



RECOVERY THROUGH CONNECTION

GRASSROOTS RECONCILIATION

SRH OUR JOURNEY AND EXPERIENCE

We are common people, citizens of Winnipeg, proponents of a Recovery Lifestyle that entered into this field with modest resources, open hearts and a desire to give back to our community. We were encouraged to develop new solutions for existing problems in child welfare in relation to vulnerable youth afflicted with the illness of addiction. We endeavored to collaborate with both Provincial government, CFS Guardian agencies and the Four Authorities for this purpose. Our ultimate goal and mission was to be of service, to provide safe supported living in homes geared towards intervention, harm/risk reduction and relapse prevention for youth in care who required specialized Recovery Through Connection programming. We worked very hard to develop an alternative recovery-based voice that would reduce stigma, challenge the prejudice and the discrimination of the exploited children in care with co-occurring substance use disorder and mental health concerns.

Our service to our community was done in the spirit of humanity, truth and reconciliation for the small number of beautiful souls we managed to stabilize in our homes through connection, love and tolerance.

We acknowledge our work was done on Treaty 1 Territory in Manitoba, and that Manitoba is located on the Treaty Territories and ancestral lands of the Anishinaabeg, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk Nations. We acknowledge the Manitoba is located on the Homeland of the Red River Métis.



Introduction

Exploitation, Substance abuse, Missing Children in Care A tragic and ongoing crisis

As former frontline providers to Child and Family Services and the Provincial Department of Families, we were privy to an appalling negligence of coordination in providing essential resources and safety to hundreds if not thousands of youth suffering and trapped in this bloated and bureaucratic system.

We agree with those who feel the current state of CFS care is an ongoing injustice to Indigenous youth in our province. The voices of the direct caregivers, youth and their communities are not being heard.

Youth with substance use disorder are:

- Labeled Level 5 and their social histories routinely depict known or suspected exploitation
- Have had 15+ placements from 13-18 yrs of age
- Repeated hospitalizations due to self-harm and suicidal ideation
- Have lived in semi-secured units
- Are susceptible to committing crime
- Have been incarcerated
- Have little to no education or high school credits
- Have extensive missing persons histories due to running from placements
- Are or have been groomed for gang involvement
- Have a lack of cultural connection
- Have been a victim or perpetrator of violence or both

We accepted these kids as they were into our homes and day by day attempted to stabilize and offer the alternative of recovery. **Recovery and Abstinence are not the same thing.**

Our program emerged due to a growing realization that attempts to shame, stigmatize and criminalize drug use in youth are counterproductive. These can lead to further harm, pushing them away from supports and further towards exploitation and the criminal elements.

This state of emergency has been many years in the making and is a complex problem that cannot be solved overnight. The lives and futures of these children in care necessitates a broader and deliberate vision of the Provincial Harm and Risk Reduction policies around substance abuse in youth. This work ahead requires deep, empathetic care for our most vulnerable.

Simply punishing addicted youth or shifting all the responsibility to Providers offering Placements and Foster Parents caring for them will fail.

Continued blatant denial and refusal to accept and look squarely at the illness of addiction in youth will fail.

Addiction is not a choice. Trauma cannot be ignored.

Harm Reduction is essential and an incomplete response



Harm Reduction

We need to consider the primary goal of harm reduction programs. Existing programs are designed to address health issues like overdose and infectious diseases directly—through the distribution of naloxone, the provision of sterile syringes and works, and the allocation of trained, experienced staff. Youth are invited to access Cleans, bubbles and pipes at local drop ins, clinics and through outreach vans.

The secret and implied consent practice.

Youth are permitted to drink alcohol, consume hard drugs, smoke cannabis and cigarettes while living in a multitude of foster homes, group homes and placement resources across the CFS system. As long as the youth are off property and sourcing the illicit substances for themselves at great personal peril, Government, Guardians, systems and caregivers can comfortably look the other way. Drug seeking youth are repeatedly exposed to exploitation, violence and go missing daily in this city.

Youth we accepted into our program have arrived at our doors for intake along with their DSW's with their bong and their weed in hand. Countless social histories show daily use of marijuana, as do systems meetings and case plans for these youth. **This is not shocking or sensational news to the front line.**

Youth with little to no control of their personal living situations and looking to fill their needs, self medicate and numb their feelings of trauma and helplessness use their personal allowance funds for this purpose. Stigma and shame, fear of the future, broken placements, not being heard and being misunderstood for their choices is driving them to dark places with "street family".

