5.0 Biophysical and Human Impact Assessment

IR Number: 29

To: Developer (GNWT, Hamlet of Tuktoyaktuk, and Town of Inuvik)

Subject: Caribou habitat fragmentation (EIS, Section 3.1.9.5 p. 218, Section 4.2.7.2, p. 520 and Table 4.2.7-3)

Preamble

The proposed Highway alignment is located south of the traditional summer and fall caribou harvesting areas, but within the spring and winter caribou harvesting areas. As well, the alignment occurs within the Bluenose-west winter range management area. This area provides important winter habitat for the Bluenose-West caribou herd, which is valued for subsistence harvesting year-round by Inuvialuit communities and other Aboriginal communities outside the ISR.

As stated by the Developer, caribou habitat could be lost, fragmented, or degraded as a result of the proposed development. However, the Developer does not appear to have carried out any type of habitat fragmentation analysis as part of the assessment of impacts to caribou. No rationale is provided for this apparent omission, despite acknowledging that habitat fragmentation, as a result of the proposed development, could impact caribou. As a result, the Developer's residual effects assessment for caribou and caribou habitat in the RSA may be underestimating (qualitatively) the potential impacts to caribou.

Request

- 1. Please explain why habitat fragmentation analysis was not completed for this EIS.
- 2. Please provide statistically derived confidence limits for your predictions.

Developer Response: 29.1

To date, no habitat fragmentation analysis for barren-ground caribou has been completed for **all weather road** projects within tundra ecosystems of the Canadian Arctic. In the Northwest Territories, proponents for three projects (NICO Cobalt-Gold-Bismuth-Copper Project - 2011, Taltson Hydro Electric Expansion Project - 2009 and Gahcho Kue Diamond Project - 2010) have conducted habitat fragmentation analyses for barren-ground caribou. The habitat fragmentation analyses for these projects included previously existing and future developments. The NICO project RSA is located south of the treeline (Project footprint 1860 ha) and approximately 2/3 of the Taltson Project also occurred below the treeline (Project footprint 22,072 ha). The RSA for the Gahcho Kue mine and approximately 120 km winter access road is located entirely north of the treeline (Project footprint 1,235 ha). In all three projects changes in habitat patch values were identified (NICO 1.7%, Taltson 1-16% & Gahcho Kue 0-5%). The Inuvik to Tuktoyaktuk Highway is anticipated to remove approximately 383 ha of linear habitat over a 138 km, which is considerably less than the three mentioned projects.

When considering fragmentation effects, the question then becomes whether a road or pipeline or other corridor is enough of a barrier to limit crossing by caribou. If it is a complete barrier, then it is causing fragmentation, regardless of the area taken up. Vistnes et al. (2004) found that wild reindeer in Norway used both sides of a road that was closed in winter equally, but a combination of two parallel power lines and a road closed in winter meant reindeer rarely crossed the corridor, even 30 years after it was built. Vistnes et al. (2001) reported that no reindeer were found in areas exceeding 1.3 km/km² of linear structures and only 1.1% of reindeer were found in areas exceeding 0.8 km/km² of linear structures, an area making up 17% of their study area. This is significant because it parallels the results found for boreal woodland caribou in Alberta, and suggests that this is a generalized response across caribou and reindeer as a species.

A recent paper presented at last year's Arctic Ungulate Conference by Panzacchi et al. (August 2011) found that, based on data from 10 GPS collars, reindeer in Norway crossed a road that cut across their migrations twice annually but their behaviour was altered by the road in that their rate of travel crossing the road increased. This increase in rate of travel parallels what has been shown in boreal woodland caribou in Alberta crossing seismic lines. Panzacchi et al. also state the obstacle (a road) delayed arrival to the calving ground. A study by Dyer et al. (2002) of boreal woodland caribou showed that seismic lines were not barriers to caribou movements, whereas roads with moderate vehicle traffic acted as semi-permeable barriers to caribou movements. The greatest barrier effects were evident during late winter, when caribou crossed actual roads 6 times less frequently than simulated road networks.

Rescan (2007) reported the frequency of migrating caribou crossing the 29 km all weather road linking the BHPB's main Ekati mine to the Misery Pit depended on traffic volume and height of the snow bank at the edge of the road.

Most of the evidence to date suggests that caribou will cross the Tuktoyaktuk-Inuvik road but their behaviour may be affected by it. ENR is undertaking a caribou collaring program designed to look at impacts to Cape Bathurst and Tuktoyaktuk Peninsula caribou movement and habitat use in relation to the road as part of the Wildlife Effects Monitoring Program being developed by DOT and ENR. This will provide a basis for further evaluating fragmentation effects.

In summary, the results of the of fragmentation analyses conducted at existing and proposed mines in the NWT as well as the evidence surrounding the potential barrier effect of the road suggest that habitat fragmentation analysis of the ITH Project would not contribute meaningfully to the assessment of impact to barren-ground caribou within the study area.

References:

- Fortune Minerals Ltd. 2011. Nico Developer's Assessment Report Section 8.0 Key Line of Inquiry: Caribou and Caribou Habitat.
- Denze Energy. 2009. Taltson Hydroelectric Expansion Project Section 12 Barren-ground Caribou.
- De Beers Canada 2010. Gahcho Kué Project Environmental Impact Statement. Section 7. Key Line of Inquiry: Caribou.
- Dyer, S., J. O'Neill, S.M. Wasel and S. Boutin. 2002. Quantifying barrier effects of road and seismic lines on movements of female woodland caribou in northeastern Alberta. Canadian Journal of Zoology 80:839-845.
- Nellman, C., I. Vistnes, P. Jordhoy, O. Strand and A. Newton. 2003. Progressive impact of piecemeal infrastructure development on wild reindeer. Biological Conservation 113: 307-317.
- Rescan. 2007. 2006 Wildlife Studies. Prepared for BHP Diamonds Inc. May, 2007.
- Vistnes, I., C. Nellman, P.Jorday, O. Strand. 2004. Effects of infrastructure on migration and range use of wild reindeer. Journal of Wildlife Management 68(1):101-108.
- Vistnes, I., C. Nellman, P.Jorday, O. Strand. 2001. Wild reindeer: impacts of progressive infrastructure development on distribution and range use. Polar Biology 24:531-537.

Developer Response: 29.2

Please see response 29.1.

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IR Number: 33

To: Developer (GNWT, Hamlet of Tuktoyaktuk, and Town of Inuvik)

Subject: Caribou habitat loss (EIS, Section 4.2.7.2, p. 520)

Preamble

The Developer provides some coarse estimates of 'habitat' loss for caribou by calculating how much of the herd ranges are directly removed by the development footprint, and reporting these numbers as percentages of the RSA. What appears not to have been provided is information on: zones of influence (ZOI) in these estimates; percentages of herd ranges lost in the LSA (where the greatest impacts to caribou will likely occur); and quantitative information about road avoidance or attraction by caribou. The Developer assumes that caribou will generally avoid the proposed Highway due to sensory disturbance, though some degree of habituation may occur. The degree of avoidance is likely to be higher once construction is complete and regular vehicle traffic commences. No quantitative estimates surrounding the degree of avoidance are provided by the Developer.

Request

- 1. Please provide and justify estimates of habitat loss in the LSA for caribou and incorporate an appropriate ZOI into the coarse calculations of habitat loss.
- 2. Please provide and justify a quantitative estimate surrounding the degree of Highway avoidance by caribou.
- 3. Provide data collected by GNWT Department of Environment and Natural Resources that shows caribou responses to roads or other anthropogenic disturbances.

Developer Response: 33.1

An initial attempt was made to assess a zone of influence associated with the winter roads to the diamond mines (Ekati, Diavik, Snap Lake) in 2009, using radio-collar data in the approach used by Johnson et al. (2005), but there were too few collar data to draw any conclusions. Cameron et al. (2005) stated that "mean caribou abundance declined by more than two-thirds within 2 km of roads and was less than expected, overall, within 4 km, but nearly doubled 4-6 km from roads", in relation to the Prudhoe Bay oilfield on the Central Arctic Herd's calving ground in Alaska. However, this oilfield involved high traffic on roads and an enormous additional amount of infrastructure, which would not be the case for the proposed Highway. In a study of wild reindeer in Norway, Nellemann et al. (2003) found that "During summer, reindeer gradually reduced use of areas within 4 km distance from roads and power lines to 36% of predevelopment density, with subsequent 217% increase in use of the few remaining sites located >4 km from infrastructure."

A zone of influence could be suggested based on Cameron et al. (2005) of 2 km on either side of the 137 km road, which would amount to 548 km², or a larger one of 4 km on either side of the 137 km road, which would amount to 1,096 km², based on Cameron et al. (2005) and Nellemann et al. (2003). However, this would need to be understood as a zone of influence within which caribou

behaviour might be affected, but the expectation would be that caribou would cross the road and would likely do so regularly, except if road traffic was very heavy.

References:

- Cameron, R.D., W.T. Smith, R.G. White, and B. Griffith. 2005. Central Arctic caribou and petroleum development: distributional, nutritional and reproductive implications. Arctic 58(1):1-9.
- Johnson, C.J, M.S. Boyce, R.L. Case, H D, Cluff, R.J. Gau, A. Gunn, and R. Mulders. 2005. Cumulative effects of human development on arctic wildlife. Wildlife Monographs No.160.
- Nellman, C., I. Vistnes, P. Jordhoy, O. Strand and A. Newton. 2003. Progressive impact of piecemeal infrastructure development on wild reindeer. Biological Conservation 113: 307-317.

Developer Response: 33.2

A quantitative estimate of a potential zone of influence around the road was provided in the IR response 33.1. A related potential issue would be whether the road would act as a barrier to caribou, i.e. whether they would be likely to cross the road. Vistnes et al. (2004) found that a linear corridor consisting of two transmission lines and a road acted as a strong barrier to reindeer movement in Norway, while a single road did not appear to act as a barrier. It is common knowledge that Porcupine caribou have crossed the Dempster Highway in the North Yukon repeatedly, often twice a year on their migrations. An ENR biologist who previously worked in the Yukon observed that caribou there often crossed secondary roads, particularly if traffic was light. Crossing of roads was least likely on a large road in a wide corridor with frequent traffic, such as the Alaska Highway. A road such as the proposed Inuvik to Tuktoyaktuk Highway would likely affect caribou behaviour near the road, especially the first time they encounter it, but they would likely cross it regularly, unless there was heavy traffic.

ENR is collaborating with the Developer to develop a Wildlife Effects Monitoring Plan that will outline a program to monitor caribou movements and habitat use relative to the Highway during the pre-construction, construction and operation phases of the Highway to provide more quantitative assessments of avoidance and ZOI particular to this project.

Developer Response: 33.3

As noted in IR Response 33.1, ENR does not have sufficient data to date to assess possible effects of the diamond mines or other projects. Most likely the response of caribou to the Inuvik to Tuktoyaktuk Highway would be similar to the responses that have been documented in Alaska and Norway (see references for 33.1).

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IR Number: 34

To: Developer (GNWT, Hamlet of Tuktoyaktuk, and Town of Inuvik)

Subject: Caribou mortality (EIS, Section 4.2.7.2, p. 523)

Preamble

The Developer acknowledges that caribou mortality could increase due to vehicular collisions and increased hunting as a result of enhanced hunter access. However, no quantitative mortality estimates are provided to support this statement. Although the implementation of hunting restrictions, such as the current ban on caribou hunting in the area, and other proposed mitigation measures could be used to minimize the effects of hunting on caribou, it is currently not possible to determine whether or not such initiatives would be successful as there is no way to gauge their relative success.

Request

- 1. Please provide quantitative estimates of caribou mortality from all sources in the LSA as a result of the proposed Development.
- 2. Please describe the range of wildlife management options available to limit harvesting within road corridors.
- 3. Please indicate where the identified options (in #2 above) have been used and how successful they have been.
- 4. Please explain and justify whether no-hunting corridors could be used as a mitigation measure.
- 5. Please identify, explain and justify what thresholds would be applied to the proposed development corridor to establish a no hunting or shooting corridor.

Developer Response: 34.1

It is not possible to provide a quantitative estimate of caribou mortality that could occur from all sources in the LSA as a result of the proposed development. As indicated in the EIS and in Developer Response 23.2, four caribou were killed by vehicle collisions over the 22-year period (1989 to 2010) for the NWT portion of the Dempster Highway. There is only about 74 km of the Dempster Highway in the Porcupine caribou herd range; the rest of the road is within boreal woodland caribou habitat. On the Yukon side of the Dempster, there are an average of 100 caribou mortalities a year when large numbers of caribou are on the highway in the winter when it is dark and visibility is poor. However, this is highly variable depending on the caribou distribution.

Given the low level of traffic expected to use the Inuvik to Tuktoyaktuk Highway, particularly during the winter period when caribou may be present, the Developer does not anticipate that many caribou will be killed by vehicles driving on the Highway. It is also understood that, since 2007 to present, there has been a complete ban on caribou hunting within the entire area (Area I/BC/07) of the proposed Highway. Additional mitigation measures could be taken to reduce the potential for caribou mortalities including highway signs in areas with increased caribou densities or limited

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visibility. These are outlined in the wildlife mitigations and will be implemented through an Operations Phase Wildlife Mitigation and Monitoring Plan.

Developer Response: 34.2

At this time, harvest management options could include:

- No hunting zones / Restricted hunting areas;
- Special Management Area establishment ;
- No hunting within a specified distance from Highway;
- Reduced hunting quotas;
- Hunter check stations;
- Conservation education programs; and
- Voluntary measures.

Developer Response: 34.3

No hunting areas have been used in the NWT in the ISR and Gwich'in Settlement Area (GSA) for conservation of barren-ground caribou. These restrictions were based on recommendations of the co-management Boards under the land claims (e.g. I/BC/07 in which the Highway corridor falls). There is also a one week closure and restricted use of motorized vehicles in effect for the NWT portion of the Dempster Highway (i.e. Dempster Highway Special Management Area Regulations) to let the caribou leaders pass and to protect habitat. ENR wildlife check stations have been established periodically to monitor harvest at critical times of the year.

For the Dempster Highway in the Yukon, a 500 m corridor was established which restricted hunting based on public safety. However, the Yukon Government, since 2007, is no longer enforcing these regulations for aboriginal harvesters because there was not adequate consultation. Also the Dempster Highway Development Area Regulations prohibits the use of motorized vehicles in an 8 km corridor. This is enforced for licenced hunters only or non-harvesting situations.

Elsewhere in the NWT, the Tibbit-to-Contwoyto winter road runs through the current Restricted Hunting Area the GNWT implemented in 2010 to protect and conserve the Bathurst Caribou herd. As part of the conservation measure, GNWT imposed new regulations. The GNWT also developed and implemented agreements jointly with Aboriginal Organizations to continue working together to help the Bathurst herd to recover. The parties will also work to ensure that population numbers as well as health and condition of the surrounding herds such as the Bluenose East (BNE) and Beverly/Ahiak are also monitored to avoid similar situations. ENR operates a wildlife check station at Ross Lake to monitor harvest.

Developer Response: 34.4

Restricted hunting corridors may only be used in the Northwest Territories for conservation of a species OR public safety. For the proposed Inuvik to Tuktoyaktuk Highway, public safety (in relation to caribou interactions) is not considered to be a significant issue. The Developer recognizes the need for involvement of the existing co-management organizations [i.e. Inuvialuit Game Council and Wildlife Management Advisory Council] and GNWT ENR in determining the need for no hunting corridor along the project right-of-way during the operations phase. If such a determination is made in the future, the legal basis for it would be established in regulations under the *NWT Wildlife Act.* The corridor would be within the Inuvialuit Settlement region and restriction to aboriginal hunting rights has been established through recommendations from the WMAC and IGC and incorporation of the HTC by-laws into the regulations under the *NWT Wildlife Act.*

Developer Response: 34.5

GNWT ENR and or HTC or WMAC could identify species management concerns and those groups would discuss management options. As an example, GNWT ENR was able to identify issues related to harvest and caribou herd populations that led to temporary elimination/reduction of harvest within the ISR. It is possible that the Management Plan for the caribou herds, once finalized, could provide guidance in the future. The Developer submitted a draft of the Management Plan for herds in the ISR to the EIRB in November 2011. More specifically, if particular sections of the road were found to be used heavily by caribou, enforcement patrols could be increased and additional signs with lower speed limits could be placed at appropriate locations.

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IR Number: 35

To: Developer (GNWT, Hamlet of Tuktoyaktuk, and Town of Inuvik)

Subject: Grizzly bear habitat loss (EIS, Section 4.2.7.3, p.529)

Preamble

The Developer provides coarse estimates of 'habitat' loss for grizzly bear by calculating how much 'wetland habitat', 'riparian zones' and 'berry producing habitat' are impacted by the Development's direct footprint and reporting these numbers as miniscule percentages of the RSA. What is not included or justified are: ZOIs in their estimates; percentages of habitat lost in the LSA (where the greatest impacts to grizzly bears will likely occur); and whether road avoidance or attraction by grizzly bears will occur. No quantitative estimates surrounding the degree of Highway avoidance are provided by the Developer.

Request

- 1. Please provide estimates of habitat loss in the LSA for grizzly bears and incorporate an appropriate ZOI into the coarse calculations of habitat loss.
- 2. Provide a quantitative estimate surrounding the degree of Highway avoidance by grizzly bears.
- 3. Based on this information, please explain and justify your statement that direct footprint impacts will not significantly affect grizzly bear.

Developer Response: 35.1

The proposed Inuvik to Tuktoyaktuk Highway footprint will affect approximately 383 ha of grizzly bear habitat which is 2.8% and 0.1% of the LSA and RSA, respectively (Table 4.2.6-1, EIS pg 509). Based on North American studies, grizzly bear response to linear developments varies. Studies in southern Canada and the United States have reported that grizzly bears can avoid roads by 500 m (e.g., Benn and Herrero, 2002; Mace et al., 1996; Wielgus et al., 2002; Waller and Servheen, 2005). There appears to be little work conducted in the north; however, on the NWT central barrens, resource selection function analysis conducted by Johnson et al. (1995) detected a decreased use by grizzly bears in relation to tundra exploration sites and outfitter camps (up to 23 km and 12 km respectively) during the summer.

Based on these studies, a zone of influence (ZOI) of 500 m or 1 km on either side of the 137 km ITH road could be suggested, which would amount to 13,700 ha or 27,400 km² – this is 100% or 200% of the LSA. A behavioural response at 1.5 km (3 km corridor), would increase the potential ZOI to 41,100 hectares. Although this is likely a ZOI within which grizzly bear behaviour might be affected, the expectation is grizzly bears would learn to cross the road and would likely do so regularly, except if road traffic was very heavy.

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The avoidance by grizzly bears, with large home ranges, of a single road is not well known. Published studies (e.g., Wakkinen and Kasworm 1997) looked at the avoidance effects of a density of roads in an area as there were typically too many roads in the study areas to determine the effects of a single linear feature. ENR is collaborating with the Developer to develop a Wildlife Effects Monitoring Plan that will include a project to try to use the baseline data collected by Edwards (2009) and the deployment of additional collars in the right-of-way prior to construction to look at avoidance of the area during the construction and operation phases of the Highway.

Developer Response: 35.2

Quantitative estimates are not currently available for this region. Qualitative variables that would influence the degree of road avoidance by wildlife might include: the physical existence of the Highway, the habitats it traverses, patterns and intensity of use by wildlife, and patterns and intensity of vehicle traffic (Del Frate and Spraker 1991; Oosenbrug et al. 1991; Underhill and Angold 2000). (EIS - page 523).

Grizzly bears may avoid the proposed Highway, though some degree of habituation may also occur, particularly in relation to human activities occurring along the road (i.e. hunting). Studies in southern Canada and the United States suggest that grizzly bears may avoid roads within 500 m (e.g., Benn and Herrero, 2002; Mace et al., 1996; Wielgus et al., 2002; Waller and Servheen, 2005); however it is not clear to what extent this could be applied to populations in the Canadian Arctic. Given this uncertainty, ENR is collaborating with the Developer to develop a Wildlife Effects Monitoring Plan that will outline a program to monitor grizzly bear movements and habitat use relative to the Highway during the pre-construction, construction and operation phases of the Highway to provide more quantitative assessments of avoidance and ZOI.

Developer Response: 35.3

As described in Section 4.2.7.3 of the EIS, the footprint of the proposed Highway will result in the direct loss of approximately 236.6 ha of high rated bear feeding habitat. This represents a loss of about 0.2% of available high-rated bear feeding habitat within the RSA. This amount of habitat loss is considered to be low in magnitude, local in extent and lasting the life of the Project.

At this time, the amount of suitable grizzly denning habitat (south-facing slopes > 25% grade; McLoughlin et al. 2002) cannot be calculated as digital elevation model (DEM) data at the resolution required are not available. It is anticipated that data DEM will be available prior to the design phase of the Project.

As described in IR Response 35.2, grizzly bears may avoid habitats within 500 m of the proposed Highway. This could result in some additional, but currently unquantifiable functional loss of grizzly bear habitat.

Given the uncertainty about the significance of this predicted impact, further grizzly bear monitoring is necessary. ENR is collaborating with the Developer to develop a Wildlife Effects Monitoring Program that will include a program designed to quantify habitat use and movement of GPS-collared grizzly bears in relation to the Highway during pre-construction, construction and operation phases which will allow the prediction that direct footprint impacts will not significantly affect grizzly bear populations to be tested.

References:

- Benn, B., and S. Herrero. 2002. Grizzly bear mortality and human access in Banff and Yoho National Parks, 1971-98. Ursus: 213-221.
- Johnson, C. J., M. S. Boyce, R. L. Case, H. D. Cluff, R. J. Gau, A. Gunn, and R. Mulders. 2005. Cumulative effects of human developments on arctic wildlife. Wildlife Monographs, 160: 1-36.
- Mace, R. D., J. S. Waller, T. L. Manley, L. J. Lyon, and H. Zuuring. 1996. Relationships among grizzly bears, roads, and habitat in the Swan Mountains, Montana. Journal of Applied Ecology, 33: 1395-1404.
- Waller, J. S., and C. Servheen. 2005. Effects of transportation infrastructure on grizzly bears in northwestern Montana. Journal of Wildlife Management, 69 (3): 985-1000.
- Wielgus, R. B., P. R. Vernier, and T. Schivatcheva. 2002. Grizzly bear use of open, closed, and restricted forestry roads. Canadian Journal of Forest Research, 32 (9): 1597-1606.

IR Number: 36

To: Developer (GNWT, Hamlet of Tuktoyaktuk, and Town of Inuvik)

Subject: Grizzly bear and furbearer den sites – proposed effects management (EIS Section 4.2.7.3, p. 529 and Addendum to the Environmental Impact Statement for the Construction of the Inuvik to Tuktoyaktuk Highway, NWT, Section 2.7.7.7, p.22)

Preamble

The Developer states that if active grizzly bear dens (and dens of furbearers) are discovered within 500 m of Development sites, the ENR will be contacted immediately to determine the appropriate course of action. Activities may be temporarily suspended pending consultation with ENR.

Request

- 1. Please provide a defensible rationale for selecting what appears to be a 500 m ZOI for denning grizzly bears and furbearers in the NWT in the context of the proposed development.
- 2. Please explain and justify whether the Developer expects the number and location of grizzly bear dens and furbearers to fluctuate after Development construction within this 500 m ZOI in comparison to current conditions.
- 3. Please provide the results of the October 2011 den survey along the 2009 Preferred Route.
- 4. Please explain and justify the course of action that may result should an active grizzly bear or furbearer den be discovered. (This should be part of the Wildlife Management Plan for the development.)

Developer Response: 36.1

Setback distances for bear dens vary depending on the type, intensity and duration of the activity. Section 4.2.7.3 Grizzly Bear and Grizzly Bear Habitat, in the EIS, discusses literature that indicates the response of grizzly bears is variable. Linnell et al. (2000) indicated that grizzly bears might abandon a den within 1 km of a disturbance and more likely within 200 m. Reynolds et al. (1986) found that no bears deserted their dens despite seismic activity within 800 m, and in one instance the passage of a supply train within 100 m. Literature cited in Section 4.2.3.2 of the EIS (Harding & Nagy) indicate that grizzlies typically select den sites >1 km from human activities, and may otherwise abandon their site.

Guidelines appear to vary across regions and jurisdictions. Bear response guidelines issued by the Inuvik Region (2005-2006) for oil and gas activities suggest a 300 m setback distance; without discussion of the level and amount of disturbance particular activities may cause. The Developer originally set 500 m as the critical setback during the construction phase around borrow sources based on the timing, duration and type of activities expected, and with the understanding that this was a conservative distance based on the older region-specific guidelines of 300 m. As discussed in Section 4.2.3.1 noise generated during the construction phase, during which disturbance of grizzly

dens might be a concern, is expected to be intermittent, temporary and mostly related to the operation of construction equipment. Blasting associated with aggregate borrow source activities, the most intense disturbance type, would be infrequent during the construction phase.

However, the Developer acknowledges that recently published Northern Land Use guidelines for seismic operations (Aboriginal Affairs and Northern Development et al. 2011) suggest different setback distances for different levels of activity for bears and seasons. The recommended setback for general industrial activities is 800 m, for drilling or exploration 1 km, and for seismic development or blasting 1.5 km between September 30 and March 30 (Table 6 pages 22-23). Minimum distances are also suggested for a number of furbearer species. The rationale for these distances is largely based on the collective expert opinion of various wildlife biologists that reviewed drafts of the guidelines. These guidelines were not available at the time the EIS was produced but the recommended setbacks will be reviewed as part of further Construction Phase Wildlife Monitoring and Mitigation Plan development. As part of this planning, the Developer will determine setback distances depending on the type and timing of activity for each site once detailed design is completed.

The Developer's primary mitigation for grizzly bears is the avoidance of undertaking activities in winter at a specific site if a fall pre-construction denning survey indicate grizzly are actively denning in or near a borrow source. Should blasting be required, the procedure will be for a wildlife monitor to survey the area within the specified setback of the blast site [both before and after blasting] to determine if an active den missed during the fall aerial survey could be disturbed or if a bear exits a den in response to the blast. If a bear has been found to be disturbed, larger setback distances will need to be considered. During operations, it is expected that bears will habituate or avoid denning in close proximity to the Highway right-of-way.

Reference:

AANDC, DFO, EC CWS, and GNWT ENR. 2011. Northern Land Use Guidelines: Northwest Territories Seismic Operations. Volume 09a.

Developer Response: 36.2

At this time, the surveys conducted do not indicate a considerable amount of past denning along the proposed right-of-way. In the case of grizzly bears, some level of fluctuation is to be expected as bears do not use the same dens from year to year. During the construction phase, the Developer intends to avoid use of key potential habitats [for example, eskers] and to avoid winter activities near active dens. During the operations phase, the degree to which fluctuation in the number and location of bear dens might be expected along the proposed right-of-way and within a ZOI will be related to the amount of suitable denning habitat that is affected. As indicated in IR Response 35.3, the DEM data necessary to identify suitable grizzly den habitat are expected to be available prior to the design phase of the Project.

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Wolves den in summer and may return to same den sites year after year. As construction will primarily be occurring during the winter, disturbance of wolf dens is not an issue. During the operation phase, the presence of the road may make them abandon their den site or spend less time at the natal den site.

Developer Response: 36.3

On October 12, 2011 Marsha Branigan, Inuvik Region, GNWT ENR conducted an aerial survey of the preferred Highway right-of-way and select borrow sites scheduled for preliminary source assessment in 2012. All dens and signs were recorded and photographs were taken of each den [both new and old, digging signs and tracks]. In addition to grizzly bear sign, two observations of fox dens were recorded. The timing of the survey may have been a bit late, however one bear was still active (tracks seen). In previous years collared bears were used to determine if the conditions were optimum for the survey (e.g., bears in dens but dens still visible). There are currently no collared grizzly bears in the region.

Developer Response: 36.4

As mentioned in IR Response 36.1, the mitigations during construction are intended to avoid disturbance of denning grizzly bears. If a wildlife monitor detects the emergence of a grizzly bear during winter activities, the first procedural requirement is the shutdown of activities in order to allow the disturbed animal to calm down and re-enter its den. An exclusion zone will be set up around the active den and will remain in place until the bear leaves the den in the spring. The Developer will also contact the GNWT ENR biologist in Inuvik to notify them of the situation and to discuss additional management actions. These procedures will be outlined in greater detail in the Construction Phase Wildlife Mitigation and Monitoring Plan.

Since the construction phase is primarily winter based other furbearers should not be denning and, therefore, are not an issue.

IR Number: 37

To: Developer (GNWT, Hamlet of Tuktoyaktuk, and Town of Inuvik)

Subject: Grizzly bear habitat fragmentation (EIS Section 3.1.9.12, p.259)

Preamble

As briefly discussed by the Developer, habitat fragmentation may or may not be an issue for wildlife species (such as Grizzly bear). The Developer states: *"Historic human-caused disturbances to vegetation in the Regional Study Area were limited to small sites or resulted in minimal impacts. The level of fragmentation and connectivity are considered to be insignificant."* No scientifically-defensible rationale has been provided to support this claim and it does not appear that any type of habitat fragmentation analysis was completed as part of the assessment of impacts to grizzly bear. As a result, the Developer's residual effects assessment for grizzly bear and grizzly bear habitat in the RSA may be underestimating (qualitatively) the potential Development impacts to grizzly bear.

Request

- 1. Please provide a habitat fragmentation analysis for grizzly bear with associated supporting rationale for the approach taken (i.e., what is being fragmented, what is the scale of fragmentation, what is the extent of fragmentation, what is the mechanism causing fragmentation).
- 2. In the absence of completing a habitat fragmentation analysis, please explain and justify the conclusions in the EIS about impacts on grizzly bears using some other accepted method.

Developer Response: 37.1

Grizzly bear habitat could be considered fragmented if bears were to avoid crossing the proposed Highway. The Developer predicts that the proposed Highway will not block grizzly bear movement. As there are no other studies of the effect of habitat fragmentation on grizzly bears in Arctic environments; ENR is collaborating with the Developer to develop a Wildlife Effects Monitoring Program that will outline a program to monitor grizzly bear movements and habitat use relative to the Highway during the pre-construction, construction and operation phases that will provide additional data on potential behavioural changes in grizzly bears.

Developer Response: 37.2

Please see Section 4.2.7.3 of the EIS and IR Response 37.1.

6.0 Cumulative Effects

IR Number: 55

Developer Response: 55.2

Please find attached the Inuvialuit Settlement Region Mental Health & Addictions Model – Final Report (March 2010), as referenced in the document submitted to the EIRB on February 7, 2012.

INUVIALUIT SETTLEMENT REGION MENTAL HEALTH & ADDICTIONS MODEL FINAL FINAL REPORT

March 2010

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Executive Summary

"This survey is helpful just because you are asking."

Introduction

Substance misuse has been identified as a primary health and social concern in Inuvialuit communities in the Beaufort Delta Region, and continues to have significant negative impacts on their health and well-being. Consequently IRC has made major investments in improving the well-being of their people.

Over the course of last year Inuvialuit communities in the Beaufort Delta Region undertook the process of identifying existing gaps in the mental health and addictions system within their communities. The long term goal of this process was to inform the design of a culturally relevant mental health and addictions system for the ISR. This involved the following objectives and initiatives:

- the development of a program model design (Concept Model),
- a regional needs assessment,
- the identification of gaps based on the needs assessment and program model,
- the development of a Steering Committee to offer recommendations on the best utilization of existing resources and/or the identification of required resources to fill those gaps,
- undertake a pilot project to inform the delivery of programs and services at a community level.

In addition, to examining other Canadian addiction centres, IRC partnered with the BDHSSA in conducting the community and individual survey interview portion of this process.

Results obtained across the Beaufort Delta Region indicated a number of similar issues and concerns not directly related to mental health and addictions programming. For example

consistently frustrations surfaced around poverty, housing, jobs, training, opportunities for activities and learning, universal shelters, and Elder's role and well-being. Due to conflicting policies within the above noted areas people often expressed experiencing stress, and both stress and availability of addictive substance (or activity) in their environment were noted as the two most prevalent reasons for people to engage in their addictions and/or use an addictive substance.

