

1 **March 2, 2016**

Clarenville Session

2
3 MHA Bernard Davis:

4 Thank you very much to the presenters for coming,
5 giving up so freely of their time and talent here
6 today to allow us to hear about their organizations
7 and their ideas on how we can improve the system. I
8 also want to welcome the individuals here today who
9 have just joined us to listen and observe the
10 presentations. We need everybody in the room
11 (inaudible) same direction for sure.

12
13 For those of you who are new to the work of the
14 All-Party Committee on mental health and addictions,
15 the Committee was established to review the
16 provincial mental health and addictions system. We
17 are eager to move forward with the development and
18 recommendations that will be brought forward to the
19 House of Assembly on how to improve the overall
20 mental health and addictions programs and services in
21 Newfoundland and Labrador.

22
23 Public presentations from individuals and
24 families, professionals, community groups and other

1 experts, best practice locally, nationally and
2 internationally are all integral parts of the
3 engagement process.
4

5 For the presenters, please note that we are
6 recording your presentations today. For that reason
7 we will transcribe them later to make sure they are
8 fully reflective (inaudible) for the Committee. If
9 you have any questions or are uncomfortable being
10 recorded or having a transcript made, please let us
11 know. We've got a strict time limit of about fifteen
12 minutes. I shouldn't say about fifteen minutes,
13 fifteen minutes. Greg Domino who is right here has
14 got the timekeeper, so we want to make sure we keep
15 on task so we can have everybody make their
16 presentation and everyone given the equal amount of
17 time. So, we want to make sure that everyone has the
18 same courtesy. So, if you can and please feel free
19 that if you didn't get to say everything you wanted
20 to say, take advantage of our portals or the internet
21 site we have, telephone calls. Anything that you
22 would like to bring forward, we'll take it. We want
23 the information, so if you don't get the chance to
24 finish, which I'm sure you will anyway.

1 Without any further ado, let's get started. First
2 on the agenda is Eliza Swyers. Is that pronounced
3 correctly?

4 Ms. Eliza Swyers:

5 Eliza.

6 MHA Bernard Davis:

7 Eliza. Eliza Swyers from Tip-A-Vista Wellness
8 Foundation. Could you please come forward.

9 Ms. Eliza Swyers:

10 Now, I'm a little bit nervous but I got to relax and
11 make sure that I say everything that I want to say
12 because, as we all know, those topics related to
13 mental health and addictions are very, very serious.
14 There's a lot of pain and suffering that comes with
15 it for the individual and the families and the
16 community.

17

18 I'm with a nonprofit organization in Bonavista and
19 we have three school buildings; one of which we are
20 hoping to provide as a wellness centre, and we want
21 to reflect on programs or to implement programs and
22 activities to do with the variance determinants of
23 health but in a different way than probably what the
24 health professionals and hospitals and other

1 facilities do. A few years ago we formed a
2 subcommittee on mental health and addictions
3 awareness and we were very serious about these issues
4 and wondered okay now what do we do, what do we want
5 to do, how do we want to proceed. It is very
6 difficult when you don't know where to start because
7 it's very complicated.

8
9 So, first we wanted to design a logo. Back in
10 2012, I think, I spoke with Tracey Sharpe-Smith, and
11 she said there was some funding coming out from
12 Community Addictions Prevention and Mental Health
13 Promotion fund. So I met with Tracey and she went
14 down through the application with me and we received
15 \$5,000 at the time, and I'll tell you what we did
16 with it and what we're doing now and what we want to
17 do.

18
19 Our first thing was to design a logo and we spent
20 a lot of time, we ran out of time, really, with the
21 program because we spent most of our time developing
22 a logo. We wanted to know, like we talked about like
23 what is it that we want to say in a logo to
24 individuals, to the community and to anybody

1 suffering from mental health and addictions issues.
2 So we went back and forth. We had a local design
3 something that we thought we wanted. We went to a
4 graphic designer and he designed it for us, and then
5 we went back and forth from Tracey and her
6 colleagues, and Wayne Bishop was one that we were
7 interacting with at the time. Our logo, first we had
8 a mask because it's like, I think we always wear a
9 mask at some times. So we had a mask on an
10 individual but the more we talked about mental health
11 and addictions issue the more we were removing our
12 mask. So the mask was partway down and when I sent
13 it to Tracey she talked to her colleagues and one of
14 her colleagues said what about a small on the face or
15 the mask when the mask is coming off, because when we
16 talk about it and the mask comes off there's a
17 relief. So that sounded really good. So we
18 developed our logo. I'll show it to you now in a
19 minute. I'm getting excited now. A hard topic to
20 get excited over but like you said about the passion,
21 you got to have passion in order to pursue this and
22 to continue on.

24 So, we designed our logo and we got it all

1 approved and we very satisfied with it. Out of
2 \$5,000 we decided we would get t-shirts printed, mugs
3 and key chains. Some people call give them giveaways
4 but that was not even in our mind when we had this.
5 We wanted to make sure that whoever wore this t-shirt
6 or used this mug or this key chain, it was a
7 promotion for mental health and addictions; whether
8 it was in the home, the office or wherever.

9
10 So, we organized three events the first year, in
11 2013, out of that funding but it didn't happen until
12 2015. Last year, we had three events in May. We had
13 an awareness walk where we had over 200 kilometres
14 and we all wore t-shirts. We had an ambulance
15 leading the way. We wanted to do that because when
16 it comes to mental health and addictions sometimes
17 the first person on the scene, if it's an RCMP
18 officer it scares people, whatever, and when you look
19 at it as an illness or, we decided that the ambulance
20 would be the good vehicle to lead us around. Like I
21 said, we had two hundred walkers and there were
22 children there and we didn't have any children's
23 t-shirts, but the children wanted a t-shirt as well.
24 So, then we thought like children are affected by

1 mental health and addictions. Mental health probably
2 directly from not addictions unless, well they could
3 be, I guess, but the family members. So, then we
4 looked at, well, you know what, we got to start to
5 get children involved as well.

