

To: Minister Eric Hoskins and Minister Jane Philpott

cc: Premier Kathleen Wynne, Minister Michael Coteau, Minister Deb Matthews, Minister Yasir Naqvi, Minister Marie-France Lalonde, Irwin Elman (Provincial Advocate for Children and Youth), Susan Pigott – Chair, Mental Health and Addictions Leadership Advisory Council, Mayor John Tory

Dear Ministers Hoskins and Philpott,

Re: Youth Addiction

Families for Addiction Recovery (“FAR”) is a new grassroots Canadian registered charity. It was founded in May, 2016 by families affected by addiction, mostly parents whose children struggle with addiction. We have supporters across Canada but our core is in Ontario. The needs of our families, in particular, our ability to get timely treatment for our children, are not being met. Instead, our children suffer the natural outcomes of untreated addiction and mental illness. These outcomes include dropping out of school, being involved in the drug trade and sex trade, criminalization, marginalization, homelessness, becoming involved with children’s aid societies and overdoses resulting in heart attacks, permanent brain damage and death.

As I’m sure you are aware, there have been two reported overdose deaths of teenaged girls aged 14 and 18 in the last two months in Kanata, Ontario.

Those of our youth who are the most severely affected and need residential treatment face two major barriers to treatment:

1. A lack of treatment facilities (beds) resulting in wait times of up to 16 months at Pine River Institute, the only long term residential treatment facility in Ontario for youth; and
2. An unwillingness on the part of youth to seek treatment which results in the progression of their addiction from Stage 1 through to Stage 4.

I have attached FAR’s letter regarding the 2017-2018 Budget which addresses the first issue and our concerns regarding Bill 89 which addresses the second issue.

The Ontario Government just announced an additional investment in mental health and addictions of \$140 million over three years. It is not clear that any of these funds will be used to reduce wait times at residential treatment facilities for youth with concurrent addiction and mental health disorders. We would like to see a **commitment to reduce these wait times as quickly as possible so that this treatment is available on demand.**

This is, in fact, the only way to ensure that our children who are seeking treatment and addicted to opiates and other illicit drugs which they purchase on the black market do not die on the wait list. Each time they use they are playing Russian roulette.

The situation with respect to youth who are addicted to illicit drugs and not seeking treatment is much more complex but just as critical. The majority of persons struggling with addiction do not seek treatment and the percentage is even higher with respect to youth. It is simply unacceptable for our governments to use this as an excuse to do nothing. It is the same thing as saying they must hit bottom and many of them will die before they hit their bottom. We do not claim to have all the answers with respect to this issue, but we do believe Canada is long overdue for a national discussion on how to protect our youth who are struggling with addiction and not seeking treatment. The most obvious solutions to this problem would be to:

1. Give them a safe source of supply; or
2. Where all other less intrusive means of intervening have failed and as a last resort, mandate treatment.

The federal government appears to be unwilling to do the former and the provincial government is unwilling to do the latter. If neither level of government acts, then we are letting these youth play Russian roulette with their lives. What is the plan to keep these vulnerable at-risk youth alive? We do not see a plan. We would like to work with all levels of government on a plan; something more than band aids like Naloxone and detox.

Sincerely,

Angie Hamilton
Executive Director
Families for Addiction Recovery

**SCHEDULE A
2017-2018 ONTARIO PRE BUDGET SUBMISSION
ADDICTION AND MENTAL ILLNESS**

We ask that the Government of Ontario commit to significantly increasing the budget for the treatment of addiction and mental illness in order to improve outcomes for Ontarians, particularly children and youth, who struggle with these disorders.

Canada spends just over 7% of its public health budget on addiction and other mental health disorders but the burden of these diseases in Canada in 2013 was between 10% and 11%. By comparison, countries like the UK and New Zealand spend 10%-11% of their public health budget on addiction and other mental health disorders. **CAMH has estimated that this spending deficit in Ontario alone is \$1.5 billion.**

There is no doubt that this chronic underfunding has played a significant role in the current opioid overdose epidemic which has been declared a public health emergency. It is killing thousands of Canadians annually, many of them our youth and young adults.

As many as one in five children and youth in Ontario will experience some form of mental health problem. But five out of six of those kids will not receive the treatment they need. Since 2006-07, hospital emergency department admissions for children and youth with mental illness have increased by 54% while in-patient admissions have increased by a startling 60%. **If society is judged by how the most vulnerable are treated, we are failing.**

The legalization of marijuana will provide a new and significant source of income for the Ontario government which made a profit in excess of \$2.5 billion from the sale of alcohol in 2015-2016. Male youth with addiction and concurrent mental health disorders in need of long term residential care are currently waiting 16 months for treatment at Pine River Institute, the only long term residential facility in Ontario. The wait time has increased since the announcement that youth addiction is a priority for the government. Does anything else need to be said?

