

IN THE MATTER OF the Nova Scotia Criminal Code Review Board

AND IN THE MATTER OF the accused, John Thomas Eddy Andrews

AND IN THE MATTER OF OF a hearing held pursuant to 672.81(1) (Annual Hearing),
672.81 (2.1) (Restriction of Liberties x 2)

REASONS FOR DISPOSITION

Verdict

On the day of June 2006, the accused was found Not Criminally Responsible on account of a mental disorder on charges of attempt to commit murder (x's 2), contrary to Section 239, assault with a weapon or causing bodily harm, contrary to Section 267(a) and uttering threats, contrary to Section 264.1(1)(a) of the Criminal Code of Canada;

Current Status

The accused is detained at the East Coast Forensic Hospital.

Facts

From prior Hospital Report:

An agreed statement of facts was not available to the report writer. The following description of the circumstances of the index offences was obtained from Dr. R. Pottle's Report to the Court dated May 8, 2006:

According to the Crown file, the accused was in the kitchen of his parents' home when he suddenly grabbed a kitchen knife, ran to his father's bedroom and began stabbing him. His brother and mother attempted to intervene and, according to the Crown file, the accused attempted to stab his mother in the chest. He was restrained until police arrived and sustained a self-inflicted but accidental wound in the thigh during the struggle.

Disposition Information

Included information from Hospital report dated March 18, 2026; and from ROL notifications dated July 18, 2025 and March 18, 2026; in addition, the Board was provided with a "Campbell" letter dated October 8, 2025.

The accused, now 47, has had a Board conditional discharge from 2008 to 2015, and again from 2016 to date. He is currently on Unit B. The ROLs and Campbell notification relate to assaults on co-clients and individuals and one instance of substance, in response to which the accused was variously placed in a locked dayroom or restricted with passes reinstated up to L4 over time. He has had L4 since February 13, 2026.

His current diagnosis is "antisocial personality disorder with features of psychopathy," substance use disorder, and schizoaffective disorder bipolar type. He has had a prior head injury with no known sequelae. He is on numerous medications which have had some modifications during the year. Diazepam has been discontinued and Olanzapine increased during this period.

As noted, there have been various assaults during the year; however he has had overnight passes for family visits as well as more intensive programming than in the past. Nursing notes indicate a turbulent year with several elevated DASA scores, seclusion, verbal and physical aggression, and inappropriate familiarity with staff. He has had one incident of admitted cannabis use. "Aggressive incidents without charge" and incidents in the past year occupy over two full pages of the hospital report.

The accused faces new assault charges from September 2025, which have not yet been heard and for which he is presumed innocent.

He is considered to be in the highest (9th of 9) bin on the VRGA-R, with numerous historical, clinical, and future risk factors on the HCR-20 V3, with most historic risk

factors “fully present” and with future risk factors requiring further planning for proper management (e.g. community placement, personal support, stress management, and treatment/supervision particularly with respect to reversion to substance use and institutionalization [ie hospitalization is not a disincentive to him]).

More positively, he has actively engaged in 50 individual and 38 group sessions with respect to substance use, and has acknowledged his “cravings” in the past. His involvement with AA and similar programs has “varied over the past 20 years.” He has undergone some educational upgrading and is waitlisted for LakeCity. He is also waitlisted for Small Option placement (Level 5, or highest support).

He returned from hospital from CTH (placement terminated due to substance use), but the team believes he may be a candidate for Simpson Landing/Transition Hall before being housed in a Small Options residence. The team does recognize risks including institutionalization, and that any change would be gradual. It recommends continuation of the conditional discharge.

Hearing on April 13, 2026

Appearing:

For the Hospital: Dr. Grainne Neilson, Angela Avery, Justin Cottreau, Shauna Coleman, Angela Conrad

For the Crown: Susan MacKay with Kristin Cook, articled clerk

For the Defence: Kelly Ryan with Meghan Langer, articled clerk

Board: Dr. Lorraine Lazier, Dr. Brian McCormick, Melanie Petrunia, Christine Moser, Raffi Balmanoukian (chair)

Overview from team:

Dr. Neilson recounted the accused's unsuccessful placement in the community (CTH) and his "bumpy" year which found him mostly on Unit A. He has had a series of assaults against various co-clients and other tensions. He has expressed frustration with these people and has attempted medication diversion from them. He was restricted to a dayroom for 10-12 weeks during which various interventions (e.g. programming noted above) met with some success. The accused has become institutionalized, but as a result of lack of access has had no major recent problems with substances. He has used cannabis when in the community. He otherwise follows the conditions associated with his day passes. He is in the highest risk "bin."

