



ADDICTION RECOVERY EXPERIENCES SURVEY

RESULTS AND ANALYSIS

SONDAGE SUR LES EXPÉRIENCES DES BÉNÉFICIAIRES DES SERVICES DE RÉTABLISSEMENT DES DÉPENDANCES

RÉSULTATS ET ANALYSE

OCTOBER · OCTOBRE | 2021

Le présent document contient la traduction française du résumé et du message du ministre.

Mandate commitment of the 19th Legislative Assembly
Engagement du mandat de la 19^e Assemblée législative

Government of Northwest Territories
Gouvernement des Territoires du Nord-Ouest

Table of Contents

Executive Summary	2
Sommaire	4
Introduction	6
Survey Methodology	7
Limitations	7
Results	8
Respondent Demographics	8
Service Use	9
Service User Satisfaction	13
One-on-One Counselling and Health Care Services	13
Peer Support, Group Counselling, and Community-Based Treatment Programs	15
eMental Health and Help Line Services	17
Facility-Based Addictions Treatment and Land-Based Healing Programs	18
Detox or Withdrawal Services and Homelessness-Related Supports	19
Access to Services	20
Experiences with Facility-Based Addictions Treatment Services	25
Maintaining Recovery	33
Factors that Assist with Recovery	35
Qualitative Analysis	37
Service Provision	37
Service Needs	37
Practitioner Qualifications	38
System Navigation	39
Stigma	41
Racism	42
Confidentiality	42
Facility-Based Addictions Treatment	43
Discussion	44
Conclusion	46

Executive Summary

Substance use disorders continue to have a significant impact on the wellbeing of people in the Northwest Territories (NWT). The Minister's Forum on Addiction and Community Wellness was created in 2012 to gather feedback from NWT community members on how to best address these issues, and the recommendations that came from this forum have informed work that has taken place since, including increases in funding for land-based treatment programs, new funding for peer support and aftercare initiatives, and improvements in the availability of and access to both in-person and virtual substance use treatment resources.

The Addictions Recovery Experiences Survey was conducted to elicit feedback on recovery services from those who have unique expertise on the subject – individuals, and their families, who have been on their own recovery journeys in the Northwest Territories. Between February 15th and March 31st, 2021, 439 people with lived experience of seeking addictions recovery services provided their feedback on a variety of services that they have accessed, or would have liked to access, to help them in their recovery. Of these respondents, 71% were female (27% male, 2% another gender), 57% were Indigenous (43% non-Indigenous) and 93% were between the ages of 20 and 64.

The survey responses demonstrated high levels of satisfaction with existing services, as well as a clear desire for more service options, and in particular, more services available in communities and regional centres. Respondents identified wanting more detox services, including inpatient detox services and community-based detox service options. They also cited a need for options for families to attend treatment together, as well as services for families who are trying to support a loved one in recovery. Aftercare and supportive or sober housing options were identified as gaps in recovery services, as was an overall lack in sober activities to provide social and recreational options for people in recovery and their family and friends.

There is no single correct approach to recovery; respondents cited accessing, and wanting to access, a wide variety of services, and services that some said worked well for them were not a good fit for others. One area where NWT residents continue to be divided is on whether a territorial treatment facility is needed. While some individuals identified this as a need, the reasoning provided often cited a need for families to be able to attend or participate together, and the need for services to be reflective of the service user's culture. As the GNWT is made up of various First Nations, Metis, Inuit, and non-Indigenous populations, who have different languages, cultures and traditions, one single NWT treatment centre would not address this need for all NWT residents. Based on responses to this survey, it appears that the needs of residents of the Northwest Territories may be most effectively met by continuing to expand on the land and community-based treatment opportunities and looking to existing resources in the regions to develop regional treatment options that will better meet the needs of local populations.

Above all, respondents made it clear that recovery is not something that can be achieved alone; many people spoke of the importance of involving family, culture and community in their recovery journey, and the difficulties they faced in recovery when family and friends were not supportive or continued to struggle. What this tells us is that everyone has something they can contribute to reducing substance use and other addictive behaviours and improving the chances of successful recovery, through volunteering, sharing their skills, and being available to provide support to the people around us who may be struggling.

Respondents generously shared about their experiences in accessing services and provided us with meaningful feedback on ways to improve. It is evident that people want to see more community-based and inpatient detox services, as well as services that provide treatment and support to the entire family to heal together. Aftercare and housing are other key areas where more services are needed. System navigation was cited as a challenge to accessing services, and stigma and concerns about confidentiality were identified as key barriers that need to be addressed both at the system and community levels.

The Department of Health and Social Services would like to thank everyone who completed the survey for taking the time to share their experiences, and we hope that residents will continue to provide their feedback on recovery services in the territory. The results of this survey, and the report that follows, will be used to inform approaches to service delivery, set priorities, and address gaps where needed. This information will also be used to inform next steps in improving and enhancing recovery services and may be included where applicable in the NWT Alcohol Strategy.

Sommaire

Les troubles liés à la consommation de substances continuent à peser lourdement sur le bien-être des résidents des Territoires du Nord-Ouest (TNO). Le Forum ministériel sur les dépendances et le mieux-être communautaire a été créé en 2012 pour demander aux Ténois comment ils pensent qu'on devrait s'attaquer à ces problèmes; les recommandations issues de ce forum ont éclairé le travail effectué depuis, notamment l'octroi de fonds supplémentaires aux programmes de rétablissement sur les terres ancestrales et aux initiatives de soutien par les pairs et post-traitement, et l'amélioration de la disponibilité des ressources de traitement des dépendances, que ce soit en personne ou virtuelles, et de l'accès à celles-ci.

Le sondage sur les expériences liées au traitement des dépendances visait à obtenir des commentaires sur les services de rétablissement formulés par les experts en la matière – à savoir les Ténois qui en ont bénéficié et leurs familles. Entre le 15 février et le 31 mars 2021, 439 personnes ayant une expérience directe de la recherche de services de traitement des dépendances ont donné leur avis sur une variété de services auxquels elles ont eu accès, ou auraient aimé avoir accès, pour les aider dans leur rétablissement. Parmi ces répondants, 71 % étaient des femmes (27 % des hommes, 2 % un autre genre), 57 % étaient autochtones (43 % non autochtones) et 93 % étaient âgés de 20 à 64 ans.

Les réponses au sondage ont démontré une grande satisfaction à l'égard des services existants, ainsi qu'un désir clair d'avoir plus de choix de services, et surtout, plus de services disponibles dans les collectivités et dans les centres régionaux. Les répondants ont indiqué qu'ils souhaitaient davantage de services de désintoxication, y compris en établissement et en milieu communautaire. Ils ont également suggéré qu'il faudrait des options de traitement en famille, ainsi que de services pour les familles qui tentent de soutenir un proche en voie de rétablissement. Ils ont en outre déploré le manque de services post-traitement et d'options de soutien ou de logement sans alcool, tout comme le manque général d'activités sociales et récréatives en toute sobriété destinées aux personnes en rétablissement et à leur famille et leurs amis.

En ce qui concerne le rétablissement, il n'y a pas d'approche unique ni de solution miracle : les répondants ont dit avoir accès, et vouloir avoir accès, à toute une gamme de services; l'efficacité perçue de ces services semble varier d'un répondant à l'autre. Les Ténois restent divisés sur la pertinence d'un centre de traitement territorial. Plusieurs ont indiqué qu'il s'agissait d'un besoin, mais généralement pour que les familles puissent assister ou participer ensemble, et pour faire en sorte que les services reflètent la culture de l'utilisateur. Les TNO étant une mosaïque de peuples des Premières Nations, métis, inuits et non autochtones, avec des langues, des cultures et des traditions différentes, un seul centre de traitement aux TNO ne répondrait pas à ce besoin global. Les réponses semblent indiquer que, pour satisfaire les besoins des Ténois le plus efficacement possible, il faudrait élargir encore davantage les possibilités de traitement sur les terres ancestrales et au niveau communautaire, et se

tourner vers les ressources existantes dans les régions pour élaborer des options de traitement répondant mieux aux besoins des populations locales.

Mais surtout, les répondants ont clairement indiqué qu'il faut de l'aide pour se rétablir; de nombreuses personnes ont évoqué l'importance de la famille, de la culture et de la communauté dans leur parcours de rétablissement, et les difficultés qu'elles ont rencontrées dans celui-ci lorsque la famille et les amis ne les soutenaient pas ou livraient leurs propres combats. Cela montre que chacun peut contribuer à réduire la consommation de substances, à lutter contre d'autres comportements liés aux dépendances et à contribuer au rétablissement de quelqu'un, en faisant du bénévolat, en partageant ses compétences et en proposant son soutien aux personnes de son entourage pouvant en avoir besoin.

Les répondants ont généreusement fait part de leurs expériences d'accès aux services et nous ont fourni des suggestions d'amélioration précieuses. Il est évident que les gens souhaitent davantage de services de lutte contre les dépendances au niveau communautaire et en établissement, ainsi que des services offrant un traitement et un soutien à toute la famille pour que tous ses membres puissent guérir ensemble. Les soins de suivi et le logement sont d'autres domaines nécessitant davantage de services. Plusieurs ont indiqué que la navigation dans le système entravait l'accès aux services, et la stigmatisation et les préoccupations relatives à la confidentialité s'avèrent des obstacles majeurs à abattre tant au niveau du système que de la communauté.

Le ministère de la Santé et des Services sociaux tient à remercier tous les répondants d'avoir pris le temps de faire part de leurs expériences, et nous espérons que les résidents continueront à donner leur avis sur les services de rétablissement aux TNO. Les résultats de ce sondage, et le rapport qui suit, serviront à éclairer les approches de prestation de services, à établir des priorités et à combler les lacunes décelées. Ces informations serviront en outre à déterminer les prochaines étapes des efforts d'amélioration et de renforcement des services de rétablissement et pourront être incluses, le cas échéant, dans la stratégie de gestion de l'alcool des TNO.

Introduction

Substance use, and in particular, substance use disorders, have a major impact on the people of the Northwest Territories (NWT). In 2014, the NWT had the second highest per person costs attributable to substance use in Canada, including the second highest health care costs and lost productivity costs per person¹ and in 2015-2016, the rate of hospitalizations entirely caused by alcohol in the NWT were six times the Canadian average.² In 2017-2018, more than five times as many youth were hospitalized due to substance use than the Canadian average.³ NWT residents have also indicated that they are impacted by other forms of compulsive behaviours, such as food, pornography or gambling addictions.

There are a number of formal and informal services available to NWT residents, however the availability and accessibility of these services varies based on community of residence and personal life circumstances. Services that may be available to NWT residents include:

- One-on-one counselling services, occurring in person, by phone, or virtually
- Group counselling, occurring in person, by phone, or virtually
- Community-based treatment programming, such as the Matrix program, or the Arctic Indigenous Wellness Camp
- Health care services, including doctor or nurse visits, hospital stays, or emergency services
- Peer support groups, including Alcoholics Anonymous, Wellbriety, and other recovery groups
- Land-based healing programs
- eMental Health Options, which may include apps or online programs
- Help lines, where people can phone in for confidential supports
- Detox or withdrawal services
- Facility-based addiction treatment
- Homelessness-based supports that have addictions-related services.

This survey was designed to provide an opportunity for users of these services, and their family members, to provide feedback on the services they have accessed, as well as to identify barriers to services that they would have liked to access, but could not. It also provides insight into the reasons that people might struggle in their addictions recovery journey, and what supports people access to keep them on track.

¹ Costs, Canadian Substance Use. "Canadian substance use costs and harms (2007–2014)." *Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.* Ottawa, ON: Canadian Centre on Substance Use and Addiction (2018).

² Canadian Institute for Health Information. Alcohol Harm in Canada: Examining Hospitalizations Entirely Caused by Alcohol and Strategies to Reduce Alcohol Harm. Ottawa, ON: CIHI; 2017.

³ <https://www.cbc.ca/news/canada/north/n-w-t-youth-have-highest-rate-of-hospitalization-for-substance-abuse-in-country-study-1.5289230>

The report that follows provides an overview of the survey results, and qualitative analysis of the themes that emerged in the survey responses. The survey results will inform next steps in continuous improvements to addictions recovery services across the territory, and emerging recommendations will be included in a territorial alcohol strategy.

SURVEY METHODOLOGY

The survey was available online from February 15th, 2021 to March 31st, 2021; paper surveys were collected until April 20th, 2021 to ensure that all responses were considered in the analysis. While there were over 600 surveys that were started within the online system, only 439 entries had more than demographic data included in the survey. For the purposes of the analysis, only surveys where respondents offered at least one response beyond demographic data were included.

The survey was offered in both English and French, with translation into other official languages available upon request.