When considering how to develop a mental health and addictions system specific to this Region it would be a mistake to not consider the social, political and economic environments within which individuals are born and live their lives in the Inuvialuit communities in the Beaufort Delta Region. Therefore, a comprehensive mental health and addictions system for the Inuvialuit communities in the Beaufort Delta Region will require work on two levels. The first level necessitates developing programs and services specific to the needs and characteristics of this Region. This is outlined in the Concept Model Design. The second level requires addressing policy issues by local and regional government and leadership. While addressing policy is outside of the scope of this paper the following Regional Needs Assessment portion of this report clearly indicates that current public policies and practices are negatively impacting the well-being of many residents of the Beaufort Delta Region.

The following headings make-up the Executive Summary of the Inuvialuit Settlement Regions Mental Health and Addictions Model- Final Report: Highlights, the Concept Model, Regional Needs Assessment, Identification of Gaps, Mental Health Steering Committee and Conclusion.

Highlights

Results from One-to-one Surveys, Community Meetings and the On-line Survey s gathered responses and/or input from a total of 487 people. The following introduces a number of common themes and issues that arose within the Inuvialuit communities in the Beaufort Delta Region during consultations.

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Addictions and Mental Health

The One-to-one Surveys collected data from 217 participants which is 6.2% of the overall population of the Inuvialuit in the Beaufort Delta Region. Of the 217 participants surveyed, 66% were women (143), and 34% men (74). Of the 143 women surveyed 80% stated they have or do struggle with addictions. Of the 74 men surveyed 81% stated they have or do struggle with addictions. The substances and activities of choice were the following: alcohol, cigarettes, gambling, pot and other (crack cocaine, cocaine, morphine, sex and food). A number of people spoke about gambling but rarely in terms of themselves having a problem or it even being an addiction. A number of people requested information on addictive substances and addictions issues.

It was rare to hear the phrase mental health or even mental illness when discussing someone's emotional health or over-all well-being and for many people the phrase mental health suggested being mentally unstable. Naturally, many survey questions turned into indepth conversations about people's lives, which was helpful and informative. It was also noted that woven throughout many of the interviews were stories of family and community members who had succumbed to suicide, of the existence of current and historical sexual abuse, of substance abuse and violence as well as stories of loved ones being lost to violent deaths. For some, it seemed trauma had become somewhat normalized as evidenced in the apathetic and dissociative manner in which they told their stories.

For some, engaging in the One-to-one Survey was an intervention in itself.

Elders Role & Well-Being

A concern by and for Elders was spoken about in every community. It was acknowledged that Elders held the important role of being the keepers of the communities' unique cultural and traditional history. Both Elders and community members are concerned about the changing ways in their communities.

Many people are concerned about the well-being and quality of life that some Elders experience today. The presence of Elder abuse was acknowledged in many of the communities. Examples of abuse ranged from Elders experiencing extreme isolation and loneliness to examples of financial and physical abuse.

When people spoke of the Elders they often spoke of the Youth as well, how important the connection between these two age groups was to the sustainability of cultural traditions and how this connection was being lost. Cultural traditions, many felt were not just being lost, but being replaced by many unhealthy and irrelevant activities.

Housing/Shelter

The topic of housing came up in every community. The overriding concerns are the lack of choice and quality, and what many feel to be dependence creating policies. Some young adults feel housing policies prevent them from taking the next step of living independently (perhaps to start a family), for others, it prevents or delays moving to another community to be closer to resources such as health care or family. Housing policies were also seen to complicate the option of leaving a domestic violence situation, and/or another unhealthy situation (drinking, drug use and /or violence). For many communities there are few housing options, free market availability is low (if at all) and extremely expensive – often requiring a two income household. One of the most frustrating policies stated by people is when they are attempting to make the shift from being unemployed to employed. Under the current framework many feel there is little time or leeway allowed before the market rent is imposed on them.

The topic of *shelter* was also brought up in all of the six communities. There were many reports of homelessness as well as over-crowding. Shelter requests were for women and children needing to flee abusive relationships, other requests were for youth needing a safe and quiet place to sleep, as well as other situations – Elders and adult men needing safety or just tired of depending on or having had worn out their welcome with family or friends.

Poverty

Many discussions concerning poverty took place with Income Support recipients, those on pensions, those unemployed and not on Income Support, as well as those working and

independent of any government support. Many who relied on Income Support were resigned to it, but often expressed not wanting to be dependent on it. Even those who are currently employed spoke of having a hard time making ends meet. Minimum wage jobs are often the only employment options and for many do not provide a living wage. People in all the communities talked about not having enough food or not having a variety in their diet (fruit and vegetables). For the most part this was due to lack of income; other reasons included lack of availability - especially for the smaller communities. The absence of traditional food was also mentioned. If traditional food was available to harvest many did not have access to the machinery, money or fuel to participate in harvesting activities. Numerous people explained how the cost of living in most of their communities does not come close to what Income Support provides. For those working- unless in a two income home, people's ability to eat, pay bills, and purchase the other necessities of daily living was a great challenge and for some not always possible. Regardless of whether or not the community had a Food Bank or not, the topic still came up in every community. If there was a Food Bank people wanted more food in it, and/or the availability of traditional food. If there was no Food Bank people talked about needing one, and about how some people in their community were not getting enough food.

Counselling

The subject of counselling also came up in every community. If the community did not have a counsellor they wanted one. Those who did not have a permanent counsellor were clear in wanting a counsellor to be living *in* their community. They did not want to have a service where the counsellor would visit the community on a monthly basis. People believed that in order for community members to seek help, the worker had to be consistently available. This would allow a chance for a relationship to form over a natural period of time which in turn would encourage people to be able to trust both the person and the counsellor they wanted more access to them, and/ or 24 hour access to some kind of support. There were mixed views on whether the counsellor should originate from inside the local community or from outside the community. There was however a general consensus that the counsellor

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be trustworthy, professional, and involved in their community in genuine ways. In some of the communities there is confusion on the roles and responsibilities of certain BDHSSA staff (i.e. wellness workers versus counsellors). People expressed wanting specialized counsellors like a *family* counsellor, a *youth* counsellor or a counsellor trained specifically in *men's* issues. Some people assumed that these specialties would be beyond one person's capacity or role. Some people were unaware that certain BDHSSA positions even existed in their community or had been filled.

The One-to-one and On-line Surveys tell us that many community members are utilizing counselling services. However, some are not, and for those that want access to services stated they feel hindered by the lack of availability, wait-lists, hours of service, financial and mobility issues (travel distance would require a vehicle). A number of people were unaware that counsellors could come to their homes.

Employment and Training

A number of people explained that few jobs exist that pay a liveable wage and those jobs that pay more require qualifications that community members have multiple barriers in attaining and how this is an on-going frustration. Many are discouraged with the lack of employment opportunities in their local communities. They are doubly frustrated if they see non-local people getting the few jobs that are available. Even if this only happens on a relatively small scale it is felt to a much greater degree. This frustration and perception of unfair competition may include local community competition as well. Hand in hand with requests for jobs were the requests for opportunities to access training.

Men particularly struggle with being unemployed and their changing role in the family and community. Within many families the women work and the men do not, which many women felt further undermined their partners' self-esteem and motivation to seek work. It was noted that the lack of employment and training opportunities are leaving people poor, lacking purpose or structure to their day, this in turn leaving large amounts of time on people's hands. This time was often used to engage in unhealthy activities.

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Activities and Programs

The request for *more* activities was frequent. Over one quarter of all the individuals surveyed brought up the subject of needing something to do. People want to be busy, they want a variety of options in how they are kept busy, they want activities to bring families together, the youth together, Elders together, and the community together. Cultural, 'on the land' activities and topic specific group activities were frequent requests.

Community Centre

The idea of a centre or meeting place was another common theme or common request. Although all of the communities had some form of community centre, the request was often meant to be more about having access to a drop-in centre or general meeting place. People wanted a place where they could go, not necessarily for an event, or activity or an appointment, just a place to go to be with other people. For some a coffee shop type environment could serve this purpose and for others an addictions support/treatment component was wanted as part and parcel of this idea.

Workshops

Many workshop requests were made for topics ranging from helping people (i.e. psychological support groups) to learning basic skills (i.e. money management). Workshops seemed to be people's preferred method of learning and/or of acquiring information. It was suggested that the reason for this preference was because workshops involve people coming together with other community members, they do not challenge literacy levels to the same degree and/or because it is a preferred learning style.

Leadership

There was disappointment in local and regional Aboriginal and government leadership in many of the communities. People had numerous comments for those who had been elected to represent their interests. Some people feel that the leadership in their communities (and sometimes outside their communities) are neither aware nor appreciative of the struggles of the people who elected them. Some felt the only time leaders are interested in listening to their concerns is when it is election time – after which time the lines of communication get dropped and their concerns forgotten.

The following are the overall results to four questions from the One-to-one Surveys:

What gets in the way of your personal wellbeing?

Alcohol & Drugs, People, and Family: *Alcohol and Drugs* and their misuse was a response echoed by a large number of participants, *People* and their related problem behavior (drinking, violence, gossip), specifically, the hurtful effects of gossip was echoed by many of those surveyed and *Family* related issues, trouble with family, being away from family, worrying about family, hurting or being hurt by family were also cited.

Have you ever talked to someone about your personal well-being?

Friends, Family, and Professionals: When people were asked who they talked to when struggling with various issues almost all stated their friends and family. When asked about who they talked to formally with regards to these topics many cited having been to a counsellor.

What helps you keep away from addictions?

Family, Going Out On- the- Land, Being with Sober People: Family, going out on the land and being with people who were sober and/or leading healthy lives, help many people stay away from engaging in their own personal addictions or had helped in the past.

What do you think contributes to your addictions?

Stress, Addictive Substance in Environment: The two most cited reasons for engaging in addictions were: the current stress that people experienced in their lives and the availability and frequency with which an addictive substance or activity of choice is in their environment.

Concept Model

The development of a Concept Model incorporated a literature review, consultations with mental health and addictions treatment centres, and community and regional stakeholders.

The Literature Review focused on addiction treatment programs that were based on current evidence based research, as well as ones that involved Aboriginal populations.

Detox and Treatment Centre site visits outside of the Northwest Territories were conducted to identify what kinds of programs were in existence, which ones were demonstrating success, if an Aboriginal client focused program, how culture played a role in recovery, and to speak with facility managers/directors about their philosophy's, challenges, etc.. Locations of site consultations included:

- Whitehorse Detox/Treatment Center (Whitehorse, YK)
- Phoenix Centre (Surrey, BC)
- Edgewood Treatment Centre (Nanaimo, BC)
- Namgis Treatment Centre (Alert Bay, BC)
- Comox Recovery Centre (Comox, BC)
- Cedars at Cobble Hill (Cobble Hill, BC)
- Tsow-Tun Le Lum Treatment Centre (Lantsville, BC)
- Mamisarvik Treatment Centre (Ottawa, ON)
- Maple Ridge Treatment Centre for Men (Maple Ridge, BC)

Trauma Recovery, Integration of Traditional and Cultural Healing, Detox and Inpatient Treatment Combined, Family Programming, Access to 24 Hour Hotline, Program Evaluation and Focus on Quality of Life were noted as key area's that could be incorporated successfully into the ISR's potential model design.

Meetings occurred between IRC and BDHSSA from September 2009 through to May 2010. These meetings included the Manager of Mental Health & Addictions Services, the Director of BDHSSA Social Programs, Physician personnel, the Manager of Hospital Nursing, and the Director of Clinical Services. Meetings were to plan and/or discuss the research project, possible project collaboration, as well as discussion around potential Detox and Treatment Services for the Beaufort Delta Region. It was anticipated that BDHSSA staff accompany IRC to various Detox and Treatment program sites however this was not able to happen – with the exception of the Manager of Mental Health and Addictions Services accompanying IRC to the Whitehorse Detox and Treatment Centre site. Consultations with other stakeholder groups included the Aboriginal Healing Foundation Workers within the Region, users and non-users of the mental health and addiction system, the Inuvik Homeless Shelter, Inuvik Learning Centre, etc., where collaboration was requested for in the development of IRC's Mental Health and Addictions Survey.

The Concept Model is based on four elements: 1) Evidence Based Psychosocial Therapies/Treatment Interventions and Tools, 2) Continuum of Care/Aftercare, 3) Case Management, and 4) Front-line Training in Evidence Based Practice. All four of these elements are suggested to come together under one roof, namely, a Community Wellness Centre or some other community identified centre.

Regional Needs Assessment

The communities of Paulatuk, Sachs Harbour, Tuktoyaktuk, Ulukhaktok, Aklavik and Inuvik were invited to participate in both One-to-one Surveys and Community Meetings in order to gather feedback on how the current mental health and addictions system was working, to share any challenges people were encountering, and to provide possible solutions/suggestions for improvement in the overall health and wellness of their communities. One IRC researcher and two BDHSSA staff administered both the One-to-one Surveys as well as the Community Meetings in all 6 Inuvialuit communities in the Beaufort Delta Region. Researcher and staff remained in each community approximately five days. An On-line Survey was also offered however only the community of Inuvik, with the exception of 5 responses, participated.

Each One-to-one Survey was carried out through a face to face interview whereby people were asked up to 34 questions. Individual survey time frames ranged between 15 minutes to 2 hours, one hour being the average duration. A total of 217 people participated in the One-to-one Survey. Community Meetings involved an invitation to meet with the surveyors within one of four groups: Elders, Youth (14 - 25), Women and Men. Group discussions were prompted by a series of questions regarding the strengths, the challenges and hopes

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of the community regarding wellness, addictions services and overall quality of life. Group participation in each community ranged from 4 to 47 participants, the average total of all groups met with in each community was 36 – only one community falling far from this average. The Regional total of all group participants was 218. The On-line Survey was confidential and contained similar questions from the One-to-one Survey with a couple of modifications. It was designed to not be lengthy or encumbering so as to receive as many responses as possible. Fifty-two people participated in the On-line Survey, 47 from Inuvik, 4 from Tuktoyaktuk and 1 from Ulukhaktok. Results from One-to-one Surveys, Community Meetings and the On-line Survey gathered responses and/or input from a total of 487 people.

Advertisement for interviews and meetings occurred through posters, a CBC radio interview that was heard throughout the Region, local community radio announcements, television advertisements (for Inuvik), and word of mouth and email through IRC staff, Aboriginal Healing Foundation Workers and BDHSSA Social Programs staff. In return for their time, participants of the One-to-one Survey and Community Meetings were given either a \$25 Northern Card or a \$25 Stanton Certificate. Food and refreshments were served at the Community Meetings.

Identification of Gaps (Based on Needs Assessment and Concept Model)

Overall identified gaps in services included: Detox and Treatment services within the Region, universal shelters for each community, information and learning opportunities on mental health and addiction issues, increased service access, a "no wrong door" approach, and a coordinated strategy across multiple service providers to address the stigma around mental health, addiction and abuse issues in the community.

As previously mentioned the results of the Needs Assessment indicated that community members were utilizing and relatively happy with any *existing* services in the community however many felt that service providers needed to better understand community needs and each specific community's definition of what constituted *aftercare* services. For example often requested was, after hours and weekend programs and services as well as

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numerous requests for psycho-educational opportunities in the form of workshops and groups.

Findings also consistently revealed across the Region substantial frustration with conflicting government and agency policies that many felt kept them dependent on programs and services, leaving little sense of control over their lives or a positive outlook towards their future. Despite policy changes being outside the scope of this report, individually or combined, many of these conflicting policies in the end affect an individual's propensity to cope in unhealthy ways.

The concept model design, established within a Community Wellness Centre (CWC), has solutions for many of the identified issues. It should be noted that the Inuvik CWC would be much more comprehensive incorporating treatment and Detox services and how this may not be feasible for outlying communities within the Region. The following *Recommendations* are directed at specific stakeholders and identify a gap in service outside of the Concept Model design.

Elders Role and Well-Being (isolation, abuse, role in society) - **Recommendation of** partnerships with RCMP in the development of prevention strategies to combat Elder abuse. Work with JUSTICE to educate Elders and family members on such things as protection orders. - CWC to develop programs that focus on making connections between Elders and Youth, programs that encourage family unity/repair, programs that teach safety, promote connection and integration with community.

Housing/Shelter- Recommendation to Housing Authority to partner in the development of programs - fostering independence and foster pride/ range of housing/ safety/flexible housing/broader housing options -The CWC Inuvik will provide transitional, semi-independent, and support living options and the CWC aims to provide transitional, supported, and semi-independent living options.

Counselling/ Treatment Centre and In-Patient Detox - **Recommendation for BDHSSA to** *improve access to counsellors through modified work hours as well as increase in the* number of counsellors available, Trauma Counselling Program and the provision of psycho-education workshops to augment the one-to-one counselling. The Inuvik CWC will provide an in and outpatient treatment program and Detox program to be accessible to and have strong ties with outlying communities. CWC provides on-site community agency sharing time offering drop-in counselling availability and after hour support as well additional formal and informal support services. Formation of interagency committees and fuller implementation of integrated 'case' management services could develop a more community based approach to counseling services.

Employment and Training- **Recommendation to ECE on partnering to eradicate barriers to employment, i.e. literacy, childcare, criminal records/pardon information on process, access to training /laddering.** Upgrading, literacy programs, making connection to educational institutions, tutoring/adult educator availability (agency sharing), and criminal record check/pardoning support could be located at the CWC. The CWC will have strong ties with Aurora College, HRDC, ECE, etc.

Activities - *Recommendation to agencies and service providers for coordination of their program offerings/as well as the consideration of their mode of advertising*. Both on and off site of the Centre will be a variety of on-going community directed activities. Community Centres / Drop-in Centre – *Recommendation for increased human and financial support for centres in some communities possible partnering with "drop-in programs"*. The CWC Inuvik will provide for a drop-in centre.

Workshops - **BDHSSA to provide more psycho-educational workshops, as well have other agencies offer workshops**. The CWC will plan, organize and carry out many of the community directed workshops as well as invite other stakeholders/agencies in community (i.e. Legal Aid workshop, Housing Authority workshop, Public Health workshop) to do the same.

Communication / Literacy - *Recommendations to all stakeholders the importance of learning style as well as literacy issues with regards to sharing of their program* *information, better use of radio.* The CWC will advocate and practice verbal communication when communicating and information sharing, i.e. - workshops/radio/etc.

Poverty clearly is an overall concern and could be dramatically reduced by changes in the Income Support levels however most likely sustained improvement would be seen in this area with improvements within the sectors identified above.

Mental Health and Addictions Steering Committee

A recommendation from the report included the creation of a Mental Health and Addictions Steering Committee to help disseminate the report, to realign existing services to further match community needs, as well to aid communities in defining and planning services around their unique needs and characteristics. Committee members currently include IRC, BDHSSA, and the Dept. HSS. The BDHSSA has already begun to implement some of the recommendations, for example, the carrying out of specific workshops, as well as have reallocated a mental health and addictions counsellor position based on community needs.

Conclusion / Next Steps

The Concept Model aims to address many of the identified issues throughout the individual surveys and community consultations. As mentioned in the introductory section, tackling the necessary changes on a systems level is outside the realm of this report but is also going to be necessary. The Model can advocate for changes and help people to navigate around some of the current policies that are failing them – namely those represented by the health and wellness indicators. It is recommended that with the Matrix of Recommendations the required stakeholders come together to dialogue and plan how to reduce the "silo affect" within which many of them operate. It is important that cross departmental connections are made, and that policies and programs are updated and realigned to consider a number of health indicators that affect Beaufort Delta resident's over-all quality of life. With these actions, Inuvialuit individuals and communities in the Beaufort Delta Region can be supported to more fully participate in their communities and lead healthy productive lives.

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Next steps in the process include returning to the individual communities to substantiate consultation findings, introduce the Concept Model to determine community suitability and aid in a community directed planning. As the BDHSSA provides most of the Regions programs a commitment was offered to realign programming with community determined needs.

The Purpose and Structure of This Report

This report contains results of the process undertaken to identify existing gaps in the mental health and addictions system within the Inuvialuit communities as identified in the Inuvialuit Final Agreement (IRA). The long term goal of this process is to inform the design of a culturally relevant mental health and addictions system for Inuvialuit communities in the Beaufort Delta Region.

The report is outlined in the following five sections:

Section 1 – Introduction Section II- Needs Assessment and Southern Treatment Centre Consultations Section III – Concept Model Design Section IV – Concept Model Connection / Gap Analysis / Matrix /Recommendations Conclusion

Section 1 – Introduction

Considerations

Before designing a Mental Health and Addictions System for Inuvialuit communities in the Beaufort Delta Region it is important to look at the historical socio-economic factors that have shaped this region. This section considers a number of unique characteristics of the ISR that have over time contributed to the current levels of mental health and addictions issues with which many are currently struggling. The following also outlines what we should be mindful of when designing a new system to better serve the Inuvialuit of the Beaufort Delta Region. Specifically, prior to reviewing the Needs Assessment and how these needs will be served through the Concept Model Design the following will be reviewed:

- Evidence-Based Research
- Health Determinants for Canadians
- Key results from the NWT 2006 Addictions Survey
- Socio-historical characteristics of the Beaufort Delta Region
- Systemic Barriers

Introduction

Evidence Based Research

Many addiction treatment programs continue to operate despite the gap that exists between their specific program practices and the current evidence based research. When researching potential addiction programs it is important to identify two phrases, "Evidence Based Practice" and "Best Practices". Jim Cullen, Clinic Head of Rainbow Services at the Canadian Centre for Addiction and Mental Health (CAMH) states:

"EBP" (evidence Based practice) refers to preferential use of mental/addiction and behavioral health interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific problems (Cullen).

"Best Practices" refers to specific mental/addiction and behavioral health interventions recommended by (usually government, colleges or other significant institutions) in which EBP literature has been reviewed and specific models selected based on context, funding constraints, culture etc. (Cullen).

The importance of "context, funding constraints, culture, etc.", in Cullen's definition cannot be understated. Interventions deemed "statistically relevant" cannot assume to be easily transported into any situation without regard for its' social, economic, historical and cultural environment.

Many of the psycho-social treatment interventions discussed under the subsequent section titled *Concept #1- Evidence Based Research* are highlighted specifically due to their efficacy in evidence based research and for many their efficacy in cross-cultural environments.

Factors That Contribute To Health and Wellbeing

Social determinants of health are the conditions in which people grow up and live, and in the end, determine their overall health and well-being. Specifically, they include

people's social and economic environment, their physical environment, and their personal characteristics and behaviors.

Social determinants of health also determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment (a broader definition of health). Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members (Raphael, 2008, P.2).

Canadian researcher Dennis Raphael developed the following indicators specific to Canadians:

Aboriginal status
Early life
Education
Employment and working conditions
Food security
Gender
Health care services
Housing
Income and its distribution
Social safety net
Social exclusion
Unemployment and employment security (Raphael, 2008)

It's important to remember that *quality of* and *access to*, things such as housing, education, and food security, are often out of an individuals' control. Governing bodies decide how the economic and social resources are distributed. Furthermore, because its' the context of people's lives that often determine their health, blaming or commending individuals for their health status may be erroneous.

Canada's public policy is seen to focus on "life-style choices" in terms of prevention of diseases and health and wellness promotion. Canada has been criticized for this "lifestyle" approach as there is much evidence to suggest that people's access to social and economic resources are the biggest determinants of how they will live, get sick, and die.

Mental Health and Addictions Program History in the NWT Department of Health and Social Services

In 2001/2002 the NWT Department of Health and Social Services funded the evaluation of the Community Addictions Program across the NWT and produced a report titled *"A State of Emergency: A Report on the Delivery of Addictions Services in the NWT"*

This report garnered 48 Recommendations to improve addictions service in the NWT starting at the community level. Its follow-up report had 37 Recommendations, overall stating "Stay the course..." – meaning continue with the recommended changes outlined in the first report.

In 2002 the NWT released the *NWT Health and Social Services System Action Plan 2002-2005* which identified that the NWT needed an integrated system of health and social service delivery. In 2002 The NWT released the Primary Health Care Framework via the Integrated Service Delivery Model.

The Integrated Services Delivery Model combines the following three key elements to better integrate health and social programs and services:

- 1. Uses a primary Community Care Approach.
- Ensures that all caregivers and their organizations are connected and work together.
- Describe and strengthen core services (Integrated Service Delivery Model for NWT Health and Social Services, 2004).

The NWT Department of Health and Social Services uses the phrase "Primary Community Care" as opposed to "Primary Care". Mental Health and Addictions Services are one of six core services carried out through Primary Community Care in the NWT.

In a report to the Senate Standing Committee on Social Affairs, Science and Technology, 2002, the president and president elect of the Canadian Nurses Association stated that it is the primary health care approach that will sustain the health system in Canada. The report stressed the importance in the difference in meaning of *primary care* and the *primary health care approach*:

"Primary care is one important component of the health system. Primary health care is an approach enveloping that component as well as secondary and tertiary care" (Calnan & Roger, 2002).

Beaufort Delta Health and Social Services Authority (BDHSSA)

The Beaufort Delta Health & Social Service Authority (BDHSSA) serves the Inuvik Region which consists of the following communities: Aklavik, Fort McPherson, Ulukhaktok, Inuvik, Paulatuk, Sachs Harbour, Tsiigehtchic, and Tuktoyaktuk. The BDHSSA Community Counselling Program (CCP) provides a range of prevention, intervention, and aftercare programs in the areas of mental health, addictions, and family violence for all residents of the Beaufort-Delta Region. The CCP team includes 6 Community Wellness Workers, 7 Child, Youth, and Family Counsellors, 1 Clinical Supervisor, and 1 Manager, Mental Health & Addictions. These professionals offer counselling and wellness programs for clients of all ages - children, youth, adults, and elders. They also state they offer the following: counselling and wellness programs for clients of all ages -children, youth, adults, and elders, addictions outpatient treatment counselling for Residential School Survivors and their families, couples counselling, counselling for a range of issues including - parenting, separation and divorce, feeling depressed or worried, sexual assault, violence in relationships, work-related stress, and other concerns, Critical Incident Stress Management Services, grief and loss, parenting, anger management, healthy relationship, stress management, and other education and training programs such as basic counselling skills,

demystifying mental illness, Applied Suicide Intervention skills, as well as connecting community members to other resources such as Family Violence Shelters and Residential Treatment Programs. (Kyle, 2010)

Key results from the NWT 2006 Addictions Survey

In 2004 Health Canada and the Government of the Northwest Territories Health and Social Services Department carried out the NWT Addiction Survey. There were some disturbing trends specifically in reference to Aboriginal populations:

A common pattern found throughout the report: younger residents, males, Aboriginals, those with lower levels of education and income adequacy were more likely to binge drink, use drugs and smoke cigarettes (The 2006 NWT Addictions Report. Health and Social Service, P.40).

Binge drinking was on the increase...

Aboriginals and Non-Aboriginals had significant increases in the prevalence of heavy/binge drinking. In 2006, approximately 37% of the current drinkers had engaged in harmful/hazardous drinking (The 2006 NWT Addictions Report. Health and Social Service, P.40).

Heavy drinkers were causing harmful effects on many in their environments...

21% of current drinkers aged 15+ reported at least one type of harm as a result of their own drinking. Harmful effects on friendships or social life (10%), physical health (10%), and home life or marriage (8%) were the most common types reported in the year prior to the survey (The 2006 NWT Addictions Report. Health and Social Service, P.41).

Gambling and the elderly...

Seniors were significantly more likely than the rest of the population to gamble at least once per week. Aboriginals were almost twice as likely as

Non-Aboriginals and all education groups were significantly more likely than university graduates to gamble regularly (The 2006 NWT Addictions Report. Health and Social Service, P.41).

Smoking...

Despite the significant declines in smoking, Aboriginals were almost twice as likely as Non-Aboriginals to smoke. University graduates were much less likely to smoke than all other education groups, while high income households had a lower prevalence than both low and middle income households (The 2006 NWT Addictions Report. Health and Social Service, P.40).

Given the history of rapid and drastic changes in the Beaufort Delta Region by way of colonization, Residential School, and boom and bust economies it is understandable how addictions have taken root in the region, drastically impacting culture and social cohesion.

The Canadian Centre for Substance Abuse (CCSA) states:

As a result of the stresses of a booming economy, residential school abuse and associated social issues, the NWT has seen a rise in addiction issues particularly in the areas of gambling, alcohol and cannabis/cocaine use. There has also been an associated increase in child welfare issues, posttraumatic stress disorder, fetal alcohol spectrum disorder, chronic medical conditions such as diabetes, domestic violence, sexual abuse and criminal offences (Canadian Centre on Substance Abuse. Core competencies for Canada's substance abuse field. 2007).

Other Variables: Residential School, Displacement, Socio-Cultural Disintegration, Trauma, Stress and Consumption Patterns

It is important to recognize the history of residential school in this region and the specific effects the Legacy has left for present and future generations. In an interesting study,

Daugherty, James, Craig, & Miller examined substance use patterns across African Americans, Native Americans, Native Alaskans, Maori of New Zealand, Australian Aboriginals and Homeless populations in the U.S. in order to investigate substance use patterns (Daugherty et al., 2002. p.225).

Despite the tremendous differences in culture, geography and history, the overall group had three things in common: 1) Higher rates of abstinence (overall the group had substantially higher rates of abstinence than the general population, and those who <u>did</u> drink had periods of abstinence between their heavy episodic drinking) 2) When drinking did occur it tended to be episodes of heavy drinking with those of the same culture and the rate of substance abuse among the non-abstainers was very high and 3) In conjunction with the heavy alcohol consumption this group suffered disproportionately higher negative consequences (substance related deaths 3-7 times higher than the general population) despite their abstinence rate being higher that the general population (Daugherty, James, Craig, & Miller, 2002. P.233).

All cultures and societies place restrictions on alcohol consumption, either by law or custom, varying from place to place. Under conditions of rapid social change, cultural norms and societal customs may become undermined by social disruption and economic changes and may not keep pace with changes in drinking patterns (Practical Guides For Alcohol Policy and Prevention Approaches. International Centre For Alcohol Policies, 2001. P. 5)

The term "binge" can be interpreted differently within different countries as well as within the research community. Within the context of this report it refers to a pattern of drinking to intoxication, usually a solitary activity lasting up to several days. (The limits of bringe drinking., 2005)

According to the Daugherty et al., 2002 study, the one feature that these populations had in common was their common experience of displacement. He remarks having had no significant prior history of substance misuse until after cultural disruption and displacement it seems a probable contributing factor (P. 233). Cultural displacement is often seen to coexist with poverty.

Although Aboriginal Canadians were not part of Daugherty et al. 2002, study, judging by the Northwest Territories Addiction Report the pattern looks familiar. As reported in the 2004 NWT Addiction Survey, binge drinking is a concern in the Northwest Territories, including within Aboriginal populations. Regardless, one of the biggest concerns with binge drinking is the social and human toll, often including extreme violence and death (both suicide and homicide). This social and human toll is seen on an on-going basis in the Beaufort Delta Region.

The Daugherty et al., 2002, research also led to *stress* as another possible contributor to the pattern of drinking among displaced and indigenous persons across the globe. Stress caused by the changing norms, the erosion of cultural identity, and experienced trauma. Caetano , Clark, & Tammy, 1998, research also supports this..."*social change that happens quickly and abruptly can produce high stress levels that can evoke deviant behaviors*" (Caetano et al., 1998.P. 234).

Systemic Issues

Aboriginal communities are at a higher risk for addictions due to their poorer health status relative to the rest of Canadians. As noted earlier this shifts the focus from addictions being a problem with the individual to a problem emanating from the larger socio-economic context...

While there is now widespread awareness that social and economic conditions contribute to addictions and substance abuse, the focus of prevention and intervention relies too narrowly on individual solutions versus social and economic (Addictive Behaviors Among Aboriginal People in Canada, P.34).

When considering how to develop a mental health and addictions system specific to this Region we would be mistaken to not consider the social, political and economic environments within which individuals are born and live their lives in the Beaufort Delta Region.

Government policies have a direct impact on people's quality of life. Even if the policies are well thought-out if, in the end they contradict each other there can be dramatic implications for those having to negotiate in and around them.

