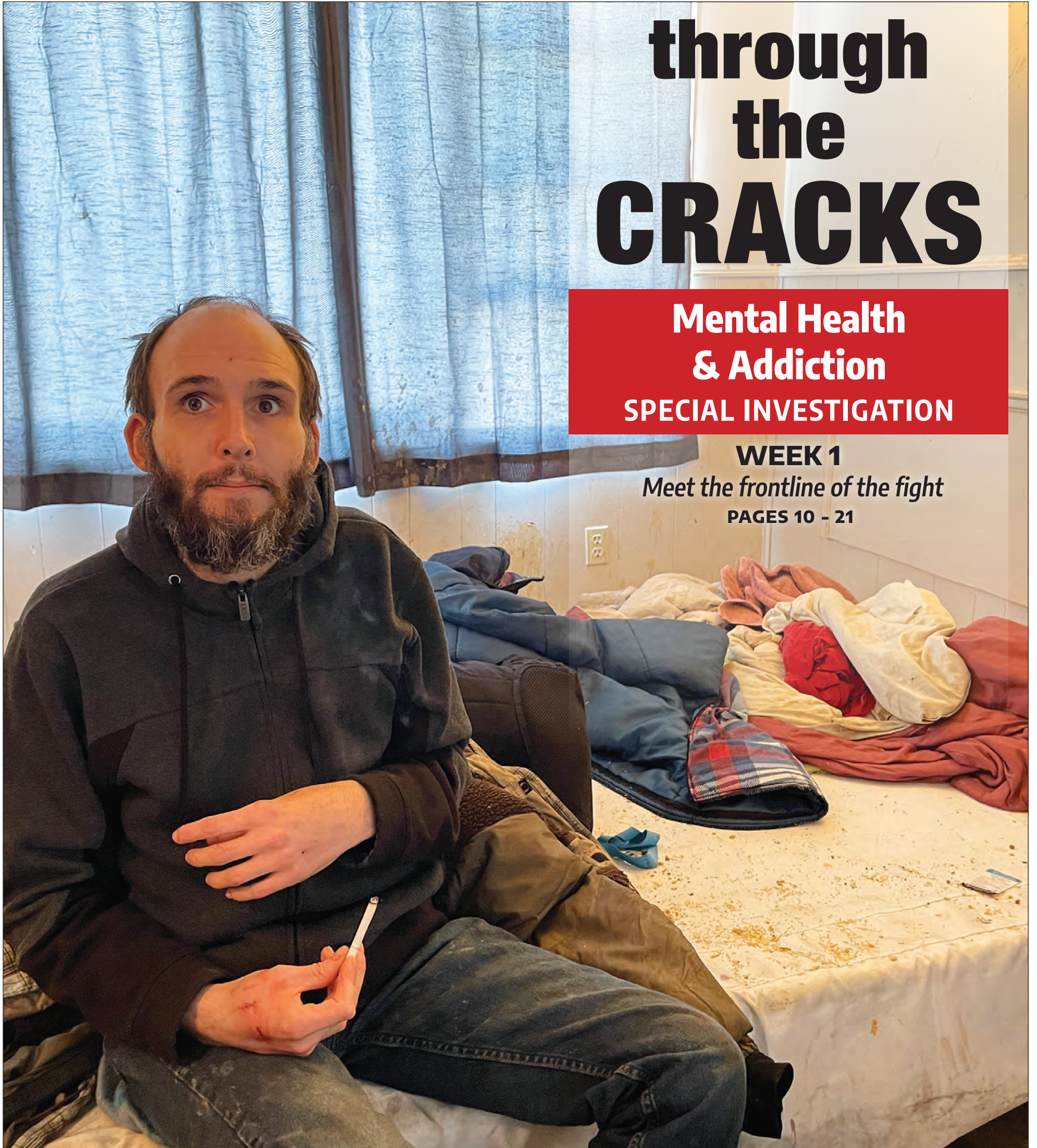


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## through the **CRACKS**

**Mental Health  
& Addiction**  
SPECIAL INVESTIGATION

**WEEK 1**

*Meet the frontline of the fight*

**PAGES 10 - 21**

Logan Fisher has been addicted to drugs and alcohol since he was seven years old. He wants Islanders to open their minds about addictions and why people with substance use disorders do what they do. He believes everyone deserves to be met with dignity and respect no matter how ill. Paul MacNeill photo

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# Deadly perceptions

By Rachel Collier

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**Logan Fisher** of Charlottetown draws a homemade liquid mix of drugs out of a spoon into a syringe. He wraps a rubber tourniquet around his left bicep and upper forearm. He holds it tight with his left hand. With his right, he plunges the dull, used needle into his arm, in search of a healthy vein.

"I want you to see this," he says, demonstrating how he injects. This time it's crushed and liquified prescription medication used to treat depression, or in some cases attention deficit disorder.

Fisher has spent the majority of his 30 years tied to addiction, always needing his next fix of alcohol, opioids or street drugs like methamphetamine.

He prefers to use in private. He doesn't want others to see how he lives or subject himself to judgmental stares and glances of disgust. He believes he deserves understanding, respect and care.

"People need to open their damn minds," says Fisher. "We shouldn't have to hide who we are or be ashamed of who we are. We don't want to stick a f...king needle in our veins. It's not because we want to. We're doing it because we have to."

## Stigma rooted in misconception

Used needles and burnt spoons are obvious instruments of harm for those with substance use disorders. Experienced eyes, and a growing body of research shows stigma is deadly too.

Stephanie Knaak, PhD in sociology, has published a variety of qualitative studies looking at stigma in relation to drug addictions for the Canadian Commission of Mental Health.

She says stigma looks and feels like negative attitudes and

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**We shouldn't have to hide who we are or be ashamed of who we are. We don't want to stick a f...king needle in our veins.**

LOGAN FISHER

**With heart disease, we don't say you chose to live that lifestyle, or diabetes, we don't say you chose to live that lifestyle. We think oh, that's terrible that happened to you. What can we do to help?**

DR STEPHANIE KNAAK

”

judgments, stereotypes and shame. It also appears as punitive or exclusionary policies or practices, including but not limited to criminalization.

Knaak has found stigma is often rooted in the misconception that people with substance use disorders have made poor personal choices.

The result is impeded quality and availability of services. Stigma also interferes with people seeking and accessing help – which can lead to overdoses and death.

Islanders with substance use disorders hide rather than seek support to avoid consequences like losing a job, being criminalized, being judged or feeling shame.

Islanders share needles and risk spreading disease or viruses like Hepatitis C or HIV rather than being seen publicly at a local needle exchange.

Islanders accidentally overdose, sometimes alone and behind closed doors, often using an unregulated, untested drug supply from questionable sources.

In 2020, the province of PEI reported 19 opioid related overdoses and eight deaths. At least 27 Islanders have died of opioid related overdose since 2017. Neither the Department of Health and Wellness or Health PEI could provide the number of overdoses from other substances leading to death.

Some Islanders no longer trust health care professionals or bother seeking medical care after experiencing diagnostic-overshadowing, when an assumption is made that physical complaints are not relevant or reliable because the patient has an underlying mental illness or substance use disorder.

Knaak says negative and less compassionate reactions to those with addictions become apparent when compared to other illnesses.

"With heart disease, we don't say you chose to live that lifestyle; or diabetes, we don't say you chose to live that lifestyle. We think oh, that's terrible that happened to you. What can we do to help?"

She added we also don't limit



Logan Fisher has lived with substance use disorder since he was seven. Drug use was his response to a range of traumatic experiences including being pimped out as a child prostitute by a close family member. He wants Islanders to open their minds and to be compassionate toward those struggling with mental health and addictions. Rachel Collier photo

care based on poor adherence to treatment. If someone with diabetes eats sugar, we don't stop caring for them or socially marginalize them.

"Similar to other illnesses, substance use problems come from a much more complex place."

Dr David Stewart, who has been treating people with addiction on PEI for 28 years, agrees.

"Addiction is a complex brain disease in which those affected lose control of their substance use and consequently lose control of their behaviour. This results in them making choices that feed their addiction at the expense of everything else in their life," he says.

Dr Stewart added there are powerful genetic and environmental influences connected with substance use disorders, including a strong correlation between childhood adversity or trauma and substance use disorders.

"The more trauma people experience as a child, the more sick they become as an adult, I see it every day."

Fisher's first attempt to find a vein fails. His nimble fingers dance like a classical pianist. He curses the dull needle and tries

a riskier vein in his hands. Then in both his legs. He moves up to his left arm and finally succeeds. His eyes roll as the mix rushes through his blood system. For a brief moment, Fisher appears completely at ease. His leg which he had been swaying back and forth finally relaxes.

"I want people to understand. Just because I did that, it doesn't mean that I'm high. It means that I'm not sick," he says. At this point his body and mind are dependent on drug use. "It's not something we want to do."

Fisher has lived with substance use disorder since he was seven. Drug use was his response to a range of traumatic experiences including being pimped out as a child prostitute by a close family member.

"People always do things for a reason, everything you do, there is a reason why you do it," says Fisher.

At 30, Fisher has not healed. But he still dreams.

If he could have anything in the world, it would be a home of his own to share with a husband and kids. He'd also have granite counter tops in the kitchen, an in-ground pool, and a blender to mix margaritas, he says with a

## Note From The Publisher:

It started with the decision in December 2020 by Charlottetown City Police to block entrance to the cave, a two-decade-old concrete tunnel that acted as community centre, bedroom and safe consumption site for more than 50 Islanders.

