



An Alcohol Strategy for the Northwest Territories

Final Report

MARCH | 2023

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English

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French

Kīspin ki nitawih̄tīn ē nīh̄yawih̄k ōma ācimōwin, tipwāsinān.

Cree

Tłıchq̄ yatı k'èè. Dı wegodi newq̄ dè, gots'o gonede.

Tłıchq̄

ʔerih̄t'ís Dēne Sų́nė yatı t'a huts'elk̄er xa beyáyatı theʔə ʔat'e, nuwe ts'en yóttı.

Chipewyan

Edı gondı dehgháh got'je zhatıé k'éé edat'éh enahddh̄ę nıde naxets'é edah̄ı.

South Slavey

K'áhshó got'jne xəðə k'é hederı ʔedjht'é yerııw̄ę nıde dúle.

North Slavey

Jii gwandak izhii ginj̄ik vat'atr'ij̄ah̄ch'uu zhit yınoh̄than j̄ı', diits'at ginoh̄kh̄ii.

Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqłuta.

Inuvialuktun

Ćᵇᵈᵏ ᵏᵏᵇᵇᵈᵇ ᵏᵏᵏᵏᵏᵏ ᵏᵏᵏᵏᵏᵏ ᵏᵏᵏᵏᵏᵏ ᵏᵏᵏᵏᵏᵏ ᵏᵏᵏᵏᵏᵏ ᵏᵏᵏᵏᵏᵏ ᵏᵏᵏᵏᵏᵏ ᵏᵏᵏᵏᵏᵏ ᵏᵏᵏᵏᵏᵏ.

Inuktitut

Hapkaa titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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Minister's Message

I am optimistic that this document, *An Alcohol Strategy for the Northwest Territories (ASNWT)*, is going to assist residents and communities of the Northwest Territories to bring new ideas and responses to our troubled relationship with alcohol. It was shaped by a variety of engagement activities designed to gather advice from residents most affected by alcohol use and alcohol-related harm, including people with lived and living experience of alcohol use disorders and their family members. Designed to build on the knowledge gained and the work completed since the NWT Minister's Forum that took place in 2012-2013, the ASNWT outlines fifteen actions that can be tailored to the unique circumstances of each community to work together to reduce alcohol-related harm.



The *Canadian Alcohol Policy Evaluation Report (CAPE Report)*, released in 2019, gave the Northwest Territories a failing grade in nine of the eleven policy domains used in their evaluation, and recommended, among other policy actions, the creation of an Alcohol Strategy. While the CAPE Report focused on policy-related actions, it was clear from the advice provided by stakeholders that we also needed to consider prevention, early intervention, and treatment for substance use disorders when planning our actions to address alcohol-related harm. The actions included in the ASNWT are shared among the Departments of Health and Social Services; Finance; Justice; Education, Culture and Employment; Infrastructure; the Northwest Territories Liquor and Cannabis Commission; and the three health authorities. Carrying out these actions will require continued involvement by, and collaboration with, Indigenous governments, community governments, and Indigenous organizations, to ensure that the needs and perspectives of residents are considered when determining how to move forward.

The actions in the ASNWT reflect the views gathered during our engagement process, but they are also in alignment with many of the calls to action published by the Truth and Reconciliation Commission (TRC) and with recommendations from the Office of the Auditor General Report on Addictions Prevention and Recovery Services in the Northwest Territories (2022). There is alignment between the needs identified by the TRC and the OAG, with the views of residents as they relate to alcohol-related harm in their homes and communities. Considerable work will be needed to achieve this shared vision. I find it encouraging that we have identified areas where we can work together, across departments and with different orders of government to achieve our goal of restoring health to residents and creating healthier and safer communities by addressing alcohol-related harm.

Message de la ministre

Je suis optimiste quant au fait que le présent document, *Stratégie de gestion de l'alcool pour les Territoires du Nord-Ouest*, aidera les résidents et les collectivités des Territoires du Nord-Ouest (TNO) à apporter de nouvelles idées et de nouvelles réponses à notre relation trouble avec l'alcool. Elle est fondée sur diverses activités d'échanges avec le public visant à recueillir les conseils des résidents les plus touchés par la consommation d'alcool et ses méfaits, notamment les personnes ayant vécu ou vivant des troubles liés à la consommation d'alcool et les membres de leur famille. Cette stratégie a été conçue pour s'appuyer sur les connaissances acquises et le travail accompli depuis le Forum ministériel des TNO qui s'est tenu en 2012-2013 et présente quinze mesures qui peuvent être adaptées aux circonstances uniques de chaque collectivité pour travailler ensemble à la réduction des méfaits liés à l'alcool.



Dans le rapport d'évaluation des politiques canadiennes sur l'alcool, publié en 2019, les TNO se sont vu attribuer une note d'échec dans neuf des onze domaines stratégiques utilisés dans l'évaluation. On leur a également recommandé des mesures politiques, comme la création d'une stratégie de gestion de l'alcool. Bien que le rapport fût axé sur des mesures politiques, les avis des intervenants montraient clairement que nous devons également tenir compte de la prévention, de l'intervention précoce et du traitement des troubles liés à la consommation de substances psychoactives lors de la planification des mesures pour lutter contre les méfaits liés à l'alcool. La responsabilité de mettre en œuvre les mesures de la stratégie est partagée entre la Société des alcools et du cannabis des TNO, les trois administrations de santé, et les ministères suivants : Santé et Services sociaux; Finances; Justice; Éducation, Culture et Formation; et Infrastructure. Cette mise en œuvre nécessitera la participation et la collaboration constantes des administrations communautaires et des gouvernements et organisations autochtones afin de s'assurer que les besoins et les points de vue des résidents sont pris en compte au moment de déterminer la marche à suivre.

Les mesures prévues dans la stratégie reflètent les points de vue recueillis au cours de notre processus de consultation, mais elles s'alignent aussi sur de nombreux appels à l'action publiés par la Commission de vérité et de réconciliation et aux recommandations du rapport de la vérificatrice générale sur les services de prévention et de traitement des dépendances aux TNO (2022). Les besoins identifiés par la Commission de vérité et de réconciliation et le Bureau du vérificateur général concordent également avec les opinions des résidents en ce qui concerne les méfaits liés à l'alcool dans leurs foyers et leurs collectivités. Un travail considérable sera nécessaire pour concrétiser cette vision commune. Je trouve encourageant de voir que nous avons identifié des domaines dans lesquels nous pouvons travailler ensemble, entre ministères et avec différents ordres de gouvernement, pour atteindre notre objectif de rétablir la santé des résidents et créer des collectivités plus saines et plus sûres en s'attaquant aux méfaits liés à l'alcool.