6
7 So we had our walk. We had an ecumenical church
8 service. Well, at the walk they got their t-shirts.
9 At the ecumenical church service we gave out the key
10 chains. We had two speakers. One spoke on
11 depression because they were directly affected by it,
12 and the other lady, which I'm sure most everybody
13 here would be familiar with her and she don't mind
14 her name being said, she's spoken public on it
15 anyway, and that's Debbie Ryder. Debbie spoke about
16 her son Danny and it was a very moving thing to hear
17 that such a tragedy can happen to your child. So
18 that service, it was well attended, about 130 people,
19 and many people walked away and they were glad they
20 came and they want more of it. Anyway, it's a walk.
21 They wanted more awareness and we had a social
22 afterwards and people were saying we need more of
23 this to be aware and to talk about the stigma and
24 everything that goes with it.

1 The third event, we had we got somebody locally to
2 organize a musical concert and it was all related to
3 mental health and addictions issues and Wayne and
4 Tracey attended that one at The Garrick. It was the
5 full attendance, over two hundred at that one. The
6 songs were all related to, okay, *Sunday Morning*
7 *Coming Down*. I mean I've heard it many, many times
8 and *Choices* by George Jones, but when you're there
9 and you're listening to the words of songs for a
10 different reason, I think it strikes home a lot more.
11 So that one was well attended and people wanted more
12 of that.

13
14 So, we had those three events and we also had
15 Jeremy Bennett. Jeremy came out and he talked about
16 how to beat stress and anxiety, and that was well
17 attended and people wanted more of that. So, last
18 year we applied again for some funding. We got
19 \$5,000. In 2016, we're going to have three more
20 events. We will have six events in 2016. Three from
21 last year, we're going to build on that, and three
22 new ones. So the three new ones will be -- my mind
23 goes blank. The three new ones will be Well,
24 we already had one and Jeremy was out again, and he

1 did how to beat stress this time and we purchased a
2 flag. We're having a flag raising ceremony in
3 conjunction with another event. On March the 31st,
4 Tony Ryan who's a teacher at Discovery Collegiate, he
5 wrote a play and it's called *Cordelia and Delilah*,
6 and it's about two young girls who meet by fate or
7 (inaudible) one night on the train trestle
8 overlooking the ocean, both of them deciding that
9 this would be the night that they would end their
10 suffering. I read the script. It's very intense and
11 sometimes you wonder should it be so intense when you
12 got youth involved, but we have youth that's taking
13 their lives. So, we can't make it strong enough for
14 the adults to realize what's happening in the minds
15 of our own children. So that's going to be happening
16 on March 31st. April 20th we're having a full day
17 workshop, Mental Health and Addictions Awareness Day.
18 We have three presenters from our Eastern Health.
19 Carla Barton will be doing a presentation on
20 depression. Elizabeth Peddle, she's our addictions
21 coordinator in this region, she's going to be
22 presenting, as well as Tracey Sharpe-Smith who is our
23 addictions prevention consultant.

1 So what we're hoping to do is do a calendar of
2 events, monthly events. We have somebody locally
3 designing a calendar and it's just going to be a
4 one-page calendar with the months on it which will
5 show September will be the walk, the awareness walk.
6 No details on it. A musical concert in May, a drama
7 in March. So that we can have the events, the
8 calendar distributed to the households in our area
9 and when we get our twelve events then everybody in
10 our area will know that there will be one event a
11 month related to mental health and addictions.

12
13 So, out of our first lot of funding, we did our
14 three events and we know that we have to be
15 consistent. If we say we're going to have an annual
16 event, then there's no good to have an annual event
17 one year and the next year not going to have like.
18 Like there is no consistency in it. I got to say,
19 it's like today, over the years I've attended lots of
20 workshops, lots of different planning days and you
21 never heard anything about it after. You go, you say
22 what's on your mind and it's all documented but
23 there's no action. The same thing for now, if we
24 don't act on what's happening with mental health and

1 addictions, it's just as well if we never came. So,
2 I got five minutes left, okay. Anyway, so this is
3 what we've done and what we're doing now, and we're
4 continuing to do our twelve-month event.

5
6 I want to show you the logo and I want to say why
7 it took so much time to develop it. We were very
8 concerned about the issues itself because we didn't
9 want to be too bold because it's not something that
10 was talked about over the years a lot, so how do you
11 just flash it now right in everybody's faces. So we
12 were very gentle with our logo. I know that you have
13 to start off gentle and I believe that there's going
14 to come a point when being gentle is not going to be
15 enough; especially with those who face addictions and
16 the family crisis surrounding it. You just can't be
17 enabling and being gentle with those that we love and
18 they're suffering from addiction which makes
19 everybody else suffer with them. So, we were gentle
20 with the logo.

21
22 I forgot to tell you, we also have ten interior
23 banners. We have them in our two major grocery
24 stores, in the college and the school, and one

1 rotating in our churches. So that this logo is being
2 in those places where a lot of the public attend. We
3 have an exterior sign up by Golden Heights Manor,
4 right on the corner.

5
6 I must say, we're really working well with the
7 town - the town is going to give us a flagpole - and
8 other organizations, like with Eastern health,
9 because we can't do this in isolation. I don't
10 believe Government and the All-Party Committee can
11 tackle those serious issues alone. We also believe
12 that community groups, instead of talking about them
13 we're putting things into action and we want to
14 continue to do so. We need help. We need help from
15 Government and Eastern Health, and it's not always
16 financial. It's not always the finances that you
17 need to develop programs.

18
19 So, I want to show you, this is our flag. There
20 you go. So, we have mental health and addictions
21 awareness and let's face it together. I think we're
22 all affected by it in some way. Let's face it
23 together and the smile. Like when the mask comes
24 off, it's a relief. So, we are very proud of the

1 work that we did but we got to continue to do it. So
2 we're hoping to do twelve months. One minute, I'm
3 all finished on time. I only got one minute, if
4 anybody wants to ask any questions.

