TD 801-19(2) TABLED ON NOVEMBER 3, 2022



Government of Northwest Territories

November 2, 2022

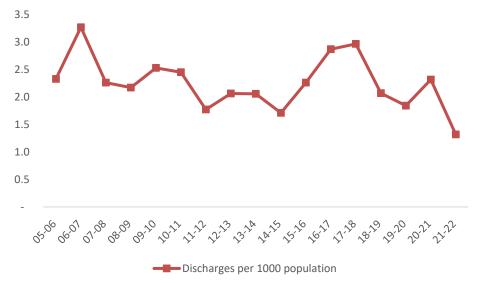
JANE WEYALLON ARMSTRONG MLA, MONFWI

Oral Question 1210-19(2): Treatment Programs, Oral Question 1232-19(2): Addictions Treatment, and Oral Question 1255-19(2): Addictions Treatment

This letter is to follow up to the Oral Question you raised on October 20, 2022 regarding Treatment Programs, the Oral Question you raised on October 26, 2022 regarding Addictions Treatment, and the Oral Question you raised on October 28, 2022 regarding Addictions Treatment.

Between 2005-06 and 2021-22, the number of hospitalizations for injuries and poisonings involving alcohol has ranged from 1.3 to 3.3 per 1000 population, or between 60 and 141 hospitalizations per year (Figure 1). The average per year from 2005-06 to 2012-13 was 2.4 per 1000 population, and the average per year from 2014-15 to 2021-22 was 2.2 per 1000 population, representing a decrease of 7.9% after the Nats'ejée K'éh treatment centre closed.

Figure 1: Alcohol-Related Hospitalizations per 1000 Population

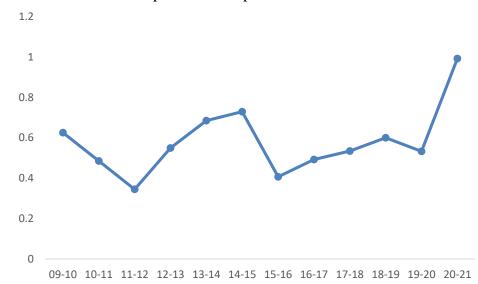


The number of alcohol-related deaths per 1000 population ranged between 0.3 and 1.0 between 2009-10 and 2020-21 (Figure 2), or between 15 and 45 deaths per year. There was a marked increase during the 2020-2021 fiscal year of alcohol-related deaths due to natural

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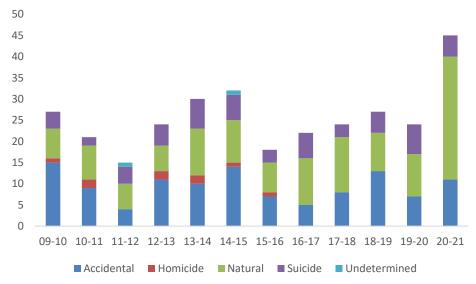
causes (Figure 3). This may be associated with the COVID-19 pandemic, which contributed to both increased alcohol use and reduced access to health care services.

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Based on the data presented, there is no indication that there was an increase in either alcohol-related injuries and poisonings or alcohol-related deaths associated with the closure of the Nats'ejée K'éh Treatment Centre.

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Over the years, there have been four treatment centres located in the NWT. Unfortunately, we only have data for the most recent facility Nats'ejée K'éh Treatment Centre (NKTC) that was operated on the Hay River Dene Reserve by the Shaadle Society. It was a 30-bed residential treatment facility that ran gender-specific, 28-day programming. The NKTC program was equipped to target basic addiction like alcohol. It was not equipped to address the needs of clients with concurrent disorders, addiction to controlled substances or any other specialized needs. In the final three years of operation (2010/11 - 2012/13), there were 413 visits to NKTC. It is not clear from the documentation on file if these represent unique individuals. During the last three years of operation NKTC operated at an average of 38% capacity (approximately 11 out of a possible 30 clients per treatment cycle). The table below provides a breakdown of how many individuals were admitted to NKTC during the last three years of operation.

Fiscal	2010-	2011-	2012-	Total
Year	2011	2012	2013	
Total Attended	146*	134*	133*	413*

^{*}It is not clear based on documentation if this represents unique individuals

Following the closure of NKTC, the Department of Health and Social Services initiated contracts with four southern treatment facilities to provide residential addictions treatment to NWT residents. Unfortunately, we do not have reliable data for 2013-2014; however, since 2014 there have been 1146 visits to inpatient facility-based treatment by NWT residents. It should be noted that this does not represent unique individuals, as the same person may have attended treatment more than once. The table below provides a breakdown of how many visits there have been per year.

Fiscal	2014-	2015-	2016-	2017-	2018-	2019-	2020-	2021-	2022-	Total
Year	2015	2016	2017	2018	2019	2020	2021	2022	2023	
Total	156	202	172	223	232	192	89	85	95**	1446
Attended										

*These numbers represent visits to facilities. The same individual may have attended treatment more than once. ** As of October 28, 2022 -4-

Having contracts with southern providers has been important to ensure that NWT residents have access to specialized treatment and to provide them with choices. It is important to understand that facility-based addictions treatment is just one option to support individuals with addictions and is by no means the only path to wellness. Other components could include on-the-land healing programming and community-based counselling.

The results of the Addictions Recovery Survey and engagement that took place as part of the development of a Territorial Alcohol strategy highlight that NWT residents would prefer to receive services in or close to their home communities. We know that this cannot be accomplished through the development of a single territorial treatment facility.

Partnerships with Indigenous Governments and community partners are crucial to ensuring that NWT residents have access to a wide range of services options that best meet their needs. I appreciated the opportunity to meet with all of the Indigenous Governments, including the Tłįchǫ Government, to begin a dialogue about how we can work together to support the mental wellness and addictions needs of NWT residents and I look forward to continuing this conversation over the coming months.

Thank you.

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Julie Green Minister, Health and Social Services

c Clerk of the Legislative Assembly Legislative Coordinator, Executive and Indigenous Affairs .../4