



2006 Yukon Detox Review

Condensed Report on the results of the Yukon ADS Detox Services User Interviews

February, 2007

Prepared by the Yukon Bureau of Statistics for
Alcohol & Drug Services – Detox Services Unit
Department of Health & Social Services
Government of Yukon

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This report discusses the main design, methodology, and findings of the Yukon Detox Review.

1. Rationale and Background

The purpose of this review was to assist the department of Health and Social Services Alcohol & Drug Services - Detox Services Unit to better understand the needs of their clients, and those of the referring agencies with whom Detox staff work.

Information gathered through this review will be used to identify what's working, what's not working and what can be done differently with respect to the current services offered by the Detox Unit.

The following agencies were involved:

- Yukon Department of Health and Social Services, ADS - Detox Services Unit
- Yukon Bureau of Statistics

Respondents

Group 1—Clients

- Individuals going through withdrawal from alcohol or drug intoxication at Detox

Group 2—Community Agencies who may refer potential clients

- Salvation Army
- RCMP
- ADS Internal Treatment Team
- Outreach Van
- Kaushee's Place
- Women's Council

Group 3—Detox Staff

- Yukon Detox staff and management

Background

Detoxification Services (Detox) is a subset of Alcohol and Drug Services (ADS) in the Health and Social Services Department.

- *ADS Vision:* Yukoners achieving freedom from the abuse of alcohol and other drugs.
- *ADS Mission:* Assisting individuals and communities in reducing the harmful effects of alcohol and other drugs by providing quality addictions services.
- Detoxification Services Program Description
 - Safe withdrawal from alcohol and other drugs
 - Awareness/education sessions
 - Referral to ongoing treatment, self-help groups and other support services
 - Detox Centre always open
- Detoxification Services Program includes:
 - 10 bed unit
 - open 24/7
 - non-medical detoxification from alcohol and/or other drug intoxication
 - community crisis intervention

2. Main Constraints

The main constraints in the design and interpretation of the Detox Review are:

- Limited ability to generalize the results of the survey to all clients
- Veracity of respondent answers.

3. Data Collection Objectives

The key data collection objective of the Detox Client Review was to provide ADS-Detox Services with an understanding from which they could evaluate whether or not they are meeting the needs of their clients and the agencies that refer clients to Detox. Specifically, the review was designed to give an overview of: what ADS-Detox was “doing right”, where Detox was not meeting the needs of their clients or the referring agencies, and what, if anything, Detox should be doing differently.

4. Design and Operations

In all, 42 face-to-face interviews were conducted over a period of three months in early 2006. Please refer to Appendix 1.1 Respondent Interview – Question Outline for more information on the client and referring agency interview guiding questions. Detox staff interviews focused on three questions – what’s working, what’s not working, and what should be done differently.

An encounter strategy was used to approach potential Detox Services clients. With the support and cooperation of Detox staff, potential respondents were identified upon their arrival at Detox and were approached as to their interest in participating in the Review. Twenty-three clients agreed to participate.

Appointments were made with representatives of referring agencies. Eight interviews with representatives of referring agencies were completed. The Whitehorse General Hospital was the only referring agency with significant contact with Detox that declined to be interviewed.

Detox staff were invited to be interviewed individually or in small groups. Eleven staff participated in individual interviews. One small-group focused discussion was also conducted.

5. Summary of Findings - What's Working?

All interviews and the group discussion were transcribed and a content analysis was undertaken. In all, a total of 993 separate comments were identified and coded. Please refer to Appendix 1.2 Respondent Interview – Coding Key for an explanation of codes used. Of these, 265 comments were from clients, 217 comments were from referring agencies, and 511 comments were from staff members.

Comments were separated into two main sections; 285 comments, or 29%, fit into the 'What's Working' section, and 706 comments, or 71%, fit into the 'What's Not Working' section.

Comments were also coded on the following subject matters: Clients, Communication, Detox Employees, Facility, Job Function/Role, Management, Relationship with other Service Agencies, Service, Services Beyond Detox/Services in Communities, Structural/Resources, and Work Environment for Staff.

What's Working?

From Clients' Perspective

1. Role/Function of Detox

Clients were grateful that the service existed at its most basic level, as well as expressing appreciation for the stress-free, safe environment: "I'm just thankful that there is a place like this for me to come to because if there wasn't, for me or any others like me, [we] would just be dead."

Other remarks about the role/function of Detox included comments about the scheduling, "It fills up my day...For me, to be working right now and then just going home in the evening...would lead back to the same thing I've been doing"; as well as comments about detoxing in general, "It's here to try and make people better. Hopefully I'm going to be one of the exceptions that this all works for."; and, finally, comments about the atmosphere: "It's very relaxed, but informative," "You can rest with no pressure to drink", "It's a pretty safe place...that's why I came here."

2. Detox Staff

Clients appreciated Detox staff attitudes: "Staff always got a smile on their face and they're concerned about your health," and, "They give you a forward outlook. When they ask you what you're going to do and you start cleaning up and feeling better, they ask you what you want and they tell you where you can go to get what you need."

Clients made several positive, general comments such as: "The staff is very helpful, very knowledgeable... they're friendly," and, "They're doing a great job. They're good people and we need them."

3. Facility/Food

Comments about the Detox facility varied from remarks about the food: "They feed you good food and get you healthy again," and "They've got some good cooks," to remarks about cleanliness: "The place is clean," and "Boy, those women never stop cleaning."

While most respondents saw the size of the facility as a hindrance, one client appreciated the size limitations: "Maybe the small number of people that they can accommodate at one time helps...It's quiet."

5. Summary of Findings - What's Working?

From Referring Agency Perspective

1. Role/Function of Detox

The referring agencies appreciated Detox at a fundamental role level: "When someone's intoxicated, they're not safe. They're really vulnerable out on the streets, so it's a safe place. [For] someone who needs safety but can't access our services, it's somewhere...to go." But beyond the basic safety Detox provides, some referring agencies appreciated that Detox went further: "I know Detox takes them all hours of the day, the night,...and sometimes just out of compassion because they have no place else to go, which is wonderful. It's safe and dry and a very caring environment."

While being realistic about the effectiveness of Detox in trying to change lives, this referring agency respondent appreciated Detox services within the limitations of its fundamental role: "There's some people that use the facility whatever, 80 or 180 times a year. And they're in and out in a few hours most of the time...But some of those people, actually, they're seriously addicted and I think they, a lot of times, do have a genuine intention to change every time they come in, but then they just can't handle it and they're gone again." As another respondent said, the role of Detox is to provide services, the rest is up to the client: "I think the best thing we can do is offer something and people can choose to take it or not and we need to respect people's choices."

2. Detox Staff

There were several positive comments about the staff at Detox such as, "They have some very caring, therapeutic people working there," and "There are many workers at Detox that are treating the clients with care and respect."

Referring agencies often heard feedback about Detox staff from their shared clientele. One said, "I think that they like some of the staff there and the support that they get." Another said, "There are some staff down there that [are] just awesome. They have the clients' needs at heart and they do such a great job and they really change people's lives. Clients just feel so supported like, 'This person's on my side maybe. It's the first time that I really felt somebody was on my side.' I heard that quite a bit. There are some great people down there."

One referring agency respondent talked about the positive changes Detox has made over time: "We used to hear stories about just judgmentalism coming from the staff... and we hear a lot less of that. It seems like more...and again, I don't have hard numbers on this, but that our referrals, people will go a bit more easily. It just seems smoother, you know. I feel that we've had less residents or less people that we work with saying, 'I don't want to go to Detox.'"

