

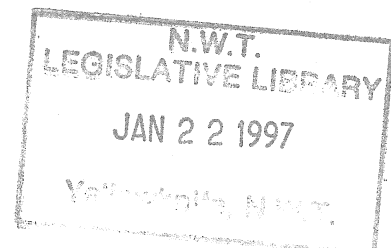


TABLING STATEMENT

MEMBER: MR. FLOYD ROLAND, MLA - INUVIK
TOPIC: CLOSURE OF DELTA HOUSE ALCOHOL
AND DRUG REHABILITATION CENTRE IN
INUVIK

Mr. Speaker, I wish to table a package of 9 letters that I received opposing the closure of the Delta House Alcohol and Drug Rehabilitation Centre in Inuvik.

The letters are from: Ruby St. Amand; Chief James Firth; Norm B. Snow; David G. Malcolm, Director of the Aurora Research Institute; Brenda Bernhardt - MacNabb, Executive Director of the Inuvik Transition House Society; Staff Sergeant L.J. McAllister of the Inuvik RCMP Detachment; Estella Muyinda, Executive Director of the Beaufort Delta Legal Services Clinic; and Bob Dowdall of Northern Addictions Services in Yellowknife.



January 15, 1997

Delta House
Box 2320
Inuvik, NT.
X0E 0T0

Dear Sir,

I highly support that Delta House Alcohol and Drug Rehabilitation Centre here in Inuvik, continues to stay open year round. My favor in support of this, is that I have personally seen the positive results come out of this program which Delta House has offered to many clients from all the Communities in our Region.

Without Delta House, which offers tremendous support to those that are admitted in, then I see a big fall out and devastating future for those that need the program for continued sobriety and a healthy life style by abstaining from drugs and alcohol. The ex-clients, present and as well as the future clients need this support and program which is offered to them that they may know how to live a clean and healthy life-style.

Where will these clients go for help when they need help at their most critical time of need ? Will the Government, who plans to shut the doors to Delta House, offer their homes to those clients who will be coldly pushed out into the street ? I know as well as you, that without Delta House Alcohol and Drug Rehabilitation Centre, we will definitely see an increase in violence that begins with drugs and alcohol. You will also see that the courts and jails, as well the Correction Centre's are at their maximum capacity and the Government is doing absolutely nothing about it.

Please highly consider this request, as well as others that you will be receiving. In this time and age, we need to help each other and not let the people who are considering professional help walk through closed doors.

Thank-you for allowing your time to read or hear this letter.

Yours truly,

Ruby St.Amand

A handwritten signature in cursive script, appearing to read "R. St. Amand".



Gwich'in Council

110 Hwy 2470 Inuvik, NT X0E 0T0
Phone: 1 613 979 3544 Fax: 1 613 979 3038

January 15, 1997

For Distribution

RE: CLOSURE OF DELTA HOUSE

It was with immense surprise and shock to learn over CBC radio that 100% funding for Delta House is being cut. As one of the leaders in Inuvik, there was nothing written down on paper, or said verbally regarding this important issue. Is there such a policy of this Government and the M.L.A.'s of the Western Arctic to just cut funding and worry about the problems and repercussions later?

I understand this was to supposedly save the GNWT \$600,000.00 from the deficit. For Inuvik this means 13 less jobs and \$600,000.00 less in our economy. Are there similar cuts being forced on treatment centers in Yellowknife or the new Nunavut Territory?

With Delta House losing funding and Ti'ondih Healing Society not being funded, the people in the Inuvik Region really have no where to turn. There will be high costs from the loss of these services in some of the people who need help.

How much can Inuvik and the Delta give to reduce the deficit before we just fade away? Jobs have disappeared, businesses are closing and we still have a lot of severe social problems. We cannot afford to sit back and have our people be put on a waiting list for treatment centers in the South. What is the cost of that?

Perhaps the Government and our Delta M.L.A.'s should look at other treatment centers and see which ones are helping the people. Delta House could possibly change their program to reduce their cost, but they were not given that option.

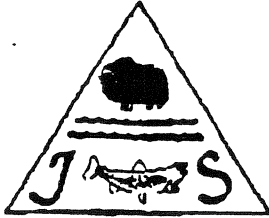
Is the Government now ready to fund Ti'ondih Healing Society and the needs of the Delta? We have a tremendous wealth of trained, professional healers of Aboriginal descent, who have made a career of serving and helping the people of the Delta.