Harm reduction programs attempt to keep people alive in an extraordinarily challenging time in Manitoba, against the backdrop of a potent and changing drug supply and overdose crisis. We don't blame one entity for society's failures, and we shouldn't put the onus on harm reduction programs or one single provider either.

Risk Reduction

Prevention is a key element to all of the stabilizations and successes we celebrated with our youth.

- Preventing awols through connection and engagement
- Give these youth a reason to want to be at home
- Meeting the youth exactly where they are. Whether they are abstaining, cutting back, using less harmful drugs, or in full relapse; a non-judgmental approach from caregivers coupled with unconditional acceptance and love builds a young persons self-worth.
- Monitoring social media, equipping with phones or devices, following and searching for in community or during relapse into use.
- Individual Sobriety Case Plans and Journals based on CBT techniques employed as well as recovery meetings in house and community
- Constant pragmatic collaboration with ANCR, Streetreach, WPS and other sister organizations to reduce the risks and negative impacts of community members who mean harm to our youth.
- Engaging youth back into school, socializing and positive personal habits for self esteem.
- Utilizing mental health resources and seeking assessments
- Engaging CFS guardians into post majority planning and needs
- Post Majority planning is neglected and often not attended to at all in youth with complex needs due to ongoing crisis situations

What our youth are exposed to

Specialty treatment is essential and an incomplete response



A rise in the circulation of highly potent fentanyl that is increasingly being mixed with other drugs is making Manitoba's street drug supply so toxic and unpredictable, tools to prevent overdoses such as naloxone are not always fully effective. Walk through the Memorial Garden on Waterfront drive to see the devastation this epidemic has caused. Long emergency room waits and bias of emergency professionals often complicates treatment for our youth.

The situation has become extremely volatile and front-line support workers and Foster Parents are left to deal with the aftermath of these emergencies and painful at-home detoxing. No youth in Manitoba with ANY type of illness should be suffering as these young people are.

Where to try to get help

YASU - Youth Addictions Stabilization Unit

- Lack of beds to service need.
- Wait list for Voluntary beds
- Wait list / court order for Involuntary Holds
- A mere 2 beds reserved for Intoxicated Persons Detention Act (WPS use)
- Youth discharged early with unrealistic safety planning for relapse
- Refusal to admit and or program expulsion based on behavior
- Non-collaborative with placements and Foster Parents

Youth Treatment Facilities

- COMPASS Program
- Formerly part of AFM now moved into Shared Health
- Excellent program for those few who can successfully access the facility
- Long wait times
- Intake process and interviews span over months for youth whose drug use presents a grave daily risk
- Voluntary program and refusal to admit or expulsion for behavior are real barriers to success.

Youth Hubs

This initiative while incredible is not reaching the most vulnerable youth. Our Kids don't want pamphlets - they want people to help. Handing out clean supplies is redundant to our youth who can source those items through street vans and clinics in the neighborhoods they frequent. Trust must be established with long term placements and supports who can encourage attendance and accessing these drop-ins. It is difficult for drop-in staff to create relationships with youth they see intermittently.

MATC

The issue with MATC is access. To coordinate with the guardian agency, book the required assessments and secure referrals from family doctors is a lengthy process for youth who have been transient in the system. The youth who do successfully receive the in-patient services often benefit greatly from their stay and fall back to the same lifestyle upon release. Lack of coordination and follow up is the main issue placements face. Intuitional environments when locked in can be beneficial but cannot be maintained in a home environment.

The Opposite of Addiction is not Sobriety – it is Human Connection

Recovery Communities are essential and an incomplete response

From Gabor Mate - Trauma exists on a personal level, but also in the collective sphere – he cites the persecution of Canada’s Indigenous people and the ensuing addiction, illness and suicide. In most cases, he writes, trauma is multigenerational: “We pass on to our offspring what we haven’t resolved in ourselves.” Left unhealed, trauma “has an impact on your life ... about how you feel about yourself, how you see the world, how you get triggered, what you believe about yourself, the kind of relationships you get into. And it shows up in the form of chronic illness. Addiction being prevalent.”

Sobriety and Recovery cannot be forced. Youth themselves must see the value in making personal changes and this change often takes a very long time. Connection, safety, housing and basic needs must be met while Recovery is encouraged and supported at the pace the youth is willing.

Cultural Connection

Indigenous cultural interventions provide hope and healing by honoring traditions and reconnecting youth with their cultural roots. These practices contribute to overall well-being and recovery from addiction.

