

**MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL
CORRECTIONS BRANCH
BRIEFING NOTE**

PURPOSE: For INFORMATION for the Honourable Suzanne Anton,
Attorney General and Minister of Justice

ISSUE: Drug Treatment Court of Vancouver (DTCV)

SUMMARY:

- A BC physician has written a letter to the federal Minister of Justice and Attorney General regarding a former DTCV client.
- The physician requests the federal Minister "change national policy so that drug courts cannot ignore medical advice and block access to evidence-based treatment".
-

s.16

BACKGROUND:

CASE-SPECIFIC:

- A physician wrote a letter to the federal Minister of Justice and Attorney General with the concern that a former DTCV client was not able to continue a prescription of diacetylmorphine, used to treat illicit heroin addicts, while residing in abstinence-based recovery houses recommended by DTCV. The doctor states this prescription was helping him with his addiction.
- The doctor contends that the recovery houses are not medically managed and the client's HIV went untreated.
- DTCV participants who are unable to abstain from illegal substances and/or are unhoused are often referred to support recovery housing at the recommendation of the treatment team.
- DTCV does not control admission criteria and/or regulations of support recovery houses.
- Participants can opt out of DTCV or leave a support recovery house at any time.
- This client entered DTCV on s.22 and was subsequently formally admitted.
- During his involvement with DTCV, this client was prescribed diacetylmorphine. However, he was unable to abstain from substance use and, as a result, during his involvement with DTCV, resided at a number of support recovery houses at the recommendation of the treatment team.
- Given the client's inability to abstain from substance use, a recommendation was made to discharge him from DTCV in s.22

- The client was arrested in s.22 and remanded to await sentencing and discharge from DTCV. While in custody, he became ill and was hospitalized. DTCV staff remained involved to provide support and assist with his after care plan.
- The DTCV treatment team developed an after care plan to assist the client with funding, housing and community supports after discharge. Regardless of the decision to discharge the client from the program, the DTCV treatment team stayed involved with the client's case during his time in custody and his subsequent release on bail s.22 until he died in hospital on s.22

DTCV:

- The DTCV applies an integrated approach between justice, health and social service agencies to change criminal behaviour and improve health outcomes for individuals whose criminal behaviour is driven by addiction, who have substance use disorders and who are before the courts.
- In operation since 2001, DTCV provides court supervised treatment to offenders who commit offences because they have a drug addiction to cocaine, crystal methamphetamine or heroin.
- A 2012 Simon Fraser University evaluation of the DTCV determined that the drug-related recidivism of participants was reduced by more than 50% over a two year tracking period.
- DTCV is a four-stage program that requires clients to attend an intensive supervised day treatment program for 14 months to address their addiction.
- If a client is not meeting the expectations of the program their court file can be re-routed back into the regular provincial court process where they can face traditional sanctions including jail time.

OTHER MINISTRIES IMPACTED/CONSULTED:

- None

Prepared by:
Cassandra Graber
Policy and Program Analyst
Corrections Branch
250-356-7356

Approved by:
Elenore Clark
A/Assistant Deputy Minister
Corrections Branch
250-387-1564

Attachment:

Letter to federal Minister of Justice and Attorney General from s.22

NR-000-100
MOWED8
180001

CP

MINISTER OF JUSTICE
MINISTRE DE LA JUSTICE

25 JUN 21 P 1:32

RECEIVED/RECU

[REDACTED]

First I want to say best wishes to you in your role as Attorney General of Canada.

There are some deaths that stand out for me in my career as a medical doctor. Please let me describe one to you because I believe, we as a nation, could have done better by this man. If he had been provided evidence based care and treated with dignity and compassion I believe he would be alive today.

[REDACTED] was 22. His death has affected the staff and patients here at the [REDACTED], even though we had not seen him for nearly a year.

He was first and foremost a person to us. We do not judge or diminish people for any substance they may use. Rather we work to see the resilience they have used to get them this far in life. He was a survivor who had suffered separation from his family at a very young age.

All of our patients have a diagnosis of severe opiate use disorder and he had used illicit heroin for over forty years. He had tried methadone, detox and residential treatment but none of these had worked for him. He was a participant in NAOMI and in the follow-up study SALOME. On study drug in SALOME he found something that was effective, he stopped using illicit heroin and ceased his criminal activity. He felt healthier, started drawing and producing art again. He also felt well enough to restart medication for his HIV disease. Things were going well for him. He was a well-liked and appreciated member of our community.