When it closed, the lives of some of PEI's most vulnerable citizens were thrown into chaos. This is chaos over and above the daily reality of living on the street. Predictably politicians paid lip service with promises of action. But you knew the political will was not there to support the rhetoric.

This angered me. How can government so easily turn its back? Who lived in the cave? What is their story? We all come from somewhere, and for most,

our lives turn out OK. But for some life is a fight to stay alive. Every. Single. Day. Why didn't I know?

I wanted to hear their voice because somewhere along the line society missed, or ignored, red flashing lights of warning. We let them down.

More than a year ago I assigned Local Journalism Initiative Reporter Rachel Collier to undertake the unprecedented, and begin a full-time investigation of the mental health and addictions system on PEI. Community media faces challenges like every other legacy media. Assigning a reporter to a full-time task is virtually unheard of, but if we stop telling stories that matter because of the economy or a pandemic then we've lost our reason for being.

Goals I laid out were simple:

1 - Tell stories through the eyes of those living with mental health and addiction. Too many of us, including myself, make snap judgements. The Islanders you will read about are far more than an anonymous face panhandling in downtown Charlottetown or a name in a court report. These are some of the most resilient, determined individuals you will find. I wanted that reality shown for the first time.

2 - Hold government accountable for a system that is inadequately funded and structurally dysfunctional to the detriment of Islanders in every corner of this province. It's a system where leadership is deferred and oversight ignored.

3 - Shine a light on the bureaucratic silos that reward patronage while cutting frontline services. Ours is a bureaucracy where one arm of government

has no idea what the other is doing. Data and sharing of information are buzz words, not actionable items.

For the next four editions, starting with today, we are putting the mental health and addictions system front and centre. The reality is often not pretty, but it must be told to effect change. We are failing too many and we must do better.

This is the largest editorial investigation undertaken in Graphic history, and quite possibly the largest in Island history. When complete it will total something approaching 40,000 published words. You'll be able to read our stories in print; no ads will be sold on these pages. It's also available on peicanada.com. If you are so inclined, and able, you can support our ability to keep telling important Island stories by purchasing a subscription.

We hope this is an opportu-



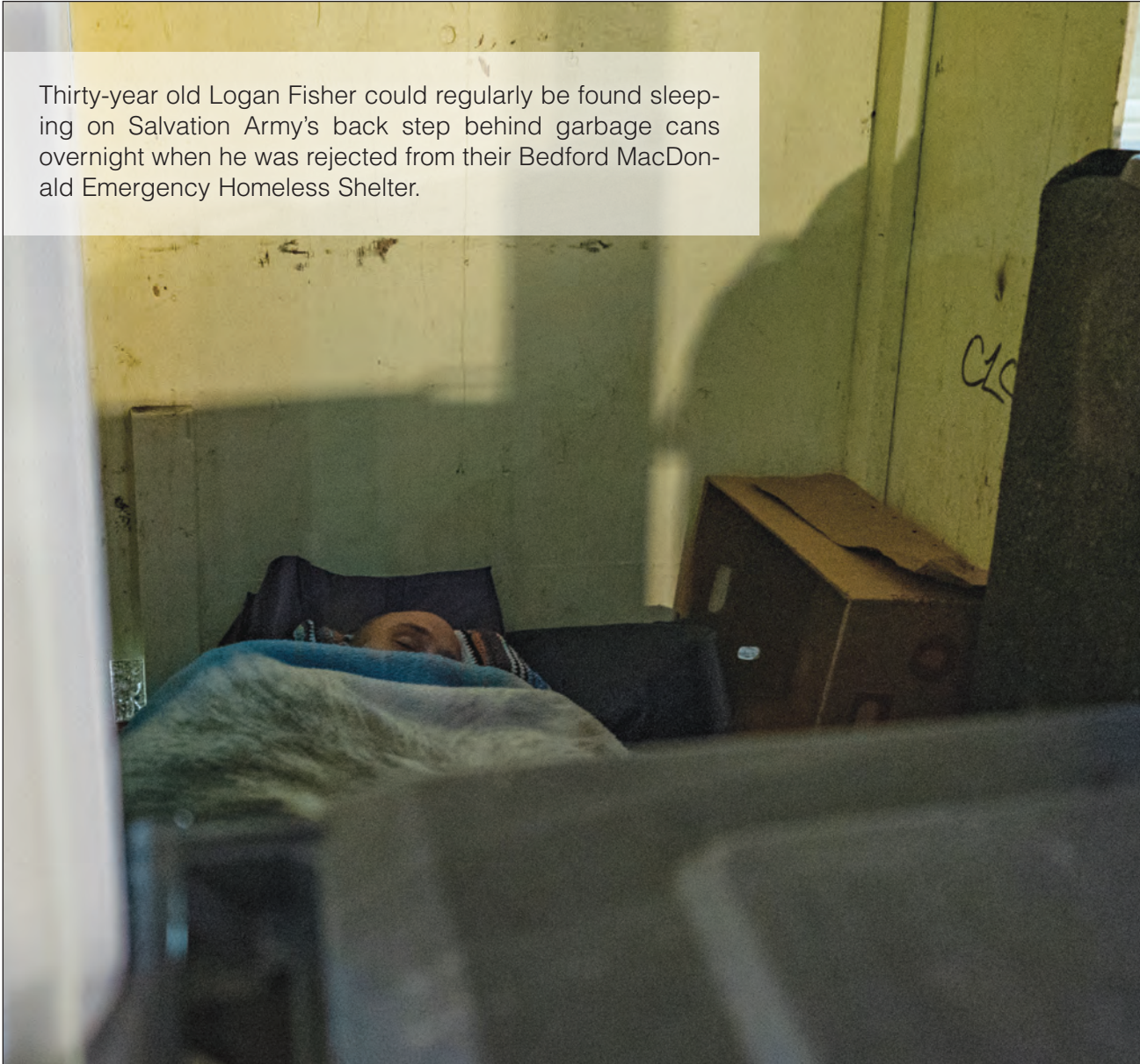
nity to start a conversation, and demand better for those whose voice is hidden in shadows.

I believe this may be the most important journalistic effort we have ever undertaken. You'll decide if we've succeeded or not, but I am proud today to bring you Week 1 of the project we call Through the Cracks.

Sincerely,

**Paul MacNeill**  
Publisher

Thirty-year old Logan Fisher could regularly be found sleeping on Salvation Army's back step behind garbage cans overnight when he was rejected from their Bedford MacDonald Emergency Homeless Shelter.



After its closure, Fisher briefly accessed housing at the old Southport Motel in Stratford, with support from the provincial government and Native Council of PEI. Incapable of keeping his space clean, he was evicted soon after. He spent the harshest winter months of 2021 sleeping on the streets.

cheeky smile.

But he doubts he will ever recover to a point where any of these dreams could come true.

Surviving addiction preoccupies the majority of Fisher's energy.

### Surviving is a full-time job

Stigma tightens its dangerous grip when the most affected are the least able to access the care they need, said Knaak.

A "not in my backyard" attitude has swept across PEI concerning initiatives that openly serve populations of people with addictions like the Community Outreach Centre.

A safe consumption site which can reduce fatal overdoses, bring people in from the cold and help to prevent the spread of HCV and HIV has been on the province's back burner for four years now, with no opening date in sight.

Fisher has run into a number of barriers accessing 'low barrier' shelter beds intended to serve Islanders with substance use disorders and chemical dependencies.

Aside from limited bed spaces, Fisher doesn't like leaving his access to drugs in someone else's hands. He rejects rules like locking up drug paraphernalia upon entry, turning in his bag of belongings and he often has needles in his pockets. This poses a risk to staff and other clients.

Fisher regularly chooses to sleep on the streets over separating from his gear.

These decisions may seem irrational or simply stubborn to someone with a mind unaffected by substance use disorder. But research has shown prolonged drug

use can make profound changes to the brain that essentially hijack the way a person processes risk and reward information.

Consequences to Fisher's hijacked survival decisions aren't the only barriers and roadblocks to quality care.

On first encounter, many read Fisher as male, but he is Two Spirit and proud. This makes fitting into shelters difficult. Fisher has been denied access to low barrier shelters for women. Tensions over respect of his gender and sexuality have soured his relationships with Health PEI's low barrier shelter for men, Deacon House.

Chris Clay, one of Fisher's social workers, corroborated one event Fisher described to The Graphic.

"A worker there looked him straight in the eyes and said, 'the other guys don't want to sleep in the same room as a f . . . king like you.'"

Fisher lost his temper and was kicked out for his subsequent behaviour. He was denied access to the shelter until he apologized to the worker for his reaction to the derogatory comment.

A concrete tunnel near the Charlottetown waterfront was one of the safest, and most reliably supportive spaces in town for Fisher, and others over two decades. In the cave, as it was known, he could exist in relative peace, use drugs, sleep and find community.

"That cave was a home to a lot of people. It was more than just a f . . . king cave to shoot off. It was a family in there," says Fisher.

Fisher's social workers estimate there were up to 50 others who would seek refuge there. Some regularly, others were more transient.

In December 2020 it was blocked off by Charlottetown public works on the recommendation of Charlottetown City Police.

One of his consistent hangouts was around the Community Outreach Centre, at that time located at Smith Lodge on Weymouth Street. Here he found snacks, coffee, day shelter and company. He could regularly be found hanging out or sleeping on the back step behind garbage cans overnight when he was either rejected from shelter or physically incapable of walking to Deacon House when it was located by the Hillsborough Hospital.

