Strategic Plan for the Delivery of Alcohol and Drug Services

Summary Document

prepared for

The Government of the Northwest Territories
Department of Social Services

Process Four Design

Executive Summary

Treatment Needs

A model of treatment needs based on current referrals indicates that about 88 treatment spaces are required to meet current NWT treatment workloads. Long term projections over the next 25 years indicate that between 75 and 200 treatment spaces may be required, depending on demand and population growth. There is a perceived need to meet language and cultural concerns, and decrease the cost and impact of travelling. Youth services are a highly specialized area where adequate care is perceived to be lacking, as with services for drug and inhalant abuse. According to all groups consulted, greater emphasis is needed in the areas of followup care after treatment and counselling for social and other problems related to alcoholism.

Additional Treatment Facilities

To meet only the existing treatment workload, about 66 additional spaces would be required in the Territories. This includes some spaces to meet additional unserviced demands such as youth treatment.

Community Projects

In view of the Board's stated objective of narrowing the focus of community program efforts to intervention and care delivery, the role of community programs should be examined for congruence with this objective. Community programs will benefit from more clear and measurable locally developed objectives, as well as from increased long term local and government planning and commitment.

Mobile Treatment

Mobile treatment has the potential in the NWT to respond to some of the unique problems of transportation and community needs by moving a few people into a community to deliver treatment on site, rather than moving larger numbers away from familiar surroundings to receive treatment.

Priorities

Building new treatment centre beds has been identified as the most pressing need based on the Rationale and on the Parameters for Program Activity. Re-orientation of community programs to interface with treatment programs should follow.

Proposed Projects

Capital and operating funds have been approved for the proposed 20 bed Somba k'e Treatment Centre at Yellowknife and the 30 bed Hay River Dene Treatment Centre on the Hay River Dene Reserve. This will provide a total complement of 78 beds in four communities for the NWT, when these and the new centre in Iqaluit, together with the existing centre in Inuvik, are all in operation. The 78 beds represent 12 existing, 10 replacement, and 56 new beds.

Standards

In the preparation of standards and evaluative guidelines for Alcohol and Drug Programs, it is important to ensure that programs are not measured solely against absolutes, but rather as a means of adjusting short term and long term plans in relation to local needs. All funded programs, both Treatment Centres and Community Programs, should have consistent and common standards for all facets of their operation, including training, service delivery, and management.

Evaluation and Assessment

Given the limitations to the potential success of a simple treatment program, the real success of alcohol and drug programs in the Northwest Territories will lie in the success of the "ripple effect". The real measures of success will ultimately be indications of the nature and magnitude of the "ripple", rather than simply counting the numbers of people who receive treatment or counselling in any given place or time period.

Conclusion

The long range goals and immediate actions identified in this Strategic Plan will provide much needed additional resources to help the people of the Northwest Territories in their individual and collective struggle with substance abuse. More importantly, they offer the basis for renewed hope that one day the Territories will be free of the misery and destruction suffered by all its residents as a result of alcohol and other substance abuse.

Terms of Reference

PURPOSE OF THE STUDY

This study was intended to identify long term goals and first steps to:

: provide the basis for the allocation of resources to deal with Alcohol and Drug problems in the NWT as they can be defined at this time;
: provide the basis for relating treatment system design to generally perceived needs as they are understood at this time;
: provide a start to a process of communication between Social Services administration in Yellowknife and the communities which is simple but responsive to local needs;
: provide the basis for ongoing assessment and modification of the treatment service delivery system; and
: provide the basis for ongoing assessment and modification of the long term goals and for the creation of new first steps to implement them.

It was <u>not</u> the purpose of this study to:

: evaluate or make recommendations regarding the implementation of the individual proposals which the Department of Social Services has received from various communities;
: evaluate specific programs currently in operation;
: describe a final solution or model for Alcohol and Drug services in the NWT;
: design actual treatment or counselling programs;
: prepare operation guidelines for specific programs; or
: prepare funding or proposal evaluation guidelines for specific projects.

The study was focussed on Alcohol Dependency and Abuse and their treatment. This was the major substance abuse problem identified at that time in the NWT. Other drugs were also in use, especially solvents, but they were not dealt with specifically in this study.

At the time of the study there were 22 treatment beds operating in the Territories. In addition some 400 people were being sent out of the NWT to southern treatment centres every year. It was a major purpose of the Strategic Plan to attempt to find ways to do more of the required treatment of NWT residents closer to home, in the Territories.

TIME FRAME

The study was begun in September 1989. Community visits and workshops were conducted in October and early November of 1989, and a Draft Part One (Needs Analysis) Report was submitted on November 29, 1989. A Final Needs Analysis Report was submitted in early March 1990. The Part Two (Strategies) Report was submitted in the early summer of 1990.

PURPOSE OF THIS DOCUMENT

This document provides an outline summary of the *Needs Assessment* and *Strategies* documents, which together with the full set of workshop transcripts, form the *Strategic Plan for the Delivery of Alcohol and Drug Services* prepared during the study.

Context

STRATEGIC PLANNING

Strategic planning involves two major components:

: a long range vision or goal; and
: a first step or steps toward that goal.