Sweat Lodge Ceremonies

Traditional Teachings

Land based activities and therapy

Community and Cultural Reclamation:

Supporting youth and families in reconnecting with their culture and community

Drawing from Guardian Agencies and existing organizations who offered workshops, teachings and mentoring we encouraged and supported all youth in connecting to their culture, spirituality or religion of choice.

12 Step & DBT (Dialectical Behavior Therapy) Modalities Integrated

Self-Acceptance: DBT skills can help individuals accept themselves and manage emotions, which aligns with AA’s first step (admitting powerlessness over alcohol).

Emotional Regulation: DBT equips individuals with tools to regulate emotions, which can support AA’s second and third steps (belief in a higher power/creator and turning one’s will over to it).

Mindfulness and Self-Inventory: DBT’s mindfulness practices and self-inventory techniques align with AA’s fourth and fifth steps (moral inventory and admitting wrongs).

Amends and Personal Growth: DBT’s focus on personal growth and amends dovetails with AA’s eighth and ninth steps (making amends to others).

Spiritual Awakening: DBT’s emphasis on self-awareness and transformation complements AA’s twelfth step (carrying the message to others).

Private in home Individualized Treatment:

Each young person’s needs vary, so a tailored treatment plan combining DBT and the 12 steps can be effective.

With proper treatment and commitment from caregivers, individuals can achieve a healthy & fulfilling life.

There are many other pathways to Recovery from hard drugs and the trauma experienced in the lifestyle. People who have lived through it themselves have voices the youth can relate to.

Love and tolerance for our youth is key to connection.

Legal consequences of Substance Use Disorder

Law enforcement is essential and an incomplete response

From a recent press conference with Winnipeg Police Chief Danny Smyth:

“We are aware of multiple youths that are involved in this kind of activity, committing serious crimes with serious weapons, and they’re all kind of affiliated to one another,” Smyth said Thursday.

The chief said while the specific recent incidents aren’t related, police are seeing more examples of group homes and foster homes not having enough resources to meet the needs of youth. This press conference was disputed by The Minister of Families. In her statement that followed The Honourable Nahanni Fontaine said “While there are pockets of violent incidents, “the vast majority of kids in care are not in conflict with the law.”

But what about the ones who are? These are the youth we serviced.

Many youth we cared for came into our homes with “charges” as a direct result of their drug use, are involved with probation services, have court dates to deal with and are facing incarceration. These are difficult realities to deal with for caregivers and youth.

Law Enforcement and Youth

Exploitation

There is a clear line from Substance Abuse Disorder to missing and murdered youth. The systems in place to report missing youth ANCR and WPS Missing persons are often blaming and combative towards placement staff who have deep concerns about a youth not returning home for curfew, many times refusing reports. Impossible situations are created by youth seeking out the criminal element to obtain supply. **The question is as a province what can we tolerate more? Exploitation or cannabis?**

Drug Dealers

Multiple websites and messenger groups exist for the simple reason of connecting users to dealers. Youth are drawn to these sites and will sell their personal belongings, trade and negotiate for drugs, often finding themselves in unsafe situations. Men and women will show up in vehicles, Ubers and cabs at placements to try to lure the youth away from safety. Our youth have reported meeting their dealer in the parking lot on allowance day in a large youth care facility in the city. **Meth is the cheapest and most accessible drug being used today by youth.** Dealers are introducing samples and have been known to “shoot up” young females to get them started with free supply. Many youth are hooked from first use and their brains hijacked until accepting help.