Fisher's social workers with the Native Council provided him with at least two tents to weather snowstorms and freezing rain. On both occasions the main poles of his tent were snapped.

Clay suspects someone, who either didn't want Fisher setting up shelter in a public park or on their property, broke the poles.

Lynn Bradley, another Native Council staff member who has worked closely with Fisher, says all systems have failed him: child welfare, youth justice, health, mental health, addictions, and housing.

"And here we are," said Fisher just before he was evicted from his Southport Motel room in Stratford.

"I see this in many different cases," says Bradley who spent the winter worried daily for Fisher's life.

The crew of Native Council workers, Dr Stewart, and others see ways our systems of care can be improved to prevent people from winding up on the streets, overdosing behind closed bathroom doors or needing to sell their bodies to survive.

They say public understanding, compassion and prioritization of best practice mental health and addictions services is the key to driving needed change.

"Nobody chooses to become addicted to any substance," says Dr Stewart.



# A hand of support, hope for the vulnerable

By Rachel Collier

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**Lynn Bradley** grew up in Kings County in the '90s knowing what addiction felt like. At 13, she was already a mother and had lost custody of her child. She was living on the streets of Montague when introduced to cocaine for the first time.

She was hooked after her first line.

Bradley struggled through two years of addiction before accessing programs, services and most importantly, community, through the Native Council of PEI. These helped to change the trajectory of her life by empowering her and allowing her to heal.

Now in her mid-40s she lives a healthy life in Charlottetown and works for the Native Council, helping clients navigate the justice system and providing mental health and addiction support.

Bradley is driven by empathy, love and compassion. Her past is never far from mind as she shields, defends and offers a sense of dignity to her clients living realities that would make most Islanders cower.

Every day she sees clients let down by various systems of care and support: child protection services, education, health care, mental health and addictions, justice. She knows the barriers to top-quality care they face and makes it her job to help them through with a sense of self-worth intact.

"I do what I do because I had that person that says 'you know what, let me show you a different way'. And I've come so far in my journey," says Bradley.

But she knows there are many changes needed, big and small, that would allow clients to more easily access a decent standard of life. Changes are needed to prevent others from experiencing what she felt at the age of 13.

Bradley and the Native Council's strategy is simple: meet clients where they are. It means she celebrates a client's sobriety, their regaining custody of a child or the decision to use clean needles instead of dirty. Regardless if it's a tunnel near Hillsborough Bridge, a client's apartment in Charlottetown, 24/7 care centre in Souris or a home in western PEI, Bradley is with her clients.

On a crisp February day in 2021, The Graphic followed along while she went to work. It was far from glamorous. Snow crunched under her tires as she pulled into the parking lot of the former Southport Motel in Stratford.

"This will be a bit hit or miss," she said. "We'll just see how it goes." Her client, Logan Fisher, had consented to inviting journalists previously, but his moods change quickly.

She was concerned about his living conditions and the level of support he was being offered. There was supposed to be a collaborative team, involving multiple NGO and government services, supporting him, but there was



Lynn Bradley, pictured at the Native Council of PEI's sweat lodge in Panmure Island, knows from experience, people can heal with the right community and supports. She is committed to helping her clients who struggle with mental health and addictions issues. She asks for the same from government and the public.

Photo by John Morris Photography

little appearance of it.

Bradley first checked on Fisher to ensure visitors were still welcome. As she disappeared into his room, he could be heard screaming indiscriminate profanities. His tone was hard to discern — it might have been banter. It might have been a defensive reaction to someone entering his home at a vulnerable moment as he scrambled to make himself presentable. Either way the screaming stopped and Bradley soon popped out, gave a nod, and waved us over.

Before we entered she warned, "This might be hard to see. Don't be too shocked." She advised there were likely used needles on the floor. She checked to see if we were still comfortable.

Upon entering, Fisher immediately apologized for the mess. His mattress was stained with a mix of human excrement, including his own feces. To avoid sitting and sleeping on his soiled mattress, he had flipped it from the box spring where he was sitting, surrounded by heaps of clothes, old food tins with leftovers caked to sharp metal, spilled and dried up chocolate milk, cigarette butts, used needles and something less defined but crunchy, like dog food, underfoot.

Fisher positioned a table an arm's length away from where he was sitting on the box spring. It was cluttered with half finished shots of Black Fly rum, a bottle of his own urine, hot knives, needles, and crushed up prescription drugs.

Yellow stains were splotched across the wall behind his bed and tomato soup was splashed on the ceiling leading to the door.

When Bradley asked about the soup, he shared there are only so many ways to show persistent intruders the door; throwing soup at them seems to be effective. If not, the threat of a pee

splash usually does the trick, Fisher, a natural entertainer, said to Bradley while holding court amid the clutter and chaos of his motel room home as he gestured to the bottle of urine.

Fisher is not always easy to deal with. He has assaulted workers and when he enters into certain head spaces he can be hard to reason with. But Bradley's empathetic and respectful approach has grown a strong bond of trust with Fisher, who is challenged with a life's worth of trauma and addiction.

When support started dropping away from the 30-year-old, Bradley and her team, fearful for the man's life, continued to show up to the motel offering basics like food, and harm reduction materials like clean needles.

Bradley even helped him clean the room until he started leaving used needles on the floor.

Shortly after our visit, Fisher was, not surprisingly, evicted. The Native Council continued to follow him, supplying him with sleeping bags and tents for nights when he wasn't accepted into shelters run by Salvation Army or the province. Bradley and another Native Council worker offered him another invaluable support — unwavering compassion and care.

"You've been more of a mom to me than my own mother has been," said Fisher to Bradley.

She left him with his favourite treats, chocolate milk and smokes. She promised to return with clean needles and food.

Fisher is one of 75 individuals receiving wrap-around support from the Native Council's addiction and mental health program. His need is at the extreme end of the scale.

Some clients in the program are housed. Some are able to manage their substance use to a level they are more comfortable

with. Others are sober. Some have been reunited with their children and are working to break cycles of intergenerational trauma.

Despite their efforts and successes, Bradley says her team regularly confronts significant barriers to care. She knows what's needed to better support clients on PEI.

There is no access to safe supply or safe consumption sites in the province. Despite research showing their efficacy, the concept has continued to wallow in bureaucratic indifference, while the impact is felt on the street every day. The council routinely responds to accidental overdoses, often caused by bad quality street drugs, she says.

There were 19 reported accidental overdoses related to opioids and eight deaths on PEI in 2020. Preliminary data shows at least 18 accidental overdoses related to opioids between January and September 2021. There was at least one death between January and March. Data reflecting the rest of the year is not yet available.

Non-fatal overdoses are likely underreported. In some cases a peer may administer Naloxone, stopping the overdose without calling 911 or presenting to the emergency department.

Bradley's team has seen clients call detox at a moment when they were ready, then lose the courage to show up while waiting for a bed. Average wait times at the withdrawal management unit, Mount Herbert, range from six to nine days, according to Health PEI. Clients are triaged, with some waiting longer than nine days before getting a call back.

Bradley has seen clients walk out of detox because, as a provincial government building, it is illegal to smoke on the grounds, in essence forcing clients to

“  
You've been  
more of a mom  
to me than my  
own mother  
has been.”  
LOGAN  
FISHER

withdraw from alcohol or opiate addiction and tobacco at the same time.

Many clients also slip back into addiction after completing the 21-day transition program. "Twenty-one days is not long enough," says Bradley, who believes there are more effective rehabilitation programming options available.

Once physical withdrawal is managed, clients often need to build a new lifestyle, social networks and address deep-rooted mental health issues. This is a point in recovery when housing, community and access to basic needs like food become crucial to prevent relapse. Bradley sees clients struggling to pull all this together across disconnected departments and service access points.

Last year, two Native Council clients were forced to sleep outside through harsh winter conditions because low barrier shelters operated by Salvation Army did not support their needs. Bradley questions if either the province or Salvation Army can truly tout provision of adequate low-barrier shelter options if this is a reality continuously faced by Islanders.

Some find it difficult to trust shelters not run by Indigenous or 2SLGBTQ+ folks. Client allegations of discrimination by shelter staff are numerous.

Moving forward from homelessness, clients struggle through the current housing crisis which challenges Islanders with full-time jobs, good mental health, and a reputation unhindered by substance use disorders.

Others have difficulty securing jobs as their substance use disorders have resulted in criminal records. Employers can be prejudiced against hiring those recovering from substance abuse.

Addiction and mental health counselling can be difficult for clients to access if they are required to go to the clinician rather than the other way around. Strict appointment schedules, long wait lists and travel are all barriers to treatment. Even the eight kilometre trip from Charlottetown to Mount Herbert is a significant barrier for many.

Bradley recently shifted to a new role as the Native Council's court worker. She'll work with the same clients, but from a different angle. Over the years she has seen firsthand the challenge clients face navigating the legal system and accessing true justice.

Bradley's commitment is resolute. "I'm strong enough now to say to my people, let me show you a different way," she says. "That's why I will never give up on any of my clients."



Cory Roach of Vernon River says Health PEI services need to be more accessible and programming could improve in quality. Despite showing up at the Community Outreach Centre nearly every day for over a month last summer he says he struggled with navigating the labyrinth of disconnected after-care programming.