6 So, anyway, if you want to talk to me later about
7 it I'm sure that I will be in some contact with some
8 people about this, and especially the All-Party
9 Committee because we need to work together.

10 MHA Bernard Davis:

1 Thank you very much. Our next presenters are Amy
2 Sheppard and Karen Pennell from Stella's Circle.
3 Come on down.

4 Ms. Karen Pennell:

5 Well, I'm the Karen of the Karen and Amy.

6 Ms. Amy Sheppard:

7 I'm Amy of the Amy and Karen. So, we'll answer to
8 Amy or Karen.

9 Ms. Karen Pennell:

10 Yes, and we usually do.

11 Stella's Circle:

12 So we are with Stella's Circle. Stella's Circle is
13 based out of St. John's. The reason we're here today
14 is we work with women in the correctional facility
15 here in Clarendville. So that's what we're going to
16 speak to today. I understand Stella's Circle's has
17 already presented to the All-Party Committee but

18 we're going to do a little tiny bit of background
19 about what Stella's Circle is and then talk a little
20 bit more about the work that we do specifically with
21 women involved with the criminal justice system.

1 I'm going to speak really, really fast so you have
2 lots of time for questions.

3

4 Yes, I prefer questions. So this is us. We have
5 a fairly big staff. We have a volunteer board of
6 directors and a foundation board with (inaudible)
7 funds. We do have a fairly large operating budget of
8 eight million, and we do serve over a thousand
9 participants annually. Again, we're based in St.
10 John's, so that's where those kind of numbers are
11 coming from.

12

13 Across our programs these are some of the services
14 or the issues that we address. So, obviously poverty
15 is a big one which I'm sure everybody is quite
16 familiar with. Mental health and/or physical health
17 concerns (inaudible) all of our programs. History of
18 conflict with the law which of course (inaudible) a
19 bit more certainly in our area. Addictions, history
20 of abuse or neglect, homelessness which Tracey just
21 did a great job of talking about. A lot of the same
22 issues with the people we work with. Incarceration,

23 illiteracy, interrupted education, learning
24 disabilities and limited or broken work history. So

1 it's not a one issue problem, it's a problem,
2 obviously, that's quite involved and quite broad.

3
4 And oftentimes people will have more than one of
5 these sort of issues. So, this is our logo. We
6 offer real work, real help and real homes. We do
7 have services in each one of those areas. We have
8 employment programs, we have housing support programs
9 and we have real help. Our counseling kind of
10 services. And that's basically what we do. We're
11 the real help of the logo. So we focus on women in
12 the justice system. Most of the women we work with
13 would have some kind of mental health or addiction
14 issue. We don't have exact stats but I'm going to
15 say upwards of 95% would have some sort of mental
16 health or addiction issue.

17
18 So this is us. So there's two social workers
19 which is myself and Amy, and we have an outreach
20 worker who works primarily out of the St. John's
21 office. However, she does deal with the prison as
22 well at least once a month to provide services there.

23
24 Our funding comes from the Department of Justice

1 and Public Safety, Corrections Canada, Newfoundland
2 and Labrador Housing, and the Supportive Living
3 Program as well. We offer services. We have a
4 contract with the prison here in Clarenville. So we
5 offer services within the prison once a week. Or two
6 days a week, I guess, we're here, seven hours. And
7 we provide services, of course, in the community as
8 well in St. John's.

9
10 And we've been doing this for about six years.
11 The (inaudible) Women's Centre was opened in or was
12 started in response to a needs assessment that was
13 done for women who were involved with the criminal
14 justice system and there was a gap in services. So,
15 I was hired about six years ago and then Karen came
16 on two years after that, and we've been plodding
17 along with three of us ever since.

18
19 So this is the stats from last year. We did up
20 104 assessments and we have 114 new participants
21 introduced to programing. So the numbers are pretty
22 big. These numbers do include women we see in the
23 community and women we see right here in the
24 institution. I guess I should say, we do get

1 referrals from the institution. We would see most
2 women there. We also get referrals in the community.
3 So Probation sends us referrals, Eastern Health.
4 Self-referrals are pretty big, too. So, any woman
5 who's had any involvement with the criminal justice
6 system they (inaudible) necessarily have gone to the
7 Correctional Centre but that's who we work with.

8
9 We did over 669 face to faces last year. We
10 offered addictions group. We offer trauma group. We
11 do anger management. We have a care support group
12 which is sort of a social sort of outlet. I think
13 that's really important to kind of highlight when
14 we're talking about mental health and addiction.
15 Isolation is a huge piece of that. I really think
16 the social aspect is a really important part of the
17 work we do. Peer support is a low pressure place to
18 come, hang out, meet with us, not for counseling per
19 se but just to kind of meet and say we're kind of
20 cool people, get to know them a little bit and all
21 the services we have. So I think that's a really
22 huge piece of some of the work we do.

23
24 And I agree. I think it's about building capacity

1 too because we have people who share similar
2 experiences. We facilitate the space, they
3 facilitate change sometimes in their conversations.
4 And we listen to them and much of what they say is
5 what we bring back. We meet like this and this is
6 what we're hearing from the people we work with which
7 we're facilitators (inaudible).

8
9 Stella's Circle's recently acquired Jess's Place
10 which is a residential home for women who have
11 addiction issues who are in recovery from addiction.
12 There's three beds. We do some work with women
13 there. And like Karen said, we do have (inaudible)
14 here at the Correctional Centre. So we're going to
15 talk a little bit more about the Correctional Centre
16 there now.