Therefore, a comprehensive mental health and addictions system for Inuvialuit communities in the Beaufort Delta Region will require work on two levels. The first level necessitates developing programs and services specific to the needs and characteristics of this Region. This will be outlined in the Concept Model Design. The second level requires addressing policy issues by local and regional government and leadership.

While addressing policy is outside of the scope of this paper the following Needs Assessment indicates that current public policies and practices are negatively impacting the well-being of many residents of the Beaufort Delta Region. For that reason towards the end of this report in Section IV under Gap Analysis, a Matrix was developed which outlines recommendations directed at specific Governmental Departments and Organizations whose policies are having a direct and negative impact on people's quality of life in this Region.

Section II- Needs Assessment and Southern Treatment Centre Consultations

As part of the development of the mental health and addictions system a mental health and addictions needs assessment was conducted in the Inuvialuit communities in the Beaufort Delta Region. A number of on-site visits to various treatment centres in Southern Canada were also conducted to help assess what models and programs might work in this Region.

Needs Assessment

A regional needs assessment was conducted throughout the Beaufort Delta Region from September of 2009 through to March 2010. Dialogue with the communities occurred through three avenues: One-to-one Surveys, Community Meetings, and a confidential On-line Survey. The Beaufort Delta Health and Social Services Authority partnered with the Inuvialuit Regional Corporation in conducting the One-to-one Surveys and Community Meetings in the Beaufort Delta Region. It was hoped that all Aboriginal groups would have participated in this process, thereby not excluding any communities in the Beaufort Delta Region. (See Appendix 1 – IRC Health and Wellness Survey, Appendix 2 – Group Meeting Questions and Appendix 3 – Questions).

Given that the surveyors were not local to the Region, the issue of *the use of language* surrounding such topics as mental health and addictions was a potential barrier. As a result the surveyors' understanding of how people use specific language when discussing these topics became a work in progress.

With Aboriginal peoples, as with persons from all culturally distinct societies, acquiring a better understanding of language and its metaphors is of central importance. Among Canada's Aboriginal peoples, meanings for words such as "identity," "agency," "trauma," and "health" differ widely from more common conceptions in our cultural mosaic (Teucher, 2006, P.35).

The development of the Mental Health and Addiction One-to-on Survey included input and feedback from the Aboriginal Healing Foundation Workers in each community, service providers from government and aboriginal groups, as well as users of the formal and informal mental health and addictions services. Each One-to-one Survey was carried out through a face to face interview whereby people were asked up to 34 questions. Individual survey time frames ranged between 15 minutes to 2 hours, one hour being the average duration. A total of 217 people participated in the One-to-one Survey.

Community Meetings involved an invitation to meet with the surveyors within one of four groups: Elders, Youth (14 -25), Women and Men. The surveyors remained in each community on average for five days. Community Meetings were prompted by a series of questions regarding the strengths, the challenges and hopes of the community regarding wellness, addictions services and overall quality of life. Community Meetings in each community ranged from 4 to 47 participants, the average total of all groups met within each community was 36 – only one community falling far from this average. The Regional total of all group participants was 218.

An On-line Survey was also offered. Acknowledging however that many in the smaller communities would not have access to Internet and/or a computer, contacts in each community would make people aware of access to public computer terminal. The On-line Survey was confidential and contained similar questions from the One-to-one Survey with a couple of modifications. It was designed to not be lengthy or encumbering so as to receive as many responses as possible. Fifty-two people participated in the On-line Survey, 47 from Inuvik, 4 from Tuktoyaktuk and 1 from Ulukhaktok.

Results from One-to-one Surveys, Community Meetings and the On-line Survey gathered responses from a total of 487 people.

What follows is first the Summation of the Regional Needs Assessment (All 6 Communities) which are a compilation of all Community Meetings, On-line Surveys and One-to-one Surveys from the Region. Subsequent to this are the results from each individual community: Aklavik, Paulatuk, Sachs Harbour, Ulukhaktok, Inuvik and Tuktoyaktuk. Included within both the regional and individual community sections are visual representations of responses to questions through various graphs and charts often differentiated by the On-line Survey and One-to-on Survey, as well as a number of anonymous quotations.

Many of the interview and group conversations involved very personal and heartfelt stories. The surveyors are highly respectful and very grateful for the trust and genuine sharing shown to three virtual strangers.

Summation of Regional Needs Assessment

Elders Role & Well-Being

If I say to die quick-it means to live long.

A concern by and for Elders was spoken about in every community. It was acknowledged that Elders held the important role of being the keepers of the communities' unique cultural history. Both Elders and community members are concerned about the changing ways in society...

When we were young we used to be told how to live; now young people don't listen. If you are lazy you have nothing, you have to work, help people around, now it is not like that. Money has spoiled people. Now if you don't pay, people don't help. Some are different, some are willing to help, and they give food and do outside work.

Many people were concerned about the well-being and quality of life that some Elders experience today. Although quietly, the presence of Elder abuse (in one form or another) was acknowledged in many of the communities. Examples of abuse ranged from Elders experiencing extreme isolation and loneliness to examples of physical abuse.

Some of us Elders get hurt by kids, especially on pension day. I see it and I am one of them and we are not talking about it. I have to put up with it. It is rough to be abused by your own kids. We had to listen to mom and dad, today's kids they are different, and they don't have to listen. We wait for creator to come back and take us home.

Often when people spoke of Elders they spoke of the Youth as well, and how important the connection between these two age groups was to the sustainability of cultural traditions. Cultural traditions, that some felt had been put to the side, and replaced by unhealthy and irrelevant activities...

Alcohol takes away from my happiness. Little kids come to me when their parents drink they always come to me. Alcohol makes good people bad. Long ago did not worry about things, did not have to worry about kids, without alcohol and really happy. When families separate and I see people not getting along that makes me sad. Husband and wife fight because one wants to drink the other not.

Housing/Shelter

The topic of housing came up in every community. Over 25% of all the One-to-one Survey (217) mentioned issues around housing. The overriding concerns are the lack of choice and quality, and what stated were dependence creating policies. For some young adults the housing structure prevents taking the next step of living independently (perhaps a couple wanting to start a family), for others, it prevents moving to another community to be closer to resources such as health care or family. Housing policies wait times were also seen to delay the decision to leave an abusive relationship, and/or an unhealthy environment (regular drinking, drug use and /or violence). Many people expressed concerns about the policies under which they had to live if they lived in a housing unit.

Housing policies need to change, economic rent is too high, their qualification requirements are a barrier.

For many communities there are few other options, housing availability in the free market is low (if at all) and extremely expensive –often requiring a two income household. One of the most frustrating policies for people is when they are attempting to make the shift from being unemployed to working. Under the current policy many feel there is little time or leeway allowed before the market rent is imposed on them. As one participant stated:

Housing policy deters people from working-if people go to work it takes most of the money away which is why they wanted to work in the first place. People want to work but everything is taken for rent, so people prefer to go to social services.

Some people talked about overcrowding...

I know of 10 people who live in a 3 bedroom house.

The topic of *shelter* was brought up in all of the six communities. There were many reports of homelessness...

We need resources for homeless- I can think of about 12 couch surfers right now.

A Homeless Shelter would be good; about 15-20 I know who are homeless.

Shelter requests were for women and children needing to flee abusive relationships, other requests were for youth needing a safe and quiet place to sleep, and other situations – Elders and adult men needing to flee abusive situations.

We need a shelter - a safe place to go sleep - for whomever.

A universal shelter for whoever needs it.

Poverty

Many discussions concerning poverty issues took place with Income Support recipients, those on pensions, those who were both working and on income support, as well as those working and independent of any government support.

Many who relied on Income Support were resigned to it, but clearly not happy about it...

ECE is a big problem. It gets frustrating and we don't have tools to handle it then zero tolerance applies.

Even those who are currently employed are having a hard time making ends meet. Minimum wage jobs are often the only employment options and do not provide a living wage. People in all the communities talked about not having enough food or not having the right kinds of foods (fruit and vegetables). For the most part this was due to lack of income; other reasons included lack of availability - especially for the smaller communities. The absence of traditional food was mentioned. If traditional food was available to harvest many did not have access to the machinery, money or fuel to harvest it. Numerous people explained how the cost of living in most of their communities does not come close to what Income Support provides. For those working- unless in a two income home, people's ability to eat, pay bills, and purchase the other necessities of daily living was a great challenge and for some not possible.

The subject of a Food Bank came up in every community regardless of whether or not the community had one. If there was a Food Bank people wanted more food in it, and/or the availability of traditional food. If there was no Food Bank people talked about needing one, and about how not everyone in their community was getting enough food.

Hunger is a big problem here- Elders are too proud to say, and young moms are overwhelmed.

Poverty eradication is the most important determination of health. Only with money can other determinants of health be purchased, like adequate housing, access to health services and education, water and nutritious food etc. (Jeffery Sachs, The End of Poverty).

Counselling

The subject of counselling also came up in every community. If the community did not have a counsellor they wanted one. Those who did not have a permanent counsellor were clear in wanting a counsellor to be living *in* their community. They did not want to have a service where the counsellor would visit the community on a monthly basis. People believed that in order for community members to seek help, the worker had to be consistently available. This would allow a chance for a relationship to form naturally, over a longer period of time which in turn would support people being able to trust the person and the process. For those communities that had access to a permanent full-time counsellor they wanted more of them, availability of hours outside the Monday to Friday 8:30am to 5:00pm and/or 24 hour access to some kind of support. There were mixed views on whether the counsellor should originate from the inside the local community or from outside the community. There was however general consensus that the counsellor be trustworthy, professional, and involved in their community in genuine ways.

We need a mental health worker who is trained and professional and can work with people continuously - to live here and be part of the community.

In some of the communities there is confusion on the roles and responsibilities of certain BDHSSA staff (wellness workers versus counsellors). People expressed wanting specialized counsellors like a *family* counsellor, a *youth* counsellor or a counsellor specializing in *men's* issues. Some people assumed that these issues would go beyond one person's capacity. Some people were unaware that certain BDHSSA positions existed in their community.

The One-to-one Surveys and On-line Surveys tell us that many community members are utilizing counselling services. However, some are not, and for those that want to, feel hindered by the lack of availability, wait-lists, hours of service, financial and mobility issues (travel distance would require a vehicle, or unable to physically attend without support). A number of people were unaware that counsellors could come to their homes. Some felt that the community required not only improved access to counsellors but also that some individuals needed to initiate help for *themselves* ...

A lot of services providers in this community exist - the problem is the community lacks motivation, and flexibility of hours in providing services flex hours would be good.

Employment and Training

A number of people explained that few jobs exist that pay a livable wage and those that pay more require qualifications that community members have multiple barriers in attaining and how this has been frustrating.

Jobs- people my age do not have the right qualifications –they don't try, even if they try for school they just go for a few months.

People are discouraged with the lack of employment opportunities in their local communities. They are doubly frustrated if they see non-local people getting the few local jobs that are available. Even if this only happens on a relatively small scale it is felt to a much greater degree. This frustration and perception of unfair competition may include local community competition as well...

Nepotism needs to be looked at and discussed in this community.

Hand in hand with requests for jobs were the requests for opportunities to access training...

IRC needs to offer regional people on the job training, they need to hire in the communities as well.

Men particularly struggle with being unemployed and their changing role in the family and community. For many families the women work and the men do not which many women felt further undermined their partners' self-esteem and self-respect. It was noted that the lack of employment and training opportunities are leaving people poor, lacking purpose or structure to their day, resulting in large amounts of time on people's hands.

Activities and/or Programs

There was an overwhelming request for 'more activities'. Over one quarter of all the individuals surveyed brought up the subject of activities. People want to be busy, they want a variety of options in how they are kept busy, they want activities to bring families together, the youth together, Elders together, and the community together. Cultural, 'on the land' activities and topic specific group activities were the most frequent requests.

We need activities that involve the whole family - where no one is left out.

One community member explained how group activities were a useful tool to combat the gossip that happens in their community. They explained how activities can bring people together who would not normally associate with one another. By bringing people together, they are forced to get to know each other in a different way. The belief was that these new experiences soon replace the old experiences and information that had been previously been acquired through hurtful gossip disappeared. This in turn reduced gossip and healthy relationships were able to form.

Community Centre

The idea of a centre or meeting place was another common request. Although all of the communities had some form of community centre, the request was often meant to be more about a drop-in/hang-out or general meeting place for people. People wanted a place where they could go, not necessarily for an event, or activity or an appointment, just a place to go...

Friendship Centre- a place where there is no judgment, where people make time for you, people from the community.

Drop in Centre for people where we can sit and talk, where there are computers to use, guest speakers, educational stuff, open 7 days a week including weekends and evenings

For some people a coffee shop type environment could serve their purpose for others an addictions support/treatment component was wanted as part and parcel.

We need a drop-in centre for sober socializing and activities.

Services are too spread out, they should be under one roof, and community services don't work in conjunction with each other.

Workshops

Many workshop requests were made for topics ranging from helping people to learning basic money management skills to being psychological support groups.

We need someone to help with finances - to help people learn to pay bills.

Workshops seemed to be people's preferred choice of learning and acquiring information. This could be because it involves getting together with other community members, did not challenge literacy levels to the same degree, or just because it's a preferred learning style.

Workshops on: grief and lost, communication, on the land skills, sometimes you have to disguise subject matter because people get embarrassed.

Leadership

There was disappointment in the leadership in many of the communities. This disappointment was directed at both Aboriginal and governmental local and regional levels. People had a lot of comments for those who they had elected to represent their interests:

Leaders should be spending time with elders.

We need a forum for people's concerns to be heard-peoples voices at the grassroots level are not being listened to. Leaders are poor and have no communication with the people.

We need freedom of voice at public meetings versus being made an enemy.

Some people felt that the leadership in their communities (and sometimes outside their communities) was not aware of, not accountable to, and not appreciative of the struggles of the people that elected them. They felt the only time leaders were interested in listening was when it was election time – after which the lines of communication would get dropped.

Leaders are weak, not involved in our lives and the problems we encounter, not visible, choosing to not recognize and deal with community problemssome people are afraid of backlash if their speak up, maybe we could have a suggestion box.

Addictions and Mental Health

The One-to-one Surveys collected data from 217 participants which is approximately 6.2% of the overall Inuvialuit population in the Beaufort Delta Region. Of the 217 participants surveyed, 66% were women (143), and 34% men (74). Of the 143 women surveyed, 80% stated they have or do struggle with addictions. Of the 74 men surveyed, 81% stated they have or do struggle with addictions. The substances and activities of choice were the following: alcohol, cigarettes, gambling, pot and other (crack cocaine, cocaine, morphine, sex and food).

A number of people spoke about gambling but rarely in terms of themselves having a problem or it even being an addiction. This might suggest that gambling is not ready to be

recognized as an addiction in the community and if it is recognized, only as someone else's problem...

There are a lot people addicted to something and they don't believe they are, like they say "I am only playing bingo 4-5 X a week"- but I think that is an addiction.

Gambling is out of hand here; we need special support and counsellors for this.

A number of people requested information on addictive substances and addictions issues as well as support when making changes...

Education about drugs and alcohol- when I tried to quit I was made to feel ashamed for quitting and considered an outcast, no one came to visit.

This survey is helpful just because you are asking.

It was rare to hear the phrase mental health or even mental illness when discussing someone's emotional health or over-all well-being and for many people the phrase mental health suggested being mentally unstable. Naturally, many survey questions turned into in-depth conversations about people's lives, which was helpful and informative. It was also noted that woven throughout many of the interviews were stories of family and community members who had succumbed to suicide, of the existence of current and historical sexual abuse, of substance abuse and violence as well as stories of loved ones being lost to violent deaths. For many, it seemed trauma had become somewhat normalized as evidenced in the apathetic and dissociative manner in which they told their stories.

For some, engaging in the One-to-one Survey was an intervention in itself.

This survey is helpful just because you are asking.

Some Comments and Responses to Specific Survey Questions

What gets in the way of your [personal wellbeing]?

(Alcohol & Drugs, People, and Family)

"Alcohol and drugs" and their mis-use was a response echoed by a large number of participants.

"**People**" and their related problem behavior (drinking, violence, gossip), the hurtful effects of gossip was echoed by many of those surveyed.

"Family" related issues, trouble with family, being away from family, worrying about family, hurting or being hurt by family.

Have you ever talked to someone about your personal well-being?

(Friends, Family, and Professionals)

When people were asked who they talked to when struggling with various issues almost all stated their friends and family. When asked about who they talked to formally with regards to these topics many cited having been to a counsellor.

How would you describe the meaning of the word addictions?

(Behavior)

When asked to define the word addiction, many people described the visual description and physical behaviours of someone under the influence. Specifically, their eyes, the way they talked, and behaviours like trying to get something to sell in order to purchase the substance, or becoming abusive. Rarely did people define it in terms of the repeating of behavior over and over again despite negative consequences.

What helps you keep away from addictions?

(Family, Going Out On the Land, Being With Sober People)

Family, going out on the land and being with people who were sober and/or leading healthy lives, helped many people stay away from engaging in their own personal addictions or had helped in the past.

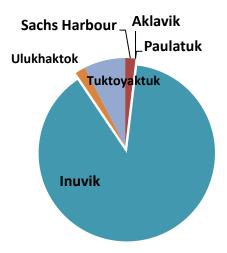
What do you think contributes to your addictions?

(Stress, Addictive Substance in my Environment)

The two most cited reasons for engaging in addictions were: the stress that people experienced currently in their lives and the availability and frequency with which the substance or activity of choice was in their environment.

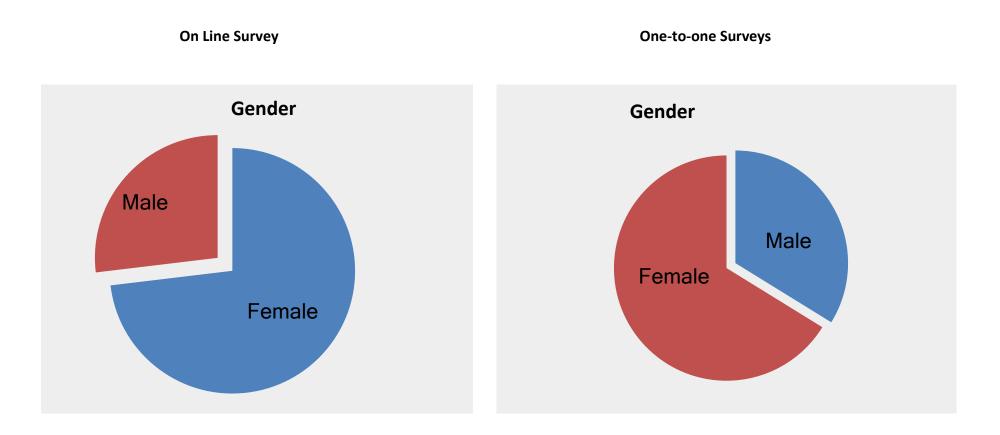
GRAPHS FROM SUMMATION OF ONLINE AND ONE-TO-ONE SURVEYS

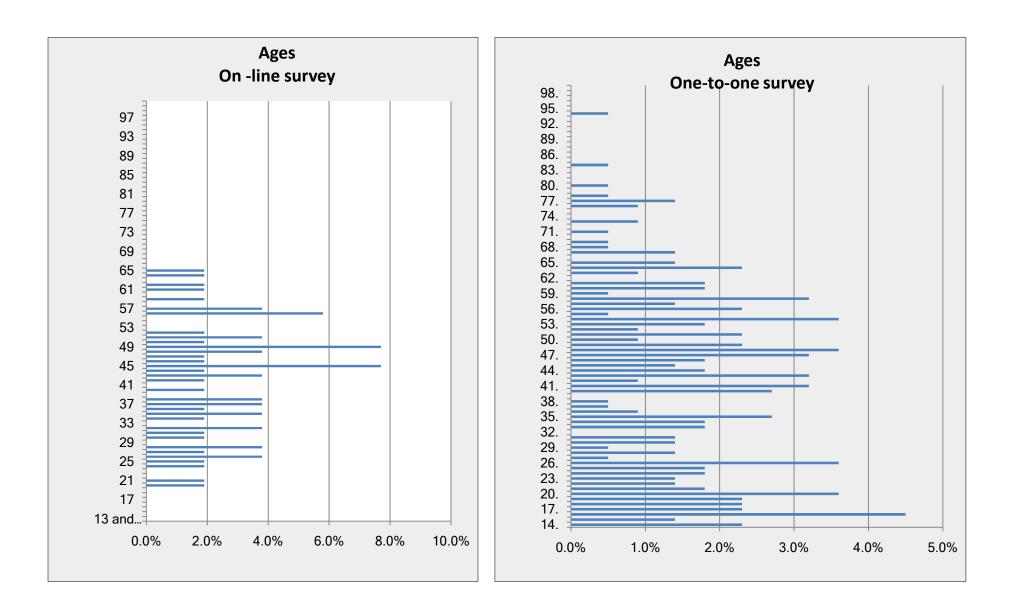
On line Survey (54)

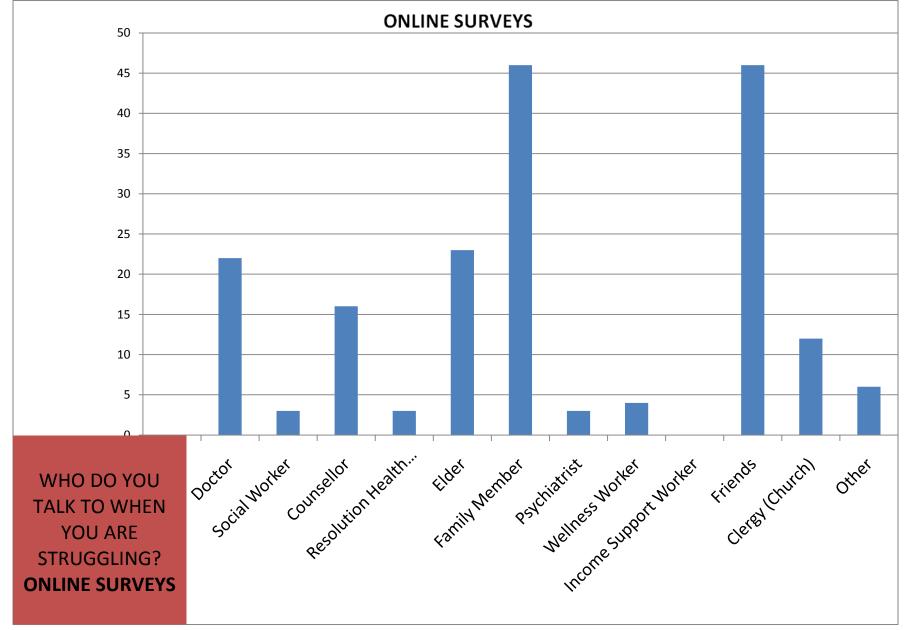


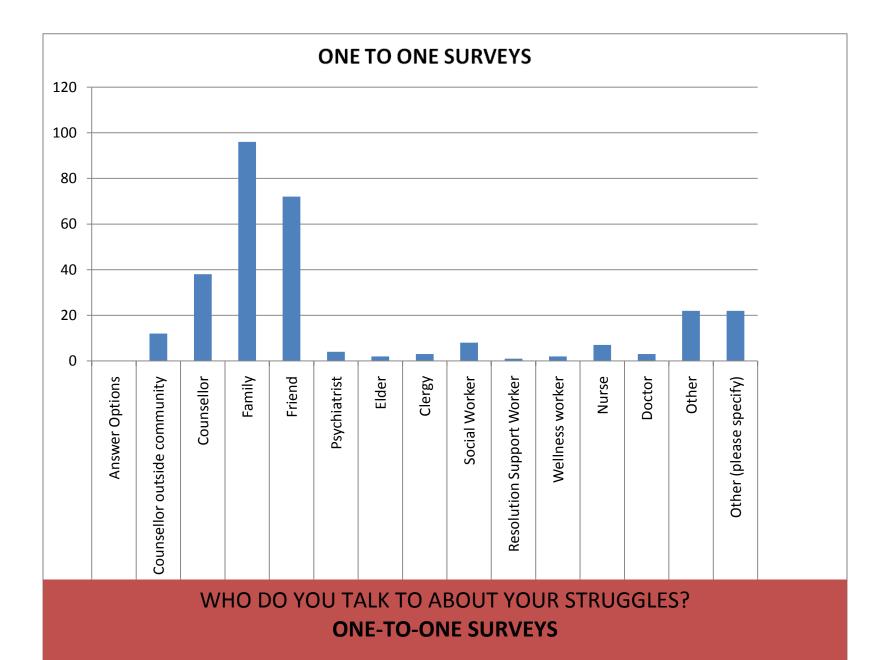
On to one Survey (217)

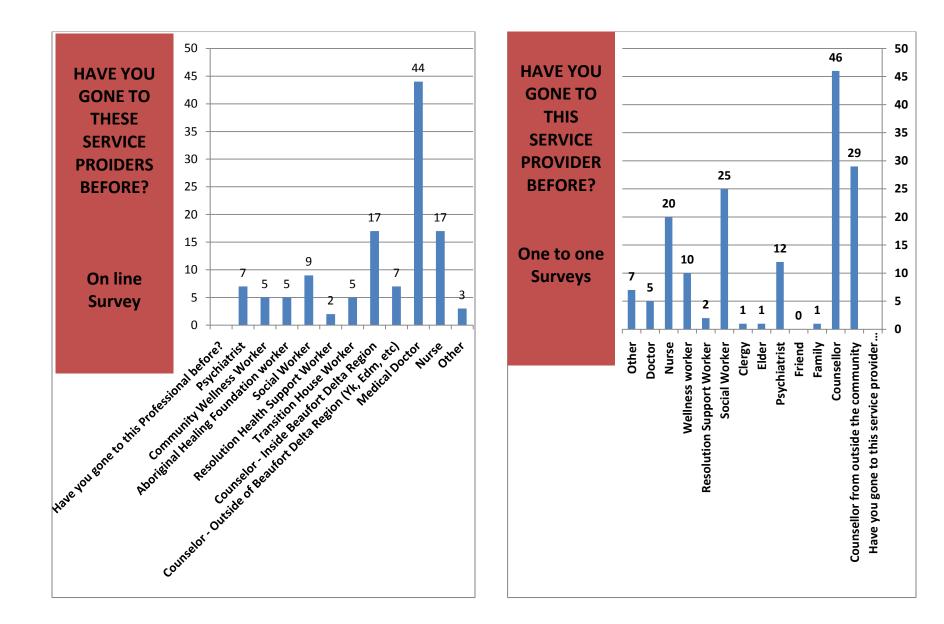


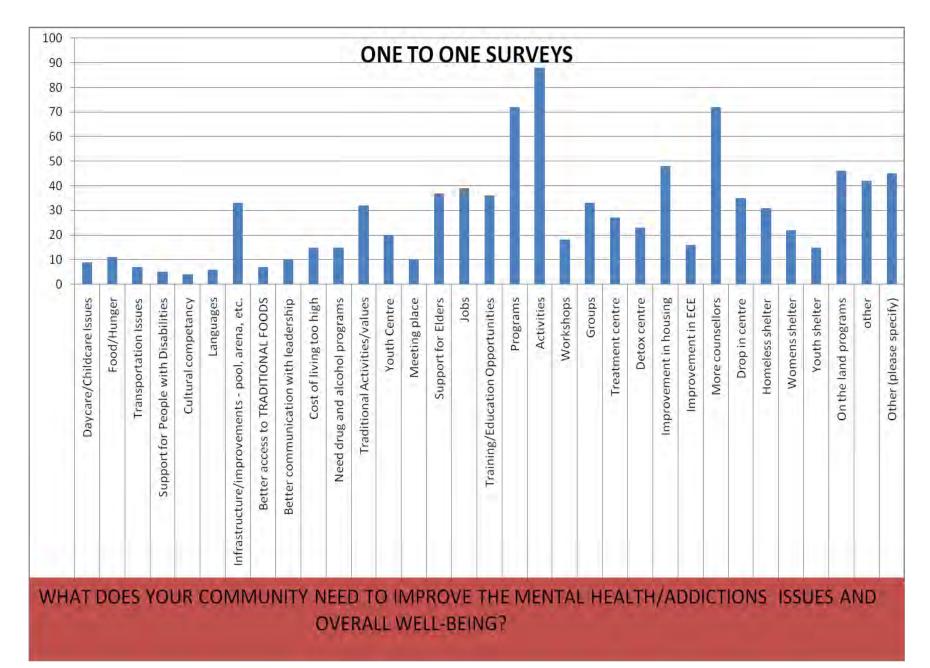


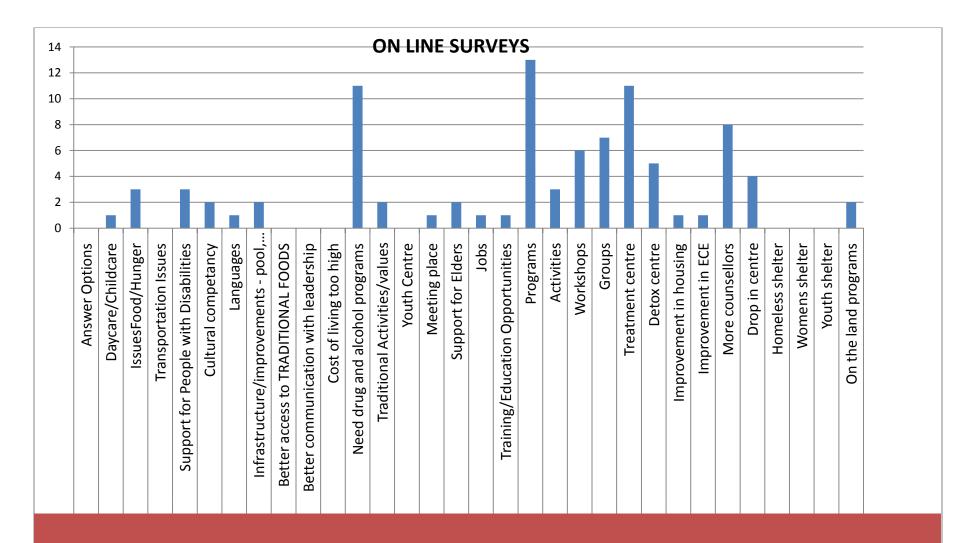












WHAT DOES YOUR COMMMUNITY NEED TO IMPROVE THE MENTAL HEALTH AND ADDICTIONS ISSUES AND OVERALL WELL-BEING?

Individual Community Responses

AKLAVIK SUMMATION

History, Tradition and Community

Group Meeting Summation - 43 Participants

- Women's Group
- Elders Group
- Women's Group

Aklavik is proud about the open and diverse nature of their community demonstrated within the Gwich'in, Inuvialuit and Métis mosaic that makes up their society. Their openness and acceptance is evident in the long periods of time that many of the Southerners remain in their community, for example, teachers and nurses. Many people emphasized the importance of the feasts and celebrations that bring the community together as a natural way to show support, love, and community spirit. The unwavering importance of the traditional culture and the integral role it plays in the fabric of the community. As an example, how both birth and death are celebrated through Drum Dancing.

Family ties throughout the region to Aklavik outline the strong historical connections with the other communities. There is a rich and proud history of struggles for independence as shown through significant stands the community has taken. There is an appreciation of Aklavik as a safe place to live and work and that local people are hired. Many services are available and there is lots of 'on the land' availability and potential. People can be counted on to come together and support one another financially, emotionally and with family:

"We are looking after our own people"

Gaps and Concerns

Elders and Lifestyle

There is a concern for and by the Elders about their well-being, physically, emotionally and financially.

"Elders are dying off with this new way of life - it has killed our Elders. We used to get our own wood, water and snaring"

"(This system) took us down to pitiful people, no money, but still has pride and dance together..."

There were many requests for the addition of activities in their daily lives: day trips, an Elders day-program, traditional teaching opportunities by Elders, educational workshops for Elders on drugs to help deal with family members drug abuse, workshops to help Elder's undo their isolation, the partnering up with Youth via programs as both a way to connect to the Youth but also to access support for daily living.

