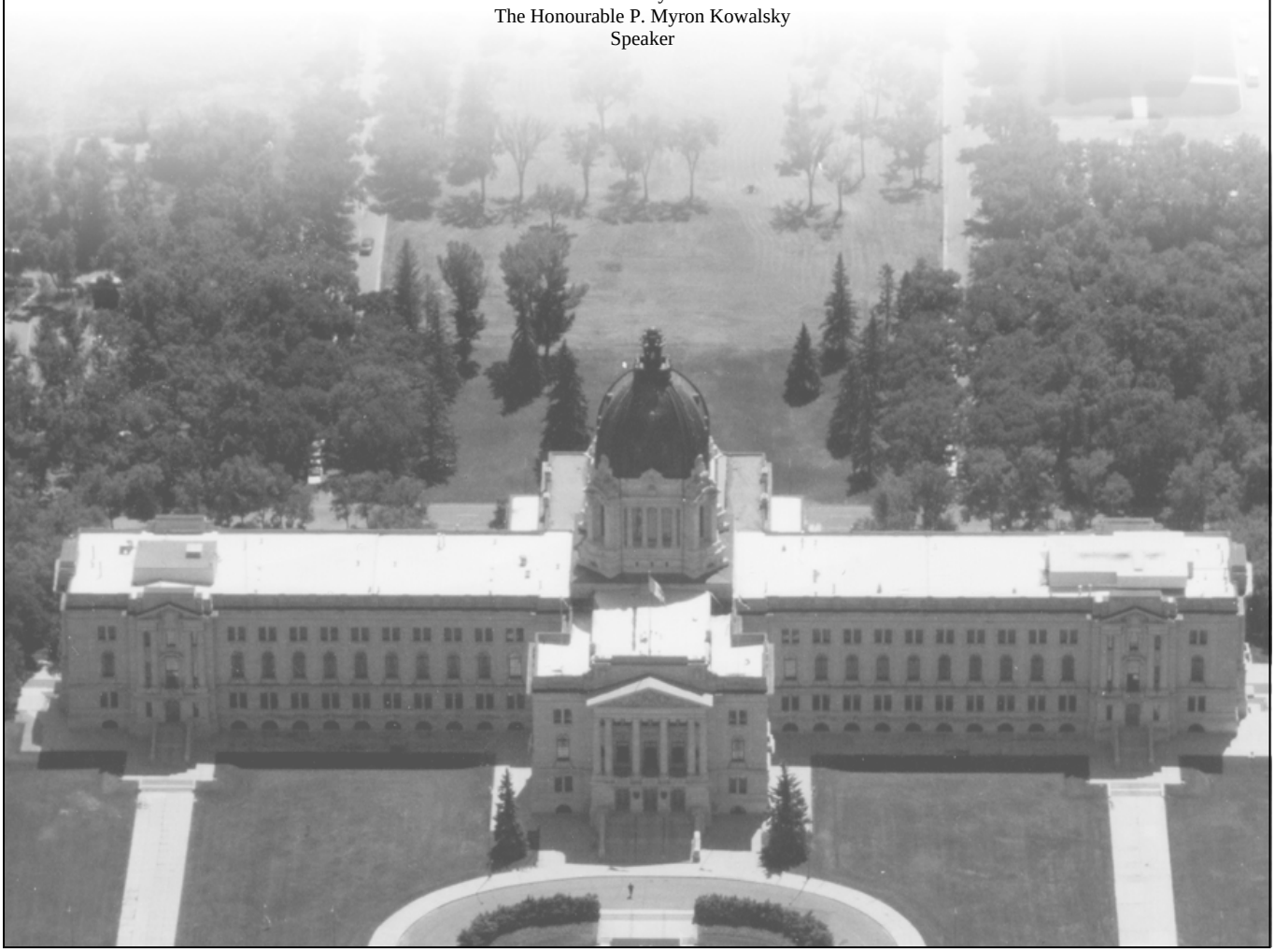
SECOND SESSION - TWENTY-FIFTH LEGISLATURE

of the

Legislative Assembly of Saskatchewan

DEBATES and PROCEEDINGS

(HANSARD)
Published under the
authority of
The Honourable P. Myron Kowalsky
Speaker



N.S. VOL. XLVIII **NO. 51B TUESDAY, MAY 2, 2006, 7 p.m.**

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Yates, Hon. Kevin	NDP	Regina Dewdney
Vacant		Weyburn-Big Muddy

[The committee resumed at 19:00.]

EVENING SITTING

COMMITTEE OF FINANCE

General Revenue Fund
Health
Vote 32

Subvote (HE01)

The Deputy Chair: — Members of the committee, we'll come to order. We're doing estimates for the Department of Health, vote no. 32, and I would like to invite the Minister for Healthy Living Services to introduce his officials.

I recognize the Hon. Minister for Healthy Living Services.

Hon. Mr. Addley: — Thank you very much, Mr. Chair. I'd like to introduce the officials from the Department of Health and then make a few brief opening remarks. To my left is deputy minister John Wright. To my right is Roger Carriere, executive director of the community care branch. Seating behind John is George Peters, executive director, population health branch. Next to George is Lauren Donnelly, assistant deputy minister. And to her right is Ted Warawa, executive director, finance and administration. Seated at the back of the room is Rod Wiley, executive director, regional policy branch, Patrick Cooper, assistant to the deputy minister, and June Schultz, director of the medical services branch.

I do have some brief opening remarks to provide before we get into answering questions from the members opposite. I've had the pleasure to serve as Healthy Living Services for about six months after previously serving as Legislative Secretary to the Premier on substance abuse treatment and prevention. When my report was released, the Premier announced Project Hope to equip communities and families to combat substance abuse. It's a multi-year project to develop strategies and resources locally and provincially to deal with an affliction that is all the more tragic because it is preventable.

The Premier also wanted to raise the profile of a wide range of issues that have had long-term effect on the health of people of Saskatchewan. Addictions was just one of those issues. Diabetes, obesity, smoking-related diseases, fetal alcohol spectrum disorder, and a number of other preventable conditions threaten the future health of our people and our communities.

In October he appointed me to cabinet with a mandate to raise awareness, work across jurisdictions and government departments, and equip communities to address these threats. I'm also responsible for mental health, health promotion, and dealing with issues related to seniors in Saskatchewan.

We have a number of issues we need to focus on in changing attitudes towards healthy living and providing the support that's needed to do that. Ten years ago, the idea that we could denormalize smoking and create smoke-free environments for people seemed unachievable. Today we're well on our way to making Saskatchewan a smoke-free province. Saskatchewan physicians, regional health authorities, municipal councils, advocacy groups, and health officials are giving a gift to the next generation of young people who will be better protected from the harmful effects of smoking and second-hand smoke. And people across the province have acknowledged their appreciation for this measure.

Recently I challenged all Saskatchewan grade 12 students to graduate tobacco free and as grad approaches I hope we'll see many of those youth that have risen to meet that challenge.

With Project Hope we're making similar progress to denormalize alcohol abuse, support people and their families to overcome addictions, and to tighten access to illicit substances. We've provided funding to allow health authorities to hire coordinators, expand awareness campaigns, and adopt best practices and treatment. We're increasing in-patient beds for detox and treatment, tripling youth stabilization and treatment, and gathering better data and research to guide policy development.

We've also implemented groundbreaking legislation to provide secure care for youth who are at risk because of serious substance abuse problems. We've improved availability of information and facilitated off-hours addictions referral services through the 24-hour, toll-free telephone HealthLine.