Acronyms

CAPE	Canadian Alcohol Policy Evaluation
DHSS	Department of Health and Social Services
FASD	Foetal Alcohol Spectrum Disorder
FOXY	Fostering Open eXpression among Youth
GNWT	Government of Northwest Territories
HRHSSA	Hay River Health and Social Service Authorities
HSSA	Health and Social Service Authority
LRDG	Low-Risk Drinking Guidelines
NTHSSA	Northwest Territories Health and Social Service Authority
NTLCC	Northwest Territories Liquor and Cannabis Commission
NWT	Northwest Territories
RCMP	Royal Canadian Mounted Police
SBIR	Screening, Brief Intervention and Referral
SMASH	Strength, Masculinities, And Sexual Health
TCSA	Tłıchq Community Services Agency

Executive Summary

Alcohol-related harms impact all residents of the Northwest Territories, whether or not they drink alcohol, and per capita alcohol-related costs in the NWT are among the highest in Canada. The NWT Alcohol Strategy aims to reduce alcohol-related harms and improve wellness for all NWT residents. Five principles were developed at the outset of this work to guide the development process:

- Understand the impacts of colonization on northern alcohol issues, including systemic racism and intergenerational trauma
- Work toward positive change
- Build on past work and current initiatives
- Address stigma and reduce harm for all community members
- Centre communities and individuals with lived experience as experts

The NWT Alcohol Strategy was developed through a detailed research and engagement process that included:

- A progress update on the recommendations developed during the 2012-2013 Minister's Forum on Addiction and Community Wellness
- An extensive literature review
- Interviews with members of the Minister's Forum on Addiction and Community Wellness
- Interviews with current and former service providers
- Developing and conducting the Addiction Recovery Experiences Survey, to seek feedback directly from individuals who had lived experience of substance use disorders in the NWT
- Partnering with the Department of Finance to hear stakeholder feedback during the Liquor Legislation Review engagement sessions
- Contracting FOXY/SMASH to conduct engagement activity with northern youth
- Contracting an addiction medicine pathway review with service providers and service users
- Developing a recommendations document and presenting it to leadership representatives for feedback

Resulting from this process are fifteen actions to be taken by the Government of the Northwest Territories, in five thematic areas: communications, policy, prevention, public safety, and treatment.

Alcohol Strategy Actions

Communications

- 1 Create an interdepartmental body to collaborate on all alcohol-related messaging
- 2 Provide coordinated, community-specific communications that outline available services

Policy

- 3 Adjust alcohol prices to incentivise the purchase of lower alcohol products
- 4 Implement a minimum price per standard drink
- 5 Support greater community control over liquor sales

Prevention

- 6 Broaden substance use education and begin at a younger age
- 7 Increase supports available to parents in all communities
- 8 Continue and expand programming that provides healthy recreational activities
- 9 Incentivise sober gatherings and non-alcoholic drink options
- 10 Examine whether screening and brief intervention can be delivered in a culturally safe manner

Public Safety

- 11 Expand community safety programming
- 12 Increase awareness of and interest in interlock programs

Treatment

- 13 Create support positions to increase available clinician time, assist with access, and identify gaps in access to services
- 14 Provide training to all front-line service providers to improve confidentiality and service provision
- 15 Continue to collaborate to build regional programming and harm reduction service capacity

Accompanying the strategy is a work plan describing the steps to be taken to complete these actions. The aim is to have all actions completed by March 31, 2028, pending available resources.

Sommaire

Les méfaits liés à l'alcool touchent tous les Ténois, qu'ils consomment ou non de l'alcool, et les coûts liés à l'alcool par habitant aux Territoires du Nord-Ouest (TNO) sont parmi les plus élevés au Canada. La stratégie de gestion de l'alcool des TNO vise à réduire ces méfaits et à améliorer le bien-être de toute la population. Au début des travaux, les cinq principes suivants ont été définis afin de guider le processus d'élaboration de la stratégie :

- Comprendre les répercussions de la colonisation sur les troubles liés à l'alcool dans le Nord, notamment le racisme systémique et le traumatisme intergénérationnel;
- Travailler vers l'atteinte de changements positifs;
- S'appuyer sur les travaux antérieurs et les initiatives actuelles;
- Lutter contre la stigmatisation et réduire les méfaits pour tous les membres de la collectivité;
- Considérer les collectivités et les personnes touchées par la consommation d'alcool comme des experts en la matière.

La stratégie de gestion de l'alcool des TNO a été élaborée grâce à un processus de recherche et de consultation détaillé qui comprenait les éléments suivants :

- Un suivi des progrès relatifs aux recommandations élaborées lors du Forum ministériel sur les dépendances et le mieux-être communautaire de 2012-2013;
- Une analyse documentaire approfondie;
- Des entretiens avec des membres du Forum ministériel sur les dépendances et le mieux-être communautaire;
- Des entretiens avec des fournisseurs de services actuels et anciens;
- L'élaboration et la réalisation du Sondage sur les expériences des bénéficiaires des services de rétablissement des dépendances afin de recueillir les commentaires des personnes ayant vécu des troubles liés à la consommation de substances psychoactives aux TNO;
- Un partenariat avec le ministère des Finances afin d'entendre les commentaires des intervenants lors des séances de consultation de l'examen de la législation sur les boissons alcoolisées;
- Un contrat avec FOXY et SMASH pour organiser une activité d'échanges avec les jeunes du Nord;
- Un contrat pour réaliser un examen du cheminement vers le traitement des dépendances auprès des fournisseurs et des utilisateurs de services;
- L'élaboration d'un document de recommandations et sa présentation aux représentants du gouvernement pour recueillir leur avis.

Ce processus a permis d'élaborer quinze mesures, que le gouvernement des TNO devra mettre en place, dans cinq domaines thématiques : les communications, les politiques, la prévention, la sécurité publique et le traitement.

Mesures de la stratégie de gestion de l'alcool

Communications

- 1** Créer un organe interministériel pour favoriser la collaboration sur tous les messages relatifs à l'alcool
- 2** Produire des communications coordonnées et spécifiques à chaque collectivité pour décrire les services disponibles

Politiques

- 3** Ajuster les prix de l'alcool pour inciter à l'achat de produits à faible teneur en alcool
- 4** Fixer des prix minimaux pour les consommations standards
- 5** Accroître le contrôle des collectivités sur les ventes d'alcool

Prévention

- 6** Élargir la sensibilisation à la consommation de substances et la commencer plus tôt chez les jeunes
- 7** Augmenter le nombre de mesures de soutien offertes aux parents de toutes les collectivités
- 8** Poursuivre et développer des programmes qui proposent des activités récréatives saines
- 9** Encourager l'organisation de rassemblements sans alcool et la consommation de boissons non alcoolisées
- 10** Déterminer si le dépistage et les interventions brèves peuvent être réalisés dans le respect de la culture

Sécurité publique

- 11** Développer des programmes de sécurité communautaire
- 12** Augmenter la sensibilisation aux programmes d'antidémarrageur et l'intérêt pour ceux-ci

Traitement

- 13** Créer des postes de soutien pour augmenter la disponibilité des cliniciens, favoriser l'accès aux services et cerner les lacunes dans l'accès aux services
- 14** Offrir de la formation à tous les fournisseurs de services de première ligne afin d'améliorer la confidentialité et la prestation de services
- 15** Poursuivre la collaboration pour renforcer les capacités régionales en matière de programmes et de services de réduction des méfaits

La stratégie est accompagnée d'un plan de travail qui décrit les étapes à suivre pour mettre en place ces mesures. L'objectif est de les avoir toutes adoptées d'ici le 31 mars 2028, selon la disponibilité des ressources.

Plain Language Summary

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Accompanying the strategy is a work plan describing the steps to be taken to complete these actions. The aim is to have all actions completed by March 31, 2028, pending available resources.

Introduction

An Alcohol Strategy was created for the NWT to help reduce the harms that people in the north are experiencing because of alcohol. This includes the use of alcohol by an individual themselves, or the use of alcohol by others in their home, family, and/or community. Alcohol-related harms impact family finances, personal safety, and mental wellness in every community in the Northwest Territories. The Alcohol Strategy lays out concrete steps to be taken at the territorial level, and key partnerships that will be supported at the community level, to address alcohol-related harms through policy, education, public safety, communications, and treatment initiatives.