Alcoholics Anonymous uses strategic planning in its "one day at a time" approach to drinking. The long range goal is a lifetime of sobriety. The first step is not drinking today. As with AA, any good strategic plan needs to be reviewed from time to time. New steps or changes to the old ones may be necessary to improve the plan.

It is important to realize that just as the alcoholic's first day of not drinking will not fix all their problems, the first step of a strategic plan cannot address or solve all of the problems or issues. It begins with the things which are judged most important at the time. And just as a succession of days of sobriety can enable the alcoholic to eventually look more clearly at other problems in addition to simply not drinking, the taking of the first steps in a strategic plan can lead to refinement of the goal and the creation of new steps towards it. It is not the intention of a strategic plan to describe each step in detail, but to outline the important points. As steps are made, the details can be developed at the time, to match the specific communities and activities.

HISTORY

NNADAP

Up until April of 1988, co-ordination of Federal and Territorial alcohol and drug funding had been effected through an Alcohol and Drug Coordinating Committee (ADCC) which was established early in 1974. The ADCC was the NWT regional advisory board for the National Native Alcohol and Drug Abuse Program (NNADAP).

GOVERNMENT OF THE NORTHWEST TERRITORIES

With the transfer of NNADAP funds to the Government of the Northwest Territories in April, 1988, considerable work has been done to ensure that resources and services available to the communities remain intact. The Contribution Funding also increased to $4.5 million for the fiscal year 1988/89.

The ADCC was restructured to form a Board of Management for Alcohol and Drug Services, reporting to the Minister of Social Services. This Board, which was modified to reflect a greater cultural representation of the people of the Northwest Territories, makes recommendations on program funding and advises on policy and legislation changes.

PROCESS

Developing the information in this document involved interviews and community workshops in 15 NWT communities:

Cambridge Bay;
Fort Liard;
Fort Providence;
Fort Smith;
Inuvik;
Norman Wells;
Rankin Inlet;
Yellowknife.
Coppermine;
Fort Norman;
Fort Simpson;
Hay River;
Iqaluit;
Rae / Edzo;
Snowdrift; and

In addition people from some outlying communities participated in some of the workshops, and a number of additional informal conversations took place while travelling and visiting. In Yellowknife, meetings were held with:

: the Chiefs and administration of the Dene Nation and Presidents of the NWT Metis Association Locals during the November 1989 Joint Leadership Assembly in Yellowknife;
: the Native Women's Association;
: the Deputy Minister of Social Services;
: the Assistant Deputy Minister of Social Services responsible for Alcohol and Drug Services;
: two groups of program staff during training workshops;
: the Chief Superintendent, Officer Commanding "G" Division, RCMP
: senior Social Services staff during a management retreat; and
: the Northwest Territories Association of Municipalities.

Meetings were also held with the Minister of Social Services, the acting and incumbent Directors of Alcohol Drug and Community Mental Health Services, various members of Alcohol and Drug programs administration personnel, the Board of Management for Alcohol and Drug Services, and some Regional / Area Superintendents.

The groups and workshops included over 300 people from all walks of life in the Territories. Most sessions had some Social Services or local Alcohol and Drug program staff in attendance. Community members included elders, leaders, people who have had treatment, recovering alcoholics, natives and non-natives, clergy, health professionals, and RCMP.

OTHER STUDIES

A review of current documentation concerning alcohol and substance abuse has revealed a number of important points on the status of both the problems and their treatment:

- There is no material available in Canada which allows an assessment of the efficacy of specific treatment strategies in addressing alcohol abuse patterns;
- There is an overall lack of empirical research on non-alcohol substance abuse;
- The etiology of alcohol and substance abuse are poorly understood;
- Extensive training programs need to be developed and instituted to train more native health professionals to deal with substance abuse and all other related problems;
- The importance of providing ongoing support and community outreach for clients graduating from treatment programs. In addition to after treatment care, this support may also include a network of professionals who work in other systems of care (i.e. justice, education, employment) who are trained in identifying alcohol and drug abuse and who are equipped to assess and refer individuals (or families) to the appropriate treatment resources;
- The importance of the entire family in the treatment process; and
- Government and non-native health systems must adopt an attitude of empowering native people with the responsibility for responding to the needs of their people. Government should provide funding and technical support for the development and operation of these services, but should not interfere with the process and methods of the native people to solve their own problems.

Findings: Workshop Summary

The following narrative summaries are based on the workshop and interview material gathered at the beginning of this study. They represent the opinions and feelings of the people involved in the workshops which were held. The ideas are representative rather than comprehensive, illustrating the nature and range of concerns and ideas.

PROGRAMS ADMINISTRATION

MISSION AND ROLE
It is unclear to many people just who is doing what, and the resulting lack of direction appears to produce competition and duplication.

GOVERNMENT COMMITMENT
There is a need for greater government commitment to programs, and better long term certainty of funding.

SOCIAL SERVICES ADMINISTRATION
There is a need to help programs to develop and set goals and objectives. Social Services should have greater regional presence and better coordination among its various endeavours.

BOARD OF MANAGEMENT
There is a need for better regional control and responsibility in the Board. The Board lacks information for new members, and has no guidelines for operation.