We've held a sold-out national clinical conference on best practices on addictions and substance abuse and we've introduced restrictions on the sale of cold remedies that contain ingredients used to make crystal meth.

While that's a lot, there's still a lot more work to do. Obesity and fitness are issues that, if dealt with in youth, can pay dividends for life. The consequences of allowing current trends to continue is frightening. We already are dealing with increases in diabetes and other health conditions that have huge long-term costs for the health care system, for individuals and for their families, and for reduced productivity in the provincial economy.

I intend to continue to talk about these trends in society, the implications for Saskatchewan people, and the initiatives being undertaken by a wide range of organizations to improve the health of our people and our communities.

We should never underestimate our ability to make the same kind of changes in public attitudes and public behaviour that we've accomplished on the smoking front. This is the first Saskatchewan government budget that has included the Healthy Living Services portfolio and through this budget we hope to move the agenda forward.

This focus on promoting good health in the province, preventing harm, and enabling recovery from addictions shows the Premier's and the government's willingness to follow through on commitments. In my role as Healthy Living Services minister I am committed to supporting the research, the community connections, and the continued adoption of proven methods to achieve the goals of healthy people in healthy communities.

Healthy Living Services funding has three main components in the Department of Health budget: funding to regional health authorities, programs directly funded by the department, and seniors issues. I'm pleased and excited to be given the opportunity to serve as Healthy Living Services. I look forward to the discussions tonight and I hope I can answer the opposition's questions. Thank you, Mr. Chair.

The Deputy Chair: — Members, we have the estimates before us starting with central management and services. And is that item agreed? I recognize the hon. member for Kelvington-Wadena.

Ms. Draude: — Thank you, Mr. Deputy Chair. Mr. Minister, and to your officials I'm looking forward to an evening of exchange of ideas and perhaps a lot of answers. I'm going to start by thanking you first of all for giving us an idea of what your department is doing because when I looked through the budget book there isn't a line for the department that you're working with. We have surmised that it goes through the whole Health department and from some of the other estimates we understand that there's work done by your department within other departments as well. So I'm going to ask you first of all to break down the amount of money that your department has to spend and tell me the number of workers, both front line and administrative, that are working within the Department of Healthy Living. Thank you, Mr. Minister.

Hon. Mr. Addley: — Thank you, Mr. Chair.

The Deputy Chair: — I recognize the Minister Responsible for Healthy Living Services, but please just feel free to dialogue back and forwards.

Hon. Mr. Addley: — Thank you to the member for the question and thank you for recognizing me, Mr. Chair. The member is quite right that the information that's within the budget is quite confusing. And I know that a lot of hours and time by Department of Health officials and Department of Finance officials to actually try to break it out and have a line item for Healthy Living Services was expended.

The challenge is that the individuals that will be delivering these services for example will be in a lot of cases in regional health authorities. And so when you break down a percentage in each one it gets very challenging to know that.

But we've come up with some numbers that are historical and also some estimates from moving forward. Historically from '04-05, the amount of money that was spent in mental health is 91 million approximately; addictions was approximately 18 million; administration was approximately 5 million — for 114 million. Now in this budget those numbers would instead of $114 million would be approximately $133 million. And that's what would be spent in regional health authorities.

Within the department this year on Healthy Living Services would be $27.576 million for a grand total this year's budget on Healthy Living Services for $160 million.

Ms. Draude: — Thank you, Mr. Minister. The other question was the number of direct staff that you have, both front line and administrative.

Hon. Mr. Addley: — Thank you very much. We have within Saskatchewan approximately 250 addiction workers, within mental health approximately 500 in-patient individuals, and approximately 400 outpatient individuals. So there's over 1,000 individuals that would be classified under Healthy Living Services.

Ms. Draude: — Thank you, Mr. Minister. Can you tell me, since this new department has been created how many administrative staff have been hired to deal with your department, compared to last year's number of administration staff?

Hon. Mr. Addley: — Thank you to the member. There have been six individuals within the ministerial office including myself — or not including myself, sorry — and 11 FTEs [full-time equivalent] for implementing Project Hope.

Ms. Draude: — Thank you, Mr. Minister. And just to get the numbers in my mind now, can you tell me how much money is spent on the seniors department. I believe . . . Unless you've told me. Maybe I missed the number but . . . I have the other ones but not seniors.

Hon. Mr. Addley: — I'm not sure I quite caught all of the member's question. So if I don't answer the question fully, please ask again and I'll give more information.

But I can break it down in two ways. One is the administration, and again I guess just to preface it, it's . . . This is allocated in the sense that there's an assumption that a half an individual is working on the issue and so they've taken half of that salary in communications. So the administration would be $56,000 and then the grants to different organizations would total $131,000. And that's for the '06-07 budget. Does that answer the member's question? Okay.

Ms. Draude: — Thank you, Mr. Minister. I will definitely re-ask the question if I don't get the answer.

So, Mr. Minister, when the money was sent out to the regional health authorities was it earmarked for . . . the Department of Healthy Living, was it earmarked specifically for mental health? Or was it lumped into their budget so that they had an opportunity of determining their needs in their own area when it came to spending the money that they received from the government for health?

[19:15]

Hon. Mr. Addley: — Thank you to the member for the question. The whole idea of the portfolio — why the Premier created the position — was to shine a light on areas within health that were not getting the prominence that he felt they deserved. Within the funding within the RHAs [regional health authority], some of the money is delivered directly to them in a global package so that they can within their own region priorize which issues are important in that aspect.

However there is funding, for example through Project Hope, that is targeted and directed and funded by the Department of Health. And so while the RHA would be delivering that service, they wouldn't have as much leeway to deliver that service. It

would be directed by Health saying, this is what we would expect to see and here's the money and this is what we want you to do with that.

The global budget to RHAs, it's more of a, here's the packet of information; here's the responsibilities for delivering that. And within their region they can determine which has greater prominence. The role of the new minister is to raise the profile, have some separate thought put into that and some strategies so that that issue gets greater prominence than under a single Health minister.

Ms. Draude: — Thank you, Mr. Minister. You've mentioned the word globals. And I know within the estimates we've asked for globals from the different departments, and we haven't received them yet. And I know it's going to be difficult for your department to answer the global questions, but I'm hoping we can start on this, this year so we know where we're going to and we can compare them in future years.

One of the issues that we always have when we have a new department is understanding not only what their job is but how you're going to measure the outcomes and determine if this is beneficial to the people, if it's a good use of money. And specifically in areas like mental health and addictions, how do you measure an outcome? It's not an easy job, but it's something that has to be done so you can determine if you've got value for your money.

My concern with the department now is the coordination within each department that you're working with. I understand that you're working with Education. You're working with Social Services. You're working in Corrections. And there's bound to be an overlap, and maybe not a duplication but at times it could be. And when we have limited resources in all areas, which I hear about very often, we have to make sure there isn't.

And my concern is how is the minister's department determining that we don't have a duplication that's actually a waste and that we don't have administration costs that are being borne by more than one department, just to find out the same number?

Hon. Mr. Addley: — That's a very good question, Mr. Chair, and hopefully I'll have a very good answer. The deputies within government have what they call a deputies' forum, and they meet quite regularly to compare notes and ensure that the service that is being provided to government is appropriate, and they are supported by their ADMs [assistant deputy minister].