Alcohol use is a concern throughout Canada, and in many other countries. Across the world, alcohol consumption is estimated to contribute to three million deaths each year and is also responsible for 5.1% of the global burden of disease (7.1% in males, and 2.2% in females).¹ Alcohol consumption is connected to several types of cancers (oral cavity, pharynx, larynx, and oesophagus, colon, rectum, liver, and breast)² as well as tuberculosis, diabetes, heart disease, stroke, pneumonia, and cirrhosis of the liver.³ It can also cause birth defects,⁴ and increases the risk of accidental and intentional injuries.⁵

Alcohol use impacts people across the Northwest Territories (NWT) in different and more pronounced ways than it does those living in southern provinces. In 2014, the NWT had the second highest per-person costs attributable to substance use in Canada,⁶ including health care, justice, and lost productivity related costs. In 2014-2015, the number of hospitalizations that were caused by alcohol in the NWT were six times the Canadian average.⁷ In the 2018 NWT Addictions Survey, residents across the NWT told us that the high rates of heavy drinking, as well as high rates of alcohol-related harms impact many areas of their lives including their home life, physical health, relationships, and/or educational or employment opportunities.⁸

¹ World Health Organization. (2021). "Health Topics: Alcohol." Accessed at: https://www.who.int/health-topics/alcohol#tab=tab_1.

² Boffetta, P., & Hashibe, M. (2006). Alcohol and cancer. *The lancet oncology*, 7(2), 149-156.

³ Rehm, Jürgen, et al. "The relation between different dimensions of alcohol consumption and burden of disease: an overview." *Addiction* 105.5 (2010): 817-843.

⁴ Ernhart, Claire B., et al. "Alcohol teratogenicity in the human: a detailed assessment of specificity, critical period, and threshold." *American journal of obstetrics and gynecology* 156.1 (1987): 33-39.

⁵ World Health Organization. (2021). "Health Topics: Alcohol." Accessed at: https://www.who.int/health-topics/alcohol#tab=tab_1.

⁶ Canadian Substance Use Costs and Harms Scientific Working Group. (2018). *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)*.

⁷ 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.

⁸ NWT Bureau of Statistics. (2018). *2018 NWT Addictions Survey*. NWT Bureau of Statistics. <https://www.statsnwt.ca/health/alcohol-drug-use/>.

Guiding Principles

To ensure that all recommendations and final actions outlined in an Alcohol Strategy would be meaningful and informed, some important guiding principles were developed at the outset of planning, research, and engagement. These principles were developed with the input of the GNWT Committee on Problematic Substance Use and the Department of Health and Social Services Indigenous Advisory Body.

Understand the Impacts of Colonization on Northern Alcohol Issues, including Systemic Racism and Intergenerational Trauma

Alcohol use disorders and harmful alcohol use patterns exist in all social groups within the NWT, but harm related to alcohol use disproportionately impacts First Nations, Métis, and Inuit individuals and communities. Alcohol is often used as a coping mechanism as people experience intergenerational and ongoing trauma and the impacts of colonization, forced displacement, and residential schools. Alcohol-related harms can also be caused by systemic racism - where Indigenous peoples may be less able to hide heavy alcohol use due to their living situation (rental units, overcrowded housing, or homelessness), more likely to be arrested for public intoxication or other altercations while intoxicated and may be more likely to be convicted of these crimes and be sentenced to jail time. First Nations, Inuit and Métis people may also be subject to poorer health care outcomes due to discrimination within the health care system, especially if they are assumed to be intoxicated when they are actually in medical distress. To be able to truly address harm related to alcohol use, we need to also address the social determinants of health and the socioeconomic conditions created by discrimination against Indigenous peoples that amplify this harm.

Work Toward Positive Change

Successfully addressing alcohol related harms can mean different things to different individuals, families, or communities. For some communities, there may be a focus on increasing the number of people with alcohol use disorders accessing treatment, while for others, it might be more about reducing the number of people who use recreational vehicles after drinking or reducing youth access to alcohol. This strategy works at both the territorial and community level to address a variety of alcohol-related harms, along a harm reduction spectrum that may include, but is not limited to, abstinence-based initiatives.

Build on Past Work and Current Initiatives

The creation of an NWT Alcohol Strategy builds on a significant body of work that has already taken place to address the issue of alcohol use in the NWT. We need to continue to build on local initiatives and community wellness plans, the recommendations presented in “Healing Voices,” and evidence-based best practices from other jurisdictions and use this work to make concrete changes that have clear outcomes. We also need to reflect on how our work can support efforts already underway within existing GNWT strategic plans.

Address Stigma and Reduce Harm for All Community Members

It is common for alcohol-related initiatives to focus on preventing and addressing severe alcohol use disorders. This is also connected to a belief that if someone is not living with an alcohol use disorder, or is not an “alcoholic,” their drinking is not harmful – to themselves or others. However, that line beyond which alcohol use is considered to be harmful is often based on personal beliefs about one’s own drinking behaviours or the drinking behaviours of someone else. We need to recognize that alcohol-related harms, especially the social impacts of alcohol use, and alcohol-related injuries, can impact anyone, including non-drinkers, and that when combined with health conditions or in certain settings, drinking even at levels that are thought of as “low-risk” can cause harm. An effective NWT Alcohol Strategy needs to focus on health promotion and prevention to ensure that NWT residents are well informed about physical health, mental health, safety, and other risks that can be associated with lower levels of alcohol use.

Centre Communities and Individuals with Lived Experience as Experts

Individuals who have experienced or are experiencing problematic alcohol use and/or addiction are experts in the experience of living with an addiction and/or living in recovery from addiction. The expertise and knowledge of both people who have been successful in their recovery, and people who are still struggling with alcohol use disorders, is highly valid and valuable, and we worked to prioritize meaningful participation of people with lived/living expertise in developing the alcohol strategy. In the same way, communities are experts in what addressing alcohol-related harm might look like on their land and for their people. As such, it is important for communities to be supported to lead the development of initiatives that address their own unique goals for reducing harm associated with alcohol.

Development Process

The development of an Alcohol Strategy for the NWT was founded in past work, primarily the report of the Minister’s Forum on Addiction and Community Wellness, which took place in 2012-2013. The first step in the development of the Alcohol Strategy was to review the recommendations and corresponding government actions that came from the Minister’s Forum. In addition, a review of other past NWT reports and engagement activities about alcohol and substance use disorders, including past youth engagement on substance use, was conducted.

A literature review was conducted to provide background and context for the development of an alcohol strategy. This review included the Canadian Alcohol Policy Evaluation (CAPE) report, as well as the research that was used to inform the recommendations in the CAPE report, and research in the subject areas covered by the CAPE report but that was conducted in jurisdictions that were similar to the NWT, in that they included Indigenous populations and/or northern or remote regions. This process was an attempt to explore the validity of the recommendations in the CAPE report within a northern context and for Indigenous populations. The literature review included an assessment of existing alcohol strategies from Canadian communities, provinces, and territories, and Canada, as well as international alcohol strategies written by countries, regions, and Indigenous communities in Australia. Finally, academic literature on best practices in prevention,

early intervention, and treatment were reviewed and news reports and documentation on novel initiatives and emerging knowledge were considered.

Targeted engagement activities were used to seek information from stakeholders with various backgrounds throughout the NWT. Activities included:

- Interviews with current and former service providers
- Developing and conducting the Addiction Recovery Experiences Survey, to seek feedback directly from individuals who had lived experience of substance use disorders in the NWT
- Partnering with the Department of Finance to hear stakeholder feedback during the Liquor Legislation Review engagement sessions
- Contracting FOXY/SMASH to conduct engagement activity with northern youth
- Contracting an addiction medicine pathway review with service providers and service users
- Developing a recommendations document and presenting it to leadership representatives for feedback

Throughout the engagement process, all activities and findings were presented for review and feedback to the Indigenous Advisory Body and the Mental Wellness and Addictions Recovery Advisory Group.