Our local MLA has to be more vocal with the cabinet, start taking a stand for the people he was elected to represent. Agreeing with Mr. Todd when it comes to cutting services, doesn't help none.

As an elected leader in Inuvik I expect to be involved in discussions and plans before I hear them on CBC. It's time that the people of Inuvik say enough is enough. This cannot continue.

Chief James Pirth

c.c. Gwich'in Chiefs
G.T.C. Executive
M.L.A. Roland, Krutko & Steen
Inuvialuit Community Corporation
Gwich'in Elders Committee



JOINT SECRETARIAT

Box 2120, Inuvik, Northwest Territories, Canada, X0E 0T0
Telephone: (403) 979-2020 Telecopier: (403) 979-2610

January 16, 1997

Delta House
Alcohol and Drug Rehabilitation Centre
Box 2304
Inuvik NT X0E 0T0

Dear Jerry and Sandra,

The undersigned staff of this office were shocked and disappointed to hear of the planned demise of Delta House.

This news was even more disturbing as there is no clear and proven alternative to what has been a very necessary service, not only for the Town of Inuvik, but also for the other communities which have required the Delta House Program.

It is to be hoped that our opposition, together with that of others, will lead to a reversal of this ill-conceived action.

Sincerely,

Norm B. Snow
Executive Director
Joint Secretariat

**AURORA COLLEGE**

Aurora Research Institute

17 January, 1997

Mr. Jerry Imhoff
Chair, Board of Directors
Inuvik Alcohol Committee
C/o Delta House
PO Box 2304
Inuvik, NT X0E 0T0

Dear Mr. Imhoff,

Re. Announcement of Withdrawal of GNWT Funding for Delta House

I have heard with dismay that the NWT Department of Health & Social Services have announced the withdrawal of funding support for Delta House. As a member of the Community Empowerment Committee for the Inuvik Region, I find this news very disturbing. Since the government is promoting Community Empowerment, it would be inconsistent to allow one of its departments to claw back that empowerment from Inuvik to Yellowknife. Decisions made by government regarding addictions treatment must be made with consideration for the Inuvik Health Board community needs assessments for the region.

I wish to commend you, your Board, and the staff at Delta House for taking many steps forward in organizing Delta House to meet the challenges of satisfying the needs assessments of the surrounding communities. These include:

- 1) Preparing a development strategy in early November which emphasizes regional community service and the phasing out of the past in-patient treatment model;
- 2) Planning for a detox and mobile team operation in the western Arctic region in the near future;
- 3) Training all full-time Delta House staff in CPR and First Aid;
- 4) Keeping a Registered Nurse on staff, in keeping with a move toward utilization of Delta House facilities as a detox centre.

// 2

Inuvik Alcohol Committee
17 January, 1997
Page 2

A major part of the mandate of our Aurora Research Institute of Aurora College is to work with agencies such as yours to develop new programs in the community wellness area. Over the past two months we have been working on the concept of a partnering arrangement with Delta House to develop a major program in the critical area of FAS/FAE, and we are indeed disappointed that the government's decision will prevent us from carrying this partnership forward.

According to the NWT Bureau of Statistics report, 1996 NWT Alcohol & Drug Survey, 40.6% of the Aboriginal population in the western NWT are heavy drinkers. The report, NWT Health and Social Services: Time for a Change - Finding Solutions for Addictions, quotes another source that "33% of the women with children said they drank while pregnant." Other research has shown that there are no threshold amounts for alcohol intake by mothers in the prevention of Fetal Alcohol Effect. It is obvious that a great proportion of births in the western NWT are at risk. Since FAS/FAE requires generations to disappear from society, the failure to support preventive addictions treatment in this area would contribute to cultural genocide for the Aboriginal population in our communities.

We sincerely hope that the GNWT reconsiders its position on closing one of the best-staffed drug and alcohol treatment facilities in the western Arctic. If there is any way that we can help to develop your future plans, please get in touch.

Yours sincerely,

AURORA RESEARCH INSTITUTE



David G. Malcolm, PhD
Director

INUVIK TRANSITION HOUSE SOCIETY
BOX 2628 INUVIK, N.T. X0E 0T0 PH: 979-3877 FAX:979-3941

January 20, 1997

To Whom It May Concern;

The Inuvik Transition House Society is a safe house for women and children who are escaping violence in their home.

We believe that alcohol and drugs have a lot to do with this situation.

We want you to know that if there is no help available for the abuser then our resource here at the shelter becomes somewhat dysfunctional. We can only do so much work with the family, but there also has to be some help for addictions too. This is not to say that only the abuser needs help in the area of alcohol and drugs, but maybe the victim and the children need this service too.