LIMITATIONS

To ensure that our survey could reach as many people with experiences of addiction and recovery as possible, we did not set time limits around the time period in which people accessed services, or the jurisdiction in which they accessed services. While the results and discussion assumes that services were accessed in the NWT, it is possible that some respondents accessed services while living in another jurisdiction. As well, feedback about accessing services and service satisfaction may be referring to services that were accessed recently, or many years in the past. Nonetheless, respondents provided a wealth of valuable information and the responses provided here will be used to inform the provision of services in the NWT.

When designing the survey, there were several gender categories listed, to ensure that individuals could select the gender that best applied to them. Unfortunately, due to low numbers of respondents in each category, we cannot report the results by individual category without concern about identifying that person and their responses. We still wanted to keep this data in the report wherever possible, since people who do not identify as either a cis-man or a cis-woman may experience challenges when accessing services that are different from those experienced by other genders. Individuals identifying as any gender other than man or woman were combined into the category of “gender-diverse.” Where men and women are the only genders listed, it is because there were fewer than five respondents of any other gender and therefore potentially identifiable.

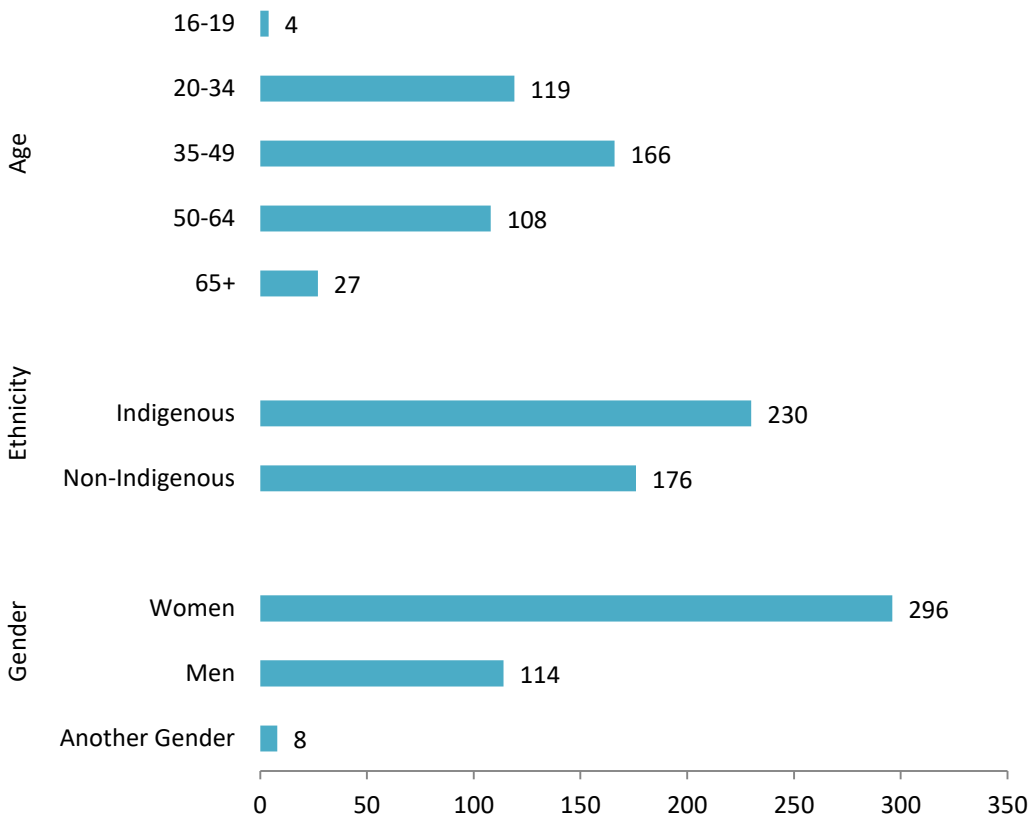
As well, respondents could select from six age groups, including two younger age groups intended to identify younger respondents. Unfortunately, there were very few respondents under the age of 20, and a low number of respondents over 65. As a result, stratified analysis does not include respondents under 20 years of age, and sometimes excludes respondents over 65 where respondent numbers are under 5.

Finally, respondents were able to answer only those questions that applied to them, or that they wished to answer. The number of respondents who answered any question, including questions about demographic information, therefore varies from question to question. The number of respondents is included before tables and figures to provide clarity; this reflects the number of individuals who responded to this particular question, or for open questions with multiple potential responses, the number of individuals eligible to respond to the question.

Results

RESPONDENT DEMOGRAPHICS

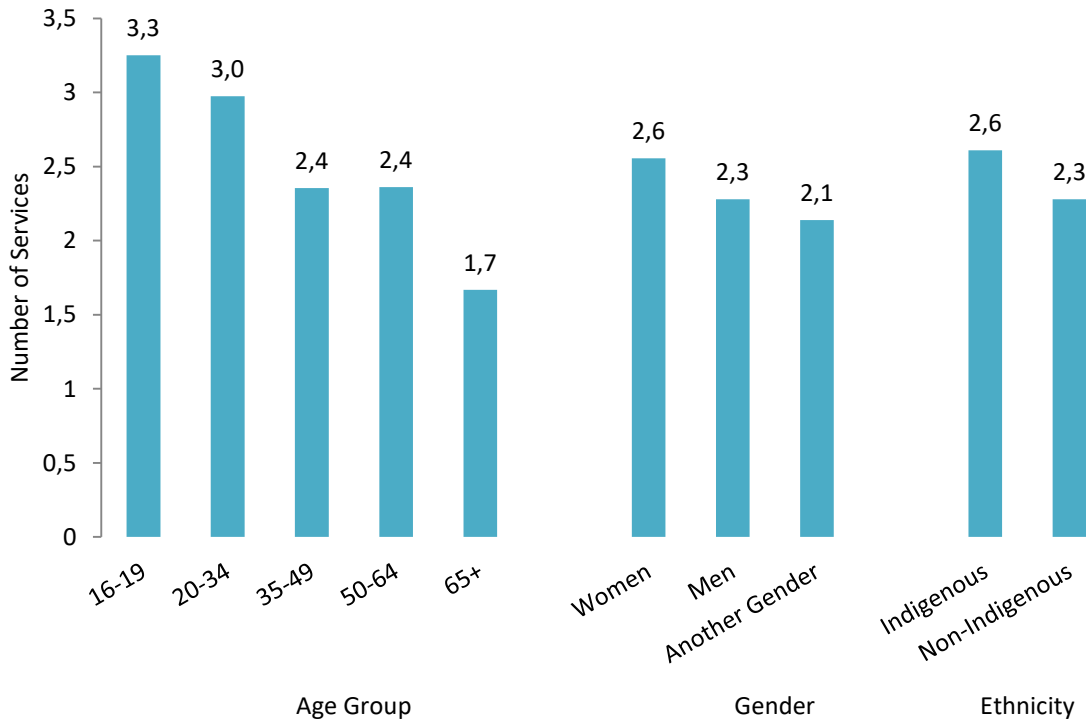
Respondents were asked to identify their age group, their gender, and whether they are Indigenous or non-Indigenous. Of the 439 survey respondents, 424 indicated their age group, 418 indicated their gender, and 406 indicated Indigenous or non-Indigenous status. The majority of survey respondents were between the ages of 20 and 64, with the highest number of respondents in the 35-49 age group. More Indigenous respondents than non-Indigenous respondents completed the survey, and vastly more women completed the survey than men (Figure 1). The age and gender distributions were similar in Indigenous and non-Indigenous respondents.

Figure 1: Number of Respondents by Age Group, Gender and Ethnicity

SERVICE USE

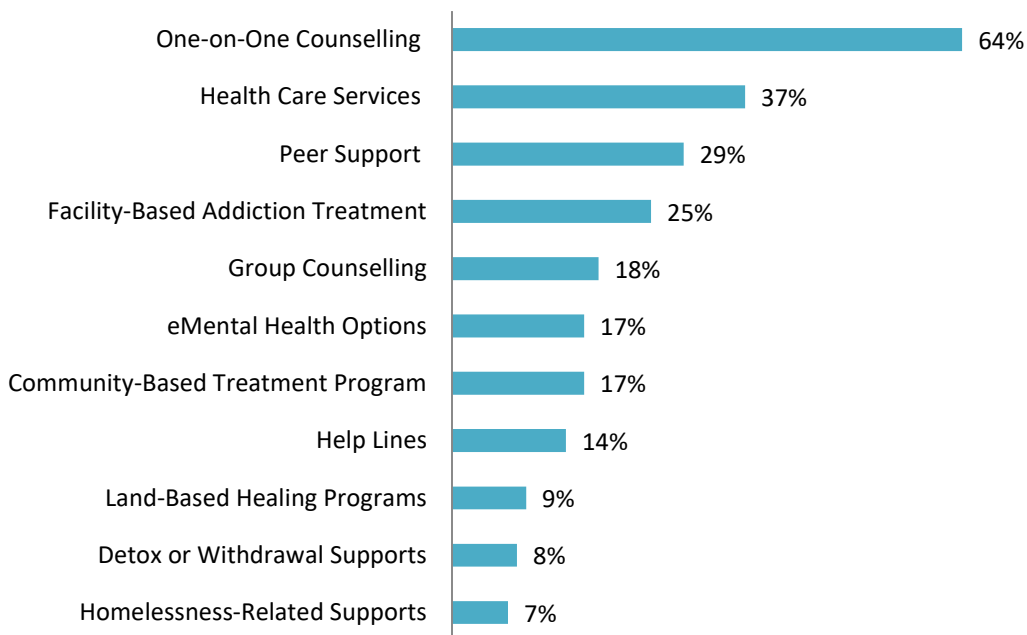
The survey asked respondents which services they have accessed to help them in their addictions recovery journey. Respondents who accessed services tended to use several different options. Respondents reported using an average of 2.5 services, ranging from zero (65 respondents) to nine or more services (9 respondents). Younger respondents, women, and Indigenous people reported using more services than older, male or gender diverse, or non-Indigenous respondents.

Figure 2: Number of Services Used by Age, Gender and Ethnicity



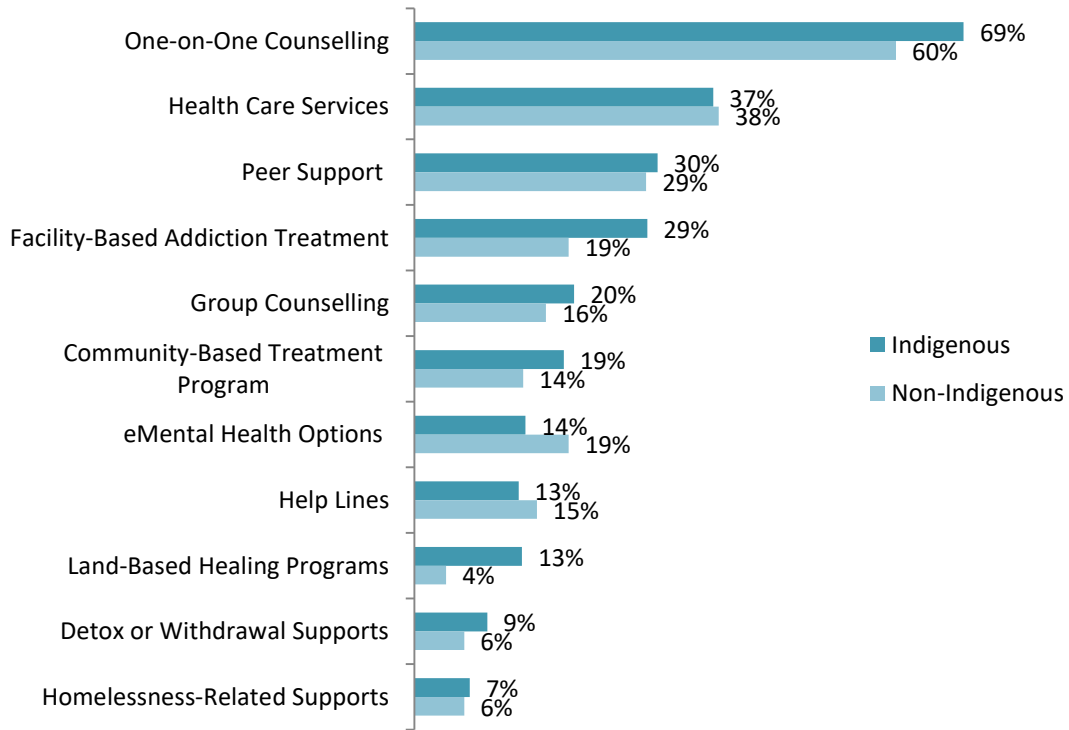
The most commonly accessed service was one-on-one counselling followed by health care services, peer support, and facility-based addictions treatment services (Figure 3).