To share some of the foundational knowledge and key concepts that were used in the development of the Alcohol Strategy including recommendations with Indigenous and community leadership across the NWT, the DHSS hosted a total of seven webinars. Topics included:

- Northern Alcohol Strategies (June 18, 2021)
- Lessons Learned Running an On-the-Land Healing Camp (June 23, 2021)
- The Minister's Forum on Addiction and Community Wellness and the Healing Voices Report (January 18, 2022)
- Indigenizing Harm Reduction (January 23, 2022)
- Community Reinforcement and Family Training (February 1, 2022)
- Canadian Alcohol Policy Evaluation Report (February 8, 2022)
- Addiction Recovery Experiences Survey Results (February 15, 2022)

A recommendations document was produced based on these activities, with a total of thirty-five draft recommendations. Virtual engagement sessions were held on March 1-3 and March 16-18, 2022, to seek input from representatives of Indigenous governments, Indigenous organizations, and community governments. These sessions were attended by representatives from two Indigenous governments, nine Indigenous organizations, and nine community governments. A facilitator conducted the meetings and compiled the feedback into a final report. This report was used to edit and organize the recommendations into the actions presented in this document.

Alcohol Strategy

Key Themes

Overall, there were three key themes that emerged during the creation of this strategy: reconciliation, collaboration, and community-level action.

Reconciliation

Discussions of reconciliation took place throughout the engagement process and contributed to not only the identification of the actions to be included in the strategy but also some of the processes that will be used to move each action forward. In order to do this work well, we must recognize that many of the gaps in mental wellness and addictions recovery are a direct result of colonial policies and practices, including the legacy of residential schools. The Truth and Reconciliation Commission of Canada's Calls to Action number 19 calls on the federal government to identify and close the gaps between Aboriginal and non-Aboriginal communities on several health indicators, including addictions. To move this forward effectively there is a need to recognize the value of cultural knowledge and Indigenous healing practices and ensure that services are delivered in ways that are Indigenous-led and developed, with cultural competency considered at all levels of service planning and provision.

Collaboration

Many of the actions in the alcohol strategy will require new levels of collaboration, both between NWT government departments, as well as between the territorial government and governments at other levels, especially Indigenous and community governments. Transparency and open discussion, as well as clear understandings of each party's expectations, will be essential in moving this work forward.

Community-Level Action

No two NWT communities are the same, and activities at the local level need to be tailored based on the culture, context, and people in the community itself. While actions in this document are general to all communities, whether a community decides to apply this action in their own community, or how they wish to move forward, will depend on local context. This document speaks to actions to be taken by the territorial government, dependent on the consent and cooperation of the community, and which will be adapted to reflect community goals and needs.

Focus Areas

Five focus areas for a territorial alcohol strategy have emerged from the work to date: communications, policy, prevention, public safety, and treatment. The actions associated with each will be outlined in this section.

Communications

There is a need to improve communications about risks associated with alcohol use, harm reduction measures to reduce alcohol-related harms, and services available to people who are struggling with alcohol and other substance use disorders. Messaging about alcohol needs to be coordinated between departments and include input from community members to ensure that it is accessible to all NWT residents.

ACTION 1: Create an interdepartmental body to collaborate on all alcohol-related messaging

Several recommendations for an NWT Alcohol Strategy included a need for more meaningful and consistent messaging and communications. While messaging around alcohol use is often targeted towards young people, NWT data suggests that messaging targeted at adults is also needed to address some alcohol related harms. In the NWT, the proportion of injuries associated with alcohol is highest in the 40-59 age group,⁹ and the rate of alcohol-associated hospitalizations is highest in adults aged 40-49.¹⁰ Adults are also role models for youth, with heavy drinking in adults in the household associated with increased youth alcohol consumption as well as increased access to alcohol.¹¹ During our engagement process, we heard that we need messaging about healthier behaviours and harm reduction, but also messaging that reduces the stigma of both substance use disorders and sober lifestyles, as well as that reduces the acceptability and incidence of driving while under the influence and promotes alcohol-free activities.

At present, messaging related to alcohol-related risks and harms and social responsibility tends to be produced by various departments depending on the subject area; for instance, the Northwest Territories Liquor and Cannabis Commission will produce social responsibility messaging, while the Department of Health and Social Services will produce health promotion messaging and the Department of Infrastructure will share information about driving while intoxicated. There was support for the creation of an interdepartmental body to ensure that these efforts are coordinated with one another, with the potential to pool resources and expertise where needed to better achieve objectives. It was recommended that this body include representation from Indigenous and community governments to ensure that the messaging was appropriate and relevant and would be able to reach all community members.

⁹ Canadian Hospitals Injury Reporting and Prevention Program, NWT Data, 2017-2018

¹⁰ Canadian Institute for Health Information Discharge Abstract Database, Northwest Territories Residents, 2010-2017.

¹¹ Giesbrecht, N. (2007). Reducing alcohol-related damage in populations: rethinking the roles of education and persuasion interventions. *Addiction*, 102(9), 1345-1349.

This group will be responsible for improving communication around key areas identified by stakeholders during the alcohol strategy development process, including:

- Create messaging on social media designed to counteract peer-led promotion of harmful alcohol use behaviours
- Promote the Low-Risk Drinking Guidelines (LRDG) to both youth and adult drinkers as a way to reduce alcohol-related harm
- Promote the role of traditional values, like taking care of each other, in getting communities involved in preventing FASD
- Create and run communication efforts to reduce stigma around addictions, seeking help for substance use, and living in recovery
- Share information about the association between cancer and alcohol and diabetes and alcohol with consumers
- Change perceptions about revenues from liquor sales – share information about the revenues from liquor and how these revenues are considerably lower than the costs associated with alcohol-related crime, injury, illness, and lost productivity
- Reduce the acceptability and the incidence of driving any motorized vehicle while under the influence
- Create and execute a social responsibility strategy to promote responsible alcohol use and good hosting practices

Efforts will be made to tailor this messaging to be culturally relevant and delivered in several formats, to increase the number of residents this messaging is able to reach.

Action 2: Provide coordinated, community-specific communications that outline available services

A common issue uncovered in the Recovery Experiences Survey and echoed during leadership engagement was a lack of information about services available to people in the territory, and how to access these services. It was clear that there is a need for improved communication about services available in each community, that are better delivered to reach all community members, including unilingual community members. It was also evident that there was a lack of awareness by service providers of what else is available to their service users in their community that might be offered by another organization. A communications strategy will be developed and implemented to ensure that community members have up to date information on available services and how to access these services, including how to access help outside of regular office hours.

Policy

There are a number of policy recommendations that are seen as best practices for preventing alcohol-related harm outlined in the CAPE report for the NWT.¹² During the literature review and engagement phases of this work, these were assessed for applicability in the north, as well as

¹² Chow, C., et al. (2019). Reducing Alcohol-Related Harms and Costs in Northwest Territories: A Policy Review. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.

feasibility and potential impact. Three main policy-level actions are outlined in this strategy to reduce alcohol related harms.