"Some youth demand money for drugs from the Elders. Elders are confused how to help their family members. No one to explain information about drugs, the damage they can do and the behaviour of people while they are on them this is a new phenomenon for elders -it never happened before in their lives and they don't know how to handle it"

Housing

Many people feel that the Housing Authority policies are punitive and archaic. Especially for those tenants who are trying to get ahead by working. They expressed that there is not enough time allowed 'to get up and running' before the rent is increased dramatically. It is thought that the whole purpose for working is defeated. There were many comments about what many felt to be inhumane and cruel practices: "Elders get letters from housing that say they are getting kicked out of their house - threats!"

People spoke of how some historical government decisions have negatively impacted their health and their ability to trust the current system:

"Elders want their own homes back", "Long ago people had their own houses they would haul their own wood, get water from the river and would do everything for themselves - then they started building these housing units and they said in 20 years you will own that house"

Poverty

Many people talked about being poor. Many stated that due to the fact they are on income support they are not able to buy healthy food. There is a lack of resources or availability, a lack of local jobs and/or the low amount of money given under the Income Support system. They expressed that overall it made them feel defeated before they tried:

"A welfare check is \$600 - welfare does not give you money for clothes- people say 'I'll just live on welfare' - there is no hope - no wonder people drink"

Youth

Many felt the youth were bored, getting into drinking too early and having adult responsibilities too early.

"We are afraid for the youth; the youth are starting to be parents already."

Difference in youth today than when we were young, we were taught to listen and to always greet an Elder, never just walk right by them without acknowledging them.

There were numerous requests for on the land programs for youth, and more activities for youth in general. The need was also expressed for educational workshops on drug

and alcohol information, sex education, youth relationships (with parents and Elders) and self-respect training for young women.

Roles & Relationships

There was a concern for the changing roles, responsibilities and expectations of the different family members and community members.

As an example how men's roles have dramatically changed in today's northern Aboriginal society...

"The men too -they need to be needed - used to learn from father - how to live on the land- now reading books, making a living in the office - they did not think about this- they worked at oil camps",

"... when they moved out they did not know how to work - men don't like women to make a living for them - now a new change in life- women work men look after the children"

Families

"Today families don't do things together, that's why we have so many problems"

Leaders

"Leaders need to take action." "Community leadership needs to work for communities."

Drugs and Alcohol

The community is struggling with the presence of bootleggers and drug dealers. Many want an alcohol restriction policy, but worry about the possible spin off effects of such a decision - like increased consumption of hairspray and homebrew.

There was concern that gambling, alcohol, drugs, cigarettes, internet, and violence are replacing traditional values and activities like going out on the land.

With the cost of living being extremely high and limited work opportunities, the temptation to sell drugs and to bootleg is a reality.

People

Many voiced general observations of fellow community member's and an understanding of their struggles:

- Nowhere to access help
- People abuse the system
- People get lost in the system
- No native counsellors
- No place for people in thirties and forties to socialize
- People need better/different qualifications
- No one is mentored into positions
- Nowhere / no place for people in the community to hang out
- No programs for income support recipients
- No transitional housing for people who want to stop drinking
- Some income support people are abusing the new policy of direct deposit

Over a third of the group participants wanted 'aftercare' in their community for those coming home from treatment programs. 'Aftercare' was defined as having access to telephone support, outreach worker supports, support groups, specific workshops, etc. Many wanted the treatment program to be provided locally and to be culturally relevant. Over one fifth of the participants interviewed wanted some kind of centre for activities, sober socializing, AA meetings, etc.

Centre

Many people spoke of the previous Friendship Centre and its' role and importance in the community. Many people wanted the return of this centre. A number of purposes for this site were suggested: AA Meetings, as a sober Drop-In centre for adults and community, as a Treatment Program and the location for numerous learning and wellness programs.

Training and Programs

Access to training came up many times in both the individual surveys and group meetings. The type of training requested was seen as important for a range of community members and agencies: Training for RCMP (regarding how they were with individuals and families dealing with cognitive impairment, mental illness, and family violence), Sensitivity Training for Health Care Practitioners, more Aurora College training in Aklavik, Employment Training – like Inuvik Works, Training for good paying jobs, Training Programs for kid's finishing school.

"Bring art into the school to grow the pride back in the people".

Some suggested that community involvement in the development of programs and services was crucial to them being sustainable, as would joint funding, and partnering options.

Others wanted Family Treatment Programs; Programs to learn Bush Skills Youth Onthe- land Programs, programs specifically for Elders.

"Programs for people who go to jail – they get angry, then they go home angry, on- the- land Programs would be good".

Family Programs

Family treatment, family functions, programs where family are involved with youth, and family counselling.

Women's Shelter

A Shelter was seen as a necessary service for community members to have access to, and not just women and children fleeing family violence, men, youth and anyone else who were homeless, or at that moment in time, lacked a safe home.

Treatment Program

There was an interest in an addiction treatment program being closer to home and culture...

Alcohol programs are set up for southern people, it needs to be set up in the community- that sets up activities for the day i.e., go out fishing, set snaresany way to keep busy, should be working with family not just one person - get people to support that person - take them on the land - go fishing - down south they learn things that don't relate to us - we need a 24 hour clock.

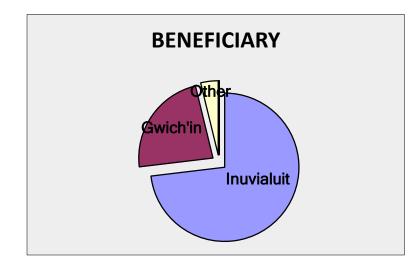
Aklavik One-to-one Survey results below.

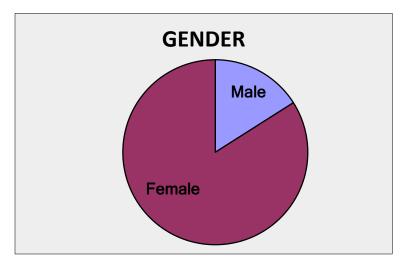
Charts and Statistics

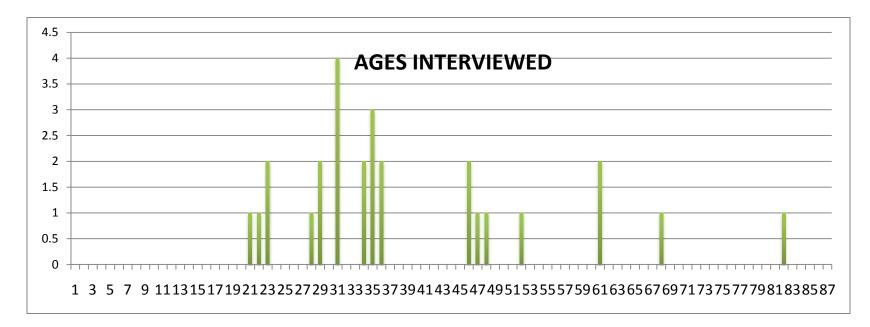
One-to-one Survey Results – 27 Participants

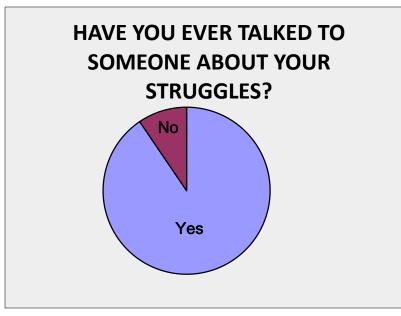
Do you or have you ever struggled with an addiction?

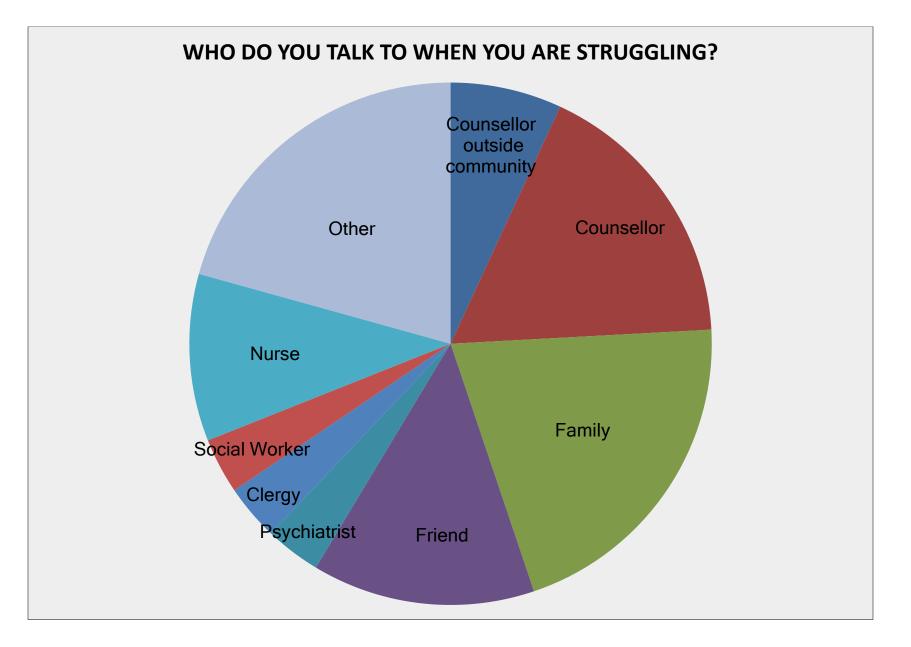
AKLAVIK 27 (100%)	FEMALE 85%	MALE 15%
YES	79%	75%
NO	17%	0%
BLANK	4%	25%

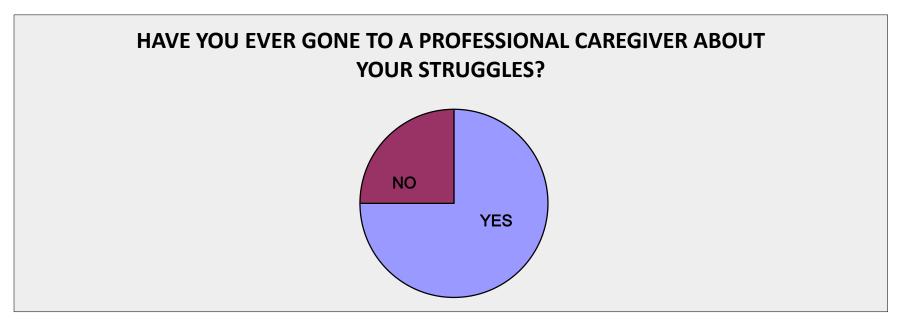




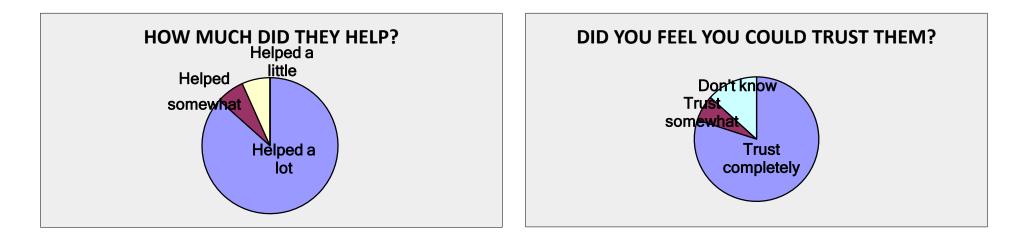


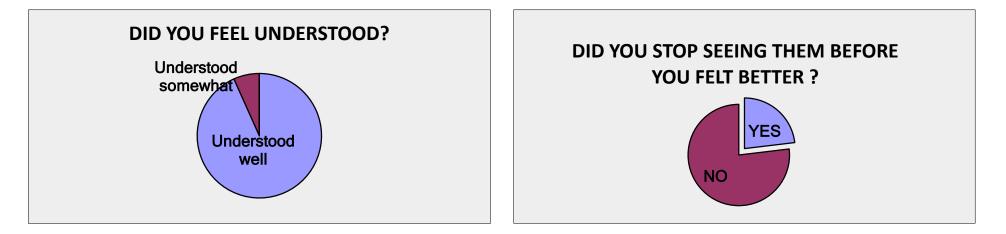


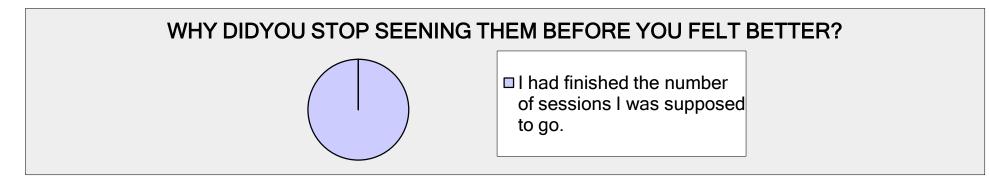


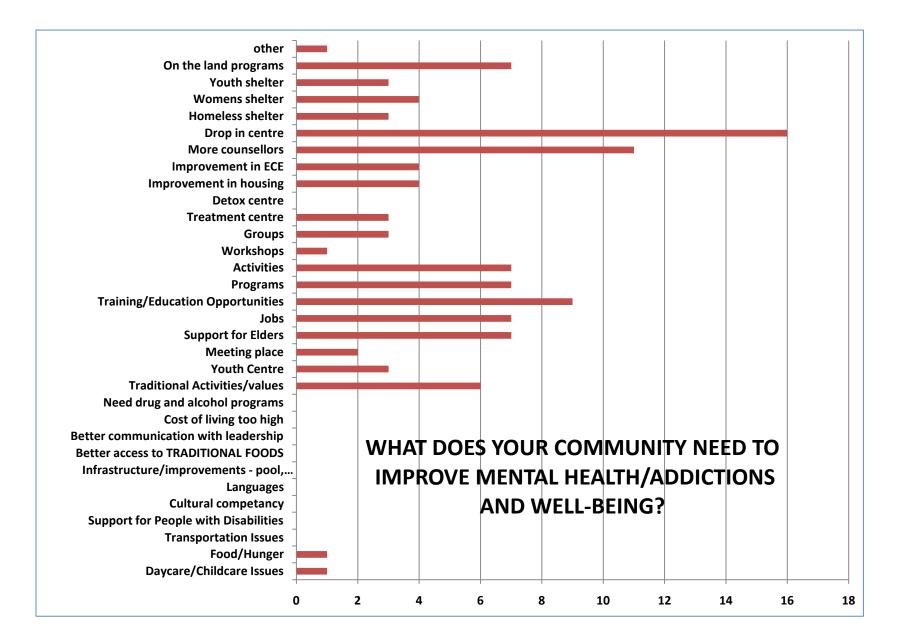












Other: 1. Transitional housing for drinkers (2) 2. Alcohol restriction policies

PAULATUK SUMMATION

Human and Natural Resources

Group Meeting Summation - 47 Participants

- Elder & Youth Group
- Men's Group
- Women's Group

Paulatuk was described by the community members as small and isolated yet a very unique and functional community. The cultural history, the wisdom of the elders and the emotional, physical and spiritual capacity of community members were seen as the strength of the community. There was also the acknowledgment of the physical resources (diamonds) that have long been sought after by outsiders. The community was proud of their youth and their behavior and accomplishments when travelling on the regional and world stages.

The extreme weather was noted, but as no impediment to travelling and harvesting within one of the best hunting and fishing areas in the ISR.

Gaps and Concerns

Some who expressed their views in Paulatuk described an overall sense of disconnection and being overlooked in the regional scheme of things– the poor cousin if you will. Poverty was mentioned and noted numerous times. Specifically, in the areas of access to: affordable healthy food, decent housing (overcrowding), availability of the range of supports required to deal with the drug and alcohol concerns, local jobs and access to qualified people. Many people spoke of wanting a local, full time counsellor to deal with addiction issues within the community as well as many other issues that the community struggled with, for example, residential school history, violence, and gossip to name a few.

Community

Some suggested that the community needed to acknowledge and celebrate their accomplishments. Along with this was the need for individual community member to

begin to take more leadership roles because a positive and inclusive Paulatuk would require the right people in the right positions. Leadership characteristics included commitment, expertise and professionalism.

Counsellor

Over a third of those interviewed spoke of the need for a permanent full-time counsellor who would live and work in the community. One who would be professional (confidential, appropriately trained, and culturally competent) and remain committed to the community for a substantial amount of time. The importance of people getting to know someone before they felt comfortable and safe to discuss with them their most private struggles was stressed. A fly-in counsellor, as and when needed, was felt not to be suited to their needs.

Elders

There was a concern for the well-being of Elders. Many people voiced their concern that the Elders did not occupy the same high status as previous generations. It was suggested that community leaders needed to spend more time with the Elders and how these relationships could be mutually beneficial. People also voiced a concern that the Elders needed to have the option of 24 hour care in their own community, a building specific to their needs and would have Elders programming.

A**c**tivities and Programs

The need for more activities was mentioned a number of times during the individual interviews and group meetings. The activities requested were specific to the different age groups (Youth, Elders and Adults), cultural activities, activities specific to sports, free activities, sober activities and more activities. Many people felt it important that people had things to do; suggesting that what they were currently doing was not healthy or productive. On-the-land Programs, Anger Management Programs, Elder Programs, Youth Programs, Apprenticeship Programs and Parenting Programs were all mentioned as needed and important programs for people to be able to access.

Youth

There was a lot of concern for the current and future well-being of the youth. For example, that youth needed a safe place to "hang-out" (other than the Youth Centre), a counsellor to specifically work with youth, more activities for youth, and programs for youth (safe on the land training). Many parents wanted to abolish the 'social passing' policy which put children and youth at a greater disadvantage in the long run.

People

"We used to be scared of animals, now we are scared of people (alcohol)."

Many voiced general observations and an understanding of the struggles of fellow community member's:

- Single people need housing.
- People need activities to keep busy
- Helping for the sake of helping has gone by the way side
- People need to talk to someone and to be listened to
- People need self-esteem skills
- People need on the land programs to keep out of trouble
- People need jobs, people are becoming lazy
- IRC needs to train people in the community-not all jobs need to be located in Inuvik.

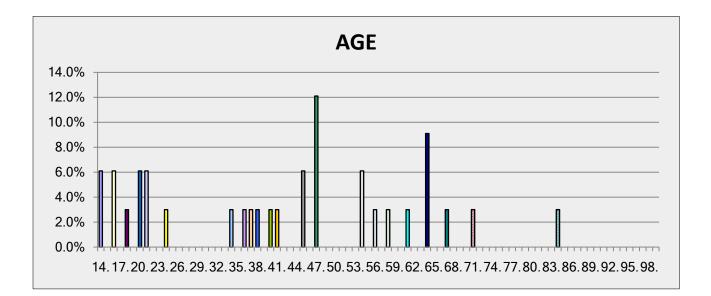
Charts and Statistics

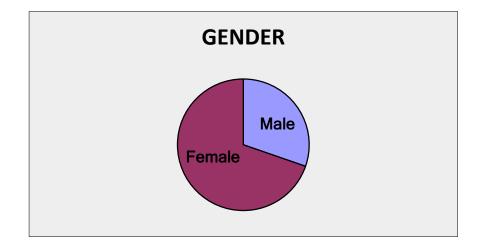
One-to-one Survey Results - 33

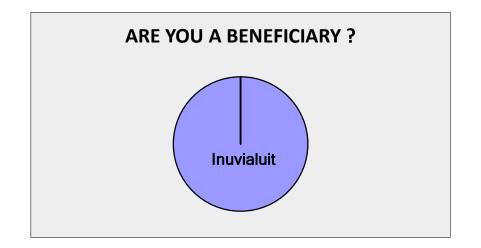
Do you or have you ever struggled with an addiction?

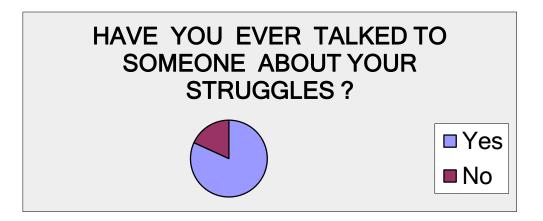
PAULATUK 33 (100 %)	FEMALE 70%	MALE 30%
YES	70%	70%
NO	17%	20%
BLANK	13%	10%

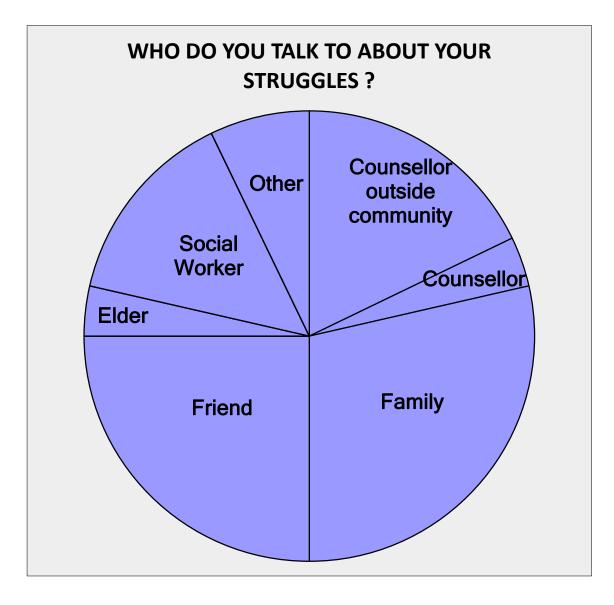
Alcohol takes away from my happiness. Little kids come to me when their parents drink they always come to me. Alcohol makes good people bad. Long ago did not worry about things, did not have to worry about kids, without alcohol and really happy. When families separate and I see people not getting along that makes me sad. Husband and wife fight because one wants to drink the other not.



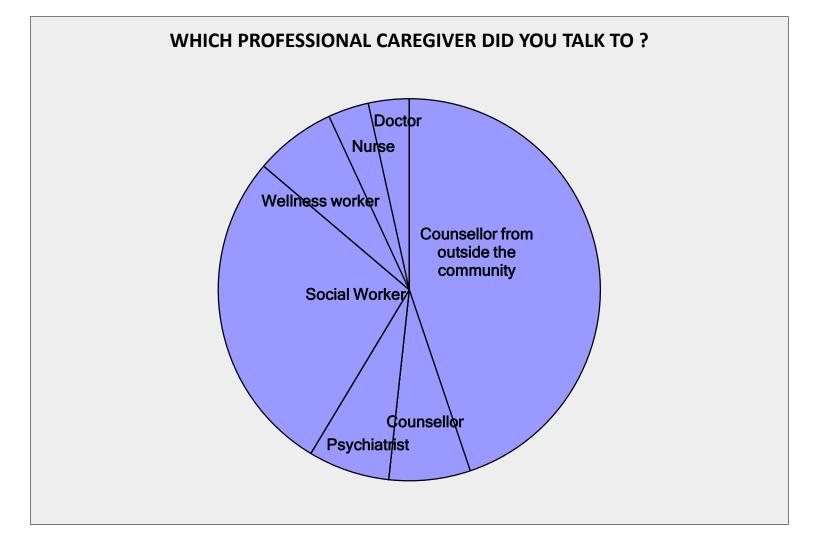


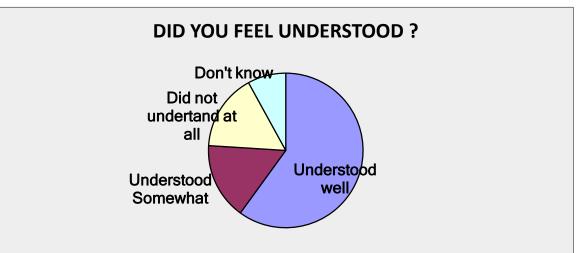


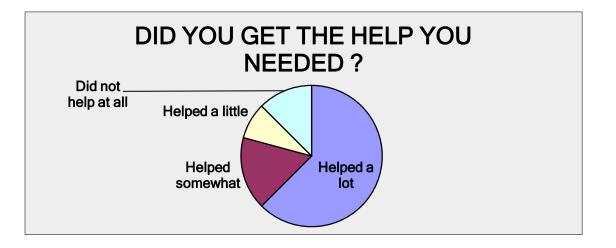


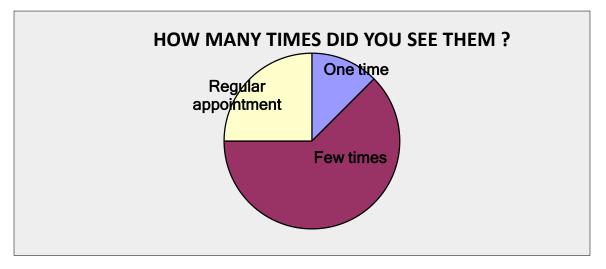


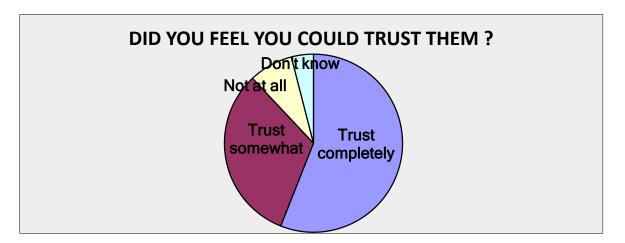


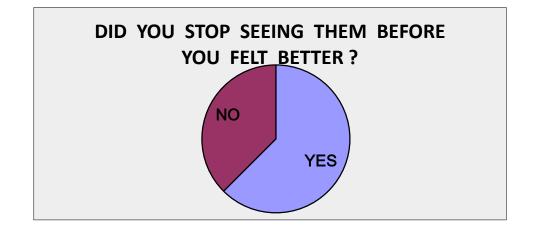


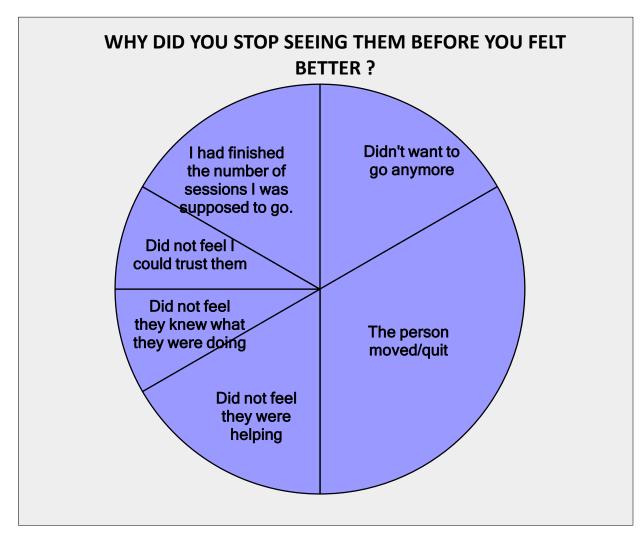


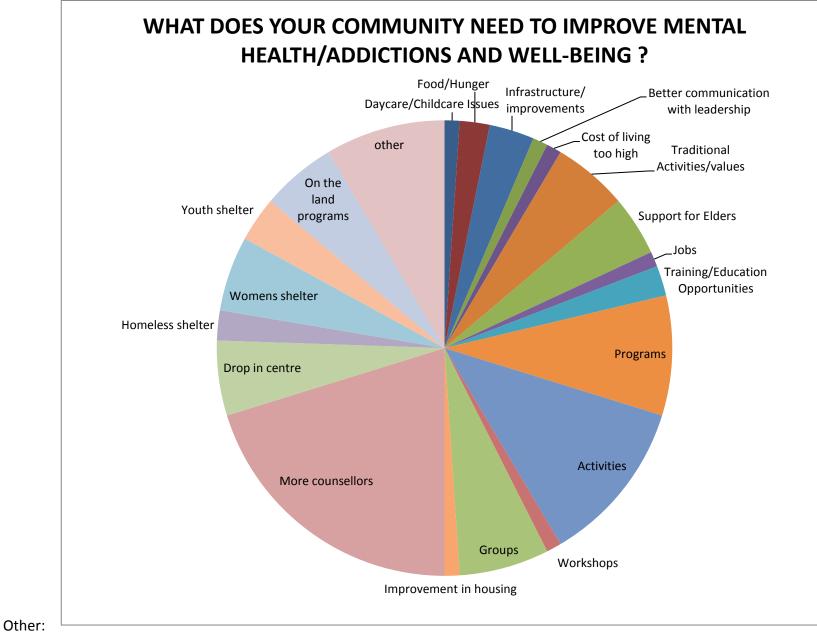












Access to out of community women's shelter to feel safer; better relationship with RCMP; centralized services; online learning support; kids helpline, centralized services, battered men's shelter; cabins for people out on the land.

SACHS HARBOUR SUMMATION

Familiarity, Acceptance, Environment.

Everybody here is a good person, we all love each other but sometimes we get tired of each other and start barking at each other, but we don't mean it.

Group Meeting Summation - 4 Participants

- Elders Group
- Men's Group

Access to fishing, and trapping all year round, the availability and abundance of clean water, as well as the vastness of both the land and sea were all considered by some, the best things about Sachs Harbour. Everything related to the land is seen as the strength of and purpose of the community. Some community members felt lucky they were not exposed to some of the 'bad' influences found in Inuvik – specifically the bars. There was comfort in everybody knowing everybody and that people in general were very friendly, peaceful and got along with one another.

Gaps and Concerns

Elders

The relationship with Elder's is changing; they are not respected in the same way and there are fewer today to keep on with the role they played historically, for example: no attention paid / or not as much and people not visiting Elders like they used to.

There was a concern that the place the Elders once occupied in society was changing. This was thought to be for a number of reasons. The changing role of all community members, the decreasing population of Elders, and the negative present-day affects (technology, drugs and alcohol) whereby visiting and community gatherings were not as common place as before. This has had an isolating effect on Elders.

When people are drinking and drugging it's hard to visit with them.

Our houses are always open but no one visits.

Socialization

Living within a small population can present a number of challenges. For example, young people and their choice of partners are limited, TV and the Internet has been replacing activities where people would normally spend time meeting and socializing face to face.

Some of the historical and cultural activities have been replaced with others. For example, people don't work together anymore, people don't visit each other as much, don't play the same games together anymore, community dances etc., have been replaced by TV, drug and alcohol abuse and gambling including on-line.

Employment

Current and future employment issues are a concern, especially with the added reality of global warming and its' effect on subsistence hunting. Getting traditional food is becoming more and more of a challenge. There are few jobs, and many require skills and experience that often are not present or ever cultivated in the community.

Pressure for people to hire their family, and the family are often not skilled for the jobs and then that causes stress for the person doing the job and has a ripple effect in terms of stress throughout the family.

Addictions

It was felt that alcohol and gambling had a strong hold on many community members.

I get stressed when kids are drinking, I worry about them passing out and dying in their own vomit.

Counsellor

A counsellor was requested as a way to help those who are struggling with their addictions issues, currently there is no counsellor living in Sachs Harbour.

Activities

Throughout discussions people mentioned the need for activities for all age groups as well as those that would involve all family members.

Shelter Options

There is no homeless shelter or women's shelter in Sachs Harbour. This is something that was requested a number of times, mostly in the form of "a safe place for people to go" with examples of women and children and men.

Adult Educator

Many people are concerned about the drop-out rate of those students who had to move to Inuvik in order to get a high school education. An Adult Educator was suggested as a reasonable and economical option to support students wanting to remain in their home community, which would also help decrease the drop-out rate.

Workshops

Workshops were requested on a number of different topics.

Housing

Housing policies are a point of frustration and came up as an example of a disincentive to even try for a better lifestyle or quality of life:

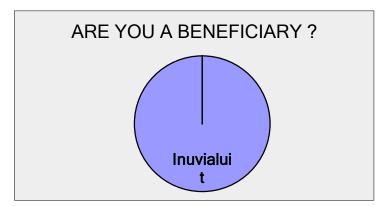
Housing policy needs to change – it's easier to sit at home than work, very little money left after paying rent for those who work.

