

ORAL QUESTION—JULIE GREEN, MLA YELLOWKNIFE CENTRE

QUESTION 327-18(3): YELLOWKNIFE SOBERING CENTRE OPERATIONS

May 30, 2018

MS. GREEN: Mahsi, Mr. Speaker. Mr. Speaker, my questions are for the Minister of Health and Social Services. In my statement, I talked about my expectation that the sobering centre provide shelter of last resort to people who are intoxicated rather than another place for them to be kicked out of. Can the Minister tell me whether the contract with the NWT Disabilities Council enables them to turn people away from the sobering centre and, if so, under what conditions? Mahsi.

MR. SPEAKER: Minister of Health and Social Services.

HON. GLEN ABERNETHY: Thank you, Mr. Speaker. Mr. Speaker, the sobering centre aims to ensure that those experiencing effects of alcohol or drugs have access to a safe place to sleep it off. By safe place, that means safe for both the clients as well as the staff of those facilities. While the staff of the centre are trained in first aid, CPR, non-violent crisis intervention, and trauma informed care, I understand that there are circumstances where good training alone cannot eliminate credible risk of real violence to clients, themselves, as well as staff.

Through the duty as an employer, and consistent with the arrangement we have with the provider through our contract, and in an effort to provide the level of safety that clients themselves are seeking, policies have been adopted to restrict access to the centre. The sobering centre consulted with their clients, and I think that's important to note, and they helped developed structured policies around unacceptable conduct and the related consequences. Restrictions are meant only for situations that are outside of the norm and may threaten the care, welfare, safety, and security of a person, as well as staff, as well as other clients. Restrictions to services are rare occurrences, and are used as a last resort.

Mr. Speaker, if the Member is aware of situations where clients are being banned that go beyond the established criteria, I am happy to learn what those are, and hear what those are, and work with the provider to address them.

MS. GREEN: I am aware of a number of people who have been banned, both in the short term, meaning a day or two, and over the long term. I do not have an accurate, current number, but my question for the Minister is this: when the Disabilities Council turns away a client from the sobering centre, where are they supposed to go? Are they supposed to go to the hospital, which you worked so hard to get them out of, or where exactly? If this isn't the last resort, what is it?

HON. GLEN ABERNETHY: We want to have a sobering centre that is safe. We want to make sure that the clients in there are safe and aren't at risk at other clients. We also need to make sure the staff are safe. There are some guidelines that do restrict individuals on a short-term basis. Some individuals could be restricted for half a day, one evening. Some, depending on the nature of the incidents that have occurred, might

be restricted for a longer period of time.

I do take the Member's point. If a client is under restricted access due to violence or aggressive behaviour, the NWT Disability Council works collaboratively with other shelters and agencies to ensure that they have a safe place to go. The Department of Health and Social Services and the NWT Health and Social Services Authority have hosted a meeting every six weeks with different organizations to look at ways to collaborate, ensure a seamless access to services, and look at quality improvements. Partners in this are the authority, the RCMP, the city, Centre for Northern Families, the NWT Disabilities Council, which are one of our contractors, emergency room representatives, as well as department representatives. We get together on a regular basis to figure out how we can address those few individuals who may have been restricted on a temporary or a longer-term basis.

MS. GREEN: Thank you to the Minister for that answer. Let me ask the Minister if he has any current information about how many intoxicated people are being turned away from the sobering centre, or how often that happens?

HON. GLEN ABERNETHY: As I indicated, any restrictions are as sort of a last resort, and they try to work with the clients to resolve issues that may exist. We do know that 317 people have accessed the sobering centre, and that about 33 per cent of those clients use the centre on a regular basis, on a reoccurring basis. To date, there have been 30 people who have had restrictions applied to them. Restrictions, as I have indicated previously, are usually about three hours to a maximum of a week. They can go longer if situations don't improve.

As a note, Mr. Speaker, there have been 73 referrals to Stanton Hospital ER by ambulance for further assessment and/or treatment, so some of the individuals who do show up at the sobering centre aren't granted access because they have some other issues that need to be dealt with. Most of these referrals are for things like mental health issues, acute psychosis, suicidal ideations. We had a few with cardiac-related issues, so we wouldn't consider those a restriction, but a referral. Some people do end up going to Stanton. The majority of admissions in the centre, just as a note, occur between about 7:00 p.m. to about 9:00 p.m.

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

MS. GREEN: Masi, Mr. Speaker. Mr. Speaker, there was some good information in that answer. Of course, I am not talking about people who are referred to the hospital. That's not the situation I am talking about. I am talking about people the staff are sending away because their behaviour is deemed unacceptable. Finally, my question is whether the Minister feels that the sobering centre operations are meeting his expectations and providing value for money? Thank you.

HON. GLEN ABERNETHY: The sobering centre's goal is to provide a safe place for non-violent intoxicated individuals to sleep off the effects of the drugs or alcohol. It is also to provide better care to persons with addiction through clinical assessment and intervention to improve health outcomes. It is also to assist clients with system navigation by linking them with appropriate social service agencies. It is also intended to

decrease the inappropriate ambulance trips to emergency department for homeless alcohol-dependent individuals, and to decrease the number of inappropriate emergency room visits from homeless people who are suffering from alcohol.

I am pleased to share that, with the establishment of the sobering centre, there has been reduced strain on other organizations such as the RCMP, who have reported a 12 per cent decrease in calls for service for social disorder, and there has also been a decreased number of visits to the emergency room.

Having said that, obviously, we must continue to learn and evolve as time goes on. If the Member and committee have thoughts or suggestions for improvement, I am obviously open to suggestion. When it comes to individuals who are restricted, there are guidelines. They are posted at the sobering centre and the day shelter. If the Member or any other Member is aware of individuals who they feel are being restricted outside the guidelines, please let me know so that we can look into those with our contract provider and the authority. Thank you, Mr. Speaker.