Rachel Collier photo

# Mount Herbert's inconvenient truth

By Rachel Collier

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**When Dr David Stewart** hops in his car for the daily 8km commute out of Charlottetown, over Hillsborough Bridge, past Stratford, to the Provincial Addictions Treatment Facility in Mount Herbert, he knows what to expect.

On a good day there will be a full complement of five nurses attending the 10-bed inpatient withdrawal management unit, known as detox. But chances are the team will be short-staffed; they work short more often than not.

This will force the team to hustle under exhausting pressure to meet a goal that can seem unattainable: to safely offer top-quality care to some of the Island's sickest and at times most challenging patients - all without burning out.

"They come from the emergency room, they are suicidal, they are coming up from the depths, the dredges of life," said Dr Stewart. These patients are not challenging as the result of a personal shortcoming or personality flaw, he says, but the result of illness: addiction, mental health and the painful process of withdrawal.

Dr Stewart knows that on any given day the waitlist of people who experience an often short-lived moment of desire to start treatment may be growing by the hour.

In the past year, the wait list has at times soared to 40 - four times the centre's fully staffed capacity.

Once detox rounds are complete, Dr Stewart will check in on the 14-bed unit that houses patients in the 21-day recovery program. Some patients will arrive with clear discharge summaries outlining their medical history and treatment plan going forward, from perhaps Hillsborough Hospital or an off-Island rehabilitation centre.

But some don't. So the team cobbles together a strategy, including prescriptions based on the information they can tease from the patient. This process can be difficult depending on the patient's medical literacy, memory, and mental health status.

Dr Stewart will discharge patients with plans and referrals in hand: opioid replacement therapy, addictions counselling, mental health counselling, a bed at one of three residential recovery houses. But he has no idea how many patients actually access the services he refers.

Addictions treatment mostly falls under three separate mental health and addic-

tion divisions within Health PEI. Acute and complex care services such as detox, community programs such as counselling and outpatient services and transition programs such as residential recovery houses and the 21-day program at Mount Herbert. Staff in each division report to separate directors.

"It's not a smoothly functioning system," he says. "And ultimately, authority and responsibility is so diffused it's almost impossible to affix blame."

The directors of each division are focused on their individual responsibilities. But Dr Stewart doesn't see anyone driving cohesion across divisions. For instance no one is collecting data to determine the number of patients who actually access services they are referred to, such as community and transition housing.

Dr Stewart has treated patients with addictions on PEI for 28 years. For the last four, since retiring from his family practice in Cornwall, he has worked full-time at Mount Herbert, as well as filling several shifts a week at the methadone clinic on

Queen Street, which he says is more accessible than Mount Herbert for patients.

He is the only doctor to provide daily treatment to both detox and transitions unit patients at Mount Herbert.

Last November, shortly after Dr Javier Salabarría was named Medical Director of programming, Dr Stewart requested a meeting with he and Mental Health and Addictions Executive Director Joanne Donahoe.

Dr Stewart wanted to discuss ways of improving Mount Herbert's effectiveness, including more efficient use of nursing staff to reduce work related stress.

Despite his vast experience on the frontlines, Dr Stewart has not received a response from Health PEI management. No meeting has been arranged.

Cory Roach has seen the system from the inside, as an Islander who has struggled with addiction for more than a decade. The 34-year-old Vernon River resident is pointed in his criticism.

"It's bullshit," he says candidly. "This doesn't work."

## How bad is it?

Despite chronic staffing shortages and waitlists, Health PEI does not track the number of days detox is fully staffed. Nor can it provide the average or current number of people waiting for treatment. Health PEI says the average wait time for detox is between six and nine days as of October 2021.

Data released to the Graphic in a Freedom of Information request shows the detox facility was unable to admit patients during 81, 12-hour shifts between July 1, 2020 and August 1, 2021 due to staffing issues. This equates to a whopping 11% of the total number of shifts in a year. The number does not include shifts when patients could not be admitted because all 10 beds were full.

Clients added to the waitlist are contacted when a bed opens according to a triage process.

Mental health and addictions workers, as well as service users, interviewed believe those who have never been to detox, and those deemed most likely to achieve a stable sober lifestyle, are prioritized by the triage process.

This would cause some of the sickest, most chronically ill people to experience the greatest challenge accessing services.

Others believe it's more a matter of who picks up the phone first after a bed opens up.

The Graphic requested, on multiple occasions from Health PEI, details of its triaging process. The requests have gone unanswered.

Roach suspects he is not on the top of the list when he calls and has essentially given up on accessing medically assisted withdrawal. He's not alone. He believes if those addicted believed they had a real hope of obtaining treatment, the detox wait list would be much larger.

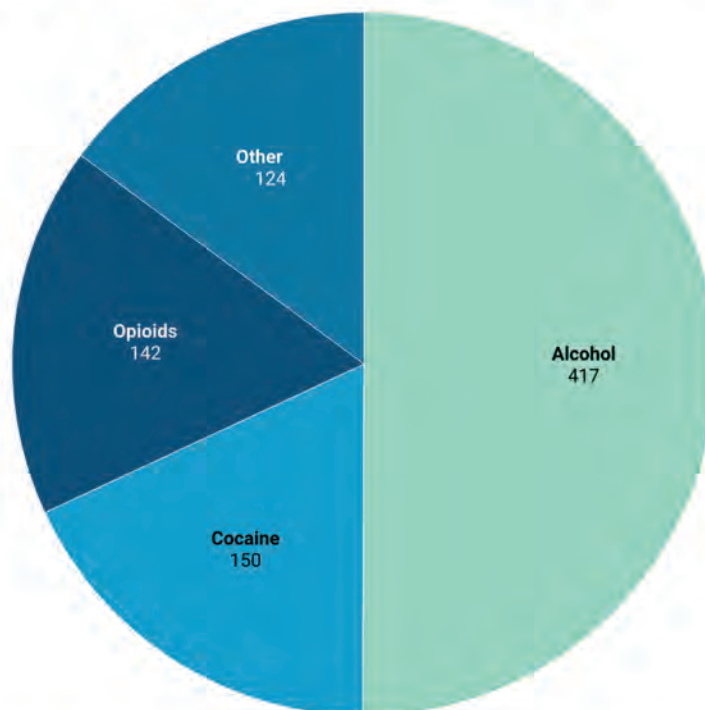
Instead, he and others go through the dangerous and painful process of drying out alone.

Withdrawal symptoms start with headaches, nausea, vomiting, shakiness, profuse sweating, anxiety, and insomnia. It's far from comfortable. Unattended, people can enter into a more dangerous phase of hallucinations and potentially deadly seizures.

Concerned family has waited with Roach in the QEH Emergency Department, hoping he would be monitored and close to professional care while sobering up.

## Addiction to alcohol is the primary issue treated through the Island's inpatient detox program

There were 833 admissions to inpatient withdrawal management on PEI in the 2020-2021 fiscal year. Alcohol was the primary cause for about half of the admissions.



Please note that the substance listed are the primary substances but many cases report polysubstance use.  
Chart: Rachel Collier • Source: Derived from HPEI data • Created with Datawrapper

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**It's not a smoothly functioning system. And ultimately, authority and responsibility is so diffused it's almost impossible to affix blame.**

DR DAVID STEWART

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## Mount Herbert

continued from page 13

When the wait stretched into hours, the family took him home to Vernon River, about 25 minutes from the QEH and 15 minutes from Kings County Memorial Hospital.

Ambulance response times in the area average 14 to 15 minutes, but a seizure becomes a medical emergency after five minutes. Roach says he has been fortunate to never have one.

### Solutions are possible

Dr Stewart says wait times for treatment are exacerbated by inefficient use of staff resources. A major factor is the siloed nature of mental health and addictions divisions. Staffing is assigned to a specific area: detox, transitions and community care. Employees of one area generally do not cross the floor to support another unit.

Nurses have told Dr Stewart they feel let down when not supported by the handful of other RNs working in the building offering community programming. The issue is not a reflection of individual nurses but the structure of the bureaucracy and a lack of incentive or obligation for nurses to support each other.

Incentives, financial and otherwise for notoriously difficult work, could improve efficient use of staff resources and enhance recruitment and retention, Dr Stewart says, noting the precedent is already baked into the health system.

Emergency medicine doctors make more money than family doctors. There are significant financial incentives for skilled family doctors to work emergency department shifts.

Nurses working inpatient detox could be similarly rewarded. Dr Stewart says the lack of incentive for this acute care work adds to a perception that mental health and addictions is the poor cousin of health care and a low political priority.

Dr Stewart says anyone working in detox for any amount of time does so out of deep-rooted compassion. Working conditions are difficult and burnout frequent.

The PEI Nurses Union says any perceived lack of cooperation is beyond its control. “We do not have any input into the operational side of service delivery. In saying that, we have not had concerns come forward to the union from our members about this matter,” the union said in a statement to The Graphic.

### Holding tight to a tippy wagon

When detox is complete, the process of sobriety is just starting. There are a variety of services patients can benefit from but they are not always easy to access.

Not everyone makes it to Mount Herbert's 21-day transition program after withdrawal. Some choose not to participate but according to frontline workers others relapse while waiting for a bed. Health PEI did not respond to a request asking for data on how often this happens.

Between 510 and 550 patients accessed detox beds from 2018-2020, while 150 to 320 entered the transition program. There was particularly low participation in 2020 due to pandemic.

Roach has accessed the 21-day program in the past. Last summer, while active in his addiction, access was not the primary factor holding him back from trying again. His issue is the quality of service.