3. Facility/Food

Even though most of the comments from the referring agencies regarding the physical Detox center were complaints about the lack of space, one commended Detox for dealing with this limitation well: "I admire just how well [Detox] does utilize the space that they have. It's got to be very difficult."

Another recognized that space is not always the most important issue: "It's wonderful [that they can] stay in a more comfortable environment while they're detoxing, instead of perhaps the hospital where they feel uncomfortable or have all these other feelings."

4. Services Beyond Detox

Some sort of relationship with referring agencies is inevitable for Detox. One of those agencies commented on the quality of their rapport and what has helped to improve it: "Our relationship with Detox is quite good. What has improved tremendously is that they have opened up their

5. Summary of Findings - What's Working?

mandate about who they will take. They used to have a very stringent list about who could stay at Detox and if people were taking certain kinds of medication they couldn't be there. And so for us it made it really difficult."

Referring agency respondents again referred to positive changes that were being made at Detox. One said, "We've got improved communication now... everybody feels for the most part that things are good and are much, much smoother." Another agreed, "I appreciate communicating with staff there and there's been more openness, certainly, in the last while, especially about making changes and about discussing things... And, you know, the staff, personally, seem to be good and communicative and helpful and encouraging."

From Detox Staff Perspective

1. Role/Function of Detox

Basic Role

Staff commenting about the role/function of Detox tended to talk more about the overall goal of an agency like Detox than the specific role Detox plays in that purpose (i.e. managing addictions and functioning normally vs. a safe place to sleep while detoxing). As one staff member said, "We see people through withdrawal, but that isn't all we do. We do...more. We do keep people sometimes a little bit longer. You know, trying to help them get a little bit of a footing." Another staff member talked about how they gave that footing: "When you're not feeling well, you're fuzzy, you're physically sick. So what we do is called... planting seeds. You just kind of put little seeds in them and hope that when they leave that something will grow... What we do is the referring and we do basic information giving, encouraging AA because that program works."

Staff members understood very clearly the need to be function within their mandate, while being flexible when people's needs don't always fit perfectly into pre-defined solutions: "The only thing that we get kind of black and white about is our priority here is recovery. It's to detox...If people have spousal situations, court situations, abuse situations, we're absolutely going to help them get into those things. But we're not qualified to do that and we make it really clear to people that those are specific things...But people will come here as a respite almost. But it's like, 'Hopefully we're going to help you look at changing your life and moving in that direction.'"

Programming

Another function of Detox that staff saw as beneficial was the regular programming: "We have an opportunity in the morning to spend a bit of time with them and it's called a meditation time. But it's just kind of a reflection thing and it's usually open enough that people get an opportunity to say whatever and you can have discussion that goes all over the place...It can get people starting to think about something different than what they're doing. We have an awareness session in the afternoon showing educational video. And then have some discussion. Those things work really well."

Another staff member felt that the extended programming worked well: "We have a day contract that we do offer to people. If somebody stayed for a period of time, four or five or whatever number of days and they're asked to leave because we need the bed or we've done what we can do sort of thing, they can come back for up to two weeks, come through the day, from 9 until about 3 o'clock in the afternoon and participate in these activities. They're expected to go to a meeting at noon. They can have lunch with us and...those are pretty good things."

2. Detox Staff

There were several positive comments from the staff members at Detox regarding their co-workers, such as, "I think the staff here is really good. It takes a certain kind of person to work

5. Summary of Findings - What's Working?

here anyway. People that want to help other people,” “I think there are many workers at Detox that are treating the clients with care and respect,” and “A lot of the staff in Detox have knowledge of all the services available in the community and are more than willing to help out. “

One staff member talked about how important the clients' perception of the staff is: “One of the nicest things that somebody said to me was one morning [and] there were a couple of the guys heading out and the guy left and then he came back to the door and he said, ‘Do you know why we treat you with respect?’ And I said, ‘No.’ And he said, ‘Because you treat us with respect.’ And I thought, wow. Right on.”

3. Facility/Food

In regards to caring for the basic physical needs of their clients, staff members generally felt that they were doing a good job. One said, “I think that they're provided for very well, [regarding] nutrition and their safety and their comfort. I think it's a good facility to take care of other people.” Another said, “I think on one level we do a really good job there. People are safe. Health-wise, I think they're safe. They come in; they get a clean place and a decent place to stay...it's a very welcoming and encouraging place.”

A staff member compared the Whitehorse facility to what they had heard about similar facilities elsewhere: “It's a very clean place. It's a comfortable place for people to come. From what I hear it exceeds what you would find in most Detoxes across the country as far as people come in, they get a bed, a clean bed, clean sheets and all the rest of that. That part of the thing is pretty darn good. They get some pretty decent food while they're there.”

4. Services Beyond Detox

Staff recognized the need for having a good rapport with the agencies that generally deal with the same clients. One talked about the RCMP, “I think we have a pretty good relationship with the RCMP, actually. They're pretty good if we need them to come pretty quick. It's not too often that we need them for anything like “Come immediately!” kind of thing. It's just the occasional time we've had it. But they're pretty good to come back and they're pretty good to tell the people now that, you stay here for such and such a length of time and if you leave before that they're going to be calling me.” Another staff member talked about counselling, “Another thing I think works really well that I've seen so far is I know that staff will really encourage clients to utilize the outpatient counselors. And I think that there's...what seems like good communication...between outpatient counselors and Detox staff.

Appendix 1.5 Responses to Long Answer Questions—What’s Not Working

What’s Not Working?

From Clients Perspective

1. Role/Function of Detox

Activities

One of the clients’ biggest complaints was about the limitations on TV channels and the hours it was available: “And another thing why, like there are only two clients right now and why can’t we watch anything on TV that we want, not Discovery Channel or the news channel? Like, why is that? ...Or if I can’t sleep at night, you know like if you’re coming off your addiction it’s hard to sleep sometimes... And I’m just laying there. Why can’t I just sit up, you know, sit up and watch TV or something, like keep it down low.”

Clients expressed frustration at not being able to have any activity or noise after a certain hour: “The client’s going to sleep at night, why force him to go to sleep. Why can’t they sit up? You’re not going to have that TV full blast, because I’m used to sound to help me sleep. Always to help me sleep I’ll have my music going or TV going all night long.”

One client expressed frustration at feeling closed-in for too long: “I can’t be closed-in for seventy-two hours...Here – stay here seventy-two hours before you could go out and take a walk and I’m usually outside, like I can’t. And appointments... well, what if I had a DIA appointment? What if I had a doctor’s appointment?”

Medical Concept Detox

Some clients were aware that other Detox facilities could provide medication a little easier than in Whitehorse: “Prince George was hooked on a hospital and they had a medical. You could take something to come down. Don’t get nothing here unless it’s prescribed.”

Clients were frustrated at the limitations surrounding medication dispensing: “If a person is coming off alcohol and I don’t know, withdrawals, or something to help you sleep, or headache, can’t they provide Extra Strength Tylenol or something, or anything?...You can’t bring any medication in here anywhere. Only unless it’s prescribed by a doctor and I got high blood pressure so they have to give me my high blood pressure medication every morning.”

Withdrawal management

Clients were aware that Detox is unable to help everyone: “They walk out because they know they’re too sick and they want to stay but they just can’t handle it. So they walk out and they go back into the street. They really want to straighten out but because they know they’re not getting the kind of help... It’s just that after they come down and they need that support to get through the withdrawals, I think that’s where it comes to. Because I’ve talked to a lot of people about it and they said, “I don’t really want to stay there. They’re not going to help me.”

