

ORAL QUESTION—JULIE GREEN, MLA YELLOWKNIFE CENTRE

**QUESTION 73-18(3):
ALCOHOL HARM REDUCTION MEASURES**

February 9, 2018

MS. GREEN: Mahsi, Mr. Speaker. Mr. Speaker, my questions are for the Minister of Health and Social Services, although the Ministers I discussed in my Member's statement, I realize, straddle both health and finance responsibilities. However, the primary purpose of my suggestions is to reduce alcohol harm rather than to increase revenue from alcohol sales generally, so my first suggestion is about reducing liquor store hours, since longer opening hours are related to both impaired driving and alcohol-related hospitalization. Will the Minister work with his colleague, the Minister of Finance, to examine the reduction in the hours that liquor stores are open? Mahsi.

MR. SPEAKER: Minister of Health and Social Services.

HON. GLEN ABERNETHY: Thank you, Mr. Speaker. Mr. Speaker, this morning I did have an opportunity to talk with the honourable Member from YK Centre about the report that she mentioned in her statement. I have to admit I do spend a significant amount of my time reading reports and other documents, but I have not read the report that the Member had made reference to this morning. I can confirm that the department is very familiar with the report, has read it, and that that type of research is helping inform the development of the addictions recovery action plan that we spoke about yesterday.

I understand the value of harm reduction. I understand the value in doing things to prevent chronic addictions and other things that we face here in the Northwest Territories, so today I will commit to the Member that I will share the report with the Minister of Finance and the NWT Liquor Commission so that, if and when it comes time to re-price alcohol here in the Northwest Territories and review hours of operations, they have that data to help them to make evidence-based decisions.

MS. GREEN: I appreciate the frankness of the Minister's response and appreciate that he will make time to read this report. I am hoping that the pricing question as well as the liquor store open hours question will come up sooner rather than later. As I mentioned, indexing the cost of alcohol to both alcohol content and to inflation makes sure that alcohol remains an expensive product for people to use. Will the Minister review these options and, again, consult with the Minister of Finance on increasing prices to reflect alcohol impact?

HON. GLEN ABERNETHY: I believe that we have some of the highest-priced alcohol in the country at this point, but the report has some valuable information, and as I have already indicated, I will be sharing that information with the Minister of Finance, as well as the NWT Liquor Commission, so that they can make evidence-based decisions if and when the opportunity comes to review liquor pricing here in the Northwest Territories.

MS. GREEN: Thank you to my colleague the Minister of Health. While our prices may

be high, our alcohol harm is also high, so I don't think we should rule that out as a possibility.

Another possibility that came out of the report, one that is totally within the discretion of the Minister of Health, is to have clinicians screen their patients to identify harmful drinking patterns. The screening is a few questions that is then followed with a very brief counselling session aimed at increasing the awareness of heavy drinking and referral to care. Will the Minister investigate the implementation of this protocol?

HON. GLEN ABERNETHY: Hospitalizations entirely caused by alcohol is an effective measure of the effectiveness of prevention and treatment programs and provides for evidence-based decision-making. The abuse of alcohol is a cause or a contributing factor in a number of health conditions and is the leading factor of preventable death and disease. Currently, the Department of Health and Social Services tracks that data, and we will continue to track that indicator, hospitalizations entirely caused by alcohol.

Just for note, the department will be reporting on this indicator in the 2016-2017 Annual Report, which is actually scheduled to be tabled during this session. The department also made reference to this indicator in the 2018-2019 Business Plan, and it was something that we discussed with Members previously.

In 2015-2016, the NWT rate of hospitalizations caused by alcohol was over five times the national average. There have not been any statistically significant changes in that rate since 2004-2005.

The report that the honourable Member is mentioning has been shared and is a part of the documents that are being utilized to help inform our Addictions Recovery Action Plan, so that information the Member is bringing up will be something that we are looking at in moving forward with this plan.

MR. SPEAKER: Masi. Oral questions. Member for Yellowknife Centre.

MS. GREEN: Mahsi, Mr. Speaker. I appreciate the Minister's response. It's not really the response to my question, but I understand he has engaged with this indicator.

I think the fact that there has been no statistical change in the number of hospitalizations due entirely to drinking is a reason to look at new approaches, and one of those is having clinicians do this pre-screening to identify and offer solutions for heavy drinking. Is the Minister prepared to look at this initiative? Thank you.

HON. GLEN ABERNETHY: In the development of the Addictions Recovery Action Plan, this is the type of thing that we need to be talking about. We need to be talking about new opportunities and new ways of doing business. Harm reduction is an evolving and very interesting way of addressing many of the challenges that our residents face, and we need to be open to it.

I don't want to presuppose a solution, but this is the type of thing that we are hoping to see in the Addictions Recovery Action Plan. In short, I am not going to commit to this as an exact model, but this is the type of model we want to look at, but we need to finish our work, frankly. We need to continue to move forward, and our minds need to be open to new approaches. Thank you, Mr. Speaker.