And I guess what might be more illustrative an example would be something that's more concrete and one that we're all familiar with, and that's the delivery of secure care within Saskatchewan. While it was the Department of Healthy Living Services that brought that forward and piloted that through the legislature, it was really a Bill that touched on many different departments. For example, Corrections and Public Safety, we're using a portion of their facility and some of their staff is involved in planning. The Department of Justice is very involved in the process through the courts and giving legal advice, Learning as well.

So while the idea is housed within Healthy Living Services, the components of that are being delivered in other departments, and there's not a duplication in that sense in that there's people in Healthy Living Services that are delivering . . . [inaudible] . . . information. It's all being done. I wouldn't say contracted but being delivered. The whole responsibility falls within this department for those aspects. And that's very similar to a number of initiatives within Healthy Living Serving and I suspect through other departments as well.

Ms. Draude: — Mr. Minister, I hope you're right, and I know we all have examples. And I can tell you one in my area where I have a young person in school who was in foster care and was part of the justice system and needed some health as well. And he ended up having four different social workers working with him, and then one day at school he had visits by four of them. And that wasn't a benefit to the child. It definitely wasn't a benefit to the education system. And it probably wasn't a benefit to the workers themselves. So that's the type of thing that we get calls on and that we will be watching.

My colleague is going to be asking a number of questions about Project Hope, so I'm going to be asking about some of the areas within your jurisdiction that I have a lot of interest in. One of them is fetal alcohol spectrum disorder. One of them is diabetes, smoking. And I'm not sure whether the sexual exploitation of children on the streets is something that your department is working with, but it is something that I would think that when it comes to healthy living, that would be something that probably should be under your care. And then also seniors. So I'm going to start tonight, and I guess we probably have the better part of an hour and a half to ask some of the questions.

Fetal alcohol spectrum disorder is something that I find so terribly depressing, and it's a disease or it's a condition that can be prevented. And it's only in the last 10 years that I've heard people talking about it more often. And it's only an education system that's going cut down on the number of incidents of it. I know that we have a lot more brochures. We have a lot more information, but there still is a long way to go, not just under our First Nations community.

But I'm sure the minister is aware that if a child is not First Nations, they're more apt to be looked at having ADHD [attention deficit hyperactivity disorder] or ADD [attention deficit disorder] than they are FAS [fetal alcohol syndrome] because this has this idea that it doesn't happen to somebody that doesn't have an economic problem or a social problem of some sort.

So I would like to know what your goal is, your measurable goal is for the FAS area and what your department is working on right now.

Hon. Mr. Addley: — I thank the member for the question. I know this is an issue that she's been speaking about in the five years, six years that I've been . . . six and a half years now that I've been a member. Time goes by so quickly — doesn't it? — unless you're in Committee of Finance. But anyway I guess there's two points I want to make to the member.

One is the cognitive disability strategy which, over the last three years, has increased from approximately 1 million to over $4

million, and that covers a number of areas of flexible funding for parents; assessments and diagnosis and prevention initiatives; areas in the KidsFirst which is delivered through Learning which works with at-risk parents, because the member's quite right that this is 100 per cent preventable.

One comment — and I'm sure she wasn't meaning it this way, but I'll probably corroborate what the point she was trying to make — is that it's not just about pamphlets, that pamphlets really aren't as effective as actually working with families and ensuring that they make different choices and don't consume alcohol while pregnant.

And last year when I was doing my tour of the province to develop Project Hope, I met with a group of people within Regina. And they found that by working with these parents, they were actually able to quantify that if they worked with the family, the subsequent child that was born and subsequent children either had no FASD [fetal alcohol spectrum disorder] or had significantly reduced FASD. And they were able to compare that with other statistical families that showed that if they hadn't worked with them, that not only were future children born with FASD, that the severity of the FASD was increased with additional children. So the member is quite right; it is an important initiative to be involved in.

And I guess the last point, I'm not sure the member is aware of this, but the four Western provinces and the territories, there's a network of ministers that meet quite regularly. We've already met once face to face and once by conference call to deal with the FASD issue. And there's a number of research initiatives, sort of a direction that we can go en masse as Western Canadians, that I'm very excited about. There's some beneficial research being done, and that will be rolled out in the months and years to come. So I thank the member for the question.

Ms. Draude: — Mr. Minister, one of the issues with FASD is the fact that diagnosis is so very difficult and really is just . . . There's the one centre in Saskatoon that's noted for it, and there's some work done in Regina. There's been a number of years now I've been . . . the Regina Community Clinic has been asking for funding so they can have a diagnostic centre. Can you tell me if that is something that your department is working on at this time?

Hon. Mr. Addley: — I thank the member for the question. We were just debating or discussing what the titles of the people that were delivering this . . . and I hope this one's right. Regina Qu'Appelle was provided some additional resources to do what the member is talking about. What they chose to do was to hire a developmental pediatrician.

[19:30]

As well in Saskatoon at the Alvin Buckwold centre, the College of Medicine is in the process of recruiting a developmental pediatrician. And so far that person hasn't been hired, but the funds are set there and are available for them to do the diagnosis that the member is talking about.

Ms. Draude: — Thank you, Mr. Minister. When I've spoken to a number of doctors and the people at the various FAS conferences that I've been to, I know it takes the assessment team, and that requires I believe three different doctors. So are there . . . Those doctors are not available in Regina at this time, is that what the minister has said?

Hon. Mr. Addley: — That team that the member is talking about is in place in Saskatoon and Regina. The person that they're recruiting is an additional developmental pediatrician in Saskatoon. So that's the one big position. Health authorities have the option of hiring individuals within their own shop or contracting services, and in this case they've decided to hire the individual and have them work within the regional health authority.

To answer the question, the only one that's not hired and not working within that team is the developmental pediatrician in Saskatoon.

Ms. Draude: — When did the diagnostic team become available in Regina? When did the diagnostic team for FAS become available in Regina?

Hon. Mr. Addley: — The developmental pediatrician within the Regina Qu'Appelle Health Region was hired in the summer of last year '05. We believe it was August, but I think that's specific enough for the member.

As well last year a full-time senior psychologist was hired and a full-time social worker at Regina child and youth services. The additional funding within the cognitive disability strategy, that's now $4.15 million in different departments. Those are still in the planning stages of where the funding will go and how it will be rolled out in the next year. So there will be enhancements to a number of initiatives, and we suspect in this area as well.

Ms. Draude: — Thank you, Mr. Minister. A number of the conferences I went to had speakers from the provincial justice system. And one of the judges or a couple of the judges, specifically Judge Mary Ellen Turpel-Lafond, talks about FAS and the number of young people that end up in the justice system because they have never been diagnosed with FAS and too often the jails end up as nothing more than a warehouse for young people who have a condition that they have no control over.

So are these two teams that are set up, one in Saskatoon and one in Regina, are they able to do the work that's required not only for the newborns but also for the people that are within our justice system?

Hon. Mr. Addley: — The member's quite right that there have been needs that haven't been met in the past which is why the cognitive disability strategy was developed in the first place. One of the things I did learn last year is that this is an issue that most people focus largely on the prevention side, and that's really important to do. But we can't forget those that are already having the difficulties. And what I learned last year is that with intervention and work, these people can achieve quite a few things. So it's not something that once you're born with FASD you should be written off in any stretch of the imagination.

With the additional resources that have been put forward, there have been some improvements through the regional health authorities. This year there will be additional resources which

will provide that assistance to those that are either incarcerated or those that aren't incarcerated that are still needing the help because the member is quite right, that if nothing's done, too high of a percentage do end up having contact with the justice system.