We are in support of this program and we hope that something can be worked out soon, as this is a vital service and one that is needed to help make this Community a better place to live.

Thank you for your time and consideration.

Sincerely,



Brenda Bernhardt-MacNabb
Executive Director



Royal
Canadian
Mounted
Police

Gendarmarie
royale
du
Canada

Security Classification / Designation
Classification / Désignation sécuritaire

Protected "A"

Box 1300
Inuvik, NWT
XOE 0T0

Your file Votre référence

Our file Notre référence

January 13, 1997

Delta House
P.O. Box 2304
Inuvik, NWT
XOE 0T0

To whom it may concern:

The abuse of Alcohol and Drugs accounts for the majority of our calls for service here in Inuvik. If only one person turns their life around this has a significant impact on the Community as a whole. How do you put a financial value on this? Delta House has provided healing and hope for people of the Delta, and to cancel such a service will simply increase the demand for our short term solution - Arrest & Jail, to a long term problem. This is a very costly approach to the problem.

These are changing times, and Delta House has the capacity to make the necessary transformation. To simply cut off their funding and not allow Delta House this opportunity is a mistake.

Yours truly,


L.J. McAllister, S/Sgt.
Inuvik Detachment

COMMUNITY SUPPORT ENDORSEMENT

I/We fully support and advocate the alcohol and drug treatment program
known as:

DELTA HOUSE ALCOHOL AND DRUG REHABILITATION CENTRE (INUVIK ALCOHOL COMMITTEE)

and believe that the program is capable of providing adequate alcohol and drug
education, prevention, treatment and aftercare programs suited to the needs of the
residents of:

Community BEAUFORT-DELTA REGION

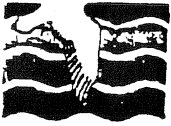
Organization BEAUFORT DELTA LEGAL SERVICES CLINIC

Position EXECUTIVE DIRECTOR BEAUFORT DELTA LEGAL SERVICES CLINIC

Name ESTELLA MUYINDA

Signature *Estella Muyinda*

Date JANUARY 16 1997

**AURORA COLLEGE**

Northern Territory Government

20 January, 1997

Mr. Floyd Roland, MLA
Legislative Assembly of the NWT
Box 1320
Yellowknife, NT X1A 2L9

Dear Mr. Roland,

Re. Costs and Benefits of Alcohol Addiction Treatment in the Western NWT

I am concerned that the NWT Department of Health & Social Services has announced the withdrawal of funding support for the facility operated by the Inuvik Alcohol Committee, effective April 01. If this decision is carried through, it will fly in the face of community needs and Community Empowerment, and it will cause large additional costs for continuing health care for alcoholics and their families. Later in this letter I will address the cost/benefit balance of an investment in the prevention and treatment of alcohol-related health problems.

The needs assessments of the communities of the Inuvik region, as carried out under the auspices of the Inuvik Regional Health Board, pointed out again and again the importance of continuing emphasis on alcohol treatment. In keeping with regional needs, Delta House was planning changes in programming during the last months of 1996 which would take the agency away from in-patient treatment and toward detoxification and mobile teams for alcohol addiction prevention, treatment and counselling at the community level. In anticipation of these changes, Delta House now has developed a staff which is fully trained in CPR and First Aid, as well as having a Registered Nurse as a permanent full time position.

You may be aware that a major part of the mandate of our Aurora Research Institute of Aurora College is to work with agencies such as Delta House and the Inuvik Alcohol Committee to develop new programs in the community wellness area. Over the past two months we have been working on the concept of a partnering arrangement with Delta House to develop a major program in the critical area of FAS/FAE. The prevalence of FAS/FAE in our children of the western Arctic means large government expenditures in health, education, social services and justice, as well as lost productivity to our struggling northern economy.

Floyd Roland, MLA
20 January, 1997
Page 2

According to the NWT Bureau of Statistics report, 1996 NWT Alcohol & Drug Survey, 40.6% of the Aboriginal population in the western NWT are heavy drinkers. The report, NWT Health and Social Services: Time for a Change ... Finding Solutions for Addictions, quotes another source that "33% of the women with children said they drank while pregnant." Other research in our files has shown that there are no threshold amounts for alcohol intake by mothers in the prevention of Fetal Alcohol Effect. It is obvious that a great proportion of births in the western NWT are at risk. Since FAS/FAE requires several generations before disappearing from society, the failure to support preventive addictions programming and counselling at the community level would contribute to cultural genocide for the Aboriginal population in our communities.