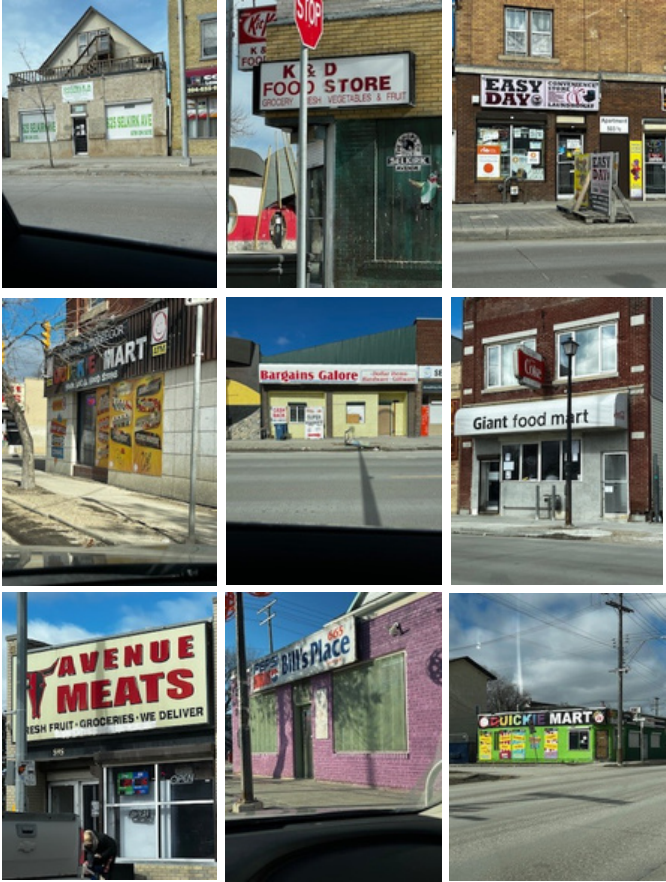
Property crime

In the community, **property crime is high when youth without supportive homes or purpose are drug seeking and theft is common way to gain supply.** There are also many instances in Foster care and group homes where behavior escalations or dumping of trauma will occur and major damages to the homes are sustained. Vehicle theft & Arson are common and routinely used in grooming into gangs. We were directed by the Department of Families that these youth “may need to carry weapons to protect themselves and should hide these off property”

Gangs & Violence

Many young exploited females find themselves in what they believe to be a relationship which is nothing more than a predatory situation. **These youth are encouraged towards peer on peer violence as a way of initiating into a certain gang.** “Taking your Minutes” refers to submitting to a beating to show loyalty. Young men fall prey to selling drugs, “going on runs”, violence against rival gang members. This violence often extends into CFS and placements where assaults against Social Workers, Support workers and other youth in care are commonplace. Police attending to these assaults will refuse to remove the youth or return them to the home shortly afterward - stating “nowhere else to go.”

Establishments to investigate



By no means is this an exhaustive list. However, all of these convenience store establishments have sold:
 Cigarettes (\$5)
 Cannabis (\$15-20)
 and drug paraphernalia to youth in care in the past 36 months. There are predatorial people who frequent these businesses and invite the youth “to chill” at nearby homes and apartments.
 This illegal trade is in the open and practiced with impunity.



Ride share apps and Taxi’s that make themselves available for “free” to our young Indigenous females need to be further investigated. We experienced far too many encounters with ride share drivers who befriend, drive, bring alcohol and drugs to youth at or near our homes. These older men are brazen in their exploitation of these youth, often introducing them to a network of other men who will take advantage of them. They will give out their private cell numbers and social media to these youth and will feign being a “protector”. This has been an ongoing problem for YEARS.

It is well known and documented that various dangerous hotels in Winnipeg are connected to exploitation and trafficking. Pictured below are just three hotels we have personally entered to retrieve a youth from.



Stigma, racial profiling and bias in the Medical System

Medical Treatment is essential and an incomplete response

One of the more distressing things we experienced as caregivers to these youth was the lack of Medication reviews and follow through on other therapeutic or psychiatric interventions. Anti-Depressants, Anti-anxiety, Anti-psychotic, Mood Stabilizers, Stimulants and Sedatives all with many adverse effects on the youth are commonplace behavior modification tools. The regular use of what we call the **Kids in Care Cocktail** of Psychotropic drugs prescribed and administered to our youth is truly shocking. A common MAR sheet will list:

- Methylphenidate (**Concerta**) during the day
- Quetiapine (**Seroquel**) in the evening or as PRN for behavior escalation
- Olanzapine (**Prozac**) for drug psychosis
- Trazadone used to treat depression - serotonin / mood stabilizing /sedative
- Risperidone for schizophrenia and mania - mood stabilizing / sedation
- Benzodiazepine(s) - anxiety, panic and induce relaxation (highly addictive)

All of the drugs listed above come with cautions and adverse side effects, particularly for kids and teens.

Lack of access or refusals for referrals to psychiatry services happen all the time as the standard Emergency Room protocol is to list “Drug Induced Psychosis” as the diagnosis for symptoms - with no follow up. All attempts for Foster Parents and caregivers who advocate in hospital emergency rooms go unheard and Guardian agencies are not present during the incidents to speak for the kids. The words “frequent flier” are used by doctors and social workers to describe youth continually presenting at crisis units or emergency rooms seeking medical interventions and who may be non-compliant on medications previously prescribed.

Related Illnesses

Infectious Disease

Caring for youth with serious medical diagnosis such as HIV and Hep related to their drug use and exploitation presents many challenges. Combined with absences from home the drug regimen to treat these diseases is often less effective. Regular blood monitoring, STD testing and physical exams are critical to the efficacy of treatment. These efforts are exasperated with youth who AWOL regularly. Health education offered by clinics and doctors designed specifically to caution the youth on safer use and sex practices is crucial. Many of our youth were started on these medical interventions once stabilized in home.