Figure 3: Services Accessed, by Proportion of Respondents (n=439)



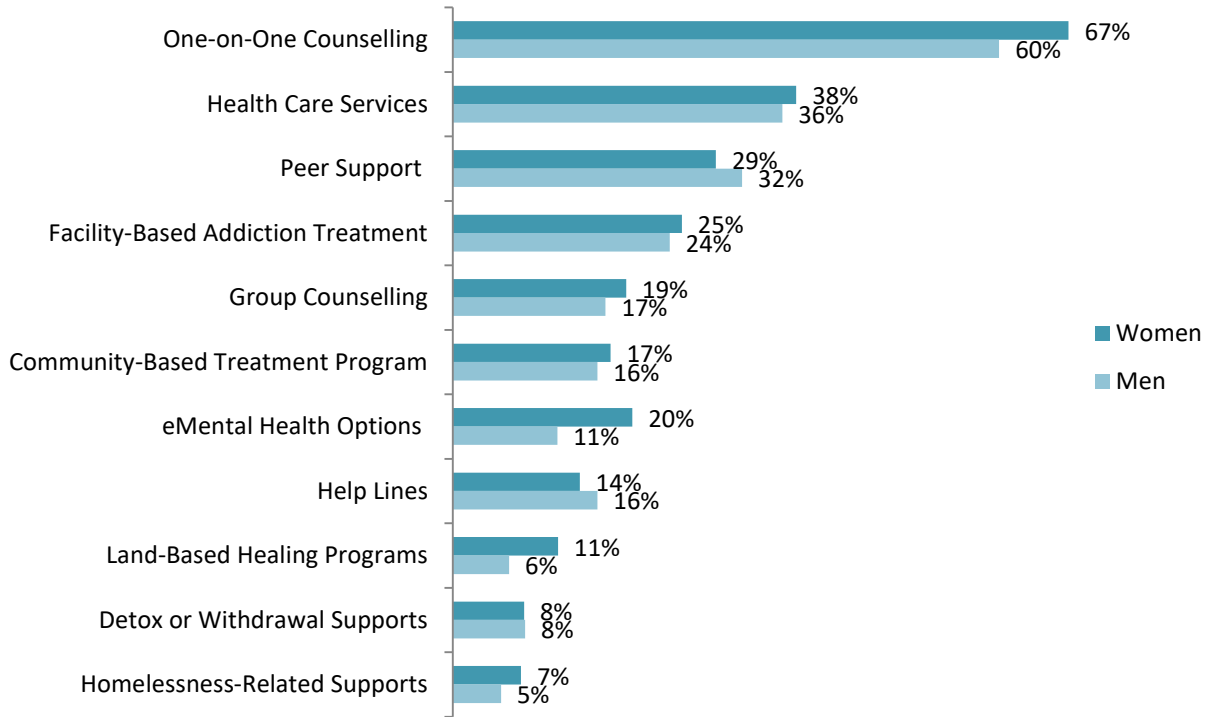
More Indigenous respondents than non-Indigenous respondents reported accessing one-on-one counselling (69%, vs. 60% for non-Indigenous respondents), land-based healing programs (13%, vs. 4%) and facility-based addictions treatment (29%, vs. 19%).

Figure 4: Services Accessed, Indigenous and Non-Indigenous Respondents (n=406)



There were few gender differences in access to services, other than that more women reported accessing one-on-one counselling than men (67% of women vs. 60% of men) (Figure 5).

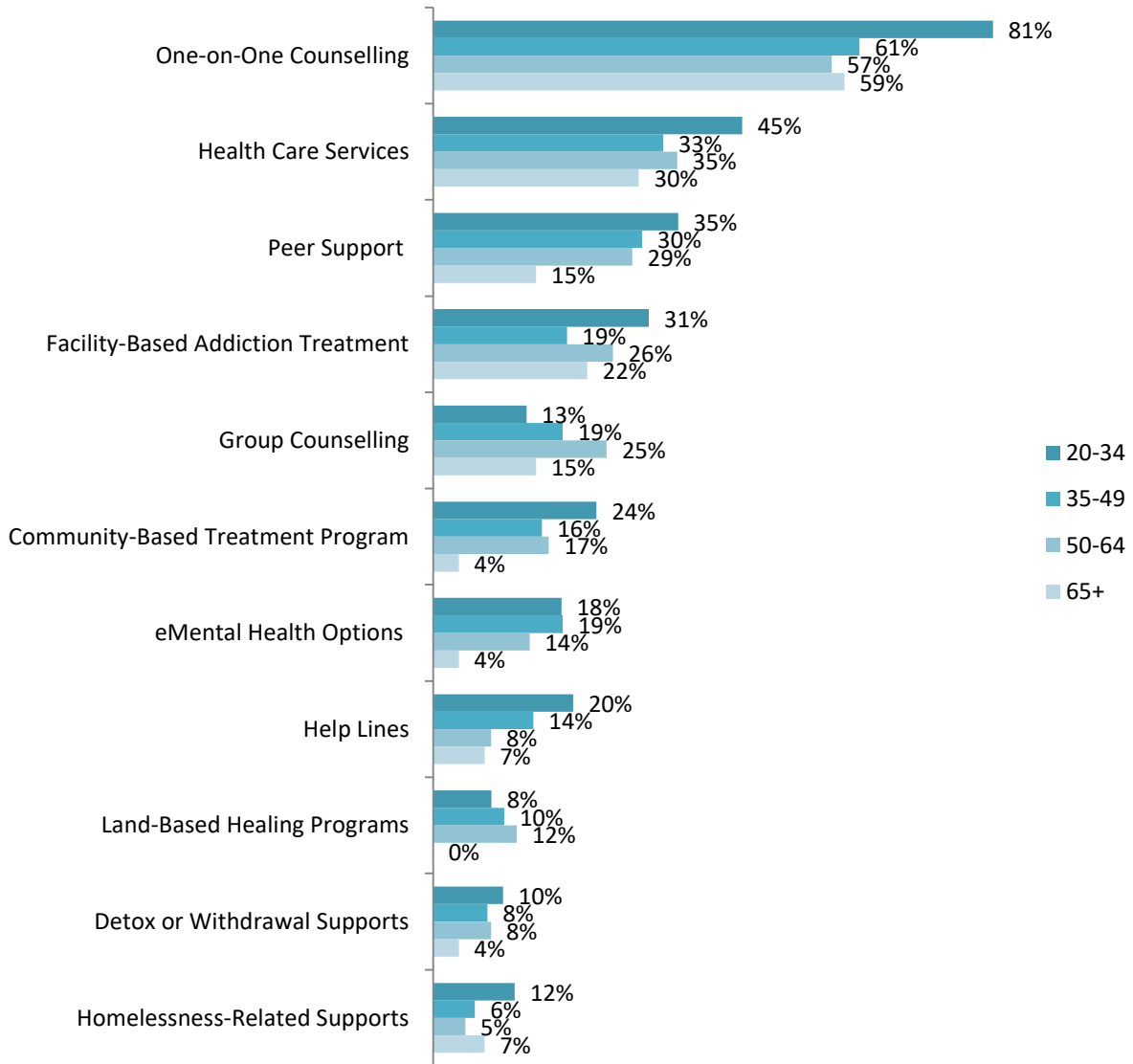
Figure 5: Services Accessed, by Gender* (n=410)



**Gender diverse respondents not included due to low numbers (<5)*

Younger respondents (those under 35 years old) reported having accessed facility-based addictions treatment, health care services, and community-based treatment programs more than respondents aged 35 or over (Figure 6).

Figure 6: Services Accessed, by Age Group* (n=397)



*Respondents aged 16-19 not included due to low numbers (<5)

SERVICE USER SATISFACTION

ONE-ON-ONE COUNSELLING AND HEALTH CARE SERVICES

For each service respondents accessed they were asked to indicate whether they were satisfied with how their individual needs, preference and values were respected, the safety of the environment, overall changes in their life since receiving services, and confidentiality of their personal information.

The most commonly accessed services were those where the respondent was generally in a one-to-one setting with a service provider: one-on-one counselling, and accessing health care services.

Respondents who accessed one-on-one counselling were mostly satisfied with this service, with a strong majority stating that they felt that the environment was safe (87%) and that the service was confidential (83%) (Table 1). Most respondents stated that they felt that their individual needs, preferences and values were respected (73%), and that they were satisfied with the overall changes in their life since using this service (64%).

One (on) one counselling from HSS Addictions and Mental Health in Yellowknife has been an incredible support and resource for me personally. The quality of the counselling has been very good as well, I can book appointments with a counsellor and have access to same day appointments if really needed.

One on one counselling has also has been very helpful to continue on the trauma work that started in treatment.

Same day counselling is a plus and I do access when I need support.

The outreach nurses make it easy for us to get help.

The Health Centre is limited, as they only have nurses who are crisis management, and don't have mental health specialty training, so they are a bandaid for a large gash.

Fewer respondents reported satisfaction with health care services than with one-on-one counselling, though the majority of users still reported being satisfied with respect for their individual needs, preferences and values (63%), the safety of the environment (79%), overall changes in their lives (52%), and the confidentiality of the setting (73%).

Table 1: Respondent Satisfaction with One-on-One Counselling (n=282) and Health Care Services (n=162)

	One-on-One Counselling	Health Care Services
Respect for your individual needs, preferences, and values (e.g. cultural)	73%	63%
Safety of the environment	87%	79%
Overall changes in your life since receiving service	64%	52%
Confidentiality of your personal information	83%	73%

If we compare the responses of Indigenous and non-Indigenous respondents, we find that fewer Indigenous respondents were satisfied with the respect for their individual needs, preferences and values, and the safety of the environment, of one-on-one counselling services. Fewer Indigenous respondents than non-Indigenous respondents were satisfied with the respect for their individual needs, preferences and values, the safety of the environment, and the confidentiality of their personal information, when accessing health care services.

Similar numbers of men and women reported being satisfied with these services, though women were slightly more likely to report being satisfied with one-on-one counselling, and conversely, men were slightly more likely to report being satisfied with health care services, in all areas.

Younger respondents (20-34 years old) reported being satisfied more often than older age groups for one-on-one counselling, except when considering the overall changes in their lives since accessing the service. Younger respondents (20-34 years old) also reported being satisfied with health care services more often than older respondents, except in terms of confidentiality, which was rated highest by the 50-64 age group.

PEER SUPPORT, GROUP COUNSELLING, AND COMMUNITY-BASED TREATMENT PROGRAMS

Respondents who accessed services that involved local, group settings, including peer support programs, group counselling, and community-based treatment programs, generally reported high levels of satisfaction with these services (Table 2). Satisfaction with respect for individual needs, preference and values, and safety of the environment was highest for peer support, while satisfaction with overall life changes and confidentiality was highest for community-based treatment programs.

AA – it's daily in Yellowknife sometimes twice a day. It has been a huge help in my recovery.

There is no local treatment, and in being in a small town there are continual rumours coming out of the AA group so I didn't feel safe utilizing this.

I continued with individual counselling and attended groups

The wellness camp has been amazing. To be able to go and talk to elders

Table 2: Respondent Satisfaction with Peer Support (n=128), Group Counselling (n=81), and Community-Based Treatment Programs (n=73)

	Peer Support	Group Counselling	Community-Based Treatment Program
Respect for your individual needs, preferences, and values (e.g. cultural)	83%	76%	80%
Safety of the environment	90%	77%	84%
Overall changes in your life since receiving service	74%	69%	80%
Confidentiality of your personal information	75%	70%	81%

Non-Indigenous respondents reported being satisfied with respect for their individual needs, preferences and values in peer support programs more than Indigenous respondents, while Indigenous respondents reported being satisfied with overall life changes and confidentiality in both peer support and group counselling settings more than non-Indigenous respondents. More Indigenous respondents reported being satisfied with community-based treatment programs than non-Indigenous respondents, in all categories.

Men were more satisfied with the safety of the environment and the confidentiality of peer support settings than women. Men were more satisfied than women with the respect for their individual needs, and the confidentiality, of group counselling sessions, while women were more satisfied with the safety of the environment than men. More women reported being satisfied with community-based treatment programs than men in all categories.

Older respondents (aged 50-64) were more likely than younger respondents to be satisfied with the safety of the environment, overall life changes, and confidentiality of peer support

programs. Respondents in the middle age group (35-49 years old) were less satisfied with all elements of community-based treatment programs than both younger and older respondents.

EMENTAL HEALTH AND HELP LINE SERVICES

Users of eMental Health and Help Line services reported some of the highest levels of satisfaction with confidentiality of the service; however, it was clear that many users were not finding them as effective as they had hoped, as only 43% and 39% of users, respectively, were satisfied with the overall changes in their lives since using this service (Table 3).

Services available via online or phone...not everyone communicates well with those.