In the coming year, the team will try to find suitable activities in the community. ROLs are not dissuasive to him as they get him attention and resources he wants.

He is working on literacy, is waitlisted for LakeCity, and is active with addictions support as noted above.

The team recommends a continuation of the conditional discharge; it is concerned with his institutionalization, and his maximum likelihood of community placement is in Transition Hall or a new trial at the CTH. He will require support in the community.

Response to Defence questions:

The accused is not currently waitlisted for the CTH due to the assaults; they will likely need a "step down" in the community before this is an option. He is now waitlisted for a broader region (e.g. Truro, Annapolis Valley) but not for CTH. Transition Hall may be an intervening step (which has more programming available than Unit B), but this can also be a chaotic setting. He will require more independence before Simpson Landing is viable. He is not yet referred to Transition Hall as more stability (for at least a couple of

months) is needed first.

His overnight passes to family have been uneventful and further passes are possible. L4 passes have been used for programming including additions. These programming sessions have included taking place during ROLs.

The oversight panel previously refused a move to Unit B; the team was concerned with the lengthy stay in a locked dayroom (12 weeks); there remains no appeal mechanism from this disposition (other than judicial review). No L3 was implemented between this period and return to Unit B; no reason was provided.

He is consenting to and is compliant with his own treatment.

His PCL-R is not a risk assessment instrument; it is a personality test to assess psychopathy. It is considered to have moderate predictive use.

Response to Crown questions:

The Crown had no questions except to clarify the circumstances surrounding the Campbell notification and that it would not be participating in that aspect of the hearing.

Response to Board questions

The new charges (for which the accused is presumed innocent) does not affect the accused's actuarial risk level as he is already in the highest bin.

The last incident of physical violence was in September 2025. Medications are as stated in the hospital report.

There is some air of reality to a community placement in the next year (e.g. John Howard) but several weeks of successful overnight passes would likely be required

beforehand.

Positions of Crown and Defence:

Both Crown and Defence supported continuation of the conditional discharge.

The Crown submitted the “significant threat” test has been met and submitted there is an “air of reality” to community placement in the coming year, pointing out that the accused can only be an inpatient in one facility at a time.

The defence echoed the recommendation and confirmed that the ROLs were admitted to be justified and that it does not seek further action on the Campbell notification. It also expressed concerns with the accused’s institutionalization and that his “rough start to the year” has a seasonability; there are possible suitable placements in the community and programing has been beneficial. Various incidents have ben “one offs” including as to substance use and AWOLs, and the last incident of physical violence has been in September 2025.

Disposition


The Criminal Code directs the Board to consider, first of all, if the accused is a significant threat to the safety of the public. If s/he is not such a threat, or if there is a doubt in this regard, s/he is entitled to receive an absolute discharge. If, however, the evidence establishes that the accused is a significant threat to the safety of the public, then we must consider which of a conditional discharge or continued detention in hospital with a certain level of privileges is the necessary and appropriate disposition, taking into consideration the safety of the public, the mental health needs of the accused, their re-integration into society and their other needs.

The Board is (unanimously) of the view that the accused continues to pose a significant threat to the safety of the public. Four members agree that a continuation of the

conditional discharge is the necessary, appropriate, least onerous and least restrictive disposition. The Chair, dissenting, is of the view that an L4 ceiling meets these criteria on the current evidence and any positive development beyond that should be the subject of a request for a discretionary hearing.

The Board unanimously agrees that the noted ROLs were justified.

DATED at Halifax, Nova Scotia, this *30* day of *April* ~~April~~, 2026 *M*



Raffi Balmanoukian, Chairperson
NOVA SCOTIA REVIEW BOARD

This Disposition Order with reasons is the majority opinion of the Board, which consisted of Dr. Lorraine Lazier, Dr. Brian McCormick, Melanie Petrunia, and Christine Moser; Raffi Balmanoukian (chair), dissenting as to community ceiling level.