Sincerely,

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**SCHEDULE B
RECOMMENDATIONS REGARDING BILL 89
SUPPORTING CHILDREN, YOUTH AND FAMILIES ACT, 2016**

Unfortunately, FAR was not in existence during the consultation period for Bill 89. We would like to make these recommendations now in the hope that it is better late than never. Our concerns are best understood in the context of the following scenario which is very familiar to many of our supporters.

Scenario

Adam is fifteen years old and is struggling with addiction, ADHD and oppositional defiance disorder (ODD). He is going to school where he sells drugs to fund his addiction. His parents are aware, disapprove and are doing their best to get their son some help but he denies that he has a problem. Several professionals advise Adam's parents that there is nothing they can do. There is no minimum age for medical consent in Ontario so Adam is within his rights to refuse treatment. His parents are unwilling to have him arrested as they know that he is sick, not bad, and his behavior is a symptom of his illness. A criminal record would simply add a legal problem on top of his illness and impede his recovery in the future.

Adam's life becomes more and more chaotic. His family members, including younger siblings, are walking on eggshells. He is verbally abusive and regularly threatens his family. Finally, Adam decides that he can't live with his parents' rules and decides to leave home. Alternatively, he harms a sibling in a confrontation and his parents decide he cannot continue to live at home for the safety of the other children.

What happens to Adam today?

In either scenario, Adam may become homeless or he may enter the system in one of three ways:

1. Youth Justice;
2. Children's Aid; or
3. Residential Treatment Facility for Addiction and Mental Health.

In our collective lived experience in this scenario Adam will end up in Children's Aid, where he will receive no assessment for, or treatment of, his addiction and mental illness which will continue to progress. He will continue to be involved in the drug trade to fund his addiction and teenage girls in this situation can become involved in the sex trade.

Requests by parents to Children's Aid to look for drugs or the proceeds of crime are met with the response that this would be a violation of their child's right to privacy.

These children are the definition of at-risk youth, and they are some of our most vulnerable citizens. It is in their best interest to receive treatment for their addiction and other mental health disorders as soon as possible. Their refusal of treatment demonstrates their inability to make decisions in their own best interests.

Ontario's laws today, as drafted or as applied, result in the right of the child to refuse treatment taking precedence over the best interests of the child. FAR's position is that this is a violation of the following sections of the UN Convention on the Rights of the Child:

- Article 3: Protection of the Best Interests of the Child;
- Article 24: Right to Good Quality Health Care (their refusal of treatment acts as a complete barrier to treatment of their illness);
- Article 33: Right to be protected from the use of harmful drugs and from being used in the drug trade.

Family members are often taught to view their loved one struggling with addiction as two people; there is your loved one, the person you knew before the addiction, and then there is the monster of addiction that is in control when your loved one is in active addiction. This view is very helpful to parents whose children in active addiction are breaking the values and morals by which they were raised (and to children who may have neglectful parents in active addiction).

FAR's position is that while our current laws, as drafted or applied, may appear to side with the child, they are, in fact, siding with the monster of addiction against the parents and against the child who has lost the ability to stop using notwithstanding adverse consequences (which is the very definition of addiction). In other words, our laws enable the addiction to the detriment of the child, his family and society. Simply put, a child in active addiction is not exercising free will in deciding to refuse treatment but is a slave to their addiction. They lack capacity to make decisions that are in their best interests. This conclusion is supported by the science of addiction and its effect on the adolescent brain.

What should happen to Adam under Bill 89 and other laws in Ontario?

FAR's position is that in this scenario Adam should receive a full mental health assessment and go to residential treatment for his addiction and concurrent mental health disorders. There should be intensive efforts at family reunification and support for his family members as well. All other possibilities result in untreated addiction and mental illness which is the most expensive option for taxpayers and has the worst outcome for Adam, his family and society.

We believe that the UN Convention on the Rights of the Child means that minors struggling with addiction have a right to treatment, not incarceration, and that the Province of Ontario has an obligation to assist parents to intervene to ensure that minors receive treatment and to prevent minors from being involved in the drug or sex trade. Our youth should have a right to be well, not a right to be ill.

One of the stated goals of Bill 89 is to increase protection for vulnerable youth:

- Avoiding crisis situations for children and families
- Reducing homelessness, human trafficking and involvement in crime.

We don't believe that Bill 89 as drafted, or as it will be interpreted, together with other laws in Ontario, will achieve these goals with respect to our most at-risk youth; those struggling with addiction and other mental health disorders.

We recommend that Bill 89 be drafted so as to ensure that if a youth can no longer remain in his home because he is struggling with addiction and/or other mental health disorders, he will receive a full mental health assessment and then be placed in residential treatment and receive treatment so that he may be reunified with his family as quickly as possible.