Was told the help line was only for people who were suicidal and was hung up on

I find in the smaller communities that it is hard to expose yourself and not have people talk about your situation, it would be nice to have on-line support if you do not want to open up at meetings or group sessions.

anything online is a joke, people don't use it, people who need it most don't have internet or can't read or write

Table 3: Respondent Satisfaction with eMental Health Services (n=73) and Help Lines (n=63)

	eMental Health Options	Help Lines
Respect for your individual needs, preferences, and values (e.g. cultural)	67%	64%
Safety of the environment	81%	73%
Overall changes in your life since receiving service	43%	39%
Confidentiality of your personal information	83%	88%

Fewer Indigenous respondents indicated satisfaction with eMental health options in all categories than Non-Indigenous respondents. More Indigenous respondents reported being satisfied with help line services in the categories of respect for individual needs and safety of the environment, but fewer reported being satisfied with changes in their lives or confidentiality of the service.

More men than women reported being satisfied with eMental health options in all categories, with more than twice the proportion of men than women reporting satisfaction with overall changes in their life since receiving this service.

Few respondents in the 20-34 age group reported being satisfied with the overall changes in their lives after accessing eMental Health and Help Line services, and had the lowest proportion of satisfied respondents in nearly all categories. Respondents aged 50-64 reported being satisfied with eMental Health options more often than other age groups, and respondents aged 35-49 most often reported being satisfied with help line services.

FACILITY-BASED ADDICTIONS TREATMENT AND LAND-BASED HEALING PROGRAMS

While fewer respondents have been able to access land-based healing programs, most respondents who have attended these programs, reported satisfaction in all areas. Respondents who attended facility-based addictions treatment programs also frequently reported being satisfied with these programs.

Land-based healing programs, as well as traditional ceremonies with Elders worked best for me, and I believe they will be more successful for the Indigenous population.

My experience at Aventa is amazing and it has helped so much, but 6 weeks is only scratching the surface of trauma.

Edgewood was great. I understand that it is expensive, but the quality of care while you are there is the best I have seen.

Treatment educates you on your disease, and teaches you how to stay sober after treatment, but its my understanding that the success rate of treatment is very low.

Table 4: Respondent Satisfaction with Facility-Based Treatment (n=110) and Land-Based Healing Programs (n=41)

	Facility-Based Addiction Treatment	Land-Based Healing Programs
Respect for your individual needs, preferences, and values (e.g. cultural)	73%	100%
Safety of the environment	81%	91%
Overall changes in your life since receiving service	73%	90%
Confidentiality of your personal information	83%	87%

Indigenous respondents reported being satisfied with facility-based treatment services less often than non-Indigenous respondents, but reported being satisfied with land-based services more often than non-Indigenous respondents.

Women were less likely to report being satisfied with the safety of the environment of facility-based addictions treatment programs, and with overall life changes, but were more likely to report being satisfied with confidentiality, in land-based healing programs.

Numbers of attendees in land-based healing programs were too low for meaningful analysis by age group. Satisfaction with facility-based addictions treatment is explored further in another section of this report.

DETOX OR WITHDRAWAL SERVICES AND HOMELESSNESS-RELATED SUPPORTS

Detox or Withdrawal Services, and Homelessness-Related Supports, were the least commonly accessed by respondents, and also had the lowest levels of satisfaction in the areas of respect for individual needs and safety of the environment. Users did report satisfaction with the confidentiality of these services (Table 5).

Where is a detox with medical staff?

There’s no support for people to detox in the community

good work is being done to support the homeless

Table 5: Respondent Satisfaction with Detox or Withdrawal Services (n=36) and Homelessness-Related Supports (n=31)

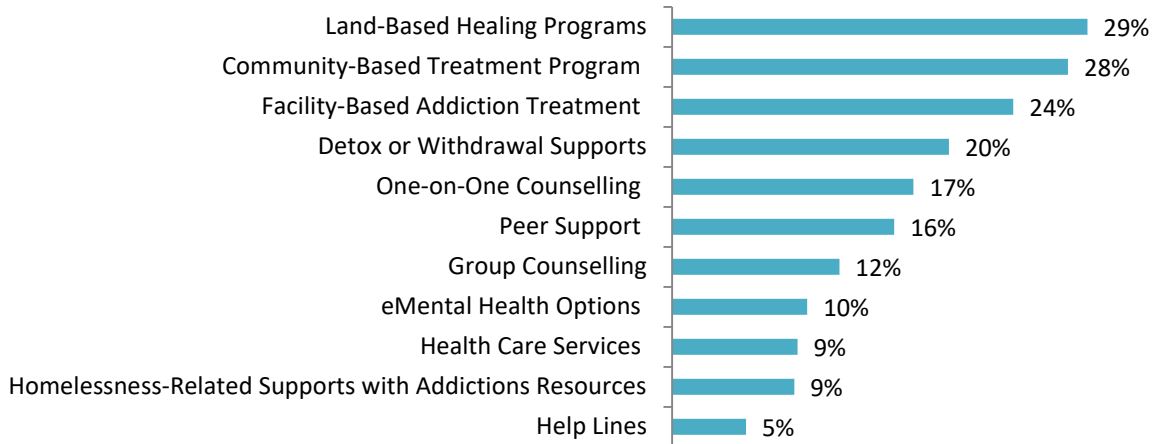
	Detox or Withdrawal Services	Homelessness-Related Supports
Respect for your individual needs, preferences, and values (e.g. cultural)	52%	64%
Safety of the environment	54%	65%
Overall changes in your life since receiving service	64%	50%
Confidentiality of your personal information	76%	75%

Due to small numbers of respondents who reported using these services, we cannot make meaningful conclusions about differences between Indigenous and non-Indigenous respondents, or different age/gender groups.

ACCESS TO SERVICES

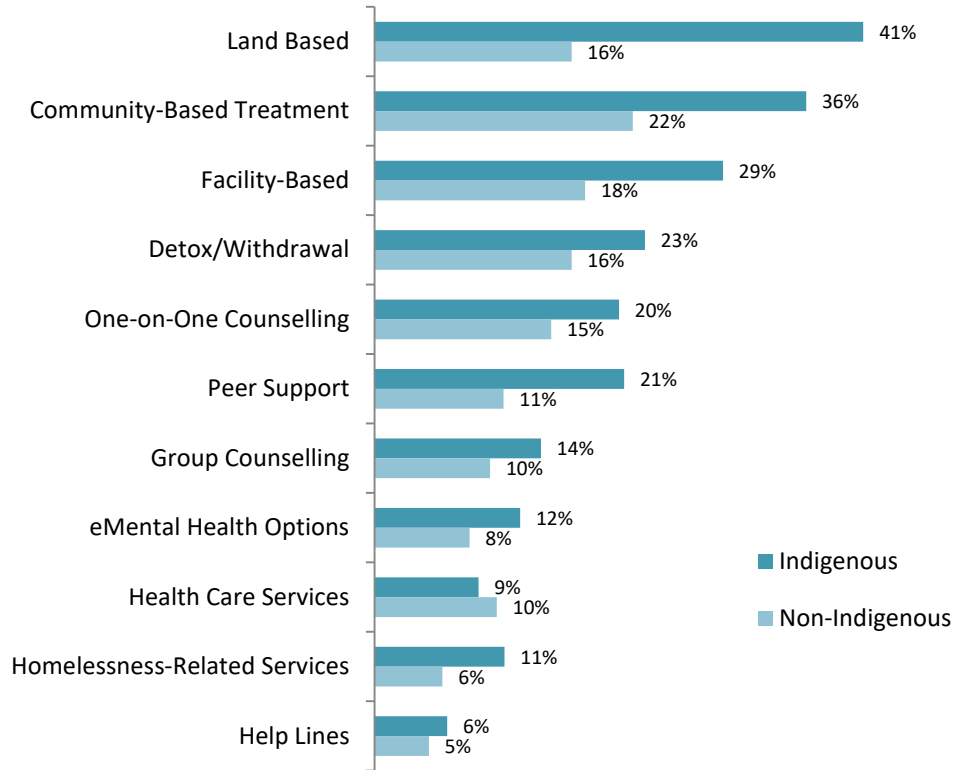
Respondents were asked what services they would have liked to access, but could not. The top three services that respondents would like to access were land-based healing programs, community-based treatment programs, and facility-based addictions treatment services (Figure 7).

Figure 7: Services that Respondents Wanted to Access, but Could Not, by Percentage of Respondents (n=439)



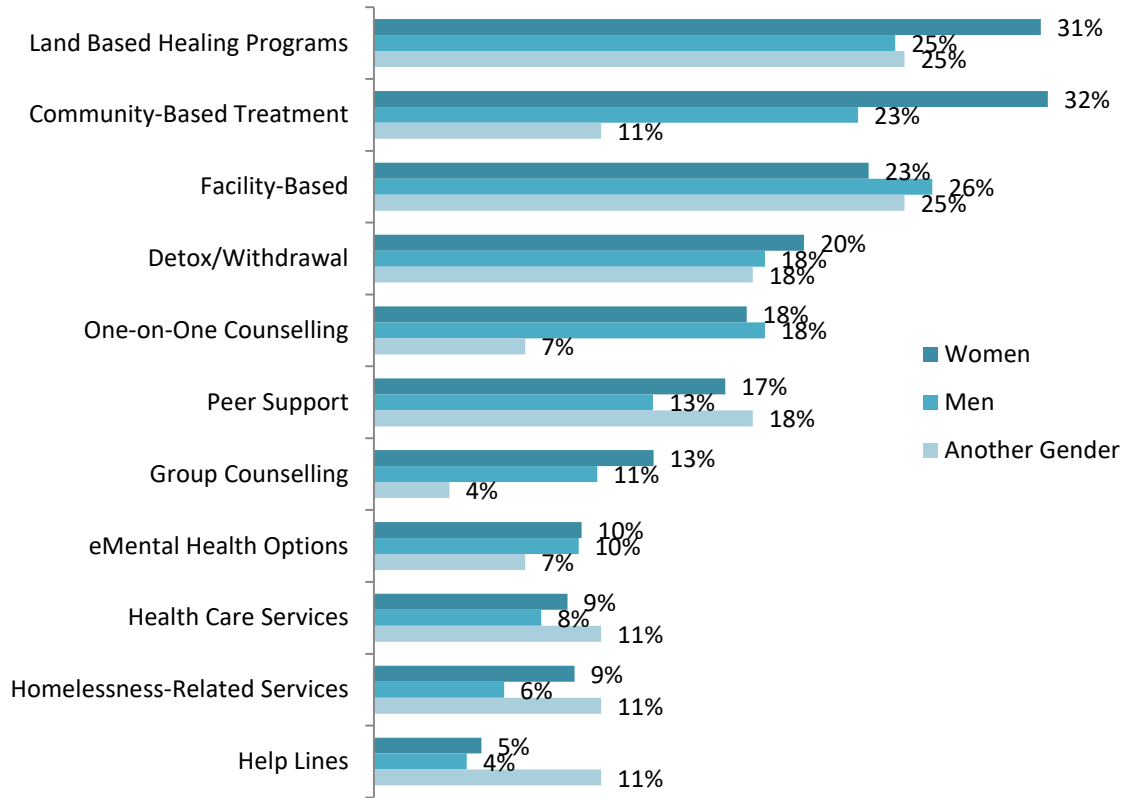
Indigenous respondents were more likely than non-Indigenous respondents to report not being able to access the services they wanted for all services except health care services (Figure 8).