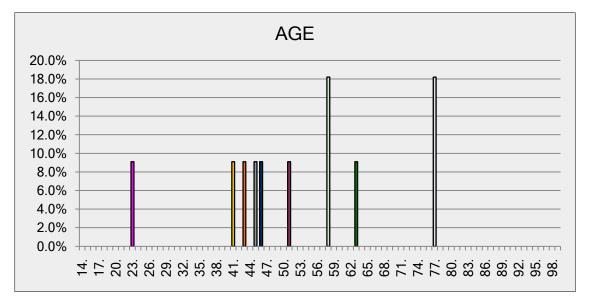
Charts and Statistics

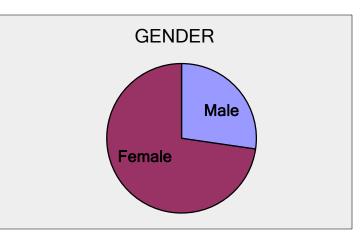
One-to-one Survey Results – 11

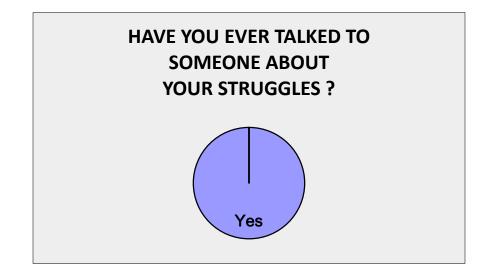
Have you ever struggled with addictions?

SACHS		
HARBOUR 11	FEMALE	MALE
(100%)	64%	36%
YES	100%	75%
NO	0%	0%
BLANK	0%	25%

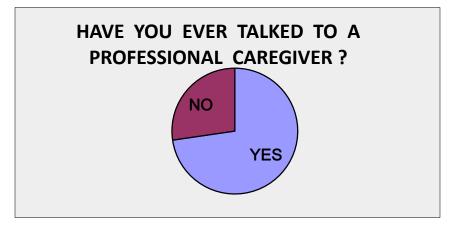


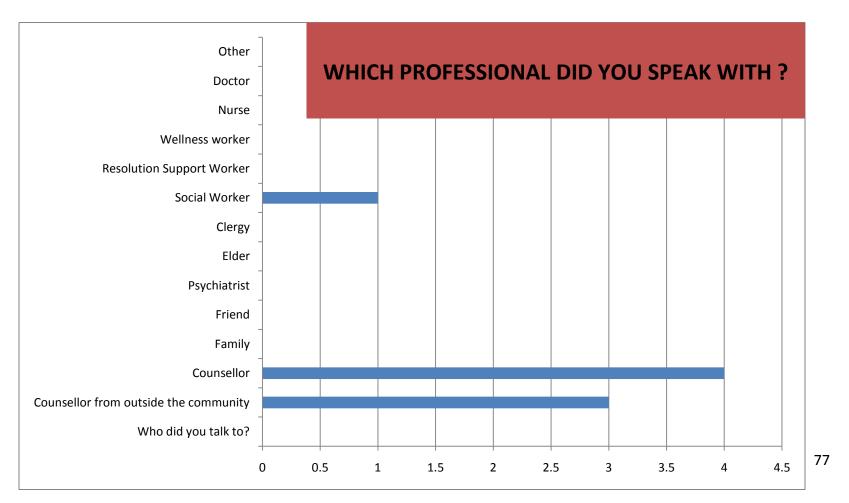


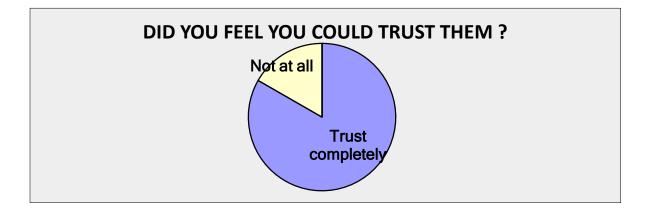


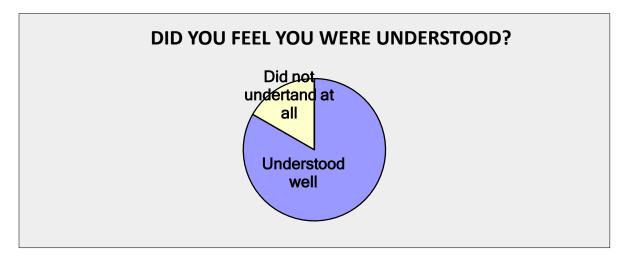


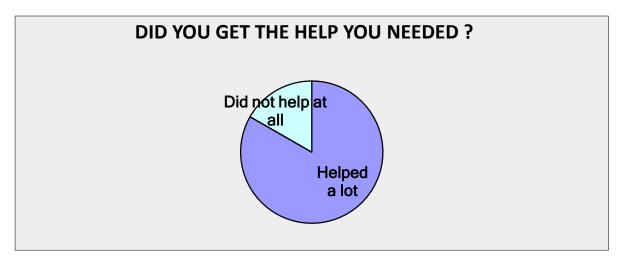


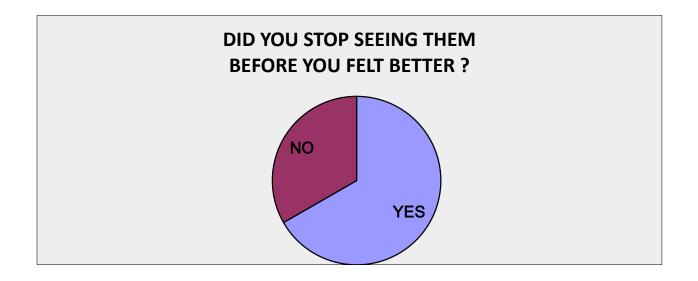


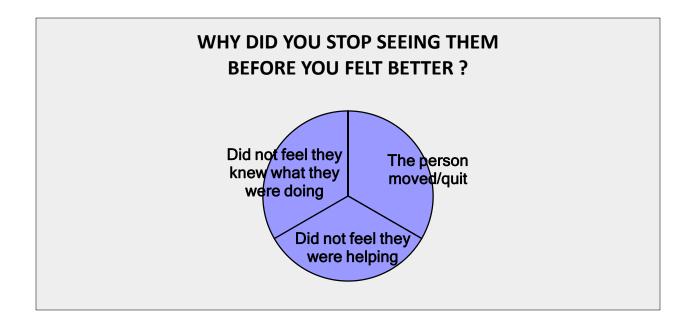


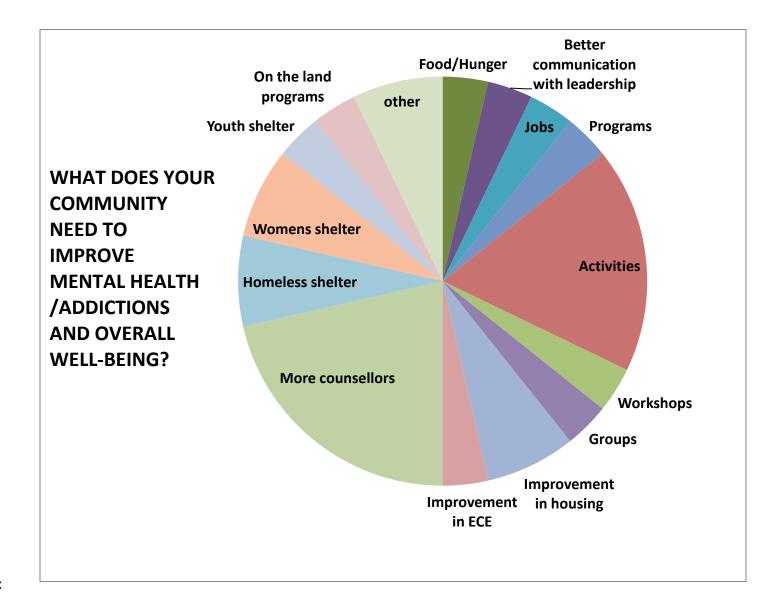












Other:

- 1. Global Warming Preparations
- 2. RCMP needs to change their hours.

ULUKHAKTOK SUMMATION

Language, Tradition

Group Meeting Summation - 46 Participants

- Elder Group &
- Youth Group
- Men's Group
- Women's Group

The Community of Ulukhaktok is proud that they continue to maintain much of their cultural traditions. Drum Dancing, print making, sewing, sled and tool making, sharing and storytelling are all actively practiced in this community. The spoken language in particular remains very strong among the Elders. Ulukhaktok was the only community where the community consultations required interpreters. Community members felt proud of the support they showed each other, especially in times of tragedy. On the land opportunities are considered abundant for hunting, camping and fishing.

Gaps and Concerns

Passing on Traditions

There was concern from many people about how to continue to pass on the cultural and traditional ways. People were troubled with the passing of Elders, the language barrier between Elders and Youth, and the lack of interest on the part of some Youth to learn cultural ways.

...our children were brought up in families with no phone, computer, water, TV. Now they just play with computers, it is hard for them to go along with Elders.

Younger people aren't able to go hunting. Language - is necessary to go out on the land and hunt. However, when you speak about the land they do remember and begin to speak the words, speak to them in small amount.

Elders and Isolation

Many are disturbed about the isolation that many Elders in the community now experience. Transportation is a very real barrier to Elder's getting out and about in their community as well as their ability to attend important community functions. Some spoke of the taking Elder's out on the land and how beneficial that would be for them:

Elders have to look after younger people, go on the land, they are lifted up on the land, they are very happy.

Elders going out on the land inspires them to go on because they remember the past.

Activities

In the 38 interviews conducted the subject of 'activities' came up 22 times. The requests included cultural activities, age specific activities, family activities, activities for Elders, activities later at night at Youth Centre, money making activities, on the land activities, activities for Adults, daily activities, evening activities, traditional activities and activities where the Youth and Elders would participate together.

You**t**h

Many people spoke of a concern for the Youth of the community. Some wanted specific workshops available such as self-esteem building and learning self-respect for their bodies. Some wanted Youth to have more opportunities to learn some of the traditional teachings, others want to bring the Elder's and Youth together where the language could be practised. Many suggested having more informal services for Youth as a better way to engage them.

Housing

Some people feel that housing has complicated rules that invade their privacy. The rent scale was felt to be too high, there is a lack of quality and choice, and wait times for housing is frustrating. It was expressed that the Elder's and those living with disabilities

in the community, struggle with the same concerns and this is made worse by their mobility issues.

Housing policy deters people from working-if you work it takes most of the money away which is why they wanted to work in the first place.

Jobs

Almost one quarter of those interviewed talked about the lack of employment opportunities in the community. They want job opportunities and training in the trades for young people. The desire for local jobs is talked about within all age groups.

Shelter

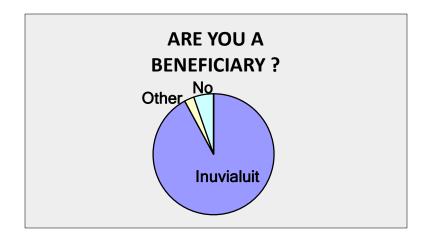
A number of people talked about the need for a safe shelter for some of their fellow community members (women, children, youth and men). It is acknowledged that a homeless population is present in Ulukhaktok. It is felt that these people in need could benefit on a number of levels with a safe place to sleep.

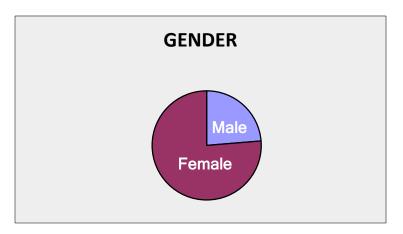
Charts and Statistics

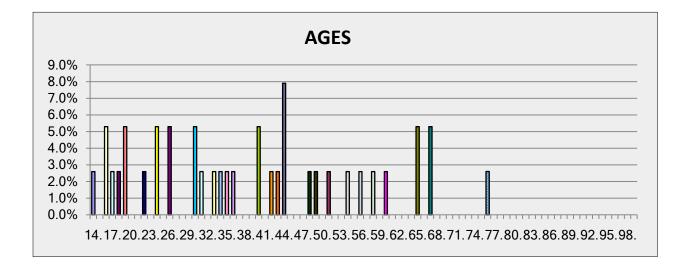
One-to-one Survey Results – 38 Participants

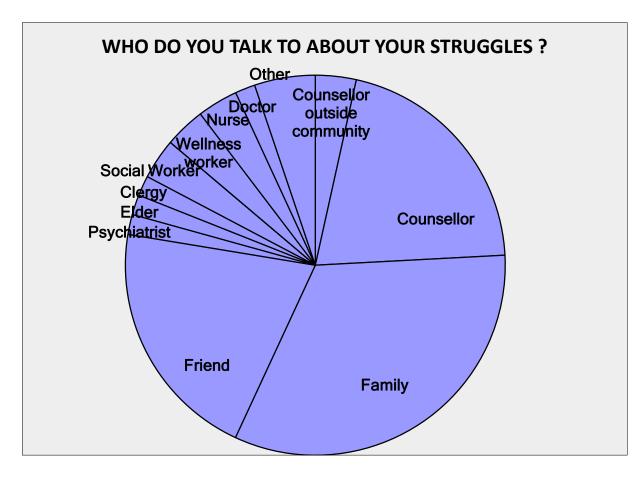
Have you ever struggled with addictions?

ULUKHAKTOK		
38	FEMALE	MALE
(100%)	76%	24%
YES	66%	100%
NO	27%	0%
BLANK	7%	0%

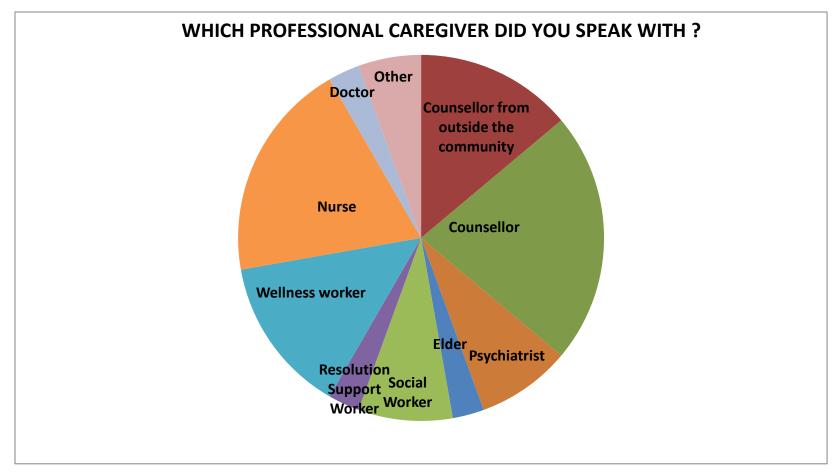


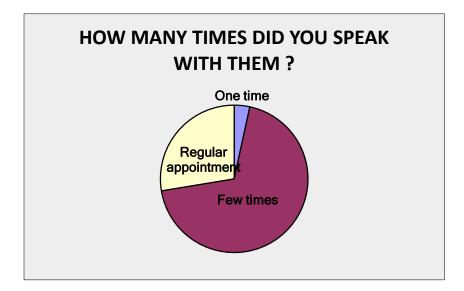


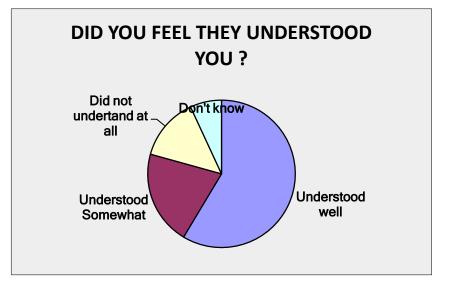


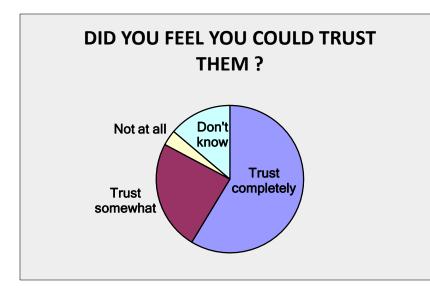


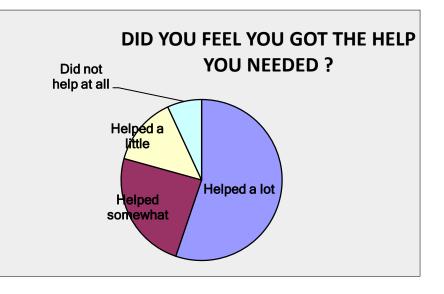


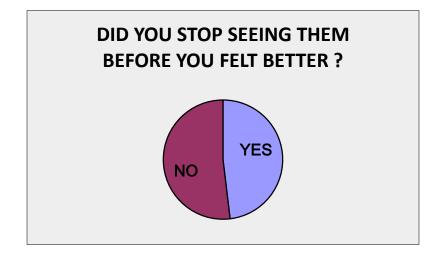




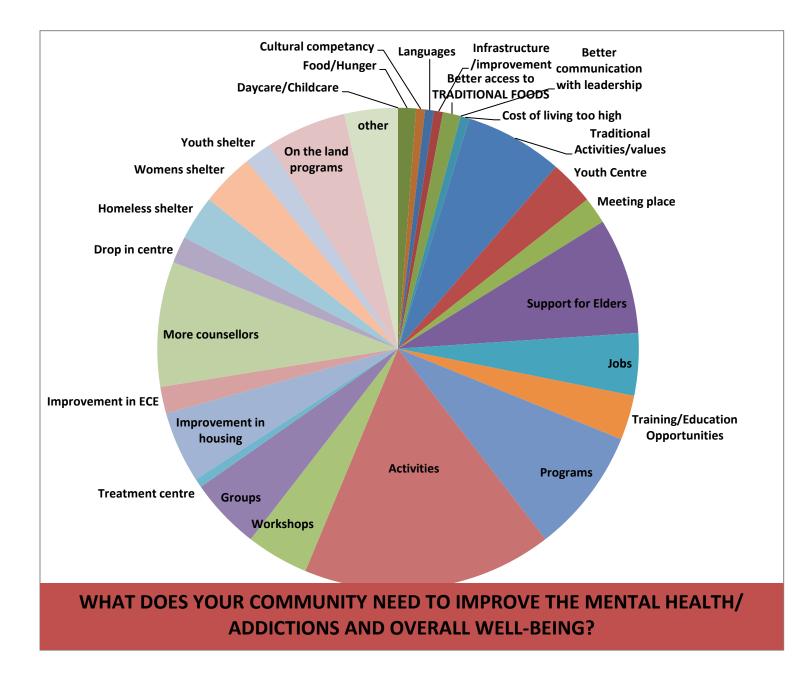












Other: Helpline, Hotline, RCMP improve services, more information on community professionals, Elder Abuse problems.

INUVIK SUMMATION

Regional Centre, Diversity, Northern Environment

Group Meeting Summation - 47 Participants

- Men's Group
- Women's Group
- Elder's Group
- Youth Group

Many of the praises for Inuvik focused around its multicultural atmosphere, its' all season accessibility, and the opportunities for employment, training, and education.

Northern environment with a city flare.

The presence of competition is seen as a benefit, as many of the smaller communities lack competition with goods and services which increases their cost of living substantially. Access to major airlines, a hospital, numerous recreational activities year round, international events like the Great Northern Arts Festival, the number of yearly celebrations like the Sunrise Festival, Muskrat Jamboree, etc., people stated all contribute to a community that has plenty of opportunities and possibilities. It was also stated that strong family ties and the maintenance of cultural traditions have kept Inuvik a strong and safe community –despite the many outside impacts that have tested it.

Gaps and Concerns

Detox and Treatment Centre

In the Group Meetings, One-to-one Surveys, and On-line Surveys, participants were asked: *What does the community of Inuvik needed to get and maintain wellness and to be free of addictions*? Over half of the participants mentioned either a Detox centre and/or a treatment centre to be located in the Inuvik area. The reasons were the following: many people cannot or will not travel such a long distance from home and family to get help for their addictions. Other's suggested that healing should take place in one's own community, and in doing so would ensure cultural appropriateness and a better connection to supports post treatment/ discharge.

There should be a place for people to sleep who are intoxicated, they are not always violent and need somebody to talk to.

A homeless person living in Inuvik was asked her opinion of what was needed here:

Don't look at the people in the street and laugh at them - we are all human. We need Detox, a treatment centre, a bigger place for homeless and 24 hour counselling services. Housing should not hold people's past against them, we should have more choices and should not get kicked out so easily.

Poverty

Many of those surveyed in Inuvik struggle with a lack of money. When asked in the Online Survey: Do you need support, help, direction, etc., in any other areas of your life? responses showed that financial issues (48.7%) were second only to family issues (52.4%). During the individual surveys and group meetings conducted in Inuvik, many people discussed the issue of the lack of financial resources, having to live hand-tomouth, worrying about whether or not they will be able to put food on the table, etc.

Housing

A number of people had issues with the housing situation in Inuvik. People remarked on the local Housing Authorities policies being disempowering. One single parent explained:

With housing the man has to agree to take his name off the list in order for me to apply for my own house.

People stated that the availability of housing is low, the quality is poor, and wait times (when on the list) are long. Many feel that the units were not a 'home', that they feel no real sense of ownership of where they live and/or no real sense of security. People spoke of the unrealistic and punitive wait times that are required when moving from one community to another (six months) before one is able to apply for a unit. This presented

problems especially for women who were fleeing abusive relationships. A number of the homeless participants spoken to remarked that they were homeless due to a 'bad' history with housing, meaning that they owed money for rent and/or for damages – this debt sometimes originating over several years ago. They explained that their bill had to be paid before they were allowed back on the waiting list for a unit, and for many repayment of this debt had still not been resolved many years later.

Income Support

Income Support is a point of frustration for many people – overall it was felt this system keeps people hungry, desperate and dependent. The allowable amounts do not cover the cost of living in Inuvik. Many talked about the policy of 'productive choices'. A number of people thought it was offensive that the government had the right to define what was 'productive' in their lives. Many stated that jobs are few and difficult to get and required training and experience they did not have or did not have access to. Low paying jobs did not pay enough to support themselves and/ or a family and would negatively affect their rental amounts if they were successful in gaining employment. One person commented and was surprised when Income Supports "healthy choices" did not allow or consider shovelling snow, getting ice, etc., for elders a legitimate use of time. Another person noted (a homeless person who struggled with mental illness) ...

Income Support- I wish they were more approachable, I wish they would help me. I would like my own place to live, a place where I could settle and then begin to work.

Shelter

There were numerous suggestions that the current Homeless Shelter increase its' capacity to serve a wider client base – meaning not just those who were able to remain sober but any adult who found themselves homeless, especially those who were unable to remain sober. Many suggested that renovations were in order so that clients did not live in crowded conditions (sometimes 4 or more to a room), that mental health and addictions services are available to clients within the shelter and that special

considerations for women and mental health clients struggling with mental illness are considered.

People with Disabilities

A number of people brought up the issues of accessibility to buildings and/or special considerations required for people with disabilities and how Inuvik was failing in this respect. Other requests included the availability of training and support for people with disabilities in order that they may re-enter the workforce.

Advocacy/Outreach

A number of participants expressed the need for advocates to act on their behalf when trying to negotiate through the system; to accompany them to appointments as a support or provide another "set of ears", and/or to speak on their behalf. Those dependent on the system for help also expressed frustration that they had to spend a lot of time and energy bouncing back and forth between service providers in order to accomplish anything. Therefore navigating through the system was a challenge for many.

Activities

More things to do- activities- were requested by a large number of people in Inuvik. The youth specifically wanted more sports, and more places and events they could go to where they could socialize.

Drop-in Centre

A number of people who were interviewed appreciated the temporary and informal Drop-in Centre located behind the Igloo Church. Those who utilized this site, appreciated being able to have a safe and warm place to go, to have a coffee, get some support, and participate in an activity. For many it was an important part of their day, and some stated it was an alternative to going out and getting intoxicated.

Inuvik's informal Drop-in Centre's quarterly report indicated a total of 505 contacts to the centre with individuals attending the drop-in, participating in feasts, individual and support groups, traditional healing circles, retreats, on-the-land camps, gatherings, conferences and

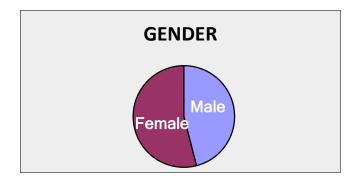
cultural events. Of those 522 participants, 407 were adult's, 50 were Elders, 48 youth and 17 children. (S.P., 2010)

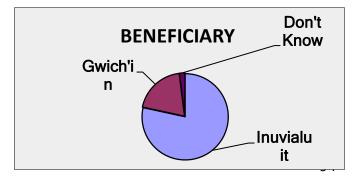
Charts and Statistics

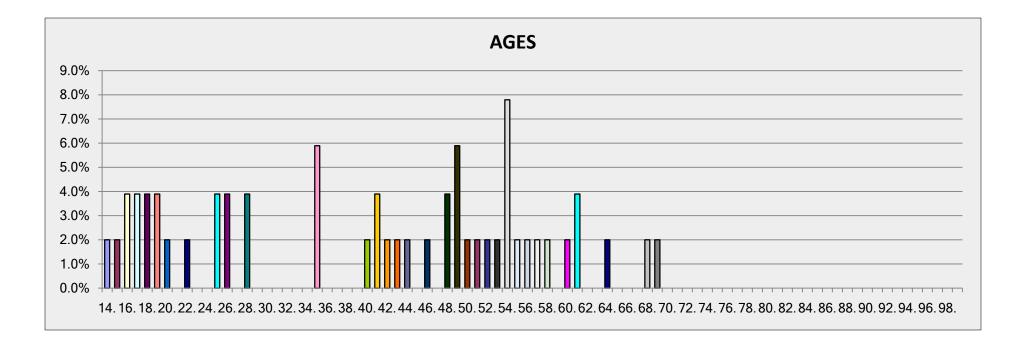
One-to-one Survey Results – 51 Participants

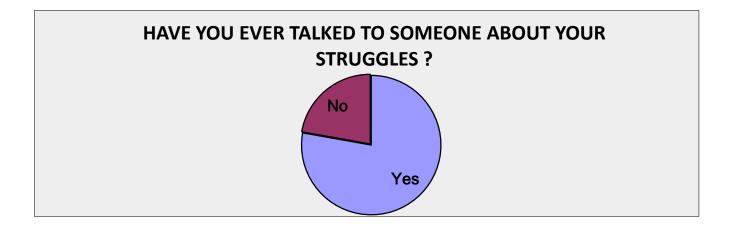
Have you ever or do you currently struggle with an addiction?

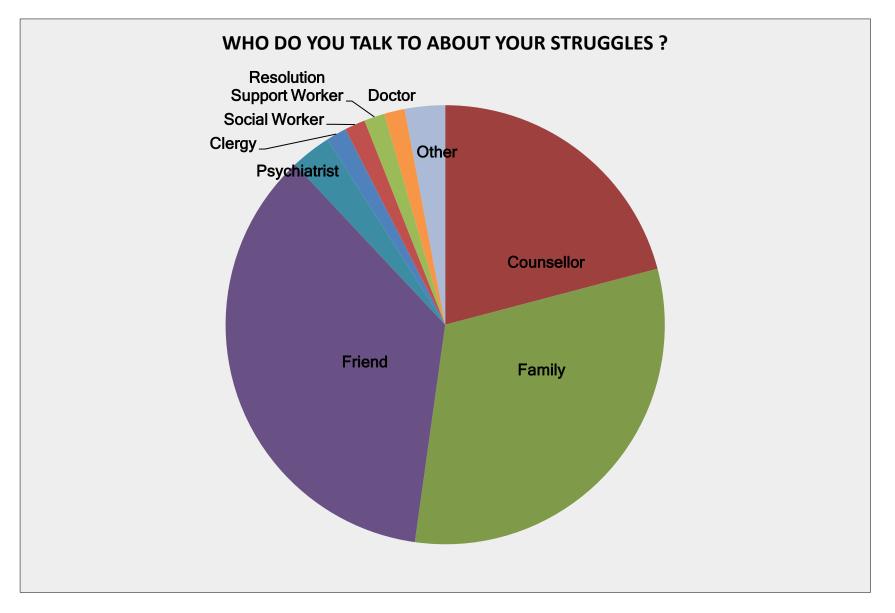
Inuvik 51 (100%)	FEMALE 55%	MALE 45%
YES	72%	96%
NO	14%	4%
BLANK	14%	0%