“It just feels so rehearsed that they could be robots, it's like the staff don't even need to be there.” Roach believes treatment must be individualized and include after-care support.

“What gets me, if you're not offered it, you don't know about it. And if you are offered it, it's, here's a phone number.”

He believes meeting clients where they are would lead to better outcomes. Getting to Mount Herbert, with daily but unaccommodating bus schedules, is an impediment to after-care. A client must travel to Mount Herbert for something as simple as an opioid replacement therapy prescription renewal.

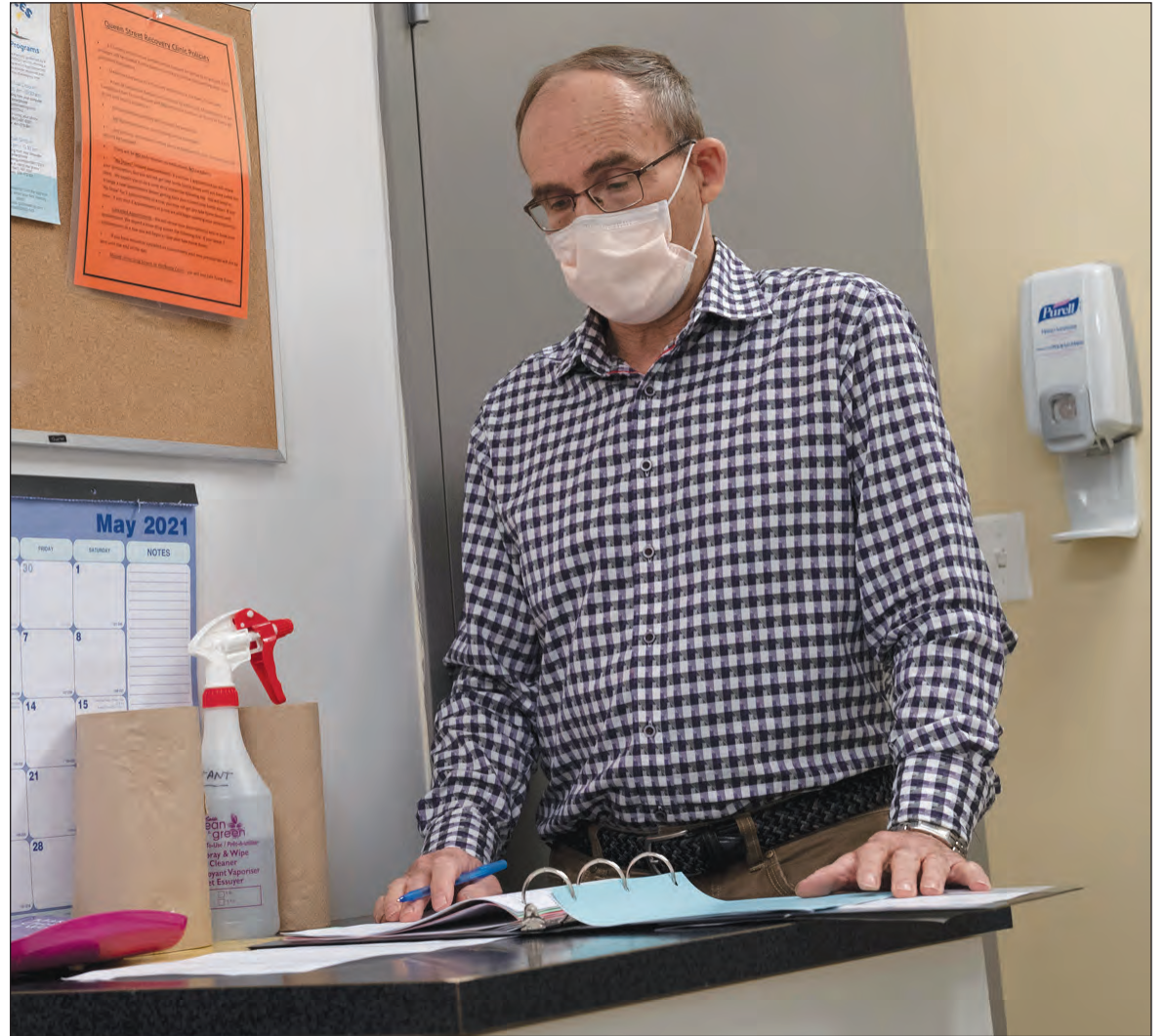
“How hard is it for someone to come into town and sit with me at a bench or meet me?” he asks.

The provincially funded Outreach Centre on Euston Street in Charlottetown as well as community mental health centres across PEI are intended to be easy access points to care.

In reality there are huge programming and case management gaps, says Roach. He spent virtually every day for months at the Outreach Centre. But rather than gaining comprehensive support he felt disconnected and ultimately found the location triggering and enabling.

In early November he returned to Vernon River to be with family. He remains sober at this writing and has obtained a meaningful job.

“We need better programming,” he says.



Dr David Stewart works in his spare time at the Queen Street Methadone clinic. He says treatment allows the great majority of his patients to resume a healthy and fulfilling life on their way to recovery.

Photo by John Morris Photography

# Doctor urges equal ORT treatment access

## Prisoners cut from care upon release

By Rachel Collier

Local Journalism Initiative Reporter

rcollier@peicanada.com

**Early last December**, Nick Stewart of Charlottetown was looking to work his way out of a tough spot. He was fresh out of inpatient withdrawal management, commonly known as detox, at the Provincial Addictions Treatment Facility (PATF). He had no home, no job, no money.

But he did have clear goals and hope. He wanted to find work, a home of his own and was determined to avoid relapse.

To succeed he needed to access opioid replacement therapy (ORT) as soon as possible. He expected therapy costs would be automatically covered by the provincial ORT program. (Completing detox at the Provincial Addictions Treatment Facility is a common access route to the provincial program's benefits.)

His first morning out of detox, he walked from the Outreach Centre on Euston Street where he was keeping warm, down past Value Village to the Queen Street clinic.

His optimism was quickly quashed.

The pharmacist informed Nick his medication and daily dispensing fees were not covered by the province. He had to pay out of pocket.

This meant he couldn't afford treatment.

Dr David Stewart is one of five doctors who worked to open the downtown Queen Street clinic in 2014. It has always operated independently from the provincial program which covers costs of patients' ORT treatment automatically.

He says patients like Nick Stewart (no relation) run into difficulties paying for medication on a regular basis downtown. Dr Stewart says it's a major barrier to receiving convenient and accessible care that must be solved.

A quarter of Queen Street patients pay out of

pocket for treatment that can take years to complete. The rest rely on other financial sources.

Dr Stewart estimates it would take \$250,000 per year for government to cover treatment for all those patients currently paying out of pocket for their care.

The doctors who opened the downtown clinic did so because of the lengthy waitlist clients were experiencing to enter the provincial program. Government's waitlist had grown to 300 by early 2014. The downtown location was strategically selected for client convenience, compared to Mount Herbert, eight kilometres away or a 90-minute walk out of the city.

“A lot of patients don't have cars or if they do they are constantly breaking down,” said Dr Stewart.

The Queen Street clinic has grown to treat between 500 and 700 patients per year, while the provincial program treats and covers costs for 300 to 400.

Dr Stewart suspects the total number would be higher if the province covered the cost of therapy for all. Treatment costs run between \$12 and \$20 per day, which includes medication and dispensing fees. The price reduces over time as pharmacists are allowed to dispense more than one day's worth of medication per visit.

It's a price the majority of patients cannot afford, says Dr Stewart. The issue is compounded because not all are able to complete funding applications or wait for bureaucratic processes necessary to access funding through other avenues.

Accessing methadone treatment is time sensitive. Yet, social assistance, provincial catastrophic drug plan and private insurance all require an application and approval process.

Even if plans are approved in a timely manner, costs may still burden patients.

The provincial catastrophic drug plan only covers costs for medication after the patient has already spent a specific percentage of their income

“ It’s weird because the hardest times are usually when you are trying your hardest to make change.

NICK STEWART

on prescription drugs. Patients can end up paying more than \$1,000 on ORT medication before the plan covers a cent.

- People who make less than \$20,000 per year pay 3% of their income on medication before the catastrophic plan kicks in
- Those who earn \$20,000 to \$50,000 pay 5%
- Patients who earn between \$50,000 and \$100,000 pay 8% and
- Anyone making over \$100,000 pays 12%

Private insurance requires monthly or annual premiums and often only covers a portion of costs.

Islanders who access the provincial program pay nothing out of pocket for their medication.

### Determined to find a solution

Nick was discouraged after learning he would not automatically receive treatment. But he left the pharmacy, and trudged back up to the Outreach Centre determined to brainstorm a solution. “I remembered I had applied for social assistance the day before, and thought maybe it could be covered through that,” he said.

He walked back down to the clinic. The pharmacy tried to run his medication and dispensing fees through social assistance but his application had not yet been processed.

He once again headed to the Outreach Centre, acutely aware he needed medication to remain sober. He feared cravings would soon return.

“It’s almost like you’re back in the same cycle that you were in, in the addiction, you’re still chas-

ing something and that is psychologically not good,” said Nick, who was kept busy also sourcing meals, a place to stay for the night and job interviews.

As a last resort, during a busy and exhausting day, he called his family.

They spotted him the fees until his meds could be covered by social assistance. While he is thankful, relying on family has strained relationships in the past. He tries to avoid it.