Recovery

Expressing a desire for a more structured recovery system, one client said, “I think there should be daily meditations in the mornings a little more and I think they should have...a couple of things. Something in the morning and something in the afternoon. They do do stuff in the afternoon, but they should have an intervention in the morning and evening. And have like a little test on what you learned, or something like that, where they ask you how you see it, with everybody, in group.”

Admission/Length of Stay

Frustrated at the requirements for admission, one client expressed confusion about how the system would work for someone who was already sober but wanted more help: “Another thing I see, before checking in here is that you’ve gotta be intoxicated. You gotta be on a drug before you

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come use this place, like that’s strange. I don’t know, like what if you wanted to sober-up, you’re gonna come in here drunk...Yeah, and then you’re not allowed back (for) twenty-four hours if you leave on your own, eh.”

Another client didn’t like staying for a long time after being admitted: “When we come in we’re supposed to be here for 72 hours before we can leave. I don’t really agree with that but that’s just part of their rules, I guess.”

Bias

Some clients perceived a bias in staff’s attitude toward certain groups. One explained, “Like I said when I came here... you know addictions are addictive, but there’s some that I know they tend to lean towards First Nations and alcohol.” Another client agreed, “I feel there’re a couple of them that – I don’t know. They just seem more concerned with First Nations and alcohol....you know I can feel prejudice too. It gets me. Yeah, that’s what I felt and even said that to the day shift here. And they said, ‘Oh, no, no, no. Don’t feel like that.’ Well, I felt that even last time I was here a year-and-a-half ago, but I didn’t say anything.”

Other Clients

A couple of the client respondents were frank about how Detox functions for most clients. One said, “I just wish more people would take it seriously and that. Like, I mean, it’s hard I know to come in here and you’re used to be hurting everyday, but it would be nice if there was some way that you could get through to the people would know enough to stay in that extra....instead of getting healthy for three days and going back out.” A second respondent said, “I know these people and once they get kicked out of Salvation Army then they come here and they go back and forth....they’re abusing the system I think.”

2. Detox Staff

Detox clients seemed to like most of the staff, but mentioned frustration with a few of the staff members. One said, “The majority of the staff, are very, very good but there’s a couple of them that are pretty cranky and they make you feel like getting out of here.” Another said, “Sometimes things don’t work with all the staff in here. One staff is not the same as the second staff... They should alternate the staff.” And a third said, “The day staff I don’t mind, but the night staff... they pick on one side – I won’t say her name, but I don’t get along with her. You know, she seems like she owns the place... [She is] just rude with certain people and then certain people she’ll like.”

The need for being emotionally level was also brought up; “They could have a bad day [which] they shouldn’t be bringing in here.”

One client talked about having staff who have ‘been there’: “People who have been through alcoholism know what it’s like because they understand that. They know where you come from or they have an idea where you’re coming from. Other people have read it in a book.”

3. Facility/Food

Clients who had issues with the facility generally talked about size limitations. One client said that there needs to be a separate recovery room, “There can be 8 people in detox. There are people that are in recovery for several days and people that have only been there for 1 day. There is no recovery room. You could be in meditation or watching the recovery videos and someone is making toast and tea right in the same room. Now, the one-day people are mixed with the recovery groups.”

There were also general comments about size, such as, “More room would definitely be good,” and “I think you could use a different place, sure... Oh, the common area, the kitchen, we can’t all do anything at once. It’s cramped.”

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Other comments about the facility/food were given a bit more casually: “Maybe a bit more comfortable bed would have been a little nicer but it beats the floor, so...”, “Okay, the beds are too hard (laugh)?” and “Vegetable soup. It’s chicken now.”

One client expressed frustration at the plastic mattresses while simultaneously acknowledging the reasoning behind them: “The only thing I would really like to change, but you can’t... You’ve got to have the plastic mattresses and that. They make you sweat. I sleep on top of the blankets and put a blanket over top of me because it just makes you... Same as the pillowcases. Plastic, too. But I use my housecoat... Because you’re sweating to begin with and the plastic just makes you sweat more. That’s health problems right there. I can see where that goes.”

4. Services Beyond Detox

Need for Halfway House

It was brought out several times that the places Detox clients go to after detoxing just lead right back to substance abuse. As one client said, “You may have stopped drinking but all these problems are still here so you’re right back up where you just came from. You’re still on the street. You’re still in the same... Whitehorse is a small town. Three blocks over is the bar. Two blocks over is your friends. Two blocks over from anywhere around... So you come back down and there are alcohol and drugs are everywhere... All there is. And you won’t last long.”

Clients strongly expressed a desire for a safe place to go after detoxing in order to make ‘getting clean’ a lot easier. One person said that when he leaves Detox there is nothing else to do but go drink; a halfway house would be a place where he could go where he didn’t have to just drink to pass the time. Another said, “I think it would be nice if [people coming out of Detox] went to a safe environment and if they really wanted to do something about their drinking... if they went somewhere else then they could talk about your problems, talk about what goals you want to take and then you’d be better off to go to another place from here.”

One of the main reasons clients were looking for an additional service was that the treatment programs at detox aren’t being run all the time: “There’s a lot of people who come and they stay and they want more, but there’s nothing more. You’ve got to wait two months to get into treatment or you’ve got to go out. So then they check out. But if there’s something here to keep them here...”

There were many ideas about what a halfway house would have to offer. One said, “If you went out and you had a place to stay and a meal in a safe environment where you can make phone calls and people could phone you at, where someone could... Looking for a place to stay, you need access to a phone. Somewhere to contact you.” Another said, “I think a place to have a bit of aftercare... they give you a month of program, they are still right back where they started. They’ve not moved anywhere. They may have got the tools but... Chances are they aren’t going to have a success.”

Another client made some suggestions as to how they would like to see it being run: “I’d like to see a place, like a house, they have for addicts and alcoholics to stay there and they can actually have in and out AA and NA meetings. And they live there. They pay rent by the room through Welfare or through Pogeys or whatever and they pay rent at the house and government helps by funding food and stuff or just picking up all the rent money. And they have counsellors that run the house that make sure what he’s doing and not using and doing the meetings and doing the share of cleaning and their chores. And they have guys 24 hours a day there doing that... they could have a six bedroom house and two guys in each room. That’s twelve people that could be living there. And waiting to go to treatment or just getting their life together for a few months. Like finding a job, getting on track or finding your own place. Finding a sponsor. Getting to meetings. Meeting other people.”

Other clients had strong opinions about the location of such a halfway house; “So out of town, definite; for detox centre, in town is best because it’s right here, but for something like a recovery

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centre, it should be out of town for sure. So that if a person is having a day and they want to take off, at least they’ve got twenty miles ahead of them be like, “Oh, fuck is this right thing?”

Need for a more confidential environment, or services outside of Whitehorse

While Whitehorse is the largest of the communities in the Yukon, it is still small enough that everybody in a certain circle knows everybody else. As one client said, “You need a place where you can go and you can talk to people you don’t know, who don’t know you ... that you can let out... If there was a place that you could go to and come back with different people and you never have to see them again...”

However, one client who had gone to Alberta for treatment found that coming back to Whitehorse was extremely difficult. He said, “Then when I came back here to this community there was no backup help....I didn’t get no support. I didn’t get no backup support after being out there for fifty-two days and graduating. Like there was just people putting you down instead of looking up, like be proud of you, eh.”

There are limited resources for people struggling with addictions in the communities, and travel to Whitehorse is not always feasible: “Well definitely more addictions - in like counseling type of thing in the communities, definitely.”