LOCAL ADMINISTRATION
There is a duplication of bureaucracies and helping efforts among the various agencies, felt to result from a lack of clear administrative structures and responsibilities for programs.

PROJECT AND TREATMENT STAFF
Staff need to be committed and qualified, and need initial and ongoing training.
Social workers need more training to recognize alcohol and drug problems.

WORKING CONDITIONS
Wages are low in community programs and there are perceived regional disparities in wages. There is a feeling of isolation among program staff. In many cases there is a lack of dedicated facilities for local programs.

COMMUNICATIONS
Better communication is needed generally, both within organizations and among them.

NATIVE AND NORTHERN INVOLVEMENT
More native and Northern involvement is needed at all levels..

THE LAW AND ENFORCEMENT
Law enforcement and the law itself are not always operating in the best interests of a non-dependent society. Stricter enforcement and heavier fines are needed, prisons should offer mandatory rehabilitation programs, and sentences to treatment should be used.

PROGRAMS

There is a general lack of resources and facilities, and a particular lack of specialized facilities for specific groups or problems such as youths and inhalant abusers. There are not enough treatment centres to meet the perceived needs, resulting in fewer people accessing treatment than might if there were more space. There is a lack of program and community support for recovering clients. Some programs are suffering from lack of staff and / or management sobriety, resulting in lack of community confidence.

There are some good programs and activities, including some coordinating activities, special projects, cultural and social programs, and native oriented treatment centres.

Community programs should shift their emphasis to follow up care, and programs generally should shift their emphasis to spouse and family involvement.

TRAINING

There is a general feeling that more training of all types is needed, basic and specialized, specific to substance abuse as well as recognizing and helping with related problems. There is also a need for workers in other helping professions to have more training to recognize alcohol and drug problems

CURRENT TREATMENT CENTRES

The need to leave a familiar environment to get help is a problem for many, sometimes resulting in people not accessing treatment or not completing the program, although there was also some feeling that it was good to take individuals out of local context to help them focus on recovery. Institutions that don't match client needs (therapeutic, cultural, spiritual, social, personal) were felt to reduce success in some cases. The treatment centre day is too short at some institutions, and the lack of structured evening programs left some participants without productive ways to spend free time and without diversions from the bars nearby.

HALFWAY HOUSES

Halfway houses should be located near treatment centres or in each region to help smooth transitions from home to treatment and back again.

TREATMENT ISSUES

It was recognized that treatment is only small part of recovery, and that there is a need to employ other resources in addition to treatment programs. Some felt that the number of beds should be kept to a minimum to free resources for more community based activity. Treatment for individuals should be linked into a comprehensive system of individual, family, and community recovery

Many participants stressed the need for a native component of treatment, including elder counselling & training, traditional healing, use of native languages, and allowing natives to run treatment. There is a need for a holistic treatment approach in both the treatment program itself and in the range of recovery services available.

Mobile treatment was perceived as a long term complement to other forms as well as a stand alone project or an alcohol SWAT team. Community treatment centres at local working levels were felt to be necessary, such as a treatment centre in each linguistic region with satellites in smaller communities to provide followups.

Preventative programs were widely felt to be valuable, especially for youths. There should also be "alternatives" such as drop in centres and safe houses for youths.

ACCESS TO TREATMENT

There should be a visible point of contact and a clear channel to resources. There are difficulties with referrals and a lack of treatment centres. It is hard to get treatment bed space when treatment centres are booked 3-4 months in advance. There is a need for a co-ordinated referral service and simplified medical referrals. Access to detox centres is needed in more communities, and in some cases a recovery home for after detox should be available. There is a lack of space for family and one-to-one counselling. Language is often a barrier to treatment. There is a general lack of resources, facilities, funding, teaching and counselling materials, workshops, treatment centres.

CONTINUUM OF CARE

In addition to the basics of treatment, community and other programs should look to long term reconciliation of the alcoholic with family and community. Workers should meet clients after treatment, follow up issues, and keep in touch. Recovery programs should facilitate development of short term community projects.

TARGETS FOR PROGRAM ACTIVITY

While the range of targets for program activity spanned the whole dependent population, younger, school age children were frequently cited as the prime targets mainly for preventive programs to help them before they started or minimize damage already done. Single people, single parents who lack social skills, and the 25-40 year age group were the other most frequently mentioned groups.

SIGNS OF SUCCESS

Signs visible or measurable in the community at large included most of the outward appearances of normal community life, but tended to collect around increased local cultural and economic activity, and freedom from alcohol in leadership and in the general life of the community. Signs visible or measurable in individuals included not only staying alcohol free, but also improvements in behaviour, improved financial and physical well being, and improved family and community life.

Findings: Parameters for Program Activity

Parameters are a description of the desired scope of activities in Alcohol and Drug programs in the Northwest Territories . These parameters are drawn from the major points in community consultations and from review of currently available documents and professional literature. They will serve as a guide for making decisions about program development and implementation. All programs or projects to be funded by Alcohol and Drug Services should fall within most of these parameters.

Unique Needs

Provide for the cultural and spiritual needs of native Indians, Inuit, and Metis.

Provide a variety of treatment models in the NWT to accommodate a full spectrum of physical and cultural needs.