Action 3: Adjust alcohol prices to ensure that lower alcohol content products have the same or lower prices per standard drink than higher alcohol products, to incentivise the purchase of lower-alcohol products

Evidence suggests that when alcohol prices increase, consumers tend to drink less, there are fewer alcohol-related problems, and there are lower rates of alcohol dependence.¹³ It has also been demonstrated that the highest-risk drinkers tend to purchase the cheapest alcohol, and that young drinkers, and very heavy drinkers, are the most price-sensitive.¹⁴ As a result, changing alcohol prices could be a way to influence the highest risk categories of drinkers (heavy drinkers, and youth) with minimal effect on light and moderate drinkers, especially if alcohol pricing encourages people to purchase of lower-alcohol products. At present, mark-ups are applied based on whether a product is classified as hard liquor, beer, wine, or coolers. Under this pricing structure, lower alcohol beers and radlers, which generally range from 2.5% to 4.2 % alcohol by volume, receive the same mark-up as higher alcohol beers, which can be more than double the alcohol content. The same is true for lower alcohol wines; depending on the alcohol content, a 750 mL bottle of wine can range from four to eight standard drinks per bottle. It is recommended that the NWT adopt a mark-up structure that applies a lower mark-up to lower-alcohol products and a higher mark-up for higher-alcohol products within the same beverage categories, to encourage consumers to purchase lower alcohol content products.

Action 4: Implement a minimum price per standard drink

In engagements on the liquor legislation review, it was clear that businesses that sold alcohol, struggling to make a profit due to COVID-19 restrictions, supported reducing restrictions on alcohol sales and advertising. While opening up the liquor legislation to allow the advertising of happy hour or other drink specials or brew on-premises establishments may be good for businesses, it also opens up the potential for an increase in the availability of cheap alcohol, which may increase consumption levels and associated harms, or especially low prices in bars and restaurants, which generally appeal to heavy drinkers and youth and encourage heavier or binge drinking patterns. The risks associated with loosening restrictions on advertising can be partially mitigated by setting a minimum price per standard drink.

Action 5: Support greater community control over liquor sales

Bootlegging is a common complaint in many communities, however there is often little that can be done from a legal standpoint, as users of this service are unlikely to report their suppliers. In communities where alcohol possession and use are unrestricted or partly restricted, bootlegging may be made less profitable by the introduction of retail outlets that could sell wine, beer, and spirits, or wine and beer only, depending on community preferences. Liquor sales from these

¹³ Stockwell, T., Leng, J., & Sturge, J. (2006). *Alcohol pricing and public health in Canada: issues and opportunities*. Centre for Addictions research of BC.

¹⁴ Chaloupka, F.J., Grossman, M. and Saffer, H. (2002). The effects of price on alcohol consumption and alcohol-related problems. *Alcohol Research & Health*. 26(1):22-34.

stores would be at retail prices, costing less than purchases from bootleggers, and could also promote products such as wine and beer, with lower alcohol concentrations, as opposed to bootleggers, who generally sell spirits due to the increased portability and resale value of higher alcohol products. Providing opportunities to purchase beverage alcohol from a local retail outlet may also prevent other potentially harmful practices, such as attempting to brew their own alcohol in the home or drinking non-beverage alcohol products.

Important to this recommendation is community control over where and how liquor sales are allowed, as well as the types of products offered and the days and hours of sale. Previously, communities who decided to allow a liquor store to open in the community would not be able to change their mind about allowing alcohol sales and close liquor stores in the future. Communities need to have the ability to change their minds and shut down existing liquor sales via plebiscite, and to be notified of this opportunity as vendor contracts approach their date for renewal. This way, communities have the ability to try having alcohol sales in the community, to see if it impacts bootlegging and other behaviours, while keeping the power to decide to no longer sell alcohol in the community in the future.

Prevention

Prevention, within this strategy, includes both supporting individuals, such as children and youth and those in recovery, to avoid consuming alcohol, as well as preventing alcohol-related harm by encouraging people who are drinking in ways that may cause risk to reduce their consumption or otherwise reduce their risk of harm.

Action 6: Broaden substance use education and begin at a younger age

During engagement, several stakeholders, including youth, stated that education about alcohol and other drugs should start at a younger age. Educational programs on alcohol need to be comprehensive and age-appropriate, including topics like the impact that alcohol has on the body, the health risks of alcohol, alcohol and mental wellness, and low risk drinking guidelines for adults (or what “normal” drinking should look like in adults). Children and youth should also be educated on the signs of alcohol poisoning and first aid for friends or family that have had too much to drink. Alcohol and drug use in childhood and youth is often rooted in trauma and there are high rates of intergenerational trauma in northern communities. As such, educational messages should be included within other health and wellness education for children and youth such as understanding trauma, dealing with stress, self-regulation, seeking help, and promoting positive mental wellness. Youth also need opportunities to learn about substance use in non-classroom settings, such as through arts-based experiences or on the land activities.

Action 7: Increase supports available to parents in all communities

There is a continued need to support parents in addressing intergenerational trauma and gaps in parenting knowledge related to the legacy of residential schools. Youth experts and other groups consulted identified the importance of adult role models in determining future drinking patterns. Others identified struggles with learning to parent when one’s own parents might have been unable to provide examples of positive parenting because of their residential school experience, or if one’s own parents struggled with addiction and the trauma of this was still being experienced by the

adult child. Support for parents must include information about the impact that parental substance use has on attitudes and behaviours related to substance use in children and youth, and resources for adults, children/youth, and families.

Action 8: Continue and expand programming that provides healthy recreational activities

Youth reported needing more things to do with their time, as boredom was one of the main reasons that youth listed for using alcohol or other drugs. Youth also expressed a desire to be able to share with and be supported by their parents and to connect with their families. Youth wanted more opportunities for them and their families to spend time together, for instance through community events or on the land camps. There was also a demand for safe spaces to hang out where they can talk to healthy adults.¹⁵

While the focus is often on ensuring that youth have activities to keep them occupied and away from alcohol, the same is true of adults, particularly those adults who are in recovery or trying to reduce their alcohol consumption. Opportunities to participate in social, recreational, and traditional activities should be available to youth as well as to adults and families. This should extend to wellness, counselling, and on the land activities, with the aim of promoting and supporting mental wellness and cultural growth without the expectation that people be struggling or experiencing harms before being welcome to access supports. The role of healthy recreational activities should also be considered in the development of aftercare resources and relapse prevention in communities, to ensure that people in outpatient addiction recovery or returning from residential treatment have a variety of healthy activities through which they can build and renew community and family relationships and fill their leisure time.

Action 9: Incentivise sober gatherings and non-alcoholic drink options

In the NWT, many businesses and other facilities pay high costs for utilities, supplies, and rental space to operate. Selling alcohol is a quick way to increase revenue and can be an important part of keeping businesses operational or events, especially fundraising events, profitable. Currently, there are limited numbers of businesses and events that are open in the evenings that do not sell alcohol as a primary activity. As a result, many communities do not have enough events or places to spend leisure time socializing that are not centred around alcohol. Community members, particularly those with experiences of recovery, describe social isolation when not drinking and a need for more sober events and options for non-drinkers. Businesses and community groups should be supported and incentivized to offer alcohol-free events, or to develop more non-alcoholic options to add to their menus and promote these to their patrons.

Action 10: Examine whether screening and brief intervention can be delivered in a culturally safe manner

Screening, brief intervention and referral (SBIR) is an international best practice in the early identification of risky or problematic alcohol use. When SBIR is applied, all doctors and nurses are encouraged to ask people about their alcohol use, provide counselling on the health benefits of

¹⁵ Department of Health and Social Services. (2018). *Summary of NWT Youth Feedback (July 2016-July 2017)*. Government of the Northwest Territories.

stopping or cutting down, and provide referrals if people are drinking too much and need help to stop or cut down. This tool has been shown to be helpful in supporting people to reduce their alcohol consumption.¹⁶ This type of intervention has been shown to be cost effective,¹⁷ and allows health practitioners and other helping professionals to identify risky substance use in individuals who would not otherwise have discussed this topic with them.¹⁸ However, in the northern context, this might be inappropriate, or even harmful, for some Indigenous patients, given the legacy of experiences of racism within the Canadian healthcare system¹⁹ and well-publicized incidents where stereotypes about alcoholism and addiction have led to improper care, at times resulting in the deaths of Indigenous patients.^{20,21} More consideration is needed around whether it is possible to deliver this intervention in a culturally safe manner, and by whom it should be delivered, before this practice is broadly encouraged in the NWT.