From Referring Agency Perspective

1. Role/Function of Detox

Recovery

The referring agency respondents were quite realistic about how a service like Detox could easily be abused by its clientele. One respondent talked about how detoxing actually meant a chance to get a bigger high: “I mean, after they get mostly detoxed, many of them will just leave because what they’re looking for is ‘If I can get detoxed then I can get high again.’ Like, after you drink and use for so long, no matter how much you use, you don’t get high anymore. So if you get clean, then it gives you the chance to go back...”

Other referring agency respondents talked about the limitations of having Detox only open to intoxicated people. One said, “I’ve heard some people say that they would go to Detox even though they weren’t intoxicated right then. Sometimes people would, you know, they’d go and have a drink just so they could get into Detox.”

Policies

Several referring agencies commented on the reasons why clients might be less likely to go to Detox, including the perception that the policies are too stringent or cumbersome for some people. “There are a lot of ‘hoops’ to access detox. Clients don’t like going because they have too many rules and they have to ‘jump through hoops’.”

Another referring agency respondent admitted that while the ‘hoops’ appeared to be necessary for Detox to maintain its’ unique role among the agencies, the extra effort involved for the clients in coming to Detox may be a deterrent to potential clients: “It’s not meant to be shelter so it can’t be treated as just a place to crash... there’s just not enough housing, emergency housing for people in Whitehorse so detox is often as a temporary place to stay, as shelter. So they have to have some rules to try and prevent them from just becoming a shelter and trying to engage people in programming, but there’s, in my opinion, there’s still a lot of hoops...It’s easy to access and go in, but you have to – there’s so many conditions attached.”

Youth and women

Many referring agencies felt that there are segments of the population that aren’t being adequately serviced, and that Detox might be able to help in some of these areas. One of those population

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groups was youth: “There’s an age where they fall between the cracks where Family and Children’s generally won’t deal with them even though it’s their mandate. There’s no youth shelter. So to me that’s a gap that may or may not be able to be addressed by Detox.” Another respondent suggested that Detox hire a counsellor specifically for youth.

After youth, the next population group that referring agencies felt needed more attention was women. One said, “I think they need to start looking at youth as well as women as an increasing client population... But if they had a larger facility and maybe had one sort of separate kind of wing or... place [to] go so maybe not to be in with the rest of the population.” Of course, oftentimes reaching out to women entails dealing with childcare issues; these issues might be the ones preventing a woman from coming in to Detox in the first place. As one respondent said, “I know some of the women that I did talk to there, one of them anyways, had to make her own child care arrangements so she could go to Detox... I think if there was some capacity for that they might be able to reach women before they lost their children.”

Medical Concept Detox

Clients who have mental health issues or who need to be on other medications pose a significant problem to the way the Detox centre is currently set up; this was an issue that Detox was aware of and was attempting to resolve. “There are some psych meds that they don’t administer so people who are taking those meds can’t stay at Detox....There’s nowhere for them to go... It’s a real service gap in the community. Now I know Detox is trying to address that... We’re really supportive of them finding someone who’s medically trained to be able to administer some of those things that they can’t currently do.”

Referring agencies expressed concern about Detox turning away clients who were on medication: “He was willing and wanting to go to Detox, but they – because they don’t have the medical professionals – wouldn’t do it because he’s on methadone... Nobody there could administer methadone... So they weren’t going to let him stay there.”

Concern was also expressed with how the staff dealt with clients with mental health problems: “There’s a problem I think with people who have behaviours related to mental health with the staff down there. Some staff down there don’t feel confident... with it and so there’s problems around visible mental health difficulties.”

Finally, one respondent talked about an additional advantage to having medical services attached to the detox facility as a prime opportunity to look at their feet, teeth and other medical issues. “There are no medical services for this population.”

2. Detox Staff

Management/Consistency

Referring agencies inevitably hear feedback from their shared clientele about Detox staff and management, as well as forming opinions from dealing with them personally. One said, “Clients report that it’s okay to do this with one staff and then the next staff shift change will come on and it’s a whole different game.” A second agreed, “There’s personality conflicts with some staff in Detox. So different clients will like different Detox staff... There’s some really great staff down there and there are some that aren’t so great. And some clients end up in conflict with staff or with the rules or with the facility.”

Talking about staff/management relationships, one respondent said, “I think the management part of Detox needs to relax... I just feel that there’s a lot of stress put on some not-so-significant rules that make it difficult for clients and for staff.”

Personal Suitability

Respondents offered several suggestions on possible reasons there were conflicts between staff, and/or staff members and clientele. One said it was experience: “It’s really important to [the clients]

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that you do some form of experience and that’s one of the first things that they ask you when you’re recovering.” One respondent suggested that staff at Detox get some guidance in dealing with conflicts: “Some of it might be training around diffusing... I think some basic skills training would be really helpful for a lot of people down there and I think they’ve asked for it. And I think it’s starting to happen. You know, around communication and picking your battles, which is conflict resolution, power struggles.”

Outreach

There is a delicate balance between outreach, staff, clients, and space. While some indicated that more outreach would be nice, they acknowledged this balance: “I think if they had more staff and if they had the ability to do more outreach. Although the more outreach, the more clients ... and the more clients, the less ability to serve them because they’ll be full.”

3. Facility/Food

Size of Facility

The referring agencies recognized the problems of having a small facility for several reasons. First, for the safety of anyone in the Detox building: “Physical safety... Let’s say, for instance, you had a methamphetamine client who is now really affected psychologically by the drug and is violent, in a small space like that they could do a lot of damage to a lot of people before they could get that person under control.”

Also of concern was the safety of specific clients. One said, “Sometimes there’s not enough beds at Detox... Because there’s limited beds there’s often not a bed for women... One thought I just had that can be a challenge is we’ve had women go there and then they can’t stay there because their abuser is there. So, how to make that work.” Another said, “I think a bigger facility that had more room, that maybe we’re able to separate men and women’s areas. That would alleviate some of the issues. I’m a really strong believer in harm reduction.”

Secondly, the referring agencies were concerned about how the facility’s lack of space affected the clients’ experience at Detox: “If you get ten people in there, they’re crowded. They’re crowded in their sleeping and their crowded in their leisure times, like outside of their rooms. It’s crowded.”

Of course if the facility is full, it means that Detox has to turn away clients, which is always a concern: “There’s not an extra room and there aren’t enough beds. Because I know people do get turned away from Detox, and then where do they go? Back on the street.”

Third, having a larger space would mean the ability to expand services to the clients. One respondent said, “They’re a little limited because there is no examination room, so I can’t do things like a female exam.”

Another respondent talked about how additional space would help them be able to serve a more diverse clientele: “I think they need to start looking at youth as well as women as an increasing client population...And that usually requires a little different set up.”

4. Services Beyond Detox

Halfway House

Like the Detox clients, referring agencies were quite insistent that a service to bridge the gap between Detox and whatever programs were offered would be incredibly beneficial. When asked what was needed beyond Detox, one respondent said: “Well, a halfway house. Whitehorse has nothing, basically, and there’s nothing for it. It would be great for Detox to be linked to a halfway house so that if they did get overcrowded and you had someone who was mostly detoxed, you could have them go and stay and at least that would take care of some of that crowding problem...people basically finish treatment and they’ve got to go back to those same homes, same situations.”

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Other respondents said similar things, talking about having a place to stay between Detox and treatment programs:

“What happens here is we get people in who are genuinely wanting to stop. They do stop and they’ll stretch the time to ten days, maybe two weeks downstairs, which is not what they’re supposed to. You know, that’s not what the facility is designed for because there’s no place for them to go and they’ve got to go back out into an unprotected environment.”