In an August, 1996 report by Dr. Ann Streissguth, et al of the Fetal Alcohol and Drug Unit, University of Washington School of Medicine, it is concluded that "people with FAS and FAE have an unacceptable level of secondary disabilities that severely impairs their quality of life and is extremely costly to society", and "the magnitude and cost of these secondary disabilities is huge --". The secondary disabilities include mental health problems, disrupted school experience, trouble with the law, necessity for confinement, inappropriate sexual behaviour, alcohol/drug problems and problems with employment. Keep in mind that these conclusions were made for southern societal conditions, whereas the risk of FAS/FAE in the western NWT is many times larger than it is in the south.

In analyzing the cost offsets of alcohol and drug treatment, James Langenbucher (Journal of Substance Abuse, 6, pp 117 - 122, 1994) states that "care cost for the alcoholic patients, \$1,370 per month at the time of referral, fell to \$294 per month in the six months following treatment, down to \$190 per month by the third post-treatment year." Langenbucher also discusses the evidence that the families of alcohol-addicted persons are "heavy users of health care, with up to four times the utilization rate of other families." He concludes that "addictions treatment is emphatically not an expensive add-on to an already strained system. It is an important cost-saving component of health care reform from which society will reap large benefits immediately and recurrently."

Where should such cost-saving addictions treatment take place? In a letter to NWT Health and Social Services by someone from Yellowknife we read: "It seems that for a rehab program to be effective it has to take place in the person's home community. That is where the person has to learn to live without their addiction, not in a controlled

Floyd Roland, MLA
20 January, 1997
Page 3


environment away from the stresses of their normal life." Apparently, regional detox (as a necessary precursor to treatment) with intensive training of community alcohol and drug workers and mobile treatment teams is the way to go, in order to take the treatment to the communities. You may find that an established institution such as Delta House is in an excellent position to provide such services to the Beaufort Delta region, perhaps to the entire NWT, because of its trained staff with RN support, and because the real cost per bed-night at Delta House is little more than 10% of the cost per bed-night at the Inuvik Hospital, which points to cost effective detox facility operation.

You are probably aware that Delta House presently has the best-stocked addictions resource centre in the NWT. This resource would be invaluable in support of the training of A & D workers in the communities, and in support of mobile treatment delivery and aftercare.

If there is any way that we as an independent research agency can help to develop future plans or strategies for dealing with addictions in the western NWT, please get in touch.

Yours sincerely,

AURORA RESEARCH INSTITUTE

A handwritten signature in black ink, appearing to read "David G. Malcolm", followed by a horizontal line.

David G. Malcolm, PhD
Director

cc/ Chuck Parker, President, Aurora College

The Editor
News North

The more I think about the recent announcement to close Delta House, the Inuvik treatment centre for alcohol and drug treatment, the more incensed that I become. Has this government not learned anything from the Alberta experience? In Alberta the closure of hospital type facilities led to near disaster for a large number of people. Let there be no mistake. Treatment centers are hospital type facilities. People who don't receive treatment can be dead within three months of not receiving adequate treatment and some are in spite of our best efforts.

We are not talking here about some Director of a Government Division losing their pay check. We are talking about whether or not people live or die!

Nobody is arguing that treatment centers don't need to become more efficient nor are they arguing that the Government needs to do more with less.

Delta House very well may not be needed. However, before we close any facilities, we need to know that we are going to reach more people in more effective ways. This Government has not demonstrated that they can do that.

Mr. Ng has told us that treatment centers are not full to capacity. He has not told us why. Could it be because the Government's referral system is inefficient? He has told us that treatment centers are not effective. Could it be because the Government hasn't put sufficient resources into aftercare as they should have? It is not because he hasn't been told that that at least some of the solutions lie in the area of pre admittance assessment and aftercare. He has been told in many ways by many people.

What's the plan Mr. Ng? By closing Delta house, are you going to reach more people? If so how many and what is it going to cost? What specifically are the alternatives that are going to be available to communities now, what are the costs and have you demonstrated that these alternatives will be more effective than the current system? I am the chairperson of Northern Addiction Services and he hasn't told our Board. Has he told you Mr. Editor?

Please remember above all else that addictions are ~~is~~ diseases and must be treated as such. We must treat people who have these diseases with as much compassion as a person with cancer, diabetes or any other affliction.

Bob Dowdall
Box 622 Yellowknife, NT, X1A 2N2