Reflect local needs and uniqueness.

Range of Care

Provide a complete Range of Care, either directly through Alcohol and Drug programs, or through joint efforts with other agencies.

Focus on intervention and care delivery. In order to make best use of the resources available to them, the Alcohol and Drug Programs will concentrate their efforts on those specialized areas where other agencies do not generally provide services.

Increase the involvement of family and communities in treatment and care.

Increase services for youth.

Increase services for inhalant and drug abuse problems.

Continue to develop education and social alternative programs for delivery by other agencies.

Use of Resources

Make maximum effective use of financial and other resources.

Target areas which show the greatest promise of long term success. Communities or groups with the highest potential to benefit from particular services will be given the highest priority for access to programs and funds. The "ripple effect" from these successes will add to the impact of all other services provided, by creating core groups able to spread benefits to other communities.

Evaluation

Assess programs based on measurable local criteria, within a framework of Territorial standards. Programs will be able to tailor their activities and evaluation criteria to meet local needs and situations, within the range set out by overall program goals and objectives.

Coordination and Administration

The department will fund community based programs. Funds will continue to be given to community based groups to operate locally developed and organized programs.

Coordinate Alcohol and Drug Services with other community services, including other Social Services programs and GNWT Health Services, law enforcement, and education.

Eliminate duplicated and overlapping services and administration.

Overall Plan: Needs

THE STRATEGIC PLAN FOR THE DELIVERY OF DRUG AND ALCOHOL SERVICES

LONG RANGE GOAL

This Strategic Plan accepts the long range goal of the NWT Board of Management for Alcohol and Drug Services of "alcohol and drug free lifestyles... ... throughout the Northwest Territories". It provides the information for the development of first steps toward that goal, and documents the decisions made based on that information.

This long range goal requires a long range view and a long range commitment. Most people estimated that it takes three generations to achieve real freedom from alcohol problems. Alcoholics Anonymous estimates that long term success rates in their programs are about 35% still alcohol-free after five years, meaning that for every three people who receive treatment, one will still be alcohol-free in five years. To affect 25% of the NWT population would cost about $160 million, or about one fifth of the total current annual NWT budget, and take about 30 years at current contribution rates.

Obviously the simple building of treatment centres and rehabilitation of alcoholics will not solve the problem. Nor will any program solve the problem overnight. The development of strategies to follow up the benefits of treatment with recovery programs to spread the benefits of treatment from a primary individual to others in the family and community represents one real hope for improvement on the scenario outlined above. If this is successful, it will create a healthy population able and ready to take on the challenges of economic and social development.

Education and prevention programs represent the other major hope for reducing the potential high long term costs of treatment. The idea of avoiding the misery of substance abuse before it begins is simple and powerful, and in the long run cheaper and more effective than rehabilitation. The current demand for services in the NWT represents in large part the success of community education activities over the past ten to fifteen years.

THE FIRST STEPS

There is always a need in an epidemic to treat the sick as well as vaccinate the healthy, and that need is addressed in this Strategic Plan. The first steps in this plan are based on input from community members and people active in the system from administrators to caregivers. This does not mean that the "wheel is being reinvented", but rather that potential solutions based on experience from within and outside the Territories are being adapted to meet local conditions and requirements as expressed by community members.

A CONTINUUM OF CARE

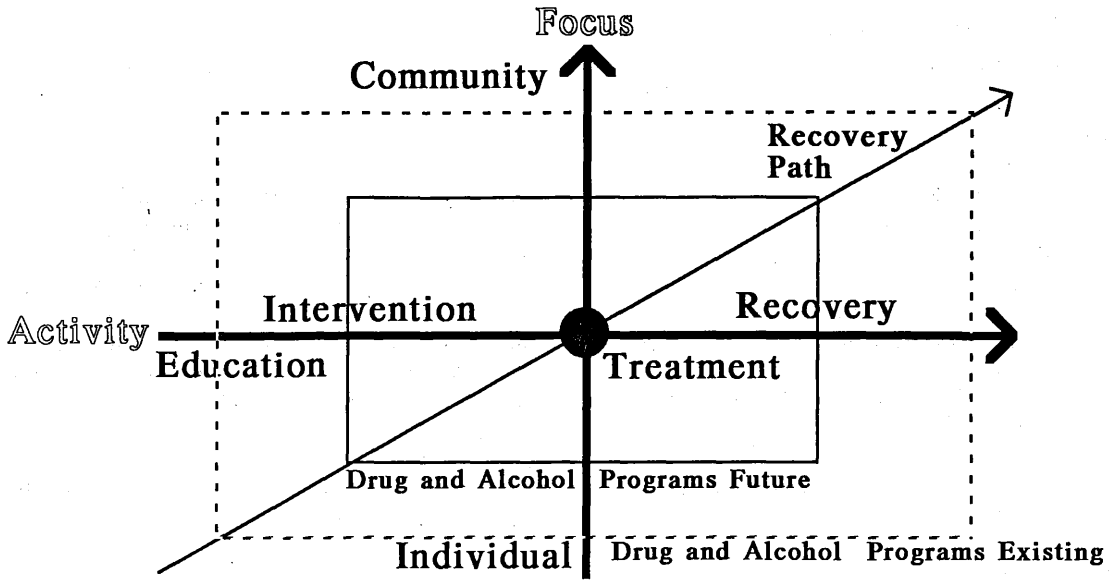
The term "treatment" as applied to alcohol and drug abuse problems has a broad range of meanings to people connected in any way with the problems. For many community members, treatment has typically focussed on the two-week to eight-week programs offered at numerous centres in North America, including the two in the NWT at present. There is a developing community and professional awareness that this intensive individual process alone is not adequate to meet the complex range of needs. As a result, this study differentiates "treatment" as a short term intensive therapy from "recovery" as a longer term process of healing the body, the mind, and the spirit.