Or even a place to stay that is safe after treatment and before returning to their community:

“I know particularly a lot of First Nations people do that. You know, go out to long term, their long term treatment programs, six months and they come back and there’s nothing for them. And a lot has stayed the same and it’s really easy to get re-involved. . . . Some kind of halfway house or something that was here for people with programs to help make that transition from being gone and then wanting to come back to your home community.”

It could be a place to stay for people who had started the cleaning-up process and needed some help with it:

“There needs to be a transition home, place for people who are in transition who are starting a substance-free lifestyle and trying to be responsible and don’t have anywhere to live. . . . They’re just trying to get a safe place to live. For when people come home from treatment program or for when people are just trying to adopt a substance-free lifestyle on their own, a safe structured environment that would help people with these plans. That would be really, really useful for men and for women.”

“...And also to help with the practical things, whether it’s setting up a bank account or finding an apartment or transportation to and from looking for an apartment or just all the kinds of things that might help. But even planning a budget and things like that. Looking for a job. Support.”

Mental Health or Medical Facility

Referring Agencies respondents again talked about the need to have a medical detox-type facility to service those who had mental health difficulties or who were on medications. “There are some psych meds that they don’t administer so people who are taking those meds can’t stay at Detox. . . . There’s nowhere for them to go. . . . It’s a real service gap in the community.”

When clients weren’t able to be admitted to Detox because of medical/mental health issues, other services were encumbered with dealing with the detoxing process. “The emergency room is used as dumping ground for all of these intoxicated patients and they’re disruptive as anything in emergency. They’re time-consuming. If there’re real emergencies happening, they’re hard to deal with. . . . often you have to restrain them, or I’ve seen them handcuffed to stretchers because they’re trying to get off. They’re trying to rip out IV’s. They’re wandering around. . . . If they’re not going to seize or you have a protocol in place for seizures, there should be a medical detox for that, so that you’re not using emergency care.”

Other referring agency respondents commented on how making Detox more medically-oriented would help serve a missing part of the clientele’s needs: “It would be nice to have some kind of clinic attached to it where they could get a full, complete health checkup. It’s a golden opportunity, they’re there, to do a complete assessment, look at feet, look at skin, wound care, that kind of – dental problems. So that medical piece is missing.”

Services for Youth/Women

Again, respondents talked about the gap in services for youth: “There’s an age where they fall between the cracks where Family and Children’s generally won’t deal with them even though it’s their mandate. There’s no youth shelter. . . . we’re working with substance-involved youth who may need Detox services.”

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They also talked about the need for additional services for women. One said, “I think there needs to be an emergency shelter for women where whether they’re drunk or stoned or high on something, they can go and sleep safely. The current regulations at Salvation Army and Kaushee’s, if they’re allowed, the person can’t be under the influence of anything. So what happens to those women who are? Use your imagination.”

Frequency/quantity of treatment services

Because of the way the treatment services program is set up, the timing of the beginning of a program for a man or woman might be several months from when that man or woman was ready to begin treatment, leaving a long gap of vulnerability for them. As one referring agency respondent said, “There are only are maybe four to six programs a year... When someone is ready for treatment, they’re not always ready at the same time the program’s ready and the program isn’t ready at the same time they’re ready... I think we lose a lot of people that way.”

Funding

A few of the referring agencies mentioned that an increase in funding would be of great assistance: “It’s just really tough that there aren’t more treatment services in the territory, is really hard. And so in some ways maybe they get blamed for that lack of service but... We need more money that’s committed to this. It is just such a huge thing that just has big tentacles into all other areas of social concern.”

Affordable Housing

Finally, one respondent talked about the problem in finding an affordable and clean place to live in Whitehorse: “The lack of affordable housing in this town is appalling. Affordable, safe, clean housing that you actually might want to live in. I think a lot of chronic alcoholics pop in there.”

From Detox Staff Perspective

1. Role/Function of Detox

Difficulties with Role/Function/Management

Awareness of the tension between what Detox’s formal function/mandate tells them to do and what Detox is capable of doing for clients came through in many of the responses. Staff felt this tension the most and one articulated it clearly: “Well, Detox is...they’re a shelter, they’re a crisis centre, they’re somewhat of a medical facility. They’re counselling. They’re drop-in. They’re basic addiction education. They’re a home...our mandate is to provide a safe, secure environment for people to withdrawal from alcohol and drugs...If it doesn’t have anything to do with that, in my opinion, you’re in the wrong place. But, having said that, you’re dealing with human beings so I’ve been known to stretch my outlook oftentimes...So you’re under all this unneeded or wanted stress and what happens is eventually, as it carries on, people don’t want to decide anything so they go, ‘Okay, no. Policy says no, no, no.’ And now you’ve got people going to their MLA’s, you’ve got people going to managers and directors and it all filters back to what are you doing? And you’re the guy on the front line and you catch every bit of shit that’s flying...And then we’re supposed to be really compassionate and understanding and caring.”

Because there is room to make judgment calls, there ends up being negativity between those who feel that Detox is doing too much and those who feel that Detox could or should be doing more than they do presently. Either way, staff were very aware of being asked to function on many levels outside of their basic role of withdrawal assistance: “We’re trying to be too many things to too many people. We’re a Detox centre and let’s stick to doing that. We’re not a mental health daycare facility. We’re not a youth daycare facility. We’re not pre-treatment...It’s a detox facility so you’re assisting people providing a safe, supportive environment for people to be going through alcohol and drug withdrawal.”

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Recovery

This balance between sticking to withdrawal services and providing more help with recovery has tilted back and forth over the lifespan of Detox, and many staff commented on this see-saw-type relationship they had observed over their tenure. One staff member said: “We did keep people for a little bit longer and we called it a transition sort of thing. And sometimes they did stay longer in order to go into the 28 day program, but not necessarily all the time.” Another said: “And then later on we realize that we need more room for people that are sort of withdrawing. So then what happens was for the... people that were here longer time, they moved transition upstairs and they would sleep upstairs when we didn’t have program, right? But then there a problem that they were too much on their own and that’s not going very good. Liability again.”

Policies

Because there seems to be such flexibility in the role of Detox, staff members often did not know if what they were doing from one day to the next was approved by management, and expressed frustration at the lack of clear direction. One staff member said, “There’s no vision, there’s no direction; it’s crisis management and they band-aid every possible scenario. Expect the unexpected and when it happens, we’ll go outside policy for a minute... Again, you refer to the mandate to provide a safe, secure environment to go through withdrawal.” Another said, “Policies kind of get confusing sometimes because things get lost in the shuffle and they somehow get changed and it’s okay this day and it’s not okay another day.”

Bias

One staff member commented on the bias they had perceived from other staff members: “No they aren’t consistent... There seems to be a favouritism thing that’s played once in a while here... And honestly, it’s a racial thing sometimes. Maybe it’s an unconscious thing that they’re doing and that she does, but it’s the white guys that are allowed to stay longer than the Native ones...they’ll go the extra mile with a Caucasian... Now whether it’s because the Native fellow doesn’t really want to or they have a track record of not wanting...I don’t know... Like a Native guy will get discharged before the white guy does...They play favourites. Like somebody they’ve known for a while, and it’s generally a white person.”

Activities

Within Detox there is a spectrum of illness level, and the needs of the clients who first come in differ from those who are almost finished detoxing. One staff talked about this balance: “We ran into problems with the well people versus the sick people. You know, each one of them have their needs and legitimately, right? The people that are well, you want them to get into life...you want them to do the things where they’re laughing and joking and being happy. But on the other hand the other guys needed their peace and quiet.”