Figure 8: Services that Respondents Wanted to Access, but Could Not, Indigenous and Non-Indigenous Respondents (n=406)



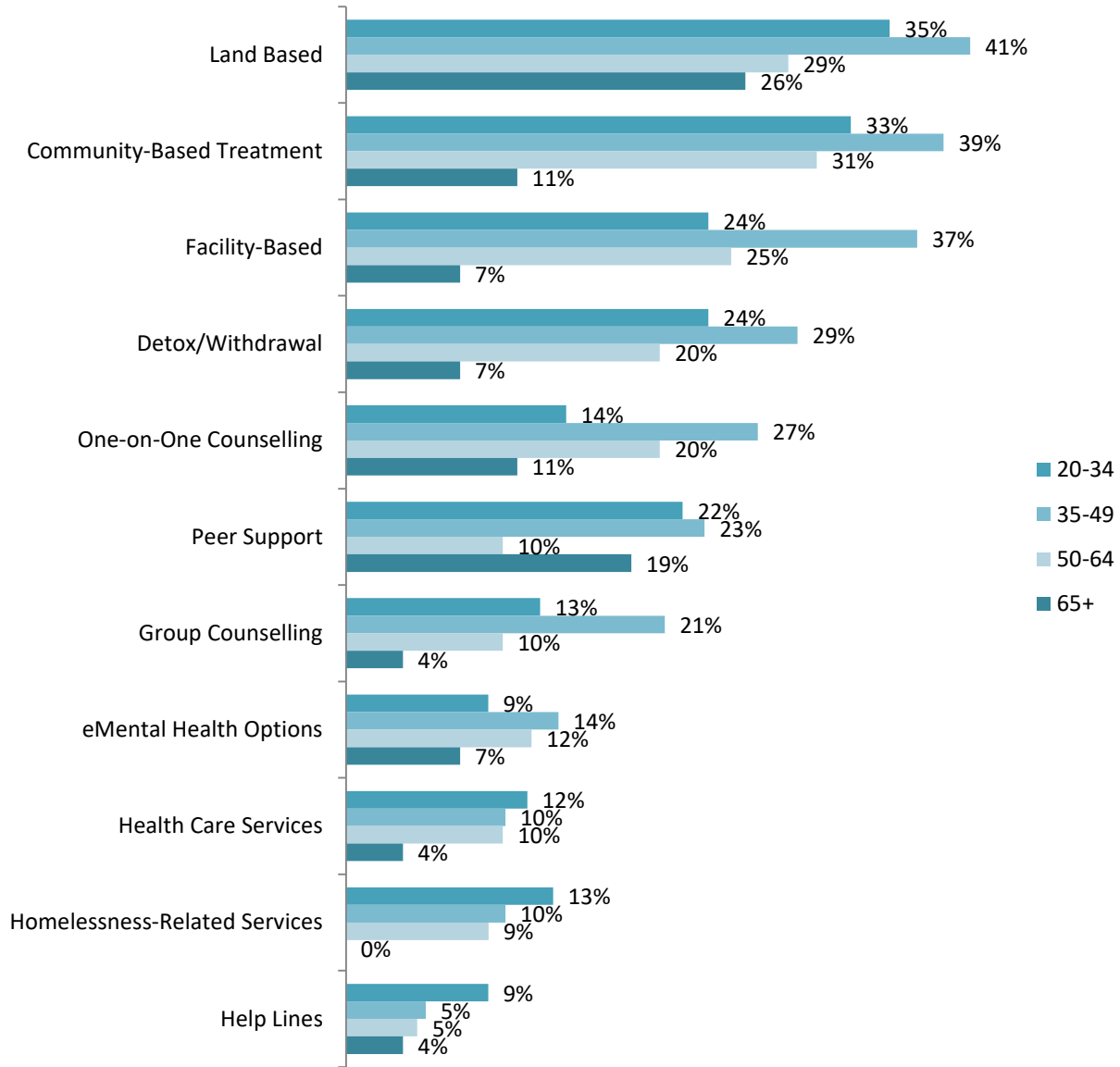
More women reported being unable to access land-based healing programs and community-based treatment programs than men and gender diverse respondents. More gender diverse respondents reported being unable to access health care services, homelessness-related services and help lines than men or women (Figure 9).

Figure 9: Services that Respondents Wanted to Access, but Could Not, by Gender (n=418)



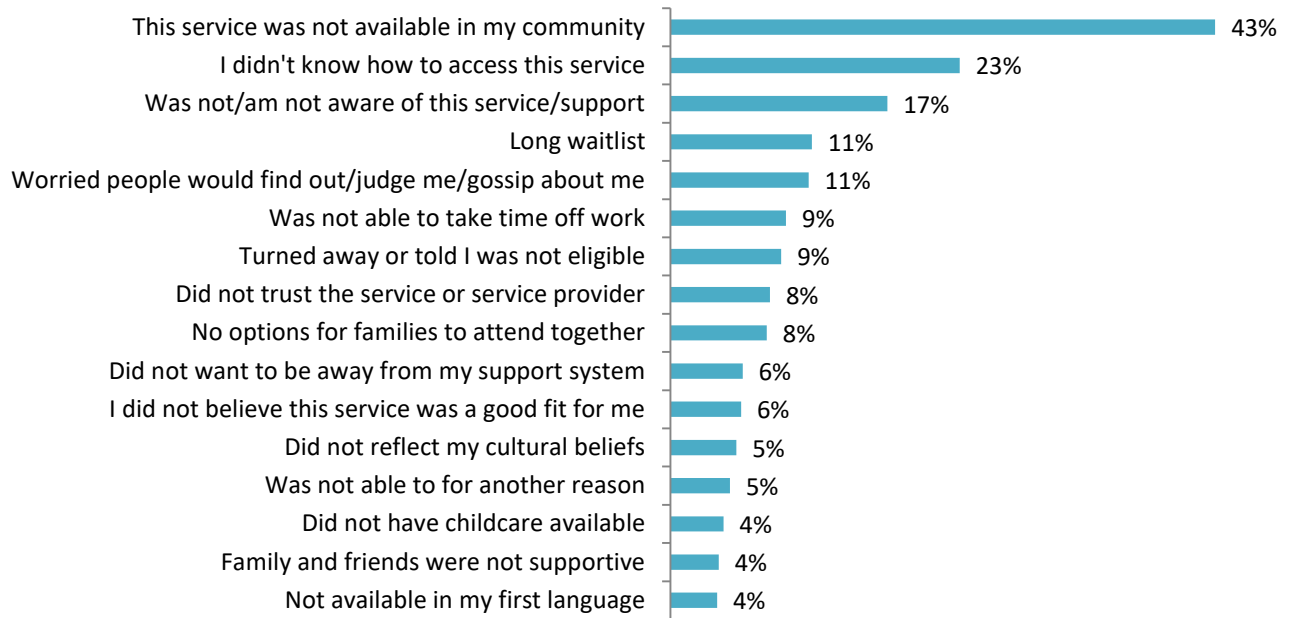
More respondents in the 35-49 age group identified not being able to access nearly all of the most commonly-desired services than respondents in other age groups. More young respondents (aged 20-34) reported wanting to access, but not being able to access, health care services, homelessness related services, and help lines (Figure 10).

Figure 10: Services that Respondents Wanted to Access, but Could Not, by Age Group (n=424)



When respondents were asked to identify the barriers that impacted their ability to access services, the most common reason was that the service was not available in their community. This was the most commonly stated reason for not being able to access the majority of services, and was in the top three for all but Health Care Services (Figure 11). The second most common reason for not accessing eight of the eleven service types listed was that respondents did not know how to access the service. The third most common reason overall for not being able to access a service was that respondents were not aware of the service/support. This was the second most common reason identified for two service types and the third most common reason for four service types.

Figure 11: Most Commonly Identified Barriers to Accessing Services, for All Service Types (n=439)



The presence of a long waitlist was cited as a barrier to accessing facility-based addictions treatment, detox services, and one-on-one and group counselling. This was also identified as a barrier to accessing health care services and homelessness-related services.

Respondents also identified being worried that people would judge them or gossip about them as barriers to accessing community-based treatment services, detox or withdrawal services, one-on-one counselling, peer support, and group counselling.

While the top five most common barriers were relatively consistent across service types, the barriers to accessing health care service and one-on-one counselling services were outliers and therefore merit closer scrutiny.

One-on-one counselling was one of the few services where many individuals who would have liked to access the service identified not trusting the service or service provider (Table 6). One-on-one counselling was also the only one-on-one style service where confidentiality (“worried that people would find out/judge/gossip about me”) was a top concern; other services where this was a commonly identified barrier offer group settings or group components.

Table 6: Top Five Barriers to Accessing One-on-One Counselling (n=282)

Long waitlist	25%
This service was not available in my community	24%
I didn't know how to access this service	21%
Did not trust the service or service provider	20%
Worried people would find out/judge me/gossip about me	16%

The top barrier to accessing health care services was not trusting the service or service provider (Table 7). This was followed by being turned away or told they were not eligible, a long waitlist, and the service not being available in the respondent's community. Not believing the service to be a good fit for them was the fifth most commonly identified barrier to accessing health care services.

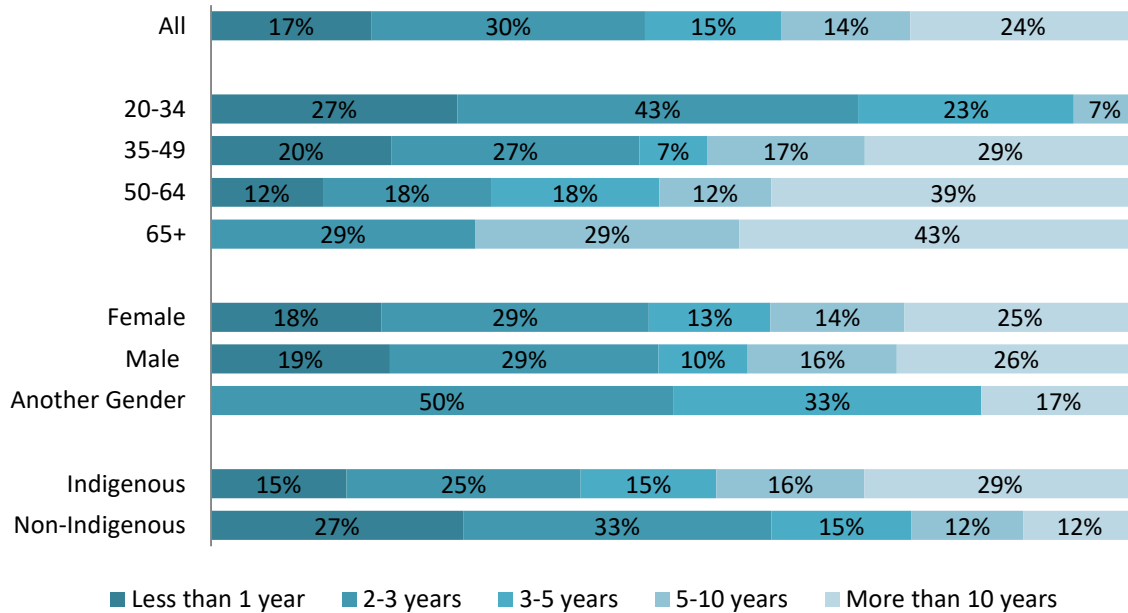
Table 7: Top Five Barriers to Accessing Health Care Services (n=162)

Did not trust the service or service provider	33%
Turned away or told I was not eligible	26%
Long waitlist	23%
This service was not available in my community	18%
I did not believe this service was a good fit for me	15%

EXPERIENCES WITH FACILITY-BASED ADDICTIONS TREATMENT SERVICES

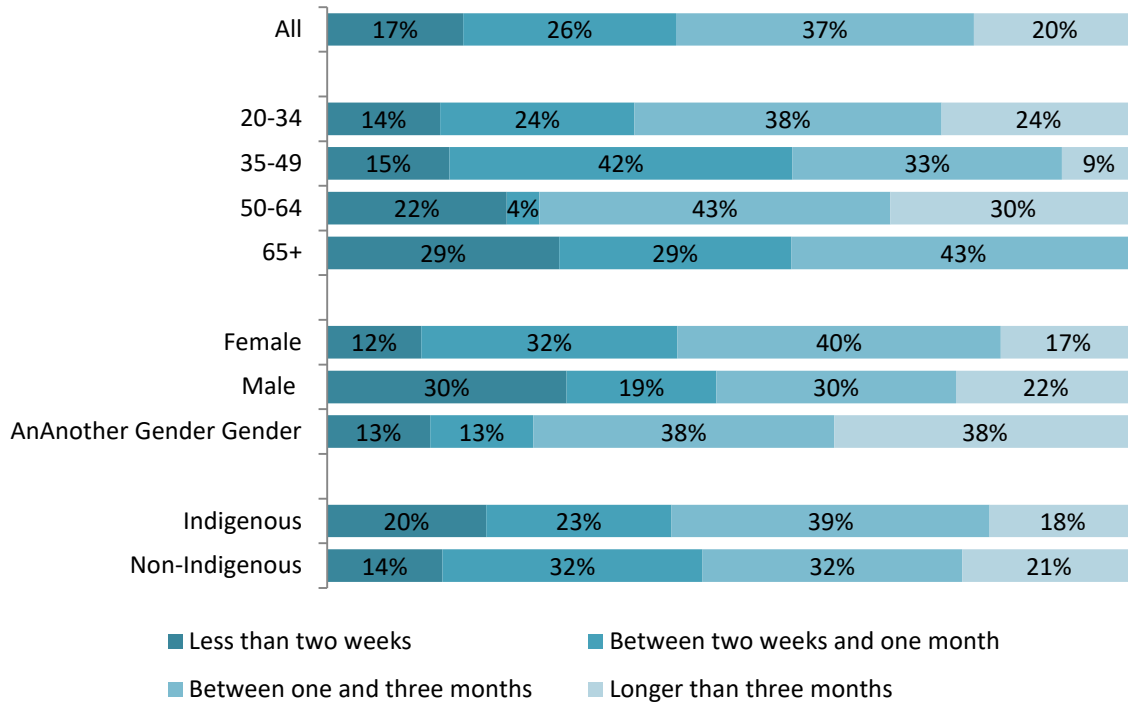
Individuals who previously attended a facility-based addictions treatment program were asked how long it had been since they attended. In total, 47% of respondents attended treatment in the past three years, and an additional 15% attended in the past three to five years, with 38% of respondents having attended treatment five or more years before. Treatment attendance was more recent for the youngest age group (aged 20-34) with 93% having attended treatment in the past five years, and 72% of respondents aged 65 and older attended treatment five or more years ago. A higher proportion of gender diverse individuals reported attending treatment within the past five years compared to the men or women who responded to the survey. Non-Indigenous respondents were more likely to have attended treatment in the past five years than Indigenous respondents (Figure 12).

