my team and I read each of the 160+ child death notifications that are sent to my office each year. These child deaths include the numerous stories of accidental overdose, suicide, and homicide deaths where mental illness and addictions were contributing factors. In

examining the evidence and the data we collect, I can say with certainty that Manitoba is not yet living in that ideal world. In the meantime, Manitoba children are at imminent risk from their addictions.

My team is currently working on an aggregate investigation of 19 suicide deaths of girls who died without receiving the meaningful mental health and addictions interventions that might have saved them. Nineteen families, extended families, and communities are grieving while Manitoba does not have a full continuum of options to offer young people who need adults to intervene to get them help.

The public discussion about safe and secure treatment is important. It is important that we listen to the full range of voices and values when we consider how best to care for children. What is vital, however, is to acknowledge that the existing programs here in Manitoba are not meeting the needs of a small population of youth. The youth I spoke publicly about last week who are at imminent risk from their addictions are beyond the scope of all existing programs here in Manitoba. What currently exists has not worked for them because their addictions are so severe they are unable or unwilling to engage in voluntary treatment. Those youth deserve to have people who care about them ensure they are supported by clinicians, Elders, cultural workers, and medical professionals, so those youth can be saved from further harm or death.

When I say safe and secure treatment, as I described in last week's Tina Fontaine report, what is needed are safe and secure, home-like settings, which include clinicians and cultural workers who can attend to the physical, emotional, and spiritual selves of the youth who are quite literally dying from their trauma-induced addictions. As Tina *herself* described to her worker in the days before her death, she envisioned "a place where it feels like home."

What is unique about the vantage point at the Manitoba Advocate for Children and Youth is that through the powerful legislation that came into effect last year, my team and I are able to view the complete set of public services that are active, or which ought to be active in the lives of children. In some cases, while children themselves are pleading for help and secure treatment, and are self-admitting to short-term local resources, we have no long-term options for youth as they battle a 60- or 90-day detox period. Youth tell us short-term stays can give them a moment of reprieve, but they exit those resources back into the throes of addiction and of being sexually exploited. They want to stop and they cry for help, but they cannot stop on their own.

... what is needed are safe and secure, home-like settings, which include clinicians and cultural workers who can attend to the physical, emotional, and spiritual selves of the youth who are quite literally dying from their trauma-induced addictions.

To suggest that love and relationships is all that it takes to address the staggering health needs of a crippling addiction does not properly acknowledge the experiences of those parents who have lost their child to an addiction-related death.

Secure treatment is not for all children. It is not even for most children. But for the children who are asking for it, and those who require it, we need to consider how to meet their needs. We need to understand that meth has moved the markers of what services we need and what we have now is not working for some youth. For the youth who is profoundly addicted, non-compliant with prescribed life-saving medications, is missing for long periods and at the mercy of predatory sexual exploiters, we need to put all options on the table. We need to accept that some of these options are things we might not have considered five or ten years ago, but that the world has evolved and our treatment options must evolve as well.

Last week, I spoke publicly about the 17 youth my office is currently working with who are at imminent risk. Each of those youth are in care of child and family services, is known to the Department of Families, and nearly all of them have CFS workers who are working around the clock alongside staff in my advocacy team and others to keep these youth alive. When I spoke about the very real dangers faced by these youth, this was not an exaggeration. I am fearful that in the near future I will see some of their names appear on the child death notifications I read at my office. I want citizens in Manitoba to have an understanding of how desperate some of these youth are and why some of them are begging for safe and secure, home-like treatment settings, like the ones described in last week's report, *A Place Where it Feels Like Home*.

Consider a few examples:

A 16 year old child in care who has been sexually exploited since age 11 and is currently missing. This youth has been diagnosed with chronic PTSD from trauma they experienced in their early years. The youth is a heavy user of methamphetamine, crack cocaine, and alcohol and has been hospitalized numerous times for overdoses. The youth has experienced more than 90 placement breakdowns in the past 6 years. They were recently assaulted by an adult sexual predator. The youth is asking for treatment and their workers are desperately seeking options outside of Manitoba as the resources they need do not exist here in our province.