We believe we have the correct numbers that will address this issue. But budgeting is a yearly exercise, and as we evaluate the programs that we are implementing and as we see what is demanded and what is required, then we can make adjustments in future budgets. But just in the last three years, it's gone from just over 1 million to over $4 million this year which will provide a lot of assistance to a lot of individuals.

Ms. Draude: — Thank you, Mr. Minister. I guess I need to ask you what your goal is for this area then. We know that and I've learned that many of the people in charge of the correctional facilities think there could be up to 60 per cent of the people that are incarcerated would have some degree of FAS. And well we know that there's 80 per cent of the people that are incarcerated have an addiction of some sort, but they also can be afflicted with FAS.

So if your department is dealing with this area in conjunction with the Department of Corrections, do you have any type of goal that would mean that you would be treating victims of FAS differently when they come into the justice system once they've been diagnosed than they would if they don't have FAS? Is that a goal of your department?

Hon. Mr. Addley: — The member asks a very simple question but a very challenging question with a very challenging answer. And I'll try to give a brief answer.

The whole point of the strategy is to ensure that the prevention initiatives are there so that we prevent children being born with FASD. The next stage is to ensure that we provide the supports to parents and families and communities so that they're able to be part of the community in as great a way as they can so that they don't get involved within the justice system. At this point as well we're trying to make sure that those that are within the justice system are getting the supports that they do need.

But this is a very challenging diagnosis, and they're still working on what is the best approach in that aspect. That's one of the things that I'm learning meeting with other western ministers as well. So the whole point is to try to meet the needs wherever the individual is so that they can be as fully functioning part of their community wherever they happen to be.

Ms. Draude: — Thank you, Mr. Minister. I know this isn't simple. But at the same time I know that the minister is aware that to treat somebody who is afflicted with FAS, the same way as you would somebody who doesn't have it is just doing the same thing over and over again and expecting a different result doesn't happen.

The minister also indicated that people who have FAS can often function if they are given a structured environment that allows them to work within their capabilities. So I guess my question is, does your department have the goal of having a facility to treat people who are afflicted with FAS differently than someone who doesn't if they are part of the justice system?

Hon. Mr. Addley: — I thank the member for the question. Well I'll answer the part of the question that I can answer. Within the cognitive disabilities strategies, the funding will be going to what are called cognitive disability consultants that will be working with parents and families to make sure that they get the help that they need.

What the member is asking that I probably can't answer is the delivery of this type of service within the justice system. And that is straying into the area of Corrections and Public Safety because they do hire a lot of individuals that are health individuals — nurses, that sort of thing — that don't work for the Department of Health. They actually work for Corrections and Public Safety.

I'm not aware of any separate facilities that individuals that have been convicted of a crime that also have FASD would be serving their time separate from the other prison population. That's an area of expertise that I don't have that's actually within Corrections and Public Safety so I'm not sure I'm going to be able to get too much down that road with the member and I hope I've answered as much as I could.

Ms. Draude: — I think that you probably did. Because what I was really asking is, does your government have a philosophical goal on what should be done in this area? And it doesn't sound to me like there is anything that is . . . there's nothing the minister is indicating that . . . There's really nothing definable that your department or your government is working on when it comes to this area.

[19:45]

So I just have one more set of questions that I'll ask all at once on FAS, and then I'll move on to something else.

I'm wondering what your department is doing in the FAS area in schools. Is there something that's set up within the curriculum or at different grades to teach young people about FAS? And if you are working with First Nations so that this same information can be given to young people that are in schools on-reserve. And how much money you're putting into this area.

Hon. Mr. Addley: — Thank you very much to the member. And I think I should clarify her restatement of what she thinks I said for the last answer.

I'm not aware of any programs that Corrections and Public Safety have, but I'm not . . . or goals. But I wouldn't want to agree with the member saying that the government has no goals in this area or has no plans to do that, because that's a question that should be asked to the Minister of Corrections and Public Safety. He may have that and I wouldn't want to mislead the member by saying that there's nothing when he may have that plan or that goal. So just, I hope that clarifies that for the member.

With the other question . . . And there's two questions in that one question so she's getting efficient. Well three, I guess. Two and a half.

The first one is schools. That's the easier one to answer. Learning does have some sample curriculum units and it does get discussed in the middle years. And the funding for '05-06, the latest numbers I have was approximately $103,000.

The second question — which I guess I answered one and three — the second question with regards to First Nations, I think I'd go back to the way the member prefaced one of her earlier questions, that this isn't a First Nations issue. This is something that can affect all individuals.

And so we haven't got the program targeted specific based on whether you're First Nations or not. KidsFirst is for at-risk parents and many of the at-risk parents are First Nations, but it's not a First Nations program because many of them are not First Nations. So that is the answer to question number two.

Ms. Draude: — Thank you, Mr. Minister. Again I want to clarify that I didn't think, I wasn't saying that it was First Nations people that were all that FAS was involved with.

What I wanted to know was how your department is dealing with First Nations. Have you got some kind of an agreement so that the same education is in the reserve schools? Is the same kind of pamphlets or diagnosis available for people that are on-reserve? How are you working with First Nations in Saskatchewan to ensure that everyone has the same amount of information available to them regarding FAS?

Hon. Mr. Addley: — Thank you for the question. And I just want to make it really clear I wasn't trying to put words in the member's mouth that it was a First Nations issue. I was agreeing with her that it wasn't just a First Nations issue. So if she got the impression that I was saying that it was . . . I think we agree on that issue.

The First Nations Inuit health branch of Health Canada has jurisdiction and responsibility to deal with these issues for those that are living on-reserve. And I'm advised that Health Canada and Saskatchewan Health have a very good working relationship between the two bureaucracies and that information is shared and best practices developed and that those ideas do flow back and forth.

I am aware of First Nations that have schools on their reserve that are affiliated with different school divisions, and so those schools would be part of the numbers and the program that I was talking about. Many schools on First Nations are First Nations run, and so that jurisdiction is within their purview. As well that's also now becoming more of a Learning question that I wouldn't have as much of a detail as I would. So I hope that answers the question to the member.

Ms. Draude: — Thank you. I know that we're going to have these issues because there's cross-jurisdictional departmental issues here that we're going to come up against this evening. And the reason I asked you is because of the mobility of young people, not just First Nations but everybody. But I know there's a lot of First Nations that go from reserve and back again, and I don't want anybody to miss the opportunity to learn about the issue.

I'm going to go to the next issue that I know affects a lot of people in Saskatchewan, and that's the issue of diabetes. I read an article not too long ago that talked about the number of people in Canada who were going to be afflicted with diabetes in the next number of years, mostly because of our lifestyles. And I — unlike most of my colleagues who only eat salads — I find myself maybe eating hamburgers a lot more often than some, so I am concerned about this area. And I am wondering what specifically your department is doing to deal with the potential increase of the number of people who have diabetes.

Hon. Mr. Addley: — Thank you to the member. And I agree with the member and her comment on my last answer that if First Nations are off-reserve then they are the jurisdiction within the Government of Saskatchewan and that they would be able to avail themselves of the programs that are there.

Diabetes is a very important issue. I talked about it in my opening remarks and the aspect of diabetes that falls within Healthy Living Services is on the prevention side. So the healthy eating, the healthy exercise, those sorts of things. The reason I'm saying that is that once we're into the issue of diabetes most of that falls within the Department of Health and I'm advised by some that Minister . . . the minister, pardon me, of Health — I just about said his name and you can't in this purview — would be delighted to answer many and sundry detailed questions on diabetes.