Figure 12: Length of Time Since Returning From Facility-Based Treatment (n=115)



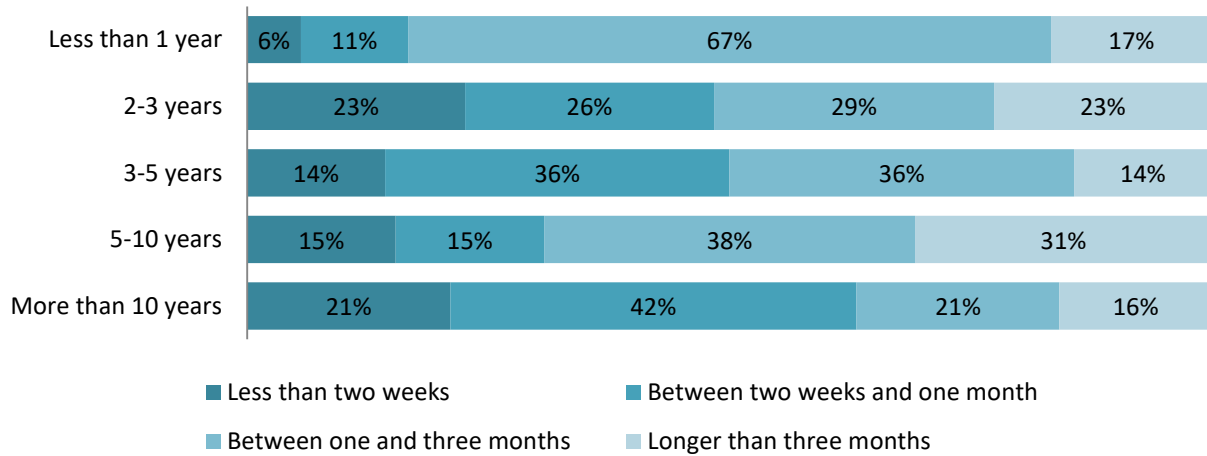
Respondents were also asked about the length of wait between when they had submitted their application to attend treatment and when they were accepted into the treatment program. Twenty respondents did not answer this question, and 18 could not remember; all 38 were excluded from this analysis. Of the remaining respondents most were admitted within three months of their application (80%), with 43% of respondents reporting being admitted within one month. Respondents aged 50-64 reported longer wait times, with only 26% reporting having been admitted in one month or less, while most respondents 65 and older were admitted within one month (58%). All were admitted within three months of submitting an application. Gender diverse respondents reported longer wait times, with 38% reporting waiting longer than three months. Indigenous and non-Indigenous respondents reported similar wait times, with fewer Indigenous people reporting waiting less than one month of wait time, but more non-Indigenous respondents reporting having waited three months or longer (Figure 13).

Figure 13: Amount of Time between Applying for, and Being Admitted to, Facility-Based Treatment (n=77)



The length of time between applying for treatment and attending a treatment program has varied over time. Respondents who attended treatment within the past year were most likely to report waiting between one to three months for treatment. Respondents who attended treatment between two and five years ago report being more likely to be accepted within one month of submitting their application than those who attended within the past year or five to ten years ago, however the shortest wait times were reported by individuals who attended treatment more than ten years ago (Figure 14).

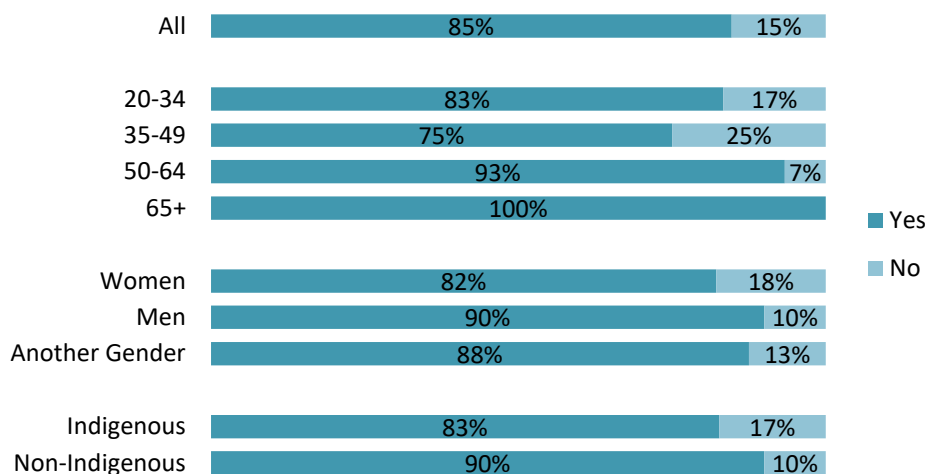
Figure 14: Amount of Time between Applying for, and Being Admitted to, Facility-Based Addictions Treatment, by Length of Time since Returning from Facility-Based Addictions Treatment (n=77)



Of the 115 people who reported having attended treatment, 23 (20%) attended a detox program before going to a treatment facility. Of these individuals, 57% attended detox programming in the NWT, 30% attended detox programming outside of the NWT, and 13% either had attended both at various points in their healing journey, detoxed while incarcerated, or were supported to detox in an outpatient setting.

Respondents were asked if they completed their treatment program. Eighty-five percent of respondents reported completing their treatment program. More respondents aged 50 and over, men and gender-diverse individuals, and Non-Indigenous people reported completing their program than respondents under 50 years old, women, and Indigenous respondents (Figure 15).

Figure 15: Proportion of Respondents Finishing Their Facility-Based Addictions Treatment Program (n=111)



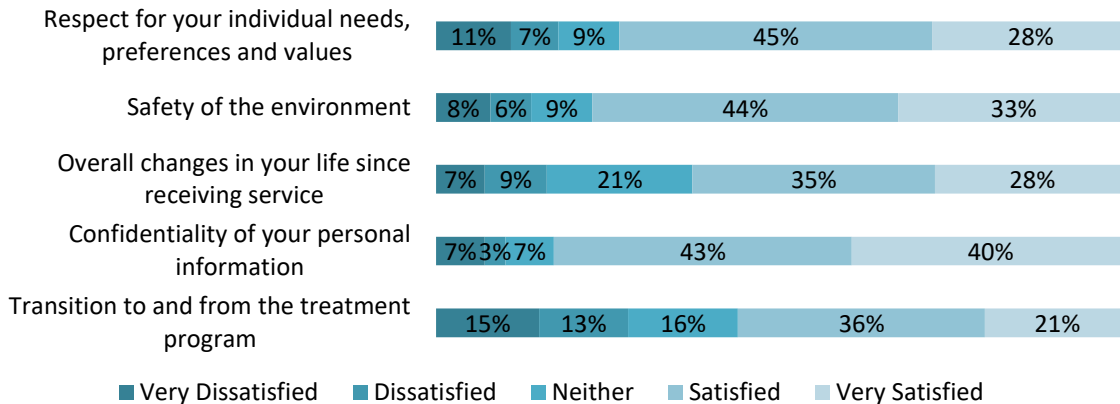
The most common reasons provided for not completing the addictions treatment program included the program being too far from home (n=5); the program not meeting their needs (n=5); not being properly prepared for treatment (n=5); not ready for treatment (n=5); and family or work responsibilities (n=5).

It was harder than I thought, got scared to change

Unable to have adequate communication with family members

Respondents reported high levels of satisfaction with facility-based addictions treatment programs, with 73% of respondents reporting being satisfied or very satisfied with the respect shown for their individual needs, preferences and values; 77% were satisfied or very satisfied with the safety of the environment; 63% were satisfied or very satisfied with the overall changes in their lives; and 83% were satisfied or very satisfied with the confidentiality of their personal information. The lowest level of satisfaction was shown with the transition to and from the treatment program; however, 57% of respondents reported being satisfied or very satisfied with this process (Figure 16)

Figure 16: Levels of Satisfaction with Facility-Based Treatment Programs (n=115)



Comments from respondents on their treatment experience were varied, with both positive and negative experiences reported.

I accessed a treatment program for spouses of people with addictions (Insite at Edgewood). I thought the program was top notch and extremely helpful. My spouse at the time completed the 42 day program at Edgewood and he did great until he came back home, where he relapsed within months.

I met new friends from different parts of Canada. It was a little overwhelming for me. It was kind of scary to go.

Was degrading and felt like I was back in high school. There was very little respect from the counsellors and people who ran the center. We were also served outdated food from the food banks and leftovers from grocery stores.

A need was expressed by several respondents to improve aftercare services for people returning from treatment.

There is no transition. Aftercare is accessed via video conference and it is not covered by the GNWT. When you come home you are on your own. No one to hold you accountable, no one to guide you.

Respondents reported accessing a number of different support services upon returning from treatment. The most commonly accessed service was one-on-one counselling, followed by seeking support from family and friends (Table 8).

Table 8: Supports Accessed Following Return from Facility-Based Treatment (n=115)

One-on-One Counselling	57%
Family and Friends	43%
Peer Support	26%
Health Care Services	26%
Spiritual Support	18%
Group Counselling	10%
eMental Health Options	9%
Community-Based Treatment Programs	8%
Help Lines	6%
On the Land Healing Programs	5%
Homelessness-Related Supports	3%

Respondents described difficulties with coming home from treatment and not having the same levels of support that they had experienced while in the program.

Very very difficult. It was almost immediate relapse. Treatment kept me sober and it educated me on my disease. It also taught us an after care plan, however the desire to drink proved too powerful. It wasn't until 10 months after treatment that my current sobriety began

Lack of community support. Not enough for young people to get involved in upon returning home from treatment. I was in my late teens when I completed treatment

A sudden disconnect from the therapy. I was there six weeks with daily support and came home to none.

Felt alone with no support, felt vulnerable and highly pressured

Others reported positive experiences of feeling supported by their community, and becoming a role model for others.

It was very awesome to be free from any addictions and my community was happy I changed for the better and even some of my friends and family stopped drinking cause if I can do it they can...

I feel better. I feel more energetic. I feel more myself. Coming back, the community was good

Respondents were asked what they felt was most needed by someone who was returning from treatment. Continuing services, including services for families and opportunities for sober socialization, were identified as key supports.

After care plans and follow-up with a physician or Healthcare provider and counselor.

people need support and after care when returning from treatment. Many times a person is returning from treatment to the same house, with the same people and constant reminders of their previous behaviours.

Continue working a program. Treatment doesn't cure anyone, it's just an intensive training program that teaches how to stay sober.

Community supports and resources and connecting with others in recovery.

Family support, help with integration into community to support sobriety. Sober buddy, getting into school, getting work and where to visit other sober people. It's lonely when everyone in your social circle is not sober. The peer pressure to give in is a major challenge

I feel that having a recovery plan and healthy connections is the foundation to returning to society.

Transitional housing with counselling and life skills classes

Follow up. Check on me.

Respondents who have attended facility-based treatment were asked if they would have preferred to stay in the NWT for treatment. Of the respondents who answered this question, 67% said they would have liked to attend treatment in the NWT. The most common reasons for wanting to stay in the territory were preferring to stay closer to family and wanting to participate in a culturally relevant treatment program (Table 9).

Table 9: Reasons for Preferring to Attend Treatment in the Northwest Territories (n=67)

I would have preferred to stay closer to home/family.	87%
I would have preferred to participate in a treatment program that was more culturally relevant.	81%
I felt too anxious to go somewhere unknown	48%
I do not like to travel.	21%

Conversely, 32% said they would not have wanted to attend treatment in the NWT. The most common reasons given were the ability to focus on the treatment program when they were away from home, and having more privacy in a southern treatment program (Table 10).

Table 10: Reasons for Preferring to Attend Treatment Outside of the Northwest Territories (n=32)

I can focus on healing better when I am away from my home community and the responsibilities there.	66%
I can have more privacy in the south.	63%
I feel there are more choice and options for treatment in the south.	53%
I was looking for a new start in a different community.	25%

MAINTAINING RECOVERY

Sixty-eight percent of respondents reported having experienced a relapse or otherwise struggling to stay in recovery (Table 11).