Initially I was unable to secure continued treatment with the pharmaceutical he needed, that is diacetylmorphine or 'prescription heroin' which worked so well for him in the study.

He relapsed to illicit heroin and criminal activity. He lost all the benefits he had achieved on this safe, effective and evidence based treatment for severe opiate use disorder.

He wound up back in the criminal justice system and in drug court. He was in and out of jail and court ordered abstinence based recovery houses. Unfortunately these are not medically managed and his HIV medications were not started and his HIV went untreated.

In January of 2015 he presented with a worker from drug court at our clinic. He had been approved for treatment by Health Canada through the Special Access Programme by this time and I had drug available with which to treat him. I gave a copy of his SAP letter authorizing the treatment to his worker but my advocacy efforts failed and he was again ordered into a non-medical, abstinence based recovery house.

I lost touch with him after that, but he relapsed, wound up back in jail and his HIV disease continued untreated.

In the first week of s.22 I received a call from drug court that he had been transferred from jail to a hospital in the s.22 here in British Columbia where he was expected to die from advanced AIDS. He died shortly thereafter.

This was an unnecessary death. A man who had suffered from early childhood and developed a drug use disorder; he was really very sweet and tried to please. I am sure he would do what he was asked to do. I am enclosing a letter he sent from jail in which he states: "On June 3, I'm filling out papers for a treatment centre that drug court advises me to do. It can't do me any harm."

Well, it did harm him; I would argue it killed him. If he had been in our care I believe he would still be alive, receiving care in a dignified manner and creating the beautiful drawings we here at [REDACTED] used to see him draw.

I am asking you to change national policy so that drug court cannot ignore medical advice and block access to evidence based treatment. Survivors like [REDACTED] deserve our care and we were ready to provide it. This should not happen again in Canada, a land where healthcare is a right. Treatment decisions should be made by a healthcare team not judges and courts.

If you are interested in learning about our study or would like a tour of our facility, please do not hesitate to contact me at s.22

Sincerely,

[REDACTED]

ENCL.

[REDACTED]

Hi bro, I'm sitting here
riding off steam out. Since I do
the work, I can't be seen as a man who
is my friend with me when it
comes to it. I'm not under the sun
shades, it's been a hot the mid day
sun.

On June 3, I'm filling out
papers for a partially center
that I'm going to be advising to
do. I can't do any more from
now I plan to complete the general
show. This should be in early s.22

s.22 s.22
I'm sure
I'll be in Arizona in Arizona PA!
I'll be again for you
left in the light I'll be
what I'm out there again. I'm sure
I'll be again. I'm sure
out. I'll be again. I'm sure
s.22

and the people are not
satisfied.

Love from
[REDACTED]

Hi bro,

I'm sitting here riding the storm out. Since Feb, the wind and rain has been a nonstop. Ya my friend with me when it rains it pours and when the sun shines, it burns like the mid-day sun.

On June 3, I'm filling out papers for a treatment centre that drug court advises me to do. It can't do me any harm so I plan to complete the course there. The place is called S.22
It sure beats In Ontario. HA!

Thanks again for your help in the past ... I do make it out their again, I'm seriously planning on going ahead with my art. Until then, say hello to ... and the people you work with.

Your friend

2013-09-20

[REDACTED]

[REDACTED]

Letter of Authorization

Request Number [REDACTED]

Notwithstanding Section C.08.002 of the *Food and Drug Regulations*, you are authorized to sell to:

[REDACTED]

4 X Vial(s) (0 on hand, 4 to be shipped) of
Diaphin (diamorphine hydrochloride) 10g
for the emergency treatment of:

COPY

Patient Initials	DOB	Sex	Quantity	Drug Form	Indication
[REDACTED]		F	4	Vial(s)	Opioid type dependence

The above named practitioner has complied with the requirements listed in Section C.08.010 of the *Food and Drug Regulations* to obtain the above mentioned drug for use as indicated under his/her professional responsibility. In doing so, the practitioner has agreed to report to you and to Health Canada, the results of this emergency use. Practitioners must also, upon request, account for all quantities received. The sale is hereby exempt from all other provisions of the *Food and Drugs Act* and the *Food and Drug Regulations*.

To facilitate importation/shipment, please label package as follows: 'URGENT-EMERGENCY DRUG' and ensure that a copy of this letter accompanies the package. If you have any questions concerning this letter, please contact the Special Access Programme by phone at (613) 941-2108 or by fax at (613) 941-3194.

s.22

/for

[REDACTED]

C.D.

[REDACTED]

Canada