Secondary disorders

The following disorders are often co-occurring in our youth with Substance Use Disorder
FASD - Fetal Alcohol Spectrum Disorders
ADD - Attention Deficit Disorder
RAD - Reactive Attachment Disorder
ODD - Oppositional Defiance Disorder
DMDD-Disruptive Mood Dysregulation Disorder
Our system is not meeting the needs for these youth who have been moved multiple times and no collaboration between previous and new placements except through the DSW (Social Workers assigned)

Acute Drug Psychosis

Acute drug-induced psychosis refers to a condition where an individual experiences psychotic symptoms due to the use of certain substances. Substances like meth, alcohol or other drugs lead to the development of psychotic symptoms. The youth are often seeing and hearing things, having visual or auditory hallucinations, completely in a break from reality. This diagnosis is frequently given in situations where cessation of drug use has spanned over several weeks. These symptoms may arise while a person is intoxicated or during acute withdrawal from the substance.

Psychosis is often very frightening, confusing and distressing for the youth, housemates and supports. Sedatives are administered in hospital and once the youth has slept off the medication they are discharged to placement. These episodes present a danger to other youth in the homes, yet when Crisis Units have no beds, hospitals discharge the youth - the only alternative is coming home - often with extra staffing in place above the funded level for simple safety reasons.

Acceptance of the problems that exist

Public policy is essential and an incomplete response

CANNABIS IN MANITOBA

Street cannabis isn't worth the risk.

If you buy cannabis, make sure to get it from a licensed retail store that offers a wide selection of legal products.

Street, or black market cannabis offers you no quality control in terms of strength or purity. It may contain traces of pesticides and even other drugs that could put your life at risk.

When you support the black market, you have no idea whether or not your money will go to fund other illegal activities. Buying cannabis from a black market supplier puts you at risk of arrest and fines.

To find a licensed cannabis retailer in Manitoba, please see [Liquor, Gaming and Cannabis: Buying Cannabis in Manitoba](#).



Drug related education and Government Policy is targeted at adults. From the provincial website - pleading with adult consumers of Cannabis to purchase from legal dispensaries - while turning a blind eye to youth sourcing from streets.

Sourcing Authorization for Youth

There is a large gap in current provincial government and CFS guardian policy and pathways to obtain prescriptions for youth who use cannabis. How then do we begin to safely and legally ease the suffering of youth and keep them safe from both people who mean to exploit them and people who may provide a toxic supply.

When appropriate, and particularly when requested by guardians and families, recommended clinicians should be empowered, willing and able to engage in open discussions about the potential benefits and risks of medical cannabis. Whether to treat symptoms of Trauma or as a tool to move the child or youth away from harder drugs therefore reducing both risk and harm. Counselling should:

- Be evidence-based and unbiased, client centered.
- Help guardians and parents make informed, shared decisions about their child's medical care and treatment.
- Alert guardians and parents to the risks and implications of accessing cannabis through recreational or illicit sources.
- Therapeutic considerations should focus on the child's or youth's specific condition and prognosis, including but not limited to Trauma, potential benefits and risks based on the best available data, a clear treatment plan, and follow-up to evaluate efficacy, monitor safety, and avoid adverse events, including drug-drug interactions.

Kids and Youth in Manitoba are finding, buying and using weed, not limited to those in CFS.

The question becomes does this province prefer overdose and exploitation over weed?

- The Department of Families are fully aware that youth use weed / cigarettes
- The Guardian CFS agencies are fully aware that youth use weed / cigarettes
- The Four Authorities are aware that youth use weed / cigarettes
- Home communities and Indigenous Leaders are aware that youth use weed /cigarettes
- The WPS and RCMP are aware that youth use weed / cigarettes
- The Justice system and PO officers are aware that youth use weed / cigarettes
- Educators and school systems are aware that youth use weed / cigarettes

The Social Histories of the youth we served while confidential informed our placements of past and current drug use, everything is well documented.

Growth and Need

We started this journey with 1 foster home, 1 youth and one dedicated team of respite support workers and Recovery Mentors. Our growth over 3 years was due to need.

