



18th Legislative Assembly of the Northwest Territories

Standing Committee on Social Development

Report on Adult Residential Addictions
Treatment Facilities Tour 2017

Chair: Mr. Shane Thompson

MEMBERS OF THE STANDING COMMITTEE ON SOCIAL DEVELOPMENT

Shane Thompson
MLA Nahendeh
Chair

Julie Green
MLA Yellowknife Centre
Deputy Chair

Tom Beaulieu
MLA Tu Nedhé-Wiilideh

Frederick Blake, Jr.
MLA Mackenzie Delta

Michael M. Nadli
MLA Deh Cho

COMMITTEE STAFF

Jennifer Franki-Smith
Committee Clerk

Megan Welsh
Committee Researcher

February 27, 2018

SPEAKER OF THE LEGISLATIVE ASSEMBLY

Mr. Speaker:

Your Standing Committee on Social Development is pleased to provide its *Report on Adult Residential Addictions Treatment Facilities Tour 2017*, and commends it to the House.



Shane Thompson
Chair
Standing Committee on Social Development

**STANDING COMMITTEE ON
SOCIAL DEVELOPMENT**

**REPORT ON ADULT RESIDENTIAL
ADDICTIONS TREATMENT FACILITIES TOUR 2017**

TABLE OF CONTENTS

Introduction 1

Background 1

Findings 2

 Aventa Centre of Excellence for Women With Addictions 3

 Fresh Start Recovery 3

 Edgewood Treatment Centre 4

 Poundmaker's Lodge 4

 Guthrie House 5

 Challenges and Opportunities 5

Conclusion 8

STANDING COMMITTEE ON SOCIAL DEVELOPMENT

REPORT ON ADULT RESIDENTIAL ADDICTIONS TREATMENT FACILITIES TOUR 2017

INTRODUCTION

The Northwest Territories Department of Health and Social Services (HSS) contracts with four adult residential addictions treatment facilities: the Edgewood Treatment Centre in Nanaimo, British Columbia; Fresh Start Recovery and the Aventa Centre of Excellence for Woman With Addictions in Calgary, Alberta; and Poundmaker's Lodge in St. Albert, Alberta.

From December 3 to December 8, 2017, the Standing Committee on Social Development visited these facilities. The Committee also visited Guthrie House in Nanaimo, a residential treatment program in the provincial corrections system. Our goal was to study the residential services offered at each facility to better understand the options available to Northerners and to develop recommendations to enhance territorial addictions treatment.

The Committee thanks the Minister of Health and Social Services and his staff for their assistance in coordinating these visits and for joining us in our tour. We also thank the staff of each facility and the residents who shared their experiences.

Although a person's addiction can affect their families and communities, both addiction and the decision to pursue treatment are also deeply personal. There is no one correct path to sobriety, and a person may pursue treatment, whether counselling, peer support groups, or on-the-land programs at home, or residential programs, at any point in their healing journey. HSS is currently developing an action plan on addictions recovery, work that will also include an inter-departmental working group and public engagement. The Committee intends its recommendations to form a critical part of this plan, and we thank the Minister for his willingness to collaborate.

BACKGROUND

According to the Canadian Centre on Substance Use and Addiction, alcohol is the most common drug used by Canadians. In 2015-16 the Northwest Territories (NWT) had the second-highest per capita level of alcohol consumption in the country: roughly 12 litres per capita in sales per year. This figure excludes alcohol sold through bootlegging. In the same year, NWT residents were hospitalized due to alcohol consumption at a rate of 1,315 per 100,000. The lowest rate was just 172 per 100,000 in New Brunswick.

In the NWT, particular populations also face increased risk. According to a 2012 HSS report residents of smaller NWT communities were more at risk to experience harm from drinking alcohol when compared to residents of regional centres and Yellowknife. Small community residents and Indigenous residents were also more at risk to experience harm from someone else's drinking.