Table 11: Reasons for Difficulty Staying in Recovery (n=203)

Lack of supportive social networks	62%
Lack of supports and services in my community	55%
<i>Peer Support</i>	48%
<i>Counselling Services / Support</i>	50%
<i>On the Land options</i>	48%
No recovery plan in place / lack of planning for recovery	45%
Crisis in my life (e.g. injury, illness, death of a loved one)	44%
Stigma and/or being worried about what people would think of me	39%
Pressure from others to continue using	38%
Challenges within my family (e.g. family conflict, separation)	36%
Fear of judgement (after a relapse, or for reaching out for additional help)	33%
Difficulties getting or maintaining stable or adequate housing	29%
<i>Homelessness</i>	12%
<i>Overcrowded living space</i>	7%
<i>My housing is/was transitional / I move/moved from one place to another</i>	10%
<i>I am on a waitlist for housing</i>	9%
<i>I have been denied housing (arrear, not eligible....)</i>	8%

Difficulties getting or maintaining employment	20%
Fear of losing kids	14%
Being prescribed an addictive medication	10%

Lack of supportive social networks was the most common reason selected when considering difficulty in maintaining recovery.

Have no one to socialize with anymore my friends continue to drink and slim pickings to make new friends in a small community.

Lack of supports all around, family, friends & community. These are essential for genuine connection and understanding of the addict and their recovery.

Lack of supports and services in the community was the second most commonly identified challenge to maintaining recovery.

Peer support in my community is not private, anonymous, or safe.

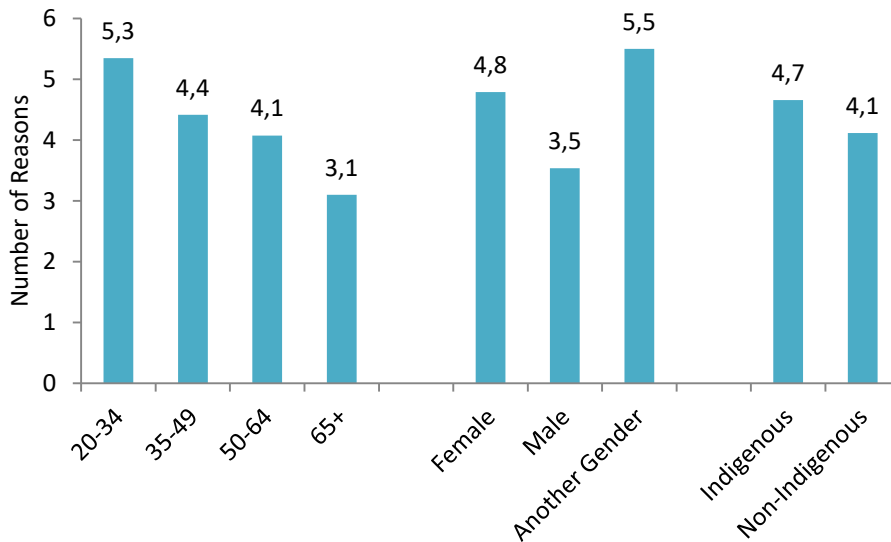
Options for staying healthy and away from people using

There is sober skills in my community but it is only once a week. There needs to be more programs like this and more often

The third most commonly identified challenge to maintaining recovery was a lack of a recovery plan or a lack of planning more generally.

Respondents were asked to select as many options from this list as applied to them. Younger respondents (aged 20-34) and gender-diverse respondents selected the highest number of factors, both selecting over five reasons on average (Figure 17).

Figure 17: Number of Reasons for Struggling to Stay in Recovery Selected (n=203)



FACTORS THAT ASSIST WITH RECOVERY

Respondents were asked about what factors assisted them in their recovery. Relationships with family members, friends, and other people in recovery were listed as the most significant supports, followed by regular exercise, mindfulness and religion or spirituality (Figure 18).

People sharing their sobriety stories is a way to feel good about being hopeful and that we are not alone

support from friends that understood what i was going through and did not enable my problems. Tough love worked well

Being in the bush - the second I'm in the boat headed to the bush or on the skidoo to head out I feel a sense of relief and peace.

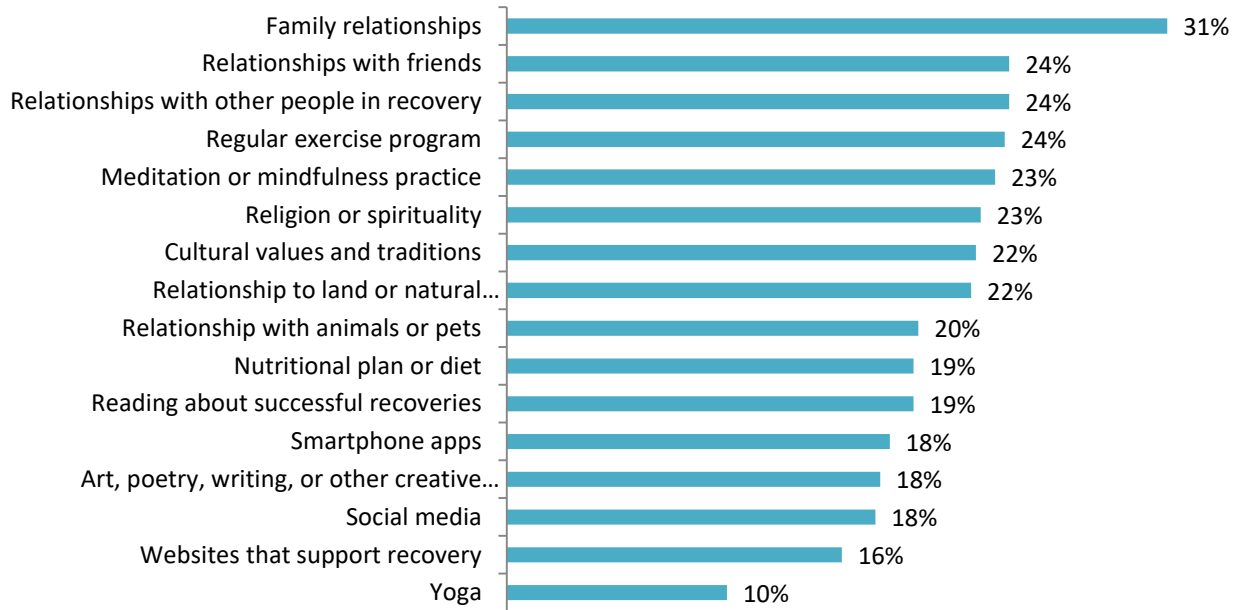
Journaling and building an open, honest relationship with my husband.

Sober events and activities help as many of my friends social events revolve around alcohol and drugs

Family support. Being a daughter of residential school survivors it is great that they stopped their addictions too

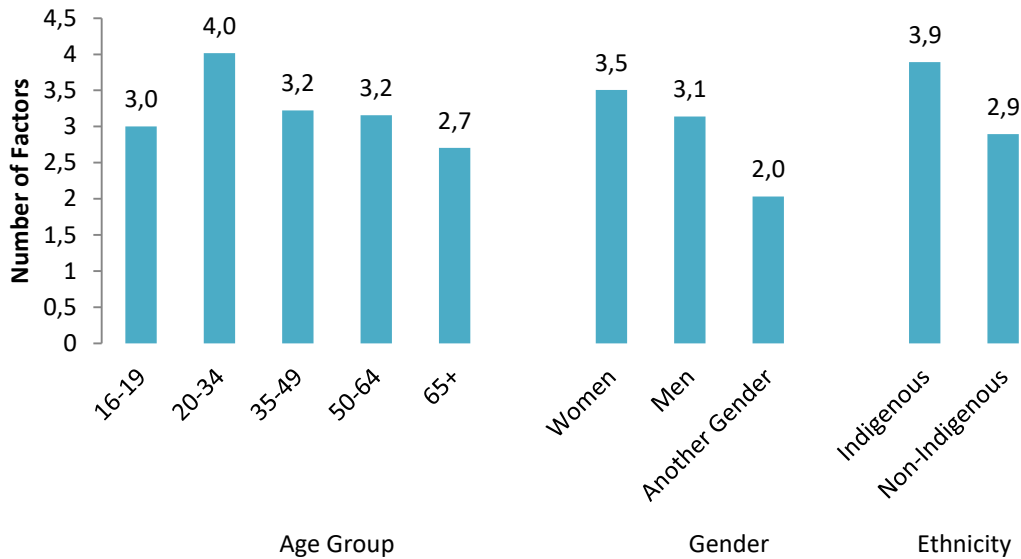
The most important one was building a fire pit in our backyard and making a "camp" at home. Whenever things get stressful inside I go out and make a fire

Figure 18: Factors that Assist with Recovery (n=439)



Respondents were asked to indicate as many factors that applied that have helped them in their recovery. Women, Indigenous people and respondents in the 20-34 age group identified using the highest number of recovery supports (Figure 19).

Figure 19: Average Number of Factors that Assist with Recovery Selected (n=439)



Qualitative Analysis

A number of key themes emerged based on the survey responses, especially in areas where respondents provided comments. Based on the results of the survey, and respondent answers to open-ended questions, a thematic analysis was conducted. Key themes are described below.

SERVICE PROVISION

Respondents generally reported high levels of satisfaction with the services that they were able to access; however, respondents identified some areas where services are lacking, as well as key barriers to accessing services.

SERVICE NEEDS

As evidenced by low satisfaction levels with existing detox services, respondents identified a need for more and improved access to detox services, and for more detox services in communities, especially as a period of sobriety is often a requirement for accessing facility-based addictions treatment programs.

A detox centre run by an NP and nurses is desperately needed as well. It's extremely difficult to get a person through withdrawal to sobriety in order to get them down to treatment.

There's no support for people to detox in the community

A key area that respondents identified was the need for family treatment options, and treatment options close to home so that families can be involved. Respondents also identified a need for family supports for helping someone trying to reintegrate into the home, and access to funding to help families who rely on the income of someone who is going to treatment while they are away.

We need access for the entire family to get help as well as the person with addictions. The problem is very serious and the root of most of our community issues. We need to look at the whole picture. We have used a band-aid approach and it does not work in the NWT.

We need more services in our home communities or regional hubs so that families can heal together. When dealing with addictions you have to have everyone on board so that they can have the training on how to support a person in recovery.

Let's heal the entire family or these dangerous cycles will continue to harm generations of people.

The need for aftercare was also heavily emphasized by respondents. The need for sober housing with supports, and aftercare services in general, was described as a necessary component for attendance at any treatment program or on the land healing activity to be

successful. Respondents also identified a need for early intervention for people who experience a recurrence of substance use after treatment.

Aftercare support where an individual is immediately connected to the various services in the community by a physical orientation. Don't let people slip through the cracks.

Everyone talks about a treatment facility here but that won't help unless there are aftercare services set up in every community. Relapse risk is enormous. People struggling with addictions need access to stable housing and a stable source of income (i.e. UBI [Universal Basic Income]) to reduce the chaos in their lives to get to a place where they can address the roots of their problems in a meaningful way. Counselling is fine but you walk out the door back into your stressful life with no one to help you navigate all these piecemeal services.

I think there needs to be an option for sober-living facilities in the smaller communities. So many time I have seen people go to treatment and then come home to [the same] environment that contributed to their addictions, and they relapse.

More culturally appropriate programs related to relapse. How does one start their healing journey again after a slip.

Finally, respondents made it clear that there is a lack of recreational opportunities that don't revolve around drugs, alcohol or gambling, both to prevent the development of substance use or other addiction issues, and to support people who are living in recovery.

Introduce programs in the schools to help younger people become aware there are healthier options available to them rather than experimenting with drugs/alcohol.

Ongoing support groups with activities for those early in their recovery journey, to get out of their heads and houses and become positive members of society again.

Options for staying healthy and away from people using.

PRACTITIONER QUALIFICATIONS

Respondents had mixed feelings about who is best positioned to provide services to the NWT populations. Some respondents wanted to see more formal qualifications among service providers:

I need psychiatric and psychological help, but the NWT doesn't have enough of these professionals

(We need) younger qualified coun(se)llors.

However, a number of respondents underlined the need to recognize the skills held by people who have life experience and traditional knowledge, and the value that Indigenous counsellors bring to the role:

Indigenous support workers with personal experience (are) the best.

Stop thinking only people with degrees are qualified to help people recover.

Western colonized methods of counselling has little effect on assisting Indigenous people... someone with a piece of paper on the wall does not make them a counsellor.

SYSTEM NAVIGATION

Many respondents identified having struggled to access services and expressed frustration with their experience trying to get help for themselves or a loved one. Respondents cited difficulty identifying how to begin the process, or a lack of support when they did try to seek help.

When dealing with addiction, even at a small level, there is no direction on where to go to start the conversation of healing. Is it a doctor, a counsellor, do you go straight to a support group? How do you address the underlying issue of addiction and where do you go to start the process."

Doctors not always willing to help when I suggested I had an addictions problem. Doctors very rarely asked follow up questions to see how bad the problem was; onus was always on me, which can make it difficult.

Respondents described difficulties in accessing services that involved multiple calls and visits to a number of different offices.

I literally went in circle(s) being referred from one office to the other as did my son when he was also trying to access support. For a jurisdiction with such a small population I am continually amazed by the bureaucratic blocks.