We were from the start, completely forthright in our program literature and approach to youth and how we were prepared to support the youth. We offered them connection, a high level of engagement, activity and wrap around recovery in the homes. We inspired a vigilant front-line in the homes with prevention and redirection while stabilizing young people with addictions to navigate towards a safer lifestyle. We followed them into community to bring them home and keep them safe. Our strategy included all aspects of a harm reduction model. As in any triage situation - much more serious conditions such as IV drug use took priority over weed use, in terms of safety and urgency.

Many of these youth are not ready for complete abstinence - this takes time. As many experts say “addiction recovery is not linear” supporting a young person into moving from active addiction to METH or Opiates towards sustained recovery is fraught with relapses and set backs. We celebrated progress however small, with our youth-not perfection.

This model was extremely successful and we began to be recognized for the dedication and efforts we were putting in to each and every youth we served.

It would be a product of false pride to say that we did not make mistakes, or to claim that we or any other front line placement provider could be a cure-all for where our addiction crisis is today in Manitoba.

It has become painfully clear that Spirit Rising House has become a convenient “patsy” for the province and CFS guardian agencies - as a means to conceal the larger issues. We were not alone in the harm reduction approach. **Access to cigarettes and to cannabis via CIC’s (child in care) personal allowance are issues that every Level 5 Foster or Group home in the city deals with.** The tone of the media in sensationalizing the matter created the need for an immediate scapegoat. The sorrow we face is that, in the political move to close SRH completely rather than work with us to correct conditions - many youth were again removed from loving safe homes and further traumatized. Until the Reddit post was made public by a disgruntled contractor we had a good reputation, success, little to no compliance issues, no protection concerns and a successful model for stabilizing youth.

- We were asked repeatedly over the three years in operation to open more homes and beds due to need - we did so on personal funds, looking to eventually catch up in the long haul.
- We were funded in exactly the same way as other placement and Foster home providers
- Our Level 5 rates were in fact lower than most other sister organizations with specialty homes
- We reinvested the vast majority of administration fees into providing more homes.
- SRH was underfunded on many complex needs for the youth (mileage, damages, training, staff turnover)
- Agencies we worked with stretched themselves to provide for the youth within the single envelope funding model, also using Jordan’s principle funding and creative use of prevention funds.
- Special Rates committees were utilized at the Authorities to ensure staffing levels were appropriate to the needs for safety and prevention via Level 5 funding
- The legislation around a hybrid model of Foster/Group home is outdated - staffing levels should not be up for debate
- The basic needs funding has not kept up with inflation - this could be an entire separate report
- Caregivers and Support professionals are not compensated fairly across the entire system in relation to the grueling work they perform and service they provide to our kids and youth
- The Manitoba Advocate was repeatedly engaged by our team to ensure CFS was meeting their own standards under the Child and Families Services ACT.
- We have fought for Adult Services, assessments and proper diagnosis - for post majority
- We experienced many overworked Social Workers who were not engaged with or meeting the needs of the youth. Many who did not visit, would not respond to crisis or even to the kids themselves.

Results we are proud of

Key Indicator	Priority	Our Outcome(s)
Youth back in school	Many previous placement breakdowns created challenges for jumping between catchments. Stabilizing and entering back into school or programs is priority	<ul style="list-style-type: none"> 90% of our youth serviced entered back into school, receiving high school credits and catching up on opportunities to learn and grow.
Reduced consumption of hard drugs and alcohol. Reduced incidences of exploitation	Recovery introduced and often embraced. Hope restored. Less desire to be AWOL from home. Connection is priority	<ul style="list-style-type: none"> Youth gaining a new outlook with supports Experiential voices in recovery freely sharing hope. Peer to peer encouragement and self directed recovery
Youth stabilized Family & home visits reestablished. Cultural reconnection.	Sustained recovery and reestablishing contact and relations with parents, siblings and extended family members	<ul style="list-style-type: none"> Opened homes specifically to reunite siblings Supported with out of town trips to home communities where CFS would / could not Supported in ceremony and culture
From Storming to Norming to Forming	Trusting and feeling secure in a new home requires time and a high level of honesty from caregivers. Many youth are angry and confused, prone to escalations	Meeting them exactly where they are without judgement, hearing their needs and being steadfast in offering support - allows an environment to unpack past pain.
Improved Health Status	Youth with HIV diagnosis and stabilizing in home adhering to meds regime and regular blood draws	<ul style="list-style-type: none"> Several youth became undetectable for HIV HEP outcomes were similar IV abscess and wound treatments improving outcomes
Improved Judicial Outcomes and Reduced incidents of new charges	Compliance with probation services Staying away from streets and crime	<ul style="list-style-type: none"> Improved self-esteem around successfully moving through charges and probation Commitment to making better choices Adverse to crime

Quotes from Stakeholders / Experts

“Can’t keep letting fentanyl win” Safe supply of drugs needed to fight Winnipeg’s crisis, says advocate.
“Let’s not call it safe supply...Let’s call it doing the right thing.”
“If your child dies, no amount of treatment, not amount of justice, no amount of policing is going to bring them back.”