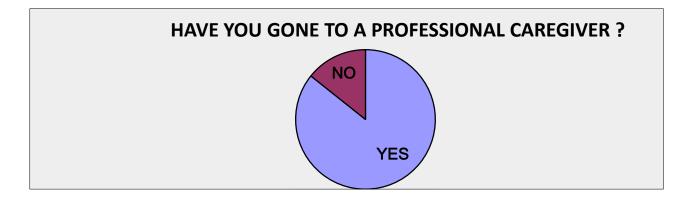


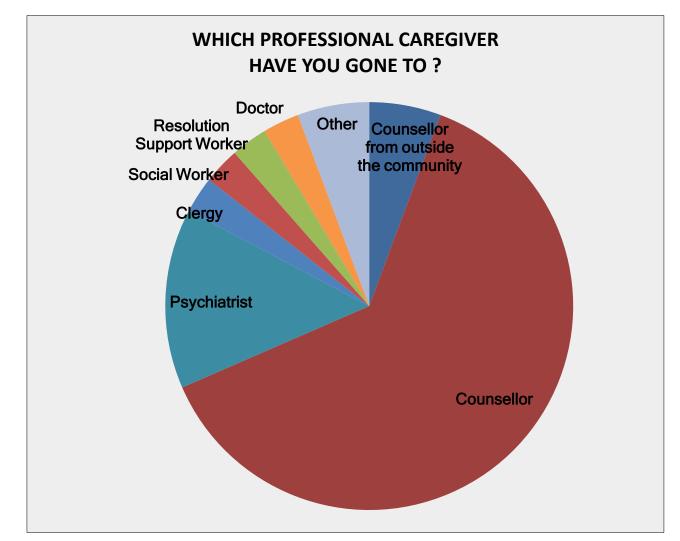


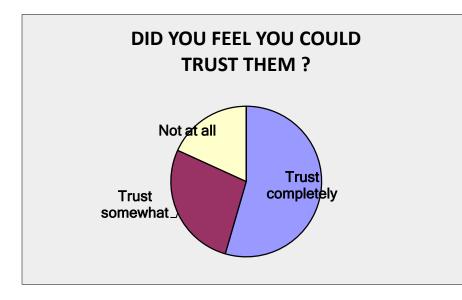


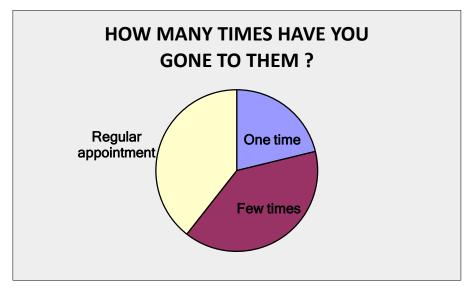


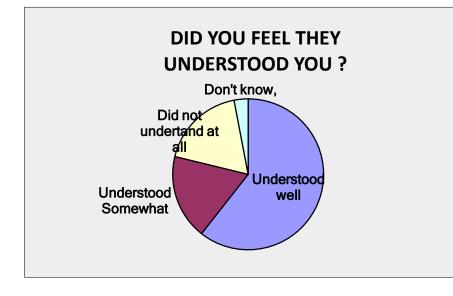


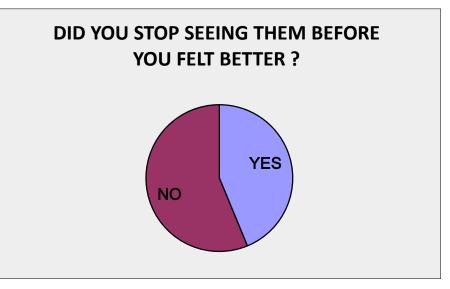


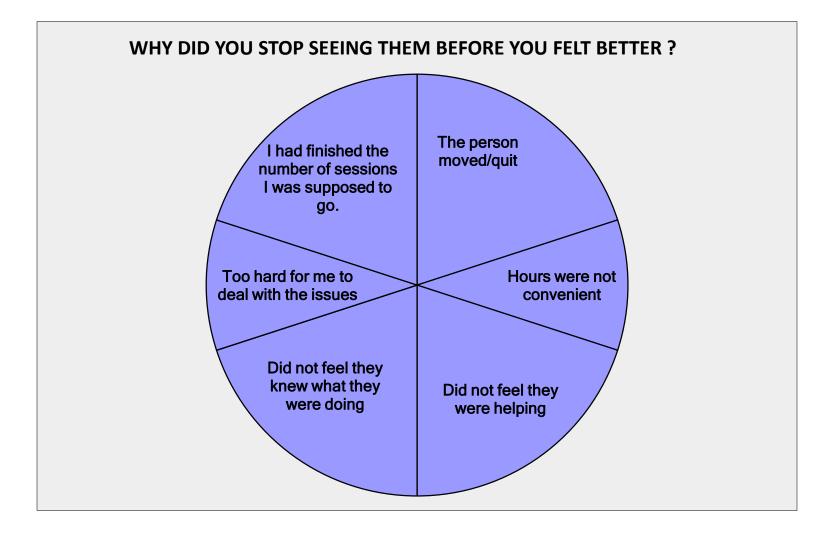




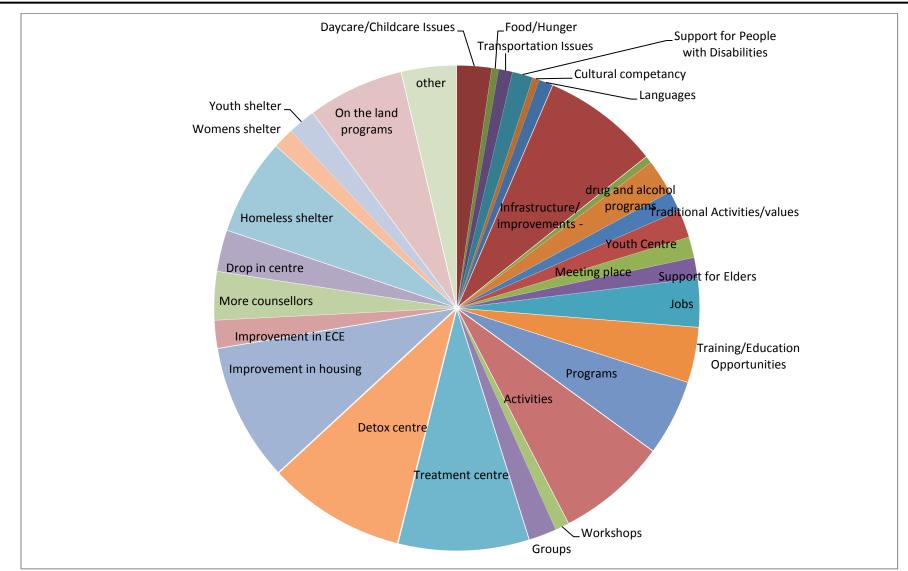






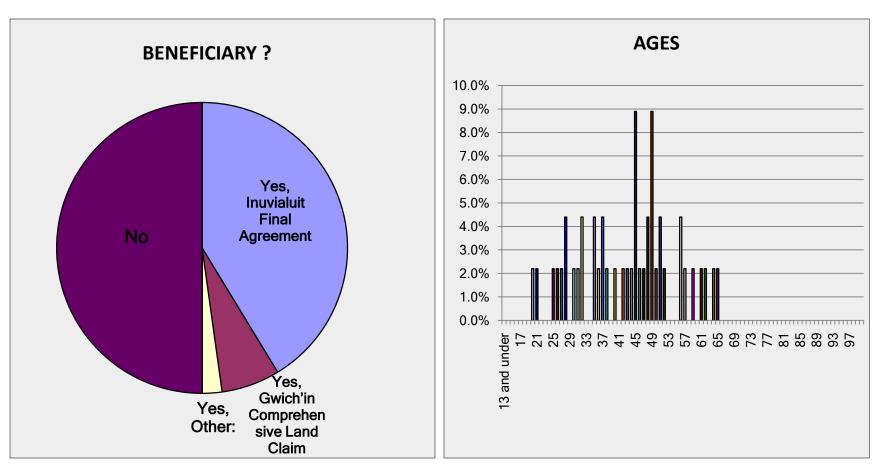


WHAT DOES YOUR COMMUNITY NEED TO IMPROVE

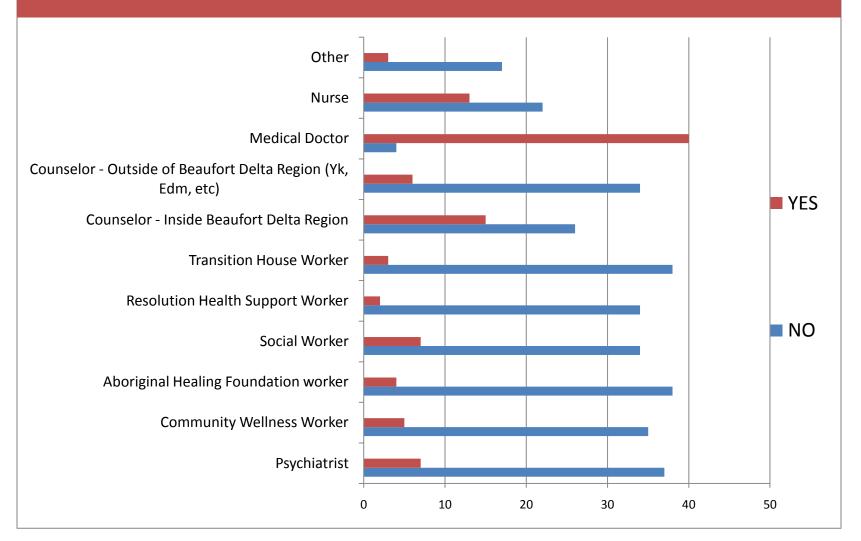


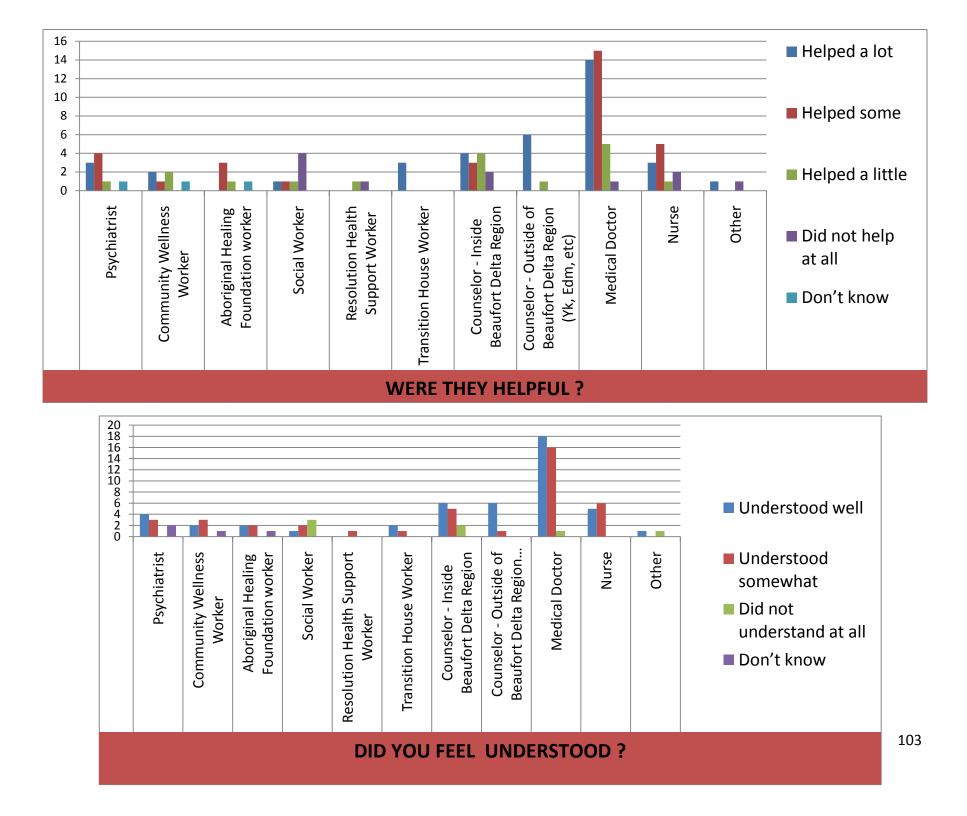
Other: cabins for people out on the land; centralized services; kids helpline, battered men's shelter; online learning support; better relationship with RCMP; access to outside women's shelter to feel safer

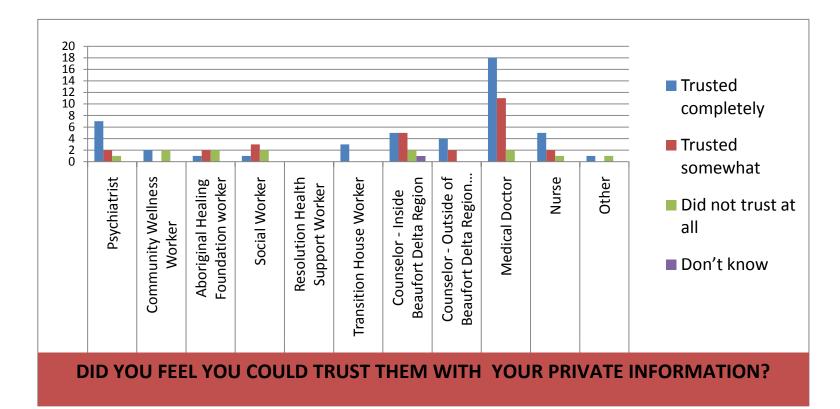
On-Line Survey-47 Participants

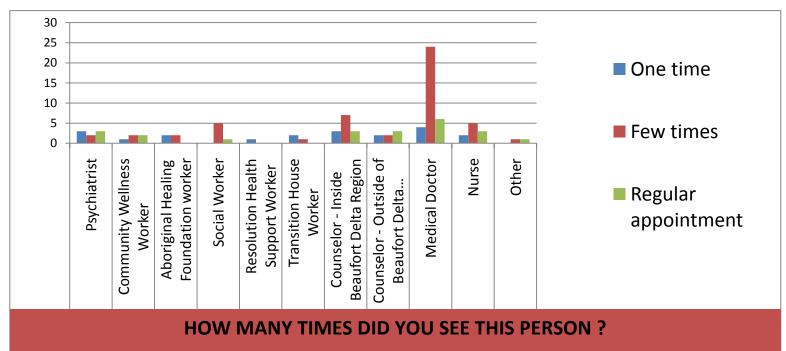


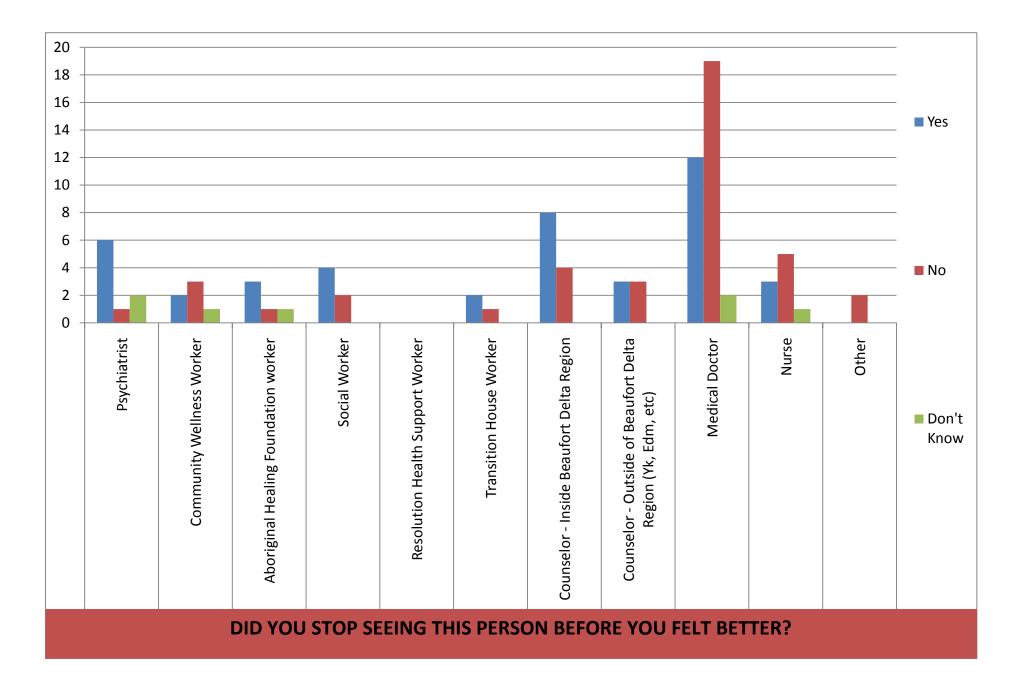


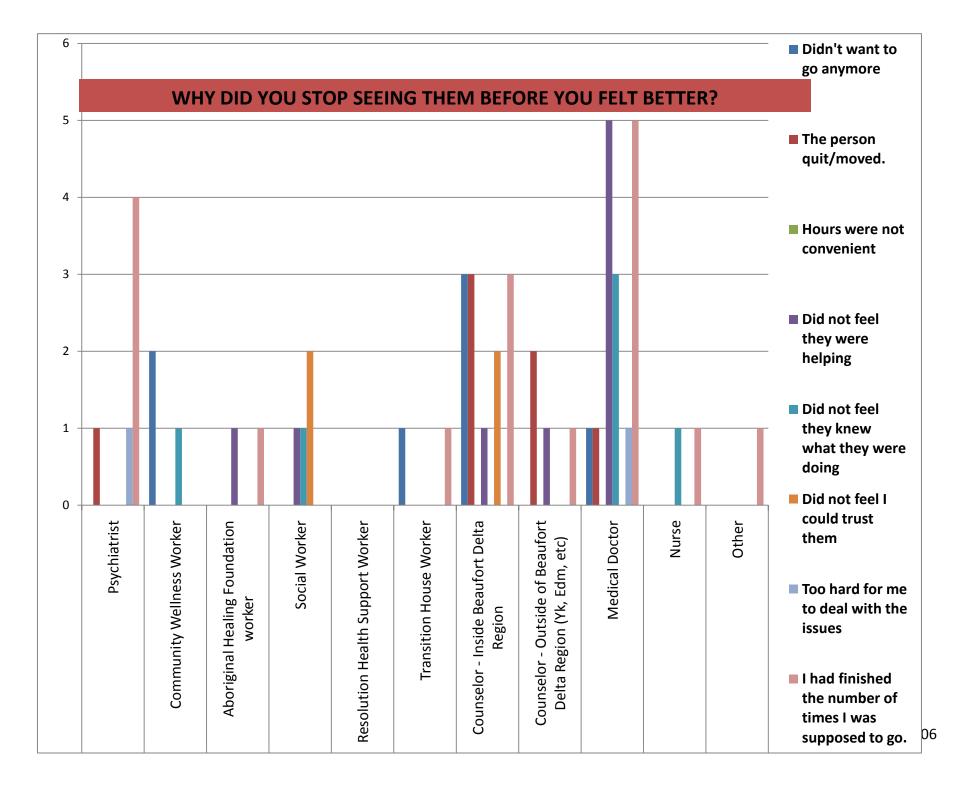


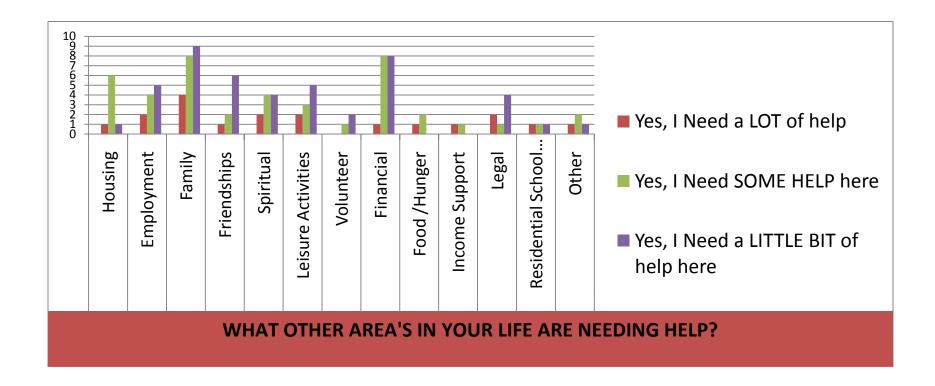


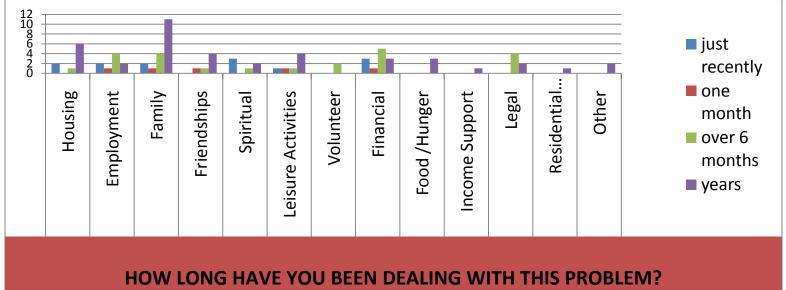


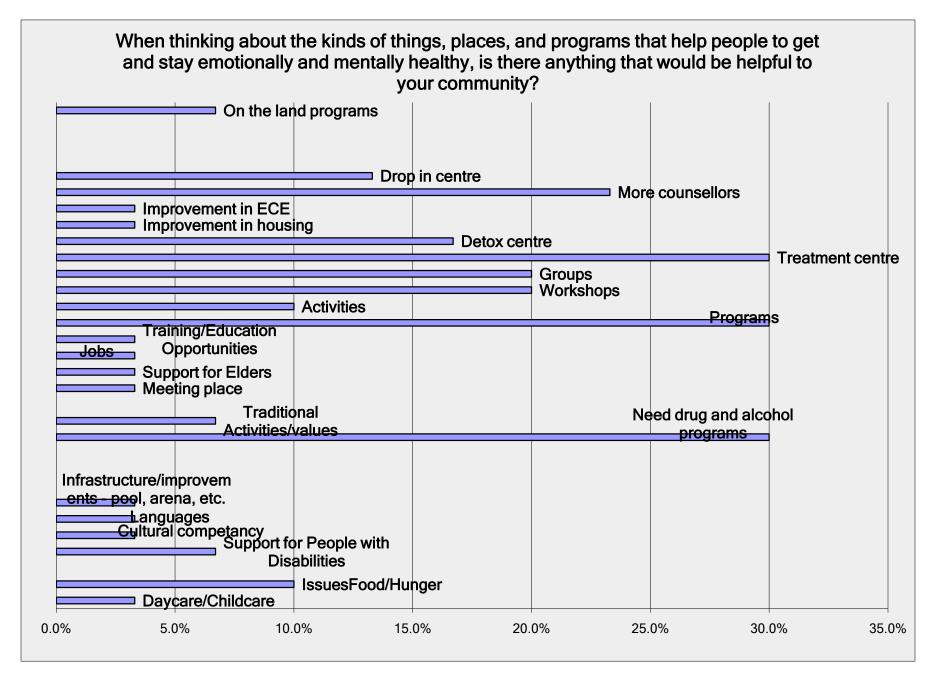












TUKTOYAKTUK SUMMATION

Connections to the Past, Connecting to each other out 'on the Land'

Group Meeting Summation - 31 Participants

- Elder's Group
- Women's Group

Many people in Tuktoyaktuk are proud of their rich oral history that is passed down through the many great stories and how this allows people to fondly remember and reflect on the past. People are also proud of their community spirit and generosity shown when they come together, either, for those in need, those experiencing a time of loss, or when it's time to have a community celebration. Overall they feel their community is friendly, traditional, respectful, honest and capable of great teamwork. 'On the land' represents a special place for people and is the time where the community reconnects in a very different way. Some were concerned with the challenge of blending of the "old ways" with the "western world".

Poverty

A number of people in Tuktoyaktuk spoke of not having enough money to support themselves or knew of others who were struggling with this issue. For some, this struggle affected whether or not they were able to buy nutritional food or to buy food at all, their ability to pay bills, whether or not they could afford activities like 'going out on the land', overall how the level poverty people are facing affected whether or not they felt part of the "functioning" world. In the One-to-one Surveys over one third of participants brought up the issue of food: the cost of food being too high, the lack of and availability of healthy food and its' cost, the lack of access/availability of traditional food, the fact that out-dated food was often sold in town, requests that the Food Bank be larger, that it receive more donations including more traditional food. As one participant summarized...

A lot of people are hungry and asking for food.

Support & Help

Over a third of participants talked about needing help or support for themselves or members of their family or the community at large. 'Support' requests are in the form of support groups, support navigating the government systems, having access to support networks, support for people with disabilities, guidance and mentoring support with life's decisions, and residential school support.' Help' was also needed in the following areas: help with Elder literacy, financial help, men needing help and support for various issues, Elders needing help, families needing help, and help with daily living.

We need to take care of women they are the backbone of the family and community, they need to get healthy and get an education.

Jobs

People expressed wanting jobs and access to programs that could help with the unemployment situation in their community. Because local jobs are few, a number of people are frustrated with the fact that people who were not born and raised in Tuktoyaktuk and did not intend to make it their home, are being hired for local jobs. People believe they are already at a disadvantage competing for jobs in town due to their lack of access to training and certain academic qualifications. There were often only a few examples of this situation; however, the reality is that these few examples are having a great impact. Certain companies are seen by some to have an advantage in doing business in Tuktoyaktuk, and this combined with being seen to not hiring local people, and for some is resulting in a sense of frustration and hopelessness.

Training & Workshops

Many people interviewed wanted access to training and workshops. Specifically, training for the following: educational and skill building training for adults by Adult Educators, training for jobs, training opportunities for Youth, cultural training out on the land, Lifeskills training, etc. Workshop idea's included: communication, grief and loss, Youth drop-out focused workshops, good parenting, hunting, survival skills, financial management, self-esteem and being positive to name a few. Many people felt that if these opportunities were offered in the right way (culturally appropriate) and free of charge that many would go to and benefit from these opportunities.

Housing

The history of government housing in this town has created a huge mistrust of the people who work in this capacity.

The comments about housing are regarding poor quality housing, lack of available housing, poor communication between the housing authority and its' users, the unhappiness with housing policies, the requirement for housing repairs, the time line and when repairs completed are often considered poor quality and requiring upgrading

The housing policy regarding economic rent is too high, people cannot save or get ahead.

Housing is the number one bad issue here.

Leaders

Good leaders are seen as ones who go out and meet and talk with members of the community, those who essentially understand and are somewhat familiar with the day to day experience in Tuktoyaktuk. Many people feel there is a big disconnect between those who are hired to represent and advocate for the community and those they represent.

Leaders are weak, not involved in our lives or familiar with the problems we encounter. They are not visible, choosing to not recognize and deal with community problems- some people are afraid of backlash if they speak up, maybe we could have a suggestion box.

Some suggested that this could improve if the leaders went door to door and spoke with people - not just when campaigning, and by demonstrating accountability and transparency in their actions to the people they were hired to represent.

Elders

There is concern that the Elders of Tuktoyaktuk are not being given enough overall caring and support and are being underutilized as a resource in the community. Specifically people stated that Elders need help with daily living like shovelling snow off stairs and walkways, help with housing repairs and maintenance, help with negotiating and communicating with agencies like utility companies, and help with mobility issues when needing to go out. In terms of accessing the wisdom and experience of the Elders, the following is suggested: specific Elders could be trained to formally act as mentors and then recognized and supported as such in the helping system, the establishment of an Elders Day Program, to hold a regular Elders luncheon, and perhaps develop an Elders and Youth Partnership.

Centre

Addictions, Drug and Alcohol, AA, Drop-in, On the Land Addictions Healing were the some of the many suggestions for a site that would basically be open to all community members and represent well-being, and house wellness resources, perhaps even an addictions counsellor. For many it was a replication of the previous centre ' The House of Hope'.

Shelter

Some believe that Tuktoyaktuk needs a homeless shelter. Although the homeless population is not nearly as visible as compared to places like Inuvik, many felt the community needed one. Some stated there were people living in crowded conditions and/or 'couch surfing' with friends and families.

Homeless Shelter would be good, I know of about 15-20 people who are homeless.

Counsellors

For those who were unaware that Tuktoyaktuk has a mental health addictions counsellor many wanted one in the community. For those that knew of the existing counsellor, people wanted more counsellors, for them to be more visible in the community (making regular presentations/introductions to the schools), the need for counsellors to have historical and cultural training, for them to utilize local resources like the radio for education and awareness, and to have a counsellors that specialized in a specific area...

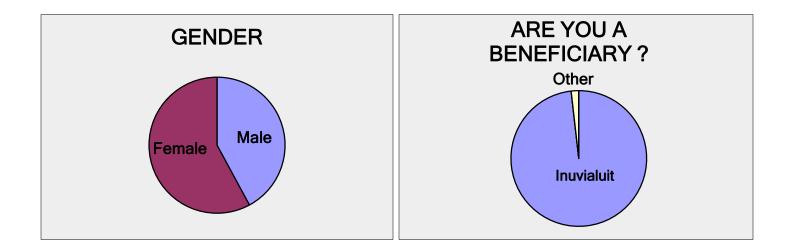
Gambling is out of hand here; we need special support and counsellors for this.

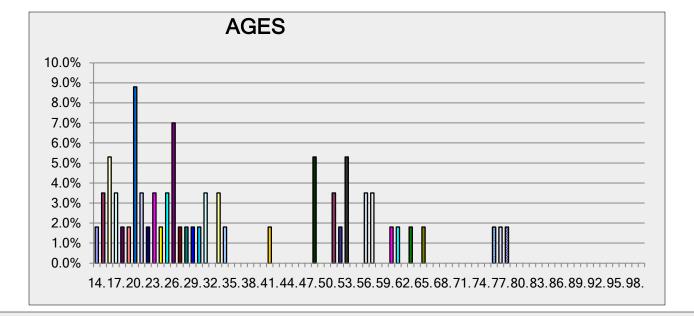
Charts and Statistics

One-to-one Survey Results - 57 Interviews

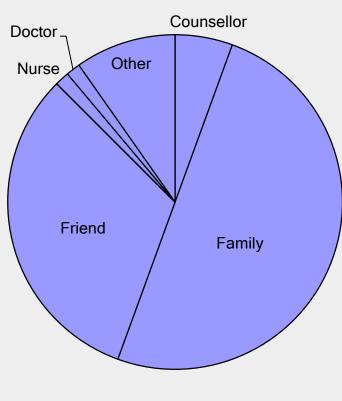
Do you or have you ever struggled with an addiction			

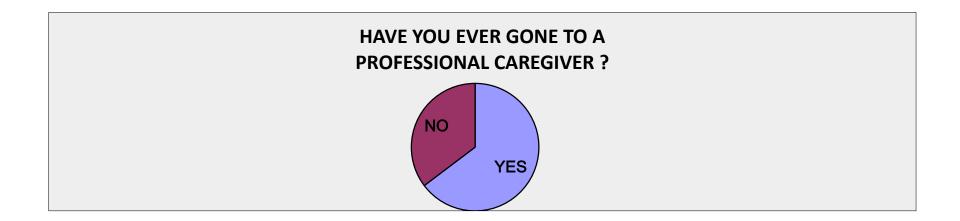
ТИКТОҮАКТИК	FEMALES	
57 (100%)	58%	MALE 42%
YES	91%	75%
NO	9%	21%
BLANK	0%	4%

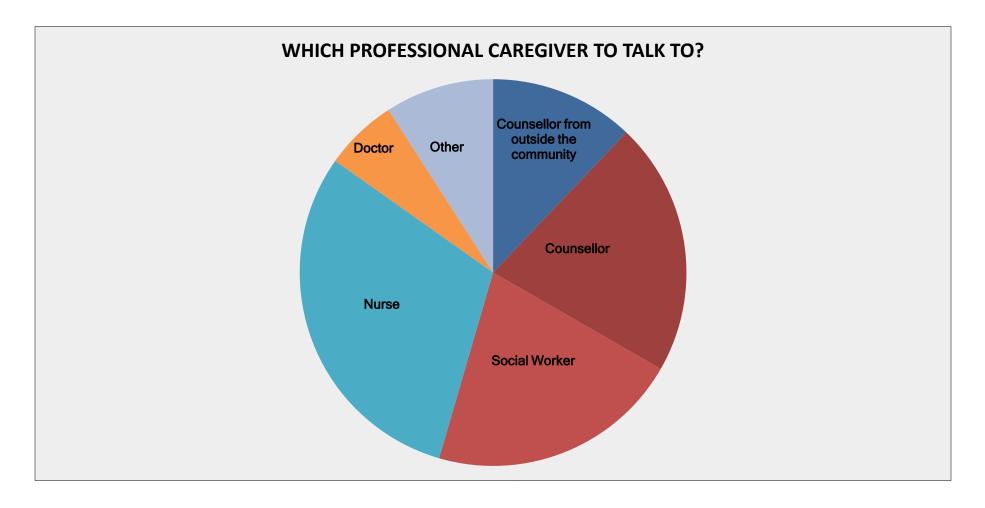


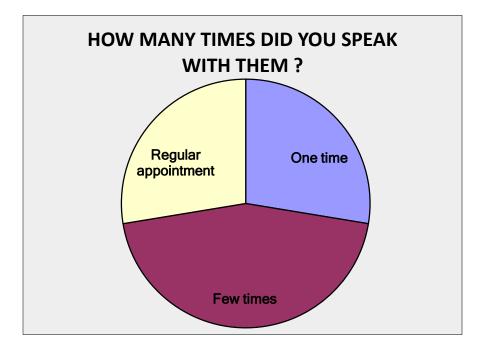


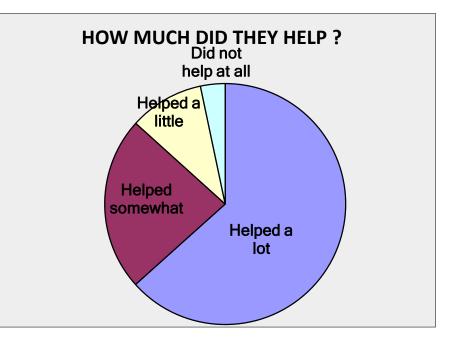
WHO DO YOU TALK WITH ABOUT YOUR STRUGGLES ?