Illegal drug use is also a problem, and substance use and addictions negatively impact Northerners involved with the criminal justice system. In 2016, *Vice Canada* reported on the impacts of trauma and addictions on territorial crime, highlighting the ongoing impacts of intergenerational trauma and the anecdotal reports of RCMP officers identifying alcohol as common factor in calls to the police. In the same year, the Chief Coroner reported that in the previous five years, an average of one person per year died as a result of fentanyl use, with 27 deaths overall linked to narcotics use. During the recent trial of the leader of a drug sales operation, the Crown prosecutor said the ringleader was selling between six and eight kilograms of cocaine each month in Yellowknife, as well as other drugs.

Together, alcohol and drugs are also closely linked to territorial mental health hospitalizations, making up 68 per cent of admissions and 49 per cent of system costs between 2008-09 and 2010-11. HSS reports that annually in the same period, an average of "429 NWT patients were hospitalized 615 times with one or more alcohol or drug related issue, resulting in 3,250 bed days at an estimated cost of \$7.5 million to the territorial health system."

Against this backdrop, it is not surprising that Northerners urge the Government of the Northwest Territories (GNWT) to improve addictions and mental health services, to decolonize healthcare and address needs for culturally relevant programming, and to integrate the developing field of trauma-informed care into territorial treatment models.

The Committee hears these concerns. We make our report today to share our knowledge with the public and to make recommendations intended to improve communication, so that Northerners have the information they need on addictions treatment. We also seek to build upon the treatment options HSS has developed to date so that Northerners have access to the care they need.

FINDINGS

Since 2013-14, 712 Northerners have been approved for residential placements in southern facilities, with 467 completions, 152 early or self-led discharges, and 102 self-cancellations. Note that these figures likely reflect multiple sessions for the same individuals.

Most recently, roughly three-quarters of Northerners who started residential addictions treatment in 2016 completed a full session. When we set out on our tour, point-in-time data indicated that 38 adult Northerners were in residential treatment. This group

ranged in age from 24 to 60 years and was almost evenly split between women and men.

Aventa Centre of Excellence for Women With Addictions

Calgary's Aventa Centre of Excellence for Women With Addictions provides trauma-focused women-only services, prioritizing services for pregnant women. The 64-bed facility delivers a 60-day main program, as well as two supplementary 90-day programs and open-ended aftercare, including monthly gatherings and telephone support as needed. Religious and cultural needs, including those rooted in Indigenous spirituality, are accommodated. Aventa is abstinence-based, overseen by a psychologist-led support team, and focused on trauma-informed care. Notably, the Committee learned that nearly three-quarters of Aventa residents admitted in the last year came from a background of trauma. For aftercare, Aventa supports residents in developing individual discharge plans, including program work to help residents build "sober days," and offers a hard-copy assistance guide, toll-free support by phone, a follow-up survey, and community-building through an alumni newsletter and monthly meetings.

The Committee was impressed by the supports offered to residents from the Northwest Territories, including the ability to undertake admissions interviews and follow-up support by telephone, staff participation in our government's Aboriginal Cultural Awareness Training, and subscriptions to territorial newspapers. Our discussions at Aventa also identified areas for improvement in aftercare, particularly transition processes for residents intending to return to the territory after completion.

Fresh Start Recovery

Calgary's Fresh Start Recovery provides men-only services through an abstinence-based program grounded in the 12-step model. The 50-bed facility delivers a 16-week program, with detox available off-site and psychologist, nurse practitioner, and dental services available on site as needed. As at Aventa, religious and cultural needs, including those rooted in Indigenous spirituality, are accommodated, and programming focuses on trauma-informed care. However, while Aventa delivers a more clinical program, Fresh Start draws more on the peer-support traditions of Alcoholics Anonymous. For aftercare, Fresh Start supports residents in developing discharge plans, including treatment plans and peer support, and will aid interested residents in securing transitional housing within the province. However, staff also noted challenges in this area.

The Committee was particularly interested in supplementary programming provided at Fresh Start, particularly the delivery of a five-week family healing program. Fresh Start has also developed condensed and Skype-based versions for alternative delivery. The Committee was also supportive of the Minister's suggestion of training territorial healthcare providers to deliver this type of programming in our communities.