17
18 So within the Correctional Centre, seven hours is
19 not a huge amount of time; however, within that time
20 we offer addictions group. As we said, we identified
21 probably upwards of 90% of the women that we've come
22 in contact with have issues with addictions. Trauma
23 is huge. Women population, certainly much higher
24 numbers of traumatic experiences with women. Anger

1 management because women say they want it. So those
2 are kind of addressing the needs that are identified
3 by the women and the institution. We do some
4 individual counseling. We refer to a lot of
5 community-based programs. So we're very big on
6 partnering with other services that the women might
7 be able to avail of, either in Clarendville or St.
8 John's which is, of course, our home base. We help
9 support women from prison for community releases for
10 temporary absences, other people who get released on
11 parole and (inaudible) released on probation, and
12 people who are on bail. So all of the services that
13 we offer in the institution are offered in the
14 community and probably even enhanced because Stella's
15 Circle, we're one small part of Stella's Circle we
16 can actually fan people out to a lot of other
17 services just within our own organization. Like I
18 said, (inaudible) at large.

19
20 Yes, I just want to note too, that we work really
21 closely with the staff at the Correctional Centre to
22 address some of these issues. For example, trauma
23 was coming up over and over again, and when people
24 talks about trauma that's a really scary kind of word

1 to think about and talk about and there's a little
2 bit of fair of oh my God, if we start talking about
3 this everyone is going to be really afraid and scared
4 and crying all the time, but we work really closely
5 with staff to kind of say how can we support you,
6 with people with mental health issues, with people
7 with addictions and we work really closely together
8 now. The staff are awesome in that Karen has a
9 really good background with working with people with
10 complex mental health issues. So she can give
11 pointers and that kind of stuff. Staff will come to
12 us for can you help out with this person, she's got
13 this going on. So, it really is a really good
14 collaboration kind of piece we have going on because
15 staff are on the ground. They know what's happening.
16 They're there every day. We're there seven hours a
17 week. So they can tell us what's happening and then
18 we can kind of address some of the issues in a
19 therapeutic kind of way. So it's really great in
20 that way.

21
22 So these are some of the issues we see. Obviously
23 it's been a huge issue about the numbers that are
24 happening in the prison right now. That certainly

1 impacted our ability to serve the women. Numbers
2 have can up exponentially. We have tried to address.
3 We met with two addictions group for an hour each
4 instead of one two-hour addictions group, so we can
5 service more women. But certainly it's had an impact
6 on our ability to service individual women. We just
7 don't have the time to service forty women every week
8 at seven hours a week. So that's certainly a huge
9 issue. That's kind of a huge stress on staff.
10 Again, they're doing a great job as best they can and
11 really using our resources; however, it's a huge
12 stress out there right now. The women are incredibly
13 anxious. With so many people, you can't get away
14 from it. I understand you guys were there today. So
15 you saw how small that facility is and you saw that
16 there's not a whole lot of space for women to engage
17 in just a break from somebody else. So that's a huge
18 issue happening there right now.

19
20 Besides that, I guess a larger issue, other than
21 what 's happening right now, stigma is certainly a
22 huge issue for women in the criminal justice system.
23 And stigma, of course, applies to anyone who has a
24 criminal record. But we do kind of see that women

1 are almost doubly, have a double stigma being
2 attached to them because not only are you sort of
3 breaking the law and you're a deviant and all that
4 sort of stuff, but women aren't supposed to do that
5 kind of stuff. So, there's huge stigma attached to
6 that.

7
8 Women represent a fairly low number in the
9 criminal justice system as well. That's certainly a
10 challenge, too. Women often get neglected when we're
11 talking about criminal justice issues because they're
12 low numbers so they don't often have the same kinds
13 of services and that kind of stuff that men would
14 have.

15
16 Certainly for women, women who are involved with
17 the criminal justice system, women and family is a
18 huge issue. Most of the women who come to jail are
19 still trying to manage their family life from the
20 Correctional Centre. That's really hard to do.
21 There's two phones out there. Certainly staff does
22 what they can to sort of facilitate conversations but
23 we know how hard that can be on women to try and talk
24 to their kids, to try and manage their partners, to

1 try and manage their mothers. Like women are
2 responsible for a lot of family life and they still
3 are, even when they go to jail.

4
5 I guess we were talking this morning too, lots of
6 times when women come to jail it is an opportunity to
7 sort of detox. So for a lot of women this is the
8 first time they have a clear head for a while. So
9 they do start thinking about family and they do start
10 thinking about their kids and they do start thinking
11 about things in a different way.

12
13 I'd also just want to point out it's extra
14 challenging for aboriginal people in our correctional
15 system. They're way overrepresented. Lots of
16 addictions, mental health concerns and they're very,
17 very far away. These are things we think we can do
18 better. This is how to (inaudible). So, obviously
19 we had conversations, and I think they're ongoing in
20 the community as well, about establishing a gender
21 and justice network because it is a small population.
22 The onus is on us in seeking social justice to make
23 sure that the voices are heard. Small doesn't mean
24 less important. So I think that's a very important

1 thing to bring to the table and hopefully have a
2 network and establish some practices to address that.

3
4 More focus on community services and
5 collaboration. I think we all want to know, and it's
6 just about getting to know what's out there and
7 sharing that information and supporting each other.
8 Not fighting for resources but sharing resources.
9 Really coming together to address the needs of the
10 people that we all want to help. There's not a doubt
11 in my mind when it comes to that.

12
13 Coordination of services, what are we offering,
14 which I kind of just talked about. I think Amy has
15 already addressed the fact that stigma for women can
16 be very, very different. We watch that. Like women
17 kind of create a bubble of safety when they're in an
18 institution because they don't have to face the
19 repercussions of their actions. They tend to be the
20 ones that are shamed and blamed for not doing
21 (inaudible), whereas a lot of men - and this is not a
22 men's conversation but - a lot of men go to prison,
23 do their time and don't have to do anything except
24 for to do their time. They're in definitely multiple

1 (inaudible) to what the women are experiencing when
2 they're locked up. We hear it (inaudible).

3 Questions?

4 MHA Bernard Davis:

5 Do you have any questions?

6 MHA Gerry Rogers:

7 Yes, I have a question. So, we know that one of the
8 problems is the number of women there on remand, that
9 also that there is a number of breaches. What do you
10 see you can do about that? What should we be doing
11 about that? What's happening now (inaudible) police
12 in the community, not enough support services, maybe
13 no housing?