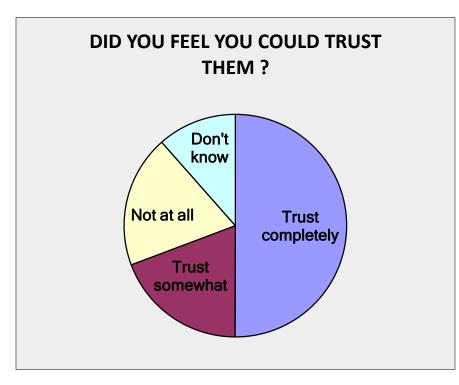


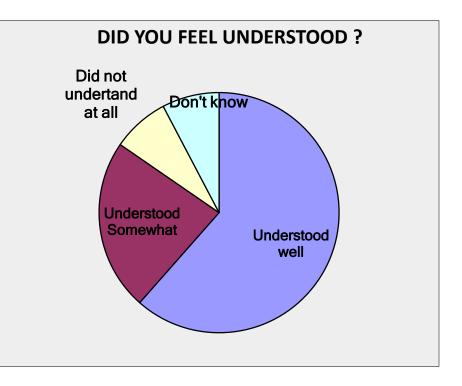


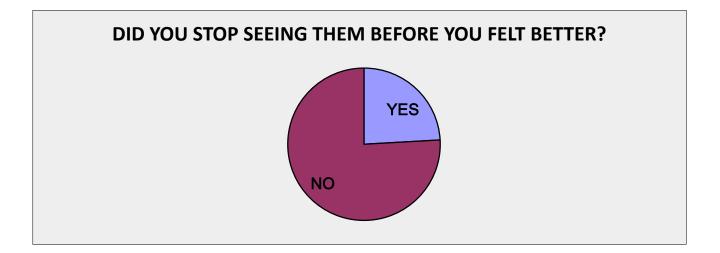


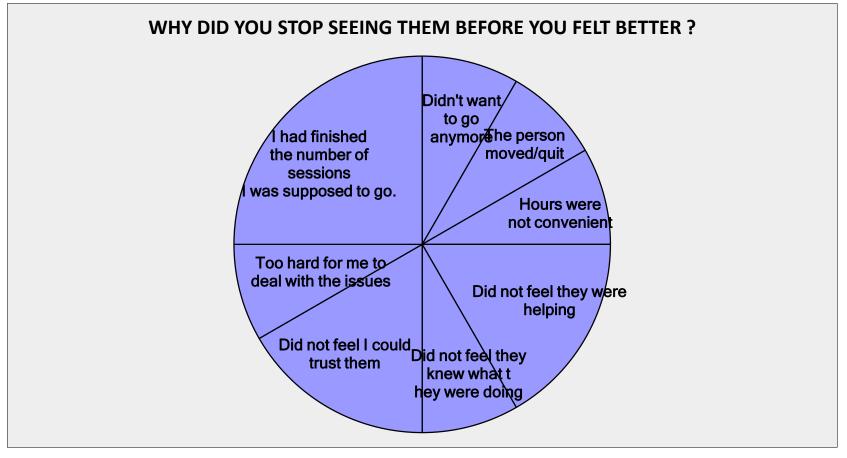


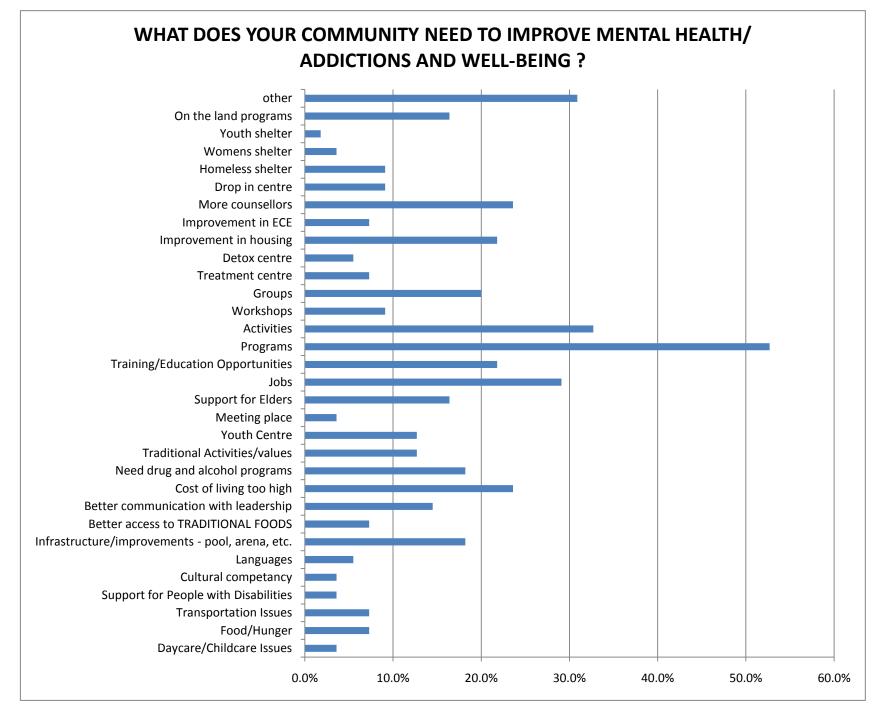












<u>Other</u>

- 1. Land claims need to communicate better, IRC needs transparency
- 2. Choice of local or outside counsellor
- 3. Improve RCMP relationship, need community coordinator
- 4. Drop in services instead of apts., advocate to speak on behalf of people, bar where people could learn to drink normally
- 5. BDHSSA should go to school to introduce themselves, FAE>FAS need support
- 6. Abolish social passing, affirmative action, centralized services
- 7. More doctors /nurses
- 8. Land claims?
- 9. RCMP relationship needs to be better
- 10. More activities for women and children
- 11. More subjects in high school
- 12. More doctors /nurses
- 13. More doctors /nurses
- 14. Literacy issues
- 15. Permanent doctor, housing maintenance-for those who own-huge problem for things like plumbers, etc.
- 16. Telephone outreach/afterhours support
- 17. More male helpers couples retreats, women's retreats
- 18. Prices too high

Southern Treatment Centre Consultations

Southern treatment consultations were held between August 10 and November 18, 2009. The following sites in the following Provinces: Yukon Territory, British Columbia and Ontario were viewed:

- Whitehorse Detox/Treatment Center (Whitehorse, YK)
- Phoenix Centre (Surrey, BC)
- Edgewood Treatment Centre (Nanaimo, BC)
- Namgis Treatment Centre (Alert Bay, BC)
- Comox Recovery Centre (Comox, BC)
- Cedars at Cobble Hill (Cobble Hill, BC)
- Tsow-Tun Le Lum Treatment Centre (Lantsville, BC)
- Mamisarvik Treatment Centre (Ottawa, ON)
- Maple Ridge Treatment Centre for Men (Maple Ridge, BC)

The purpose of the onsite consultations was to see what types of programs currently exist, which were demonstrating success, how that success in defined, how culture may play a role in recovery, and to speak with facility managers/directors about their challenges, etc. A number of the original Concept Paper recommendations were reinforced during these consultations. Elaboration of these concepts and other recommendations are discussed below with the view of incorporating them into the context of the Inuvialuit Settlement Region Mental Health and Addictions System.

Trauma Recovery

All but two of the treatment / recovery sites provided a trauma recovery program. The reasons ranged from not having the funding required for qualified staff able to carry out this type of programming to not believing it was even necessary component of recovery. Tsow-Tun Le Lum (helping house) Treatment Centre was one of the sites that offered a trauma program. The program was carried over a five week period and titled "Moving Beyond the Traumas of Our Past" – Survivors of Trauma Treatment Program. It was at the time, funded through the Aboriginal Healing Foundation. The program is open to the following: adults

(19+), who have been sober for 6 months, and are experiencing any of the following: the effects of residential school experiences, a substance abuse history, physical, sexual, or emotional abuse, family violence or abandonment (historical or present), death or suicide of a loved one, cultural oppression, generational trauma, spiritual wounding or other trauma (Tsow-Tun Le Lum Society, 2009). The program involves three phases: community outreach, in-patient services, and evaluation. In addition to their programming, Tsow-Tun Le Lum believes their success is due in part to both the use of culture (believing it a significant factor for Aboriginal people in recovery) and their focus on improving people's overall quality of life (Rigsby-Jones, 2009).

The Mamisarvik (A Healing Place) Treatment Centre is an Inuit specific Detox and treatment program that offers a bilingual treatment service. Almost all the staff are of Inuit descent and many speak fluent Inuktitut. The Mamisarvik Centre also offers a trauma treatment component. Both the treatment and trauma combination are believed to be one of the reasons for their success (Mayoh, 2009). The Mamisarvik Centre philosophy comes from a bio-psycho-social perspective and quite different from many of the visited sites - recognizes and supports harm reduction as an option in continuing care.

Trauma treatment is considered an important piece in recovery from addictions. When the human body experiences trauma, the trauma...

...may endure for years, perhaps even generations, after the acute stressors have subsided. There are clear and strong associations between traumatic stress and subsequent substance use disorders. Childhood physical or sexual abuse predisposes to adult alcohol/drug problems (Daugherty, James, Craig, & Miller, 2002, P. 235).

Janine Fisher, Instructor and Supervisor of the Trauma Center in Massachusetts, explains that addictive behaviours initially begin to take root as a coping mechanism, aiding the individual in either not feeling depressed, to prevent unhappy memories, to self-medicate, to increase hyper-awareness or to help disassociate. The problem enters when the use of the addictive substance needs to be increased to keep all the above conditions at a safe distance. In the end Fisher states the physical and emotional withdrawal affects to the addictive substance becomes more of a problem than the initial reasons for using it. For this reason many people who have experienced trauma have mental health and addictions issues. Furthermore she suggests that addictions and trauma need to both be treated...

...addiction issues must always be addressed concurrently in trauma recovery because the substance abuse will consistently undermine all other treatments by impairing the patient's memory, perception, and judgment (Fisher, 2000)

The socioeconomic history in the Inuvialuit Settlement Region includes a substantial history of trauma. Trauma has been introduced in many forms; forced separation and relocation from family to attend Residential School, and the intergenerational *Legacy* effects that continually resurface through high rates of violence, abuse to self and others, childhood neglect, and mental health and addictions issues. Availability of a trauma program for the residents of the Beaufort Delta Region is a crucial piece in the recovery continuum.

Integration of Traditional and Cultural Healing

Namgis Treatment Centre and Tsow-Tun Le Lum both incorporated the local Aboriginal culture into their programs. The presence of culture at the Tsow-Tun Le Lum site was formally demonstrated with the ceremonial use of the bathing pool created within a wooded area just outside the facility, whereas the informal presence of culture was throughout the site via artwork, programming, etc. The bathing ceremony is offered as an option, as some participants are not from the local Aboriginal community. However, place of origin, has not necessarily been a deterrent, as many non-locals do partake and claim to benefit from this ceremony. Elders have a crucial role as informal counsellors in the Tsow-Tun Le Lum program and are present for the entire duration of treatment, available in their rooms for drop-in visits and support. Elders were also available to the participants at the Namgis Treatment Centre as was traditional food and the offer to participate in local ceremonies and practices.

There has been debate around whether or not culture plays any part in recovery for Aboriginal people who are struggling with addictions and/or other mental health issues. However, the Nez Perce Tribe of north central Idaho present interesting evidence and provide an example of how actively being involved in one's own culture may be a protective factor in the face of drugs and alcohol. The Nez Perce have developed a community prevention program that offers "culture therapy", believing that these cultural activities...

...nurture participants through promoting social bond, interdependence, social competence and problem-solving skills (Harris & McFarland, 2000)

Surveying the community over a ten year period confirmed that overall, program participants (adults and youth participants / community members) who identified with their culture more, consumed less alcohol. Specifically among the youth, the greater association with spirituality (tribal and/or church) coincided with less drug use (Harris & McFarland, 2000). This presents promising data for the power of culture as a culturally competent 'prevention' strategy.

As remarked in Emerging Trends in Research on Mental Health Among Canadian Aboriginal Peoples, a Report Prepared for the Royal Commission of Aboriginal Peoples, 1994, it was suggested that traditional healing:

...need not rest on having results from double-blind placebo controlled studies in hand. From a mental health perspective, whatever their specific therapeutic effects, traditional forms of healing are likely to have efficacy at the levels of giving meaning to experience, giving the sufferer a renewed sense or morale and promoting community solidarity(p. 47).

A successful example of the use of a non-traditional form of therapy was again at the Tsow-Tun Le Lum site. Performing in a play was part of their five week Trauma Program. Participants are requested to act and then perform in a play as part of the trauma treatment program. Tsow-Tun Le Lum's Executive Director stated that this treatment offering is considered by many to be the highlight of the program (Rigsby-Jones, 2009).

To not incorporate Inuit culture as a prevention and maintenance strategy would be missed opportunity and an potential waste of resources.

Detox and Inpatient Treatment Combined

Many of the sites visited offered both inpatient Detox and treatment combined. Some programs allowed people to wait in Detox for the next treatment program to begin. At times this occurred due to homelessness, having no safe or sober place to wait for the next program to begin, or having no support to attempt social Detox. Regardless of the reason the option of having access to Detox and treatment services clearly increased an individual's chances of being hooked into the system and for follow through. Many employees from the various sites expressed the importance of shared space for Detox and Treatment Program participants, as it allowed for both hope and reflection between the two (beginning and ending) group participants. Having access to a range of Detox services are crucial if a recovery system that includes a continuum of care. Waiting for a treatment program to begin, or for paperwork to be completed, having to be medically at risk (as it is required in this Region) before one is able to enter into Detox are just a few examples of where the system can and does lose people (sometimes literally) back into the world of chronic substance mis-use and abuse.

Family Programming

Research in family therapy has shown the important role that one's family plays for individuals struggling with addictions. In many Aboriginal cultures including Inuit culture the role and importance of family cannot be understated. Every site commented on the significance of family in recovery, however very few offered a comprehensive family program component.

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With respect to family treatment programming, Inuvialuit communities in the Beaufort Delta Region have the advantage of a number of converging factors. Many family members have experienced similar trauma and therefore have similar issues, family and community cohesiveness is fundamental in Inuvialuit culture, and families often live in the same community and/or are not as geographically distanced as you would find in southern communities.

Family treatment programs are an important and achievable service option for the Beaufort Delta Region.

Access to 24 Hour Hotline (Inuvik and Communities)

For many, having access to a 24 hour support-line is an important service. The Whitehorse Treatment Program incorporates both a 24 hour hotline as well as supports a regular regional AA teleconference for their outlying communities. Both these services would be instrumental in linking with this regions isolated communities and providing after hour support.

Program Evaluation

Almost every site consulted with was <u>without</u> a comprehensive program evaluation process, yet interestingly many were accredited. Depending on the site, recidivism was defined differently and rarely is the recidivism rate documented. Some programs believed a relapse to be a failure and therefore would not include that statistic in any further analysis of, ironically, what was referred to as the recovery process. There exists many evidence based evaluation programs that could be modified to culturally fit the Beaufort Delta Regions unique characteristics.

Focus on Quality of Life

The Phoenix Centre in Surrey, BC was an excellent example of programming that focussed on improving participants overall quality of life. The Phoenix Centre's philosophy supports selfactualization and reconnection with all aspects of community and has proven successful for substance dependent and mental health service users. Self-actualization and reconnection happens through access to opportunities where participants are able to develop and explore social, employment, leisure, educational and volunteer opportunities alongside the goal of participation in a treatment or mental health program.

Given that we know that substance misuse is a chronic issue, and one that can be positively affected by people's access to safe, affordable housing, emotional and physical health support, work, education and volunteer opportunities a *quality of life* systems perspective is recommended when developing programs for this region.

Section III - Concept Model Design

The Concept Model is divided into four sections and will outline a continuum of recovery services including strong partnerships with public, social and health services for those seeking help with substance abuse issues. The section will end with the introduction of a Community Wellness Centre, where the four proposed concepts for this addictions recovery system are brought together.

Concept #1- Evidence Based Psychosocial Treatment Interventions

It is crucial for both ethical and economic reasons that addiction treatment interventions are based on evidence based research. What follows are some examples of psychosocial therapies/treatment interventions and tools which have shown efficacy through evidence based research.

Brief Interventions

There are two streams of Brief Interventions: opportunistic BIs which are often delivered to people who are not actively seeking help for a problem with alcohol but who are identified via screening (an annual Doctors check-up) and specialists BI which are often delivered in a specialized setting to people who are seeking help for an addiction problem (treatment centre).

Behavioural Self-Control Training (BSCT)

BSCT, a Brief Intervention (BI), intends to teach controlled drinking in the individual versus stopping altogether. Methods would include discussing a reduction in the pace of drinking, increasing the time in between the next drink, examining the kind of drink chosen (% of alcohol) and recognizing and avoiding possible high risk situations. This method has shown the most promise attempting to teach controlled drinking (Slattery, et al., 2003, P. 5-11).

Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET)

MI is based on the relatively simple idea that *how* a person is spoken to or with, about their addiction affects their willingness to even discuss it, let alone to consider making any changes about it. Motivational Interviewing is a counselling approach that seeks to build the clients personal motivation with regards to their substance use. It utilizes non-confrontational techniques, provides empathy, is client centred and attempts to explore and resolve ones ambivalence to making a change around their substance use. Motivational interviewing is seen to replace the traditional method of *giving advice* (which is often unsolicited and proven to be ineffective).

MI is very different from traditional attempts to motivate change in three respects. Firstly, it focuses on the counsellor to instill motivation, leaving little room to blame the client for not being ready to make changes or having the expectation that the client has to hit bottom prior to changing. Secondly, it steers the client to be selfconfrontational, versus the counsellor being confrontational to the client, historically used to break through the client's assumed denial. Thirdly this method comes from the perspective that the client, not the counsellor, knows what is best for themselves in terms of the steps they take in recovery,.

Motivational Enhancement Therapy (MET) is a BI that is a modified form of MI often utilized in situations where contact with client's ranges from one to three times.

In a well-known multi-site study titled Project Match, three interventions were compared: MET, Behavioral Therapy (CBT) and Twelve-step Facilitation (TSF) involving a small population of Native Americans. Results showed that those who experienced the MET versus the CBT or TSF showed significant...

...less drinking intensity relative to those assigned to CBT or TSF, with the highest proportion of abstinent days and lowest drinking intensity at both proximal and distal follow-ups (Villanueva , Tonigan, & Miller, 2007).

Community Reinforcement Approach (CRA) and Community Reinforcement and Family Training (CRAFT)

The Community Reinforcement Approach is considered to be one of the most effective behavioural programs for treating substance abuse problems (Wolfe, Spring 1999, Volume 6, Issue 2,) (Miller W. R.-S., Vol. 23, No. 2, 1999). It has shown success with homeless, inpatient, and out-patient populations. CRA is similar to intensive case management of the individual and espouses that an individual's environment plays a large role in encouraging and /or discouraging alcohol and /or drug abuse behavior. It pulls in many areas of the client's life including family, therapy, vocational and social. The overall goal of CRAFT is to help the individual create a life more rewarding without drugs and alcohol versus with drugs and alcohol.

Community Reinforcement and Family Training (CRAFT) is an extended version of CRA. CRAFT usually involves a partner or family member who is concerned with their loved ones alcohol or drug use. CRAFT relies on this partner or family member to remove anything in their shared environment that might be encouraging or enabling the substance abuse to happen, reinforcing abstinence even before the substance abuser is involved. CRAFT has three primary goals: 1) to decrease the substance use 2) to motivate the individual towards treatment and 3) to improve the quality of life of the people around this individual, often family member (Jane Ellen Smith et al. (Smith & et al., P. 219). CRAFT has shown efficacy in cross-cultural environments. ⁱ

Alcohol Use Disorders Identifications Test (AUDIT)

The World Health Organization developed a screening tool referred to as the AUDIT ((Babor, 2001). The AUDIT involves 10 questions that can be self-administered or given. The tool helps determine whether or not a person's drinking is harmful to their health. Research has shown it to be effective within the international arena – across countries and cultures.

Counsellor Qualities

A lot of research has been conducted on counsellors' personality characteristics as well as research on the type of counseling. Findings have determined that *empathy* (the ability to

listen in an open and non-judgmental way) is very important and rates high on patient satisfaction interviews, as one of the most favorable qualities in a counsellor and actually motivates people to return to counselling. Interestingly, this is the case *regardless* of the counsellor's individual years of experience, educational background, or having had a personal addictions history. In Lump Sum Compensation Payments Research Project: The Circle Rechecks Itself, 2007, it states that..."Empathy goes a long way toward gaining their [survivors of residential school] trust - a trust that could prove to be the single most critical factor to the success of any proposed support" (Stout & Harp, P. 53). Specific to Aboriginal issues, Mohawk Elder Paul Skanks explains the importance of the counsellors understanding the client's history in order to develop that empathy. He asks the question to those working in Aboriginal communities...

How can you serve a people you don't understand? How can you have empathy for people without an understanding of the issues that brought that person to you for help in the first place, and that impact on them or their family? (Addictive Behaviors Among Aboriginal People in Canada).

Korhonen, 2004, discusses the importance of listening versus talking when counselling. He states...

...the ability to demonstrate compassion and empathy, which "means the counsellor listens well, accepts what the client says, does not judge or deny the clients views, and helps clients understand themselves through their own word" (Addictive Behaviors Among Aboriginal People in Canada, P 72).

Culture

It is important to recognize the cultural context before implementing any evidence based practice. Evidence based research and practice does not get created in a vacuum but in fact through *someone's* worldview. As an example of the importance of cultural context, we can point to some forms of Western style therapy which have not always been successful within some Aboriginal settings. Specifically, counselling styles that focus on individualism and

independence versus, the more culturally appropriate focus on connection to family and community.¹

Treatment/Intervention

Treatment for alcohol *dependence* often requires an inpatient setting at a Detox centre where the management of the physical withdrawal symptoms of alcohol (or other addictive substances) can occur in a safe manner. Treatment for the removal or lessening of *psychological* dependence of alcohol is often a longer process and can happen in either an inpatient or outpatient environment. The psychological process of withdraw is fraught with ups and downs in terms of abstaining from the substance altogether or reducing its usage to a manageable level. For many this is a lifelong challenge. When analyzing success rates between inpatient and outpatient treatment programs, the evidence is unclear.

Several evaluations of the benefits of inpatient and outpatient care are reviewed by Finney & Moos (1981)...

The evidence concerning effectiveness for all patients does not show clear superiority for either option. However, the authors note that there is a group of patients with few social resources and/or environments that are serious impediments to recovery for whom residential options should be available and that inpatient treatment options should be available for those with serious medical/psychiatric condition. (Slattery, et al., 2003, P. 90-91).

While attempting to determine treatment success patterns, Armor et al., 1976; Moos et al., 1990; Simpson and Savage, 1980; Hubbard et al., 1989, DeLeon, 1984 all concluded in their research that...

¹ Culture Counts: A Roadmap to Health Promotion. Best Practices for DevelopingHealth Promotion Initiatives in Mental Health and Substance Use with Ethnocultural Communities. http://www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Cult ure_Counts_Guide/CultureCountsGuide8.pdf

Studies of treatment response have uniformly shown that those patients who comply with the recommended regimen of education, counselling and medication that characterizes most contemporary forms of treatment typically have favourable outcomes during treatment and longer lasting post treatment benefits (McClellan, 2002, P.32).

Unfortunately, most people do not stick to the *recommended regime*. Research has shown that post treatment success is often sabotaged by factors such as "low socioeconomic class, co-morbid psychiatric conditions and lack of family or social supports" (McClellan, 2002, P 32).

Alcohol as a Disease

Diseased based theories of alcoholism purpose that people who drink too much do so because they have the disease of alcoholism, meaning that the structures and the functions of their brain have been altered and not functioning correctly. And, in that respect proponents argue, any physical problem with the body should be considered a disease. Opponents to the disease model believe that because no behavior associated with alcoholism can be directly connected to a physical malady in the body they are reluctant to categorize it as a 'disease'.

Some disease based theories advocate abstinence and therefore do not allow for the possibility of moderate or reduced use, also known as Harm Reduction. Addictions research determines that Harm Reduction programs are an important addition to the treatment of addictions. The goal of harm reduction is just that, to reduce harm to the addicted individual and their environment. *Harm Reduction is considered to be pragmatic, humane, reduces harm and has a clear hierarchy of goals... (Addictive Behaviors Among Aboriginal People in Canada).*

Chronic Versus Acute and What It Means For an Addictions Treatment System Many addictions systems and programs are still set-up to treat addictions as an 'acute' condition. The `condition' often requires a 'timed' intervention where (hopefully) one is 'cured'. In keeping with this systems philosophy, when the individual 'falls off the wagon', it is termed a 'relapse' and considered to be somewhat of a personal failing (i.e. "they were not quite ready yet").

Miller, 2002, advocates viewing addictions within the context of the chronic disease model. Rarely, he argues, is addictions 'cured' with one episode of treatment. Detox he would advocate is the only "acute' stage of alcoholism and the addictions systems should acknowledge that acute inpatient treatment is a limited model for addressing addictions over the continuum and actually a little late in the game. He suggests by viewing addictions as a 'chronic' condition and treating addictions similar to other chronic conditions like diabetes and hypertension we will move from reactive to proactive program development and services. As to who will develop the condition, research in addictions now points to a combination of factors, namely, genetics, personality characteristics, and envrionment. (Miller & Weisner, Changing Substance Abuse Through Health and Social Systems, 2002, P. 22)ⁱⁱ

The World Health Organization views any system designed for addictions recovery to involve a continuum of services...

Reflecting an international shift toward health promotion and harm reduction, the World Health Organization (WHO) proposes viewing alcohol problems along a continuum; thus, a full range of prevention and intervention alternatives can be aligned with underlying causes" (As quoted in Addictive Behaviors Among Aboriginal People in Canada, P. 34).

Many alcohol-related illnesses, accidents, and offences are caused by *alcohol abuse* behaviours such as binge drinking or severe intoxication. These behaviors are not necessarily related to *alcoholism* or *physical dependence*, which would often require treatment.ⁱⁱⁱ

Concept #2 - Continuum of Care / Aftercare

Within a continuum of care people with substance use issues have access to coordinated treatment and services through multiple entry points over the span of their recovery- which

for many can be a lifetime. When creating a continuum of care it is important to assess a community's capacity and identify any gaps. It also important to engage the community and other mainstream stakeholders in working towards a common vision and goal as this will increase access to these mainstream services for the specific client population. Many service delivery systems fail with respect to a continuum of care as it challenges the system pieces to work together collaboratively versus the more common stovepipe approach.

The Calgary Health Region's Addiction and Mental Health Continuum suggests the following pieces:

Prevention & Promotion Services Early Intervention Services Crisis Intervention Services (onsite and mobile in the community) Inpatient Acute Care Rehabilitation Services (facility and community based) Basic Treatment Services (community based) Specialized Treatment Services (outpatient and community) Sustain and Support Services (broad base of community supports for clients who may or may not be currently in active treatment) (Alberta Health Services, Calgary and Area, Addiction & Mental Health, Continuum of Care).

For some of those struggling with addictions being motivated to make a change does not often occur. Therefore, when it does surface it is critical that it is noted and responded to as soon as possible. Obrist, 2007, states:

Five dimensions of access influence the course of the health-seeking process: Availability, Accessibility, Affordability, Adequacy and Acceptability (Obrist B, 2007).

Stasiewicz et al. (1999) researched the causes for people not attending their first counselling appointments, by looking at the difference between those clients who received an

appointment time within 48 hours and those who received one outside of 48 hours, the choices were...

(1) A reminder call 24 hours before the appointment (2) an appointment card and clinic brochure in the post or (3) no additional reminder. They found that those given appointments within 48 hours were substantially more likely to keep the appointment than those in the other groups (Slattery, et al., 2003, P. 5-27)

Many advocate that a continuum of care should work from a holistic perspective. That it consider all the pieces of a person's life, looking for any and all opportunities to provide support and education - seeking to improve an individual's overall quality of life. Research has shown that those in recovery who have had access to more services, not necessarily substance abuse related services, have the best long term outcomes...

Across several types of patients and settings of care, there was consistent and face valid evidence that patients who receive more services and particularly, more professional services targeted to the particular profile of problems presented at admission, show the best outcomes (Miller & Weisner, Changing Substance Abuse Through Health and Social Systems, 2002, P. 42.).

Concept #3 - Case Management

Case Management is the coordination of all the service needs of the client. Alexander et al., 2007, describes the primary goal of Case Management...

...to coordinate services across treatment settings and to integrate substance abuse services with other types of services offered in the community, including housing, mental health, medical, and social services (Alexamnder, Pollack, & Wells, 2007, P. 221)

Ideally, Case Management is client centered, comprehensive, and community based. Depending on the severity of client needs, it has been recommended that Case Managers have responsibility of no more than 15 to 20 clients at one time. Case Managers need to be well trained and supervised, incorporate treatment planning and a team approach to service delivery. Effective Case Management should produce improved access, participation, retention, service use for individuals in recovery and overall improvement in quality of life.

A Case Manager would play and important part in linking Primary Health Care in the support and care of clients, ensuring that addictions and psychosocial rehabilitation wellness planning incorporates health content as well.

Concept #4 - Front Line Training in Evidence Based Practice

People struggling with mental health and addictions issues are often already 'being seen' if you will, by Family Physicians, Emergency Room Staff, Emergency Service Personnel, Home Support Workers, Pharmacists, Income Support Workers, Homeless Shelters, etc. These are key points of contact, where people with substance abuse issues can be screened, assessed and referred as a matter of course. Similar to an annual Doctor's check-up where blood pressure is taken, weight gain or loss is documented, and medication is reviewed, there are quick and standard procedures that could be followed. If substance misuse is suspected, the Physician could engage in an *"Addictions Check-Up" with* a motivational Interviewing technique to engage the client, the completion of a quick assessment (AUDIT) and then engaged in the referral process. If the patient seems depressed, then a *"Mental Health Check-Up"* could be a similar process, potentially utilizing the PHQ - 9 Symptom Checklist as a tool ² followed by the connection to a treatment and referral process.

With this region's geographically dispersed population, the revolving door of southern professionals, the fiscal challenges, and the population characteristics, the training of front line staff in this region is critical.

Given that a large portion of front line workers originate from the south it would be paramount that training includes a section on cultural competency with a special section on the Legacy effects of residential school in this region. A definition of cultural competency is...

² Symptom check list for depression. http://www.commonwealthfund.org/usr_doc/PHQ-9.pdf

"A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations (Campinha-Bacote, 2002a)

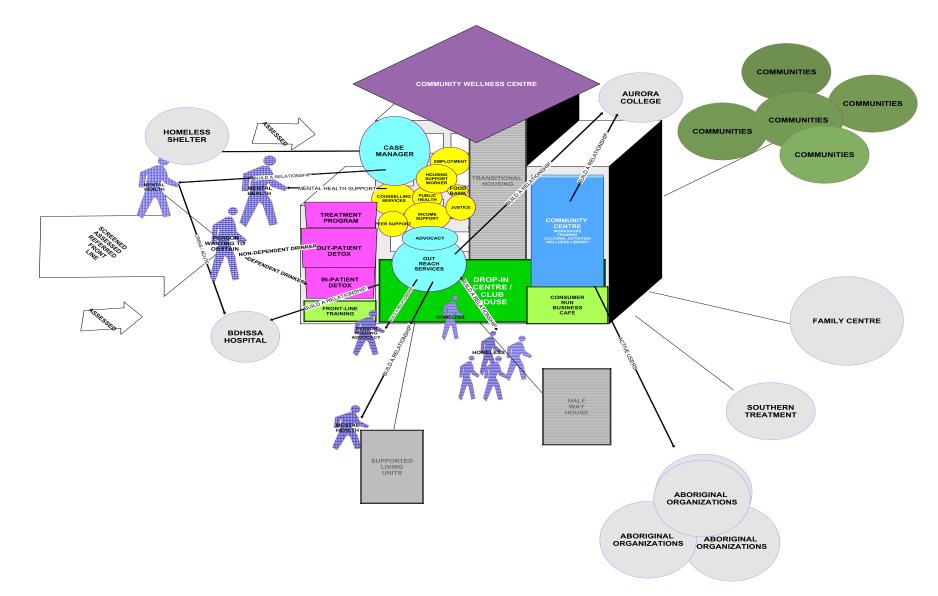
The Cultural Diversity Group, 2002, provides a cultural competency self-assessment guide for social service organizations.³

Front line worker training would include on overall description of the Beaufort Delta Regions Addictions Recovery System, and training in the tools they will utilize in screening and assessing addictions, and cultural competency training.

Community Wellness Centre

The diagram of the Community Wellness Centre (CWC) that follows is where the four proposed concepts for this addictions recovery system are brought together. With the provision of a multi-use centre, CWC will provide a building site/infrastructure, will enable service coordination and cooperation, and will bring services to the people, providing many missing pieces in the continuum of support for individual and family mental health and well-being.

³ (http://www.calgary.ca/docgallery/bu/cns/fcss/cultural_competency_self_assesment_guide.pdf).



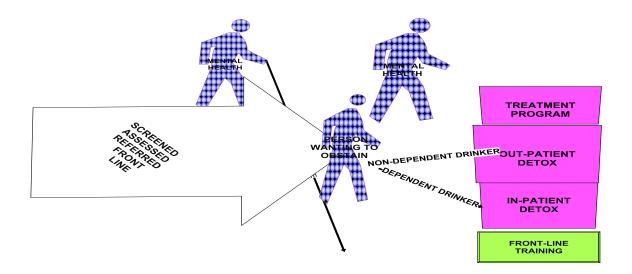
SECTION II - Community Wellness Centre (CWC) - Linking the Concepts Together

This multi-use site would provide the following: Detox and Treatment Services, Transitional Housing Program, Counselling & Support Services, Drop-in Centre, Sober Club Activities, Cultural Activities, Health and Wellness Library, and Partnering Agency Time, etc.

To reiterate the four concepts are: Evidenced Based Psychosocial Treatment Interventions, Continuum of Care, Case Management, and Front-line Training in Evidence Based Practice.

Within this site Aboriginal organizations, justice, public health and social welfare systems in the Beaufort Delta Region would come together as an integrated team, having joint partnership arrangements and agreements for the delivery of this comprehensive and coordinated system of care that is based specifically on the needs of the community.

Detox Services



A detoxification service in the Beaufort Delta Region is an important piece to the addictions recovery system.