Public Safety

Engagement sessions revealed a lot of mixed feelings around public safety and alcohol in communities. While people generally wanted their community to be a safer place, there were concerns expressed about institutional racism within law enforcement disproportionately impacting Indigenous community members, as well as that individuals caught driving under the influence would lose their employment and ability to care for their families if they were subject to severe penalties. At the same time, individuals expressed wanting services available to help keep intoxicated community members safe. There is a need to find ways to increase community safety by reducing the rates of driving under the influence and exploring ways to enhance community safety and harm reduction through community and/or volunteer programs.

Action 11: Expand community safety programming

Concerns related to alcohol use and community safety were common among stakeholders contributing to engagement sessions, but many see intervention by law enforcement as potentially contributing to further trauma. There was a desire to see community safety programming, such as outreach programs or community safety officers, that could assist people with alcohol-related

¹⁶ Stockwell, T., et al. (2019). *Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Provincial and Territorial Policies*. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.

¹⁷ Zarkin, G., et al. (2003). "The costs of screening and brief intervention for risky alcohol use." *Journal of Studies on Alcohol* 64(6): 849-857.

¹⁸ Venner, K., et al. (2018). "Moving away from the tip of the pyramid: Screening and brief intervention for risky alcohol and opioid use in underserved patients." *The Journal of the American Board of Family Medicine* 31(2): 243-251.

¹⁹ Phillips-Beck, W., et al. (2020). "Confronting racism within the Canadian healthcare system: systemic exclusion of first nations from quality and consistent care." *International Journal of Environmental Research and Public Health* 17(22): 8343.

²⁰ Andrew-Gee, E. (2021, Oct 1). *Coroner urges Quebec to recognize systemic racism a contributing factor in Joyce Echaquan's death*. The Globe and Mail. <https://www.theglobeandmail.com/canada/article-quebec-coroner-urges-province-to-recognize-systemic-racism-in-echaquan-2/>

²¹ Kassam, I. (2016, Aug 15). *Inuvialuit Elder whose stroke went untreated for six hours has died says niece*. APTN News. <https://www.aptnnews.ca/national-news/inuvialuit-elder-whose-stroke-went-untreated-for-six-hours-has-died/> (Accessed Nov 11 2022).

issues, such as helping to intervene when an intoxicated person is asked to leave a residence or offering safe rides to prevent driving while intoxicated or hypothermia or frostbite while trying to walk home in the cold. Engagement participants stressed that roles in outreach or community safety should be staffed by community members, who know and are trusted by the community.

Action 12: Increase awareness of and interest in interlock programs

One key element of the strategy is to reduce the current acceptability of driving while under the influence and increase capacity for enforcement through community safety programming so that police to have more time to identify people driving while intoxicated. While policy recommendations suggest implementing higher penalties driving under the influence, criminology research has shown that certainty of punishment is more of a deterrent than severity. This suggests that increased enforcement initiatives may be more effective than increased penalties.²² There is evidence that the most effective approach is one focused on highly visible, non-selective testing, like sobriety checkpoints, as this increases the public perception of the likelihood of apprehension.²³ However, participants in leadership engagement sessions identified that being caught driving under the influence was potentially debilitating for people in their communities who rely on their vehicles for work, and that there was the potential for Indigenous community members to be disproportionately impacted by increased enforcement. Interlock programs allow people to return to driving sooner after a conviction for driving under the influence. While there is a program in the NWT to support this, access is limited. Access could be expanded by supporting training of mechanics within the territory or supporting travel by mechanics to provide this service throughout the territory.

Treatment

While prevention and early intervention are important to reducing alcohol-related harms, there are many NWT residents already struggling with alcohol use disorders. Many substance use issues are rooted in the legacy of colonization and residential schools, with community members using alcohol or other drugs to cope with intergenerational trauma as well as ongoing personal trauma, grief, and loss. Many people in the NWT are also coping with trauma, grief, and loss without it manifesting in problematic substance use, or without their substance use having consequences. Healing opportunities need to be available to all community members to address these root causes, whether or not they are struggling with alcohol or other substance use disorders. Increasing treatment availability, accessibility, and variety will improve our capacity to provide help when it is needed, and where possible, before serious substance use problems develop.

²² Wright, V. (2010). *Deterrence in criminal justice: Evaluating certainty vs. severity of punishment*. Sentencing Project.

²³ Alcohol and Public Policy Group. (2010). *Alcohol: no ordinary commodity—a summary of the second edition*. *Addiction*, 105(5), 769-779.

Action 13: Create support positions to increase available clinician time, assist with access, and identify gaps in access to services

There were three key gaps identified in accessing services that could be supported by having support positions integrated into the health and mental health systems:

- Our recovery experience survey provided feedback about it being difficult for individuals to identify how to contact the services that were right for them. Participants in our leadership consultations echoed that this is a challenge even for those not experiencing substance use disorders. A navigator position could provide this assistance, while helping to identify and address gaps in communications and barriers to accessing services.
- Clinicians reported struggling with the amount of paperwork and other side work that took their time and focus away from being able to see service users. Paperwork and other administrative tasks also take time away from being able to participate in training and put new skills into practice.
- Service providers and service users described difficulties in dealing with acute needs when a service user had trouble self-regulating (for instance, if they became agitated while in early withdrawal) and service providers had to deal with other demands on their time. They reported that this creates a high-stress environment that makes it difficult to provide services in a person-centred and trauma-informed way. It was suggested that having additional staff on hand would provide more individuals who would be available to assist in managing behaviour and keeping people calm while they wait to be seen by service providers.

As the need will vary based on the community and setting, identifying the needs within the community will require discussion with local leadership and management responsible for service providers. However, it was clear from various engagement activities that there are needs that could be filled by support staff roles that are vacant or non-existent. This could reduce strain on clinicians who are struggling to manage their high workloads and reduce barriers in accessing supports for service-users.

Action 14: Provide training to all front-line service providers to improve confidentiality and service provision

Three main areas were identified where more training is needed among service providers:

- The role of pain and trauma, particularly trauma related to colonization, in addiction, and the need to provide trauma informed and culturally safe addictions services
- Confidentiality and privacy
- Prescription drugs that can be used to treat addiction

People with lived/living expertise of addictions recovery shared experiences of encountering judgement, shame and blame when reaching out for help for substance use, and how discouraging and demoralizing that can be for someone living with a substance use disorder. Training to ensure that all service providers have a shared understanding of the role that trauma, particularly intergenerational trauma associated with colonization and the legacy of residential schools, plays in addiction, and can respond with empathy rather than judgement, is key to ensuring that service users can ask for help when they are ready. All service providers that might encounter people

struggling with substance use, not just those who specialize in that area, should be provided with this training, as well as training that provides them with an understanding of the nature of addiction and the impacts that stigma can have on a person's ability to ask for help.

Confidentiality is another concern that service users and people with lived/living expertise, particularly those living in small communities, describe as a barrier to accessing support. Service providers and support staff need training on the importance of confidentiality and the harm that breaking confidentiality does to service users. There needs to be clear consequences, enforced by management and leadership, for staff that break confidentiality.