Where Nick was able to rely on family, many people fall through the cracks and revert to patterns of addiction instead of building momentum through timely treatment.

Relapse can derail other plans that are components of a long-term recovery strategy including: securing housing, employment, mental health treatment, rebuilding healthy relationships with loved ones and applying for other support needed.

Difficulty accessing ORT was only the first crack in the Island’s system of care Nick jumped over in pursuit of a sustainable, healthy life. It gave him the resolve to continue pushing forward even when presented with other systematic challenges.

“It’s weird because the hardest times are usually when you are trying your hardest to make change,” he said.

Nick wanted to work, not only to be financially independent, but to maintain a routine that encouraged accountability. He suspected work would be good for his mental health and keeping on top of substance use.

However, in order to work he needed to forgo his shot at shelter housing more than once because he was unable to make it into the 4 to 4:30 pm line up at Bedford MacDonald House or Deacon House.

Nick had difficulty calling the

emergency shelter line as a last resort because his phone couldn’t make outgoing calls.

When he texted someone to call the shelter line on his behalf, the operators required direct contact with Nick to discuss options.

He slept in the entryway to a bank on more than one occa-



Josiah Alizadeh would have started opioid replacement therapy earlier if he hadn’t faced stigma and if he had known how the treatment could help him turn his life around.

Photo by  
John Morris Photography

### Prisoners cut from care upon release

Patients introduced to free opioid replacement therapy as a rehabilitation service in jail are routinely cut off upon release, a reality that Dr Stewart says is unfair because most cannot

afford to pay for continued treatment.

“A lot of people don’t show up to their first appointment,” he says. “Their lives are often in chaos when they leave jail.”

Dr Stewart says it would be ideal for the reintegration of these patients into society as well as for their personal wellbeing to continue free treatment at the location most convenient to them – which is often the private downtown Queens Street clinic. He sees this as a glaring disconnect between health and justice programming.

Dr Stewart has presented these issues to the Department of Health and Wellness and leadership with Health PEI. No positive action has yet been taken.

## Stigma delays treatment

In spring 2018, Josiah Alizadeh’s life flipped upside down in a car crash. He required reconstructive surgery in Halifax to repair 13 hip fractures, a broken femur and a broken pelvis.

“They had three lines running up my arms just dosing me with morphine,” said Alizadeh, who spent three weeks in hospital.

The experience triggered a substance use disorder.

When his prescriptions ran out he reached for street sources which offered opioids like percocet (oxycodone mixed with acetaminophen) or narcotics like hydromorphone.

“All I wanted to do was just to feel normal,” he said. “That’s what the drugs did, was make me feel normal.”

Addiction nearly cost him everything, both financial and his relationship with his wife and young son. While he could afford both the cost of treatment and time from work needed to pick up daily prescriptions, Alizadeh says stigma kept him from seeking help.

“A lot of people are scared that you’re going to be judged or seen as lower,” he said. “I would have done it earlier, but I thought maybe it’s worse than what it is and they’re probably going to make me go into detox and that kind of thing.”

He quickly realized this is not the case.

“They treat you just like you’re human. You’re no different down here than you are from anybody else,” he said, adding through the Queen Street treatment program he didn’t have to go through the painful process of detox.

By May 2021, Alizadeh’s life was turning around. At the Queen Street methadone clinic, he was looking forward to the end of opioid replacement therapy (ORT). He shared stories with his doctor, David Stewart, about snowmobiling with his son, adventuring through snowy fields from Kensington to Morell and back and how his roofing business was going.

“We see this kind of thing all the time, it’s what keeps me going,” said Dr Stewart, one of five doctors treating patients at the Queen Street clinic.



Pharmacist Craig Meek mixes a slow-release methadone drink for patients at the Queen Street clinic. Pharmacy dispensing fees cause treatment costs to run between \$12 and \$20 per day. The price reduces over time as pharmacists are allowed to dispense more than one day’s worth of medication per visit.

Photo by John Morris Photography



Forty-six-year-old Nanci P and two acquaintances seek shelter behind a concrete barricade during a Valentine's Day snowstorm.

She says she really needs better housing supports but in the meantime, more options like a safe consumption site and a 24-hour women's shelter would keep her from drinking alone out in the cold.

Rachel Collier, LJI Reporter  
photo

# Closing the drug cave didn't solve a thing

By Rachel Collier

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**A thick blanket** of snow piled up across PEI this year on Valentine's Day. School was cancelled and government offices and private businesses closed early to ensure everyone got home safely.

Nanci P was not afforded the same luxury. At 2:30 pm, along with two others, she huddled behind a two-foot tall concrete traffic barrier in a public parking lot off Connolly Street in Charlottetown. Snow whipped and drifted around them. Nanci's hands were swollen and blue from cold as she wrapped them in a fleece hat, gifted to her by a police officer.

"When you've already had frostbite, and then you're back in the cold like this, it really hurts," says Nanci, 46. Sometimes she can't help but break down cry-

ing in pain.

Nanci, who did not want her last name used for fear of embarrassment for she and her children, does not have an apartment or house to call home. She deals with an addiction to alcohol and some unresolved mental health issues. There is a man she cannot stand to be around who frequents the Community Outreach warming centre a few blocks from where she huddled. So she avoids it, even on storm days.

Before moving to the parking lot, Nanci first tried loitering by the pharmacy around the corner. "I thought that if something did happen, because there is no safe injection (consumption) site at least I'm on camera," she said. "That way if I was to start to freeze to death or something like that, or if I take a seizure then someone is going to see me."

It's also near the community fridge where she can access food when she needs it.



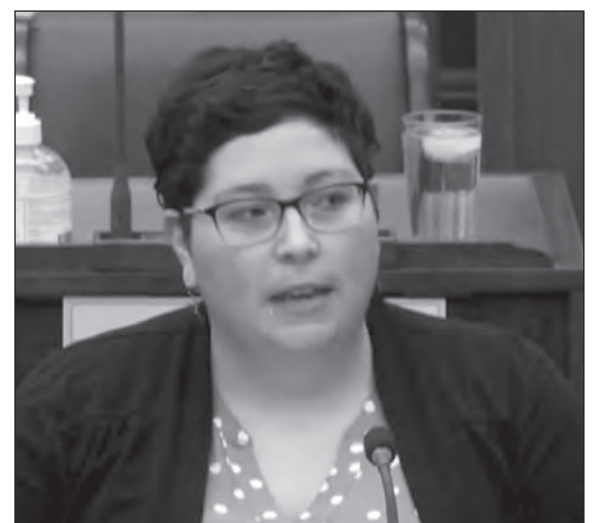
**Dr. Heather Morrison**  
Chief Public Health Officer



**Chief Paul Smith**  
Charlottetown City Police



**Angele DesRoches**  
Program Coordinator-PEERS Alliance



**Brittany Jakubiek**  
PEERS Alliance Executive Director

Chief Public Health Officer, Dr Heather Morrison, former chief of Charlottetown Police and vice president of the Canadian Association of Police Chiefs, Paul Smit, Peers Alliance representatives Angele DesRoches and Brittany Jakubiek each speak to the standing committee on Health and Social Development advocating for a supervised consumption site on PEI.



“ This is an issue that as law enforcement, we can't arrest our way out of it.

FORMER  
CHARLOTTETOWN POLICE CHIEF  
PAUL SMITH

”

She was asked to move on from the pharmacy and crossed the street to the parking lot. Two men joined her shortly after. They placed sheets over a bike and miscellaneous items to fortify the shelter.

Within about 30 minutes three Charlottetown Police vehicles rolled up. Officer Chris Ivanko was first on scene.

“We get calls from the general public who are warm sitting in their car or sitting in their house saying this looks bad,” he said. “That’s when we get into a pickle. You know, she’s harmless.”

They asked Nanci and her company to leave. “You can’t set up camp here, Nanci,” said Ivanko. But she knew she had the right to be on public property, so she didn’t budge.

Acknowledging their tough situation mid-snowstorm, the officers bought Nanci and her companions a hot chocolate before leaving them to weather the rest of the storm. Nanci was waiting for shelter beds to open later that evening. The women’s shelter opens at 4 pm, the men’s at 8 pm.

The provincial government has heard multiple calls to action over the past year to open a safe consumption site on the Island. The calls have gone unanswered.

In December 2020, authorities blocked a tunnel near the Charlottetown waterfront where frontline mental health and addiction workers estimate up to 50 people frequented. For more than two decades the cave, as it was known, acted as a community gathering place for some of the Island’s most vulnerable.

It was a community of peers who would supervise each other and share resources like water and food. They turned the tunnel into one of the safest and lowest barrier spaces around for the population’s drug and alcohol consumption.

Conditions could hardly be called safe, says Angele DesRoches, program co-ordinator for Peers Alliance. There was no electricity or running water to support hygiene. There wasn’t a guaranteed consistent supply of clean needles, safe needle discard boxes, safe drug supply or drug testing kits. There wasn’t always someone sober and well trained to respond in an emergency.

After the cave was closed on the recommendation of Charlottetown City Police, the Standing Committee on Health and Social Development heard multiple professionals advocate for more resources, including a safe consumption site.

In February 2021, then Chief of Police Paul Smith, told the committee a supervised consump-

tion site would be controversial but beneficial. He said it would reduce health and social harms associated with addiction and substance abuse.

“We have long recognized that this is an issue that as law enforcement, we can’t arrest our way out of it,” said Smith.