All groups contacted during this study mentioned the need for increased care after the formal treatment program. Many mentioned the need for better preparation for individuals seeking formal treatment.

At its broadest, the treatment continuum begins for an individual with education, becomes personal at the moment of intervention, and extends through a variety of processes for the rest of their life. The continuum can be divided into three distinct parts: 1. before visiting a treatment centre; 2. at a treatment centre; and 3. after visiting a treatment centre.

For the continuum to be effective, it requires the active support and efforts of all Departments whose services form part of the continuum, especially if the Social Services Alcohol and Drug programs narrow their focus to treatment and aftercare. These could include the RCMP, the Department of Economic Development and Tourism, the Department of Municipal and Community Affairs, the Department of Health, and the Department of Education.

The diagram illustrates the nature of the Continuum of Care in its relationship to the recovery path, and shows the relative scope of Alcohol and Drug Programs involvement in the Continuum, both now and as proposed in the future.



It is important to note that the focus along the recovery path shifts from the individual at the outset to an increasing involvement of the community as recovery progresses. It follows that programs will need to change or grow to reflect the focus shift, as more and more dependency-free people in the community become ready to move forward in their lives beyond solving their drinking problems. In some cases programs will have to become part of different government Departments, or share staff and responsibilities with them, as the focus moves away from rehabilitation of alcoholics to economic and social development of the community.

ACCESS TO TREATMENT

In the development of treatment facilities and programs based in the North it will be important to ensure that there is no implicit exclusion of the non-native community from access to treatment as a result of providing beds in centres which have a primarily native emphasis, and vice versa. Either carries with it the danger of creating a two-tier system in which one group is treated at home and the other is sent out, with the inevitable perception in one or both groups that the other part of the population is getting some sort of privileged treatment.

STANDARDS

In the preparation of standards and evaluative guidelines for Alcohol and Drug Programs, it is important to ensure that programs are not measured solely against absolutes, but rather as a means of adjusting short term and long term plans in relation to local needs. This approach can be applied both to the operation of the program itself as well as to its effects in the community.

PROPOSED FUNDING AND OPERATING STANDARDS

Treatment centres and community programs are currently funded on an annual basis. As a part of the same continuum of care, the proposed standards should be applied to both community programs and treatment centres.

Treatment Centres should:

- have non-dependent boards, directors, and staff;
  - It was perceived as important by most communities that their leaders and those operating help programs have clear minds to make right decisions, as well as to set an appropriate example for the community.
- have goals consistent with overall Territorial goals and objectives;
  - It is important that all programs be "pulling in the same direction" so that resources are not wasted on counter productive or non productive activities.
- have clear goals, measurable objectives and signs of success, and both short term and long range planning;
  - Only programs which are able to clearly state what they are trying to accomplish and how they will measure that accomplishment, as well as what they will do next, will be able to make good use of their resources to help other people.
- maintain records appropriate to the activity and evaluation of the program;
  - Programs should have record keeping systems in place which enable staff to assess progress toward objectives, account for the use of their time, and provide appropriate information to other agencies when necessary for the benefit of clients.
- form an integral part of the continuum of care;
  - Programs should fit into a definite place on that part of the continuum of care which Alcohol and Drug Services have identified as their area of expertise and responsibility.
- be full time, active, and outreaching;
  - The nature and extent of program activity should be consistent with funding levels. Full time funding should result in full time activity by program staff, as well as the seeking out of potential clients rather than simply waiting for them to "come through the door".
- have sound management and full financial accountability, preferably through the local municipal or Band authority.
  - While programs should not be burdened with unnecessary government bureaucracy, they must be able to account for the use of all funds which have been given to them. If this work is handled by the local municipal or other similar authority which is already set up to handle similar tasks, the program staff will be able to devote more of their efforts to actual time with clients.

INTEGRATION OF STANDARDS ACROSS THE CONTINUUM OF CARE

All funded programs, both Treatment Centres and Community Programs, should have consistent and common standards for all facets of their operation, including training, service delivery, and management.

OTHER CRITERIA AND STANDARDS

Additional criteria for each project will be developed on a collaborative basis among program staff, Alcohol and Drug Services staff, and the Board of Management, in the short and long term planning process for each project. These criteria will likely focus in large measure on the "ripple effect" as a significant indicator for adjustment of subsequent programs and funding to reflect local activity and needs.