Another staff member offered a suggestion for a workshop during the day: “People from the communities, Blood Ties people, if they want to come in and do a workshop...We already have a nurse that comes in but other people from the Communicable Disease, [can] just open up their eyes all the time to what is happening and what could happen to them out there with that lifestyle.”

Length of Stay Struggle

One of the more frustrating aspects of service for the staff was the irregularity in decision-making about how long clients were allowed to stay at the center. According to the staff, the detox supervisor makes the decision on who can stay and when and who gets discharged, so there are some favoured clients that get to stay longer than others. As one put it, “That’s the dilemma that we’re always stuck with. ‘Should we cut you off or should we give you one more chance?’”

Staff members often felt uncomfortable with the idea of being more rigid in the face of the clients’ needs, and yet most were equally uncomfortable with the flexibility regularly shown to clients. One

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said, “You know, maybe we’re too welcoming. Maybe we’re trying to do too much in one respect. Maybe the harm reduction thing that we are doing, which I see is a good thing, maybe we shouldn’t be doing that. I don’t know.”

Many clients, either because they are not allowed to stay past their allotted time frame or because they choose not to, come in and out of Detox several times per week. The staff become frustrated with this, but don’t have a clear way of dealing with the problem. One cautiously suggested, “I think it would be fair to have a number: five, six or seven stays a month. And, of course, the supervisor can always over-rule that...I’m not even 100% sure if I’d be ready to really say for sure if that’s the best thing to do. It’s an idea to look at.”

Perception of Public

There is a general preconception about the clientele of Detox which one staff member said in all probability limits its effectiveness with the general population: “I don’t believe that we see everybody that’s trying to stop drinking or using drugs...There’s a whole lot of people that are sitting at home with their home and two cars and everything else that have addictions problems and realize that and need to do something. But I don’t think we see very many of those people. And I don’t know quite how you change that perception.”

Medical Concept Detox

At the time of the study the issue of a Medical Concept Detox was a hot topic with staff members because Detox was in the process of hiring an RN, and thus taking a step in that direction. This would enable Detox to serve a broader client population, including those with mental health issues and those who were on prescription medications. The staff was very concerned about the problems that could arise around changing to a medical concept detox for several reasons. One was concern that there would be inadequate training: “If you want to incorporate a mental health section, fine. Well, give us the training...And protocol and policies and all that to follow under.” Another concern was for the other clients: “We’re trying to be collaborative. In the past we didn’t take a lot of mental health clients for the simple reason that the other clients were fearful. Didn’t feel comfortable and would leave. Then more recently we have taken some. There was some animosity while at least one was here because of the special treatment plus you kind of neglected some of the other clients.”

Staff members had quite a lot to say about the idea of a medical concept detox:

Pro:

There is always the chance that one of the clients that arrives at Detox has mental health issues that the staff don’t know about, so having the ability to care for them medically could create a safer environment for all people at the Detox Centre.

Having clients with serious mental health issues was less common than having a client come in with medication needs. Staff members became frustrated with all of the procedures that were currently involved in getting a client his or her medication: “There was a time when we... handed out pills as we felt it’s needed. We had a wonderful working relationship with the doctors at the hospital. We knew our clients better than they did so they would ask us what our feelings were on how much. We were able to take orders over the telephone. And now, with this minimal standards, we put up so many barricades and obstacles and these doctors and these nurses.”

Having a medical concept detox would help alleviate this medication dispensing issue: “We’ll be able to do PRN (as necessary) medications... and that will cut down on sending people over to the hospital unnecessarily causing aggravation back and forth, back and forth.” Staff were hopeful that this aspect of work would become a bit easier: “Like, making decisions as to whether if we can change maybe one client from one withdrawal medication over to the next, I think maybe they can take care of that whereas right now we would have to send them over to the hospital and they

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would have to be seen by a doctor and get the order changed and whatnot and then come back. Just lots of running around. So I think it will cut down on that.”

Con:

Several of the staff members seemed to be unclear about what a medical concept detox would mean for them, and expressed frustration at the lack of communication on this. One said, “I don’t really understand what the RN’s roles going to be here, really.” Another, talking about concerns about staffing and responsibilities when backfill occurs, said, “We’ve been told don’t worry about that, we’ll deal with it when it comes.” A third just didn’t see having an RN as being helpful at all, “I don’t think we need a nurse. I don’t know what a nurse is going to do here. I think yeah, we need LPN’s and put that money that was going to go towards a nurse into having a doctor on contract more often so we could be in contact with a doctor... I don’t know what the nurse is going to be doing. We’re going to be falling over each other here.”

There were concerns that management, not being medically trained, would not be able to provide effective leadership for a medical concept detox: “If you’re heading in a medical direction, you need your leader to be a medical person. They need to know what’s going on.”

Staff were also quick to point out that having one RN on staff could not be the longed-for panacea because Detox is open all of the time and the RN would be limited to his or her working hours: “The RN’s not here all the time. So is the RN going to be liable and responsible when she’s out of here like at home or in Old Crow or somewhere else?” Another respondent agreed: “I just feel that it’s just like if you have a help line and you can only get help from Monday to Friday from five to ten. Like, you know, the main concerns might not occur during that time frame.”

2. Detox Staff

Workplace Tension

Staff members reported a certain amount of tension in the workplace, citing a general feeling of unease arising from time to time. One said, “Sometimes I find [the staff] very hardnosed and just very set in their ways about little things.” Another agreed, “And for me the biggest stress I get out of my job is co-worker stress.”

Another talked about the difficulty building a team rapport: “It’s not a very happy workplace... I don’t think that we have a common goal. I don’t think we’re working together.” A second respondent agreed: “I think that if... you know that you’re working with that person all the time, that there’s potential to jell and I think a lot of people have jelled but because everybody’s changing shifts all the time, I think there needs to be something else put in place so that you have more of a team sort of mentality or...Not team. I want people to be able to think as individuals but also work as a team because when I’m working with someone I want to know that the least of my concerns is my staff person... I think everybody really enjoys and to a great degree respects each other, but sometimes it doesn’t really mesh. There’s something there.”

One staff member blamed the hiring process: “It’s really hard. I mean, we have...a really crude hiring process. I don’t think that works at all... But I think the main thing is you’ve really got to use that probationary period to check people out and see if this is their job....I think the system we have is not it but I haven’t figured out what the alternative is.” A second talked about what might help: “We’ve been thinking about doing some psychological testing but we need somebody to advise us what psychological testing to use or to help us.”

Management

There is a strong perception held by staff that the management at Detox micro-manages and is quite controlling, that the way clients and staff are handled is inconsistent, and that rules are changed without explanation, discussion or warning. There were several staff members that had the recorder turned off to talk about the work environment. Their concerns included the perception

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that, to management, the cleaning is more important the service to the clients. They reported having tense day shifts when the supervisor is on shift, citing examples of staff listening for the sound of the supervisor coming.

Staff members made several comments about feeling a large gap between them and management. One said, “It just sometimes just feels like we’re just little peons.” A second agreed, “You need... people willing to work that way rather than, ‘I’m the boss and you’re the lackey.’” Another respondent talked about the gap between Detox and the rest of the department: “I think the staff at Detox feel like the lowest rung on the Health and Social Services’ kind of ladder, so to speak. And I think that a lot of times they feel very put under and not really considered in the big picture even though I feel that our job is pretty important in the whole scheme of things why we have ADS.”

Being told what to do on a detail-level makes staff members anxious about making decisions on a higher level, and creates a stressful environment for everyone. One staff member reported: “Everything gets reduced to the lowest common denominator it seems over there. Somebody makes a mistake on something and pretty soon we’ve got a whole set of rules to deal with the lowest, dumbest sort of a situation. And so we start operating on these dumb, low-level type of deals... We are not treated with respect there as far as I’m concerned. We’re treated like a bunch of kids. We are micro-managed... To the point where people are really afraid to make a decision... People are caught in this thing of ‘I wonder what to do?’”