A 16 year old child in care who is injecting alarming amounts of methamphetamine and cocaine and who struggles with suicide ideation and self-harming. This youth is frequently missing and is being sexually exploited by adults on a daily basis. They are experiencing meth-induced psychosis and paranoia in the community and is refusing treatment. The youth has a diagnosed cognitive disability, which makes them even more vulnerable to adult predators. The youth also has a life-threatening medical illness and is non-compliant with needed medications; they weigh well under 100 pounds.

A 13 year old child in care who is addicted to crack cocaine, alcohol, and cannabis, and who has suspected mental illnesses and a cognitive disability. This child has had more than 30 placement breakdowns in the past 7 years, periods of incarceration, multiple admissions to crisis stabilization units, and short-term detox. The youth is frequently missing and has been sexually exploited by adults since they were 11 years old. Due to long periods when the youth is missing, little progress has been made on interventions.

On September 20, 2018, I issued a statement of concern about the urgent need for a mental health and addictions system that meets the needs of children and youth in Manitoba who are falling through the cracks. I said that it was time to set aside our comfort levels as adults and service providers, and listen to the voices of young people who do not want to be further harmed from their addictions.

On December 13, 2018, I released a special report, *In Need of Protection: Angel's Story*. In it, I formally recommended that Manitoba Families and Manitoba Health, Seniors and Active Living:

- 1) Review and reform the province's treatment programs for children and youth, and
- 2) Create safe and secure facilities for youth in Manitoba who are sexually exploited and harmfully involved in substance misuse.

My office's investigation revealed that Angel's death by accidental overdose could have been prevented had she received treatment to help her with her compounded trauma and addictions. In Angel's report, I noted that hundreds of sexually exploited youth in the province were at risk of similar preventable deaths and that action was needed immediately. I profiled seven youth, including one deceased and six at risk of significant harm and death. My office's findings made it clear that an addictions treatment strategy is a crucial, urgently needed part of the continuum of care of services for children and youth.

Last week, in *A Place Where it Feels Like Home: The Story of Tina Fontaine*, I recommended the creation of safe, secure, culturally-informed home-like settings for treatment and programming for youth like Tina who are currently at imminent risk of harm and death. I emphasized that lives were hanging in the

balance. I shared with Manitobans that my office is actively advocating for and working with 17 Manitoba youth in the care of child and family services who desperately require safe and secure detox treatment before it is too late.

These youth are not ‘out partying’, choosing to be sexually exploited, or to be profoundly addicted. These are common myths that lead to victim blaming and allow predators to continue exploiting children. What these youth tell us is that they are hungry, have not slept for days, often require urgent medical treatment when they resurface, and are being sexually exploited in exchange for drugs and shelter in order to survive. The adults and gangs who are exploiting and trafficking these youth are fuelling their addictions in order to further abuse them. Some of these youth have told us they cannot make safe choices and are crying out for help to get desperately needed treatment, to no avail. Others are self-harming to cope with their trauma. Some have died by suicide, homicide, and accidental overdose.

Parents who have lost a child to the harms associated with drug addiction, when that addiction is co-occurring with mental illness, cognitive disabilities, sexual exploitation, and other dangers have given us a clear message. They would trade **anything** to have one more chance to save their child. Parents and care providers who struggle to support a child through spiralling addiction know that all of the love and good intentions in the world are sometimes not enough to keep their child safe and alive.

When youth are unable to make safe choices for themselves, parents, care providers, and guardians need options that will allow them to step in and place their child into a resource that can provide appropriate supports and give them the chance to save their child’s life.

If love were all that it takes, then those children would still be here.

If you are a parent, guardian, caregiver, professional, or organization who is seeking addiction-related treatment for a child, I invite you to reach out to our office to ask questions, find support, and tell your story. Together, we can work to change the outcomes for children who need support and intervention.

Daphne Penrose, MSW, RSW
Manitoba Advocate for Children and Youth