The services are mostly there, but accessing them was a long drawn-out exercise involving multiple agencies, phone calls, emails, and then following up on all of it because things often got lost in the shuffle.

It took a lot of calls and appointments to get to the point of being able to submit the application. It was not laid out for us, nor was it simple to enact.

Family members and individuals seeking support expressed doubt that anyone who was actively struggling with an addiction would be able to navigate this system.

Our system has been very difficult to navigate for healthy family members trying to support family members struggling from addictions and co-occurring disorders. For the individual themselves, it is almost impossible.

If it is this difficult for an intelligent young man with a mother who has the time, energy, and grumpiness to keep following up with him AND all these services, how does anyone on the street ever do it? (emphasis in original)

I am a highly educated person with high health literacy and I was not able to navigate the NWT healthcare system to get support with my substance use problems.

It is difficult for people to get help. My sister was hospitalized twice cause of alcohol and drugs and once released right back to them, she was given appointments that she never made. It's a dead end for addicts.

Other respondents with lived experience of seeking help echoed these frustrations, which seemed to impact their ability to make progress.

I don't feel like I have the energy to advocate to be given the funding to attend a treatment facility. It's easier to buy my drugs and alcohol and self-medicate.

The process to access services is so confusing and convoluted many times it gives a feeling of giving up rather than hope.

Some respondents offered suggestions on ways to improve the system, including having someone in an advisor role that can provide information on available programs and services, and the need for more case management services. Others emphasized that the onus for follow-up rests too heavily on the individuals who need help, and suggest that service providers need to take more responsibility for follow up, and be more understanding of those that are experiencing addictions concerns.

One window services for addictions and mental health. Plus ongoing follow-up that involves tracking people down before and after appointments. Once someone walks in and says "I need help," someone else should be driving the process and the client should only need to provide information when asked, and show up to the extent they are able. And if they can't show up, someone should show up wherever they can be found to keep the process moving.

Most of the time appointments are missed and that SHOWS that they aren't interested or that they don't really need the help? Not true, these people can't fend for themselves when they are living off a bottle. They can't make appointments. (emphasis in original)

STIGMA

The need to address stigma related to mental health and substance use was very clear in the responses provided to the survey. Many respondents reported that stigma – in their community, from front-line workers, or even internalized stigma – was a barrier to them receiving the supports that they needed.

For some, feelings about themselves and fear of stigma can impact the ability to seek help.

we have limited services in the north and some of us are ashamed to come out with our addictions

I have not recovered as I am still trying with no support or me not reaching out as I'm ashamed.

Respondents highlighted a need to address the stigma within communities, around both addiction and sobriety.

there is a lot of stigma around addiction, especially if you are female and have kids. People don't necessarily want to tell people that they have a problem, and they don't want to be labeled an addict/alcoholic. Moving away from this binary labelling could be helpful.

I lost friends, I was shamed and humiliated on my return to work. I was excluded and discriminated against by work colleagues and managers. It was horrible!

We need a community approach to normalize doing things without drinking. This needs to happen here in our Territory.

Normalizing sobriety. In my community, people are ashamed of being sober unfortunately.

Most concerning, respondents reported feeling stigmatized for their experience with substance use disorders by the service providers they encountered. Respondents made it clear that there was a need for more supportive interactions with service providers at a number of levels, and stated that there is a need for training to ensure that people seeking services receive a compassionate response.

he has been turned away, insulted, judged and experienced overall stigma and a lack of trauma centred care.

All of our frontline workers need to receive training on individuals suffering from addictions, trauma informed approaches, and mental health issues so that they can better understand and provide more appropriate responses when dealing with these difficult situations.

RACISM

Respondents shared experiences of encountering racism when accessing services, both directly, in being treated differently by service providers or other program attendees, and indirectly, in being expected to engage in programs and with service providers that are not culturally appropriate and do not have an understanding of their experiences.

Lack of aboriginal representation in the healing process.

Western colonized approaches, as those undertaken by people who only have a piece of paper on the wall, but have never lived with the people, nor have they experienced similar lifestyles.

While I was in a treatment centre down south I felt a lot of racism from other clients so I signed myself out after 7 weeks.

felt systemic racism excluded my needs based on my aboriginal heritage.

Respondents wrote of a need for services, and service providers, which reflect their own culture and understand their way of life. Others wrote positively of experiences where they maintained contact with Elders during and after treatment and were able to attend traditional ceremonies.

CONFIDENTIALITY

While many respondents expressed satisfaction with confidentiality in the services that they accessed, it was clear from respondent comments that experiences with breaches in confidentiality do occur, and can be a deterrent to accessing services, especially in small communities.

I was very upset when my privacy was breached and my file was found in a dump

Most people don't trust the counsellors, stating they always break confidentiality, so uptake is poor.

I don't feel comfortable with privacy here in the NT.

Confidentiality concerns were often commonly cited as a reason for not accessing peer supports, such as Alcoholics Anonymous.

There is only AA and all knows who goes.

There is no local treatment, and in being in a small town there are continual rumours coming out of the AA group so I didn't feel safe utilizing this.

there is no aftercare and no confidentiality in the AA rooms here in Yellowknife.

Peer support in my community is not private, anonymous, or safe.

FACILITY-BASED ADDICTIONS TREATMENT

Respondents gave conflicting feedback over whether a treatment centre is needed in the Northwest Territories. Some respondents stated that they appreciated the anonymity and confidentiality of treatment in the south and the removal from familiar triggers assisted recovery.

I don't believe that a treatment centre is needed in the North. The advanced skills and programs are easily attained down south. The removal from the familiar is incredibly helpful for triggers of relapse and leaving treatment. What I feel is needed is more assistance to transition back from treatment.

Leaving the north to attend an intensive treatment in B.C. saved my life. I am still sober 9 years later.

Respondents in support of building a northern treatment facility cited frustration with COVID restrictions impacting their or a family member's treatment, as well as wanting a treatment centre that has Indigenous counsellors and methods of treatment.

My son has been waiting to go t[o] treatment for months in Calgary. Never openings for NT residents, then covid hit. We need a facility here. Even if he does go south. He has no supports when he returns.

NWT needs an addictions facility. It is absolutely astonishing that we do not have this service for our people.

The NWT needs an in house full fledged treatment facility. Where people from all over Canada want to join and heal with our traditional ways. This could be the leader of indigenous healing at the grass roots level.

As seen in the responses from individuals who have attended a treatment facility in the past, two-thirds would have preferred to remain in the NWT for treatment. However, the most common reasons given for wanting treatment in the NWT - being near their home and family, and participating in treatment that was culturally relevant to them - are criteria that would not be met for all residents of the NWT through the construction of a single facility. Some respondents wrote of wanting to see more local treatment options, including on the land options, so that families can participate together.

every community should have a family land based addictions cam(p)

We need more services in our home communities or regional hubs so that families can heal together

Programs and services need to be offered regionally in our home communities with after care support services

Programs need to be local & on the land where possible. Kids need to join (family based) and have childcare provided out there for when the adults are doing the intense stuff.

Discussion

Work is already underway within the Department of Health and Social Services (DHSS) to address some of the service gaps identified by survey respondents. A working group at Stanton Territorial Hospital is developing capacity for medical detox, with the aim of expanding both inpatient and community-based supports. As well, this year new funding was made available for communities to access to provide peer support programming, and aftercare counselling supports. Based on respondent feedback, there is a need for expanded services that treat families together. The DHSS has taken steps in this direction with an enhancement to the On the Land Healing Fund in 2019-2020 that is focused specifically on land-based treatment and family treatment. Since the survey, additional eMental health initiatives have been implemented in the NWT including Breathing Room (program for youth resiliency), and WAGON, an aftercare and recovery app. Work to implement additional eMental Health supports is ongoing.

Respondents made it clear that attending treatment, then returning to the same environment that they were in prior to going, was detrimental to recovery, particularly if these individuals were experiencing homelessness, or living with people who are actively using substances. Whether it is transitional, sober, or recovery housing, options are needed for people returning from treatment to support them to remain in recovery, and supports are needed for individuals and families so that concerns about lost income are not a barrier to seeking facility based or on the land treatment services.

Wait times and not knowing how to access services were common barriers to individuals accessing services. The DHSS has worked to address wait times for one-on-one counselling and facility-based treatment; at present, same day counselling services are available in all regions and wait times have been significantly reduced if not eliminated across the territory. While COVID-19 has impacted access to out of territory treatment, efforts continue to streamline this process and provide access as quickly as possible. Based on survey results, it appears that there is a need to continue to work to make services accessible as quickly as possible, and ensure that people are aware of the services available in their regions and how to access them. More support for navigating the addictions treatment service landscape was identified by many respondents as a need.

Based on the feedback from survey respondents, there were some who would like more access to practitioners with formal qualifications, including psychiatry services, but there is also a need to provide more opportunities for Indigenous counsellors who hold a number of qualifications, not necessarily a formal degree, to support people in their recovery journey.

The newly established addictions recovery fund gives funding to hire community-based counsellors and support aftercare and recovery programming in the community.

Addressing stigma around substance use disorders and other addictions is a continuing struggle, that both service providers and community members have a role in addressing. As demonstrated in the survey data, individuals rely heavily on the support of family, friends and other community members in recovery to maintain their own recovery journey; experiences of stigma, or even fear of stigma, can prevent these individuals from reaching out to these supports, or ever accessing services. Addressing racism in recovery services is also necessary and ongoing work; offering more regional and community-based services, as well as more culture-based on the land programming, will hopefully provide more opportunities for northerners to access programming that is designed for, and offered by, Indigenous individuals with cultural backgrounds and knowledge that reflects their own.

Confidentiality remains a concern for individuals accessing services. NWT residents must be able to access counselling and health services that are respectful and confidential. There is a need to ensure that both service users and staff are aware of this expectation, and to communicate a clear process of what to do when a service user feels that their confidentiality has been violated. Work is also needed to address stigma that contributes to concerns about confidentiality at the community level, and to build mutual respect and understanding of the importance of discretion when services are offered in group or peer support settings.

One area where NWT residents continue to be divided is on whether a territorial treatment facility is needed. While some individuals identified this as a need, the reasoning provided often cited a need for families to be able to attend or participate together, and the need for services to be reflective of the service user's culture. As the GNWT is made up of various First Nations, Metis, Inuit, and non-Indigenous populations, who have different languages, cultures and traditions, one single NWT treatment centre would not address this need for all NWT residents. Based on responses to this survey, it appears that the needs of residents of the Northwest Territories may be most effectively met by continuing to expand on the land and community-based treatment opportunities, and looking to existing resources in the regions to develop regional treatment options that will better meet the needs of local populations. While there are a number of programs aimed at building capacity at the regional and community level to support individuals working towards recovery, there is clearly a need to continue expanding these options to ensure consistent and sustainable access.

A common theme throughout the survey responses was the importance of supportive community members, and healthy activities, to successful recovery journeys. Ultimately, many of the activities that are supportive of recovery are those that are not directly related to substance use treatment; healthy, alcohol-free activities that allow people to socialize, opportunities to spend time on the land and with elders, and supportive people in the community were frequently cited as things that were needed in communities, foundations for prevention and supporting healthy lifestyles, and elements that helped people in their recovery journey. What this tells us is that everyone has something they can contribute to reducing substance use and other addictive behaviours and improving the chances of

successful recovery, through volunteering, sharing their skills, and being available to provide support to the people around us who may be struggling. Partnerships with community leadership and organizations will be key to addressing these identified needs.

Conclusion

The results of this survey demonstrate the complex and individualized nature of addictions treatment and recovery. While common themes are evident and it is clear that there are many commonalities among the needs of individuals impacted by addictions, the results also point to the individual differences and thereby the importance of options and choice. What works for one person may not work for another. What is appreciated and valued by one may not be equally appreciated by another. Recovery journeys may share common elements, but the specifics are unique. There is no one size fits all approach and therefore a variety of formal and informal supports are necessary as is a person centred philosophy that enables the individual to lead their own journey based on what feels right and what works for them. It is the job of the system to work with partners and stakeholders to ensure a network of safe, respectful and accessible programs and services. The voices of the residents who shared their experiences as part of this survey will assist us in achieving this.

The results of this survey will be used to inform approaches to service delivery as well as to set priorities and take steps towards improvement and enhancement where required. The results also highlight areas of need and where there are gaps that need to be filled. This information will be used to inform next steps and may be included where applicable in the upcoming NWT Alcohol Strategy.

The DHSS would like to thank all respondents who shared their personal experiences and the experiences of their loved ones. Not only is feedback from users of our system and services is invaluable to our continuous quality improvement approach but it also helps to decrease the stigma that so often and unfortunately surround the issue of addictions. Stigma prevents people from seeking the help they need and the more we talk about addiction, the more we normalize it and reduce the stigma. The DHSS hopes that this is just the beginning of a Territorial dialogue and we encourage all residents to continue sharing their stories of recovery and the changes they would like to see in their communities.