14 Stella's Circle:

15 Certainly one of the challenges we see about remand
16 is that oftentimes women come in to the prison and
17 are doing their remand time and then they might go to
18 court not expecting to be released and they are
19 released. So that's certainly a gap that we have
20 seen and there's a definitely a challenge in how do
21 we service those women. Because they're getting
22 release planning if you're sentenced with the
23 classification officer and we provide some release
24 support there too. But that's definitely a challenge

1 is remand. How to prevent remand? (Inaudible). I
2 mean even just listening here, we talk about
3 homelessness and poverty. That's a huge issue. The
4 poverty and the things we talked about at the
5 beginning, the things that people are struggling
6 with, it's not a one-stop shop. Like this is like a
7 very, very broad range of root problems that are
8 often resulting in people ending up in the justice
9 system, right. It's not just one vein. If it was, I
10 think we could probably take it on.

11

12 But certainly addiction is a huge route to the
13 criminal justice system. Most charges, most women
14 we're talking to have sort of drug-related charges.
15 So I would see an increase in capacity for treatment
16 would be a huge issue. Yeah. And I know the Grace
17 Centre is just open. We need more. We need more.

18 MHA Bernard Davis:

19 A question, MHA Kent?

20 MHA Steve Kent:

21 My question is a quick one and it's two parts. First
22 of all, thank you for your presentation. Like very
23 helpful. Did I hear you say that 90% of women that
24 you deal with at the Corrections Centre have

1 addictions issues? Is that what you said?

2 Stella's Circle:

3 We don't exact stats. That's anecdotal.

4 MHA Steve Kent:

5 But roughly, yes. So what percentage then, again,
6 anecdotaly, in your estimation would be struggling
7 with some form of mental illness?

8 Stella's Circle:

9 Fifty percent. I would say very similar.

10 MHA Steve Kent:

11 Okay, about the same.

12 Stella's Circle:

13 I would say everyone in the criminal justice. All
14 women we work with would have either mental health or
15 a substance use issue or both.

16 MHA Steve Kent:

17 So, clearly, the vast majority of women that are in
18 the correction system and I suspect that that's no
19 different at the Penitentiary in St. John's either,
20 so.

21 Stella's Circle:

22 Maybe not. Probably not.

23 Unidentified Male:

24 You're seven hours a week at the Correctional Centre,

1 can you just tell us a little bit about what that
2 looks like and ideally what it would look like if you
3 want. Like you said, you said seven hours is not a
4 lot and then you kind of just went on. So, like, in
5 terms of if we're preparing these individuals for
6 release and to hopefully enter a healthy living
7 environment and have more stable mental health and
8 addiction treatment, like your seven hours now is
9 clearly not enough is what I've heard is what it
10 sounds like.

11 Stella's Circle:

12 Yes. So, right now we are doing two addictions
13 groups on Tuesday evenings for an hour each. So part
14 of our in the work time, part of our hours in the
15 prison is prep time and assessments. So, that's the
16 majority of our time in either groups or assessments
17 for women to come into groups. So we do meet with
18 everyone and kind of find out what their issues are
19 to make sure we're meeting people's needs.
20 Occasionally we have time we can do some individual
21 work as well.

22

23 We had, I think to give an example of a snapshot,
24 this is not the norm but it can certainly happen, we

1 walk back into the prison for an afternoon when we
2 we'd only be there for an hour and a half and we had
3 fourteen people that we were going to try to get in
4 to do assessments on. So you're not really, like
5 let's face it, half the time I say start the
6 paperwork, I'll catch up with you but we just want to
7 get you on the wait list. We want to get you into
8 services. So it is very much about, especially now
9 with the numbers being incredibly high. When the
10 numbers were lower, we were able to offer a bit more
11 individual work with women who were really desperate
12 for someone who needs more counseling. And there's
13 not a lot of resources within the institution, other
14 than us coming in to do a piece of that work, so.

15
16 There is a psychologist who goes in there twelve
17 hours a week. Again, I think part of the challenge
18 is when I first started numbers were eight, nine, ten
19 women. That was adequate and twelve hours a week
20 with psychologist was adequate. But the numbers
21 we're at now, women just aren't getting seen. We do
22 have wait list for our groups. So what I would like
23 to see, I guess, would be an increased number of
24 hours for the psychologist or a different

1 psychologist, however that would work. I would like
2 to see an increase, I guess, hours for Stella's
3 Circle or for anyone else - anyone, whoever - who
4 would want to go sort of offer similar therapeutic
5 programming. I mean there's lots of stuff. There's
6 lots of potential. There's lots of stuff happening
7 in there right now, but again, with the numbers it's
8 really, really challenging to offer services. We are
9 doing pretty good work right now but there's just
10 lots more that can be done.

11 MHA Gerry Rogers:

12 (Inaudible) more than seven hours?

13 Stella's Circle:

14 That's what we're contracted to do.

15 MHA Gerry Rogers:

16 Okay. So, it's resources on the prison?

17 Stella's Circle:

18 From the Department of Justice and Public Safety.

19 MHA Gerry Rogers:

20 From the Department of Justice to be able to provide
21 more hours.

22 Stella's Circle:

23 Yes.

24

1 Unidentified Male:

2 Okay, I had a couple of questions.

3 MHA Bernard Davis:

4 Yeah, we're running out of time. We got two more
5 presentations.

6 Stella's Circle:

7 We can hang out.

8 Unidentified Male:

9 My question is not going to take long to answer.

10 MHA Bernard Davis:

11 Okay, fair enough.

12 Unidentified Male:

13 First of all, thank you for your presentation. I
14 have never heard of Stella's Circle before. Now I
15 know. I saw and listened to your presentation. The
16 first question is, is there a similar organization
17 for men with an eight million-dollar budget?