He encouraged the committee to advocate for decriminalization of simple possession, noting work from all levels of government toward decriminalization would be ideal. He added this idea is supported by the Canadian Association of Police Chiefs. At the time, he was the vice president of the association’s board of directions.

DesRoches and her Peers Alliance co-worker at the time, Brittany Jakubiec, presented long-term and short-term safer consumption site options based on working examples across the country. They advised that Islanders would benefit from similar services.

The cave may have been barricaded, DesRoches said, but the people who relied on it have not disappeared.

“They have moved to behind buildings, inside bank doorways,” she said. “Now, what you’re more likely to see is someone who is going into a 24-hour gas station or business and using their bathroom. Again, locked in a room alone or outside behind a building.”

Using alone leaves people more susceptible to unattended, lethal overdoses.

The Chief Public Health Officer, Dr Heather Morrison told the committee that safer consumption sites where clients can access a range of supports would be in keeping with harm reduction principles and clinical best practices.

She also reported that the Island’s needle exchanges deserve more financial support and expansion.

Despite recommendations to create a safe consumption site, the idea is moving forward at a snail’s pace. A spokesperson for the Department of Housing and Social Development described the process to approval as “very long and cumbersome.”

The process involves submitting an application to Health Canada to receive an exemption from the Controlled Drugs and Substances Act.

Neither the Department of Health and Wellness or Health PEI would provide any update on where the proposal lies or how long it will take before implementation.

However, according to Health Canada’s website there is no pending application for any supervised consumption site on the Island.

# Revolving door of leadership

By Rachel Collier

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rcollier@peicanada.com

**Health PEI’s leadership team** is in constant flux, peppered with vacancies and sets a low bar for relevant qualifications and experience.

“It trivializes the seriousness of mental health and addictions,” says Laverne MacInnis of Murray Harbour. She has worked in mental health and addictions in the United States for decades and most recently for two years as a HPEI addictions counsellor in Montague. She stopped work with the health authority in October, 2021.

While she sees a few examples of strong leadership, she says there is a need for leaders who prioritize enabling staff rather than personal bureaucratic advancement and self-preservation. Ms MacInnis does not believe current leadership takes staff input seriously.

She is not alone.

Health PEI recently hired Garth Waite to analyze the authority’s worker exit surveys.

Before retiring in 2019, Waite was a HPEI administrator responsible for projects directly related to workplace culture.

His report was published in 2021 and shows 83% of mental health and addiction staff who left Health PEI cited a toxic workplace as one of the primary reasons for their departure.

The majority indicated that interactions with co-workers and clients or patients were favorable. However, they flagged multiple leadership issues of serious concern including: management’s communication; performance feedback and input into decisions.

The report also shared some of Health PEI’s 2019 Worklife Pulse survey findings. The survey is available for all staff to complete. Current staff echoed those who had left.

The majority of mental health and addictions staff who completed the survey in 2019 did not agree with the following statements: senior managers effectively communicate the organization’s goals, are committed to providing a safe and healthy workplace, are committed to providing high-quality care and, act on staff feedback.

One point that is abundantly clear is mental health and addictions has experienced an unprecedented level of leadership volatility.

“It’s like changing seats on the Titanic,” says MacInnis.

As of August 5, three of six mental health director positions were vacant: director of transitions, director of program planning and operations and director of facilities support and materials management. The Graphic requested an update early in December but has yet to receive a response. The public staff directory is perpetually out of date.

Dr Amanda Hudson was director of research as of August 5. She has mental health research qualifications and experience including over 30 academic publications. Her position was posted in February. While Health PEI would not confirm if she has, a source told The Graphic she departed last September.

Professionally Dr Hudson worked in the shadow of her father, Ernie Hudson, being Minister of Health and Wellness.

Joanne Donahoe is now Executive Director of Mental Health, despite limited experience in the field.

Donahoe has worked for decades with Health PEI in Quality and Access, which included some crossover with mental health and



Laverne MacInnis has dedicated three decades of her life to studying, then working to provide top-quality front-line mental health and addictions care. She says Health PEI Leadership needs to start working to better enable highly qualified frontline staff rather than plowing through a top-down approach where bureaucrats seem most focused on self-promotion and preservation while toxic workplaces stagnate as the norm.

Submitted photo

addictions. She spent three of the past five years at the PEI Worker’s Compensation Board (WCB) and re-joined Health PEI late in 2019 to assume the newly-created role of Director of Program Planning and Operations for Mental Health and Addictions.

Donahoe replaced Lisa Thibeau who stepped into the role of Chief Administrative Officer for Mental Health in January 2021 when Verna Ryan left for a secondment to the Department of Health and Wellness.

Thibeau does have extensive experience in mental health and addiction programming in PEI and with the Addictions Foundation of Manitoba.

Thibeau left Health PEI to become Assistant Deputy Minister of Health and Wellness. She was named Deputy Minister Health and Wellness in February.

During the same recent senior management shuffle, Krista Shaw was named Assistant Deputy Minister of Mental Health and Addictions. She has limited leadership experience in mental health and has enjoyed a meteoric rise since arriving at Health PEI from WCB early in 2020. She started as a program officer, became a manager, then director of Mental Health and Addictions Transitions in June 2021 followed by the ADM role nine months later.

From a clinical standpoint, the top medical role was left vacant for 10 months when Dr Heather Keizer was removed in a January 2021 reorganization. Psychiatrist Dr Javier Salabarria assumed the medical leadership position last November. He specializes in geriatric psychiatry.



Tony Doyle says being left high and dry after inpatient services offered at Mount Herbert should not be the norm. Having a strong and lengthy after-care plan through Lennon Recovery House is what kept him sober since his latest trip to detox and the 21-day transitions program in Mount Herbert. He says everyone should get this type of chance.

Photo by John Morris Photography

# Lennon House delivers what 21-day recovery program can't

By Rachel Collier

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**When Health PEI's 21-day addictions recovery program closed suddenly in 2020 because of Covid, Tony Doyle found himself fresh out of detox and fending for himself on the streets of Charlottetown.**

It wasn't long before he relapsed.

Doyle understands the pandemic forced unprecedented decisions, but feeling unsupported after leaving the facility should not be as normal as it is.

"Once you are out the door at Mount Herbert, you are out," says Doyle, who has been through both detox and the transitions program on more than one occasion. He says better coordination and accessible follow-up care could dramatically improve the level of government service.

In the spring of 2020 the now 34-year-old was looking to rebuild his life, for both his own well-being and a desire to play a more meaningful role in his son's life.

On an early summer day, Doyle accepted a cab ride, paid for by the province, to the Sherwood Motel where he hoped to find an affordable room. No rooms were available. He walked back into Charlottetown, wiling away time until Health PEI's Deacon House, the only shelter tailored for men with chemical dependencies, opened at 8 pm.

But there was no room that night at the shelter. Doyle hit the streets.

For most of the summer of 2020 he slept on the streets or at Deacon House. He became adept at finding nooks and crannies across town where he could find 'shelter' from both weather and anyone looking to bother him.

He slipped into commercial buildings unnoticed during the day and found hiding places, with electricity to charge his phone, and privacy for the night.

When living between shelters like Deacon House and on the street, Tony Doyle said gaining the tools and supports he needed to stay sober were virtually impossible. In contrast when he was able to spend nearly a year at Lennon House, he was able to build the community and supports he needed to transition into a healthier, more stable lifestyle. He has now been sober for 15 out of the past 16 months, is housed and attending college.

Photo by John Morris Photography





Tony Doyle became adept at finding nooks and crannies around Charlottetown where he could find shelter from the elements and anyone who wanted to bother him, when he couldn't secure a bed at Bedford MacDonald house or Deacon House. He would seek refuge hidden in commercial buildings, and under a motel step as just a couple of examples.

Photo by John Morris Photography

Other times Doyle slept under the stairway to a Charlottetown motel's deck. He lived this way until he entered detox and the transition program for a second time that year. But this time he had a follow-up plan: Lennon Recovery House, a not-for-profit service located in North Rustico that allows clients to stay for up to a year.

Doyle says this longer-term, out of town, service made a huge difference and empowered him to stay sober for 15 of the past 16 months. This is his longest run of sobriety since 2014. His issues with alcohol began in 2006 and evolved into drug addiction as well.

Lennon House offered Doyle the freedom to breathe stress-free while building a community of peer supports - people with a shared experience who he could lean on in dark moments. It's a group he still stays in touch with. They helped him return to sobriety after relapsing for a month last summer.

Lennon House provided regular mental health, addictions programming and support in transitioning to a subsidized housing unit. It is located across the street from Holland College, where Doyle is now enrolled in the journalism program.

Recovery has allowed for meaningful connections to be made with his son and he has a better understanding of how new habits outweigh perceived benefit of any high. During his month-long relapse, a friend overdosed on his bathroom floor. It provided the jolt Doyle need-

“

**We want to set residents up to continue their recovery when they leave. But if we can't find them a place to live or help them to find a place to live, it's really hard.**

DIANNE YOUNG

”

ed to again fight for sobriety.

Doyle believes every Islander deserves a shot at stability, and credits the extended stay at Lennon House for much of his recovery. Health PEI's transitions program is helpful, he says, but 21 days is not long enough.

The province does offer 90-day programming through Health PEI's three recovery houses:

- Talbot House operates 14 beds for men in Charlottetown
- Lacey House offers six beds for women. A promise made in 2019 by then Health Minister James Aylward to increase the number to 12 remains unfulfilled.
- St Eleanor's House operates eight beds for men in Summerside.