NUMBER OF PERSONS NEEDING TREATMENT

BACKGROUND

The absolute quantification of persons with alcohol and drug abuse problems in the NWT, or anywhere else, is difficult if not impossible. There are limited statistics, mainly covering related problems with estimates as to the number which are alcohol related. Combining the minimum estimated native and non-native rates gives a Territorial rate of about 35% as a minimum incidence of alcohol problems, or at least one person out of three. Informal estimates of the percentage of people who are directly involved range as high as 90% of persons over the age of 12 for some communities.

REFERRALS AS AN INDICATOR OF NEED

It is important to note that there is no need to know the actual number of people who may have an alcohol problem in order to start dealing with the problem. What is more important is the number of people who are ready and willing to receive help at any given time, which is to a large extent reflected by the current treatment referral figures. This will indicate the magnitude of the annual treatment workload, and help to determine the nature and size of treatment facilities which may initially be needed.

CALCULATED CURRENT NEED

The total number of annual treatments calculated from the models used when modest allowances are incorporated for currently unserved groups is about 1,050. The number of treatment spaces calculated is about 88 spaces, which is 66 more than the existing 22 NWT spaces.

LONG TERM CAPACITY

If we assume that the "background rate" of alcohol problems is about 10% to 13% of the total population indicated by the American study in 1983, that would suggest an alcohol problem group of between 8,500 to 10,000 in 10 to 25 years depending on population. The 88 beds calculated by the model used here would be able to provide treatment to between 6% and 10% of this population every year depending on re-admission rates.

DEMOGRAPHIC FACTORS

Over the next 25 years there are two anticipated NWT population group peaks: children and seniors. Service delivery planning over that period will have to take into account the special needs of both groups, and also the continuing needs of the child peak as they move up in age.

TREATMENT CENTRE PLANNING CONSIDERATIONS

TREATMENT CENTRE LOCATION

The location of a treatment centre, as well as its size, will be in response to a wide variety of factors and current priorities. Rather than create a set of hard and fast rules which may ultimately compromise the optimum siting of a future centre, it is more useful to list the factors which should be part of a decision. Factors to consider in treatment centre location include access, capital cost, operating cost, and impact on the community and beyond.

EXISTING TREATMENT CENTRES

The two existing treatment Centres (in Yellowknife and Inuvik) are currently providing 22 treatment beds in very different facilities. Construction of a third in Iqaluit with 16 beds is pending. When the two NWT centres are full, referrals are made to out of Territory treatment centres, including:

Bonnyville	Action North
Donwood	White Spruce
Poundmaker	Henwood
Bellwood	Beaver Lodge

In addition, NAS in Yellowknife operates a 5 bed detoxication facility.

NEW TREATMENT CENTRES

If it is decided that treatment needs are to be met with fixed facilities, new treatment centres will be required to meet the need for additional beds. New treatment centres and their programs should be located and designed to meet the needs and criteria outlined in this study.

A treatment centre need not be a permanent fixture in a community. Programs of varying short term duration could be operated in selected communities, especially smaller centres. These could be disbanded or returned to a conventional Community Program status once the bulk of local treatment need is met.

COMMUNITY BASED TREATMENT

This section describes programs which do or could operate in a community and serve strictly local needs.

HALFWAY HOUSING

A halfway house offers a place where persons referred for treatment can make the transition both to and from the treatment program in a supportive environment.

MOBILE TREATMENT

Mobile treatment is basically a program of bringing the treatment team to a community on a temporary basis, rather than taking community members out for treatment.

Appropriateness of Mobile Treatment to the NWT

Mobile treatment programs could be a good response to two major treatment delivery problems in the NWT.

> Building is difficult and expensive in many communities, particularly smaller centres. The long term need for treatment facilities in smaller centres is fairly low, making the expense of building difficult to justify.
>
> Travel is time consuming, and expensive, in the Territories. With the increasing desire to involve spouses and family members in treatment, as well as the need for local language translation in some cases, the financial cost of flying people to treatment centres becomes substantial.

In addition, because it is delivered locally, the emotional and cultural impact of travel and dislocation on community members is avoided by mobile treatment. Mobile treatment also has the potential to provide spot treatment in problem areas, provide treatment in "target for success" communities, clear a backlog of demand for treatment in a local area, or provide followup programs where a sufficient number of people from a community have been for residential treatment.

COMMUNITY COUNSELLING AND AFTERCARE

Community programs were felt to be best suited to filling those parts of the continuum of care which cannot be readily provided by a fixed or mobile treatment centre. These are seen by some as the key to the success of any treatment and recovery program.

Future Community Program Functions

The stated policy of the Board of Management is that community programs should move away from educational and social programs to focus on the areas of intervention, treatment, and recovery services.

PROGRAM SPINOFFS

This section identifies some treatment related activities which will be required or affected by the operation of Treatment programs.

FOLLOWUP CARE

Each operating treatment space treats about 12 clients per year. Those clients will all require followup support and counselling if they are to be successful in the long term with personal and community recovery. Each bed generates about 30 followup clients in steady state operation, or 1.5 Person Years of counselling time required per operating bed.

TRAINING

Initial and Ongoing Training

Most current program staff have had Basic Nechi, as it has become known, and many have had Advanced. New staff will require training to the same level. Ongoing training for staff provides an important opportunity for treatment staff to "network" with each other, as well as improve skills.