Ms. Draude: — I guess when you talked about prevention that must mean that you have some type of program available, an education program. Is it brought out in the schools? Are you spending money advertising it? What are you doing? How much money are you spending on it?

And the other thing that I must put on record is that one of the big issues about diabetes is the cost of the strips for testing your blood when you have diabetes. I know I have a son that has diabetes and he has to give himself three needles a day and that gets to be very expensive. And I do know that when it comes to prevention, if you can look after yourself, then you're not going to cost the health system a whole lot more money down the road. But the strips are very expensive.

I know again that the First Nations, many of them don't do the testing as often for a number of reasons but there's always . . . the costs are always one of the reasons. So can you please tell me what you're doing with . . . how much money you're spending on the prevention aspect. What specifically are you doing? And how you are encouraging your minister to ensure that everybody has availability of the strips and the needles and everything at cost to ensure that you can keep your diabetes under control.

Hon. Mr. Addley: — Thank you for the question. I guess I'll answer the easier question, part of the question first. Effective . . . [inaudible interjection] . . . Okay. Not only does she ask questions, she heckles when she asks them.

Effective October 21, 2005, Saskatchewan Health provided funding to each of the health regions for a dedicated health promotion position. And that's not just to deal with diabetes but it's to deal with sort of health promotion on healthy exercise and healthy eating, because by doing that we're not just solving or ameliorating the issue of diabetes but it's also heart disease

and depression and a whole host of issues.

Which leads into why it's challenging to say this is how much money we're spending on diabetes prevention. Because while this is a very important initiative that does help that, it also helps on a whole number of initiatives and to say that, you know, 1 per cent or 20 per cent of that person's salary is for that, for diabetes prevention, is very challenging. But that's one of the major initiatives we're doing.

And also one of the challenges for saying why it's not a line item in Healthy Living Services' budget, In Motion is in another portfolio — Culture, Youth and Recreation. Department of Learning also has some initiatives with . . . I can see the member had some questions on that but not any more. As well within Learning there's initiatives on nutritious food, those sorts of things. So it's more of a direction that would be delivered by a number of departments around government because it's something that if we can affect the whole community a lot of the person's health is improved.

And I understand the member's concern on this issue and I also have family members that are dealing with the issue and it's a very frightening and very challenging issue that if we can treat it early with diet and exercise you can hopefully mitigate some of the more serious consequences that can come about with diabetes.

Now the member also asked some specific questions on strips and on needles. And I don't like doing this — when I was chairing these committees I always felt bad for the member — but that's actually an issue that really should be taken up by the Minister of Health.

[20:00]

Ms. Draude: — Thank you, Mr. Minister. I have one more question before my colleague will ask for a while. Before you hired this personnel, did you develop some type of baseline so you could have . . . you could determine some measurables about the effectiveness of hiring this person within each region? There must be something that you, some way that you can determine if this is a good use of public money.

Hon. Mr. Addley: — I thank the member for the question and I see the time is going by so I'll try to shorten my answers. The short answer is no, we don't have specific targets of numbers that we hope that this is what we achieve, partly because these kinds of initiatives often takes years to have the positive results and it's across broad spectrums. It's housing. It's living conditions. It's poverty rates being improved. It's working with the federal government as well. I know that the whole population branch or whole population health issue is one that you can do a number of initiatives and the results are the numbers improve and you can't say that it was because of initiative one or initiative five, it was by doing all ten at the same time consistently that you see some improvement. So we're committed to doing that and we hope to see some positive results down the road.

The Deputy Chair: — I recognize the hon. member for Saskatoon Northwest.

Mr. Merriman: — Thank you, Mr. Chair, and thank you to the minister and the people who came tonight to answer the questions. Appreciate your time. In the opening discussion to try to understand what the minister's position was he had explained as cross-jurisdictional and yet when we get to pointed questions they either have to go back to the Department of Health or to Corrections. Would it be a fair assessment to say that the minister's department is a public relations department facing these facts? Thank you.

Hon. Mr. Addley: — Well initially I wanted to give a very short answer and just say no and then sit down, but I'm not sure that that would satisfy the member, so I'll give the expanded answer as well.

The Premier, when he talked to me about taking on this challenge, said that from his perspective he wanted to shine a greater light upon a number of initiatives, very important initiatives that are extremely important but in some cases may not be viewed as urgent in the public eye, or areas that have a stigma or discrimination attached to them.

The portfolio that I'm privileged to hold is one that provinces across Canada are starting to create. I know Manitoba has a similar position. Ontario has one. A number of the Maritime provinces do as well. So in fact the current Premier of Nova Scotia I believe, just prior to holding the position that he now holds, was the same position that I'm holding now. So I wouldn't characterize this as a public relations exercise, nor would I expect any of the provinces — probably about six or seven of them that have current ministers that hold similar portfolios that I have — would view it in that manner as well.

These are extremely important initiatives that need concentrated effort upon: addictions, mental health issues, autism, FASD.

The comment that the member made about working interjurisdictionally, I think he's correct in that there are some questions that cannot be answered by this portfolio, just as if we have someone from Learning can answer their Learning portions of the FASD initiatives but would have to defer to Justice or Corrections and Public Safety or perhaps Healthy Living Services to be able to answer the questions that are available to be answered in their portfolio.

Mr. Merriman: — Thank you. Mr. Minister, in Project Hope, one of the first objectives was to hire a Chair for the university. Has that been done? What was the date of that being done, please?

Hon. Mr. Addley: — The member is quite right that one of the initiatives in Project Hope was the hiring of a research Chair. The funding and the agreement and the legal requirements to set up that has been completed. The university has been provided $250,000 a year.

I know they are in the process of recruiting and attracting a top-tier candidate. And I'm sure the member knows, as other members know, that attracting a tier 1, top-flight candidate can take time because the type of individual that we're looking for is one that . . . He or she would be someone that's a pre-eminent individual that is well-known around the world in his or her field in the area of addictions. Likely that individual would be

having many commitments that they would have to extricate themselves from before they would be able to take on a new initiative.

You know I did have communication with the university recently, and they're working very hard to fill that position. And one of the exciting parts about that is that by attracting a top-flight candidate within the community, there should be additional resources and funding provided. So as people want to invest some of their resources or try to benefit the community at large, the U of S [University of Saskatchewan] is a very well-respected institution. The safeguards of funding would be utilized correctly. And we hope that, attracting a top-flight candidate, we'll be able to provide that research and the positive benefits down the road.

Mr. Merriman: — Thank you, Mr. Minister. So I believe it's been almost one year. Can you tell me how many candidates have been interviewed for this position?

Hon. Mr. Addley: — Well just to correct the member, it's been since December '05 that the agreement was signed. And we were told at that time that it could take up to one year from December '05 to actually attract that candidate. I know that they are under way of the recruiting and advertising. I'm not aware of any interviews that may have taken place. That is something that we've provided the $250,000 a year for the university, and that's a responsibility that they've taken on.

And one of the things we've got to be cautious of is that, while the funding is from Department of Health, this is an autonomous organization. We don't want to interfere in the research and the type of individual that they decide that they need to attract, other than it will a very high qualified individual.

Mr. Merriman: — Thank you, Mr. Minister. We look forward to hopefully sometime this year seeing somebody in that position. I'd like to switch a little bit. My colleague had asked about sexual exploitation of children, if that fall under your area. We didn't get an answer. Could you answer that question, please?