One respondent had this advice for management: “Get [the staff] more involved in the decision making. Like, don’t be so arbitrary about the decisions you make. Don’t decide that it’s going to be like this. It’s complicated and time consuming but it will build a whole lot better picture if you take the time to do it and lay the foundation. If you get everybody involved and really mean that we can do things the way it’s going to work best for us that are doing the work.”

Training

Several respondents pointed out the difference between staff members who have training and those who don’t, highlighting how this disparity can create problems for everyone. One talked about the lack of recognition for those who have training: “There’s people in there that don’t have training and don’t have the understanding. But I think they’re still valued as highly... Whatever, it’s hard. It’s probably really hard for a supervisor to be around through three shifts to really get a sense of what you’re doing. But as far as I’m concerned, the most important skill that you can have in there is to deal with people and I think I do that reasonably well and I don’t think everybody does. I think that if you’re really good at cleaning and things that are easily rated or it’s really obvious, those are the skills that seem to be valued.”

Scheduling

At a facility like Detox, which is run all day, all night, all week, shift work becomes inevitable, but not always enjoyed: “You do six days. Have three off. And six nights, three off, six afternoons. So, what happens is you have one weekend a month and the longest changeover is from nights to afternoons but days is fairly short because you get off at 8 o’clock in the morning and then on the third day at midnight you’re going into work. So you take a day to sleep and now you’ve got two days off. It’s pretty hard on the system.”

While most of the staff at Detox are on shift work, due to medical accommodations or position, some are not, which, to a few staff members, creates conflict. As one put it, “My resistance has consistently been, you and I are working together. You’re working twelve hours and I’m working eight hours. You’re getting five days off and I’m getting three days off. Somewhere down the line, I’m not going to like you... I think there’s a lot of good about creating some continuity and some consistency for the clients through twelve hour shifts. And I also think it’s good for the employees to have a five day break.”

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One staff member felt strongly that the supervisors/management were oblivious to the scheduling issues that staff faced: “[Referring to auxiliaries] They’re frustrated. They never know when they’re coming to work... Most of the time you’re never working with the same person two days in a row... I think there’s three of us. Three or four of us now with medical accommodations. So right now, as it stands, there’s 12 days a month where three of us are on days. Can you imagine where that money could be going? ...Because [the supervisors are] not in it. They’re not feeling a bit. The supervisor goes home every day and gets their weekends and the manager and the director. They have no concept of a 24 hour service. None whatsoever. They are constantly making meetings and never think about... to have a little more sensitive to that. I just think trying to manage the Detox from Black Street is ridiculous. Or the treatment centre, for that matter. If you want to know what’s going on, you better be there.”

Scheduling issues can even directly affect the clients, as this staff member pointed out: “With clients, I think that because we do a shift change report at a certain time, I think it’s happened quite a few times where during that period if a client comes in, it’s really difficult. So now you’ve got two people going off, two people coming on. It’s right at that moment where you’re doing your shift change...I see that as a bit of an inconvenience, but also on some level I have felt that it does impact clients because now you’ve got that overlap. You’ve got two people who want to do their shift change and leave and you’ve got two people on. So who now, in that ten minute period, who now does the intake?”

A couple of staff members talked about feeling uncomfortable taking a break. One said, “I think it’s important to take a break, but I’m one of those people who feels just to stand out there would be dumb. If I could take five minutes and walk around, that would be great.”

Staff Expectations

One staff member mentioned feeling unappreciated when she went above and beyond: “Tiny things come up and after you volunteer to do them and because we’re so rushed and everything, then it starts being expected. Then you’re told to do it. You’re not asked. You’re just told to do it as part of your chores.”

Various Staffing Issues

There were a couple of miscellaneous comments about various staffing issues. One staff member said, “There’s full time positions that aren’t filled and there are two part time positions that they have not filled and what they’ve been doing is that they’ve been abusing the auxiliaries and abusing auxiliaries, not using. It’s abuse because these guys are working more hours and they get no benefits for it.” Another wanted to comment on the composition of the staff: “We need more First Nations people on. 80% of our clients are First Nation. We have three First Nations staff and they’re all out of the building.”

3. Facility/Food

Space—General

Detox staff members had several reasons for wanting a larger facility. Some of the more general reasons included concern about comfort. One staff member said, “I know it’s a detox facility, it’s not Club Med, but I still think...I’ve seen a full house in there and it can get pretty cramped. And I think that would definitely hinder our clients’ comfort and maybe space to grow.”

With quarters that are often crowded, sicknesses become an issue: “On the level of communicable diseases, flus, any kinds of infections kinds of things, you’re neck on neck. If you have a look in room one... not the first bed, but those other two beds, literally, if I’m lying in bed and I reach out, I could probably touch that other bed.”

Some of the staff felt like the Detox service was not being adequately examined for expense to benefit ratio. One said, “If we had 25 beds, I don’t think it would cost any more money. It wouldn’t

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be that you’d have to hire a whole lot more staff if it was set up properly.” Another added, “It would be great to get a nice facility. I feel [that it’s like], well, you’ve got drugs and addictions, you should be put in a really horrible, awful, ‘We don’t want to spend any money on you because it’s your fault for having this addiction,’ kind of thing... If one person’s treated nicely, you might treat someone else nice. And in my mind our facilities are really important in our community, not just because we deal with a person who comes here with their drug and alcohol issues.”

Specific Space needs

There were some specific suggestions made as to what sort of physical changes could be made to the Detox building to make their services more effective. First was the issue of a confidential intake: “That’s your main door coming in and everybody’s...that totally breaks the confidentiality for a person to feel safe and discreet about coming in. Big time. And it’s not always safe to bring them in the office here because you don’t know who you’re bringing in sometimes.”

Second, staff brought up the problem of having people who are undergoing acute withdrawal close to those who are recovering. One said, “Here what we need is definitely something where we can see people through the acute withdrawals and then if they’re here for a little bit longer, which they do sometimes need to be in order to get that grounding, where you can do some programming with them. Here you have that backroom and everybody uses that backroom for something, right?... So you have that room and they can’t all be there doing the things that they all need to be doing... And you can’t ask the other person to stay in their room all the time.”

Third, staff members had to deal with all the clients’ belongings: “We don’t have a place to put their belongings. When they come in... we bag... personal belongings. Know where we put it? In our staff shower. This is all we got to hang our jackets and throw our boots. Right here in the middle. Here or out there and that’s not even private.” Another staff member said, “They’ve got their belongings and it’s all dumped in a pile on the floor and you can’t get in there to clean the rooms properly. The rooms don’t have any closet space or where they can hang up anything. It’s a mess. You try to tell them, okay, everybody has to clean their room on a daily basis and everybody’s got to do the housekeeping. You can’t when you’ve got a big wad of stuff all over the floor there.”

Fourth, staff, who are often on long shifts, don’t have a place to go to have a break. One complained, “We don’t have a staffroom. This is it. This is your staffroom. There’s no time if you want... You know, you’re supposed to be entitled to whatever break away from phone and clients and all this and that. We don’t have that here.... You can’t leave.”