Participants in this programming may, at the discretion of staff, extend their stay on a per-month basis after 90 days.

In 2021 the average length of

stay at Talbot House was 58 days; 72 days at St Eleanor's House and 53 days at Lacey House. Over the last two years, the three houses have a combined 214 admissions.

Waitlists make accessing extended programming difficult, according to both frontline workers and potential service users.

Lennon House founder Dianne Young says the non-profit has limitations as well. Only 22 people can stay at a time and she constantly must refuse applicants.

Even with a year of treatment, Young says more government programming is needed, such as housing that allows for community support and check-ins on a regular basis.

“We want to set residents up to continue their recovery when they leave. But if we can't find them a place to live or help them to find a place to live, it's really hard.”

# PEI funding lags behind recommended minimum

By Rachel Collier

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**Prince Edward Island** has consistently failed to meet the recommended minimum investment in mental health and addiction programming set out 10 years ago by the Mental Health Commission of Canada. In the most recent annual budget the Island missed the target by about \$12 million.

Despite this discrepancy, Joanne Donahoe, Health PEI's Executive Director of Mental Health and Addictions is generally satisfied with funding support from the province.

“Can we ask for more, yes we can always use more, but so can every other part of the health system,” said Donahoe.

The target was recommended by Mental Health Commission of Canada (MHCC) to encourage jurisdictions to reverse historical funding neglect. MHCC recommended an increase from an average 7% of provincial and territorial health care budgets to 9% by 2022. PEI budgeted just over 7% in 2021-2022, an increase from 6% in 2012. While these changes may seem marginal, they equate to millions of dollars.

A Health PEI spokesperson says the issue is less to do with accessing funding from the province and more to do with attracting professionals to work here. Recruitment issues hold HPEI back from expanding services and in turn from spending more money on the division.

While staffing shortages for mental health services is a national issue, many provinces have met and exceeded the 9% target, including Nova Scotia and New Brunswick.

The recent delayed implementation of mobile mental health typifies a common problem in PEI - the time it takes to implement any new program. The crisis response units were funded through a five-year federal-provincial agreement signed in 2018. The service only began functioning late in the summer of 2021. Health PEI had hoped to launch it in the fall of 2019.

Bureaucrats in the Department of Health and Wellness and Health PEI leadership waffled over details like what model to use and who is best suited to oversee the service. They were stumped on how to achieve integration of police, ambulance and health services. Nursing staff were hired well before the service became operational.

Increased funding for mental health and addictions is a common request of advocacy groups including: Mental Health Commission of Canada (MHCC), Centre for Mental Health and Addictions (CMHA), Canadian Mental Health Association (CMHA), and Canadian Alliance on Mental Illness and Mental Health (CAMIMH).

In April, just before the 2021 election, the Liberal Party of Canada promised to increase mental health and addictions provincial transfers by \$4.5 billion over five years.

The promise was widely praised but has yet to be delivered upon. Dr Glenn Brimacombe with CAMIMH applauds the promise but says once funds are secured the next big question will be how to use them effectively.

He suggests funding could be well spent covering the services of psychologists, social workers, counselling therapists, and psychotherapists through provincial and territorial health plans.



Psychologist Sarah Carr says, better integrating private mental health clinicians into the public health care system would make working on the Island more feasible and desirable. It would also make mental health care more accessible to Islanders in need.

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I work less with children and families now because it comes down to who can pay me.

PSYCHOLOGIST SARAH CARR



# PEI funding

continued from page 19

## An efficient spending option

Sarah Carr is a psychologist working in PEI. She says better integration of private sector professionals into the public funding system should be a priority.

"I work less with children and families now because it comes down to who can pay me," she said. "Workers Comp pays for a lot of the work I do, insurance pays. With children you know you're not getting Workers Comp to pay to treat their trauma."

If there isn't a large population able to pay for a certain type of service, a specialist or provider might not choose to work in PEI even though there may be great need in the area.

She says better integration of private sector professionals could be achieved in other ways as well.

"As a private psychologist, I can't refer someone to a psychiatrist on PEI," said Dr Carr. She has to advise people to see their family doctor or a doctor at a walk-in clinic to get a referral. This is inconvenient for her clients and puts unnecessary strain on overloaded family physicians and walk-in clinics.

Dr Brimacombe says ultimately, a targeted mental health fund transfer gives provinces and territories flexibility to make individual plans.

He asks Islanders to reach out to their local politicians or to sign his organization's parity pledge in support of increasing mental health and addictions funding in Canada.

"In the view of CAMIMH, it is well past time for those with mental health and substance use health issues to come in from the cold and no longer be treated as an orphan of medicare," he said.

## Private facility plays greater role

Health PEI has begun referring patients to several private mental health and addictions facilities in limited and specific situations, including Serene View Ranch in Stratford.

Ranch owner, psychologist Caroline LeBlanc and her team of over 20 care providers prioritize treating trauma and PTSD experienced by first responders and veterans, but they also treat some members of the general public.

Her facility almost always has a waitlist and Dr LeBlanc sees a need for more professionals to treat trauma on PEI.

"I think the province has been trying to address that for several years. Recruitment is definitely a big issue," she says.

To access private services potential clients need a referral request expressing need from a general practitioner or specialist. Other factors considered include if provincial services have been fully explored, if the public system can-

not meet the immediate need due to staff vacancies, or if there is an extended waitlist to see a psychologist in a Health PEI or community mental health position.

Dr LeBlanc believes it is easier to recruit professionals to a private clinic than government. Working outside of government offers more flexibility and autonomy to try cutting edge treatments, she says.

The ranch offers equine therapy as well as the only biofeedback program on the Island.

"Some might not be evidence-based psychotherapies for trauma but are treatments that are recognized as helpful for those with trauma," she says. For example, the ranch offers yoga therapy which incorporates physical activity into treatment.

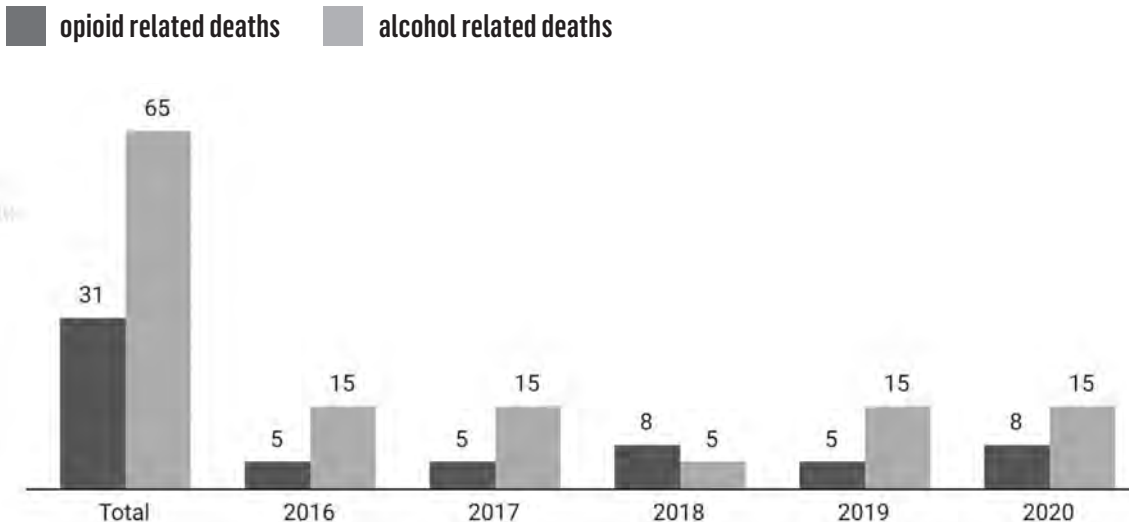
Dr LeBlanc sees this flexibility as a draw for practitioners as well as the work-life balance that care providers are able to achieve.



## Opioid-related overdoses and deaths: PEI 2020



## Number of deaths related to alcohol and opioid use on PEI



Deaths related to alcohol are rounded to the nearest interval of 5 for confidentiality purposes and this data is sourced from Statistics Canada. Data related to opioid deaths is sourced from PEI's Department of Health and Wellness.

Chart: Rachael Collier • Created with Datawrapper

## While programming funding suffers there is plenty of money for buildings

While PEI has failed to meet MHCC's minimum program funding recommendation, the province is making significant investments in infrastructure.

Over the next five years government has budgeted \$149.4 million to build mental health facilities. This amounts to just over 50% of all combined infrastructure investments prioritized for the Department of Health and Wellness and Health PEI.

There's money for a new mental health campus in Charlottetown, as well as community health hubs in Charlottetown, Summerside, Alberton and Kings County. The hubs are intended to provide more collaborative, community-based mental health and addiction services to Islanders, closer to home.

The province did announce construction has begun on two facilities associated with the mental health campus. However, according to Green Party MLA, Trish Altass, one will replace Lacey House and the other will serve community-based programming as drawn up by the previous Liberal government.

Construction of the long-promised new mental health hospital has not begun and a project start date is not set. During the last provincial election Dennis King promised 'shovels in the ground' on day one of a PC administration. No shovel has yet found dirt.

Infrastructure funds are also targeted toward improving communication between health care providers and to implement e-mental health services to increase access to specialists such as psychiatrists.

## through the CRACKS

continues March 9  
with part 2 of a 4 part series