Arlene Last-Kolb - Moms Stop the Harm

The Manitoba Advocate for Children and Youth - Sherry Gott “The sexual exploitation of children and youth continues to be a significant problem in Manitoba, with young people being victimized daily.”
“While the scope of this issue is difficult to accurately measure given its hidden and underground nature, our office continues to be made aware of young people who are at immense risk of harm or death on a daily basis, and who are without sufficient supports and protections to mitigate these risks.”

Taken from Government of Canada “Statement from the Minister of Mental Health and Addictions”
March 27, 2024 The Honourable Ya’ara Saks , P.C., M.P - “Harm reduction is also an important part of our approach. This includes measures to support people who are currently using drugs to ensure they do not turn to the deadly illegal drug supply...The overdose crisis is bigger than any one government or organization. It will take the collective efforts of everyone, working together-provinces and territories, Indigenous leaders, professional and regulatory bodies, health care providers and law enforcement alike -to help stop the needless harms and deaths of Canadians.”

Every Manitoba Child Advocate in the past 20 years has highlighted all of these same areas of concern.

Taken from The Virgo Report - 2019 “[A] recovery oriented system that focuses on wellness, healing and hope; holding strong with a trauma-centred approach, recognizing trauma as the primary root cause of the SUA/ MH (Substance Use/Addiction/Mental Health) challenges experiences by so many people; and services that are client/family centred, harm-reduction focused, and welcoming and respectful”

Mobile Overdose Prevention Site



The annual number of fire and paramedic responses for substance use have increased from under 7,500 in 2016 to over 9,000 to date in 2023.

Based on the needs and suggestions of the peers and harm reduction experts, Sunshine House applied for federal funding to launch a public health based overdose prevention service. Sunshine House successfully obtained federal funding, only to be opposed by the Manitoba government. This required Sunshine House to apply for a specific federal exemption. Eventually, the temporary exemption was secured and in October of 2022 Sunshine House began to offer services through the Mobile Overdose Prevention Site.

Moving forward - Where do we go from here?

Despite the public spectacle and personal loss SRH, its owners, management, support staff, respite providers, and most importantly our youth have experienced since the disinformation first surfaced - we continue to hope to be a part of the dialogue and solution.

We were cautioned early by Provincial Authorities against speaking out, that staying quiet would ease the transition planning process for our youth. We were placated and lied to, promised assistance with the process, that never came. We were given no audience or means to defend our policies or to fall in line with directives sent out industry wide in the days following the announcement. Every other provider was given opportunity to make changes and create policies. Once the Minister of Families went on the evening news and publicly sentenced our homes to be closed a momentum of cancel culture and loss of respect and reputation for our organization began. This exasperated our efforts to deal with the transitions and legalities around closing.

The for-profit narrative is extremely misleading to a public that is not informed of the massive undertaking and costs associated with running this number of homes. Our estimated property damages upon closing are upwards of \$100,000 alone. In truth 2024 was the year we planned to pursue a non-profit status for our organization.

Expose the dangers

This government does not have the luxury of placing blame on one group or organization. Exploitation and hard drug use cannot be ignored for Manitoba's youth in care or for youth living in their natural homes. These are widespread issues in Manitoba.

Shame and stigma must end for these young people suffering and the people who dedicate their resources and lives to helping them.

The guilt extends far beyond one provider.

Advocate for change

A system built on denial and painfully slow acceptance of Addiction as an illness and exploitation as a direct result has created the deadly landscape we now face. We still have much to learn from recommendations to act on in these 3 tragic case studies:

- A Place to Call Home - The Story of Tina Fontaine
- Tracia's Trust - Collaboration and Best Practices to End Sexual Exploitation and Sex Trafficking in Manitoba
- In Need of Protection - Angel's Story

Our community cannot afford to turn away despite the difficulty

It is difficult to grasp the impact that being there for young people who struggle with addiction can have. Vicarious trauma, exhaustion and heartbreak are very real on the front line. The work is can be the most tragic experience and the most fulfilling experience simultaneously.