Training as a Career Entry Point

Training provides not only necessary skills for counselling and treatment centre staff, but also the entry point for many treatment graduates and others into the larger work force. It is important in this context that the wage and benefit structure of the Counselling profession at the community level makes it attractive for a good many trainees to remain in counselling careers, so that good people are not lost as a result of real or perceived low wages.

DETOXICATION

A 1990 study for the Department of Health suggested a need for between 15 and 25 beds for the NWT to serve the calculated treatment bed need, based on about 90% of treatment clients requiring detox at some point before their treatment.

HOUSING

Staff of treatment centres and related projects may require housing if they are not already residents of the community in which the treatment centre is located. The extent of this need cannot really be determined until after any new treatment centres have been located and some sense developed of where the necessary staff will come from.

Recommendations: Strategies

This section describes the specific projects which have been identified for development based on the Needs Analysis, and their financial and operational implications and requirements.

It is important to understand that the Plan cannot stop at the development of 88 beds and wait for the problem to be solved. The Context section sets out the dim prospects for success if this is the only action. This Strategy represents only the first steps in the Strategic Plan. Further development will be necessary to build on the successes of treatment facilities and programs. More steps will be needed soon as immediate objectives are realized, and there will be a need to "look where we're going" as each step is taken.

RATIONALE

This Rationale represents the parameters for the "first steps" in the Strategic Plan. Actions identified in the Strategic Plan will:

: begin concrete, visible, and effective action to meet immediate needs, including
  the reduction of backlog in treatment demand and
  an increase in locally available treatment in the NWT;
: begin to address long term needs for treatment, recovery, and community development;
: begin to implement long range planning from the community level;
: begin to optimize the use of people and financial resources; and
: begin to address the provision of a complete continuum of care.

In addition to these "first steps" parameters, program development and priorities will need to take into account the Parameters for Program Activity set out in the Needs Analysis.

PRIORITIES

The priorities for the development of selected projects are based on the Rationale set out for the Strategic Plan first steps. The priorities reflect the assessment of all program needs in the context of that Rationale.

1 Build new treatment centre beds. This has been identified as the most pressing need based on the Rationale and on the Parameters for Program Activity.

2 Re-orient community programs to interface with treatment programs.

3 Develop staffing plans, train new staff, and hire trained staff.

4 Develop a strategy for youth program needs.

5 Develop and implement long range planning for community programs.

PROPOSED PROJECTS

CAPITAL PROJECTS

Capital Projects are defined for this document as being those requiring a one time investment which will create a physical structure for delivery of some aspect of Alcohol and Drug Services.

The Northern Addiction Services project in Yellowknife (20 adult beds) and the Hay River Dene Reserve project in Hay River (30 adult beds) have been approved. These are in addition to the existing 12 beds at Delta House in Inuvik and the commitment already made to build 16 beds at Tuvvik in Iqaluit. The 20 NAS Detah Road beds replace the 10 existing beds in Yellowknife. This will create a total of 78 beds: 56 new, 10 replacement, and 12 existing.

Halfway Houses will not be developed at this point in the Strategic Plan, to allow resources to be focussed on treatment and followup care.

The proposed 78 bedspaces do not represent the full complement to meet the calculated current need. They do represent a level of service which will not likely result in excess bed space capacity in the foreseeable future, but which will still meet existing needs as well as provide some additional capacity.

NON-CAPITAL PROJECTS

Non-Capital Projects are defined for this document as being those requiring an ongoing annual or periodic investment which will offset staff and other operating costs of delivery of some aspect of Alcohol and Drug Services, or those one time or ongoing projects which will be pursue further investigation of options for service delivery or other similar issues.

Treatment Bed Operating Costs

Funding the new operating costs of the 56 additional beds should be done in such a way that existing community programs and special initiatives will not be reduced or compromised.

Re-direction of Community Programs

Implicit in the operation of 56 additional beds is the re-direction of Community Programs to a "treatment support" role (pre- and post-treatment care). Re-direction will likely require a series of workshops with each of the operating community programs to assist them with the development of goals, objectives, strategies, and short and long range plans for building on the work of treatment programs.

Development of Community Treatment Options

Also implicit in the 78 bedspace target allocation is the fact that certain communities or groups may continue to be under-served by these resources and programs, or that some groups will be better served by other types of treatment. There will be a need for development of community based treatment options.

Training

In the short term there will be a need for training of additional staff to fill the additional positions created by the operation of new beds. In the long term, the attrition rate of about 9% per year acting on the larger work force will require ongoing training of replacement workers.

Future Directions

SUCCESS

Given the limitations to the potential success of a simple treatment program, as laid out in the Overall Plan: Needs section of this document, the real impact of alcohol and drug programs will lie in the success of the "ripple effect". The real measures of success will ultimately be indications of the nature and magnitude of the "ripple" rather than simply counting the numbers of people who receive treatment or counselling in any given place or time period.

The "Ripple Effect"

For this Strategic Plan, the "ripple effect" is defined as the extension of the impact of one program activity beyond its direct individual consequences.