Inpatient Services

Detoxification is often the first therapeutic contact between patient and clinician. A detoxification episode should provide an opportunity for a bio-psycho-social assessment,

stabilization and the fostering of the individual's readiness for and entry into a treatment system and plan.

Again, because motivation can be fleeting, it is important that community front line staff are prepared to engage in the process of getting the patient who is in need of detoxification services into the addictions recovery system quickly.

Evaluation of this service would be measured, in part, as to whether individuals continue on in the addictions recovery system post detoxification.

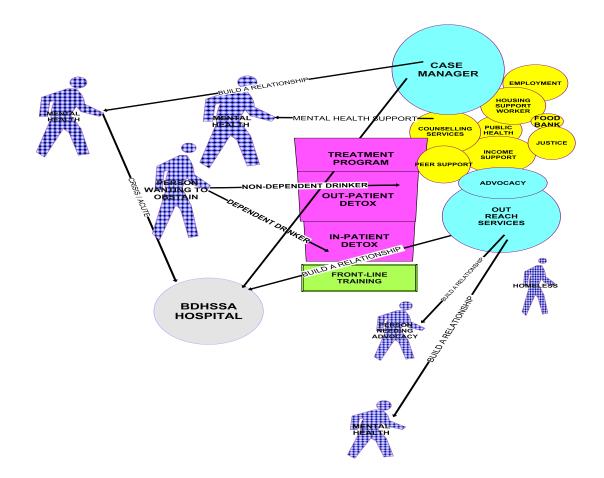
Outpatient Services

Outpatient Detox Services would be for those needing daily medical monitoring and /or psychological withdrawal support and services. This unit would also include beds for those who are too intoxicated: to be put in cells, to return home, who are homeless, and/or those who want to sober up, but don't medically require it. This unit would also provide the opportunity for those who make the decision to initiate physical withdrawal.

Counselling and Support

It is critical that the CWC have on-site a range of support and counselling services. These positions have relevant training and or expertise, and are culturally competent. Important roles and positions would include both formal and informal supports:

Mental Health and Addictions Counsellor, Elder Support Worker, Resolution Health Support Worker, Outreach Worker, Advocate, Peer Support Workers, Wellness Workers, Cultural Support Workers – whomever the community deems an important helper.

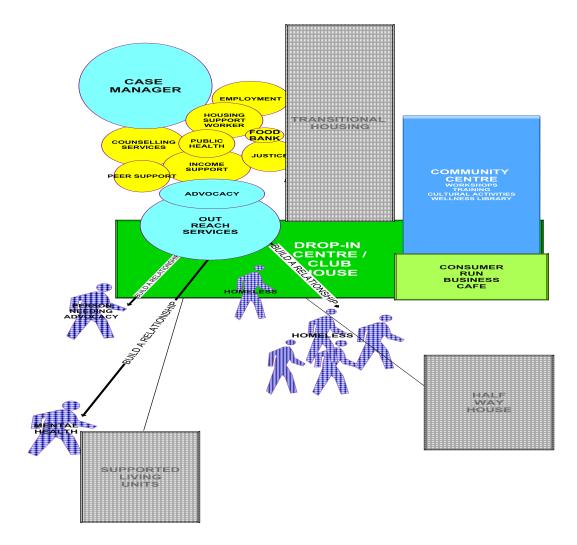


Transitional Housing

Transitional housing would provide beds for those who are making the transition from being homeless and are considered "inappropriate" for housing options due to behaviors and harm associated with excessive substance use and abuse. This would include those who are severely addicted, and require substantial support and structure to resist the slide back into harmful behaviors. ^{iv}

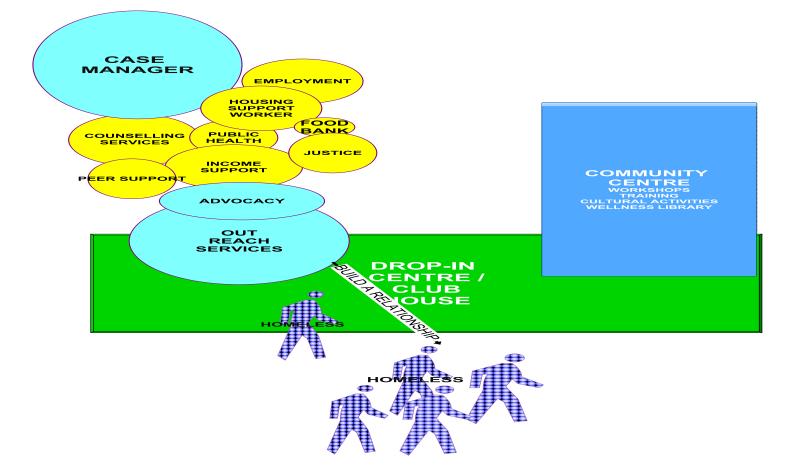
Transitional Housing on or off site of the CWC would be an important piece in the continuum of care and the addictions recovery system. Independent Living Units would be an important addition to the housing program offerings. Independent Living Units would support people making the transition from supportive living situations to more independent ones. These units

should come with a worker attached, ensuring that the client always has access to support, in order to help them achieve their personal independent living goals.



Drop-in Centre

Currently if an individual is homeless, and/or engaging in drinking, there are few places they can go in the community where they won't eventually be moved along. Having a place within the CWC for these individuals to sit down and have a cup coffee, perhaps have a conversation with a volunteer who is enjoying long term recovery is a critical opportunity on the continuum of addictions services. This point of contact is another opening for teaching harm reduction strategies and potential long term change. By providing a welcoming space to come to people have the option of making *another* choice in terms of what they decide to do when they wake up in the morning and find themselves tempted back onto the drinking merry-go-round. Gathering places have a long history in the culture of this region. The drop-in centre would be available to any and all who want to sit and socialize and be engaged in meaningful and healthy activities. The hours of operation should be outside the traditional Monday to Friday and 9 am to 5 pm structure.



Sober Club

For many people sobering up presents a problem in that their immediate group of friends and sometimes family are not prepared, nor want to, make the same changes and therefore are unable to be supportive. A newly sober individual often needs a whole new society of peers.

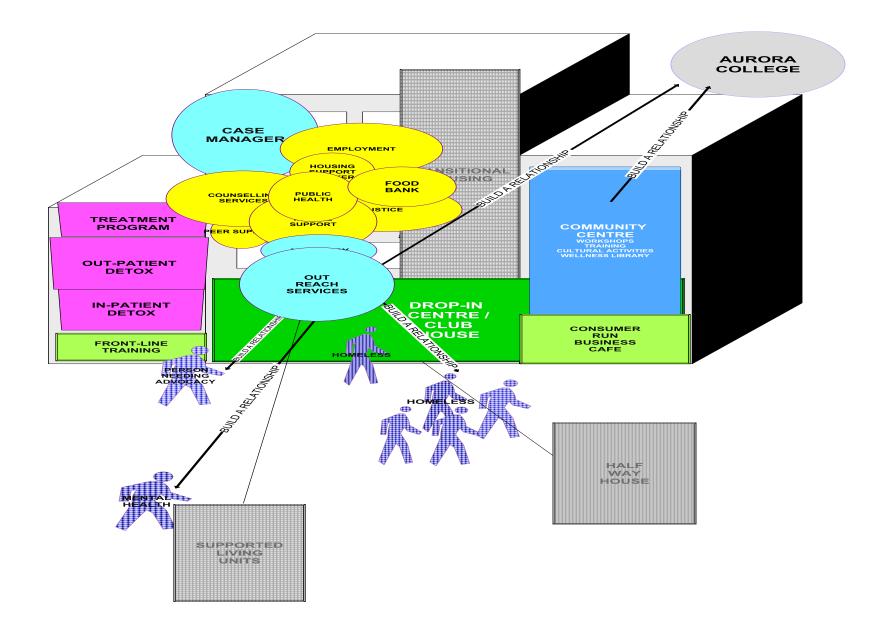
AA has good success based on this program characteristic alone. Having sober activities and programs is one way to augment the AA program theme as well as provide the opportunity for the public in general to engage in healthy activities.

Research Library

Current research on wellness and addictions needs to be readily available to both professionals and lay people. Housing this material at one site would be invaluable to the region. The range of material on addictions and wellness should span the range of potential users; from members of the public (children to Elders) to professionals. Weekly presentations on health and wellness topics could be generated with resources from this library. The Inuvik CWC Library would have an inter-library loaning agreement with the CWC in the communities.

Partnering Agency Time

In the CWC service providers like Income Support, Housing, Public Health, Aurora College, etc., would have days whereby they make themselves available for drop-in appointments. All too often clientele with moderate to severe addictions are unable to make and/or keep appointments with the necessary agencies. This fact alone compounds their 'standing' if you will, with specific service providers, and this can affect whether they or not they receive money for food, an opportunity for housing, etc. By having these agency workers come out of their offices and schedule times for drop-in at the CWC contact with those hard to reach clients would dramatically increase and again an opportunity for harm reduction strategies would be presented. Partnering Agency Time would also encourage the integration and cooperation of services in the system that all too often, despite sharing the same clientele base, operates within silos.

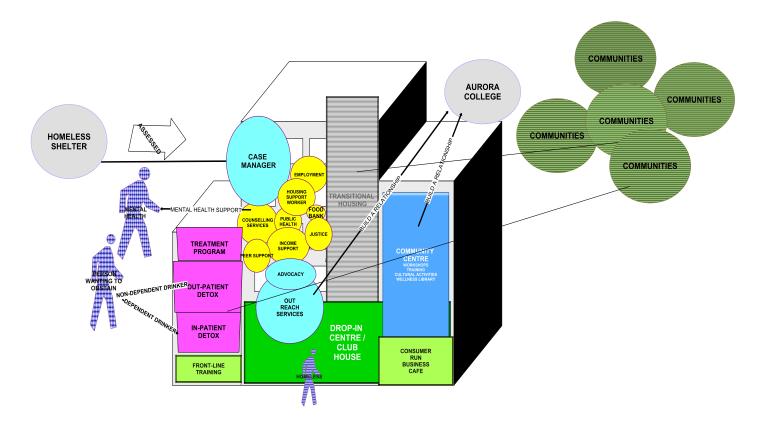


Linking to the Communities

The communities would each have their unique version of the Community Wellness Centre. Included in their center and system would be a multi-use site, agency sharing time, and specialized training in the screening of addictions for all community front line workers.

With regards to the community's addictions treatment process, the system would work as follows.

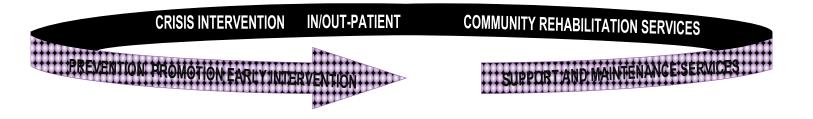
If an individual presents in their community as having a physical addiction, and are assessed as needing Detox treatment, they are flown to the CWC in Inuvik for Inpatient Detox. If they are deemed to need a treatment program they would access Inuvik's CWC program. If on finishing Inpatient Detox or the CWC treatment program, and do not have an environment back home conducive to recovery, they would utilize an outpatient bed at the CWC to have a longer period of stability before returning home. Part of the CWC Case Manager's role would be to ensure continuity of service for the individual back home. If an individual presents as wanting to reduce their drinking, their local mental health addictions counsellor would be available. If this position is vacant the individual could be flown to Inuvik to access support and if having no housing options available could also remain in In-Patient Detox at the CWC.



The anticipated outcomes from this addictions service delivery system are:

- A system where services are developed within the *service user's* environment.
- A comprehensive and coordinated system of care that considers all aspects of the presenting individual (social, economic, mental health, physical health, cultural, spiritual)
- Continuum of services delivered by a range of caregivers culturally competent and trained for those seeking help with substance abuse issues and related issues (that can contribute to relapse) within many points of entry
- Improvement in social and personal function
- Better coordination of services, communication and support between the Inuvik Region and the outlying communities
- Reduction in the threat to public health and safety.
- Improvement in psycho-social functioning of individuals, families and communities

• Substance problems will be reduced because people will have the social, economic and psychological supports that support healthy choices lead to healthy lives



Section IV – Concept Model Connection / Gap Analysis / Matrix /Recommendations

"This survey is helpful just because you are asking."

Concept Model Connection

Physically bringing together the necessary services and supports can directly and positively affect people's quality of life. Users of these services will have access to services within a much more user friendly structure, and this will help to reduce a number of barriers. This model will also help to foster interdependence, providing the opportunity to develop personal skills, confidence and meaningful connections with the community at large.

Matrix

The following is a matrix diagram based on the most prominent themes collected from all of the community consultations through the three data collection avenues. They have been used to help identify gaps in service. The headings and sections are identified as follows:

Individual and Community Defined Needs Core Need (of above) Currently Available in Communities Root Cause for Current Situation Recommendations for Other Stakeholder Involvement / Role of CWC (Concept Model Design)

Identified Needs and Recommendations

INDIVIDUAL AND COMMUNITY IDENTIFIED NEEDS	CORE NEED(S)	WHAT IS AVAILABLE IN COMMUNITIES	ROOT CAUSES FOR CURRENT SITUATION	RECOMMENDATION S/OTHER STAKEHOLDER INVOLVEMENT	ROLE OF CWC (CONCEPT MODEL DESIGN) AND GOALS OF ACTIVITY
Counselling	Addictions,	Nurses, Doctors,	Trauma, Res. School,	Access to more	CWC provide site for drop-in
	family	Psychiatrists,	colonization, rapid cultural	counsellors, Provision	counselling
	breakdown,	Elders, CPP, SW,	change, boom and bust,	of psycho-education	availability and after hour
	trauma,	Resolution Health	intergeneration	workshops to	support
	support,	Support workers,	violence/abuse/addictions/sys	augment the one-to-	through other informal support
	emotional	Elder Support	tem dependency	one counselling	services.
	support, mental	Worker, Health			Trauma Treatment Program
	illness, suicide	Canada private			
		counsellors, private			
		contractors, RCMP,			
		school counsellors,			
		Shelters homeless			
		and women)			
Employment and	Relevant	IRC (), ECE, student	Low literacy levels, criminal	Recommendation to	Upgrading, literacy programs,
Training	training,	aid, aurora college,	record check barriers, social	ECE on partnering to	connection to educational
	independence,	Adult Educator, on	passing, travel required for	eradicate barriers to	institutions, tutoring/adult
	food/shelter/etc	line, move	school, away from family	employment, i.e	educator availability (agency
	. Pride, purpose,		required for school, lack of	Literacy, childcare,	sharing), and criminal record
	literacy,		laddering- entry level position,	criminal	check/pardoning support.
	flexibility -crim.		lack of training, lack of	records/pardon	Site will provide training and
			mentoring, lack of role	information on	educational opportunities by
			models, change from	process, access to	way of developed relationships

			subsistence to wage economy, underlying social causes, lack of childcare, lack of access to education and training	training /laddering	with aurora college, HRDC, ECE, etc.
Activities	Something positive to do, healthy to do, to have a purpose, socialization, cultural thread, another choice than addictions	Recreational coordinators, youth centre, community centres, informal groups-sewing, formal -Elders Program, sports - IRC/GTC cup	Transition from land to town (activities and roles in camp versus activities and role expectations in town - always a role/something to do on the land), unemployment, addictions have replaced many traditional activities	Recommendation for coordination of # of agencies/service providers of their program offerings/advertising considerations	Provide a variety of activities. Site will provide building, planning and execution pieces for additional activities

INDIVIDUAL AND COMMUNITY IDENTIFIED NEEDS	CORE NEED(S)	WHAT IS AVAILABLE IN COMMUNITIES	ROOT CAUSES FOR CURRENT SITUATION	RECOMMENDATIONS/OTHER STAKEHOLDER INVOLVEMENT	ROLE OF CWC (CONCEPT MODEL DESIGN) AND GOALS OF ACTIVITY
Community	Socialization,	All communities	Lack of financial /human	Support for increased human	Agency share resources –
Centres	social cohesion,	have some form	resources to keep up with	and financial support for centres	human.
	healthy	of a centre	demand	in some communities possible	Site/infrastructure
	activities,			partnering with "drop-in	
	celebrations-			programs"	
	cultural				
Drop-in Centre	Place to be with	Some	Social change -meeting places	Recommendation for agency	CWC will provide drop-in centre.
	people,	communities	have changed, unemployment,	partnerships to have drop-in	Communities supported to do
	socialization,	have: youth	town versus land roles (in town	availability sharing within	the same.
	warm, safe place	centre, drop in	don't visit in the same way),lack	communities	Site/infrastructure and program
		centre, coffee	of financial and human		offerings
		shop,	resources, isolation, loneliness,		
		restaurants	comfort needs		

Workshops	Wanting	Contracted	Not enough activities, need	BDHSSA more psycho-	Building to hold workshops,
	information,	workshops,	information/knowledge/ skills,	educational workshops, other	workshops
	wanting change,	BDHSSA	need connecting and learning	agency workshops	both in house and originating in
	oral is a	workshops, IRC,	opportunities, written word not		community
	preferable and	get workshops	as comfortable learning style		due to relationships built with
	more				other
	comfortable				stakeholders/agencies in
	learning style				community
					(i.e. Legal Aid workshop,
					Housing Authority
					workshop, Public Health
					workshop)

Many of the people interviewed struggled with issues associated with *more* than one of the above areas. People often expressed a sense of being marginalized and disconnected, with little hope or promise for the future. Others expressed the feeling of having little control over their lives, and dependent on a "system" that didn't seem to represent them or look out for their best interests.

If we revisit the indicators of health set out by Raphael and compare to communities stated needs we can identify a number of areas of concern.

Community Identified Needs	(Raphael, 2008)
Elders Role and Well-Being (isolation, abuse, role in society)	Aboriginal status
Housing	Early life
Shelter	Education
Poverty	Employment and working conditions
Counselling	Food security
Employment and Training	Gender
Activities	Health care services
Community Centres	Housing
Drop-in Centre	Income and its distribution
Workshops	Social safety net
Communication	Social exclusion
Leadership	Unemployment and employment
Leavership	security
Addictions and Mental Health	
Violence	

Safe houses

Childcare

Individually or combined, problems in the above areas contribute to stress in individuals. Stress is a key trigger for people to engage in addictive behaviors. The individual and community consultations revealed the two most prevalent contributing factors to using an addictive substance were <u>stress</u> and that the substance/activity was often in their <u>immediate</u> <u>environment</u>. The fact that people are struggling with a number of issues many of which were not mental health and addictions related further supports the development of a system that is comprehensive, providing a continuum of services, that is holistic, supporting the development in multiple areas of people's lives, and a system that fosters independence and one that is culturally competent and relevant. The following *Proposed Recommendations* point to important steps that can be taken now.

Proposed Recommendations

Creating awareness in communities is essential so that people can recognize mental health and addictions issues in others and themselves. There are a number of things that can be done differently <u>now</u> with the existing resources to better fit the needs of the communities. Many BDHSSA Community Counselling staff are in place in the communities. Prevention and outreach are part of these positions (Wellness Worker, Addictions Counsellor). There are many requests for information on mental health and addictions issues. The preferred method of learning seems to be the workshop style. The community can be polled to find out which workshops they would like to see in their community. Possibly develop a Workshop Series, advertise through poster, radio and word of mouth, literacy is an issue for many so verbal communication is preferable. This "Series" could also potentially involve other service providers/agencies/persons in the community. BDHSSA community counselling staff can partner with other service providers to present as appropriate.

Another avenue for psycho-education is to use the local radio station. Topics of discussion could be presented, perhaps with a phone-in component. Maybe even another opportunity for a series.

We know that culture is a protective factor against mental health and addictions. We also know that many Elders in the community are feeling isolated and unproductive. Many of the

survey participants talked about wanting cultural and traditional activities/workshops. Accessing, organizing and supporting Elders in this regard (teaching, mentoring) would provide a substantial resource in addition to other support services.

Perhaps weekly coffee houses could be held at different sites on a rotating basis. This could also provide a venue for a presentation or discussion on a particular topic.

Short Term

- Survey Distributed to Community
- Present survey to Hamlet Council
- Present survey to Interagency Committee Meeting (if none, then any regular multi-stakeholder meeting) - Invite all key players to table to discuss survey results such as: BDHSSA-CCP, Justice, ECE, Housing, Resolution Health Support Workers, Hamlet, etc.,
- Form a Mental Health and Addictions Task Force
- BDHSSA introductions to community a number of people were unclear certain positions existed in their communities as well unclear of their job duties.
- MH &A Task Force communicate survey results on Radio invite response from community via public meeting, etc.

Medium Term

- Agencies Provide for Open Door / Drop-In Times during the Week (advertise on radio)
- Consider a Community Advocate Position Often people mentioned the need for a community based advocate or ombudsman for their community.
- Have Hamlet Council formally recognize Mental Health and Addictions Task Force Commit to their part in an action plan.

Long Term

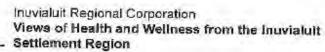
- Introduction to the communities of a modified version of the Concept Model / Community Wellness Centre - To reduce duplication of services, reduce gaps in service and optimize the use of scarce resources consider Community Wellness Centre OR
- Identify Building or site for the availability of a Drop-In Program

- Cultural competency training for all BDHSSA staff.
- Cultural competency training for all BDHSSA Community Counselling Staff with regards to Best Practices or at least measure how they are doing.
- Align Services According to Community NEEDS If there is a genuine commitment to provide culturally competent services then with respect to the helping services there should be some flexibility within hours of operation or the active seeking of dollars to fund another – less restricted agency to carry out this specific service needs, needed to develop the continuum of care. - BDHSSA, Hamlet, Housing, ECE, CCP, RCMP have to all consider, reflect and evaluate how their services meet community needs and how they can work together to ensure this.
- Develop an Interagency Committee in communities if not one currently.
- Long-term Mental Health and Addictions Campaigns for stigma reduction- based on Best Practice. To change public perceptions and behaviours so people can better identify these issues in themselves and begin the road to getting themselves and others help and reconnecting with the community.

Conclusion

The Concept Model aims to address many of the identified issues throughout the individual and community consultations. As mentioned in the introductory sections, tackling the necessary changes on a systems level is outside the realm of this report but is also going to be necessary. The Model can advocate for changes and help people to navigate around some of the current policies that are failing them– namely those represented by the health and wellness indicators. It is recommended that with the previously suggested Matrix / Recommendations, the required stakeholders come together and attempt to reduce the "silo affect" within which many of them operate. It is important that cross departmental connections are made, and that policies and programs are updated to consider all health indicators that affect people's over-all quality of life. With these actions Inuvialuit individuals and communities in the Beaufort Delta Region can fully participate in their communities and lead healthier more productive lives.

Appendix I



The purpose of this survey is to:

- Understand the thoughts and views on mental health and addiction from the people living in the communities in live inuvialur. Settlement Region;
- Get an idea of how services are currently working in the Inuvialuit Settlement Region; and
- Explore and plan potentially new programs and services based on the above information.

The information collected in this survey will not be personally identifiable and will be kept strictly confidential. All aurveyors have sworn an oath of secrecy. If you have any questions about this survey, please contact Bob Simpson at 867-777-7040,

What is your age in years?	years Don't know Refused
2 ^{What is your gender?}	다 Female 다 Male] Refused
Are you the beneficiary of a land claim agreement? If yes, which one?	Yes, Inuvia/ut Final Agreement Yes, Gwich'in Comprehensive Land Claim II Yes, Otheri Don't know Refused
Can you tell me acout your family? Who would you say is part of your family? INTERVIEWER: Do not write fown names. If the respondent gives a person's name, ask what hat person's relationship to the espondent is and write that down uslead.)	

Views of Health and Wel	Iness Survey (Page 2)
 Can you describe to me how people in your family support each other? (INTERVIEWER: If necessary, prompt: "Emotionally, physically, financially?") 	Refused
6 Personal wellbeing is a word used to talk about how a person feels, but people also use other words. What words would you use to describe emotional/ personal well-being? (INTERVIEWER: Replace (personal	
wellbeing] with respondent's preferred term in rest of survey.)	Don't know Refused
7 How do you feel when your [personal wellbeing] is good or positive?	
	Don't know
8 What helps make your [personal wellbeing] positive, or helps keep it positive? (INTERVIEWER: If necessary, prompt: "People, places, things?")	
	Don't know
9 How do you feel when your [personal wellbeing] is not good or positive?	
	Don't know Refused

/iews of Health and Well What gets in the way of your [personal wellbeing]?	ness Survey (Page 3)
U [personal wellbeing]?	
NTERVIEWER: If necessary, ask	
hat causes the respondent to feel new way they answered in Question	
Prompt for specific things, like amily stress, resentment at work)	
	Don't know Refused
	Refused
Can you tell when your [personal wellbeing] is getting	1
[personal wellbeing] is getting better or worse? Can you	
describe how you know?	
	Don't know Refused
	Relused
12 Have you ever talked with someone about your personal	
someone about your personal well being? Please tell me	
about it.	
	Don't know Refused
	Neuseu
13 Different people have different meanings for some words.	
I meanings for some words. How would you describe	
the meaning of the word	
'addiction'?	
	Don't know
	Refused

14 Do other people that you know—friends, family,		s Survey (Page 4)
coworkers—understand the word 'addiction' differently? What are other ways people understand the word		
'addiction'?		
		Don't know Refused
15 Have you personally struggled with any addictions? Can you talk about these struggles?		No (Go to Question 18)
INTERVIEWER: If necessary ask: What was the substance or activity? Mhen did it start? How quickly did it become an addiction?")		
		Don't know (Go to Question 18)
	14	Refused (Go to Question 18)
16 How did you know that you were addicted?		
INTERVIEWER: If necessary ask: "Did you realize yourself? Did comeone else point it out?)		
		Don't know Refused

Views of Health and Well	ness Survey (Page 5)
 17 What contributes to you being addicted to [substance or activity]? (INTERVIEWER: If necessary, prompt: "Money, stress, relationships?") 	Don't know Refused
18 What helps you keep away from addictions? (INTERVIEWER: If necessary, prompt: "Person, place, thing?")	Don't know Refused
19 Professional caregivers are people like counselors, social workers, community wellness workers, psychologists and nurses, in or outside of your community. Have you ever talked to a professional caregiver about your [personal wellbeing] UNTERVIEWER: Ask next part only if respondent has talked about having an addiction.)	Yes No (Go to Question) Don't know Refused
20 In the past year or more, what kind of professional caregiver have you talked to most often about your [personal wellbeing] and/or addiction? (INTERVIEWER: In the remaining questions, say the kind of person the respondent chooses here instead of [professional caregiver].)	Psychiatrist Community Wellness Worker Aboriginal Healing Foundation worker Psychologist Social Worker Resolution Health Support Worker Transition House Worker Counselor Medical Doctor Nurse or other health professional Other Don't know Refused

21 How many times have you talked to this [professional	
caregiver] about your [personal	
wellbeing] in the past year or more? You can guess if you	Don't know
don't remember exactly.	Refused
77 Did you feel that this	Understood well
LL [professional caregiver] understood you well,	Understood somewhat
somewhat, or not at all?	Did not understand at all
	Don't know
	L Refused
23 Did you feel that you could trust this [professional caregiver]	Trusted completely
23 this [professional caregiver]	Trusted somewhat
competely, somewhat, or not at all?	Did not trust at all
	Don't know
	Refused
Did talking to this [professional	Helped a lot
Corregiver] help a lot, some, a	Helped some
little, or not at all?	Helped a little
	Did not help at all
	Don't know
	Refused
25 Did you stop seeing this [professional caregiver] before	Yes
	No (Go to Question 26)
you felt better?	Don't know
	Refused
	Th
26 Do you feel comfortable sharing why you stopped seeing this	
[professional caregiver]?	
	Don't know
	Refused
77 Would you talk with this	Yes
[professional caregiver] again if	No
you need to talk with someone?	Don't know

Are there other people you talk to about your [personal wellbeing] NTERVIEWER: Include following nly if respondent has already iscussed addiction:)	Yes No (Go to Question 29) Don't know Refused
.or about addiction?	
29 Without having to use personal names, what other people do you talk to about your [personal wellbeing] and/or addiction? How do they help you keep your [personal wellbeing] positive?	Don't know
30 Have there been times when about your [personal wellbeing] and/or addiction but were unable to? If yes, why were you unable?	Yes:
31 Are there other supports and things that would help you keep a positive [personal wellbeing] and/or reduce [substance use], or that would have helped you in the past?	Yes:

32 Can you tell me about current helping supports you have access to?	
	Don't know Refused
33 Have you used them before? Have they been helpful to you? Why or why not?	
	Don't know
34 What supports are not available to you that would be helpful?	Don't know Refused

Appendix II

The following questions were used to structure discussions when meeting with groups in the community. All, some or a variation of the following were used. Often the group interests and responses directed the discussion in the end.

- 1. What words would you use to describe your community?
- 2. What are the best things about your community?
- 3. What are the challenges in your community?
- 4. What contributes to a person's well-being?
- 5. If a person is struggling with their personal well-being/ emotional health, what is helpful, or would be helpful?
- 6. How does this community define the word addiction?
- 7. What do you think contributes to addiction?
- 8. What is helpful for people to make healthier choices?
- 9. What would the perfect wellness/addictions services look like?
- 10. What helps people to get and remain emotionally healthy?
- 11. What prevents people from having emotional health?
- 12. Who are the "helpers" in your community?
- 13. What services/programs/people/places/things will help the people of your community improve their quality of life?

Appendix III

ON LINE SURVEY

4 Million	
1. What community do	
2. Are you the benefic agreement? If yes, wh	
one?	
1	
3. Are you male or fen	nale?
•	
4. How old are you?	
-	
5. Have you gone to th	ese service providers and were they helpful?
Other (please specify)	
6. Who do you talk to	when you are struggling with emotional and mental health issues (stress, anger, sadness, addictions, etc.)
	Are they helpful?
Doctor	
Social Worker	▼

Counsellor		
Resolution Health Support Worker		
Elder		
Family Member	▼	
Psychiatrist		
Wellness Worker	•	
Income Support Worker		
Friends		
Clergy (Church)		
Other		
		×
Other (please specify)	_	>
7. Do you need support, he	lp, direction, etc., in any other area's of your life?	
	Is this area needing help?	How long have you been dealing with this problem?
Housing		

•

-

Employment

Family

▼

Friendships		•	
Spiritual		•	
Leisure Activities		•	
Volunteer		•	
Financial		•	
Food /Hunger		•	
Income Support		•	
Legal		•	
Residential School Legal Issues		•	
Other		•	
Other (please specify)	▲ ▼ ▶		

8. When thinking about the kinds of things, places, and programs that help people to get and stay emotionally and mentally healthy, is there anything that would be helpful to your community?

	-

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Security is by way of a video surveillance camera and an on-call, on-site building manager. A number of residents who consider or actually attempt to make a changes have often have their attempts thwarted by others inability to control their behaviours. For example, heavy drinking, 'partying' and violence are evident sometimes on a daily, evening and weekend basis. This creates an environment of 'if you can't beat them join them attitude, and for those who are trying to make changes the slide can become too powerful.

However, with the addition of a little structure perhaps a 24 hour front door and perimeter security person as well as a support person a number of positive changes could take place. There would be an assurance that those that who enter the building are residents and that those who visit leave at a certain time, that no large amounts of alcohol get brought on-site, that there is a sober coffee /TV room to sit in and socialize and that residents are connected with the services of the CWC and or the community. This would dramatically increase the resident's ability to reduce consumption, avoid the slide, and eventual eviction. This is the perfect opportunity for transitional housing or housing harm reduction.

ⁱ This would fit well in terms of the Aboriginal world view of the importance of family as well as community consultations showed the connection between substance use and availability in environment.

ⁱⁱ The model has to be based on addictions as a chronic and on-going challenge for those and their families who struggle with it.

^{III} Given the high rate of binge drinking in the Beaufort Delta it might be pertinent to direct attention towards what factors are sustaining this behavior and develop programs and services accordingly.

^{iv} A case in point is local apartment complex in Inuvik. It provides housing to many who have been deemed behaviourally "inappropriate" for other local housing units and/or because they are unable to financially afford market rent. Many people who reside in this complex are challenged by addiction and accompanying behavior issues. Some have made it there from being previously homeless.