There are a number of first line and emerging pharmacotherapy options to support addictions recovery that have been shown to be effective but continue to be underutilized, in the NWT and elsewhere in Canada. These medications are generally safe to initiate while patients are still using alcohol, and can help patients to reduce alcohol consumption, or to abstain from alcohol use, depending on patient goals.²⁴ During leadership engagement sessions, participants expressed interest in learning that there are medications that can be used to treat cravings for alcohol and increase success in recovery for many patients. They felt that this information was important for doctors and nurse practitioners, but also for counsellors, so that they could tell clients that this option was available to them.

Action 15: Continue to collaborate to build regional programming and harm reduction service capacity

Evidence from multiple engagement sessions indicate that people want to be able to access recovery services close to home, and services need to reflect their own cultural background and beliefs. They want to be near their families and if possible, involve them in treatment, or attend family treatment programming together. Many people want services that honour and reflect their connection to the land and involve the land in their healing.

It is the intent of the GNWT to work with communities to determine what regional, culturally safe and person-centered wellness and recovery should look like, with the aim of building upon community strengths, including local elders and families in recovery, and building capacity within communities.

This action will entail working directly with communities to develop, expand and support localized treatment solutions, including supports for withdrawal management, more choice in peer support programming, and aftercare supports, including sober housing options, and options for treatment and counselling for families, addressing gaps in services and improving continuity of care. Sharing information between regions about community approaches and expertise will be important in moving this work forward.

²⁴ Wagner, E., Babaei, M., British Columbia Centre on Substance Use, & Columbia, B. (2019). Provincial guideline for the clinical management of high-risk drinking and alcohol use disorder. British Columbia Centre on Substance Use.

Next Steps

This document is accompanied by a work plan (Appendix A) that outlines the steps to be taken by the GNWT to advance the actions presented in this strategy.

This strategy presents actions to be pursued by the GNWT to reduce alcohol-related harms. Some actions may not be relevant to all communities, and the GNWT will work with communities to identify what actions are of interest to them and how to put these into practice most effectively. Work on all actions will commence, where it hasn't already, between December 2022 and September 2023, with the intent to have all work completed by March 31, 2028. The progress of this work will be overseen by the NWT Committee on Problematic Substance Use and Harms with bi-monthly reports provided to this committee.

Conclusion

The Department of Health and Social Services extends sincere thanks all to participants that provided feedback during our engagement activities, including community and Indigenous leaders, staff, community members, youth, and those with lived/living expertise. We look forward to continuing our work in addressing alcohol-related harms and improving health and mental wellness outcomes for all NWT residents.

Appendices

Appendix A: Strategic Work Plan

Communications		
Create an Interdepartmental body to collaborate on all alcohol-related messaging		
<i>Lead</i>	<i>Problematic Substance Use (PSU) Committee</i>	
<i>Partners</i>	<i>All GNWT Stakeholders, External Partners as Identified</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Create a Terms of Reference for a collaborative alcohol messaging working group	PSU Committee	
- TOR draft		January 2023
- TOR reviewed and finalized		February 2023
Identify GNWT and external representatives to make up working group	PSU Committee	February 2023
Create work plan	Interdepartmental Body Representatives	
- Collaboratively identify departmental and external priorities and funding sources		February to June 2023
- Create a work plan and schedule		July 2023
Meet regularly to assign tasks and update work plan and schedule	Interdepartmental Body Representatives	Ongoing
Report on progress to PSUH Steering Committee	Interdepartmental Body Chair	Ongoing
Provide coordinated, community-specific communications that outline services that are available and how to access them		
<i>Lead</i>	<i>DHSS</i>	
<i>Partners</i>	<i>NTHSSA, HRHSSA, TCSA, Community Governments, NGOs</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Create a communications plan designed to promote available addictions and mental health services available in each community	DHSS, NTHSSA, HRHSSA, TCSA	Scheduled to align with timeframes in Priority Area #4 of the OAG Addictions and Recovery Services Work Plan
- Identify all GNWT services offered in each community		
- Reach out to communities to identify and include services offered by Indigenous governments, Indigenous organizations, community governments, and other NGOs		
- Develop a communications strategy, to be reviewed by community leaders, that reflects the preferred means of communication and language needs of the community		

Implement communications plan	DHSS, NTHSSA, HRHSSA, TCSA	
- Identify community partners for communications (e.g. radio stations, band offices where posters or other information could be posted)		
- Work with community partners to implement communications initiatives		
- Schedule regular review and updates		Ongoing
Evaluate communications plan	DHSS	After March 2024
- Ask community partners for feedback on communications		
- Ask services identified if their uptake or reach has changed since implementation		

Policy		
Adjust the retail and wholesale price of alcohol to ensure that lower alcohol content products have the same or lower prices per standard drink than higher alcohol products, to incentivise the purchase of lower-alcohol products.		
<i>Lead</i>	<i>Finance</i>	
<i>Partners</i>	<i>NTLCC</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Explore pricing options considering account alcohol by volume	Finance, NTLCC	
- Liquor Pricing Review		Complete
- Develop options for new pricing structure(s)		
Present pricing structure options to FMB	Finance, NTLCC	<i>Timelines dependent on the progress of the NWT Liquor Act Review</i>
- Present pricing structure options		
- Decide on final structure for pricing adjustment		
Prepare a communications strategy to explain changes to the public	Finance, NTLCC	
- Determine messaging and medium to share information		
- Set a schedule for release of information based on planned date of change		
Apply adjusted mark-up structure to alcohol products in the NWT	NTLCC	
- Implement pricing structure in NWT retail stores		
Evaluate mark-up structure and impacts and review on a regular schedule	NTLCC	

- Evaluate whether mark-up structure is impacting consumer behaviour		
- Review mark-up structure every five years and adjust as needed		
Set a minimum price per standard drink for licensed premises		
<i>Lead</i>	<i>Finance</i>	
<i>Partners</i>		
<i>Action</i>	<i>Responsibility</i>	<i>Timeline</i>
Establish a minimum price per standard drink	Finance	
- Calculate an appropriate minimum price per standard drink		2023
- Implement minimum pricing in Liquor Regulations		Pending the coming into force of new liquor legislation
Communicate minimum pricing to licensees and support implementation	Finance	Prior to implementation
- Create communications materials and host opportunities for in-person communications about minimum pricing		
- Create and distribute tools to assist with the calculation of price per standard drink		
Review the price per standard drink on a regular schedule	Finance	Ongoing
- Review the price per standard drink every five years to ensure this is keeping up with inflation		
Increase community control over alcohol sales		
<i>Lead</i>	<i>Finance</i>	
<i>Partners</i>	<i>Community Governments, DHSS</i>	
<i>Action</i>	<i>Lead</i>	<i>Timeline</i>
Communities identify as being interested in alcohol retail sales	Community Governments	At the discretion of communities
- Communities who are interested in considering liquor sales can identify this desire to the Department of Finance or NTLCC		
Communities discuss what they would like to see as an alcohol retail sales approach	NTLCC, Finance, DHSS	
Work with communities to identify solutions that address their needs, and also fall within Liquor Legislation parameters	Community Governments	
- Develop approach to alcohol retail sales		
- Confirm length of time retail model will be in place before review		

Support the implementation of alcohol retail sales in participating communities	NTLCC, Finance	Upon receipt of request from communities
- Identify an appropriate retail and procurement model		
Monitor outcomes and evaluate community alcohol retail sales	DHSS, NTLCC, RCMP	Following implementation of retail sales
- Establish outcome monitoring and data collection mechanisms in partnership with communities		
- Meet with communities at regular, agreed-upon intervals to evaluate impact and address any issues that arise		