Activities

The limited physical space in the Detox facility directly inhibits clients’ ability to be involved in certain activities. Again, there was the issue of keeping the clients who wanted more activity separate from those who needed more quiet: “You almost kind of need two separate sitting rooms for them to choose a quiet room or an active room because you have people who are very pumped up and laughing and giggling and then there’s a person who wants just another [inaudible]. And I’ve often heard, especially one girl in particular...says she can’t handle it. And she’ll be out the door because it’s way too busy. Too much for her. And that’s just one example.” There was also the issue of being able to provide a variety of activities for the clients: “I really think that it would be nice if we could have a facility where there could be things like Detox clients could have a room if they want to do crafts and not just cram everyone in to watch TV. Like, if there was something else that we could provide them while they were there, I’d get that.”

Because of the limited space at Detox, one staff member suggested having activities outside of the physical Detox building, “What would be really nice...Like, for a while we got passes sometimes to the pool. You know, free passes. And for the people that were here a little bit longer, they could go out and go to the pool... I don’t think we ever got anything for the gym, although the pool had

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some gym equipment that they could use. But we haven’t got that for a long time now, but that could be a positive thing, too.”

Detox Client Population Separation Issues

In a service such as Detox, it is important to keep certain segments of the population separate from each other, either because of history with each other or inherent differences in needs between, for example, men and women, or youth and adults. Because of this, Detox keeps a certain number of beds separate for women, and keeping those reserved for women can limit the number of males who can be admitted, or vice versa. As a respondent said: “We try to keep female beds. Always that’s kind of a priority, is to keep some beds for females, so in trying to do that maybe you’re turning away some fellow at the door. One of the regulars. You know, the attitude is a little bit that, ‘Well, they’re just looking for a bed.’ Maybe they are, but we do turn people away. I think we could use a bigger facility.”

Echoing the referring agencies’ comments, staff members pointed out the difficulties in having adolescents and adults in the same facility. As one staff member said, “Youth and adults don’t mix. They just don’t. It’s like oil and water. It just is. And the kids need something to do.”

There is also the issue of keeping clients who have a history with each other together in a small space: “You can have... a situation where out there they’re just total enemies. They’d kill each other if they could out there and they’re in here. You could have a matter of a woman’s been assaulted by a man. You can have a situation where the other person’s dealer...going through withdrawal in a safe, potentially a safe place. Generally what happens is that somebody leaves. We try our darnedest to separate if possible but once, if it’s male/female or if somebody’s been here for a little bit longer and one is just coming in is a male and starts out in room one, we have a little bit of control as to whether they meet or not. However, once they’re out of room one and they’re showered and they’re up and around, there’s no way of separating them.”

Staff members were frustrated with having a spectrum of clients from the very sick to the just about well all together. One staff member said, “Things don’t mix around here because you have the people who aren’t feeling well mixed in with people who have been here for a little while, are feeling a little bit better, have the need to do a few things, to live a little, instead of talk a little. Do you know what I mean? And then you have somebody else who’s feeling totally crappy, just going through withdrawals, really nauseated, vomiting, shaking like a leaf, needing quiet, and the two don’t mix. They just don’t mix.” Another talked about what could happen: “We’re trying to do too many things in a confined area. So just separate... Why should somebody four or five days through withdrawal have to witness any of this stuff?... You could be sitting in the living room having a comfortable conversation and all of a sudden somebody hits the deck having a seizure or something. And if you’ve never seen anything like that, it freaks people out.”

4. Services Beyond Detox

Halfway House

Several staff saw the need for a place for clients’ to go after they were in Detox and before they went back to the community: “I would say maybe housing or something like that. Some place where some of the clients who leave here after going through the withdrawal and whatnot who are ready to make the next step, don’t have a really secure place to go to. So like a safe place... a place set up like that for clientele who are... really serious about quitting. Because some people are dead serious about doing this and going through the sobriety... but they don’t have a safe place to go afterwards.”

When clients leave the Detox center, they generally go right back to the situation that put them in need of Detox in the first place, and the cycle of detoxifying, intoxicating and detoxifying again is very difficult to break. One staff member said: “These people, you’re detoxifying them and they do really, really well and then say, ‘Okay, you’re detoxified. You’re leaving.’ They go back to the

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same situation... Out the door and into the street; that’s if there’s no place else to go. I always feel like they worked so hard to detoxify themselves and here they’re going back to the same situation again; out the door, out in the street using again. And then sometimes I just feel like were enabling them.”

A solution would be to have a place where clients could go after Detox to help them get back on their feet so they can return to their community a little bit less vulnerable to its pressures: “I think we need a recovery house in Whitehorse. Definitely we need a recovery house because even when they finish treatment, that’s fine. They’re in there for 28 days. Where are they going to go? If they’re going back to a drinking environment. Like, if there was a safe place that they could go for a month or so, maybe more, after treatment. I mean, they would have to stay sober to be in this place, but I think it would give them a lot more time to maybe find a job.” A second staff member talked about how recovery for some clients is much harder than for others: “Give these guys a real shot at long-term sobriety, that’s what you need. Because even in an ideal scenario, coming to Detox and you are allowed to stay a week or ten days and then you magically fall into going right into treatment even? That’s only six weeks. Six weeks to somebody that’s been living on the street for twenty years is just...”

A facility directed at recovery could also function to help get clients back on their feet: “The halfway house is for people that have a little bit of a grounding or maybe those people that we housed over at the other place for a month, to give them a little bit of a grounding, give them the opportunity to learn some life skills. Give them the opportunity to get a footing in the community. Get a job where they can go to work from there. Learn life skills. Maybe go to school if they want to. Those sorts of things.”

More Programming

The programming that Detox currently offers is limited to a few times per year, and often clients are not ready for the programming near the beginning of the next session: “There needs to be something beyond Detox...be it a recovery house type of a situation or treatment. Like, if you’re a guy that wants to get into treatment, there are three programs in here... and if you happen not to just be at the right time... Like, it comes now. ‘I want help now.’ There’s the opportunity to maybe do something... they need some really good solid support.”

One staff member discussed seeing the amount of programs offered increased: “I really like the 28 day program and I think it’s really valid and relevant and helpful...I’d even like to see more 28 day programs like we offer.”

Another suggested more inclusive programming: “A day program that could include... And I say “day program” but I mean, that could run in the evening or in the day or 24 hours or whatever. Something that could include families so that when we’re helping people with their addiction we’re not just focusing on them. I think a lot of times they have other people in their spectrum and if we don’t deal with the whole... or try to or try to encourage some sort of connection, it’s a bit of a loss, i.e., the treatment program. They’re isolated with themselves for 28 days and then we through them back to their families and we go, ‘Okay, well now you try to function.’”

Shelter

There is a sense that Detox can be treated as a shelter service simply because there are not enough of those services in Whitehorse: “They’d like to stay here, some of them, as long as they can. They’ll say, ‘I’m going to come in now for two weeks.’ Well, that’s not the way it works. It’s day by day and if we need a bed and you’re through your withdrawal, you’re out of here whether you have a place to stay or not. A lot of times that’s the problem, is they just don’t have a place to stay. Sometimes it’s not even a Detox it’s just because they had nowhere to stay.”

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Cooperation Between Services

In one of the focus group discussions, several staff members had a discussion about working with other services in Whitehorse that target the same clientele:

Resp1: It makes more economic sense, would be more effective if there were people offering case management beyond the narrow time frame of the detox.

Resp2: We have been talking about having a central intake. The people we see are the same people that Health and Social Services sees, that Probation Sees, that the Sally Ann sees, and on and on and on. Rarely do we know that as workers.

Resp3: We could do a thorough assessment. When someone comes in and talks to you, they need to sleep it off and they should have their needs assessed.

Resp4: The majority of clientele are intellectually not able to tackle all the tasks that need to happen within our system. There are a lot of papers to fill out at SA.