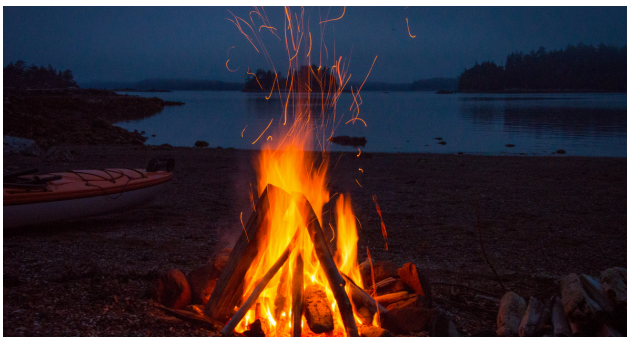
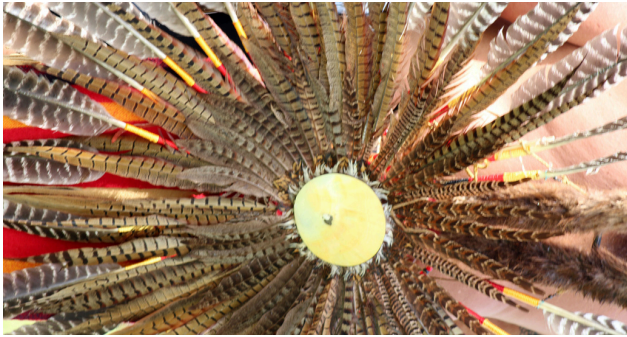
Our dedicated team suited up every day to meet the unique challenges of providing care to this group of youth living with complex needs.

Action or Commitment

It takes what it takes to spur change. We are not alone in our fight to offer safety, security and love to these kids. The heavy handed shut down of our business was not about weed. How could it be when this issue is so widespread? The sensational media and political gains certain people achieved from appearing on TV as a savior and champion for the youth we loved and cared for daily in our homes was a disturbing overreaction to shame based reporting and disinformation.

Conclusion

We were imperfect providers dealing with addicts (yes underage but addicts none the less) in daily crisis. We drew on the industry standards of best practice and we also made mistakes. We experienced a lack of clear policy initially from the top, ongoing direction or support. What we did was from a place of love and protection for our most vulnerable youth. Natural parents of youth with addictions and mental health concerns will tell a similar story of barriers, lack of services and being left to navigate this extreme challenge alone.



Look Everywhere

- Find the criminals exploiting our youth
- Engage /train CFS Guardians in honest discussions around Substance Use Disorder and the implications
- Seek the truth in agencies and how they operate and disburse the massive budgets
- Seek the truth regarding people in powerful roles and abuses of power in CFS and the Department of Families

Look at Everyone

- All working organizations given same opportunities - system wide policies
- What is wrong in one group should be looked at in all
- Federal and Provincial Government, CFS Agencies, Indigenous Leaders and Communities, Health Care providers and Law Enforcement all must be engaged in solutions

Help those helping our Youth

- Support placements with more accessible resources - not blame
- Standardized training for Support Workers
- Create a system that allows for a professional class of workers at living wage
- Reduce the stigma and barriers for recovering addicts and alcoholics to work in the field and share experience and hope

We worked for three short years under dangerous, impossible conditions with outdated public policies, gaps in or complete lack of accessible services and no support.

We hope the next group coming in with the same good intentions we had for safe, supported housing for young addicts will receive the underpinning required.



We acknowledge the dedicated team we built and the pain and financial insecurity the dismantling of Spirit Rising House has caused for the 125 men and women who worked in our homes. We are grateful to each and every support professional we encountered along the way. We acknowledge that we have let our youth down and could not save them from this heartache or keep them in their homes, for these things we are truly sorry. Through our naivete of the political world of the Provincial Government and CFS system... Spirit Rising House became just another family torn apart...

Our mission now is to ensure the attention will focus back to our youth and their needs, that the government will be honest about the rush to judgement and poorly planned transitions. That the overreach and abuse of power in memos that have been distributed across the industry has destroyed the chances of good people finding employment. That these same youth were not removed for protection concerns or placed into safety as promised in the few transition meetings that were afforded to us. That our youth as young as 14 and 15 years old have been placed into Independent Living with little support. That established schooling has not been continued, that addiction and mental health needs have not been addressed. That our youth have been sent into the shelter system with no post majority planning. That our youth have gone missing. That our youth are using IV drugs, are on the streets as we speak and in terrible condition. That our youth have been subjected to assaults, violence and exploitation in the weeks since they have moved. **Lastly, to be honest that our youth continue to self-medicate with cannabis in their new homes or just down the street. That nothing has been corrected or solved.**

Thank you for reading.



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