Hon. Mr. Addley: — No, it does not.

Mr. Merriman: — Could the minister answer whose area that does fall under, please?

Hon. Mr. Addley: — This is an issue that crosses a number of portfolios. The lead portfolios, depending on the type of questions that the member hopes to ask, would either be Department of Community Resources or Justice. The components that would be within Health is . . . if the individuals did require either addiction services, mental health services, or other health services, that would be under Department of Health.

But the two lead areas, depending on how the member is asking the questions, would be Justice and Department of Community Resources.

Mr. Merriman: — Thank you, Mr. Minister. The question is, is that we did a all-party committee. We had 50 recommendations. We've implemented four. The question is, when do we implement the rest of them? And I just needed to know which department to go to that, but we'll try all of them and that way we'll incorporate it.

I'd like to talk about the methadone program. Could you explain the methadone program including the number of people that are using it and the number of counsellors that are available to that program? Thank you.

[20:15]

Hon. Mr. Addley: — The member asks about methadone. I'm sure he doesn't want to know all about what the methadone program is. I'm sure he's aware of it, other than that these are for individuals that are addicted to different opiates. This is part of the harm reduction model. If he wants more information, I'd be more than happy to answer that.

But the three sites within Saskatchewan are in Prince Albert, Saskatoon, and Regina. And in 2005, there were 1,500 clients that utilized the methadone clinic.

Mr. Merriman: — Thank you, Mr. Minister. The other part of the question, if you could break it down by city and the number of counsellors that are available to these people on the program, as I understand they have to see a counsellor as part of the methadone program.

Hon. Mr. Addley: — The information that the member is asking for is quite a level of detail. That 1,500 clients, we don't have that broken down by city. We do know that through Project Hope an additional two counsellors were provided to Saskatoon, an additional one in Prince Albert.

Mr. Merriman: — You still haven't given me the original amount of counsellors that were there prior to the hiring of the three.

Hon. Mr. Addley: — That's also part of the level of detail that we don't have here tonight.

Mr. Merriman: — It's my understanding that the government guidelines call for one counsellor for every 50 clients. I understand in the city of Saskatoon that that number is 1:500. Is that correct?

Hon. Mr. Addley: — I think the member's incorrect in saying that because just the new hires are a total of three . . . two in Saskatoon, one in Prince Albert, and there's 1,500 clients. So that's 1 in 500 just for the new hires. That's not including those that were currently working there or prior to.

But the reason we don't have that level of detail is that service is being delivered through the regional health authorities, and so they would have that day-to-day information. But I can assure that those statistics would be inaccurate just based on the information I provided. You know the 1,500 is for the whole province, and we did hire additional three — two for Saskatoon and one in Prince Albert.

Mr. Merriman: — Thank you. But obviously I was unaware these three had been just hired. Could you tell me the date of

the hirings please?

Hon. Mr. Addley: — We don't have the exact hire dates. But the funding was provided before the end of the last calendar year, and our understanding that all three were hired between the region of October and March of this year, so the last six months of the calendar year.

Mr. Merriman: — So it could be that my numbers were accurate prior to those hires. And I would appreciate if the minister could get me those numbers at some point in time in the near future. It would be greatly appreciated.

Fifteen hundred people on the methadone program, I'd like to hear from the minister what our plans are to move those people off of methadone and through some type of addiction treatment centre so that they're cured and no longer need to be required on drugs of any kind.

Hon. Mr. Addley: — The whole concept behind the addictions strategy within Saskatchewan is that, as much as possible, we treat the individual, so it's individualized treatment. And we meet the individual where they're at.

As I indicated, the methadone program is a harm reduction model, and so as individuals avail themselves of the treatment options, they are able to access the outpatient treatment. And if they choose and are moving along in the process, they can access in-patient programs as well.

But I mean the member's fully aware of the needle exchange programs, the programs that are going on in Vancouver that are on the harm reduction model. And the statistics in downtown Vancouver for a lot of those clinics that actually provide the drugs is that the success rate of getting them from where they are to being completely clean and sober and clear of all drugs is very low. So if that's the hopeful outcome, then the numbers aren't very good.

But if the outcome is to make that population healthier so that they're using safe needles, that they're not sharing needles and they're not spreading communicable diseases and that they're as healthy as they can be in that environment and the opportunity to avail themselves of different programs to get out of that, then I would say that those numbers are very good.

But to go back to the original question is, what is . . . there is the whole continuum of care, continuum of treatment. And the counsellors are working with these individuals to hopefully get them into outpatient care. If they feel they need in-patient care, then that is made available. But this is part of that harm reduction model.

Mr. Merriman: — I thank the minister for the answer. You know, one of the things with 1,500 people is we want to try to get them healthy and clean and off drugs. This program is enabling peoples to continue on the drug stream versus treatment. I'd like to know how many of those 1,500 or a number as you quoted statistics out of BC [British Columbia], how many have we moved off the methadone program in whatever period you want, last 12 months, last 24 months, whatever is easiest?

Hon. Mr. Addley: — We don't have those statistics. But the member makes a comment that has a philosophy that the methadone program is bad because it's keeping people utilizing a drug and somehow that that must be a bad thing. And I know there are individuals that don't agree with the methadone program, but I think the preponderance of best evidence say that you try to make the person as healthy as they can be in their environment.

Of course the ultimate goal is that they move through that continuum and that program. But we also don't want to make it so that the individual is feeling so pressured that they walk out and don't become part of the methadone program, in which case they're back using illicit drugs, likely sharing needles, likely spreading different diseases within that community.

And so this is a portion of that harm reduction model. If individuals don't agree with the harm reduction model, then they'll have some criticism and some concerns about that. But I think for the most part, it is doing a good service, and the people that are providing that are making those people as healthy as they can be.

Mr. Merriman: — Well I thank the minister for the partial answer. You know, if we have no measurable goals or objectives, if you're not tracking these, how do we know that we are moving them down the continuum? If we continue to support 1,500 people on a methadone program without even knowing if we're moving some of them off of drugs completely, what is the end? Does this just go on forever?

Hon. Mr. Addley: — I guess the answer that I would give is if you have an individual that is using intravenous drugs and wants to improve their life as much as they can and they avail themselves of a counsellor and go on the methadone program, that's a major step forward for that individual. Someone's that on a methadone program is able to be as healthy as they can be, may be able to hold down a job, may be able to stabilize their family.

It's a major step forward, so within that harm reduction model, that's something that should be applauded, not said that they've failed because they haven't achieved 100 per cent success. For that individual, that may be 100 per cent success, and that may be something that they're on for the rest of their life, and their life will be a lot longer because they are on that program. Whereas we know that if they hadn't been on that program, their life expectancy would be very low. They themselves wouldn't be as healthy, and the community wouldn't be as healthy.

Having said that, there is the options and the availability for treatment to move along that continuum as much as they're available, as much as they're able to participate in that. But I wouldn't want to put so much pressure on that group of individuals to say, listen you're here for a year, and then if you don't get off, well then you're kicked out. That wouldn't be appropriate.

So some of those individuals could be there the rest of their life. Some could say you know what, I'm ready to take that next step. Removing yourself or getting treated for drug abuse is not a straight line and a continuum. They have slips. They have

things where they're doing better. They have fallbacks, and as a community we have to have that safety net for them.

If a person doesn't agree with the harm reduction model, they're not going to agree with my answer. But I think that for the most part, it's the responsible thing to do as a society.