18 Stella's Circle:

19 No. So, Stella's Circle is for men and women. We're
20 a tiny piece of --

21 Unidentified Male:

22 Oh, I thought it was just for women. It's for both?

23 Stella's Circle:

24 Yeah.

1 Unidentified Male:

2 And the second question is, I'm a person who is more
3 focused on outcomes. What is the outcome of your
4 clients? Say is it like after they go to your
5 program 50% goes on to live successful lives and not
6 repeat offenders? Is it 75%? Is it 25%? Can you
7 give an idea of the outcome of your programs?

8 Stella's Circle:

9 We haven't been tracking recidivism, I'll be honest
10 with you. Our way of thinking is more of the quality
11 of life and that kind of stuff. So I can say again
12 it's sort of anecdotal kind of stuff. The women we
13 work with have talked to us about feeling better,
14 having better lives, getting connected with services.
15 When they're ready to kind of deal with their
16 addiction, they know where to come to work with us.
17 A huge piece of our work is about relationship
18 building, so that when people are ready to make
19 changes they know where to come.

20 Unidentified Male:

21 So you have no figures on outcomes?

22 Stella's Circle:

23 I could look. I'd have to go back and look, yeah. I
24 can find it. I don't have it on me. And that

1 depends on the definition of outcomes and we are
2 gathering data.

3 Unidentified Male:

4 Outcome for me would be don't come back in the system
5 as a repeat offender.

6 Stella's Circle:

7 Yes, and we haven't been keeping that data. But we
8 could find it.

9 MHA Bernard Davis:

10 Amy and Karen, thank you very, very much.

11 Stella's Circle:

12 Thank you.

13 MHA Bernard Davis:

14 Sir, if you have another question, can we please do
15 it after?

16 Stella's Circle:

17 We can meet in the hall.

18 MHA Bernard Davis:

19 Excellent. Can we have Jeff and Tammy Bourne come
20 forward from U-Turn? Great presentation, thank you.

21 Mr. Jeff Bourne:

22 Usually a big presentation, usually I get up and talk
23 about the service of U-Turn and what we does. So,
24 first of all, my name Jeff Bourne. I'm the executive

1 director of U-Turn Drop-In Centre in Carbonear.
2 We're a nonprofit organization that, I guess, deals
3 with addiction issues in our community. We have a
4 12-step programs there. We pretty much, both Tammy
5 and myself have a cellphone, we're pretty much on
6 call 24/7. I spent many nights at the hospital at
7 emerg with somebody going through detox. There's
8 nothing basically that we never really came to our
9 doors that we never dealt with. Tammy was in the
10 delivery room with one of our clients and we helped
11 another client that had cancer prepare for a funeral.
12 So we've pretty much done everything in between.

13
14 But I'm just going to talk on today U-Turn is here
15 and we're kind of a place for people to get support,
16 to be in a safe environment during the week and drop
17 in. Like last year, (inaudible) was 41 or 4700, I
18 can't recall the numbers. I think we had 4700 people
19 went through our doors last year. A lot of these
20 people come there like one after another, probably
21 there more than once but that's how many people that
22 actually came to our building for services. But
23 anyway, that's my part. I'm going to get Tammy to
24 introduce herself. Basically what we're going to

1 talk about today is there's a lot of work done with
2 mental health and addictions in the last little
3 while. There's a lot of work done around addictions
4 in the last little while with especially the Grace
5 Centre opening in Harbour Grace. I think we're going
6 to talk about we need a transitional house and a
7 sober living facility that (inaudible) the people in
8 these 21-day facilities, they need extended care,
9 right.

10 Ms. Tammy Bourne:

11 I'm Tammy and I'm the coordinator at the U-Turn
12 Drop-In Centre. It works really well with Jeff and
13 myself. When there's like a one-on-one, I usually
14 deal with the women and Jeff usually deal with the
15 men. It is great to be sitting here today. I truly
16 feel that our voices have been heard. Jeff and I are
17 thankful to report that last year our voices were
18 heard at this group Be Heard.

19
20 We would like to start with saying we're very
21 excited after opening up the Grace Centre in Harbour
22 Grace it is wonderful that our beautiful province now
23 has two inpatient treatment centres to help people
24 overcome the struggles with addiction. Our

1 provincial programs are both Humberwood and Corner
2 Brook and the Grace Centre which is in Harbour Grace.
3 They offer a 21-day program. We acknowledge how
4 beneficial this is to a person's recovery and some
5 are able to leave these facilities and live their
6 lives to the fullest in recovery. But this point of
7 addiction people need more than 21 days. Perhaps
8 most importantly they have also learned that they
9 will need to continue to work hard for the rest of
10 their lives to guard against relapse. After the
11 21-day program, the real work begins. This will
12 require active monitoring of their thoughts and
13 behaviours, ongoing practice of new skills,
14 maintaining a support system - for example, 12-step
15 programs and counseling - staying alert to triggers
16 and temptations to use.

17
18 Because of our geography many of the addicted in
19 Newfoundland and Labrador are isolated from support
20 means to combat their addictions. In recovery, we
21 encourage people to change the people, places and
22 things that are active triggers in contributing to
23 possible relapse. This is a great challenge to them
24 after spending 21 days of treatment with all the

1 supports mechanism only to come back into an isolated
2 community. We feel there needs to be a number of
3 transitional sober living houses in rural
4 Newfoundland and Labrador.

5
6 Sober living homes offer recovering addicts a slow
7 and a gradual transition back into daily life and
8 pace each individual can learn and grow comfortably
9 in. The flexible length of stay and positive social
10 relationships encourage a strong support system that
11 a person can utilize for a full and sustained
12 recovery, because of the first thirty to ninety days
13 after initial treatment are the most critical and
14 preventing relapse. Most relapse occur within that
15 timeframe. Studies have shown that aftercare
16 programs like these can better one's chances in
17 avoiding relapse and maintaining sobriety. In fact,
18 a study highlighted in the *Journey of Psychoactive*
19 *Drugs* identified sober living homes as a critical
20 part of recovery. Abstinence rates from the
21 residents of the sober living dropped dramatically
22 over a six- and 12-month period. Abstinence rates
23 went from 11% to 68% over a six- and 12-month
24 follow-up period for residents in one facility, while

1 the other (inaudible) an increase from 20 to 40%
2 after six months.