In recovery from substance dependency or abuse, the ripple effect can operate:

- at an individual level by building on the impact of education and intervention programs into treatment, and from there into greater personal recovery and success;
- at the family level by extending the benefits of treatment for one or two family members into greater health and well being for the entire group; and
- at the community level by building individual recovery and success into an increased core of potential helpers for others with similar problems, and ultimately into community healing and enhanced personal and community social and economic well being.

Signs of Success

In the process of measuring success it is important to have real and objective parameters for success, so that it can be recognized and described. During some of the community workshops, the participants were asked to identify things they would see as indications that a successful program was operating in their community. The ideas were grouped as community and individual indications, and are applicable in whole or in part to most of the assessment activities.

Signs visible or measurable in the community at large included most of the outward appearances of normal community life, but tended to collect around increased local cultural and economic activity, and freedom from alcohol in leadership and in the general life of the community.

Signs visible or measurable in individuals included not only staying alcohol free, but also improvements in behaviour, improved financial and physical well being, and improved family and community life.

Local Economic Development Benefits

Multipliers for local benefit from capital and operating dollars invested in any particular community vary widely from year to year and from place to place. It is reasonably certain that wages paid to staff living in the community will be largely spent there to purchase food and accommodation. Construction material and operating supplies purchases will have limited impact on most communities, since these generally come from outside the NWT.

ASSESSMENT

Assessment needs have been grouped for convenience in three major parts: recognition and description of program targets; measurement of program and project success; and assessment of and adjustment to the Strategic Plan.

Program Target Groups

In order to maximize the effects of treatment programs, one of the Parameters for Program Activity requires that programs should be targeted to areas which show the greatest promise of long term success. An assessment process and parameters will be needed to determine what those targets should be and how their needs should best be addressed.

An initial set of parameters for recognition and description of potential target groups for programs will include some of the signs of success listed in the Success section, and the target groups identified in many of the community workshops. Additional parameters should be developed on a Territorial and a local basis to take into account such factors as age, gender, location, culture, and other attributes.

Programs and Projects

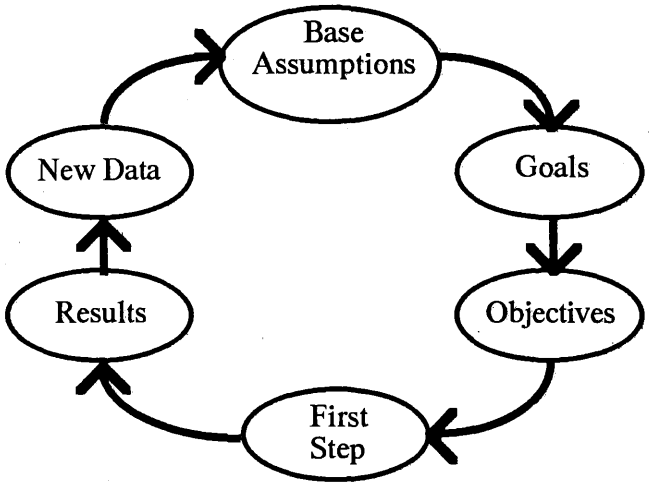
The principal assessment for programs and projects will be the recognition and description of success. Conventional program statistics will show what has been done, but without measurement of success there is no way to know whether anything has been achieved, and by extension, whether the program is still relevant or effective. This is particularly important for measurement of the "ripple effect", since the statistics may show only one person receiving care where a whole family may be benefiting.

The Strategic Plan

By its nature the Strategic Plan is dynamic, and there is a need to be able to recognize and describe what the plan has achieved as well as what to do next and how to do it. The collective successes of programs will likely form a large part of this assessment, but the plan has built into it a number of long range goals and possible activities. The assessment of the plan will involve a community consultation process similar to that used for its initial generation, and require subsequent examination of the appropriateness of priorities, options, and current programs in the context of the new information from community workshops and input.

MONITORING

The Strategic Plan is based on many assumptions about needs and circumstances surrounding Alcohol and Drug services. Part of the ongoing evaluation of the Strategic Plan will involve checking those assumptions. The monitoring process provides a means of rebuilding the plan to meet the updated needs, based on verifying assumptions with new data from the programs already in operation. The diagram illustrates the basic process.



Monitoring Treatment Centres, Referrals, and Treatment Bed Demand

Treatment centres are a valuable source of quantitative information, which will be particularly useful in keeping track of total system capacity and workloads. It is important that data which is made available does not violate patient confidentiality by giving specific information about individual cases. Since referrals represent the numbers of people ready and willing to receive treatment, it will be important to continue to monitor the community referrals as well as the workloads at the treatment centres.

Monitoring Training

Staff training will continue to be required, to upgrade staff qualifications, to foster Territorial communication among program staff, and to replace staff who move on to other jobs. Training programs and program staff levels should be monitored to ensure an acceptable relationship between training supply and demand.

Monitoring Community Programs

Community programs are the major contact point for persons in the recovery process. Their primary statistics will be more qualitative than quantitative.

Conclusion

The long range goals and immediate actions identified in this Strategic Plan will provide much needed additional resources to help the people of the Northwest Territories in their individual and collective struggle with substance abuse. More importantly, they offer the basis for renewed hope that one day the Territories will be free of the misery and destruction suffered by all its residents as a result of alcohol and other substance abuse.