Edgewood Treatment Centre

Nanaimo's Edgewood is an 80-bed co-ed facility, although women and men room separately. It offers both inpatient and outpatient programs, including on-site detox and medical staff. Its programming is also based on the 12-step model and residents are able to leave the facility to attend AA, NA, or other similar meetings. Significantly, Edgewood also offers specialized care for opiate addiction, as well as gambling and sexual addiction. Prior to program completion, residents may undertake "home trips" as trial runs for their sober return home. For after-care, Edgewood offers telephone support and online aftercare facilitated by clinicians, as well as monthly alumni gatherings. Residents may also be recommended for outpatient or open-ended extended care programs, typically ranging between one and three months. Staff also encourages residents to participate in AA or other 12-step programs after their stay.

Like Fresh Start, Edgewood also offers a specialized family support program. The six-day *Insight* program sees residents' families stay on-site, separate from residents, and undertake study, discussion, and counselling specific to their needs. The Committee learned that Edgewood is experienced in travelling to small provincial communities to train local healthcare providers in delivering *Insight* and that the facility is also developing a version tailored to video conferencing. Members see potential options for NWT families in both.

Poundmaker's Lodge

Poundmaker's Lodge in St. Albert delivers two programs in its co-ed, 60-bed facility. The first is a 42-day program for individuals aged 18 years and older; the second is a 90-day program for Alberta youth aged 18 to 24 years. Northerners may access the 42-day program, while NWT women may also access after-care through the facility's Iskwew Healing Lodge Program, an eight-week transitional program built on the "Aboriginal Therapeutic Community Model." Poundmaker's Lodge combines FNMI (First Nations, Métis, and Inuit) concepts with the abstinence-based 12-step model seen at other facilities. Unique services include meetings with Indigenous elders, opportunities to participate in sweat lodges and smudging, a focus on Indigenous spiritualities, and an annual Round Dance.

The Committee was particularly interested in the facility's partnerships with northern governments. For example, Poundmaker's Lodge previously collaborated with the Salt River First Nation and the GNWT to facilitate a short mobile treatment program in Fort Smith. Members heard that this program provided participating Northerners with a way to explore and test treatment, and that it ultimately encouraged some to pursue full residential treatment.

Guthrie House

Guthrie House is a residential treatment program known as a "therapeutic community." It operates within the British Columbia corrections system and is administered by the provincial Department of Justice. It is not a treatment facility under contract with HSS.

Nevertheless, the Committee's visit to Guthrie House was informative. The men-only treatment program offers continuous intake, but caps enrolment at roughly 50 residents. To participate, inmates must either self-identify or be recommended, and must meet established criteria, including having a minimum of four months remaining on their sentences, being in open or medium custody, and participating in an entry interview. Although Guthrie House is on the site of the Nanaimo Correctional Centre, residents are housed separately from inmates. The program is abstinence-based and day-to-day operations are managed almost entirely by residents who advance in responsibilities and duties as they progress through the program. The Committee learned that those men who completed Guthrie House programming reoffended at a rate roughly 45 per cent less than those who remained in the traditional corrections setting.

Both staff and residents emphasized the importance of peer support and peer accountability, both in the program and in aftercare, as well as resident-led programming and the availability of housing upon release. To address this, Guthrie House also contracts an aftercare worker through the local branch of the John Howard Society. This aftercare worker collaborates with residents, corrections staff, local governments, and community organizations to ensure that residents are not released into homelessness. The Committee was struck by all staff's dedication to this challenging yet vital work, as well as the residents' openness in sharing their stories.

Challenges and Opportunities

The Committee has heard from many residents that the government must build a treatment centre in the Northwest Territories, rather than continue to send Northerners to southern facilities. Indeed, some Members have previously put forward the same proposal.

However, the current use of southern residential placements provides three critical benefits. First, it provides residents with the opportunity to leave the site of their addiction, a need often brought to our attention during our tour. Second, it provides residents with a wide range of immediately available options for treatment: individuals may choose the facility that best suits their needs and preferences for gender-based services, cultural and spiritual services, peer or clinical support, and more. Third, it provides the greatest value for money. Drawing on our research, our engagement with our constituents and with the Minister, and our work during this tour, the Committee believes that southern residential placements will continue to serve the Northwest

Territories well, provided that the Department of Health and Social Services and its partners strengthen complementary services at home.