3

4 So, we're after finding, to fill some of the gaps
5 in the system from the addiction centres to the
6 recovery centres, there's also the drop-in centres
7 which I think would be great right across the island,
8 especially for rural Newfoundland. The places where
9 they could stay 24/7 and be taken care of, the
10 transitional sober housing I think should be
11 introduced as well.

12 Mr. Jeff Bourne:

13 Anyway, we're kind of reading off the cuff here today
14 because I didn't know about this till last Thursday
15 and seemed like every time I sat down at my desk to
16 write somebody came in and sat down and I called it a
17 venting session. I pretty much (inaudible) this off
18 like 12:30 last night.

19

20 But anyway, like Abraham Maslow's Hierarchy of
21 Needs states there are five stages of needs -
22 biological, physical, security needs, social needs,
23 esteemed needs and self-actualization needs. Success
24 on a man's recovery is linked to all five stages of

1 needs. From my experience in working with addicts,
2 all five stages are crucial in their recovery. It
3 doesn't look for someone who comes home from a 21-day
4 treatment centre, and some of these things you
5 probably heard the previous speakers talk about,
6 finding an apartment to rent which is (inaudible),
7 the amount for housing is less than the rent. They
8 have to take money that is allowance, for living
9 allowance, to cover that extra cost of rent. The
10 same thing with hydro. They talked about earlier
11 about paying the hydro bill. They got to take money
12 out of their pocket to top off the hydro. I came
13 across people that had so much as \$70 every two weeks
14 to live on. Then they're dealing with possible legal
15 issues. Like a lady that's probably, I guess,
16 involved with Child, Youth and Family Services living
17 on their own in the same situations as I just
18 explained about the living situations, dealing with
19 Legal Aid, making decisions, going to Family Court
20 and stuff, these are just two examples of people
21 leaving treatment they have to face on their own in
22 early recovery. I'm sure there are many similar
23 stories out there. I know this is a definite
24 prescription for relapse.

1 With the change in the type of severity of
2 addictions in today's society, we need to change our
3 approach of helping other people cover from
4 addiction. Through my experience, people (inaudible)
5 addictions today have a lot of underlying issues
6 which take a lot of work. When I asked someone what
7 did they need to change in their lives, I say to them
8 you need to change everything.

9
10 Transitional sober living house is essential in
11 helping people realize their full potential and to
12 maintain life of continuous sobriety. Similar to
13 other chronic relapse in diseases such as diabetes,
14 asthma and heart disease, drug addiction also can be
15 managed successfully. As with other chronic
16 diseases, it's not uncommon for a person to relapse
17 and begin abusing drugs again. Relapse, however,
18 does not signal treatment failure, rather it
19 indicates the treatment should be reinstated and
20 adjusted or an alternate treatment is needed to help
21 the individual regain control again.

22
23 So, today I would like our voices heard that
24 transitional sober living houses is a wise

1 investment. It cuts back on repeats of intakes at
2 the treatment centres. It keeps people in recovery.
3 It helps reduce relapse and the savings on the
4 economic system with every person living with
5 continuous sobriety. Sober living homes are a great
6 way to transition a new life beginning. After
7 leaving the inpatient treatment, people may feel
8 excited and get back to their homes and sleep in
9 their own beds again but this is no reason to jump
10 the gun. We must take time to consider the benefits
11 of sober living and how a few months can help
12 somebody in recovery gain so much more in years of
13 happiness and fulfillment. This transition enables
14 them to cope with their stresses and triggers so that
15 they can achieve long-term sobriety.

16
17 Together let's save lives and get the best
18 possible care for the disease of addiction for the
19 people of this beautiful Province of Newfoundland and
20 Labrador. Transitional sober living houses in rural
21 Newfoundland and Labrador is a great place to start.

22
23 I'd like to take this opportunity for allowing us
24 today to present. On behalf of Tammy, the Board of

1 U-Turn and our U-Turn family, the still suffering
2 addict and myself thank you for your continued
3 support for the U-Turn Drop-in Centre. Do you have
4 any questions or concerns?

5 MHA Bernard Davis:

6 Thank you for the presentation. Do we have any
7 questions?

8 MHA Gerry Rogers:

9 I have a question. Jeff, thank so much very much and
10 thank you for the work that you and Tammy have been
11 doing. I know that you've started from scratch and
12 have built quite a (inaudible) kind of service and
13 organization through to that Carbonear area.

14

15 Can you talk a little bit about how you would see
16 the sober living transitional house working? Would
17 there be a staff? Like how would it work and how
18 would you make it work?

19 Mr. Jeff Bourne:

20 I think you would have minimum staff. You would
21 probably need one person there 24/7 with hopes of a
22 real advocate of lived experience. You'll have
23 somebody come along that probably had a couple of
24 years sobriety. He would be like, I guess, take care

1 of the house. Then other people that comes in and
2 leaves treatment goes there, you'll pretty much make
3 sure there is 12-Step meetings. I guess you got to
4 stay clean and sober to be in the facility.

5
6 A reason why I'm talking about like probably
7 Carbonear to start with because it's closer to
8 Harbour Grace. So it's familiar to the people that's
9 leaving the 21 days; therefore, they can do the
10 (inaudible) with the counselors at the Harbour Grace
11 Treatment Centre. U-Turn is in the area. There's a
12 hospital in the area. There's a psychologist.
13 Everything is in that area that they needs, similar
14 to St. John's but it's just that it's in a smaller
15 community.

16 MHA Gerry Rogers:

17 So it would seem like you people would be there, not
18 necessarily having programs or anything, but just
19 that it's a place for people to live while they get
20 on with their lives?