Prevention		
Broaden substance use education and begin at a younger age		
<i>Lead</i>	<i>ECE, DHSS</i>	
<i>Partners</i>		
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Renew curriculum so that teachers are given the flexibility to support students and increase their awareness to better respond to the many issues, concerns and realities that arise from substance use.	ECE	In alignment with the Curriculum Renewal within the Improving Student Outcomes Action Plan
Examine Safe School Regulations to determine if changes are required to mandate that schools provide healthy relationship programming that include substance use education and for what grades that would be appropriate	ECE	
Identify opportunities for substance use education outside of school (e.g. arts-based approaches, opportunities within other recreational programming)	DHSS	January 2023
Implement substance use education outside of schools, where possible	DHSS	July 2023
Increase supports available to parents in all communities		
<i>Lead</i>	<i>DHSS</i>	
<i>Partners</i>	<i>NTHSSA, HRHSSA, TCSA, ECE</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Meet with programs that provide services for young families to learn about what education around alcohol and other substances is provided to parents	DHSS, NTHSSA, HRSSA, TCSA	April to June 2023

Discuss with programs how this information could be supplemented to ensure that: <ul style="list-style-type: none"> - Programming includes information about alcohol, impacts of parental behaviours around alcohol on children and youth, and resources for parents who want to change their behaviour - Programming reaches all parents that stand to benefit from parenting supports 	DHSS, NTHSSA, HRSSA, TCSA, ECE	June to December 2023
Work with programs to evaluate outcomes, adjust programming, and identify and address additional support needs	DHSS, NTHSSA, HRSSA, TCSA	January 2024 to March 2025
Continue and expand programming that provides healthy recreational activities		
<i>Lead</i>	<i>DHSS</i>	
<i>Partners</i>	<i>ECE, Indigenous and Community Governments</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Identify best practices and evidence-based approaches for the utilization of healthy recreational activities as an intervention for substance use.	DHSS and All Stakeholders	December 2022 - April 2023
Work with communities to develop a gap analysis, considering programming provided by the territorial government, indigenous and community governments, and Indigenous and community organizations		
Where needed, support community governments to access program supports provided by other agencies to enhance community recreation programming, and to support training opportunities to address training needs identified	Lead and all Partners	April 2023 – March 2025
Work with community governments to address other barriers and to identify ways to improve and enhance recreation programming that supports youth, children and families	Lead and all Partners	April 2023 – March 2025
Incentivize sober events and offering non-alcoholic options		
<i>Lead</i>	<i>DHSS</i>	
<i>Partners</i>	<i>NTLCC, Finance, Community and Indigenous Governments</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Support community governments to review municipal by-laws that set fee structures, to establish facility rental rates that incentivise sober events	NWTAC	Ongoing
Promote NWTAC toolkits and examples of this practice to communities	DHSS, NWTAC	

Promote initiatives that encourage the development and consumption of mocktails/other non-alcoholic beverages	DHSS, NTLCC, Finance	2023
Increase availability of non-alcoholic options in licensed premises	Finance	
Develop incentives for licensed premises to increase their non-alcoholic offerings, including mocktails	DHSS, Finance, NTLCC	2023
Encourage hosts to provide non-alcoholic options for guests through communications and non-alcoholic offerings in retail stores	DHSS, Finance, NTLCC	2024
Examine whether screening and brief intervention can be delivered in a culturally safe manner		
<i>Lead</i>	<i>NTHSSA</i>	
<i>Partners</i>	<i>DHSS HRHSSA, TCSA</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Work with community-based experts to determine an approach to assessing screening and brief intervention within their community and cultural setting and conduct these assessments	DHSS, NTHSSA, HRHSSA, TCSA	March 2023 – March 2024
Based on findings, identify whether SBI or similar could be implemented in NWT communities	DHSS, NTHSSA, HRHSSA, TCSA	March 2024
Pilot intervention (if using) and collect user feedback	DHSS, NTHSSA, HRHSSA, TCSA	April 2024 - March 2026

Public Safety		
Expand Community Safety Programming		
<i>Lead</i>	<i>Justice</i>	
<i>Partners</i>	<i>Community and Indigenous Governments</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Evaluate current Community Safety Officer Pilot Program	Justice	March 2024
Support creation and evaluation of new community-based interventions	Justice, Community and Indigenous Governments	March 2025 – March 2027
Increase the awareness of and interest in ignition interlock programs		
<i>Lead</i>	<i>Infrastructure</i>	
<i>Partners</i>	<i>Community and Indigenous Governments</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Provide information on the program and seek community views and interest	Infrastructure	Q2 2023-24 and ongoing
Assess and identify if barriers to community access exist, and if so, work with the provider to identify solutions.	Infrastructure	Q4 2023-24 and ongoing

Treatment

Create support positions to increase available clinician time, assist with access, and identify gaps in access to services

<i>Lead</i>	<i>NTHSSA</i>	
<i>Partners</i>	<i>DHSS, HRHSSA, TCSA</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Reach out to regional management of all Health and Social Services Authorities/Agencies to identify areas where clinicians struggle to meet demands	NTHSSA, HRHSSA, TCSA	January – June 2023
Identify areas where service users/potential service users struggle to connect with services	DHSS, NTHSSA, HRHSSA, TCSA	January – June 2023
Develop pilot support roles or modify existing support roles to better address these gaps	DHSS, NTHSSA, HRHSSA, TCSA	June 2023 – March 2025
Evaluate impact of these roles and/or changes and examine ways to either continue or scale up support roles, or modify service access, to better meet community needs	DHSS, NTHSSA, HRHSSA, TCSA	March 2025 – March 2027

Provide addiction, confidentiality, and pharmacotherapy training to service providers

<i>Lead</i>	<i>NTHSSA,</i>	
<i>Partners</i>	<i>DHSS, HRHSSA, TCSA</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Identify existing training offered to service providers on addictions, confidentiality expectations and pharmacotherapy	NTHSSA, HRHSSA, TCSA	January 2023
Identify training gaps in these subject areas	DHSS, NTHSSA, HRHSSA, TCSA	January 2023 – March 2023
Based on identified training needs, seek options to address these gaps	DHSS	March 2023 – June 2023
Find, or where they do not exist, create, appropriate training materials for service providers	DHSS	March 2023 – September 2023
Establish evaluation metrics for training programs	DHSS, NTHSSA, HRHSSA, TCSA	March 2023 – September 2023
Offer training	DHSS, NTHSSA, HRHSSA, TCSA	September 2023 – March 2025
Use evaluation feedback to adjust or improve training offered	DHSS	September 2024-March 2025
Standardize training for service providers to ensure these subject areas are addressed with all service providers on an ongoing basis	DHSS	March 2025 - ongoing

Continue to collaborate to build regional programming and harm reduction service capacity		
<i>Lead</i>	<i>DHSS</i>	
<i>Partners</i>	<i>Community and Indigenous Governments</i>	
<i>Action</i>	<i>Responsible</i>	<i>Timeline</i>
Work with Indigenous governments and communities to identify gaps in service and barriers to access	DHSS, Community and Indigenous Governments	November 2023 – September 2024
Work with Indigenous governments and communities to identify resource requirements and support regional and local initiatives to establish recovery-oriented programming	DHSS, Community and Indigenous Governments	March 2024 – March 2027
Work with Indigenous governments to identify gaps in harm reduction services at the local and regional levels and address community needs	DHSS, Community and Indigenous Governments	March 2024 – March 2027

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