While our tour demonstrated for us the effectiveness of southern residential placements, we also identified the need for significant improvements in public communications, aftercare, family supports, and trauma-informed practices. Notably, these themes previously arose in recommendations made in *Healing Voices*, the 2013 report of the Minister's Forum on Addictions and Community Wellness. These past recommendations included, "develop a communications strategy aimed at informing the public about territorial treatment options and how to access them," "provide inclusive treatment options that include families," and "offer affordable housing for low-income individuals and families to provide them with stability and security."

The Committee recognizes that this work is not simple. Altogether, *Healing Voices* made 67 recommendations, and it is clear that the Minister of Health and Social Services and his colleagues in the social envelope departments have made significant advances. We again thank the Minister for joining us in this tour and for his willingness to collaborate, most recently demonstrated in his commitment to Members to explore alternatives to the 12-step model as well as new pharmaceutical options for dampening cravings.

Now we must work together to continue our progress.

Recommendation 1

The Standing Committee on Social Development recommends that the Department of Health and Social Services enhance its public communications on addictions treatment.

The Committee suggests that this might be accomplished through communications initiatives. These could include plain-language documents describing an individual's path through each contracted facility; profiles or testimonials of participating Northerners, with any necessary concessions to privacy and confidentiality; and plain-language profiles of each contracted facility, highlighting the benefits that make it attractive as a service provider. Collaborative initiatives like the recent partnership with Poundmaker's Lodge and the Salt River First Nation also provide opportunities for Northerners to engage directly with contracted facilities while within their home communities.

Recommendation 2

The Standing Committee on Social Development recommends that the Department of Health and Social Services enhance community-based aftercare services by encouraging the development of a peer support network, scheduling regular access to counselling and addictions facilities through existing health centre resources (e.g., TeleHealth), and engaging with southern facilities to train territorial healthcare providers in the delivery of family support programming.

At each facility the Committee visited, both staff and residents stressed both the importance and the challenge of aftercare. We heard that even where residents live in the cities in which their treatment facility operates, aftercare is difficult, requiring a healthy community network of healthcare support, sobriety advocates, community-based AA or other peer support programming, and facility-led follow-up, both individual (e.g., telephone calls, surveys, or counsellor follow-up) and group-focused (e.g., monthly meetings or celebrations).

Here in the Northwest Territories, we must strengthen connections of care between departures to southern residential treatment and returns to home communities. For example, HSS could make space at community health centres available for local sobriety advocates to lead peer support meetings, connecting the newly sober and the long-term sober. HSS could also work with contracted facilities to develop telephone and/or online aftercare options specific to Northerners. As mentioned earlier in this report, both the Minister and facility staff proposed programming, or training to deliver programming, to support families of Northerners in treatment. The Committee supports this proposal.

Recommendation 3

The Standing Committee on Social Development recommends that the Department of Health and Social Services partner with its fellow social envelope departments, community governments, and community organizations to develop a pilot program centred on ensuring that Northerners completing residential treatment are not discharged into homelessness, but instead connected with housing opportunities.

The Committee repeatedly heard both facility staff and residents emphasize the importance of safe, secure, and sober housing, and the threats to mental and physical wellbeing posed by homelessness or the return to the site of one's addiction due to a lack of housing options. Guthrie House demonstrates that securing housing for residents upon discharge is difficult, but not impossible. A targeted, collaborative pilot project could connect Northerners in need with housing options, whether in transitional,

market, or public housing, and whether in the Northwest Territories or in partnership with contracted facilities that offer housing options, such as Fresh Start and Edgewood.

Recommendation 4

The Standing Committee on Social Development recommends that the Government provide a comprehensive response to this report within 120 days.

CONCLUSION

This concludes the Committee's *Report on Adult Residential Addictions Treatment Facilities Tour 2017*. All committee reports are available online at the Legislative Assembly website: www.assembly.gov.nt.ca.