21 Mr. Jeff Bourne:

22 I think the big concern is where you got one addict
23 can best help and understand another addict. After
24 something going on in their lives, someone is in

1 recovery, they can help each other. With that being
2 said, it's just that we have programs in place that
3 after having trouble with say Legal Aid or something,
4 at least they got counselors that's in the area they
5 can tap into right away. I know that some of the
6 treatment centres talk about, I guess,
7 videoconference with people that needs the treatment.
8 To me that's okay but to me like across the table,
9 face-to-face is where it's at. Like you're talking
10 about some of the things that we talked about, like
11 for income support and stuff, I'm not saying that all
12 people but there is quite a few people in these
13 treatment centres that's, I guess, on income support
14 as it is. Anyway, some of them got their bridges
15 burned at home. So for them to stay into a place
16 like that, well the Government got to pay the rent
17 out somewhere, right, with all these expenses. At
18 least you got these people in there, so they're going
19 to get clean and sober. Like, for example, Teen
20 Challenge got a year program. I think their success
21 rate is up in the nineties. That's because after you
22 get clean and sober, I guess after 21 days then you
23 got to take care of issues that come along with the
24 recovery part of it. Like I mean to say myself, I've

1 been in recovery ten years and I'm still learning
2 every day, right, something new. There is more than
3 just putting down the (inaudible). You got to dig
4 inside and I think that it's sad that people goes
5 back into the same, I guess I calls it playground.
6 They are a small community and I guess hang around
7 with the same friends. Like you say, if you go to
8 the barbershop long enough you're going to get a
9 haircut. So if you're hanging out with the same
10 friends long enough they're going to end up using.
11 So then what it is they're going to get on this path
12 of destruction again and then the government got to
13 take all this money, come back in for another 21 days
14 and starts it over again. But like to start it off
15 it's pretty, I think it's pretty minimal to start
16 something like that off, right.

17 MHA Bernard Davis:

18 Anymore questions? We got about a minute.

19 Unidentified Male:

20 I'm just wondering, it was a great presentation. So
21 I will send my question to (inaudible). Around the
22 21, like the clean and sober living facility
23 thereafter, are you aware of any other examples of
24 places that like have similar and, if so, how they

1 run? I mean I think it's a great idea. Obviously
2 the whole intent is to increase the length of time of
3 recovery, right. So, like, yeah, any other examples,
4 tangible examples of places where this is happening
5 and working? You said the Teen one.

6 Mr. Jeff Bourne:

7 Yeah, Teen Challenge. There's one in Windsor,
8 Ontario called Brentwood. That's a long term.
9 Matter of fact, what happens at Brentwood, after
10 they're there probably, there is one guy I think he
11 was there for a little over a year. When he left
12 that, three or four of the boys got together and they
13 just rented apartment, started their own sober living
14 and he said he was at a point that he had to raise
15 their hand to ask their buddy to go to the washroom.
16 That was just to get out (inaudible) to get in with
17 somebody else, right.

18

19 But see like addiction got the different stages.
20 So after thirty days you kind of feel high and glad
21 about yourself, and then after sixty days the
22 honeymoon is over. You got to really start working
23 on yourself. And then you get into what I call the
24 grieving process. And you're in the grieving process

1 because you are missing your best friend because if
2 used a drug for X number of years, that is your best
3 companion, right. So you're going to miss it. It's
4 like breaking a relationship, breaking up a
5 relationship. So that's just things that's outside
6 of the twenty-one days. That if you're somewhere by
7 yourself, you got all these (inaudible), you don't
8 know what's going on. You're just going to end up
9 going out and using. There is a lot of facility that
10 is long term treatment that is working. And I think,
11 like I mentioned at the round table discussion, that
12 twenty-one days was it for the past X number of
13 years, probably thirty or forty years, and I think
14 back then it was kind of geared more towards
15 alcoholics. Today where a lot of people are into
16 more complex drugs and by the time they're reaching
17 out for help the majority of them is using
18 intravenously, so they got help (inaudible) right
19 there, probably (inaudible) or something like that.
20 And then the things that they done to get their
21 drugs. Like there is a lot of issues that they got
22 to take care of. And usually sometimes it's probably
23 twelve or fifteen days before their head even gets
24 clear through the detox, right. So I think it's time

1 to pretty much, I don't know if there's either study
2 done on that or know, but I think it's time to look
3 back at is twenty-one days actually long enough for,
4 I guess, someone with addictions issues that's on our
5 province right now, right.

1 MHA Bernard Davis:

2 Thank you very much. I won't take much more of your
3 time. I just wanted to say there's some new people
4 in the room here today, I didn't actually recognize
5 the members of the All-Party Committee here - MHA
6 Steve Kent, MHA John Finn, MHA Gerry Rogers, and I
7 think our resident (inaudible) here, MHA Lisa
8 Dempster. So I just want to say thank you for that.
9 And this is a very important initiative for all
10 parties in the House. We're going to create a report
11 based on the discussions that I've had here and many
12 other places that we've had right across the island.
13 And hopefully that report is going to, because the
14 parties are committed to this, be nonpartisan, be
15 focused on trying to make the system better for both
16 those that are facing mental health and addiction
17 problems. We want to try to make sure we can rectify
18 that.

21

22 We've reached the end of the public dialogue and
23 discussion session. The information you've provided,
24 as I've said before, is insightful and I really do
1 appreciate you taking the time to come forward with
2 those heart-wrenching stories and bringing forward
3 some ideas that we really need to work as hard as we
4 can to try to implement and make the system a little
5 bit more stronger for everybody. And thank you very
6 much for coming here today and I won't keep you very
7 much longer other than to say it shows a testament to
8 the commitment that you guys have for making your
9 community better by being here today to give up so
10 much of your time and we really do appreciate it.
11 And I speak for the Honourable John Haggie who
12 couldn't be here today but I know I speak for my
13 colleagues at the table here. That they're very
14 impressed to see the type of engagement that we've
15 had here today and thank you very, very much.

16 Oh, and one thing other, I'd like to thank
17 the staff for coming here as well today from
18 public engagement as well as Health and
19 Community Services. They always go above and
20 beyond the call of duty as well. Thank you.

(Clareville session concludes)