Mr. Merriman: — Mr. Minister, I understand that it's a step in a continuum, and that is a requirement in order to move people from the street to a program. But you failed to answer any of the questions. You don't know how many counsellors you have for these 1,500 people. You've been unable to say how many people you've been able to take from the methadone program into treatment and off of methadone completely.

So you know, I don't know what else you would like me to say other than there are no measurable goals and objectives in this program, and I want to know when you're going to institute some.

[20:30]

Hon. Mr. Addley: — Well the member's asking very detailed questions, statistical information that it's not usual to have in this type of platform, so that's the reason we're not able to answer those detailed questions.

But to come back to the goals and . . . The RHAs are working very hard. They're providing a harm reduction model which is to accept the individual where they're at, to provide the help that they need, and move them along as much as possible.

It would be great if everybody could move right along just like a conveyor belt and have no problems and don't fall off, but that's just not how addictions work. The goal here is to provide a harm reduction model to make these people's lives as healthy as they can be and have an array of services that if they're in a position to be able to accept them and move down that continuum that that service menu is there for them.

Mr. Merriman: — Well thank you, Mr. Minister. We'll switch subjects that you don't have the information, but any project that doesn't have measurable goals and objectives to know where you're moving down the continuum is a project doomed to fail because there's no way of knowing whether you're being successful or unsuccessful.

New question, Mr. Minister. Could you tell me how many calls you are getting per month on the drug addiction helpline, please.

Hon. Mr. Addley: — I thank the member for the question. And just to clarify, we believe that he's asking questions on the enhancements of the HealthLine and how many of them were of a drug-related nature. Is that what the member is asking? . . . [inaudible interjection] . . . Well the member is asking if there is a special number for drugs. And actually what it was, was this was one of my interim recommendations from last April — a year ago — that the HealthLine, the toll-free HealthLine that is providing health information to families, that they've actually hired individuals so that individuals can, parents and families can phone 24 hours a day, seven days a week, and call HealthLine and actually speak to a live addiction counsellor. I believe that's what the member is asking about. It's not a separate toll-free number. It's the regular HealthLine number which is 1-866-800-0002. If that's incorrect just check the front of your phone book, for all the viewers, and it's in there.

We did issue a press release. I believe it was in the first number of months that HealthLine had been expanded. And I believe the number was 300, but it's available on the government website from a number of months ago. If the member is wanting to know what the global number is, we can send that information over in the not-too-distant future. But we just don't have that statistical information here tonight.

Mr. Merriman: — I'm sorry; I didn't understand the answer at the end there. What I was asking was how many calls are going through to the addiction counsellor, either on per month or per year, whatever he can give me. Thank you.

Hon. Mr. Addley: — We can send that information over, get that fairly quickly to the member. We don't have that here this evening though.

Mr. Merriman: — You know, we're a little disappointed on all this statistical information that we're asking. We don't seem to have any of the information here. I hope that we can get this information quickly so that when we're back asking more estimates in this department, we have the information we need.

We understand that in the prisons that — the ones we visited in the last 60 days — that the wardens had told us that 70 per cent of the people within the prison system are there for addiction-related . . . or have addictions. And in working with the estimates last night from Corrections, I understood that there are 15 spaces open for five-week addiction program. Would those numbers be correct?

Hon. Mr. Addley: — Through Project Hope, $550,000 for '06-07 is provided to Corrections and Public Safety to provide addiction services within that community. How they decide to allocate that money and whether it's 15 spaces, that's something that if you've received that answer last night, I wouldn't have better information than they would have because that's within their jurisdiction. But 550,000 has gone from Health to Corrections and Public Safety.

Mr. Merriman: — Well, Mr. Minister, if you have Project Hope, which is to do with addictions, you give $560,000 to Corrections and you have no idea what they're doing with it, I'd like to understand why not.

Hon. Mr. Addley: — The amount was 550,000 to Corrections and Public Safety. That is within the jurisdictions of Corrections and Public Safety. They have been mandated the authority to spend that money. And the answer that the member gave last night, I'm sure was accurate, and it's within his jurisdiction to oversee that initiative.

Mr. Merriman: — Mr. Minister, I understand, but if you are trying to overlay a drug strategy across the province, across different jurisdictions that you have control of, you need to be involved in how those programs are . . . the material of those programs, the length of those programs, and all materials surrounding those programs. Without your ability to do that,

then how do you do your job, sir?

Hon. Mr. Addley: — Well I think the member's question is sort of a philosophical question. Project Hope provides funding to a number of departments, a number of areas. To a certain extent, this is through different departments, through different community organizations, different RHAs. So the day-to-day operations of those programs are really best answered by those ministers.

But having said that, the overall strategy of evidence-based best practices, ensuring that there's a continuum of care on the prevention and education side in the area of detox stabilization, in-patient-outpatient support, transitional housing, ongoing support along that continuum of care . . . Once that strategy is put forward with Project Hope, then that is being implemented by different departments and different regional health authorities. So depending on what the member's asking, that is within this portfolio. If he's asking for very detailed, specific questions on the delivery, of course that would be best answered in those different departments.

Mr. Merriman: — Well, Mr. Minister, you know, you're in charge of Project Hope. You're not a public relations department. You give out $550,000 to another department, and you don't know what their measurable goals and objectives are. You don't know what they're doing with that funding. Then you would be a bank and not doing that. It's a simple question. Do you have measurable goals and objectives that the money being spent in prisons for addiction treatment . . . that they are part of the program you are running and that you are aware of the types of programs that are being put on in that organization?

Hon. Mr. Addley: — Well again the member is asking sort of a philosophical question. Project Hope provides funding to a number of initiatives whether that's Justice, whether that's Learning, whether that's Corrections and Public Safety. And once that funding is provided to that department . . . For example Learning, Learning has good initiatives within their department. We have good trust that those dollars are being spent appropriately. They work with the experts and the professionals within that field to come up with what they believe is the best way to provide the information to the young people in Saskatchewan, just as within Justice they've hired additional SCAN [safer communities and neighbourhoods] officers. They've got a program that they believe, and those experts believe, is the best way to approach that.

[20:45]

Same thing for Corrections and Public Safety. They believe that they needed some additional resources to assist those individuals that are incarcerated to help with their addictions. Additional resources were funded to Corrections and Public Safety so they could formulate the plan with their experts, with those individuals that know that population best and that is what they're doing.

So I'm not attempting to avoid answering questions, but I'm trying to make sure that the member knows where to get the best answers. And in that case it's the Minister for Corrections and Public Safety — which I understand he did get an answer to last night.

Mr. Merriman: — Thank you. Yes, the answer we got, that there were 15 spaces in Corrections based on the number of people . . . The fact if I asked about SCAN, I'm sure that the Minister of Justice could tell me about it, the program, what's going on. But I'm going to switch subjects because I'm not getting any answers on these ones.

I'd like to know if there is a dual diagnostic treatment centre here in the city of Regina that will take people that have bipolar or other issues along with a drug addiction which is really unique in the treatment world. Is one of those facilities available here in Regina?

Hon. Mr. Addley: — The member is quite right in the area of dual diagnosis because what I learned last year doing the analysis is that there's a lot of individuals that have mental health issues that also have an addiction and a lot of people that have an addiction that also have mental health issues. And there is a lot of debate as to which came first, but there is a huge number of overlap. And that's why one of the recommendations was to reconfigure the whole model of recovery so that best practices are utilized and that the whole issue of mental health and addictions are working more closely together.

And so some of the crosstraining that's being held for addictions and mental health workers is to deal with the issue that the member is talking about, also some of the in-patient psychiatric units that are very accustomed to dealing with the more severe end of individuals that have that dual diagnosis.

So the member is quite right that that is a serious issue. We're addressing it on the front of in-patient but also making sure that the outpatient individuals that are providing the service have training on both and so that we're trying to treat the whole individual as opposed to treating the symptoms that the individual presents so that they're not sent from a mental health issue person to an addiction professional and those individuals aren't talking.

So we're not there yet. We need to do some more work, but the plan is to move them closer together so that they are more part of a team as opposed to segregated units.

Mr. Merriman: — Well thanks, Minister, for the explanation. I understood that part. The question was, is there a facility or a community based organization, a non-government organization or a government organization that's providing that service today in Regina?

Hon. Mr. Addley: — The in-patient psych unit at the Regina General Hospital.

Mr. Merriman: — I understand that that treatment program is a long-term treatment program. Is that correct?

Hon. Mr. Addley: — It would really be based on what that individual requires, but generally it would be of a shorter term nature — days and weeks as opposed to months and years. However part of that process is that once that individual's been stabilized, then they either avail themselves of the mental health and addiction professionals on an outpatient basis, or if required then they could move to an in-patient treatment centre. And we have a number of those throughout the province.

Mr. Merriman: — Last question on this, Mr. Minister. There is a centre here in Saskatoon . . . in Regina, a community-based organization that offers long-term treatment for dual diagnosis. And my question was, to get to the point, that I had a parent in Saskatoon who wanted to send their child here but was told that basically they would have to be on the waiting list because it was run by the Regina Health District and that the people in Regina came first. Could you explain why that would be?

Hon. Mr. Addley: — I know our time is running short, and I understand the member has a case that he'd like to pursue. If he wants to contact my office or we can speak afterwards, we can get the information and deal with it in a much more appropriate way than this back and forth because we would want to get the help to the member's constituent in an appropriate manner.

To try to answer the member's question however — and we can continue on if he wishes — is that if the facility that the member's talking about is a provincial facility, which it likely is, then there may have been a waiting list, and it may have been someone from Regina is ahead of that individual. But no, it doesn't matter where it's located. The person is provided the help regardless of their residency. So if there is a waiting list to get on, it's based on the individual's need and would get the help as quickly as possible.

The Deputy Chair: — I recognize the hon. member for Kelvington-Wadena.

Ms. Draude: — Thank you, Mr. Chair. Mr. Minister, my colleague asked a question about the sexual exploitation of children. And I had taken for granted that when this department was conceived by your government that this department would be looking after this program.

In 2001 when I had the honour of being part of this committee, we did develop 49 recommendations. And there are a number of them yet to be looked at by government. And I understand that you're saying now that your department isn't the umbrella over the whole program, and I would wonder.

After I've listened to you say a number of times tonight that your department treats the whole individual, this would be the department that should be responsible even if you don't carry out all the recommendations, to make sure that they are. Who in your government then is looking after it to ensure that these recommendations are being put forward and that they are going to be implemented in a timely manner?

Hon. Mr. Addley: — Well just to make it very simple for the member, the Department of Justice is the lead department on that. So that's the department that you'd want to start for the global questions.

And I think the member is quite right as to what should be in this department and what shouldn't be in this department. It's a very arbitrary process. I mean, we've had this debate. The Minister of Health and I share a department, share a deputy, and we often have discussions as to whether it should be in his portfolio or in my portfolio. And wherever you draw that line, you can debate that it should be more one way or the other. So it's not a clear-cut delineation of duties as the member understands.

But specifically the good work that she and other members have participated in for the sexual exploitation of children, those questions should go directly to the Department of Justice as the lead role. Now some of the delivery of that service, just as we've said that it's overseen by this department and is delivered in other departments. We're one of the departments that is also touched, but the lead role is Justice.

Ms. Draude: — Thank you, Mr. Minister. And I have no doubt that your department is really concerned about all the different issues we've talked about. But since 2000 and 2001 when this work was undertaken, we still have too many young people out on the street, that are being exploited. And even this year in the beginning of March 2006, there is yet another group that are trying to deal . . . in Saskatoon who had a conference trying to deal with the sexual exploitation of children. And I just can't believe that we still are talking about this issue when six years ago we understood that if we had an all-party committee, something was going to be done with it.

I believe that we are failing our children when we are still trying to reinvent the wheel and talking about the very same things. I remember talking about it to different departments a number of years ago. And Education said they were willing to take credit for it. Health was willing to take credit for it. Justice was until it asked the very specific question — who's in charge? — and then nobody was going to answer the question.

And it's easy for us to sit here tonight and talk about which department they're under, but they're all just one child. One kid is being shoved around between different departments because nobody is taking the responsibility and making sure something is happening. I think that we could all consider ourselves failures unless we take the bull by the horn and say that this is something we're going to be dealing with.

You're saying that it's the Minister of Justice and then . . . so I'm going to take . . . I'm going to ensure that the next time this comes up I'm going to ask him about these 49 or 47 recommendations that have still yet to be implemented.

I'm getting a signal that I'm supposed to be finished, but I guess we'll have an opportunity to discuss this further. I thank the officials for coming tonight. And these are important issues. I can't imagine a department that overlaps so many other different ones that has an opportunity of making such a difference. And I guess like you said earlier tonight, there is still things that have to be worked on. Thank you, Mr. Minister.

Hon. Mr. Addley: — Well I just thank the member for that, very good comments that she's made, and just say that we all share frustration that we want to get as much done as quickly as we can in that area. And if she wants to talk to me outside of this area, I'd be more than happy to go over the things that we can contribute.

And I do believe that this is an important portfolio. There are issues that we can do very quickly. A lot of these issues are very solvable. They're not easy, but they're very solvable or very improvable. So by putting energy and initiatives and resources . . . that we can really improve people's lives for the better.

And I know the member has contributed that on a number of fronts. And just to thank the two members for their very good questions, and we'll continue to discuss this further. So thank you very much and thank you, Mr. Chair.

The Deputy Chair: — I recognize the Government House Leader.

[21:00]

Hon. Mr. Hagel: — Mr. Chair, I move the committee rise, report progress, and ask for leave to sit again.

The Deputy Chair: — It's been moved by the Government House Leader that the committee rise, report progress, and ask for leave to sit again. Is it the pleasure of the committee to adopt that motion?

Some Hon. Members: — Agreed.

The Deputy Chair: — That is carried. I want to thank the Minister of Healthy Living Services and his officials. And the committee stands adjourned.

[The Acting Speaker resumed the Chair.]

The Acting Speaker (Mr. Prebble): — I recognize the hon. member for Regina Walsh Acres.

Ms. Morin: — I'm instructed by the committee to report progress and ask for leave to sit again.

The Acting Speaker (Mr. Prebble): — When shall the committee sit again? I recognize the Government House Leader.

Hon. Mr. Hagel: — Next sitting of the House, Mr. Chairman. And while I'm on my feet, I'll move that this House do now adjourn.

The Acting Speaker (Mr. Prebble): — The Government House Leader has moved that this House do now adjourn. Is it the pleasure of the Assembly to adopt the motion?

Some Hon. Members: — Agreed.

The Acting Speaker (Mr. Prebble): — That is carried. This House stands adjourned until tomorrow at 1:30 p.m.

[The Assembly adjourned at 21:03.]

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